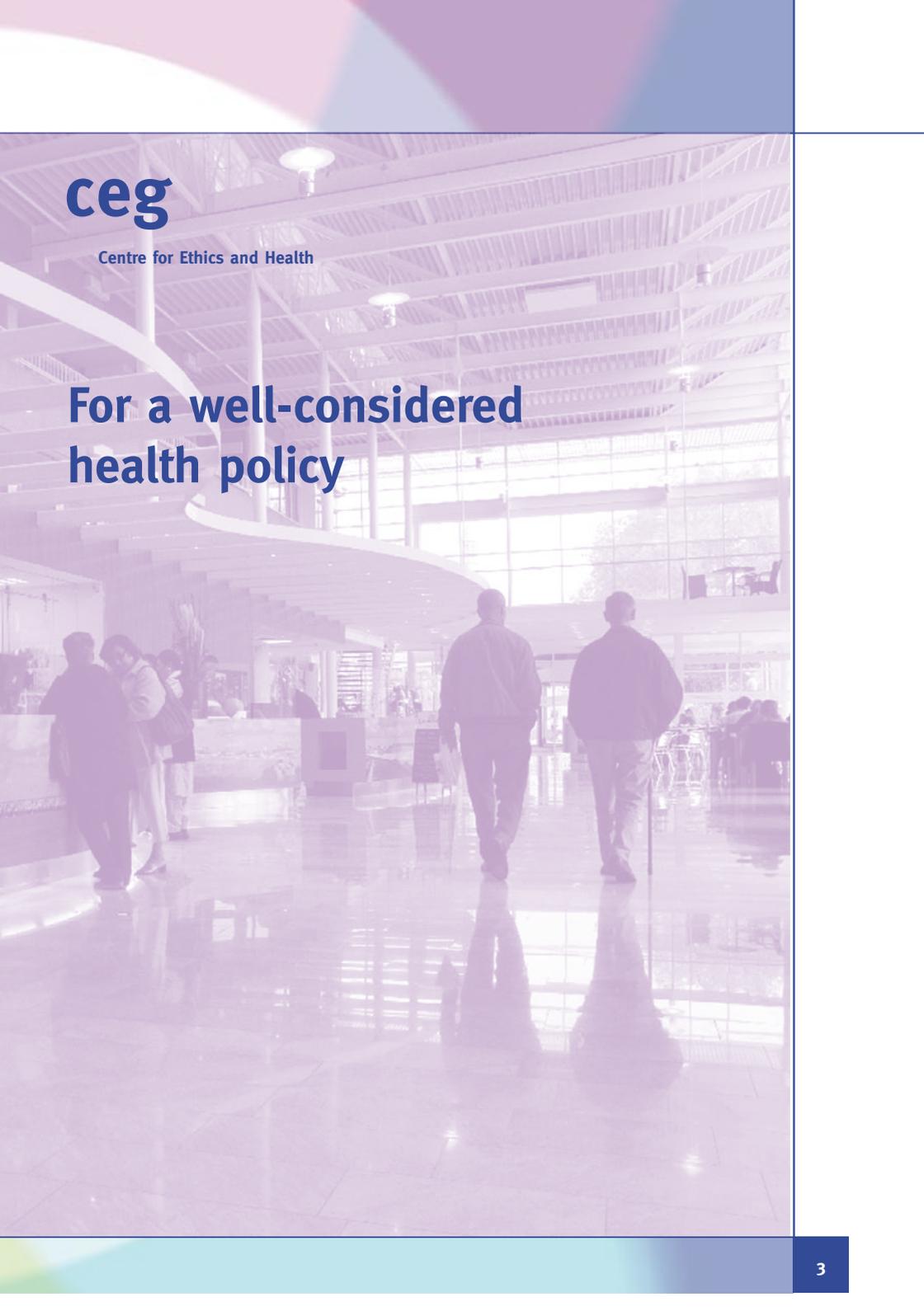


For a well-considered health policy







ceg

Centre for Ethics and Health

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Treatment before birth?

Many fetal abnormalities or diseases can nowadays be diagnosed in utero. Some can even be treated before birth, with new surgical techniques. An increasingly important form of treatment is administering medication to the mother, to help the foetus. But these new possibilities also evoke difficult ethical questions. Under which conditions is treatment of a foetus acceptable? What are the consequences of the possibility to treat a foetus for the doctor's responsibility and the position of the pregnant woman? And how to take a well-considered decision in a situation that touches upon your deepest personal values? The monitoring report about fetal therapy weighs these complex moral dilemmas.

Fetal therapy: ethical and legal aspects (2009)

The importance of ethics

When talking about our health, we all agree that it must be good. In the care for our health new options become increasingly available. But what should we do from an ethical point of view? Should we allow everything that can be medically and technically done? Those questions have no simple answer in a world full of different people, changing values and rapid developments. Again and again we have to determine what makes us better - literally, as well as figuratively. After all, our values affect our choices - as a patient, as a care provider, as a society.

Therefore, the Centre for Ethics and Health (CEG) is identifying current moral dilemmas in the broad field of health and health care. As policymakers, citizens and professionals, we sometimes encounter difficult moral issues. The CEG clarifies these issues and thus helps with making important, sometimes irreversible choices.

Think tank for responsible policy

The most important target group is the government, in particular the minister of Health, Welfare and Sport. Monitoring reports draw the government's and Parliament's attention to moral dilemmas of our age and explore solutions. Thus, the CEG contributes to a well-considered, ethically responsible health policy, aiming at good care for everyone.

Knowledge bank for a wider public

Many other people also make use of the CEG analyses. The monitoring reports find their way to major groups in the field and are frequently used for educational purposes. The website, www.ceg.nl, with its wealth of information, links and possibilities for debate, is visited tens of thousands of times annually. In this way, the CEG helps people to think about their own moral choices. After all, good care is not just a question of guidelines and policy. It is also the sum of the choices we all make, in everyday practice.

Protect neonatal life or alleviate suffering

Sometimes babies are born in critical condition - due to congenital abnormalities, premature birth or complications during labour. Sometimes it becomes apparent that, despite treatment, the baby is suffering greatly and will have to live with serious permanent disabilities for the rest of its life. Doctors and parents can then be confronted with the question whether it would be better to terminate the baby's life. Such decisions are taken against the background of conflicting duties: the duty to preserve life and the duty to alleviate suffering. In the Netherlands due care criteria have been established for the evaluation of such a decision. An important CEG monitoring report covers this morally and emotionally charged topic. It is intended to contribute to the further development of these criteria.

[Considerations pertaining to neonatal life termination \(2007\)](#)





Performance indicators as instrument to demonstrate quality of care?

Health care providers are sometimes front page news because of good - or less appealing - performance indicators figures. These days the information about the quality of health care is published because the government feels that it stimulates institutions and doctors to work better and it offers choice to patients and insurance companies. Whether that is the case is not yet evident. Researchers see favourable consequences, but also report risks. For example, doctors may refuse to treat problem patients, fake their results, or be less involved - because they are no longer being judged by their professional ethos but by indicators. In the monitoring report about this subject, the case is argued for caution when using performance figures.

Confidence in responsible care? The effects of performance indicators and moral issues associated with their use (2006)



Stimulate organ donation?

If your kidneys, heart or lungs fail, usually it is a matter of life and death. Luckily, it is technically possible to replace a failing organ with a healthy one from a deceased donor. But how do you weigh the patient's interests and those of the donor? Should the government strongly encourage donation, in the interest of patients waiting for a life-saving organ, or should citizens take the initiative themselves? And how about living donation? How do we weigh the benefit for the patient against the risk of damage for the donor? And should there be financial compensation? The CEG has extensively elaborated on the ethical discussion about organ donation. In a compact Argument guide the most important issues are considered.

[Financial incentives for organ donation \(2007\)](#)

[Farewell to non-commitment. Decision systems for organ donation from an ethical viewpoint \(2008\)](#)

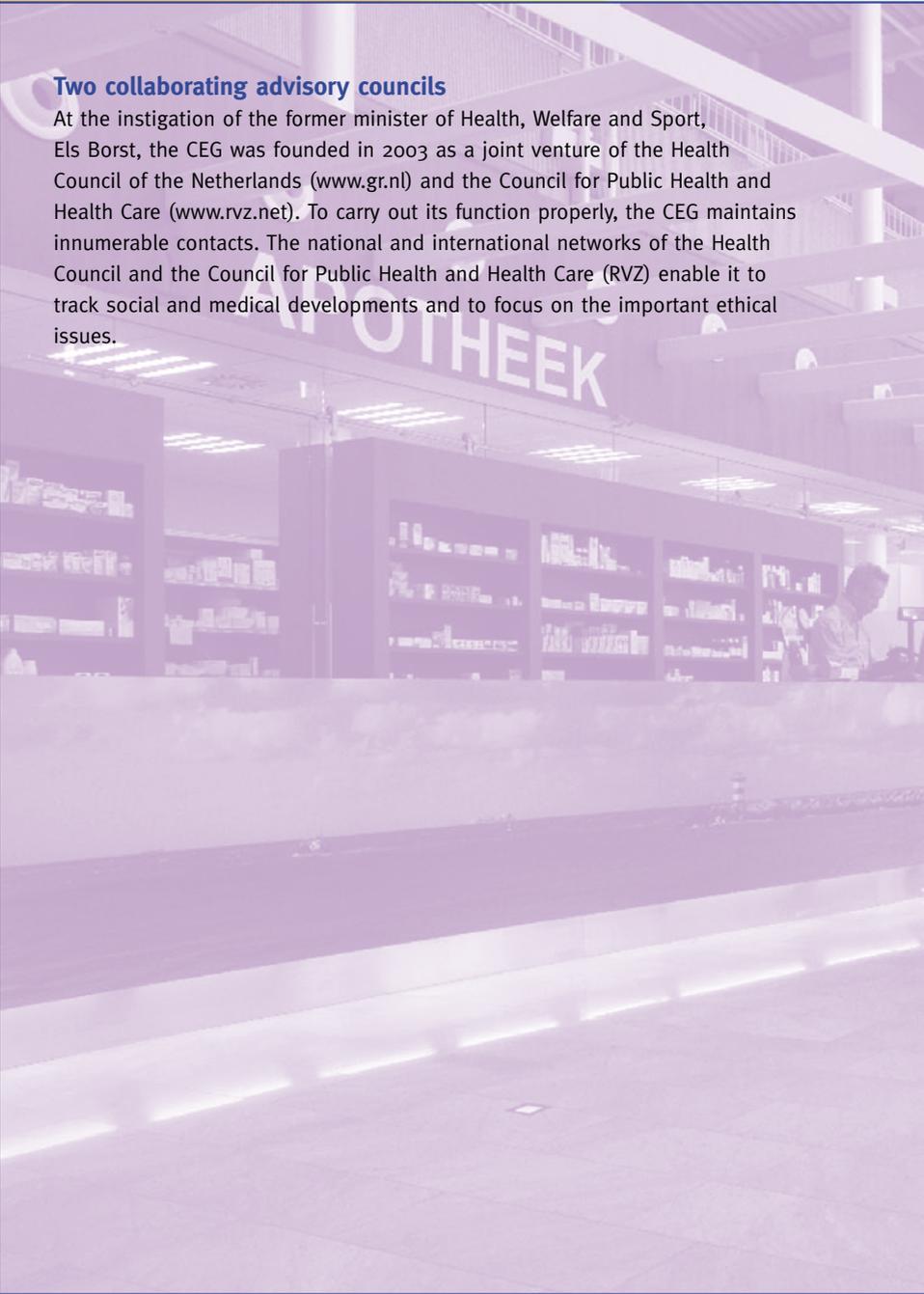
[Argument guide for the debate about organ donation \(2008\)](#)

Sooner at the family's front door?

Youth welfare workers are appearing sooner at the family's front door. But once over the threshold they struggle with doubts. Are they allowed to interfere in private lives? Of course, we tend to say that parental freedom ends where damage to the child begins. But what do we consider to be damage? Opinions about that are not set in stone. And what is an appropriate intervention? There are no clear guidelines. Dilemmas on the doorstep reveals the changing scene, identifies the moral doubts faced by youth welfare workers and offers suggestions for solutions.

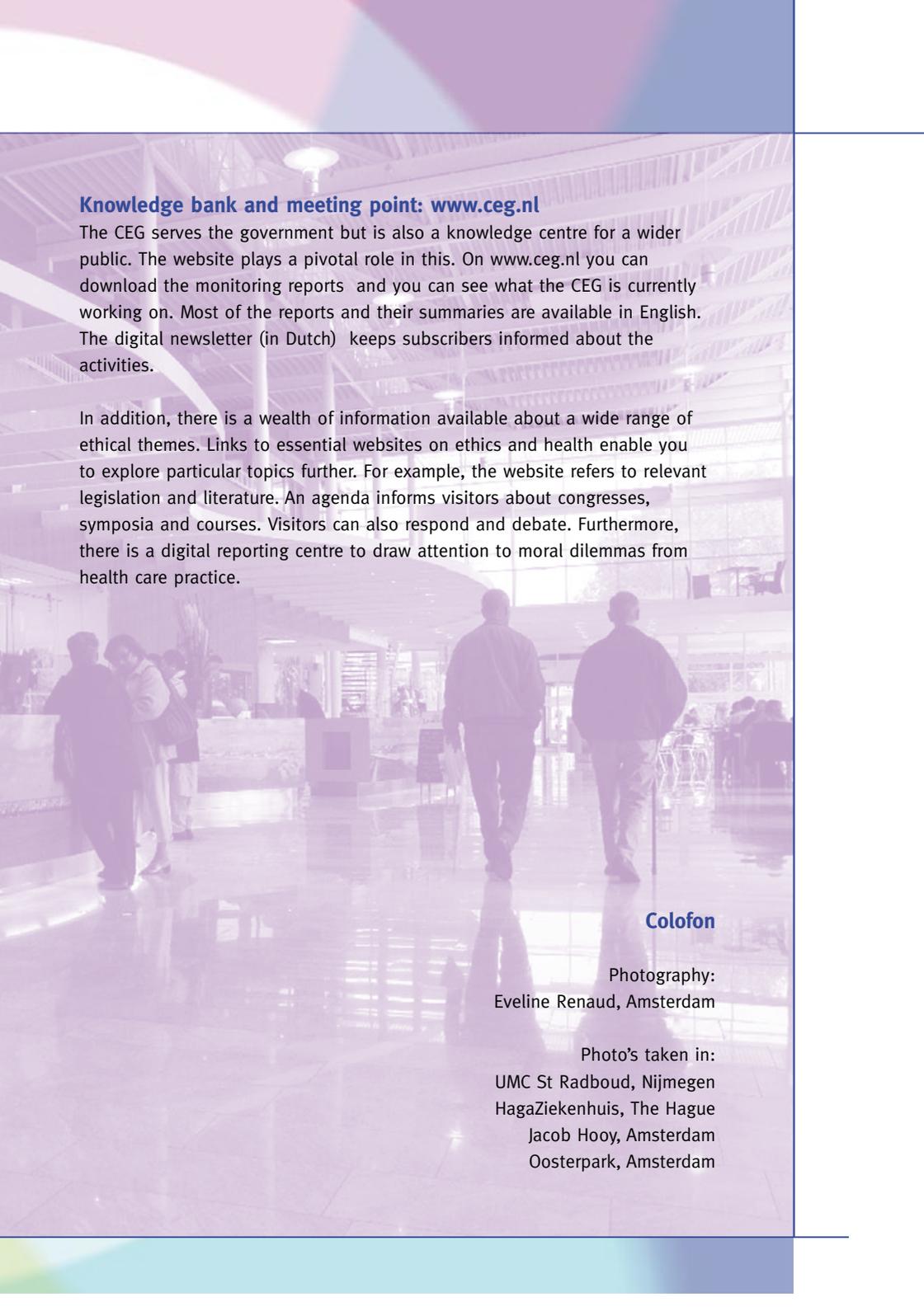
Dilemmas on the doorstep. Reading early warning signs and intervention by professionals in parenting situations (2008)





Two collaborating advisory councils

At the instigation of the former minister of Health, Welfare and Sport, Els Borst, the CEG was founded in 2003 as a joint venture of the Health Council of the Netherlands (www.gr.nl) and the Council for Public Health and Health Care (www.rvz.net). To carry out its function properly, the CEG maintains innumerable contacts. The national and international networks of the Health Council and the Council for Public Health and Health Care (RVZ) enable it to track social and medical developments and to focus on the important ethical issues.



Knowledge bank and meeting point: www.ceg.nl

The CEG serves the government but is also a knowledge centre for a wider public. The website plays a pivotal role in this. On www.ceg.nl you can download the monitoring reports and you can see what the CEG is currently working on. Most of the reports and their summaries are available in English. The digital newsletter (in Dutch) keeps subscribers informed about the activities.

In addition, there is a wealth of information available about a wide range of ethical themes. Links to essential websites on ethics and health enable you to explore particular topics further. For example, the website refers to relevant legislation and literature. An agenda informs visitors about congresses, symposia and courses. Visitors can also respond and debate. Furthermore, there is a digital reporting centre to draw attention to moral dilemmas from health care practice.

Colofon

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