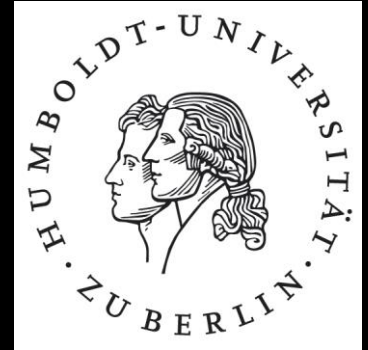


# Ethics committee



Practical work of a local ethics committee  
(since 2009)

Laura Kaltwasser  
(pp. Anna Kuhlen & Rasha Abdel Rahman)

# About today

- I. Why apply for ethical approval?
- II. Presentation of the Ethic's committee at HU Berlin
  - I. Topics and methods of proposals
  - II. The review process
- III. The Declaration of Helsinki
  - I. A selection of principles and hand's on examples of ethical misconduct
- IV. Practical Tips for Ethical Data Sharing
- V. Summary

# Goal of this talk

Practical aspects of ethics in Psychology and the work of an ethics committee  
(examples, issues and problems)

→ No specific focus on ethics in neuroscience, philosophical, or legal aspects


# Why apply for ethical approval?

- If planned research is potentially harmful or risky
  - Currently it is to the judgment of the PIs whether project needs an approval of the ethics committee (note difference to other countries, e.g. USA)
- Required from:
  - funding agencies (DFG, ERC, ...) when submitting research grant proposals
  - scientific journals (for publishing research)


# Ethics committee of the Department of Psychology, HU Berlin; since 2009

Lebenswissenschaftliche Fakultät  
**Institut für Psychologie**

- Professuren
- Studium
- Forschung
- Unternehmensgründungen
- Aktuelles/Veranstaltungen
- Unser Institut
- Organisation
- Geschichte
- IntraNet
- Ethikkommission**
- Mitarbeiter/innen
- Alumni
- Kontakt
- Impressum



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## Ethikkommission

### Kommissionsmitglieder

Prof. Dr. Rasha Abdel Rahman (Vorsitzende)  
Prof. Dr. Thomas Fydrich (Stellvertreter)  
Prof. Dr. Isabel Dziobek  
Prof. Dr. Werner Sommer  
Dr. Christoph Blaison  
Dr. Joerg Fingerhut  
Dr. Laura Kaltwasser  
Dr. Anna Kuhlen  
Dr. Anneke Petzsche  
Dr. Thomas Christophel  
Dr. Christina Reimer  
Dipl.-Psych. Thomas Pinkpank  
B. Sc. Maria Glaser

DE EN

Website durchsuchen

Dorsal Stream Symposium

**AGNES - Verzeichnis der Lehrveranstaltungen**

Moodle

Testothek

Zweigbibliothek  
Naturwissenschaften

artop

ZPHU Zentrum für Psychotherapie

# The committee

Prof. Dr. Martin Rolf (chair)

→ General Psychology

Prof. Dr. Rasha Abdel Rahman (vice-chair)

→ Neurocognitive Psychology

Prof. Dr. Isabel Dziobek

→ Clinical Psychology of Social Interaction

Prof. Dr. Ulrike Lürken

→ Psychotherapy

Prof. Dr. Linda Onnasch

→ Engineering Psychology / Cognitive Ergonomics

Prof. Dr. Soyoung Q Park

→ Decision Neuroscience and Nutrition

Dr. Aziz Epik

→ German and international criminal law

Dr. Laura Kaltwasser

→ Berlin School of Mind and Brain

Dr. Michael Gaebler

→ Berlin School of Mind and Brain

Dr. Anna Kuhlen

→ Neurocognitive Psychology

Dr. Anneke Petzsche

→ Faculty of law, criminal law

Dr. Sven Ohl

→ Computational Neuroscience

Dipl.-Psych. Thomas Pinkpank

→ Head of the EEG-labs Biological and Clinical Psychology

M.Sc. Maria Glaser

→ General Psychology

Dipl.-Psych. Till Kastendieck

→ Social Psychology

# The committee

15 members: psychologists, two lawyers

Expertise in social, biological, developmental and clinical psychology, psychotherapy, and the law

→ Hands-on experience using classic psychological / experimental and neuroscientific methods (mainly EEG, MRI, TMS, tDCS)

→ Experience with patients

→ Relatively broad spectrum of experience and expertise important for the work of the committee

# The committee

## Goal

Protect human participants from physical or mental harm; protect their well-being, rights and interests

Not concerned with ethical conduct in research in general (e.g., plagiarism or data fraud)



# The committee

Researchers can submit an application for ethical evaluation

The ethics committee evaluates the research proposal from an ethical standpoint and submits a recommendation to the researcher

# The committee

The committee cannot prevent researchers from conducting ethically problematic research: the ethical and legal responsibility concerning the study lies with the principal investigators and co-workers of the project

Committee provides, consultancies, guidance, advice, etc.

# The committee

→ Who can submit?

All (and only) members of the Psychology Department and Berlin School of Mind and Brain of Humboldt-Universität zu Berlin

→ Steadily increasing number of proposals, 2 to 9 per month

→ Enhanced focus on ethical norms (also) in science

# Topics and methods of proposals

## **Methods**

### **Psychological**

Classic experimental (mostly), clinical intervention, tests, interviews, observation, questionnaires, interactions between participants / between participant and confederate

### **Physiological/ Neuroscientific**

MRI, TMS, EEG, peripheral physiology (heart rate, skin conductance responses (SCR), EMG (e.g., corrugator and zygomaticus), neuroendocrinology (e.g., oxytocin), eye tracking, acoustic startle reflex

### **Genetic analyses**

# Topics and methods of proposals

## **Subjects**

- Young students (mostly; often psychology students)
- Age groups: babies, children, elderly
- Prisoners; juvenile delinquents

# Topics and methods of proposals

## **Patient groups with e.g.,**

- Schizophrenia
- Obsessive-compulsive disorder
- Depression
- Mild cognitive impairment
- PTSD
- Phobia

→ Some groups are particularly vulnerable; need special protection

# Topics and methods of proposals

## **Topics**

Perception, memory, learning, language, social cognition, communication, decision making, emotion, aggression, pain perception, attention, ...

## **Stimuli**

Visual, auditory, tactile, affective pictures, electric shocks, communicative situations, food, movies and film clips for mood inductions, pets, ....

# Topics and methods of proposals

→ Typical spectrum of research topics and methods in Psychology and Cognitive Neuroscience



# Topics and methods of proposals

The review process

# The review process

Applications are distributed to all members of the committee

Each is reviewed by at least two members (with complementary expertise in the resp. field, if possible)  
→ reviewers' reports are basis for the chair's recommendation for the final vote

→ Final decision is based on majority (often broad consent within the committee)

# The review process

## Outcomes

- Approval (sometimes with suggestions for the researchers) or conditional approval  
→ about 70 to 80 %
- Negative  
→ typically with an invitation to revise and resubmit, including a specification of the required changes in the design or methods (cf. peer review process)

# The review process

## Frequent reasons for negative decisions

- Potential harm to participants (physical, but mostly mental)
- Participants are insufficiently informed about the procedures
- Unclear or incomplete description of the procedures in the proposal → (see below)
- Incomplete confidentiality and anonymity

# The review process

Ethical standards and principles leading the decisions of the committee

**Protect human participants from physical or mental harm**

# The review process

Guidelines of the committee are based on:  
The Declaration of Helsinki  
(World Medical Association, 1964), Version 2013

<http://www.wma.net/en/20activities/10ethics/10helsinki/>

Ethical principles **for medical research** involving  
human subjects

→ Overview of selected principles and examples of  
research proposals submitted to the committee

# The Declaration of Helsinki:

## Basic principles

Most fundamental:

... Protect life, health, dignity, integrity, right to self-determination, privacy, and confidentiality of personal information of research subjects.

Medical research involving human subjects must conform to generally accepted scientific principles ...

# The Declaration of Helsinki: Basic principles (selection)

The design and performance of each research study involving human subjects must be clearly described in a research protocol.

→ The research protocol must be submitted for consideration, comment, guidance and approval to a research ethics committee before the study begins.



# In practice

- Clear and comprehensive description of the planned research, including
  - brief (!) theoretical background and goal of study
  - methods of data acquisition,
  - stimuli and tasks
  - procedures, length of the study
  - participants (characteristics, number, recruitment)
  - information given to participants, etc.

*Revisions often necessary because critical information is missing; easily avoidable*

# The Declaration of Helsinki:

## Basic principles (selection)

Every medical research project involving human subjects should be preceded by careful assessment of predictable risks and burdens in comparison with foreseeable benefits to the subject or to others.

... cease any investigation if the risks are found to outweigh the potential benefits

# In practice

*What are risks and burdens? What is mental harm?*

*What are potential benefits?*

*How can we judge this?*

# In practice

Risks are not easy to assess

Different types of risk:

**Inconvenience or discomfort**, e.g., boredom, frustration, bad mood...

**Physical**, e.g., epileptic seizure triggered by TMS / visual stimuli; allergy caused by plasters, electrode paste etc.

**Psychological / mental**, e.g., becoming depressed about own behavior / emotion-evoking, frightening stimuli

Participants should not be distressed, embarrassed, frightened, offended ...

# In practice

Warning: emotionally arousing pictures  
on next slide

# In practice



International Affective Picture System (IAPS):  
a set of emotional stimuli for  
experimental investigations of  
emotion and attention

Standard emotional stimuli  
presented in many studies

# In practice

(Very) negative feedback on own performance from others inducing frustration and aggression

→ acceptable?

Procedures to induce aggressive behavior of participants against others, not letting them know that aggression is the dependent variable of interest

→ acceptable?

Induction of pain with electric shocks or ice water

→ acceptable?

Consumption of alcohol

→ acceptable?

# In practice

→ Possible criterion: The risk of harm must be no greater than in ordinary life; What is harm in ordinary life?

→ IAPs pictures?

→ Electric shocks?

→ Quantitative aspects: Different levels of harm?

E.g., electric shocks: intensity is regulated on an individual basis; participants are instructed to indicate at which level the sensation is unpleasant but not painful



# In practice

Clinical control groups without treatment (that is assumed to help)

→ acceptable?

Confronting PTSD patients with stressful stimuli reminding of traumatic event?

Cost-benefit ratio: may be problematic for the individual patient but helpful for the entire group of patients

→ acceptable?

# The Declaration of Helsinki:

## Basic principles (selection)

Medical research involving a disadvantaged or vulnerable population or community is only justified if the research is responsive to the health needs and priorities of this population or community **and** if there is a reasonable likelihood that this population or community stands to benefit from the results of the research.

# In practice

(inter)national standards and ethical guidelines have to be translated and interpreted for concrete ethical evaluations

→ Subjective component (own experience, expertise and preferences)

→ Some procedures are accepted because they are established standards in a research field  
- no evidence for negative consequences, e.g., high magnetic fields; TMS (conforming safety regulations)

# In practice

If there is a risk of potentially harming participants that cannot be corrected, this research would be considered to be ethically unacceptable.

In case of doubt: ask an ethics committee for approval

# In practice

In any case: Participants must be informed about potential risks before agreeing to participate

# In practice

(Very) negative feedback on own performance from others inducing frustration and aggression

Procedures to induce aggressive behavior of participants against others, not letting them know that aggression is the dependent variable of interest

→ approved after revision; conditions:

- 1) participants must be informed prior to the experiment that they may receive negative feedback.
- 2) participants must be informed that they can withdraw from the experiment at any time without negative consequences ;
- 3) careful debriefing: information about the specific aims of the study, aggressive behavior within normal range and not related to personal traits

# In practice

Induction of pain with electric shocks or ice water

→ Approved after revision; conditions:

- 1) participants must be informed prior to the experiment;
- 2) participants must be informed that they can withdraw from the experiment at any time without negative consequences;
- 3) following established standards: individual adjustment of the level as unpleasant but not painful

# In practice

Consumption of alcohol

→ Approved; additional condition: paid taxi ride home



# The Declaration of Helsinki:

## Basic principles (selection)

The subjects must be volunteers and informed participants in the research project.

*(Written) informed consent must be obtained prior to study !*

*Participants must be informed about (and agree upon):*

- *Purpose of the study*
- *Procedures to be undertaken*
- *Expected duration of study*
- *Potential risks and benefits of participation*
- *That their participation is voluntary: Right to decline and withdraw (incl. foreseeable consequences)*
- *Foreseeable factors that may influence the willingness to participate: risks, discomfort*
- *(Limits of) confidentiality of personal identification and demographic data*
- *Compensation for participation*
- *Contact person for questions*

# The Declaration of Helsinki: Basic principles (selection)

Special populations (children, adults with some mental impairments)

→ Informed consent should be given by parents / legal guardians

In clinical / intervention research information about:

- experimental nature of the treatment

- treatment of the control group (if any)

→ if the treatment is very likely to be successful, can the control group be deprived from this?

- treatment alternatives

# In practice

Informed consent, not misinformed or confused consent!

Provide clear, easy to understand information (e.g., avoid difficult technical terms, unclear formulations; cf. reasons for negative votes)

# In practice

But: Informed consent is not always possible

Deception (withholding information or deliberately misleading participants) is sometimes a necessary part of the design of psychological experiments

→ acceptable?

→ Should be avoided if possible

→ Relatively unproblematic if there are no reasons to believe that the research would cause physical pain or emotional distress (e.g., if participants are unlikely to object once debriefed), but very problematic if they are likely to object

# In practice

Cost-benefit analysis

## APA Standards:

Psychologists do not conduct a study involving deception unless they have determined that the use of deceptive techniques is justified by **the study's significant prospective scientific, educational, or applied value** and that effective nondeceptive alternative procedures are not feasible.

# In practice

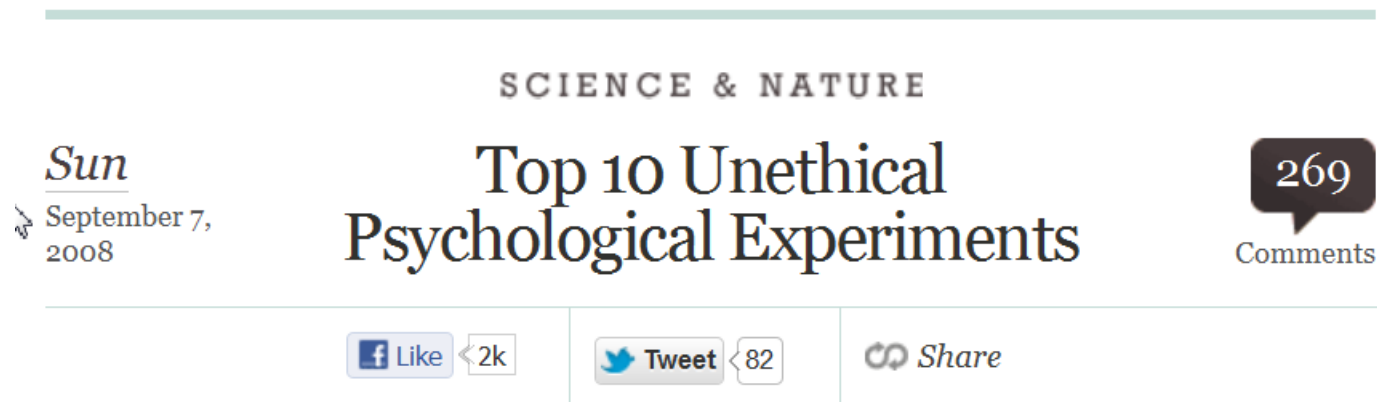
## Debriefing

In case of deception as early and thoroughly as possible  
Information about the nature, results and conclusions of the research

APA: When psychologists become aware that research procedures have harmed a participant, they take reasonable steps to minimize the harm.

# In practice

Bad reputation of the field



Many of these experiments now considered unethical have led to the current ethical standards of experiments

# The Milgram experiment (1963)



[wikis.lib.ncsu.edu/images/c/ce/Milgram.jpg](http://wikis.lib.ncsu.edu/images/c/ce/Milgram.jpg)

## Obedience to authority

- Participant as teacher, confederate as learner
- Teacher was instructed to give electric shocks of increasing intensity (up to 450 volt) for wrong answers, hearing the learner scream, bang against the wall ... and then silence
- If the subject wanted to halt the experiment, they were instructed to continue



# The Milgram experiment (1963)

## Public Announcement

**WE WILL PAY YOU \$4.00 FOR  
ONE HOUR OF YOUR TIME**

### **Persons Needed for a Study of Memory**

\*We will pay five hundred New Haven men to help us complete a scientific study of memory and learning. The study is being done at Yale University.

\*Each person who participates will be paid \$4.00 (plus 50c carfare) for approximately 1 hour's time. We need you for only one hour: there are no further obligations. You may choose the time you would like to come (evenings, weekdays, or weekends).

\*No special training, education, or experience is needed. We want:

Factory workers	Businessmen	Construction workers
City employees	Clerks	Salespeople
Laborers	Professional people	White-collar workers
Barbers	Telephone workers	Others

All persons must be between the ages of 20 and 50. High school and college students cannot be used.

\*If you meet these qualifications, fill out the coupon below and mail it now to Professor Stanley Milgram, Department of Psychology, Yale University, New Haven. You will be notified later of the specific time and place of the study. We reserve the right to decline any application.

\*You will be paid \$4.00 (plus 50c carfare) as soon as you arrive at the laboratory.

-----  
TO:  
PROF. STANLEY MILGRAM, DEPARTMENT OF PSYCHOLOGY,  
YALE UNIVERSITY, NEW HAVEN, CONN. I want to take part in

... to help us complete a scientific study of memory and learning.

We need you only for an hour.

... No special training, education, or experience is needed ...

→ Participants were not informed about what to expect from the study

# The Milgram experiment (1963)

→ Psychological damage: extreme emotional stress, unwanted insights, loss of self esteem

→ Deception

→ Participants have not been told that quitting would be an option

“Please continue”.

“ The experiment requires that you continue “

“ It is absolutely essential that you continue “

“ You have no other choice, you must go on “

# The Declaration of Helsinki: Basic principles (selection)

The subject should be informed of the right to abstain from participation in the study or to withdraw consent to participate at any time without reprisal.

# The Declaration of Helsinki: Basic principles (selection)

→ Every precaution should be taken to respect the privacy of the subject, the confidentiality of the patient's information and to minimize the impact of the study on the subject's physical and mental integrity and on the personality of the subject.

# In practice

Data protection: confidentiality and anonymity of data

All data is confidential and must be kept anonymous

→ Personal data (names, (email) addresses, phone numbers) only if necessary

→ Separate storage of personal and other acquired data (with codes linking personal and other data available only to the researchers)

→ Information on the right to verify, modify, and delete personal data without justification

In other cases: informed consent

# In practice

Data protection: confidentiality and anonymity of data

Example (fictional):

Das von mir aufgenommene Videomaterial darf von den Projektleitern dieser Studie als Stimulus-Material für Forschungszwecke und zur Weitergabe an interne qualifizierte Wissenschaftler verwendet werde.

Diese Einwilligung erfolgt auf freiwilliger Basis.

Code- nummer	Datum	Vorname und Name	Alter	Unterschrift	Ich stimme der Weiterverwendung meines Videos als Stimulus-material zu		Ich stimme der Veröffentlichung meiner Portraits in einer Fachzeitschrift zu	
					ja	nein	ja	nein

# In practice

Data protection: confidentiality and anonymity of data

Also consider:

→ Secure access to physical and electronic storage of participant information

→ Use of electronic communication for lab-internal and lab-external communication (online calendars, unprotected email accounts?)

# In practice

## Using neuroscientific methods

- Information about the method and potential risks (e.g., risks related to the magnetic field in MRI experiments)
- Information on necessary precautions (e.g., metal) and safety regulations
- Criteria for exclusion (e.g., pacemaker)



# In practice

## Using neuroscientific methods

### Incidental findings

→ observations of potential clinical relevance discovered in healthy subjects or in patients in neuroscientific experiments (mostly imaging, EEG)

→ Can occur and should not only then be considered

→ should be addressed when the informed consent is given, including a discussion of how they will be reviewed and provided to participants.

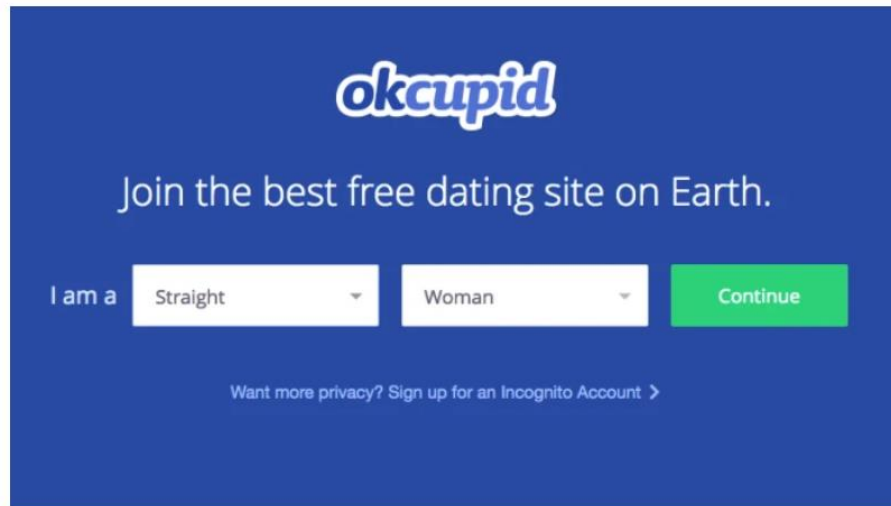
# Hand's on: Examples

What went wrong?

TECH • OKCUPID

# Researchers Caused an Uproar By Publishing Data From 70,000 OkCupid Users

By Robert Hackett May 18, 2016



SCREENSHOT OF OKCUPID WEBSITE HOMEPAGE

Earlier this month, Danish researchers published data from the online profiles of nearly 70,000 OkCupid users—including usernames, political leanings, drug usage, and intimate sexual details—creating a privacy firestorm.

The researchers, Emil Kirkegaard and Julius Daugbjerg Bjerrekær, used data scraping software developed by a third contributor, Oliver Nordbjerg, to collect the information for a [study](#) that explored, among other things, the thinking of people on the site. They posted the database along with a draft paper on [Open Science Framework](#), a site that encourages open source science research and collaboration.

## Most Popular Posts

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Siddharth Philip



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Nicole Gull McElroy



**Here Are the Devices You Can Use to Download and Watch Disney+**

Chris Morris



**How to Get Disney+ Free for a Year With Verizon Right Now**

Chris Morris



# The Stanford Prison experiment (1971)



<https://listverse.com/2008/09/07/top-10-unethical-psychological-experiments/>

Prisoners were put into a situation purposely meant to cause disorientation, degradation, and depersonalization. Guards were not given any specific directions or training on how to carry out their roles. Though at first, the students were unsure of how to carry out their roles, eventually they had no problem. The second day of the experiment invited a rebellion by the prisoners, which brought a severe response from the guards. Things only went downhill from there.

# Unique in the shopping mall: On the reidentifiability of credit card metadata

Yves-Alexandre de Montjoye,<sup>1\*</sup> Laura Radaelli,<sup>2</sup> Vivek Kumar Singh,<sup>1,3</sup> Alex “Sandy” Pentland<sup>1</sup>

Large-scale data sets of human behavior have the potential to fundamentally transform the way we fight diseases, design cities, or perform research. Metadata, however, contain sensitive information. Understanding the privacy of these data sets is key to their broad use and, ultimately, their impact. We study 3 months of credit card records for 1.1 million people and show that four spatiotemporal points are enough to uniquely reidentify 90% of individuals. We show that knowing the price of a transaction increases the risk of reidentification by 22%, on average. Finally, we show that even data sets that provide coarse information at any or all of the dimensions provide little anonymity and that women are more reidentifiable than men in credit card metadata.

# Identifying Personal Genomes by Surname Inference

Melissa Gymrek,<sup>1,2,3,4</sup> Amy L. McGuire,<sup>5</sup> David Golan,<sup>6</sup> Eran Halperin,<sup>7,8,9</sup> Yaniv Erlich<sup>1\*</sup>

Sharing sequencing data sets without identifiers has become a common practice in genomics. Here, we report that surnames can be recovered from personal genomes by profiling short tandem repeats on the Y chromosome (Y-STRs) and querying recreational genetic genealogy databases. We show that a combination of a surname with other types of metadata, such as age and state, can be used to triangulate the identity of the target. A key feature of this technique is that it entirely relies on free, publicly accessible Internet resources. We quantitatively analyze the probability of identification for U.S. males. We further demonstrate the feasibility of this technique by tracing back with high probability the identities of multiple participants in public sequencing projects.

## *New York Hospital to Pay \$2.2 Million Over Unauthorized Filming of 2 Patients*



NewYork-Presbyterian Hospital/Weill Cornell Medical Center, where a man was taken in 2011 and filmed as doctors tried unsuccessfully to save his life. Alessio Botticelli/GC Images, via Getty Images

By Charles Ornstein

April 21, 2016



# Practical Tips for Ethical Data Sharing (see Meyer 2017)

## Preparing to Share Data Effectively and Responsibly

DON'T promise to destroy your data

DON'T promise not to share data

DON'T promise that research analyses of the collected data will be limited to certain topics

DO get consent to retain and share data

DO incorporate data-retention and -sharing clauses into IRB templates

DO be thoughtful when considering risks of re-identification

DO consider working with a data repository

+ Overview of some social-science and general data repositories



# Berichte

## Der Umgang mit Forschungsdaten im Fach Psychologie: Konkretisierung der DFG-Leitlinien

Im Auftrag des DGPs Vorstands (17.09.2016)

Felix Schönbrodt, Mario Gollwitzer und Andrea Abele-Brehm

Die vorliegenden Empfehlungen sollen – als einer von mehreren Bausteinen – zur Qualitätssicherung der psychologischen Forschung beitragen. Sie sind getragen von der Idee einer offenen und transparenten Wissenschaft, in der publizierte Befunde nachvollziehbar sind und Daten, die im Kontext publizierter wissenschaftlicher Arbei-

ten zur disziplinspezifischen Nutzung und Bereitstellung von Forschungsdaten zu entwickeln<sup>4</sup>. Die *Deutsche Gesellschaft für Psychologie* (DGPs) schließt sich den Zielen der DFG und der Allianz der Wissenschaftsorganisationen an und präzisiert hier die Erwartungen der DFG für das Fach Psychologie.



# Summary

Ethical principles (e.g., protect the well-being of participants) have to be interpreted and translated into concrete criteria for planning and evaluating research from an ethical point of view

Qualitative **and** quantitative aspects (cf. pain induction)

Subjective views, personal expertise and experience, common sense, and individual focus on specific principles play a role

→ Members of the ethics committee should have different expertise and backgrounds

# Summary

Criteria and the sensibility for ethical norms are changing over time, and will probably continue to do so; experience in ethics committee

What used to be standard practice in the past can be viewed as unethical today, and what is done today may be viewed as unethical tomorrow

Legal point of view: Considerations on the necessity to protect the mind (Psyche) in criminal law - new development

# Summary

Many issues we might raise are not directly relevant in ethical terms – should they be mentioned?

E.g., seemingly obvious power problems (we shouldn't waste time and energy of your participants -- and the money of the funding agency)

→ Approval with suggestions

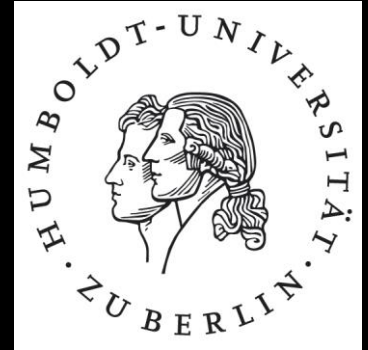
→ Discussion within the committee on the danger of being hypercritical

# Summary

At last: responsibility

“We wish to point out that the ethical and legal responsibility concerning the study lies with the principal investigators and co-workers of the project, independently of this positive statement from the ethics committee.”

# Thank you!



Laura Kaltwasser

(pp. Anna Kuhlen & Rasha Abdel Rahman)

# Submitting a proposal to the ethics committee: criteria

## **Detailed description of and information on:**

Purpose and design of the planned research

Procedures involved in the research

Participants:

- What type of participants (particular characteristics)
- Criteria for selection
- N of participants needed
- How are participants recruited?

# Submitting a proposal to the ethics committee: criteria

## **Detailed description of and information on:**

Forseeable physical and mental risks and / or discomforts to the participants and consequential physical and psychological damage;

→ precautions against

Reimbursement

# Submitting a proposal to the ethics committee: criteria

## **Detailed description of and information on:**

Is the information given to the subjects accurate and complete?

→ If not, planned deception should be described

→ Careful debriefing



# Submitting a proposal to the ethics committee: criteria

## **Detailed description of and information on:**

Written information given to participants (on purpose, procedures, potential risks, etc.) and text on written informed consent

→ subject should know what one wants to know before giving informed consent

Withdrawal from an experiment; information given to participants

# Submitting a proposal to the ethics committee: criteria

## **Detailed description of and information on:**

Legally incompetent, physically or mentally incapable subjects (e.g., children): informed consent from legally authorized representative

Data collection, processing, use: anonymisation of data

# Submitting a proposal to the ethics committee: criteria

Please also see our website for useful information on putting together an ethic application

(including a checklist, examples for participant approval forms, information on specific methods, etc.)

# Submitting a proposal to the ethics committee: criteria

You are not a member of Humboldt-Universität, but would like to have your research projects approved by an ethic committee?

Check with your institution:

e.g., ethic committees exist at the Charité, the Free University

Also: Deutsche Gesellschaft für Psychologie