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Editorial

The main article of this newsletter is a presentation and discussion of the recommendation (2006)4 of the Council of Europe. Herman Nys (K.U.Leuven) concentrates on chapter 3 of this recommendation and discusses three different forms of obtaining biological materials for research: research storage, residual biological material and biological materials obtained after death.

This newsletter also presents an article published by (among others) Herbert Gottweis (University of Vienna) on the Genome Austria Tissue Bank.

Further in this issue, Judit Sándor and Petra Bárd present the regulatory framework of biobanks in the Republic of Hungary and focus on the collection and analysis of legislation and regulation regarding the establishment, management and functioning of classical and population biobanks in this country.

On Tuesday and Wednesday 4-5 September 2007 a first project workshop was held at the headquarters of the Unesco in Paris. In this

newsletter we provide a short overview of the content of this workshop that was devoted to confidentiality, privacy and control of information in the context of biobanking.

Finally, this newsletter presents the results of an inquiry into the legislative framework of forensic DNA databasing in the EU. Nathan Van Camp and Kris Dierickx (K.U.Leuven) recently published a report on forensic databases, with a focus on sample collection, entry and removal criteria, sample retention, European harmonization and confidentiality matters. This report presents an inventory of the current forensic DNA databasing policies in the European Union. Each Member State is discussed separately.

If you are doing research on the ethical, legal and social aspects of biobanking, or if you have useful information for this newsletter, feel free to contact us. GeneBanc-greetings,

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Recommendation (2006) 4 of the Council of Europe on biological materials of human beings

The Committee of Ministers of the Council of Europe approved on 15 March 2006 the Recommendation (Rec) to member states on biological materials of human beings. It recommends "that the governments of the member states adapt their laws and practices to the guidelines contained in appendix to this recommendation and promote the establishment of practice guidelines to ensure compliance with the provisions contained in this appendix".

The appendix to the Rec contains 26 articles, divided over seven chapters : chapter I (art. 1-3) on object, scope and definitions; chapter II (art.4-9) on general provisions; chapter III (art.10-13) on obtaining biological materials for research; chapter IV (art.14-17) on collections of biological materials; chapter V (art. 17-20) on population biobanks; chapter VI (art.21-25) on use of biological materials in research projects and finally chapter VII (art.26) on the re)examination of the recommendations.

In this contribution I will briefly present chapter III on obtaining biological materials for research. (1) This chapter distinguishes three

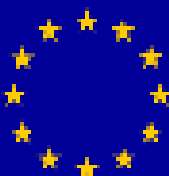


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different forms of obtaining biological materials for research.

Research storage

The first is the obtention of biological material to store it for future research, also called research storage. Art. 10 §1 states that biological materials should be obtained for research in accordance with the provisions of chapter III. Art.10 §2 adds that "information and consent or authorization to obtain such materials should be as specific as possible with regard to



“biological material that has been removed for purposes other than storage for research should only be made available for research activities with appropriate consent”

any foreseen research uses and the choices available in that respect”. Moreover according to art.11 of the Rec an intervention should only be carried out to obtain biological materials for storage for research purposes if it complies with the Additional Protocol to the Biomedicine Convention concerning biomedical research of the Council of Europe. (2) In other words, if research storage implies an intervention on a human being, such intervention must comply the rules governing research on human beings. According to art.14 §1 of the Additional Protocol an informed, free, express, specific and documented consent is required while art.14 §2 explicitly provides that “refusal to give consent or the withdrawal of consent to participation in research shall not lead to any form of discrimination against the person concerned, in particular the right to medical care.”

Residual biological material

The second form of obtaining biological material for research is to make residual biological material available for research. According to art.12 Rec §1 biological material that has been removed for purposes other than storage for research should only be made available for research activities with appropriate consent. The appropriate type of consent required may depend on the degree of anonymization, if any, foreseen for the biological material. (3) According to art.12 §2, whenever possible, information should be given and consent or authorization requested *before* biological materials are removed. The Explanatory Memorandum gives an example of how such a procedure could be carried out by informing hospital patients du-

ring their registration that their residual biological material could be used in research and by requesting consent at that time. Sufficient information should be provided in order to allow “opting out” from some types of research if such possibilities are known at the time of provision of information. This avoids having to recontact the research subject (sic) later on to request consent. The source of the biological materials should be able to consent or withhold consent for storage of the material with a view to research, to consent or not to the use of the material in a certain type of research or to indicate what types of research the material should not be used for. The Explanatory Memorandum also points at the fact that in some circumstances it would be a questionable practice to seek consent for future research uses of biological material *before* their removal. For example, in emergency medical procedures or when patients are in physical and psychological distress or have other serious medical decisions to make. In these circumstances, it would not be objectionable to store the residual materials and seek consent at a later time but prior to any actual research use.

Residual biological materials may not be only made available with appropriate consent but also “in accordance with the provisions of art.22 §1 ii” (art.12 §1 Rec). Art.22 §1 ii states that if contacting the person concerned is not possible with reasonable efforts identifiable biological materials may only be used in the research project subject to independent evaluation of the fulfillment of the following conditions: the research addresses an important scientific interest (a); the aims of the research

Table 1 summarizes the three categories of making biological materials available for research

Type of biological materials	Availability for research
Biological materials stored for research purposes	Informed, free, express, specific and documented consent for the intervention to remove. Right to withdraw consent to research storage or alter its scope.
Residual biological materials	Appropriate consent, whenever possible before removal. If not possible recontact person concerned for consent. If person cannot be contacted with reasonable efforts biological materials can only be used under strict conditions
Biological materials removed after death	No removal or use for research if explicit or implicit objection. Removal for research only with appropriate consent

could not reasonably be achieved using biological materials for which consent can be obtained (b) and there is no evidence that the person concerned has expressly opposed such research use (c). From the combined reading of art.12 §1 and art.22 §1 ii, it follows that no consent is required to make residual biological materials available for research activities if it is not possible to contact the person concerned with reasonable efforts and if the three conditions mentioned in art.22 §1 ii are respected.

After death

A third category of obtaining biological materials for research is to remove such materials after death. Art.13 Rec deals with this situation. According to art.13 §1 biological materials should not be removed from the body of a deceased person for research without appropriate consent. Art.13 §2 adds that they should not be removed or supplied for research activities if the deceased person is known to have objected it. This may be called an “implicit” objection. Also an express objection has to be respected. The Explanatory Memorandum specifies that where no one is sure what the deceased actually thought about research, a reasonable

approach might be for researchers to ask the person authorized to consent if they have knowledge that the person objected to research.

By Herman Nys, Director Centre for Biomedical Ethics and Law, K.U.Leuven



Herman Nys

(1) See also S.H.E. Harmon, “The Recommendation on research on biological materials of human origin: another brick in the wall”, *European Journal of Health Law*, 2006, 293-301.

(2) This Additional Protocol dates from 25 January 2005 and has entered into force on 1 September 2007 after the fifth ratification notably by Bosnia and Herzegovina. The other 4 ratifying States are all EU Member States: Bulgaria, Greece, Slovakia and Slovenia. Of course, the binding character of the Additional Protocol is limited to the States that have ratified it.

(3) Explanatory Memorandum to Rec § 45

(4), Explanatory Memorandum to Rec § 46

The Genome Austria Tissue Bank

In the context of the Austrian Genome Program, a tissue bank is being established (Genome Austria Tissue Bank, Gatib) which is based on a collection of diseased and corresponding normal tissues representing a great variety of diseases at their natural frequency of occurrence from a non-selected Central European population of more than 700.000 patients.

Herbert Gottweis (University of Vienna, Austria), workpackage leader in GeneBanc, participates in this tissue bank and recently co-authored an article on Gatib (1). On the ethical, legal and social guidance, this article described following issues: “Biobanks operate at the intersection of the public perception of research and the research community. The high operation costs of a biobank require high transparency and the many contributors need to benefit, and so do different project partners and sample donors.”

“To address general demands and concerns of the public as well as the perception of GATiB and its international networking activities, a subproject within GATiB has been set up, which specifically deals with the ethical, legal and social issue (ELSI) requirements. This subproject combines empirical research with reflection on the ethical and social implications of

GATiB.”

“In order to obtain a better understanding of the sociopolitical dynamics of biobanks, different ones are studied in detail. The project will give a global comparative view of major biobanks based on empirical on-site visits and evaluations.”

“This, on the one hand, provides the basis for close cooperation with other similar initiatives worldwide. On the other hand, much can be learnt from other major biobank projects, and these empirical observations and analyses can be useful for creating a positive society-biobank interaction.”

“Additionally, ELSI guidance of GATiB is provided by an international advisory board consisting of distinguished experts in the fields of ethics, social sciences, law and data protection.”

If you are interested in the article, please read: M. Asslaber, P.M. Abuja, K. Start, J. Eder, H. Gottweis, M. Trauner, H. Samonigg, H.J. Mischinger, W. Schippinger, A. Berghold, H. Denk, K. Zatloukal. *The Genome Austria Tissue Bank (Gatib)*, *Pathobiology*, 2007; 74:251-258.

The legal Background of Classical Research Biobanks in Hungary



Judit Sándor



Petra Bárd

The present summary focuses on the regulatory framework of biobanks in the Republic of Hungary and on the collection and analysis of legislation and regulation regarding the establishment, management and functioning of classical and population biobanks. The present analysis does not cover either the international standards, or the pieces of the *aquis communautaire* – which are of course binding on Hungary as a European Union Member State –, as they had been discussed in the June 2007 Issue of the GeneBanC newsletter.

As of today norms are applicable to depositories we call in the international discourse biobanks: Act XLVII of 1997 on the Processing and Protection of Health Care Data and Associated Personal Data is a more specific, while Act LXIII of 1992 on the Protection of Personal Data and Public Access to Data of Public Interest is a more general piece of data protection legislation. As background laws, the Act CLIV of 1997 on Health Care and the Act IV of 1959 on the Civil Code of the Republic of Hungary may also provide guidance. At a lower level in the hierarchy of norms the following biobank-related decrees are to be mentioned: Ministerial Decree 3/2005. (II. 10.) of the Ministry of Health on Standards of Quality and Safety for the Collection, Testing, Processing, Storage and Distribution of Human Blood and Blood Components, and Certain Technical Requirements; the Ministerial Decree 76/2004 (VIII. 19.) of the Ministry of Health, Welfare and Family on the Detailed Rules of the Determination, Collection and Processing of the Scope of Certain Specialized (Health, Professional) Data Incapable of Identification; the Ministerial Decree 23/2002. (V. 9.) of the Ministry of Health on the Medical Research Conducted on Humans; and finally Ministerial Decree 62/1997. (XII. 21.) of the Ministry of Welfare on the Processing of Health and Related Personal Data.

In Hungary there is no systematic license or notification procedure prescribed for the setting up of a biobank. Accordingly there is no biobank register in the country, either. Typically university clinics or hospitals are operating classical research biobanks. Biobanks may be government-funded, private, or may both be supported by the state and may apply for private funds at the same time. Samples taken include blood, DNA, tissue. The collection and storage of data in research biobanks is free. Cord blood banks prove to be an exception from this general rule. Gene, tissue or organ donors are not remunerated, neither do they

receive any other benefits.

Written consent

Hungarian law requires written consent on the side of the donor for the collection of samples, as a form of removing biological materials from living human beings. According to Article 19 of the Health Care Act written consent is required for the utilization of any cells, cell components, tissues, organs and body parts removed from a person while alive in connection with an intervention for any purpose not related to the patient's provision. The patient's consent on the other hand is not required for the destruction of these materials in the usual manner. Samples can be taken from persons under 14 years, i.e. persons without legal competency, or from persons between 14 and 18 years of age who under the Hungarian system are persons with limited legal competency. Similarly samples can also be taken from mentally challenged persons. In all these cases the guardian – in case of children typically the parent – gives consent. Sample taking of deceased persons is also allowed, provided it has been made sure that the deceased person has not opposed sample taking during his or her lifetime. Everyone is entitled to dispose over any interventions regarding his or her corpse and may prohibit in advance the removal of any organ and tissue from his or her corpse for the purposes of treatment, research or education, i.e. an opting out model operates in the country. After the removal of the biological material, the corpse has to be restored appropriately.

In case of donation, the following elements of information are to be provided for a consent to be informed: the purpose of the collection, collection, processing and storage, the possibility of withdrawal, and the protocol of data protection. Consent has to be obtained in order to use samples for purposes other than those indicated in the information submitted previously and for which consent has been obtained. Consent can be withdrawn any time, without any justification. In case of withdrawal, upon request both the personal data and the physical sample have to be destroyed.

Personal data, such as name, sex and age, furthermore health data are processed together with the biological samples. Usually biobanks participating in international research consortia may request samples or data from the biobanks in the given project on a mutual basis. Remuneration, or fees in return are not

requested. Released tissue samples have to be depersonalized or coded. It is prohibited to cross-link biobanks with other databases. It is the donor individual who owns his or her donated sample.

Chapter II of the Health Care Data Act provides a list of objectives for data management, including data processing for scientific research purposes. According to Article 21 the director of the institution or the data manager may authorize for research purposes access to the stored data, however in scientific publications health and personal data may not be indicated in a way capable of identifying persons. Copies cannot be made of the stored data if personal data are also visible. A register is to be maintained listing the persons who accessed the stored data, their objectives, the time and date of access. This register is to be maintained for a minimum of 10 years. In case the director of the institution or the data manager denies access to data, he or she has to justify such a decision in a written way. The person requesting data may turn to the court against a negative decision.

Data processing systems

Health service providers processing data create unique data processing systems. Rules on these systems are to be laid down in a so-called Data Protection Protocol compiled by the health service provider. According to Article 3 Section (1) of the Ministerial Decree 62/1997. (XII. 21.) of the Ministry of Welfare on the Processing of Health and Related Personal Data special attention is to be made to the rules on access for the protection of health data; the rules necessary for the protection of integrity of health data; and the rules on ensuring access to health data and data supply as regulated by the Act XLVII of 1997 on the Processing and Protection of Health Information and Related Data. According to Article 2 Section (3) of the same Decree the Data Protection Protocol shall be reviewed if necessary, but in every three years at the minimum.

Article 2 of Ministerial Decree 76/2004 (VIII. 19.) provides that health related data may be used in a form incapable of identification of persons for the following purposes: the fulfillment of international obligation of data providing, decision on health policy, the planning and organization of health services, the monitoring of public health data indicators, and the controlling of the realization of quality and security requirements. The Decree also determines which health care providers have to provide data, the addressee of the information, at

what frequency, under what deadlines data are to be submitted, and the registration numbers are also determined. There is no deadline for the length of sample storage, neither are there general technical rules as to how to store samples. One of the exceptions is Decree 3/2005 (II.10) of the Ministry of Health on setting technical standards of quality and safety for the collection, testing, processing, storage and distribution of human blood and blood components, mainly transposing Directive 2002/98/EC of 27 January 2003 on the same issues. Article 18 and Annex 8 of the named Decree lays down the special rules of the storage of blood and blood components. The law prescribes the necessary temperature of storage of blood and its components, and the frequency at which it has to be checked. Blood and blood components must not be stored together with any other objects. In the storerooms or refrigerators there has to be an alarm with both audible and visible signals indicating any malfunctions, and such storerooms and refrigerators have to be monitored 24/7.



As it is apparent from the above, there is currently no specific law on biobanks in force in Hungary, but the legal rules are fragmented and dispersed in various norms. The legislator however realized the need to summarize all biobank-related rules in a single comprehensive documents. Several Bills have failed during the legislative process since 2003; the current version on the Protection of Personal Genetic Data, Genetic Diagnoses, and Genetic Research is expected to be adopted soon. Judit Sándor and György Kosztolányi, members of the Medical Research Council have published a Preliminary Expert Concept in relation to the Parliamentary Bill on the Protection of Personal Genetic Data, Genetic Research, Tests, and Biobanks. Another paper of the Medical Research Council, the Position Paper of the Scientific Health Council on the Medical, Ethical and Legal Background of Stem Cells Gained from Cord Blood may also give some guidance.

By Judit Sándor and Petra Bárd (Centre for Ethics and Law in Biomedicine, Central European University, Hungary)

Workshop on confidentiality, privacy and control

On Tuesday and Wednesday 4-5 September, a first project workshop was held at the headquarters of Unesco in Paris. The GeneBanc workpackages leaders and their researchers, the advisory board of GeneBanc and various invited speakers participated in this workshop, that was focused on confidentiality, privacy and control.

The first session was given by Jan Reinert Karlsen (Section for Medical Ethics, University of Oslo), who gave a state of the art paper on confidentiality in relation to biobanking.



The second session was given by Mette Hartlev (University of Copenhagen) with the presentation entitled: "Are materials in clinical biobanks (i.e. biobanks with samples generated as part of a doctor-patient relationship) covered by medical confidentiality (and what are the implications of this)."
 

Bjorn Hofmann (Section for Medical Ethics, University of Oslo) talked in the third session about "The issue of privacy in relation to forensic biobanks."



In the fourth session, Anthony Cutter (Centre for Professional Ethics, University of Central Lancashire) analysed the question: "What are the implications of Article 8 of the European Convention of Human Rights for biobanking?"



David Townend (Sheffield Institute of Biotechnological Law and Ethics) concluded the workshop with a presentation on "To what degree should donors be able to control their contributions to biobanks?"



National forensic DNA-databases

In a recent issue of the European Ethical-Legal Papers issued by the Centre for Biomedical Ethics and Law (K.U.Leuven), Nathan Van Camp and Kris Dierickx present the results of an inquiry into the legislative framework of forensic DNA databases in the EU. This paper starts with a brief introduction into forensic DNA profiling and databasing. Subsequently, it discusses the ethically most salient features of forensic DNA databases. The authors focus on sample collection, entry and removal criteria, sample retention, European harmonization and confidentiality related-matters. Finally, the report presents the actual inventory of the current forensic DNA databasing policies in the European Union. Each Member State is discussed separately. In appendix, a few tables provide a more synoptic view on the current situation of forensic DNA databasing in the European Union. In this article we present a summary of their main conclusions.

Sample collection

Most Member States have not set any restrictions on the collection of unidentified crime scene stains by their law enforcement officers. Only Belgium and Italy have stipulated that an order of a judicial official is required. The latter measure is designed to prevent the collection of bodily material that belongs to innocent persons. It seems however that law enforcement officers should be given as much freedom as possible to collect pieces of evidence at the beginning of a criminal investigation. To preclude abuses it could however be stipulated in law that the collection of crime scene stains should only be allowed in the course of an official criminal investigation, as in Luxembourg is the case.

Coercive sampling is allowed in all Member States. There is however no agreement amongst them whether law enforcement officers should be allowed to decide this autonomously or not. Denmark, Estonia, Hungary, Latvia, Slovakia, England & Wales, and Scotland have given their law enforcement officers full authority to take DNA samples from suspects and convicted offenders. In Belgium, Cyprus, Germany, Luxembourg, and The Netherlands, on the other hand, a court order is required to coercively take a DNA sample. Although this latter procedure can seriously slow down a criminal investigation, it serves to protect the principle of the presumption of innocence. Austria, France, and Finland have adopted a

middle course and have laid down that the severity of the offence should be taken into account. Law enforcement officers are only allowed to coercively take a DNA sample in case of respectively 'serious' offences, offences which are punished by ten years imprisonment, and those which are punished by at least six months imprisonment.

Sweden and Lithuania distinguish between crime suspects and convicted offenders and apparently do not allow for coercive sampling of the latter. At first sight, this policy seems counterintuitive because convicted offenders are supposed to carry diminished civil rights. However, as we asked in our questionnaire explicitly if the police are allowed to take a DNA sample from convicted offenders, it is possible that others, such as warders, are authorized this task. Most Member States also allow for the sampling of minors and mentally-ill persons. Only Lithuania, Sweden, and Slovakia have explicitly indicated that this is not allowed in their jurisdiction. Although in the other Member States the consent of the legal guardian(s) is usually required, only Finland, Germany, and Luxemburg have set a precise minimum age whereupon minors can be sampled.

Entry and removal criteria

Currently all Member States enter the DNA profiles that are derived from unidentified crime scene stains into their database. In Belgium and Luxemburg, however, this requires a court order. With the exception of Belgium and the Czech Republic, all Member States also allow for the entry of suspects' DNA profiles. In this respect the EU database policies seriously deviate from those of the US States which in most case only allow for the entry of convicted offenders' DNA profiles. However, there are also some serious differences between the EU Member States themselves. Whereas England & Wales, Scotland, Estonia, Latvia, Lithuania, and Slovakia allow for the entry of those who are arrested for any recordable offence, the other Member States have set certain conditions to the entry of suspects. As suspects must be considered innocent until proven guilty, such a cautious approach seems indeed appropriate. With regard to the entry criteria of convicted offenders' DNA profiles, the same observations can be made. It is however striking that Finland has stipulated that suspects can already be entered when they are arrested for an offence that could lead to a prison sen-



Nathan Van Camp



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tence of six months or more, whereas convicted offenders can only be entered when they are punished by three years imprisonment or more. Suspects whose DNA profile does not match any unidentified crime scene stain and who are subsequently acquitted of all charges have to be considered innocent. Most Member States therefore remove these profiles immediately from their database. The policies of England & Wales, Denmark and the Baltic States, on the other hand, which allow for the retention of all suspects' DNA profiles, regardless of the outcome of the criminal investigation, therefore do not seem to be in accordance with the principle of proportionality. Although they do use DNA profiling techniques six Member States (Spain, Portugal, Italy, Malta, Greece, and Ireland) have not yet established a forensic DNA database. It is striking that these are mainly South European Member States. Spain, Portugal, Italy, Ireland, and Malta, however, are currently considering legislative proposals

Sample retention

Four different policies regarding the retention of forensic DNA samples can broadly be distinguished, ranging from immediate destruction of all samples after the corresponding DNA profiles are created to their indefinite retention. Germany, Lithuania, Sweden, and Belgium are the only Member States that pursue the former policy. Hence, it can be concluded that these are the only Member States that completely preclude any possible secondary use of the samples.

A second group of Member States distinguishes between suspects and convicts with regard to the treatment of their respective DNA samples. Member States in this group destroy the samples of crime suspects as soon as they are acquitted or freed from charges. This ensures that governments do not dispose of identifiable bodily material of individuals who were found innocent. Member States which pursue this policy include Cyprus, Czech Republic, Finland, France, Hungary, Luxembourg, Scotland, Slovakia, and The Netherlands. Austria maintains a very similar policy, but it requires that suspects submit a written request for sample destruction after they are acquitted. Regarding the DNA samples of convicted offenders, on the other hand, these Member States allow for their retention for a substantial period of time and therefore exceed the storage time which can be considered reasonable. This period varies from twenty years after the expiry of the sentence in Hungary to indefinite retention in Scotland.

A third group of Member States retains the DNA samples of both categories of individuals for a certain period of time. Denmark retains all samples until the included individuals have reached the age of eighty years and Latvia retains all samples for seventy-five years. As these two Member States do not distinguish between crime suspects and convicted offenders and moreover do not take the severity of the offence of which somebody is suspected or convicted into consideration, this policy could be considered to be at odds with the principle of proportionality. Finally, a fourth group of Member States has not set an exact term for the destruction of the samples. It can therefore be assumed that England & Wales and Estonia retain the samples of both suspects and convicts indefinitely.

Database access

There is a clear distinction between Member States which have given their forensic divisions full access rights to the database information and those in which law enforcement officers or judicial officials are entrusted with this competence. Only in Germany and Denmark both of these bodies are given equal access rights. In Belgium, Estonia, Finland, Latvia, Lithuania, Luxemburg, Slovakia, Sweden, The Netherlands, and the UK, only the staff members of the forensic divisions have full access rights to the database information. The police and judicial officials, on the other hand, have only limited access. In Lithuania, for example, the police can only check if an individual's DNA profile is included in the database and in Luxemburg and Latvia judicial officials have to submit a request for information to the forensic department.

It is striking that only in Denmark and Germany law enforcement officers are granted full access rights. In all other Member States they first have to contact certain judicial officials or they only receive limited information on the included individuals when they address the forensic division directly. The same observation can be made with regard to judicial officials. Only four Member States (Austria, Denmark, France, and Hungary) have explicitly declared that judicial officials have full access to the all information on the included individuals. In general, it can be concluded that the various forensic divisions enjoy a broad autonomy. While in most Member States law enforcement officers and judicial officials only have access to limited information, the staff members of the forensic divisions can consult all the stored information.

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The last few years have witnessed an important expansion of collection and processing of human biological samples and of the related information data. Biobanks are huge repositories of human biological specimens and have a strategic importance for genetic research, clinical care and future treatments. Genebanc is a Specific Targeted Research Project (STREP) funded by the European Commission in the Sixth Framework Programme. This research project aims to investigate the ethical, legal and social issues of three types of biobanks: classical banking, population banking and forensic DNA databases.

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International exchange of the DNA profiles

All Member States currently make use of the Interpol DNA gateway and database to exchange their DNA profiles. However, as Interpol only acts as an exchange platform for their members, it does not dispose of the personal information on the DNA profiles which are stored into its database. If a match is found, Interpol shall contact the countries which have submitted these DNA profiles. From that moment on, it is up to the national states to start negotiations on the possible exchange of personal information. While this procedure ensures that personal information is not automatically transferred to countries that do not have elaborated privacy laws, it also seriously slows down criminal investigations and renders the outcome of requests for international legal assistance uncertain. Furthermore, as Interpol's collection of DNA profiles is rather small, the efficiency of its database is very low. Both of these restraints are addressed in the Convention of Prüm. Firstly, it allows its contracting partners to access each others complete DNA profile collections.

This should drastically increase the chances for a positive hit. Secondly, as the contracting partners have established clear agreements on the exchange terms and on the privacy measures which should be taken into account, the exchange of information should pass off more smoothly. Currently, seven Member States have signed the Convention (Belgium, Luxemburg, France, Germany, Austria, Spain, and The Netherlands) of which six have also ratified it (except for France). Finland, Portugal, Italy and Slovenia have declared their intention to sign the Convention in the near future

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N. Van Camp & K. Dierickx. National Forensic DNA Databases - Socio-Ethical Challenges and Current Practices in the EU, European Ethical-Legal Papers N°9, Leuven, 2007.

