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BDP positions on the European Health Data Space (EHDS)

- 1) A European law regulating the rights of use of health data must fully guarantee the data sovereignty of citizens. Trust in the security of health data is the basis for trust in digitalisation. The possibility of informed self-determination, e.g. about the release for use and deletion of health data, must be given.
- 2) Anonymisation first: The sensitivity of health data requires the primacy of anonymised processing. Anonymisation must be the rule; an exceptional waiver of this rule must be scientifically justified as necessary and by a purpose of scientific research that serves the common good.
- 3) Pseudonymisation must remain an exception for scientific research; the degree of pseudonymisation must be high. Anonymisation and pseudonymisation must be guaranteed in a standardised and automated manner before data is transferred, e.g. to an access point.
- 4) The introduction of a special pathway for data concerning treatments for mental illnesses is indispensable. These treatment data typically have extensive references to private, family and professional life with many third-party references. The diverse biographical information (e.g. in discharge letters, findings, expert opinions, APPs, reports...) allow re-identification and are not released by third parties.
- 5) Due to the lack of standardisation, this data is also hardly usable for research purposes or interferes with processing in the format. Anonymisation quickly reaches its limits with psychotherapy data and requires standardised documentation beforehand, if at all possible.
- 6) As a result, the opt-in procedure must be retained in a special way for data on the treatment of mental illnesses already in the national patient file.
- 7) Patients must be able to explicitly opt in or out of the secondary use (e.g. for research purposes) of their mental health data. Use of the electronic patient record must not automatically be considered consent.
- 8) Selective data management with the possibility of assigning differentiated access rights must also be used for EHDS data.



- 9) A European data institute examines and approves research projects with regard to scientificity, non-profit purposes and the resulting ethical legitimacy with regard to the processing of the data and the strength of anonymisation or pseudonymisation.
- 10) Simply talking about "health data" is not appropriate: in the EHDS, it must be clear at every point whether we are talking about health data with or without a personal reference. The current draft is imprecise in this respect. There must be a clear definition of the central terms such as anonymisation, pseudonymisation, health data, data owners and comprehensible, formulated regulations for access by third parties.

The Professional Association of German Psychologists (BDP)

... represents the professional interests of practising, self-employed and employed/civil servant psychologists from all fields of activity.

As the recognised professional and specialist association of psychologists, the BDP is the contact and informant for politicians, the media and the public on all questions of the professional application of psychology and psychotherapy.

The BDP was founded on 5 June 1946 in Hamburg by 21 members of the profession. Today, the association has around 10,000 members in regional groups and sections.

The BDP has its headquarters in the "House of Psychology" in Berlin-Mitte at Köllnischer Park.