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**Work Programme 2006**  
**Health Council of the Netherlands /**  
**Advisory Council on Health Research**

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**Work Programme 2006**  
**Health Council of the Netherlands /**  
**Advisory Council on Health Research**

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to:

the Minister of Health, Welfare and Sport

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No. A05/05E, The Hague, 20 September 2005

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The Health Council of the Netherlands, established in 1902, is an independent scientific advisory body. Its remit is “to advise the government and Parliament on the current level of knowledge with respect to public health issues...” (Section 21, Health Act).

The Health Council receives most requests for advice from the Ministers of Health, Welfare & Sport, Housing, Spatial Planning & the Environment, Social Affairs & Employment, and Agriculture, Nature & Food Quality. The Council can publish advisory reports on its own initiative. It usually does this in order to ask attention for developments or trends that are thought to be relevant to government policy.

Most Health Council reports are prepared by multidisciplinary committees of Dutch or, sometimes, foreign experts, appointed in a personal capacity. The reports are available to the public.



The Health Council of the Netherlands is a member of INAHTA, the international network of health technology assessment (HTA) agencies that promotes and facilitates information exchange and collaboration among HTA agencies.

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This report can be downloaded from [www.healthcouncil.nl](http://www.healthcouncil.nl).

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# Contents

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---

Foreword *11*

---

Part 1 Work Programme 2006 Health Council of the Netherlands

---

1 Introduction *17*

---

2 Working methods and special activities *19*

2.1 The Council and Committees *19*

2.2 Standing committees *20*

2.3 Secretariat *20*

2.4 Graadmeter (see also 2.6) *20*

2.5 International contacts and activities *21*

2.6 Network and translations *21*

2.7 Website *21*

---

3 Horizon-scanning and agenda-setting *23*

3.1 Preventive and curative health care *23*

3.2 Nutrition and food quality *24*

3.3 Environment and health *24*

3.4 Work and health *24*

---

---

4	Health and care: General issues	27
4.1	Centre for Ethics and Health (800)	27
4.2	Medium-term health implications of disasters (664)	27
4.3	Effectiveness of lifestyle campaigns (684)	28
4.4	Behavioural problems and mental deficiency (737)	28
4.5	The term 'treatability' - continued (762)	28
4.6	Quality of care, the division of responsibilities and concentration (779)	29
4.7	The impact of comorbidity and multimorbidity (782)	30
4.8	Prevention of health problems in the elderly (781)	30
4.9	Innovation and implementation of knowledge in the care sector (804)	31
4.10	Biotechnology trend analysis (805)	31

---

5	Health and health care: effectiveness and efficiency of diagnosis and therapy	33
5.1	Rational medical and paramedical care (665)	33
5.2	Follow-up of cancer patients (689)	34
5.3	Special cardiac procedures (740)	34
5.4	'Blood' Working Group (629/1)	35
5.5	The safety of blood (691)	35
5.6	Antenatal immunisation (662)	35
5.7	Planning radiotherapy (785)	36
5.8	Use of medicines by the elderly (806)	36
5.9	Orphan drugs (807)	37
5.10	Efficiency of prolonged psychotherapy for children and young adults (784)	37

---

6	Health and health care: screening	39
6.1	Population Screening Act (272)	39
6.2	Annual report on population screening (757)	39
6.3	Preconception counselling (778)	40
6.4	Predictive medicine (808)	40

---

7	Health and health care: prevention and treatment of infectious diseases	43
7.1	Adverse reactions to vaccination under the National Immunisation Programme (469)	43
7.2	Committee on the Revision and Expansion of the National Immunisation Programme (693)	44
7.3	Guidelines on prevention of hospital-acquired infections (144/9)	44
7.4	MRSA (methicillin-resistant Staphylococcus aureus) (766)	44
7.5	BCG vaccination (767)	45
7.6	Infectious disease protocols (144/8)	45

---

7.7	Review of indications for influenza vaccination (786)	45
7.8	Adverse effects of mass vaccination in the event of an influenza pandemic (809)	46
<hr/>		
8	Health and nutrition	47
8.1	Nutritional standards for energy and nutrients (551)	47
8.2	Nutrition for infants and toddlers (810)	48
8.3	Organisation of national food consumption surveys after 1998 (590)	48
8.4	Diet in the context of medical treatment (769)	49
8.5	Dietary need for the enrichment of foodstuffs (811)	49
8.6	Natural flavouring agents in foodstuffs (787)	50
8.7	Health risks associated with mixed livestock farming (812)	50
<hr/>		
9	Health and environment	53
9.1	Agenda-setting (789)	53
9.2	Precaution and public health (661)	54
9.3	Impact of nature on health and well-being (719)	54
9.4	Health and environment (720)	55
9.5	Environmental quality	56
9.6	Principles underlying health-based exposure limits (442)	56
9.7	Particulate air pollution (813)	57
9.8	Framework for identification of high risk groups (790)	58
9.9	Negative health impact of nanoparticles (792)	58
9.10	Influence of global change on health (749)	59
9.11	Indoor climate (814)	59
9.12	Comments on draft reports from the National Council on Radiation Protection and Measurements (484)	59
9.13	Electromagnetic fields (673)	60
9.14	Environmental Health Criteria document on extremely low-frequency electromagnetic fields (815)	60
<hr/>		
10	Occupational health	61
10.1	Health-based exposure limits for individual substances (459)	61
10.2	Classification of and basis of limits for carcinogenic substances (459)	62
10.3	Classification of reprotoxic substances (543)	63
10.4	Occupationally induced infertility (660)	63
10.5	Standards for sensitising substances (648)	64
<hr/>		
11	Possible topics for future work programmes	65
11.1	Determinants of pregnancy outcome	65
<hr/>		

11.2	Foetal treatment	66
11.3	Neonatal euthanasia	66
11.4	Dentistry and oral hygiene	67
11.5	Autism	67
11.6	Medical implications of hospital construction	67
11.7	Cause-of-death statistics	68
11.8	Doping in mass-participation sports (761)	68
11.9	Prevention of obesity and the risk of eating disorders	69
11.10	Balanced dietary information	69
11.11	Working conference on the RIVM reference model for nutrient provision	69
11.12	Exercise, sport, health and infrastructure	69
11.13	Odour as a social problem (771)	70
11.14	The consequences of night-time working	70
<hr/>		
12	Publications 2005	71
12.1	Advisory reports published in the period January to August 2005	71
12.2	Reports scheduled for publication in the period September to December 2005	72

---

## Part II Work Programme 2006 Advisory Council on Health Research

1	Introduction	77
<hr/>		
2	Ongoing activities 2005	77
2.1	Research into care for the elderly	77
2.2	Pharmaceutical care knowledge infrastructure	78
2.3	University responsiveness and research by schools of higher vocational education	78
2.4	Internationalisation	79
2.5	Patients' influence on the research agenda	80
2.6	The doctor and the engineer'	80
2.7	Medical Biotechnology Agenda	80
<hr/>		
3	New topics	81
3.1	The organisation of care	81
3.2	Evidence-based health policy	82
3.3	Quality of care	82
3.4	Comorbidity	82
3.5	Translational research	83
3.6	HTA and other forms of health (care) research	83

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4	Other matters <i>84</i>
4.1	Priority medicines <i>84</i>
4.2	Unexplained physical complaints <i>84</i>
4.3	Coordination activities <i>84</i>



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## Foreword

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This document describes the Health Council's Work Programme for 2006, which will be presented to Parliament by the Minister of Health, Welfare and Sport on the third Tuesday of September, at the opening of the Parliamentary year.

For the first time, the work programmes of the Health Council and of the Advisory Council on Health Research (RGO) are being published together. This move reflects the decision to integrate the RGO within the Health Council in the course of 2006. Given the two organisations' closely related fields of activity, integration is regarded as sensible and desirable not only by the organisations themselves, but also by the ministers of Health, Welfare and Sport and of Education, Culture and Science.

The description of each activity includes information about the timescale for delivery of the advisory report, looking ahead as far as the end of 2006. However, it has not been possible to make definite plans in all cases, since negotiations have yet to be completed regarding the Health Council's 2006 budget. As a consequence of this situation, it may yet prove necessary to make adjustments to the programme, in particular the activities described in Sections 4 to 8.

While the Health Council's budget is under pressure, the demand for the Council's services is, if anything, increasing. This is not surprising, in view of the unrelenting flow of reported scientific developments, the increasing importance attached to health care and health protection by the public and government alike, and the ever more complex nature of the issues involved. For example, questions related to the provision of health care to and the quality of life for older

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people are increasingly pertinent in an ageing society. Earlier this year, at the request of the Lower House of Parliament, the Health Council produced a report entitled 'Vergrijzen met ambitie' (Ageing with Ambition). As the reader will see from Section 4, the new work programme builds on that report by addressing a number of relevant issues. Furthermore, since the scientific community does not yet know enough to answer many of the central questions in this field, the Health Council and the RGO are together seeking to identify the priorities for knowledge acquisition.

There is an increasingly prominent international dimension to the Health Council's work, which is considered more closely in Section 2. International collaboration is beneficial not only in terms of the quality of the advice given by the Health Council, but also in terms of the efficient use of resources, since work previously undertaken elsewhere does not have to be duplicated.

Modern society is more critical in the way it views the activities of public institutions. One can see this in the way Health Council reports are debated, with questions raised regarding both their findings and the way in which they are produced. I would like to conclude this foreword by drawing attention to the twin keystones of the Health Council's work: scientific expertise and independence. The provision of information concerning the latest scientific thinking and developments depends upon the voluntary cooperation of leading scientific authorities in the Netherlands and, increasingly, in other countries. They contribute to the process on an independent personal basis, solely on behalf of the Health Council.

The Hague, 20 September 2005

Professor JA Knottnerus, Health Council President

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## **Health Council of the Netherlands**

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No. A05/05E, The Hague, 20 September 2005

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1	Introduction	17
2	Working methods and special activities	19
3	Horizon-scanning and agenda-setting	23
4	Health and care: General issues	27
5	Health and health care: effectiveness and efficiency of diagnosis and therapy	33
6	Health and health care: screening	39
7	Health and health care: prevention and treatment of infectious diseases	43
8	Health and nutrition	47
9	Health and environment	53
10	Occupational health	61
11	Possible topics for future work programmes	65
12	Publications 2005	71

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## Part I



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# Introduction

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This Work Programme describes the topics that the Health Council plans to address in 2006. In many cases, these are topics that the Council will already have started work on in 2005. The Council does not anticipate reporting on all the listed topics in 2006. Furthermore, new requests for advice from government ministers may lead to revision of the priorities within the Work Programme.

The Health Council advises the government on the latest scientific thinking and developments. Although its advisory reports serve to support policy development, the Council does not seek to suggest what government policy should be. The degree to which policy decisions are ultimately shaped by scientific understanding and by information regarding the limits of that understanding depends on a variety of factors, including the existence and nature of any relevant political and more general social considerations.

The Health Council produces advisory reports not only when requested to do so by a Cabinet minister or by Parliament, but also of its own volition. Most of the reports that the Council produces of its own volition are designed to highlight scientific developments, which have been identified on the horizon by the Council and which may have implications for public health. Section 3 of this document lists the topics on which the Council expects to produce horizon-scanning reports in the period ahead. It is perhaps worth stating that the ministers have given their express support for the Health Council's activities in the field of horizon scanning.

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Sections 4 to 10 describe the topics that the Council expects to be working on in the period up to the end of 2006. Attention is also given to likely fields of activity in 2007. The numbers between brackets after the subsection headings in Section 3 and the following sections are for internal administrative purposes.

Section 11 lists subjects that the Council expects will require its attention in the longer term. These include issues raised in the context of discussions between the Council and the ministries it advises, which cannot be addressed in the short term due to lack of capacity, or which are likely to be affected by scientific or policy-related developments, making the deferral of reporting desirable. The final section of part 1 of this document lists the reports published or scheduled for publication in 2005.

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## **Working methods and special activities**

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### **2.1 The Council and Committees**

The Health Council currently has 186 members: 154 men and 32 women. The Council continues to work to increase the proportion of female scientists among its members and on its committees.

Advisory reports are usually produced by ad-hoc committees, which have been set up by the Health Council's President under Article 24 of the Health Act. The make-up of each committee reflects the need not only for appropriate scientific expertise, but also, in particular, for a multidisciplinary approach. Such an approach serves to prevent issues being tackled in a one-sided manner. When recruiting committee members, the Council looks first to its own members. However, non-members are also frequently invited to sit on the committees. All committee members give their time on a voluntary basis.

Health Council committee members may have or may represent independent interests. Therefore, when an individual is invited to join a committee, he or she is asked to provide written details of the posts he/she holds, and to declare any other financial or non-financial interests that might be relevant in the context of the committee's activities. It is then up to the Council's president to decide whether a conflict of interests exists, such that the person concerned should not sit on the relevant committee. In some cases, the expertise of the person in question is nevertheless utilised by involving him/her in an advisory capacity.

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## **2.2 Standing committees**

The Health Council's standing committees are instrumental in guaranteeing the quality of the work carried out by the Council. The activities of these permanent advisory and consultative bodies are characterised by the broad spectrum of topics addressed. The main tasks of a standing committee are to review the draft advisory reports produced within the Council's committee structure and to draw attention to issues and developments within its specialist field of interest.

There are standing committees for the following seven areas of activity:

- Medicine
- Genetics
- Health and environment
- Medical ethics and health law
- Infection and immunity
- Radiological protection
- Food and nutrition

In 2006 preparations will be made for the creation of a standing committee on public health. This will imply, amongst other things, coordination of the new standing committee's activities with those of the other standing committees.

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## **2.3 Secretariat**

The work of the Council and its Committees is supported by a secretariat. The secretariat's scientific staff carry out preparatory work on the topics from the Work Programme, consult experts, coordinate the work of Committees, and draft the advisory reports in line with directions from the committees. The secretariat also publishes the advisory reports and other Health Council documents.

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## **2.4 Graadmeter (see also 2.6)**

The Health Council will publish six issues of its bi-monthly Dutch-language journal, *Graadmeter*, in 2006. The journal contains information about advisory reports and other publications, and about questions and reactions from Ministers and State Secretaries. *Graadmeter* also features brief articles on developments at home and abroad that are of direct relevance to the Council's fields of interest.

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## 2.5 International contacts and activities

International contacts are indispensable for a scientific body such as the Health Council. In some cases, a committee can also be bolstered by calling upon foreign experts. The Council and its secretariat maintain contacts with an international network of experts. Key elements in that network are sister organisations abroad, with which reports are exchanged. The Council will commit itself to the task of strengthening international cooperation.

In 2006, in cooperation with its Belgian counterpart, the Hoge Gezondheidsraad, the Council anticipates creating a *European Expertise Network for Science Advice on Public Health*.

The Council also intends to continue to cooperate with agencies in other countries in the fields of medical ethics, health technology assessment and occupational exposure to hazardous substances, and to intensify contacts where appropriate.

In the first half of 2006, the Council is considering organising an international conference to mark the conclusion of the series of advisory reports on the derivation of health-based recommended exposure limits for substances (9.6). Originally planned for 2005, the aim of this gathering would be to contribute to the international harmonisation of assessment methods.

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## 2.6 Network and translations

Three times a year, contacts abroad receive the publication *Network*, which keeps them informed about Health Council activities. Financial resources permitting, the secretariat also publishes English translations of the Council's advisory reports. All advisory reports contain an executive summary in English.

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## 2.7 Website

The Council makes its publications available to interested parties at home and abroad via its website at [www.healthcouncil.nl](http://www.healthcouncil.nl).



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## Horizon-scanning and agenda-setting

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In addition to the publication of advisory reports requested by Cabinet ministers or Parliament, the Health Council's statutory remit includes 'horizon scanning': proactively drawing attention to issues and developments that may be of relevance to government policy. The Council discharges its responsibilities in this area by producing horizon-scanning and agenda-setting reports. Such reports come within the definition of an advisory report, as referred to in Article 23 of the Health Act.

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### 3.1 Preventive and curative health care

At the request of the Minister of Health, Welfare and Sport, the Council's horizon-scanning activities include the identification of new ways of promoting efficiency in the field of curative and preventive health care. Partly to this end, the Health Council's secretariat participates in *EuroScan*, a European network for the identification of significant emerging health technologies, including new services, procedures, medical devices and medicines (see Section 5 and in particular subsection 5.1). The Council's involvement with *EuroScan* will continue in 2006.

Another aspect of horizon scanning that the Council undertakes involves highlighting ethical and legal aspects of public health-related scientific developments that may have policy implications. This work is done partly through the

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*Centre for Ethics and Health* (CEG; see 4.1), which was established in 2002 in collaboration with the Council for Public Health and Health Care (RVZ). Through the CEG, the Council will again publish a number of horizon-scanning reports in 2006.

As its name suggests, the remit of the *Committee on Adverse Reactions to Vaccination* under the *National Immunisation Programme* is to report on new insights into the possible side-effects of vaccines administered in the context of the national programme (see 7.1). This work will continue in 2006.

Finally, the Council reports periodically on developments in the sphere of population screening and targeted screening (see 6.2) and, in conjunction with the Advisory Council on Health Research (RGO), on advances in the field of genomics.

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### **3.2 Nutrition and food quality**

In 2006, the Council's horizon-scanning and agenda-setting activities in the field of nutrition and food quality will for the most part tie in with the reporting activities of international organisations such as the WHO, the FAO, the Council of Europe and the OECD, insofar as these concern public health-related aspects of food production and nutrition. A key element of the Council's work will be to indicate what significance such reports have for the Netherlands.

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### **3.3 Environment and health**

Many questions relating to 'health and environment' are now handled at the international level. The Health Council's agenda-setting activities in this field are therefore of particular significance. It is important to consider, for example, which issues need to be addressed at the European level and, above all, the nature of the scientific background to such issues (see 9.1).

Periodically, the Council also reports on advances in scientific understanding of the influence that electromagnetic fields and ionising radiation have on health (see 9.13). This work too will continue in 2006.

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### **3.4 Work and health**

The State Secretary for Social Affairs and Employment has indicated that the Health Council is expected to comment on developments and issues that are likely to become prominent in the field of occupational health. Relevant topics are often initially highlighted in reports published by the *Netherlands Centre for*

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*Occupational Diseases* (NCVB). At the end of 2005, the Council will be publishing an assessment of the relationship between night work and breast cancer.



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## Health and care: General issues

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The topics covered in this section are of a general nature: they are not confined to particular public health problems or applications in particular health care sectors. They include medico-ethical or medico-legal issues and developments relating to medical science, public health or society as a whole.

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### 4.1 Centre for Ethics and Health (800)

*Scheduled for completion:  
2nd quarter, 2006*

The Council's horizon-scanning tasks include highlighting ethical and legal aspects of public health-related scientific

developments that may have policy implications. This work is done partly through the *Centre for Ethics and Health*, which was established in 2002 in collaboration with the Council for Public Health and Health Care (RVZ). Using this vehicle, the Health Council publishes a number of horizon-scanning reports each year on matters pertinent to the ethical policy agenda, and 2006 will be no exception in this regard.

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### 4.2 Medium-term health implications of disasters (664)

*Scheduled for completion:  
3rd quarter, 2006*

Disasters such as floods, aircraft crashes and fires can leave their mark both on

victims and on rescue workers. Their effects (which are sometimes apparent only with the passage of time) include various physical and psychological conditions. Substances that may or may not have been released in a disaster are sometimes cited as the cause of such conditions, even if there is no 'hard' evidence of a link. The event itself will frequently leave an indelible impression, which may give rise to pathological symptoms. The Council has been asked to make recommendations concerning the care that should be given to people affected by disasters and concerning the measures that the authorities and care providers need to take (in both the short and longer term) to deal with the associated health problems.

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#### **4.3 Effectiveness of lifestyle campaigns (684)**

*Scheduled for completion:  
2nd quarter, 2006*

At the request of the Minister of Health, Welfare and Sport, ZonMw (*The Netherlands Organisation for Health Research*

*and Development*) has developed a programme of national lifestyle campaigns to promote healthy behaviour. The programme is scheduled to run from 2003 to 2008. The Council will seek to identify the factors that contribute to the effectiveness of such campaigns and the implementation issues that require particular attention. Consideration will be given not only to the mass-media components of the campaigns, but also to the use of new digital techniques (Internet, mobile telephony) and to the environmental determinants of behaviour.

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#### **4.4 Behavioural problems and mental retardation (737)**

*Scheduled for completion:  
4th quarter, 2006*

The Council has been asked to report on the prevention of behavioural problems among mentally retarded people, in the

light of the latest scientific thinking and developments.

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#### **4.5 The term 'treatability' - continued (762)**

*Scheduled for completion  
yet to be finalised*

There is no unambiguous definition of the term treatable. Opinions regarding the treatability of a disease or disorder

will vary, depending on who is using the term and in what context. There is, moreover, a direct relationship between the concept of treatability and outlooks on sickness and health, which often have a cultural basis and change over time. The legislature has also used the term 'treatability', both in the Population

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Screening Act (WBO) and in the Medical Examinations Act (WMK), in each case in a manner specific to the context of the law in question. Consequently, various (sometimes conflicting) interpretations of the term exist both in medical science and in law.

In law, 'treatability' is a dichotomous criterion (a condition is or is not treatable), but the medical world recognises innumerable shades of grey (the extent to which a condition is treatable being infinitely variable). The question is, therefore, how these shades of grey should be reflected in law in a manner that accommodates the relevant interests of all concerned.

In the summer of 2005, the Council organised an exploratory workshop, the findings of which will be reported to the State Secretary for Health, Welfare and Sport in the autumn of 2005. At that stage, a decision will be taken as to whether further reporting is desirable.

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#### **4.6 Quality of care, the division of responsibilities and concentration (779)**

*Scheduled for completion:  
4th quarter, 2006*

Various developments are taking place, which may have particular implications for quality assurance in the care sector.

The introduction of market mechanisms to health care has triggered a review of the division of professional responsibilities in all fields. This is resulting in more differentiated care provision, varying from specialist basic care in facilities close to the patient's home to specialised forms of care available only on the basis of referral at university hospitals. In the light of this fragmentation of traditional hospital care, questions arise concerning quality assurance and the implications for training and medical research. One issue requiring particular attention is the relationship between volume and outcome. Research has revealed a positive association between the number of procedures, such as surgical operations, that someone performs and their outcomes.

Another significant development is the gradual transfer of certain duties (or constituent tasks) from doctors to other care personnel, particularly in the context of the treatment of chronic conditions. Such shifts in the division of responsibilities are aimed at enhancing the quality and organisation of care, managing costs and improving care practitioners' career perspectives. Another important issue is communication between first-line and second-line care providers. Such communication is threatened by the concentration of hospital places, the increasing number of GPs and medical specialists, and continuing specialisation.

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In collaboration with the *Dutch Order of Medical Specialists*, the *Petrus Camper Institute*, the *Dutch College of General Practitioners* and the *Dutch Institute for Healthcare Improvement (CBO)*, the Council will organise a working conference in 2006, at which the latest scientific thinking and developments concerning the quality of care can be reviewed and the potential consequences for the division of duties and concentration can be identified.

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#### 4.7 The impact of comorbidity and multimorbidity (782)

*Scheduled for completion:  
2nd quarter, 2007*

As people grow older, the more likely they are to suffer from several medical problems at the same time (comorbidity and multimorbidity). In its report *Vergrijzen met ambitie (Ageing with Ambition)*, the Health Council highlighted the gaps in knowledge and care provision in this field. Questions remain to be answered regarding the impact of comorbidity and multimorbidity on health status, on diagnosis and treatment and on the effectiveness of care. Neither clinical research practices nor the way care is organised take proper account of comorbidity or multimorbidity. Furthermore, not enough is yet known about the relationship between illness and disability, or about the scope for prevention or minimisation of the associated problems.

One common but frequently neglected form of comorbidity is that involving concurrent psychiatric and somatic illnesses. The reported incidence of such comorbidity is expected to rise sharply, partly as a result of population ageing and partly as a result of greater recognition of the problem. In this regard, organisational issues form a separate dimension: patients are generally treated either in general hospitals or in municipal mental health care establishments. Little has been done in the Netherlands in terms of integrated treatment in so-called ‘med-psy’ or ‘psy-med’ units. In 2006, the RGO will also be looking at somatic-psychiatric comorbidity and the effectiveness of ‘med-psy’ units. The Health Council’s report will accordingly be compiled in close collaboration with the RGO.

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#### 4.8 Prevention of health problems in the elderly (781)

*Scheduled for completion  
yet to be finalised*

What scope is there for care aimed specifically at preventing or mitigating illness and infirmity in the elderly? Is a targeted preventive policy feasible or desirable? If so, what conditions should such a policy focus on? These questions—which are closely related to but more specific than the previous theme—were touched on in the report *Vergrijzen met*

*ambitie (Ageing with Ambition) (2005/06)*, but need to be explored in greater detail so that practical recommendations may be made. Particular areas of interest in this context are the prevention of musculoskeletal problems (fall prevention, exercise promotion), infectious diseases (vaccination), dietary deficiencies, and cardiovascular disease. The scope of the Council's exploration of this field will not be defined until after publication of the RGO's report on the same subject, and the Council's own report on comorbidity and multimorbidity (4.7).

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#### **4.9 Innovation and implementation of knowledge in the care sector (804)**

*Scheduled for completion:  
4th quarter, 2006*

It sometimes appears that insufficient new knowledge is generated in the care sector. The Council has been asked to suggest how the Ministry of Health, Welfare and Sport might effect a change in this regard by pursuing a policy of knowledge development, innovation and implementation. In 2005, the Council for Public Health and Health Care (RVZ) published a report on this theme, entitled *Van weten naar doen (From knowing to doing)*. Reporting will require a more precise definition of the scientific matters at issue. If appropriate, the Council will seek to collaborate with the RVZ. The subject is also to be looked at by the RGO, which will work in tandem with the Health Council. The ultimate report will tie in with the findings of the ZonMw programme.

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#### **4.10 Biotechnology trend analysis (805)**

*Scheduled for completion:  
1st quarter, 2007*

At the request of the State Secretary for Housing, Spatial Planning and the Environment, the Council will (funds permitting) work with the Genetic Modification Committee (COGEM) and the Animal Biotechnology Committee (CBD) on preparation of the *Biotechnology Trend Analysis 2007*. This will involve the examination of biotechnological developments in various fields, including health care. As well as looking at the dilemmas involved, the Trend Analysis may set out the economic opportunities offered by biotechnology and how it can be of help in the resolution of social problems. The *Medical Biotechnology Research Agenda* published by the RGO in 2005 at the request of the Minister of Health, Welfare and Sport may be used as the starting point for the Council's work.



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## **Health and health care: effectiveness and efficiency of diagnosis and therapy**

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The effectiveness and efficiency of medical procedures are among the central focuses of health-care policy. Furthermore, the emphasis on these characteristics is increasing as the growing demand for care places strains on the available resources. The Council has a long tradition of providing scientific answers to questions of effectiveness and efficiency, and has intensified its activities in this field in recent times, at the request of the Minister of Health, Welfare and Sport.

The advisory reports on so-called tertiary care functions, which the Minister of Health, Welfare and Sport has brought within the scope of Section 2 of the Special Medical Services Act (WBMV), constitute a special category under this general heading. The Health Council reviews the current level of knowledge, thus enabling the Minister to make appropriate further arrangements.

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### **5.1 Rational medical and paramedical care (665)**

#### *Continuous activity*

The Council has been examining a number of topics originally highlighted in the *Advisory report concerning cost-benefit analysis of existing provisions*, which was published on 28 October 1993 by the former Health Insurance Funds Council (ZfR)—now known as the Health Insurance Council (CVZ). In 1997, the President of the Health Council set up the *Interim Central Committee on Medical Technology Assessment* to undertake this

work. Acting through this committee, the Council produced ten reports in the period 1998 to 2003. Within the MTA domain, the committee performs evaluations and highlights upcoming issues, but such activities have been curtailed by lack of funds since 2003. This situation may change, however, as a result of the implementation of the recommendations contained in the report *Providing information on significant developments in health care; identification of new and changing health technology*, which the Council published in the summer of 2005.

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## 5.2 Follow-up of cancer patients (689)

*Scheduled for completion:  
2nd quarter, 2006*

It is customary to carry out follow-up examinations of patients who have undergone medical treatment. The frequency and duration of these check-ups can vary considerably according to the nature of the condition and the invasiveness of the treatment. In the case of cancer, follow-up tends to be relatively frequent and long-term. There are psychosocial reasons for this in addition to the obvious medical ones. Patients may draw reassurance from the fact that someone is keeping a close eye on them. However, frequent and long-term follow-ups may perhaps mean that someone remains a patient for longer than is medically necessary. Taking these different factors into consideration, what does medical science currently regard as the most appropriate follow-up regimes for patients who have undergone treatment for cancer?

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## 5.3 Special cardiac procedures (740)

*Scheduled for completion:  
4th quarter, 2006*

In recent years, there have been significant shifts in the field of special cardiac treatment: percutaneous coronary interventions (PCIs) are performed with increasing frequency, often instead of bypass surgery. As a result, there have also been changes in the practices of specialists active in this field: interventional cardiologists are now able to treat numerous conditions themselves, rather than having to defer to a surgeon. The treatment options now available include Dotter's technique (PTCA) in cases of acute infarction, the insertion of drug-eluting stents, and numerous other techniques for revascularisation and the prevention of restenosis. Meanwhile, the development of new ways of treating people who suffer heart failure (e.g. ICDs and biventricular pacing) is being carried forward. The Minister of Health, Welfare and Sport has asked the Health Council to advise on the responsible use of such treatment

methods and on the desirability of research into the (partial) deregulation of special cardiac procedures.

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#### 5.4 'Blood' Working Group (629/1)

*Continuous activity*

Now that responsibility for blood supplies in the Netherlands has been transferred to the *Sanquin Foundation*, there is a need for an independent body to identify significant developments and potential problems in this field. In 1999, the Health Council set up the 'Blood' Working Group to fulfil this role. The working group draws the attention of the Health Council presidency to those developments in the sphere of blood and blood transfusions concerning which it is necessary or desirable that the Council should report to the government.

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#### 5.5 The safety of blood (691)

*Scheduled for completion:  
4th quarter, 2006*

The Minister of Health, Welfare and Sport has asked the Council to report on the significance of new, sensitive methods for detecting the viral contamination of donor blood. The Council intends to address the minister's questions in a broader context. Blood transfusion is an inherently hazardous medical procedure, even without the possibility of transmitting infection. While the associated risks can to a certain extent be managed, they cannot be eliminated completely. The question of how safe blood needs to be is therefore a pertinent one.

Consideration of this matter has been delayed by the publication of several other Health Council reports on topical issues. The Council proposes to place blood safety in the broader context of the application of the precautionary principle. Further deliberations have therefore been deferred pending completion of the advisory report on the latter subject (9.2).

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#### 5.6 Antenatal immunisation (662)

*Scheduled for completion:  
3rd quarter, 2006*

In accordance with a guideline based on a 1992 Health Council advisory report, pregnant women in the Netherlands are screened for the presence of so-called irregular antibodies, which can threaten the health of the child.

The Council has been asked whether developments in this area necessitate a revision of its earlier advisory report. Work on the Council's response to this enquiry was suspended in 2004, in order to divert capacity to the preparation of an advisory report on the use of antiviral agents in the event of an influenza pandemic. Work on the antenatal immunisation report will resume in 2006, depending on the ministry's policy priorities and on the results of certain significant research projects.

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## 5.7 Planning radiotherapy (785)

*Scheduled for completion:  
4th quarter, 2006*

The Health Council has been asked whether the measures taken to remedy the shortcomings in radiotherapy identified in its earlier advisory report—*Ontwerp-plannings-besluit radiotherapie (Draft Planning Decree on Radiotherapy, 2000/11)*—are having the desired effect. The underlying questions concern anticipated developments in the demand for such therapy, taking account of other treatment options. With a new planning directive being prepared, the inclusion of all radiotherapy within the scope of the Exceptional Medical Procedures Act is currently under review. The Minister has asked the Council to consider the scope for deregulation, taking account of the quality of care (concentration of certain forms of care), the circumstances under which radiotherapy is indicated, accessibility and affordability.

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## 5.8 Use of medicines by the elderly (806)

*Scheduled for completion:  
2nd quarter, 2007*

The Minister has asked the Health Council to report on current scientific thinking and developments concerning the safe use of medicines by elderly people. Advice is particularly required regarding new insights into interactions between different medicines, the influence of age-related organ function deterioration and the responsible stepping down of medication. In this context, it will be necessary to consider the role that the new electronic medical file, scheduled for introduction on 1 January 2006, can play. In its January 2005 report entitled *Staat van de Gezondheidszorg (The State of Health Care)* the *Health Care Inspectorate* indicated that inappropriate and unsafe use of medicines was responsible for avoidable deaths. Comorbidity or multimorbidity and the simultaneous use of various medications (polypharmacy) make elderly people particularly vulnerable in that regard. In any future advisory report, the Council may build on the recommendations made in *Vergr-*

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*ijzen met ambitie (Ageing with Ambition, 2005/06)* and in the letter written by the Council President in connection with the *European conference on Priority Medicines* held in the summer of 2005. In view of the overlap with the subject of comorbidity and multimorbidity, regarding which the Council is already preparing a report (4.7), the desirability of further reporting will be reviewed after publication of the latter report.

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## 5.9 Orphan drugs (807)

*Scheduled for completion:  
3rd quarter, 2007*

The Minister of Health, Welfare and Sport has asked the Health Council to report on current scientific thinking and developments relating to rare diseases and so-called ‘orphan drugs’. If a condition affects only a small number of people, manufacturers may have little commercial incentive to develop drugs for its treatment. To address this issue, the EU introduced a special regulation in 1999, following the example of the US Orphan Drugs Act of 1983. Once developed, orphan drugs can be very expensive, and do not quickly drop in price. It is therefore necessary to carefully define the conditions under which they are indicated, so as to ensure that they are made available to the appropriate individuals on an efficient basis. In this context, it is important to provide appropriate generic assessments of orphan drugs, for use in the treatment of, for example, neonates with metabolic illnesses. Consideration should also be given to the possible impact of advances in the field of pharmacogenetics, where the object is individualised medication. Developments in this field may result in more medicines having orphan-like characteristics in the years ahead.

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## 5.10 Efficiency of prolonged psychotherapy for children and young adults (784)

*Scheduled for completion:  
2nd quarter, 2007*

In 2001, the Council published a report on the efficiency of prolonged psychotherapy for adults. In this report, it was recommended that treatment should be monitored more closely, that guidelines and standards should be developed and that research should be carried out into the effectiveness of such therapy. The Minister of Health, Welfare and Sport has now asked the Council to report on the efficacy and cost-effectiveness of prolonged psychotherapy for children and young adults.



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## Health and health care: screening

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Population screening has long been among the Health Council's areas of interest. The greatly increased scope for screening people for existing or potential disorders is constantly raising new medical, ethical and medico-legal questions. This section provides an overview of topics on which the Health Council has been asked to report and developments that the Council feels it appropriate to highlight.

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### 6.1 Population Screening Act (272)

*Continuous activity:  
dependent on demand*

The Population Screening Act (WBO) requires the Minister of Health, Welfare and Sport to consult the Health Council

before deciding whether to issue or withdraw licences for population screening programmes. The Council expects to publish further advisory reports in the context of such consultation in 2006.

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### 6.2 Annual report on population screening (757)

*Scheduled for completion:  
1st quarter, 2006*

Rapid scientific advances in the detection of disease have implications not only in terms of the organisation of

existing screening programmes, but also in terms of the scope for establishing new programmes. The Council therefore reports periodically on developments in the field of population screening. While the emphasis is on scientific progress in areas relevant to screening for specific conditions, the Council also comments on the value of screening in response to particular events. The Council endeavours to issue reports every other year.

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### **6.3 Preconception counselling (778)**

*Scheduled for completion:  
2nd quarter, 2006*

The purpose of preconception counselling is to enable women and couples to prepare as well as possible for pregnancy, with a view to minimising the risk of genetic and congenital conditions. Improved communication of information regarding risk, combined with health promotion and intervention where appropriate, enables prospective parents to act in a way that increases the likelihood of a positive outcome. Focus topics for information campaigns include genetic conditions and the role of screening in their prevention, diet, illness, smoking, alcohol consumption and the use of medication. The Council will highlight the various factors that can influence the course and outcome of a pregnancy, and will make recommendations on the form that information aimed at prospective parents and at the general public should take.

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### **6.4 Predictive medicine (808)**

*Scheduled for completion:  
4th quarter, 2006*

The Minister of Health, Welfare and Sport has asked the Health Council to highlight developments in the field of predictive medicine (including genetics) that are likely to have implications over the next ten years for government policy on population screening and the identification of individual health risks. Scientific advances mean that it is increasingly possible to determine the extent to which a person is at risk of developing particular illnesses. This may lead to a shift in emphasis, away from clinical (symptom-driven) medicine, towards predictive (non-symptom-driven) medicine.

The potential benefits of any such shift include improved prevention and greater autonomy and choice for the individual. However, there could also be disadvantages, such as an increase in the (irrational) demand for care and greater pressure on finite resources.

The Council will draw up a report summarising these developments and placing them in their scientific context. The report will also consider the increasing insight into hereditary factors, the multifactoral nature of illness, the scope for and limitations of 'DIY' medicine, and the moral and legal issues involved. The Council will investigate the desirability and feasibility of collaborating with the Council for Public Health and Health Care on the production of this report.



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## Health and health care: prevention and treatment of infectious diseases

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Ever since its foundation, the Health Council has been concerned with the prevention and treatment of infectious diseases. Many of the Council's activities in this field involve continuous monitoring and the publication of period reports. In addition, advisory reports are produced on individual topical issues as and when the need arises.

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### 7.1 Adverse reactions to vaccination under the National Immunisation Programme (469)

#### *Continuous activity*

In the past, the Health Council undertook an annual analysis of adverse reactions reported in children who had been vaccinated in the preceding twelve months in the context of the *National Immunisation Programme* (RVP). From 1997, a new procedure was introduced, whereby the *National Institute of Public Health and the Environment* (RIVM) performed a data analysis, then presented it to the Health Council for comment. However, after consulting the President of the Health Council, the Minister of Health, Welfare and Sport announced that the nature of the activities concerned made it preferable to make provision for such review activities within the *National Immunisation Programme* itself. The Health Council's 2005 report was therefore the last that will be produced on the established basis. The Health

Council's *Committee on Adverse Reactions* under the *National Immunisation Programme* will in future confine itself to the publication of scientific reports highlighting potential or supposed problems in this field.

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## 7.2 **Committee on the Revision and Expansion of the National Immunisation Programme (693)**

*Continuous activity*

The Health Council has been asked to carry out a phased appraisal of the RIVM report on the future of the *National Immunisation Programme (RVP)*. The *Committee on the Revision and Expansion of the RVP* was accordingly set up in 2001. The Committee has already reported on the hepatitis-B vaccination of children whose mothers carry the virus, and on vaccination against meningococcal C and pneumococcal meningitis and against pertussis (whooping cough). More general commentary on the revision of the RVP began with developing a framework including the criteria for and principles governing the inclusion of vaccines in the RVP, public information campaigns and communication, and new immunological insights into the activity of vaccines. The Committee will continue to explore specific issues in more detail and to highlight significant developments.

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## 7.3 **Guidelines on prevention of hospital-acquired infections (144/9)**

*Continuous activity*

The national *Infection Prevention Working Party (WIP)* has the task of drawing up guidelines for the prevention of hospital-acquired infections. In accordance with a request made in 1989 by the then State Secretary of Welfare, Health and Cultural Affairs, the Health Council's role is to give a second opinion on the draft guidelines that are produced.

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## 7.4 **MRSA (methicillin-resistant *Staphylococcus aureus*) (766)**

*Scheduled for completion:  
3rd quarter, 2006*

The Council has been asked to advise on the extent and development of the problem of hospital-acquired MRSA infection and on the most cost-effective way of tackling this problem. In responding to this request, the Council will place particular emphasis on what the scientific community has so far learned about the best ways of preventing such infection and on the prevention and response strategies adopted in other countries.

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## 7.5 BCG vaccination (767)

*Scheduled for completion:  
1st quarter, 2006*

Children living in the Netherlands whose parents come from countries where tuberculosis is prevalent are presently vaccinated with BCG. The Minister of Health, Welfare and Sport has asked the Health Council to comment on the efficacy and cost-effectiveness of continuing this practice. The question of BCG vaccination is under review partly because of demographic shifts in the target population since the policy was adopted, and partly because of changes in the circumstances prevailing in the countries of origin. If the Council concludes that BCG vaccination should be continued, the Minister wishes to know whether it is considered advisable to incorporate the scheme into the *National Immunisation Programme*. The Council will consult the *Royal Netherlands Tuberculosis Association (KNCV)* and will include this topic in its report on the National Immunisation Programme (7.2).

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## 7.6 Infectious disease protocols (144/8)

*Continuous activity*

In 1995 the Minister of Health, Welfare and Sport set up the *National Centre for Infectious Disease Control (LCI)*. Its duties include the drafting of protocols and contingency plans for the uniform nationwide control of infectious diseases. In accordance with a request made by the Minister of Health, Welfare and Sport on 6 December 1996, the Health Council reviews all new or updated protocols and contingency plans produced by the LCI.

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## 7.7 Review of indications for influenza vaccination (786)

*Scheduled for completion:  
4th quarter, 2006*

Is there now sufficient scientific justification for extending the *National Influenza Prevention Programme* to include other target groups, such as healthy people over the age of fifty, pregnant women, children below the age of two, health workers and other people whose work brings them into close contact with the general public? This is one of the questions the Health Council has been asked to address as part of the review that is currently underway. The Council has also been asked to comment on the validity of continuing to regard under-eighteens as a risk group, and on the value of influ-

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enza vaccination for risks groups such as alcoholics and drug users. The Minister wants the Council to take cost-effectiveness considerations into account.

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**7.8 Adverse effects of mass vaccination in the event of an influenza pandemic (809)**

*Scheduled for completion  
yet to be finalised*

The Minister of Health, Welfare and Sport has asked the Health Council whether mass vaccination against a pandemic influenza virus could have adverse effects and, if so, what precautions might be taken to mitigate such effects. In common with many other countries around the world, the Netherlands is preparing for the possibility of a future influenza pandemic. Securing a supply of vaccine that would be available at short notice is one of the main focuses of these preparations. However, a vaccine cannot be prepared until a pandemic has begun, because a pandemic necessarily involves a new strain of the virus. It is therefore pertinent to consider how long it would take to establish whether a new vaccine were safe. In the 1970s, mass vaccination against what was supposed to be an upcoming influenza pandemic had to be abandoned in the USA because of an increase in the incidence of Guillain-Barré syndrome.

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## Health and nutrition

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The activities outlined in this section relate to the quality of food and the production, supply and consumption of food products. The question to be answered here is always whether the ingredients of food, its production and the composition of the diet are conducive to health, or whether there are potential health risks. As well as looking at specific issues referred to it, the Council seeks the periodic assessment of developments in food consumption as part of its remit.

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### 8.1 Nutritional standards for energy and nutrients (551)

#### *Continuous activity*

The Health Council is investigating which elements of the nutritional standards for energy and nutrients that were established in 1989 by the former Food and Nutrition Council (Voedingsraad) need to be revised. The Council is conducting this assessment in close consultation with sister organisations abroad. As far as possible, the intention is to arrive at a common scientific basis for recommended intakes in Europe, the US and Canada. In the course of this review, the Council indicates intake levels that not only keep the traditional deficiency diseases at bay but also help to prevent chronic diseases. So far, new nutritional standards have been established for energy, fats, proteins, digestible carbohydrates, dietary fibre, calcium, vitamin D,

thiamin, riboflavin, niacin, pantothenic acid, biotin, folic acid, vitamin B6 and vitamin B12.

The nutritional standard for iron is scheduled for revision in 2006. Thereafter, the nutritional standards for vitamin E and vitamin A (retinol and beta-carotene) will be reviewed in the light of the current scientific insights. If the findings of an ongoing interventional study into the link between folic acid intake and cardiovascular risk factors, which are scheduled for publication in 2006, should indicate that the present standard for folic acid requires revision, this will be given priority.

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## 8.2 Nutrition for infants and toddlers (810)

*Scheduled for completion  
yet to be finalised*

The *Health Care Inspectorate* issues recommendations to professionals on the dietary principles applicable in relation to infants and toddlers (children up to four years old). These recommendations, which are developed by a panel of experts set up by the *Netherlands Nutrition Centre*, are currently under review. For its part, the Health Council produces a document entitled *Richtlijnen goede voeding (Nutritional Guidelines)* once every five years. These guidelines, which relate to everyone aged two and above, form the basis for the information disseminated by the *Netherlands Nutrition Centre*. Harmonisation of these two advisory processes is felt to be desirable. In future, the Minister of Health, Welfare and Sport accordingly wishes the Health Council to review the *Health Care Inspectorate's* draft recommendations on the dietary principles applicable in relation to infants and toddlers.

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## 8.3 Organisation of national food consumption surveys after 1998 (590)

*Scheduled for completion:  
4th quarter, 2006*

The third national food consumption survey took place in 1998. The Ministry of Health, Welfare and Sport and the Ministry of Agriculture, Nature and Food Quality have asked the Health Council to advise on the form to be taken by future surveys. The new system of surveys needs to focus on food consumption from the perspectives of both health promotion ('healthy' eating) and health protection ('safe' eating). In a small-scale, 'new-style' survey conducted in 2003, people aged nineteen to thirty were asked about their caloric intake, about the overall amount of fat and the amounts of trans-fat and saturated fat they ate and about their consumption of fruit and vegetables. To assist with the design of future surveys, the Health Council has been

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asked by the ministries to comment on various matters, such as the selection and prioritisation of particular target groups (concerning whom it would be valuable to have specific data, in addition to the general survey data) and the prioritisation of research into nutritional status after 2006.

The intention is to use dietary survey data on particular target groups when assessing the risks associated with exposure to chemical contaminants. The method of assessing risk on the basis of toxicological limits, such as the TDI, is appropriate in the context of lifetime exposure within the population as a whole. It is not a useful way of assessing the risks that exposure brings for particular population groups, such as children. The two ministries have indicated that they will be asking the Health Council to define the population groups concerning whom specific information would be useful and to indicate how the exposure of these groups should be evaluated.

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#### 8.4 Diet in the context of medical treatment (769)

*Scheduled for completion:  
4th quarter, 2006*

It is possible that recovery following medical treatment, or the outcome of medical treatment, could be improved

by modifying the patient's diet. After consulting a number of experts, the Health Council decided to undertake a literature study in order to gather information on the nature and extent of such potential benefits. The findings of this study will be reported to the Minister of Health, Welfare and Sport in the course of 2006, but the exact reporting mechanism has yet to be decided. Although the experts met in 2003, no report was issued at the time due to lack of secretarial capacity.

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#### 8.5 Dietary need for the enrichment of foodstuffs (811)

*Scheduled for completion  
yet to be finalised*

A normal diet is not able to provide certain essential nutrients (e.g. iodine and vitamin D) in sufficient quantities. The

Minister of Health, Welfare and Sport wishes to evaluate the efficiency of the present enrichment policy and adjust it as necessary. The Health Council will be asked to suggest how the government might actively promote – or if necessary require – the enrichment of foodstuffs with essential nutrients to help prevent dietary deficiencies among certain population groups.

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## 8.6 Natural flavouring agents in foodstuffs (787)

*Scheduled for completion:  
4th quarter, 2006*

Within the European Union, a new *Regulation on flavouring agents* is being prepared, which will include a list of

such agents (flavours and aromatic substances) authorised for use within the EU. To this end, flavouring agents are being assessed in terms of their safety for the consumer. As a result, two substances (estragole and methyleugenol) have been designated by the European *Scientific Committee on Food* as genotoxic carcinogens, while a third compound (coumarin) is suspected of having these properties. These substances may therefore no longer be used as flavouring agents.

However, the three substances in question also occur naturally in ingredients that are widely used in foodstuffs (including basil and cinnamon). The implications of this require careful consideration, since the new regulation is applicable not only to the flavouring agents themselves, but also to ingredients that contain them. The question therefore arises, how should one assess the safety of ingredients that contain substances designated as genotoxic carcinogens?

The Ministry of Health, Welfare and Sport and the Ministry of Agriculture, Nature and Food Quality have indicated that they would value the opinion of the Health Council, with a view to formulating a Dutch position on this subject. The Council will also be asked to broaden its deliberations to take in the issues of 'banned substances' and zero tolerances, in which context not only health considerations, but also social considerations may be relevant. The State Secretary for Housing, Spatial Planning and the Environment has also expressed an interest in this topic.

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## 8.7 Health risks associated with mixed livestock farming (812)

*Scheduled for completion:  
1st quarter, 2007*

In recent times, concerns have repeatedly been expressed within the scientific community regarding the potential public

health risks posed by viral crossbreeding. Of particular concern is the possibility that human strains of the influenza virus might cross with the strains that affect livestock or other animals. This could lead to pandemics within the human population and large-scale loss of life. With a view to addressing this risk, it has been suggested that contact between various livestock species and between farm animals and wild animals should be minimised.

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This suggestion is, however, at odds with the present policy of the Ministry of Agriculture, Nature and Food Quality, which seeks to promote sustainable agricultural practices and animal welfare. The Minister of Agriculture, Nature and Food Quality has asked the Health Council to report on the public health risks associated with viral cross-breeding, in relation to existing (mixed) live-stock farming methods and possible alternative forms of animal husbandry.



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## Health and environment

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The Health Council provides advice regarding methods for analysing and managing the risks associated with exposure to environmental factors. Although the primary focus is on human health, consideration is also given to the structure and functioning of ecosystems, as prerequisites for healthy living. This section looks at the impact of environmental factors on human health and environmental quality, insofar as the topics concerned are not exclusively occupational health and safety matters.

Of particular importance is the advisory process that arose from the policy project 'Health and Environment', which was initiated by the Ministry of Health, Welfare and Sport and the Ministry of Housing, Spatial Planning and the Environment. In an advisory report published in 2003, the Health Council identified a number of topics in relation to which knowledge synthesis was considered desirable. Several of these topics are included in the Council's work programme for consideration in 2005 and 2006.

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### 9.1 Agenda-setting (789)

*Continuous activity*

Many health and environment-related issues are nowadays addressed on an international level. This is understandable, because such issues and the action taken to address them often have supra-

national or even global implications for the conditions under which people live. A good example is the *European Environmental Health Action Plan*, which was adopted recently by the European Commission.

Against this background, the State Secretary for Housing, Spatial Planning and the Environment has asked the Health Council to provide so-called 'agenda-setting' reports in appropriate cases. These are reports which explore the scientific merits of issues highlighted in scientific literature from around the world (including 'grey' literature). The intention is that the reports should support debate regarding the social importance of the issues concerned. The Health Council will set up a simple, flexible reporting structure and expects to publish four short agenda-setting reports in 2006. The work will be undertaken in close collaboration with the RIVM's horizon-scanning committee formed in connection with the *Health and Environment Policy Project*, whose remit includes assessing the social significance and urgency of relevant issues.

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## 9.2 Precaution and public health (661)

*Scheduled for completion:  
1st quarter, 2006*

In the sphere of environmental policy, the precautionary principle underpins all measures aimed at protecting human

health and environmental quality. This is also increasingly the case in the fields of nutrition, health care and occupational health and safety. In certain cases, however, it is not immediately apparent how this principle is to be translated into practice. The Health Council is preparing an advisory report explaining the background to the precautionary principle and outlining potential applications. The report will explore the similarities and differences between the various policy domains, and the scientific basis for them.

Lack of capacity within the secretariat prevented the publication of a report in 2005, as originally anticipated.

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## 9.3 Impact of nature on health and well-being (719)

*Scheduled for completion  
yet to be finalised*

There is growing interest in the 'naturalness' of the environment as a contributor to health and well-being – as highlighted

by the Health Council in its advisory reports *Public health impact of large airports* (1999/14) and *Impact of outdoor lighting on man and nature* (2000/25).

In June 2004, the Health Council and the Advisory Council for Research on Spatial Planning, Nature and the Environment (RMNO) submitted an advisory

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report entitled *Nature and health* (2004/09) to the Minister of Agriculture, Nature and Food Quality and the Minister of Health, Welfare and Sport and the State Secretary of Housing, Spatial Planning and the Environment. This report identified five themes as being of particular significance in relation to government policy. These were the influence of nature on 1) recovery from stress and attention fatigue, 2) the motivation to take exercise 3) the facilitation of social contact, 4) the promotion of optimal development in children, and 5) the promotion of personal development and sense of purpose. Taking each theme in turn, the report summarised what had thus far been established through scientific research and pointed out the gaps in scientific understanding that still existed. In addition, descriptions and assessments were presented of studies that had sought to quantify nature's influence on health by monitoring indicators of health and well-being.

As a follow-up exercise, the RMNO will prepare an advisory report on strategic research planning. In preparing this report, the RMNO will seek input not only from the Health Council, but also from the RGO, the Council for the Rural Areas (RLG) and the Green Space and Agricultural Cluster Innovation Network (IGRA).

It has recently been agreed with the Ministry of Agriculture, Nature and Food Quality, the Ministry of Housing, Spatial Planning and the Environment and the Ministry of Health, Welfare and Sport that the latter ministry should set up an implementation working party, on which the other two ministries, the Health Council and the RMNO are to be represented. The RMNO will get the research programming process underway with a working conference in the autumn of 2005.

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#### 9.4 Health and environment (720)

*Scheduled for completion:  
4th quarter, 2005*

The fourth edition of the *National Environmental Policy Plan* (published in June 2001) focuses particular attention on the relationship between environment and health. In 2002, the Ministers and State Secretaries of Health, Welfare and Sport and Housing, Spatial Planning and the Environment submitted an 'action programme' to the Lower House of Parliament, which indicated (amongst other things) that the Health Council was to be asked to prepare an advisory report.

A formal request to this effect was made to the Council in December 2002 by the State Secretary for Housing, Spatial Planning and the Environment. The Council was asked to undertake a more detailed assessment of research priorities

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and to review a framework for assessing local environmental problems (the subject of an additional request for advice received by the Council in July 2003). An advisory report was duly published in the summer of 2003, which identified a number of fields in which knowledge acquisition and knowledge synthesis were considered desirable with a view to shedding light on the impact of (predominantly physical) environmental factors on health (2003/15). This was followed by the publication of an advisory report concerning an assessment framework developed jointly by the RIVM and *Fast Advies* (2004/03). In his request for advice, the State Secretary also made reference to a Health Council report on monitoring that appeared in 2003 (2003/13). Furthermore, in January 2005, the Health Council published a commentary on the *European Environmental Health Action Plan* (2005/03).

The advisory process set in motion by the request made in 2002 is to be concluded with the preparation of a report on the value of quality-of-life indices in the assessment of the adverse health effects of environmental influences and the assessment of associated countermeasures. In this report, the Council will also consider the monetary valuation of quality of life (as measured using such indices) for the purpose of cost-benefit analysis. The report is scheduled to appear at the end of 2005.

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## 9.5 Environmental quality

*Scheduled for completion:  
2nd quarter, 2007*

The advisory report *Environmental Health: Research for Policy* (2003/15) states that health is a result of social, economic and environmental factors. Various attempts have been made in recent years to gain a better understanding of how these factors are interrelated and of their relationship to health. The term commonly applied in this context is 'environmental quality'. The Council will outline current scientific knowledge and thinking in this field and identify associated opportunities for intervention with a view to effectively minimising the risks to health.

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## 9.6 Principles underlying health-based exposure limits (442)

*Scheduled for completion:  
2nd quarter, 2006*

In 1985, the Health Council recommended a transparent method for the derivation of health-based recommended exposure limits for substances (*Principles underlying the development of standards*, 1985/31). This method was intended for use in the context of

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human exposure to non-mutagenic, non-carcinogenic and non-immunotoxic substances. More recently, the Council decided to update and supplement its 1985 advisory report.

In 1996, an advisory report was published entitled *Toxicological recommended exposure limits for substances* (1996/12). Following on from that report, the Council has given further consideration to a framework for assessing the toxicity of a substance whereby priority is given to making efficient use of the scant information that is usually available (*Toxicity testing: a more efficient approach*, 2001/24). In 2002 an advisory report was published on the subject of combination toxicity (*Exposure to combinations of substances: a system for assessing health risks*, 2002/05). Early 2003 saw the publication of the advisory report entitled *The 'benchmark dose' method: A new perspective on the derivation of health-based recommended exposure limits* (2003/06). An advisory report on the extrapolation of recommended exposure limits from research data will be published in late 2005.

In the advisory reports mentioned above, the Health Council has always emphasised the importance of international harmonisation of research protocols and assessment methods. Much of the work in this area is conducted under the aegis of the WHO (through its International Programme on Chemical Safety) and the OECD. The Health Council plans to organise an international workshop in the first half of 2006 with the aim of promoting such harmonization and bringing the recommendations made in the various advisory reports to international attention.

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## 9.7 Particulate air pollution (813)

*Scheduled for completion  
yet to be finalised*

Particulate air pollution is a highly topical issue. Numerous construction plans are currently being denied the go-ahead

because the Netherlands is in breach of EU atmospheric quality standards.

Against this background, the Health Council intends to update its earlier advisory report *Deeltjesvormige luchtverontreiniging (Particulate air pollution, 1995/14)*. This will involve looking at matters such as the scientific basis for standards and measurement methods and what is known about harmful components. The Council is considering an international approach for this activity. Whatever is ultimately decided in that regard, the finished report will tie in with international developments in this field and make use of recent evaluations undertaken by, for example, the EU and the United States EPA.

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## 9.8 Framework for identification of high risk groups (790)

*Scheduled for completion:  
4th quarter, 2006*

Environmental factors affect different people's health in different ways. The exposure mechanism (dietary, atmospheric, occupational, etc) plays a key role, as do hereditary and acquired characteristics. The Ministers and State Secretaries of Health, Welfare and Sport, Agriculture, Nature and Food Quality, and Housing, Spatial Planning and the Environment have asked the Health Council to advise them on the extent to which environmental health hazards have different implications for different target groups. The Council is expected to provide pointers for establishing a framework of analysis, which is also to take account of the health benefits associated with risk-generating activities.

The Council will expand on the recommendations to be made in its forthcoming advisory report *Precaution and public health*, which is expected to appear in the first quarter of 2006. The Council will also incorporate the findings from the advisory reports on the gaps in research on health and environment (2003/20) and children and pesticides (2004/11) in the advisory report. Furthermore, the State Secretary for Housing, Spatial Planning and the Environment has asked that the new report should tie in with the policy that was presented to the Lower House of Parliament in January 2004 under the heading of 'Sensible Risk Management'. In this regard, collaboration will be sought with sister organisations abroad.

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## 9.9 Negative health impact of nanoparticles (792)

*Scheduled for completion  
yet to be finalised*

In the autumn of 2005, the Health Council expects to publish an agenda-setting report on the rapid development of nanotechnology. The central question to be answered in that report is: What aspects of this new technology warrant closer consideration from the public health perspective? Consideration will be given to the possibility of damage to health from exposure to particles measuring less than 1 micrometre.

The Council will follow up this report by holding discussions with the Ministry of Health, Welfare and Sport, the Ministry of Housing, Spatial Planning and the Environment and the Ministry of Social Affairs & Employment to decide whether further reporting on the consequences of exposure to nanoparticles

would be desirable or appropriate in light of the current scientific status of this field.

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## 9.10 Influence of global change on health (749)

*Scheduled for completion  
yet to be finalised*

There is growing scientific evidence that the biosphere is undergoing irreversible change. Of particular significance in this regard are the greenhouse effect, depletion of the ozone layer and large-scale desertification. Such global changes lead to regional and local processes with implications for the health of people living in the affected areas. The effects of these developments are also felt in the Netherlands. In 2006, the Health Council will accordingly begin work on an exploratory report, which will seek to indicate whether it is desirable or feasible to take greater account of the effects of global change in the approach adopted toward social developments such as increasing mobility. Where appropriate, the report will consider not only changes in the biosphere, but also other processes that drive the developments in question. This activity may be incorporated into the agenda-setting work described in subsection 9.1.

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## 9.11 Indoor climate (814)

*Scheduled for completion:  
1st quarter, 2007*

Dutch people spend a great deal of their time indoors. A healthy indoor environment is therefore very important. In line with the recommendations of the advisory report *Environmental Health: Research for Policy* (2003/15), the Health Council will set out a strategic vision for the indoor environment. This will take account of related developments within the EU.

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## 9.12 Comments on draft reports from the National Council on Radiation Protection and Measurements (484)

*Continuous activity*

The independent US *National Council on Radiation Protection and Measurements* (NCRP) makes recommendations and publishes reports on protection against ionising and non-ionising radiation. The NCRP has asked the Health Council to review and comment on its draft reports, and the Council has indicated that it is happy to do so. Furthermore, the

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Council considers whether each of the NCRP reports it looks at raises issues that need to be highlighted in relation to Dutch government policy.

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### 9.13 Electromagnetic fields (673)

*Continuous activity*

The rise of mobile telephony has triggered particular concerns about the health implications of exposure to electromagnetic fields and radiation. Other EMF applications—such as magnetic trains, high-voltage power lines and electrical appliances, as well as all manner of automatic access and control systems—also cause disquiet from time to time. In 2005, the Council published a report that examined the risk posed to children by mobile telephony. Furthermore, in 2001, the Health Council began producing a series of periodic reports looking at new scientific developments in this area and considering the need to update conclusions reached in the past. The fourth annual report is scheduled for publication in 2007. At the request of the Ministry of Housing, Spatial Planning and the Environment and the Ministry of Economic Affairs, the Health Council will update its earlier advisory report *Health effects of exposure to radiofrequency electromagnetic fields: Recommendations for research* (2003/03), which set out the priorities for research into the risks associated with mobile phones and GSM base stations.

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### 9.14 Environmental Health Criteria document on extremely low-frequency electromagnetic fields (815)

*Scheduled for completion:  
3rd quarter, 2006*

In 2005, the World Health Organisation (WHO) published an Environmental Health Criteria document on the health effects of static electrical and magnetic fields. The Health Council contributed to and facilitated the formulation of this document. The WHO subsequently asked the Council to assist with the production of a similar document on extremely low-frequency electromagnetic fields. With support from the Ministry of Housing, Spatial Planning and the Environment, the Council began work on the project in the summer of 2005. The document will probably be published in the second half of 2006.

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## Occupational health

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The focus of the Health Council's activities in the occupational health and safety policy domain is on the assessment of the harmful effects of occupational exposure to substances. The substances that the Council reviews are taken from a list compiled by the State Secretary for Social Affairs and Employment. Apart from advising on individual substances, the Health Council also issues advice on assessment methods and other industrial hygiene-related issues.

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### 10.1 Health-based exposure limits for individual substances (459)

#### *Continuous activity*

At the request of the Minister of Social Affairs and Employment, the Health Council assesses the toxicity of specified substances and in each case recommends a health-based limit for exposure to the substance over the course of an individual's working life. The Council's recommendations are then used by the government as the starting point for the definition of statutory occupational exposure limits.

At the start of 2006, the following substances will be under consideration\* by the Health Council: aluminium and aluminium compounds, arsenic and arsenic compounds, benzochinone and hydrochinone, bitumen (vapour and aerosol), gamma-butyrolactone, diesel fumes, diethylene glycol, endotoxins, ethanol,

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\* A substance is deemed to be 'under consideration' once the Health Council has been asked to produce a first draft.

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grain dust, kaolin, lithium and lithium compounds, methanol, mineral oil vapour, molybdenum and molybdenum compounds, nitrosoamines, platinum and platinum compounds, propylene glycol and diethylene glycol, dust (inhalable and respirable), 1,1,2,2-tetrachloro-ethane and 1,1,1,2-tetrachloro-ethane, cyclic acid anhydrides and hydrogen sulphide.

In 2006, the Council expects to publish advisory reports on roughly five substances.

Where some substances are concerned, evaluations are prepared by a group of experts from Scandinavia, Iceland and Denmark; under reciprocal arrangements, the Health Council provides documents on other substances for use in the countries referred to. In 2000, the Council entered into a similar collaborative arrangement with the US *National Institute of Occupational Safety and Health* (NIOSH).

At the start of 2006, the State Secretary for Social Affairs and Employment will provide the Health Council with a new list of substances. Preparations for reporting on the listed substances will start during the course of the year.

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## **10.2 Classification of and basis of limits for carcinogenic substances (459)\***

### *Continuous activity*

At the request of the Minister of Social Affairs and Employment, the Health Council evaluates the genotoxic carcinogenicity of specified substances and in each case provides data on the risk of cancer associated with exposure to the substance over the course of an individual's working life. These data are then used by the government as the starting point for the definition of statutory exposure limits. The Council also classifies specified carcinogenic substances under the classification system established at the European level.

At the start of 2006, the classification of the following substances will be under consideration by the Health Council: arsine/arsenic hydride, 5-azacitidine, bromodichloromethane, N-butyl glycidyl ether, chlorozotoin, cyclosporine, dinitrobenzene, iodoform, isophosphamide, ceramic fibre, p-nitro-aniline, 2-nitro-anisole, pyrocatechol, stibine/antimony hydride, trichlormethin hydrochloride, 2,4,5-trimethyl aniline, vinblastine sulphate, vincristine sulphate, 4-vinyl cyclohexene, 4-vinyl cyclohexene diepoxide and N-vinyl-2-pyrrolidine.

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\* See footnote to subsection 10.1.

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At the start of 2006, the extra cancer risk associated with occupational exposure to the following substances will be under consideration by the Health Council: adriamycin, beryllium and beryllium compounds, bischloromethyl ether, cyclophosphamide, diazomethane, dimethyl sulphate, hydrazine salts, 5-nitroacenaphthene, propanolide, thiotepa and six benzidine-related compounds, namely N,N'-diacetylbenzidine, 2,4-diaminotoluene, o-dianisidine, 3,3'-dichlorobenzidine and 3,3'-dichlorobenzidine dihydrochloride, o-tolidine and o-toluidine.

In the course of 2006, the Council will begin preparations for the classification of the following substances: acetaldehyde, acetone, N,N-dimethyl formamide, formamide, N-methyl formamide, cobalt carbonyl, cobalt dust and cobalt smoke, metallic cobalt, metallic mercury and naphthalene.

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### 10.3 Classification of reprotoxic substances (543)\*

#### *Continuous activity*

At the request of the Minister of Social Affairs and Employment, the Health Council assesses the reproduction toxicity of specified substances and classifies them under the European classification system.

At the start of 2006, the following substances will be under consideration by the Health Council: aluminium and aluminium compounds, ammonia, ascorbinic acid, hexachlorophene, copper, methotrexate, ribavirine and hydrogen fluoride.

At the start of 2006, the State Secretary for Social Affairs and Employment will provide the Health Council with a new list of substances. Preparations for reporting on the listed substances will start during the course of the year.

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### 10.4 Occupationally induced infertility (660)

#### *Scheduled for completion: 3rd quarter, 2006*

Reduced fertility has been observed in people in certain occupations. The cause is often believed to be exposure to certain substances, and this has been confirmed in a number of cases. The Health Council will review the latest scientific thinking and developments in this field and consider what measures might be taken to protect workers against reduced fertility. The Council will begin by reporting on fertility and solvents to the State Secretary for Social Affairs and Employment, as requested. Work began on this

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\* See footnote to subsection 10.1.

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project in 2001 but has been delayed by the revision of priorities within the work programme. The results of recent epidemiological research among painters prompted the State Secretary to write on 21 March 2005 asking the Council to extend the scope of the report it was preparing. Accordingly, as well as considering the effects of solvents on infertility, the Council will look into the development of physical and mental abnormalities in the offspring of exposed individuals.

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## 10.5 Standards for sensitising substances (648)

*Scheduled for completion:  
1st quarter, 2007*

Once an individual has been 'sensitised' to certain immunotoxic substances, these substances can trigger serious

allergic responses in the event of further exposure, even if the concentrations involved are very low. On 12 April 2005, the State Secretary for Social Affairs and Employment asked the Council to draw up a general system for the derivation of standards for these sensitising substances and to comment on the practicality of producing periodic screening guidelines with a view to protecting the health of workers in the relevant risk groups. The work is to be undertaken as part of the Council's specified substance assessment activities.

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## **Possible topics for future work programmes**

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When considering topics for inclusion in the 2006 Work Programme, several topics that were deemed worthy of investigation had to be excluded for the time being on the grounds of priority and capacity within the Health Council secretariat. These topics are summarised below.

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### **11.1 Determinants of pregnancy outcome**

A number of developments relating to pregnancy and childbirth warrant attention. These notably include the increase in the number of caesarean sections, indications that social pressure is regularly playing a role in decision-making concerning the induction of labour, and the fact that Dutch women are conceiving relatively late in life. All of these issues—which are to some extent interrelated—have consequences for both the course and the outcome of pregnancies. Analysis of the causes and implications of these developments for public health and for the care sector is considered desirable.

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## 11.2 Foetal treatment\*

Many anatomical defects and functional abnormalities of the organs can now be detected before birth. Postnatal corrections can then be carried out in appropriate cases, enabling the child to develop normally. However, it is not always desirable to postpone intervention until after a child is born. Yet *in utero* therapy is not possible or appropriate in all circumstances, and can sometimes involve a high risk of failure. Consequently, procedures involving the opening and exposure of the uterus are relatively unusual, particularly in Europe.

In its advisory report *The unborn child as a patient* (1990/05), the Council has already described early developments in the field of *in utero* intervention ('open' and 'closed' procedures), and examined the ethical and legal implications. At present, the most promising options appear to be endoscopic techniques and increasingly sophisticated medicinal therapies (for heart rhythm abnormalities and metabolic conditions). It could be beneficial for the Council to report on what is now possible in this field and on the circumstances under which *in utero* intervention is indicated.

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## 11.3 Neonatal euthanasia

In the Netherlands, there is general agreement that greater openness is desirable in relation to the practice of (actively) ending the lives of neonates in cases of serious, hopeless suffering that cannot be relieved by medical treatment. With a view to promoting such openness, the Beatrix Children's Hospital in Groningen has drawn up an internal protocol. The Groningen protocol sets out no new criteria for euthanasia, but draws attention to criteria that have been defined over the last decade within the medical profession and in ethics literature. The *Netherlands Association for Paediatric Medicine* has recently expressed support for the protocol.

The Council could contribute to debate in this field by making proposals for operationalisation of the criteria, partly by reference the latest developments regarding the formulation of prognoses for neonates with serious medical conditions.

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\* This topic may be addressed in the annual report published by the *Centre for Ethics and Health*, which is run jointly by the Council for Public Health and Health Care and the Health Council.

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#### **11.4 Dentistry and oral hygiene**

A number of developments currently in progress may have implications for capacity and the quality of care.

The transfer of certain tasks from dentists to oral hygienists and other such professionals is being encouraged, partly in response to the rising demand for care associated with population ageing. As time goes by, people are keeping their own teeth until later in life. Furthermore, there is evidence that poor dental and oral health can have an adverse effect on the general health of vulnerable older people and people with chronic illnesses.

In recent years, the bleaching or ‘whitening’ of the teeth, usually for cosmetic reasons, has become increasingly popular. However, concerns have been raised regarding the safety of the practice, particularly the use of DIY whitening products by the consumer.

The Health Council feels that it would be helpful to produce a number of topic reports on these various developments.

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#### **11.5 Autism**

A recent research report published by the *Ombudsman Foundation* indicates that not enough is yet known about the characteristics of autism, and that late or uncertain diagnosis often leads to problems in the subsequent care for affected individuals. Many autistic children are not found suitable places at school. Concerns have also been expressed regarding the support provided to people with autism later in life; of particular significance in this regard are supervision, access to care and the availability of appropriate (sheltered) housing. The Health Council could report on the latest scientific thinking and developments in this field and review the situation in the Netherlands in the light of such thinking and developments.

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#### **11.6 Medical implications of hospital construction**

A conference held in the summer of 2005 at Groningen University Hospital, which attracted considerable international interest, shed new light on the impact of the design of hospitals and other care facilities. The conference looked at developments and recent findings regarding the health impacts of healing environments. For example, the accommodation provided for patients (whether they have private rooms) can affect the safety (reduced communication of infectious

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diseases) and the quality and efficiency of care (faster recovery). The Health Council could, possibly in collaboration with the *Netherlands Board for Hospital Facilities*, report on the medical implications of hospital design and construction.

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### **11.7 Cause-of-death statistics**

It is consistently apparent from the RIVM's *Dutch Public Health Status and Forecasts* Reports that cause-of-death statistics remain the most important source of information about public health in the Netherlands. According to the *Central Bureau of Statistics* (CBS), there are fears that, although widely used, cause-of-death statistics leave something to be desired in terms of quality and are always significantly behind the times. These problems are apparently attributable partly to insufficient resources being available to raise the quality of the cause-of-death reporting and coding processes. Better (automated) coding could help to improve quality and enable both primary and secondary causes of death to be recorded. In view of the increasing prevalence of multimorbidity (population ageing, chronic illness), such a move would be extremely useful. Greater scope for linking data files is likely to lead to even greater use of cause-of-death statistics in the years ahead.

The cause-of-death register is also very important in the context of epidemiological research in the Netherlands. By linking epidemiological data files to the CBS's cause-of-death file, it is possible to research important etiological questions and to investigate the deferred effects of treatment. Although the scope for linking data files has increased in recent times, considerable improvements could still be made.

The Health Council could give advice on ways of improving the cause-of-death statistics and optimising the linkage of data files, taking the relevant privacy issues and international developments into account.

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### **11.8 Doping in mass-participation sports (761)**

In the summer of 2005, the *Netherlands Centre for Doping-Related Issues* published a survey report, which suggested that doping in mass-participation sports was a major problem. In particular, the report highlighted the use of anabolic steroids and other (licensed and unlicensed) products in sports schools, fitness centres and such like. Hundreds of different substances are in circulation, which may have an adverse effect on health, it is feared. In the future, there is a possibility that 'genetic doping' will become established alongside 'conventional doping'.

The Health Council could produce a report on the potential health hazards posed by doping in mass participation sports.

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### **11.9 Prevention of obesity and the risk of eating disorders**

From both the scientific community and wider society, there are increasingly frequent indications that the present emphasis on preventing obesity is increasing the risk of eating disorders among young people. The Health Council could report on the latest scientific thinking and developments in this field.

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### **11.10 Balanced dietary information**

Some foodstuffs whose use is promoted because of the positive contribution that they make to public nutrition contain substances that can adversely affect health. Responsible information provision should be based on an expert appraisal of the risks involved, taking account of both the health benefits associated with good nutrition and the health risks associated with the consumption of undesirable components. The Health Council could draw up a blueprint for such appraisal.

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### **11.11 Working conference on the RIVM reference model for nutrient provision**

The RIVM has developed a model for testing public nutrient provision against the dietary standards drawn up by the Health Council. The intention is that this model should be used as a matter of course when reporting the findings of food consumption surveys. The Health Council would be willing to organise a working conference on the practicability of this approach.

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### **11.12 Exercise, sport, health and infrastructure**

Changes in the physical circumstances in which people typically work, play and otherwise spend their time have resulted in a sharp decline in daily levels of physical activity in all age groups. As a result, many people—particularly the less-educated and ethnic minorities—suffer from lack of exercise, often beginning quite early in life. As well as tending to lead to an imbalance between energy intake and energy consumption, and thus to obesity, physical inactivity is associated with poor health. When planning infrastructural changes, it is therefore important to seek strategies that tend to make exercise an automatic activity, rather than something one has to consciously opt for. Such an approach would

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need to embrace numerous policy domains and consequently involve various government ministries, including Health, Welfare and Sport, Agriculture, Nature and Food Quality, Housing, Spatial Planning and the Environment, Transport, Public Works and Water Management, Education, Culture and Science, and Justice. The Health Council could report on the latest scientific thinking and developments in this field.

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#### **11.13 Odour as a social problem (771)**

Unpleasant odours bother many people in the Netherlands. A significant portion (several dozen per cent) of the Dutch population reports experiencing odour problems. If asked to do so by the State Secretary for Housing, Spatial Planning and the Environment, the Health Council could investigate what is known about the link between odour and health, whether enough is known to support the definition of exposure-response relationships, and whether the odour concentration measurement and calculation methods currently in use are in line with modern scientific insights.

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#### **11.14 The consequences of night-time working**

In the context of a scientific review of issues highlighted by the *Netherlands Centre for Occupational Diseases*, the Health Council will report on a possible link between working night shifts and the risk of developing breast cancer. The report is expected to appear around October 2005.

Depending on the findings of the report, the Ministry of Social Affairs and Employment may decide to request a wider advisory report on the health implications of shift work and working irregular hours. The scientific literature suggests such work may influence pregnancy and the risk of prostate cancer and cardiovascular disease.

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**Publications 2005**

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**12.1 Advisory reports published in the period January to August 2005**

- Mobile phones and health
  - The use of reporter genes for mutagenicity testing in animals
  - Chronic fatigue syndrome
  - Risks of alcohol consumption related to conception, pregnancy and breast-feeding
  - European Environment and Health Action Plan 2004-2010
  - Use of antiviral agents and other measures in an influenza pandemic
  - Ageing with Ambition
  - Health-based calculated occupational cancer risk values: Benzo[a]pyrene and unsubstituted non-heterocyclic polycyclic aromatic hydrocarbons from coal-derived sources; Dacarbazin; 2-Nitronaphthalene; Cisplatin; 4-Chloro-O-phenylenediamine
  - Population Screening Act: forms of screening for bowel cancer
  - Population Screening Act: calcium score and cardiovascular disease
  - Health-based recommended occupational exposure limit: Glutaraldehyde; Tin and inorganic tin compounds
  - Ethics and Health Monitoring Report 2005
  - Assessment, treatment, support. Medical supervision during sick leave and occupational disability
  - Asbestos diseases: lung cancer
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- Neonatal screening
- Providing information on significant developments in health care
- Quality and quantity of allogenic stem cell transplants in children

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**12.2 Reports scheduled for publication in the period September to December 2005**

- Pre-implantation genetic diagnosis and screening
- Organ Donation Act: brain death protocol
- The 'heart death' protocol
- Antisocial Personality Disorder
- Specialist medical devices
- Special cardiac procedures (1)
- Vaccination of infants against pneumococcal infections
- Revision and expansion of the National Immunisation Programme
- Assessment, treatment, support. Medical supervision during sick leave and occupational disability (2)
- Nutritional standards for energy and nutrients: dietary fibre
- Night work and breast cancer
- Electromagnetic fields: Annual update 2005
- Environmental factors and asthma
- Disturbance of quiet zones
- Intervention values for substances
- Health and environment: concluding report on health indices
- Evaluation of the effects on reproduction and recommendations for classification: Formic acid; Methanol; Trichloroacetic acid
- Health-based reassessment of administrative occupational exposure limits: Bromine; Butane-1-thiol; Diboron trioxide; Diethylenetriamine; Diphenyl ether; Ethylene glycol dinitrate; Formic acid; Glycerol dinitrate; Hydroxypropyl acrylate; 2,2'-Iminodiethanol; Methylcyclohexane; Nonane; Octane; Sodium bisulphite; 4,4'-Thiobis(6-tert-butyl-m-cresol); Tributyl phosphate

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# **Work Programme 2006**

## **Advisory Council on Health Research**

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1	Introduction	77
2	Ongoing activities 2005	77
3	New topics	81
4	Other matters	84

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## Part II



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# **Work Programme 2006**

## **Advisory Council on Health Research**

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### **1 Introduction**

The Advisory Council on Health Research (RGO) provides sector-specific advice from a societal perspective regarding priorities for health research and regarding the infrastructure for such research. The terms ‘health research’ covers both medical research and health care-related research. Increasingly, questions are being raised about the capacity and quality of our health care sector. Furthermore, the plans for changes to the country’s health care system are generating uncertainty. For these reasons, the RGO will focus particularly on health care research in its work programme for 2006. In view of the plans to merge the RGO with the Health Council in 2006, the work programme has been formulated in close consultation with the Health Council and is being published together with the Health Council’s work programme. The programme includes both ongoing activities scheduled for completion in late 2005 or in 2006, and new topics.

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### **2 Ongoing activities 2005**

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#### **2.1 Research into care for the elderly**

In March 2004, the Minister of Health, Welfare and Sport asked the RGO to report on priorities in the field of research relating to elderly people in need of geriatric care. As a result of demographic changes—population ageing and con-

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traction of the working population—the demand for health care will increase, while the number of people available to provide care declines. Scientific research can help by generating and ultimately implementing knowledge, and may also be capable of promoting prevention and providing innovative concepts for improving the organisation of care. A committee chaired by RGO member Professor C van Weel has begun preparation of an advisory report for the Minister; the report should be ready for publication in the latter part of 2005. To tie in with the RGO publication, the Health Council will start looking into the prevention of health problems in the elderly (see part I, Prevention of health problems in the elderly (781)).

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## **2.2 Pharmaceutical care knowledge infrastructure**

In March 2004, the Minister of Health, Welfare and Sport asked the RGO to report on the pharmaceutical care knowledge infrastructure. The minister takes the view that objective and effectively generated information and knowledge is necessary for an efficient pharmaceutical supply system and for appropriate decision-making in relation to the prescription, delivery and use of medicines. Important considerations in this context include cohesion and harmonisation between the various interested agencies, and the opportunity for (joint) research prioritisation.

An RGO committee chaired by Professor WG van Aken has accordingly undertaken a survey of the Netherlands' pharmaceutical care knowledge infrastructure. An advisory report should be ready for publication by the end of 2005.

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## **2.3 University responsiveness and research by schools of higher vocational education**

In April 2005, an interim report was published describing the findings of a survey of the mechanisms that shape the university research agenda. Various possible follow-up activities were identified. The interim report was submitted to the Directors General for Health (at the Ministry of Health, Welfare and Sport) and for Higher Education, Vocational Education and Science (Ministry of Education, Culture and Science). In consultation with the two departments, it was subsequently agreed that the RGO should produce a follow-up report in the course of 2006, exploring the scope for including social problems on the university research agenda. Of particular significance in this regard are care-related problems, which may be expected to increase in size and intensity in the years ahead, and whose resolution will require considerable knowledge and innovation. Direct

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discussions have since been started between representatives of the Ministry of Health, Welfare and Sport and the Dutch Federation of University Medical Centres (NFU). In the course of these discussions, the Ministry has indicated a wish for priority to be given to the following general themes: Anticipation of the growth and development in the demand for care (see also topic 3.1, below); Remaining healthy until later in life; Organising care around the patient; Patient safety; Managing risk, illness and incapacity; New medical products. The RGO will of course give consideration to these matters. It is likely that the discussions with the NFU will lead to the RGO being asked to prepare further reports in 2006 and 2007.

A closely related development involves the increasing amount of highly applied research that is now being undertaken by schools of higher vocational education (see also topic 3.1, below). Collaborations between universities and vocational schools are increasingly commonplace, and the volume of research undertaken by vocational schools is rising sharply. The RGO has been specifically asked to look into this development. Consideration is accordingly being given to organising a working conference on this subject in 2006 and, if appropriate, to the publication of a separate report detailing the findings of the conference.

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## **2.4 Internationalisation**

Scientific research has traditionally had an important international dimension. In its advisory reports, the RGO looks at relevant research undertaken not only in the Netherlands, but also in other countries. However, scientific internationalism goes beyond a shared interest in certain subjects and collaboration between researchers; infrastructural provisions, funding and coordination have also taken on an international character. The Ministry of Health, Welfare and Sport has therefore identified internationalisation as a high-priority issue. An RGO committee has accordingly been given the task of examining the international aspects of research. Activities that the RGO may become involved in include making contact with comparable organisations abroad, obtaining greater insight into European developments with implications for the Dutch knowledge infrastructure, and building up a picture of experience gained elsewhere that is relevant to the relationship between research and policy. The RGO will work in close consultation with the Health Council, which is concerned primarily with the European advisory process. At the end of 2005, a conference will be held to explore the opportunities that the Seventh Framework Programme provides for research-

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ers, the business community and policy development. A report is likely to follow in 2006.

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## **2.5 Patients' influence on the research agenda**

The demand for care is growing and there is increasing emphasis on the provision of demand-led care. Against this background, as indicated in its previous Work Programme, the RGO intends to focus greater attention on the role that patients can play in shaping the research agenda. An advisory report will accordingly be prepared, which will include the findings of a survey funded by the *Sectoral Advisory Councils' Liaison Committee* (COS). The report is expected to appear in late 2005 or early 2006.

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## **2.6 The doctor and the engineer'**

The RGO's advisory report *Grating Shackles* made the point that the health care system is not readily accessible to researchers who are not doctors or preclinical research workers. There is reason to believe that innovations in care could be tailored more effectively to patients' needs if links between the clinical and technical professions were improved. The clinical professions need to work closely not only with the makers of medical equipment, but also with the people who manage the operational and logistic processes within care establishments. Certain aspects of the design and construction of hospitals are also relevant in this context. In the second half of 2005, the RGO will undertake a preliminary survey using a number of case studies. In October 2005, the *Royal Institute of Engineers in the Netherlands* is organising a congress, with practical assistance from the *Future Vision of Technology Foundation* (STT) and the RGO, and support from the *Sectoral Advisory Councils' Liaison Committee* (COS). Once the findings of the preliminary survey and the congress are available, the RGO will consider what it should do in 2006 in connection with the issues highlighted.

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## **2.7 Medical Biotechnology Agenda**

In early March 2005, the Ministry of Health, Welfare and Sport asked the RGO to report on the development of a medical biotechnology research agenda and proposals for its implementation, which would command general support. In particular, the RGO was asked to focus on public-private collaboration in the field of medical biotechnology and social priorities. The WHO report *Priority Medicines*, the findings of the EU conference *Priority Medicines for the Citizens of*

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*Europe and the World* and the *2004 Prevention Memorandum* have been used to identify priority medical conditions. The *Biotechnology Trend Analysis 2004* lists the technologies that have the greatest social significance. An interactive process involving the representatives of various groups within society was used by an RGO committee to formulate a list of priority medical conditions and the most promising associated technologies. A survey was also made of research work taking place in the relevant fields in the Netherlands. Using the information gathered, a working conference will identify a small number of research priorities. In parallel with these activities, proposals for implementation will be drawn up. The advisory report should be ready for submission to the Minister by the end of 2005. In its *Biotechnology Trend Analysis* (see part I, *Biotechnology trend analysis (805)*), the Health Council will expand upon the Medical Biotechnology Agenda.

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### **3 New topics**

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#### **3.1 The organisation of care**

As indicated previously, it is apparent that the provision and organisation of care are increasingly subjects of public debate. In this context, it is appropriate to ask to what extent research can contribute to the resolution of the problems that people are concerned about. Little research is done in this field and, when it is, the findings tend not to be acted upon promptly, if at all. The latter point is of particular relevance in relation to innovation and the implementation of knowledge in the care sector—a topic concerning which the Ministry of Health, Welfare and Sport has asked the Health Council for advice (see part I, *Innovation and implementation of knowledge in the care sector (804)*). The Ministry has indicated that insufficient new knowledge is apparently generated within this sector, and wants the Council to suggest how knowledge development, innovation and implementation might be promoted by its policies. RVZ's 2005 report *Van weten naar doen (From knowing to doing)* is also relevant in this context.

In view of the foregoing, the RGO believes that it would be very helpful to undertake a detailed survey with a view to identifying 'researchable' issues relating to the organisation of care, defining an appropriate research infrastructure and highlighting potential obstacles to the implementation of research findings. The RGO will also use the survey to address the Ministry's question regarding innovation in the care sector. There is an element of overlap between this subject and the ongoing investigation of university responsiveness (see topic 2.3, above). For example, the question as to why university researchers have shown so little

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interest in operational processes within the care sector is pertinent in the context of both projects. This topic also has a bearing on the RGO's work under the heading of 'The doctor and the engineer'. It would seem appropriate to include research undertaken at schools of higher vocational education in the survey of care sector research.

The RGO will consult the relevant departments with a view to defining a more precise remit for this project, partly by reference to the findings of the report on university responsiveness and the outcome of its 'The doctor and the engineer' project. The intention is to start work on the new project in 2006.

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### **3.2 Evidence-based health policy**

Review of the organisation of care and research into care provision systems (as referred to above) tend to lead on to consideration of the impact that any new system would have (in particular the implications for the knowledge infrastructure), and to examination of the assumptions upon which the proposed changes are based. The RGO believes that, in parallel to evidence-based medicine, evidence-based health policy is also desirable. The RGO is currently considering how this topic is best addressed, to which end it will consult the Council for Public Health and Health Care (RVZ).

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### **3.3 Quality of care**

In recent years, interest in measuring the quality of care has grown considerably. One consequence of this interest has been the development and introduction of performance and quality indicators. Nevertheless, it is pertinent to ask whether the tools available for measuring the quality of care are adequate. The RIVM, IGZ, ZonMw and various universities are currently looking into this question. In 2006, the Health Council and certain other organisations will be organising a working conference on quality of care (see part I, Quality of care, the division of responsibilities and concentration (779)). The RGO is monitoring the dynamic developments taking place in this field, and will probably include an appropriate project in its work programme for 2007.

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### **3.4 Comorbidity**

It has been decided that the RGO and the Health Council should produce a general advisory report on the relationship between psychiatric and somatic illnesses. As indicated in the Health Council Work Programme (part I, The impact

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of comorbidity and multimorbidity (782) ), the integrated treatment of psychiatric-somatic comorbidity in so-called ‘med-psy’ or ‘psy-med’ units is a topical issue. The Minister Health, Welfare and Sport has enquired regarding the efficacy and cost-effectiveness of such an approach. This enquiry ties in with the RGO Work Programme 2004-2006, which highlights the fact that psychiatric care and somatic care are at present quite separate in organisational terms (being the responsibility of, respectively, the *Municipal Mental Health Services* and the somatic care system). Although the sharing of information is desirable in relation to both the effectiveness of care and the efficiency of care provision, the impression is that the present level of information sharing leaves something to be desired. The RGO and the Health Council propose to address the question of efficiency in the context of a wider examination of the interrelationships between somatic and psychiatric morbidity, in which the Health Council will take the lead. Work on this project is expected to start in 2006.

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### **3.5 Translational research**

The Ministry of Health, Welfare and Sport has asked the RGO to look at the subject of ‘translational’ research, *i.e.* research which seeks to translate fundamental biological principles into clinical practice. The Ministry wants the RGO to outline the current situation and the opportunities for this type of research in the Netherlands, and to advise on what role, if any, the government should play. A report on this matter has been requested by the summer of 2006.

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### **3.6 HTA and other forms of health (care) research**

It was originally agreed that the RGO would publish an edition of its bi-annual report on *Health Technology Assessment* (HTA) at the end of 2006. However, it has emerged in discussions that the Ministry of Health, Welfare and Sport would like to have a more general overview of research undertaken in the health sector and more detailed information regarding the way in which various organisations involve themselves in research programming as part of their social responsibilities. Of interest in this regard are fundamental research, research on the Ministry’s strategic themes, including HTA, public health, application-oriented research, etcetera. The RGO could also develop a vision of various scenarios for the future organisation of contact and interaction between the parties concerned.

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## **4 Other matters**

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### **4.1 Priority medicines**

In 2005, the RGO undertook various activities in connection with issues raised in the WHO report *Priority Medicines*. Through its work on internationalisation (specific programmes within the Seventh Framework Programme), the pharmaceutical care knowledge infrastructure and, in particular, the medical biotechnology agenda, the RGO will seek to make links between what is presently known and gaps in knowledge with regard to illnesses identified in *Priority Medicines*, and a research agenda for the Netherlands. As things stand, the RGO anticipates that its activities in the three fields referred to will cover more or less all the topics identified in *Priority Medicines*. However, if on completion of these ongoing projects it proves that some of the *Priority Medicines* topics have still to be properly addressed, the RGO will consult the Ministry of Health, Welfare and Sport and the Health Council with a view to planning additional activities in 2006.

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### **4.2 Unexplained physical complaints**

Debate regarding chronic fatigue syndrome has demonstrated the level of public interest, not only in chronic fatigue, but also in the general field of apparently inexplicable physical complaints. As previously indicated in its Work Programme 2004-2006, the RGO regards this as an appropriate subject for reporting. The *Nederlands Tijdschrift voor Geneeskunde (Dutch Medical Journal)* is organising a conference devoted to this topic in the autumn of 2005. Once the findings of this conference are available, the RGO will (in consultation with the Health Council) decide whether further activities should be developed in this field, building on the Health Council's advisory report on chronic fatigue syndrome. Naturally, any activities undertaken in this field by the RGO will take account of ZonMw's (*The Netherlands Organisation for Health Research and Development*) research programme development project recently commissioned by the Minister of Health, Welfare and Sport.

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### **4.3 Coordination activities**

Since 2002, the RGO has participated in the RMNO's Nature and Health Advice Coordination Group, in which the Health Council is also involved. The relevant government departments and the RMNO (Advisory Council for Research on

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Spatial Planning, Nature and the Environment) have recently held further discussions regarding the second phase of this reporting process. At the express request of the Ministry of Health, Welfare and Sport, the RGO will make an active contribution to the further development of this project, in liaison with the Health Council (see part I, Impact of nature on health and well-being (719) ).

The RGO has also applied for coordination funding for its activities under the heading of 'Development of methodologies for demand-led research' (which is closely related to the previously described theme of the influence of patients on the research agenda). In addition, the RGO and the STT have together initiated an exploration of the issue of elderly people and technology. A report on this topic will be published in 2006.

