

Embedding opt-out in a democratic EHDS: rights first, trust through engagement

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Online Conference: 3th International Conference EHDS 2026.

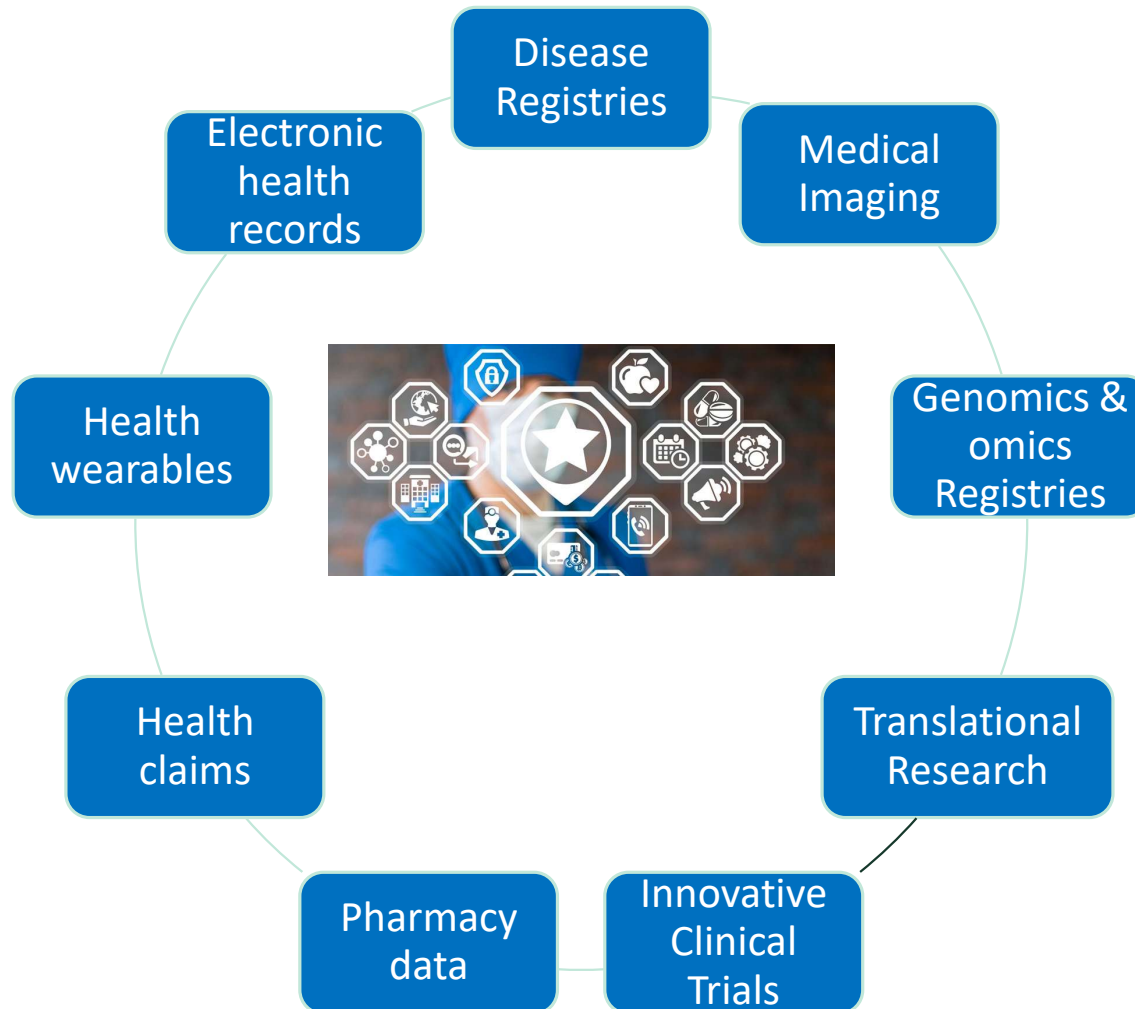
Secondary use of data and the subject rights

Roxana Albu,

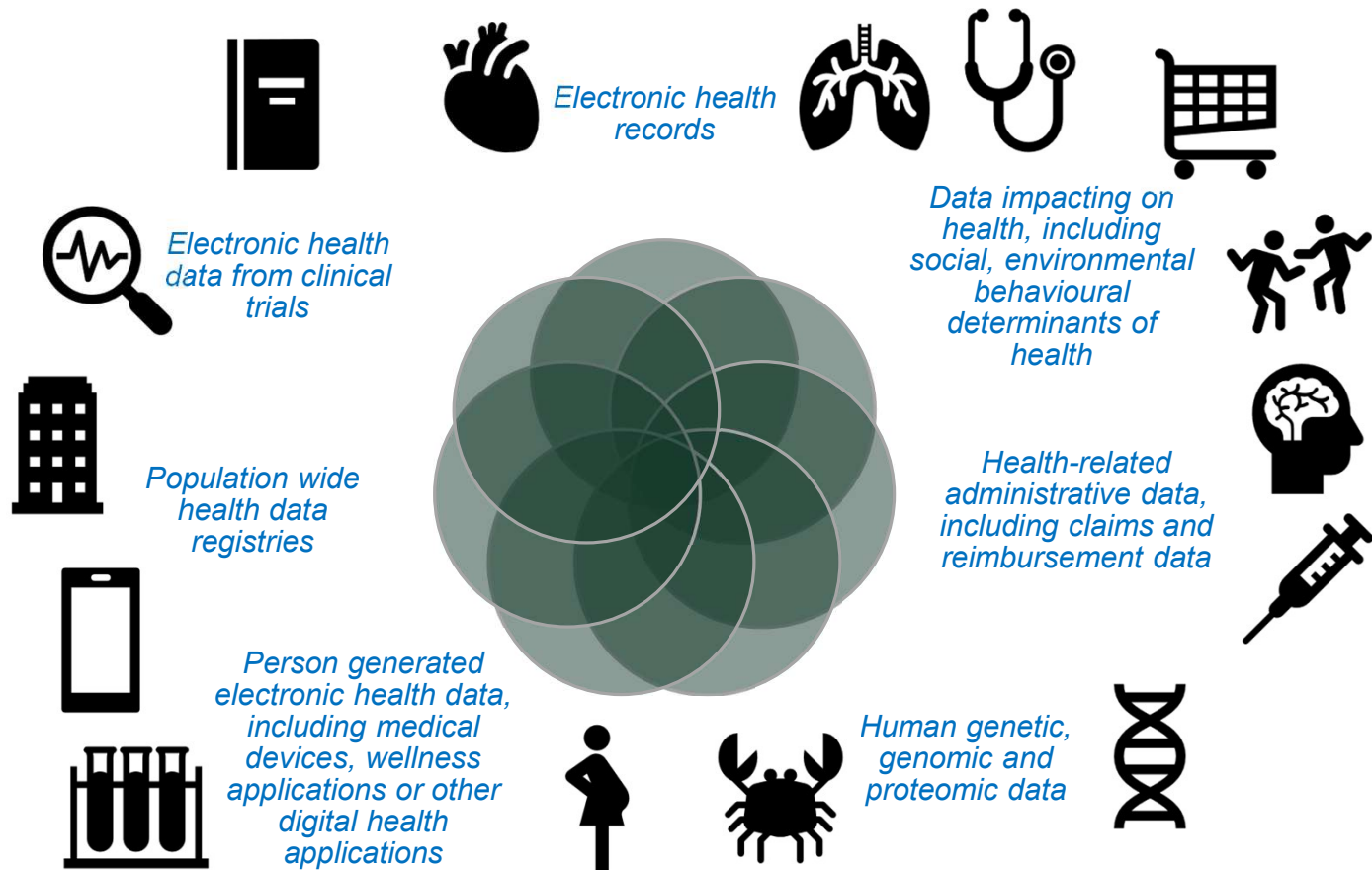
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1 single patient = 1 million gigabytes of health related data in their lifetime



Minimum Categories of EHD to be made Available (Art. 51)



Secondary Use of Electronic Health Data: Unlocking Health Data for the Public Good (Art. 53)

Why it matters:



- **Protect public health** (combat cross-border health threats & enhance patient safety)

- **Empower policy & regulation** (support evidence-based decisions across EU institutions)



- **Drive health statistics** (enable robust national & EU-level health insights)



- **Advance education** (train future health professionals with real-world data)

- **Fuel research & innovation** (boost development of safer treatments, AI tools & medical devices)



- **Improve care delivery** (optimize treatments & healthcare systems for all)



Operationalising Opt-Out for Secondary Health-Data Use

- **Direct EHDS right:** individuals may opt-out of secondary use without given reason
- **Individuals can say no:** to your health data being used (*research, innovation, AI training, policymaking*)
- **Effect:** data excluded from new permits/requests after opt-out date
- The choice is **reversible:** you can change your mind
- **Not impacted** public health reporting duties (e.g. notifiable diseases, adverse reactions)
- Primary care opt-out \neq secondary use opt-out



Role of Health Data Access Bodies:

- Clearly inform citizens of their opt-out rights = **Informed choice & Public trust (Element of surprise!)**
- HDABs shall provide public info on:



Citizens must be empowered with full, accessible & understandable information

«Member States shall provide for an accessible and easily understandable opt-out mechanism... »
EHDS Art. 71(2)



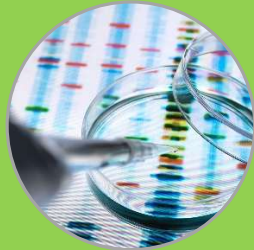
Transparency is not optional = it's a legal obligation

« Health data access bodies shall make information... publicly available, easily searchable... and accessible for natural persons. »
EHDS Art. 58(1)

Opt-out in the EHDS: exceptions (all conditions met)



Public sector
body /
office/agency
mandated to
carry public
tasks



Emerging
health threats/
Research
Public Health
Tasks / Interest



Process is
Necessary &
Purposeful &
Justified



Data cannot be
obtained by
alternative
means (timely &
effectively)



MANDATORY:
Includes secure
environment &
no re-
identification

National law only



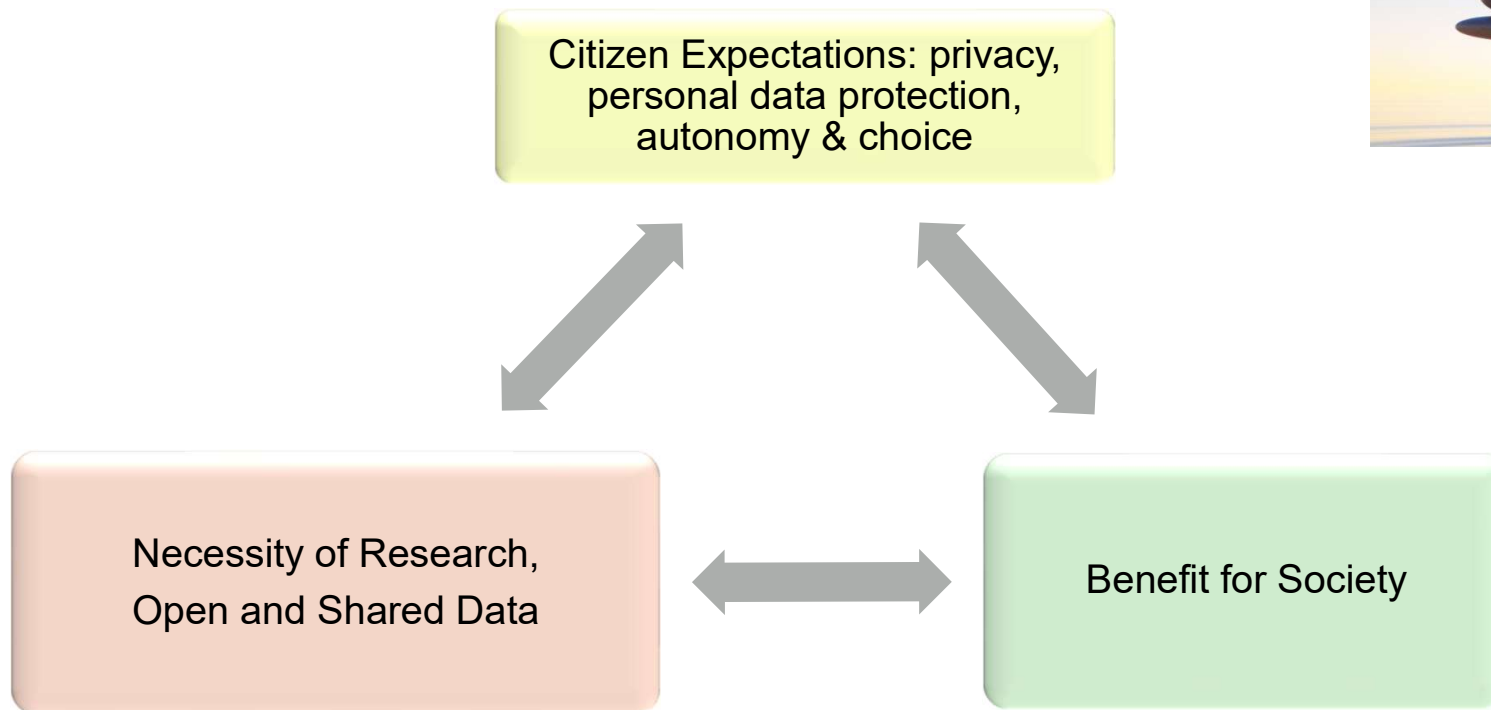
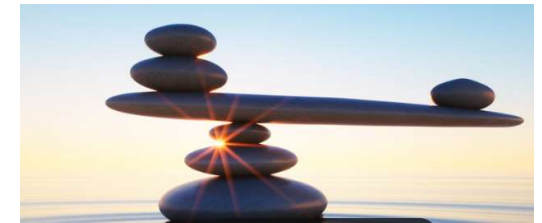
Law enforcement excluded
from EHDS secondary use

In a Nutshell: What it Means for You as a Citizen

- Primary care opt-out \neq secondary use opt-out
- You can **say no** to your health data being used (*research, innovation, AI training, policymaking*)
- The choice is **reversible**: you can change your mind
- Once opted out, **future projects** cannot use your data
- Past projects** (already approved) may still use it
- In emergencies, doctors may still need access.
- For the public good, some data may be used despite opt-out: **mind the national law**



Opt-Out in the EHDS: balancing societal benefits and individual autonomy in secondary use of health data under the EHDS framework



Law and ethics: Trust

Operationalising public trust for health policymakers - A qualitative study in the EU, France, Italy, and Switzerland

Federica Zavattaro ^{a,b,*} , Viktor von Wyl ^{a,b,c,d}, Felix Gille ^{a,b}

Pilot Study: Digital Trust

Felix Gille, Markos Mpadanes, Federica Zavattaro

Unlocking the Power of Health Data by Ensuring the Public Can Trust the EHDS

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Moving forward with the European health data space: the need to restore trust in European health systems

Jaisalmer de Frutos Lucas^{a,b,*} and Hans Torvald Haugo^c

Trust is critical to EU health data success, says WHO

As the EU enacts its landmark health data law, officials warn that public trust, not just infrastructure, will determine its success, citing past misuse cases, such as 23andMe, as a cautionary tale.

The European Strategy for Data and Trust in EU Governance. The Case of Access to Publicly Held Data

Jane Reichel

BUILDING AND MAINTAINING PUBLIC TRUST TO SUPPORT THE **SECONDARY USE OF PERSONAL HEALTH DATA**

By: Gemma A Williams and Nick Fahy

08 DEC 2021 | EVENT REPORTS

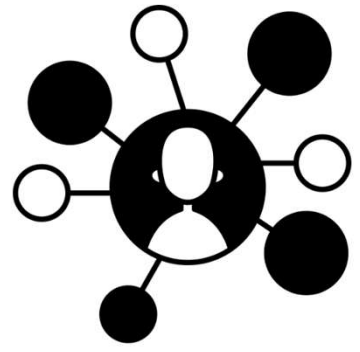
The European Health Data Space will not work without trust from healthcare communities, warn officials and patient associations

Speaking the Same Words, Not the Same Language

“My Data”

One concept = different stakeholders = different meanings

Citizen	GDPR	Researcher	Company
Belongs to me	Processor/ Controller	Responsibility	Economic value
A part of me	Consent	Right to use	Transaction



Public interest
PRIVACY COMMON GOOD
 REUSE **TRANSPARENCY** RISK
DATA OWNERSHIP INFORMATION
COMMERCIAL PURPOSE BENEFIT
 CONSENT

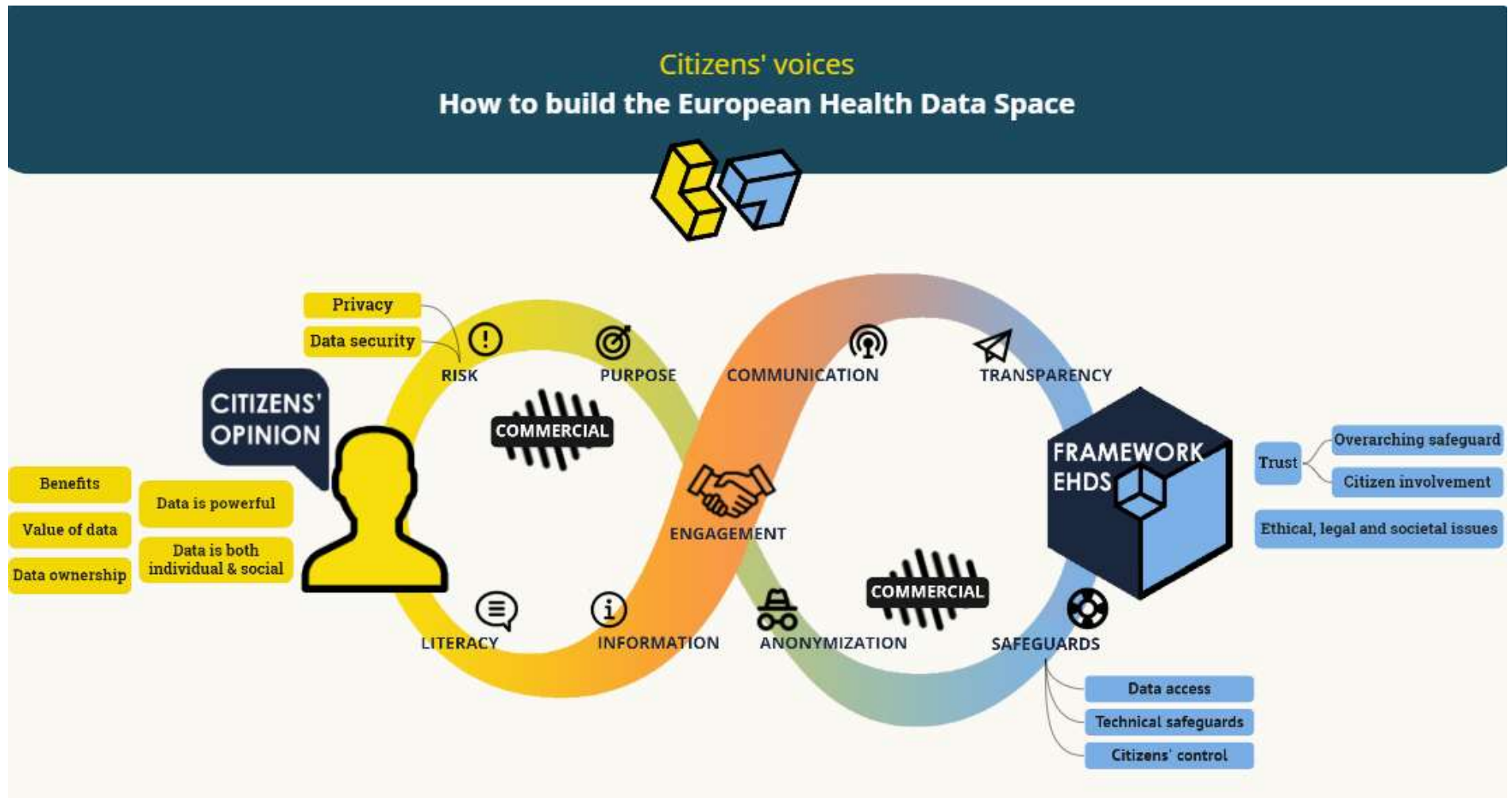
Potential Ethical–Legal Tensions Around Opt-Out Systems



Trust is a verb: it demands effort, not assumptions



The elements of trust

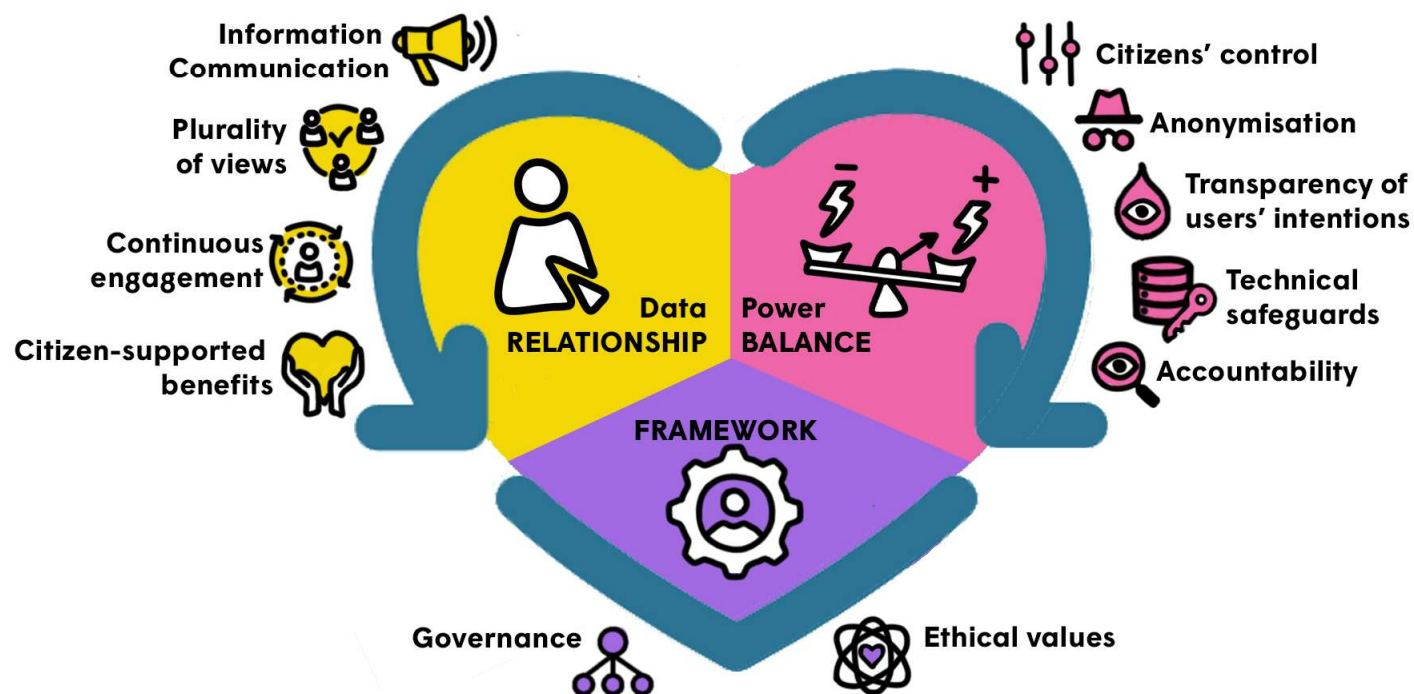


[Healthy Data, an online citizen consultation about health data reuse – intermediate report | sciensano.be](https://www.sciensano.be/en/healthy-data-an-online-citizen-consultation-about-health-data-reuse-intermediate-report)

A relationship based on trust

RECOMMENDATIONS

FOR A CITIZEN-POWERED FRAMEWORK FOR THE EUROPEAN HEALTH DATA SPACE



[Recommendations on how to engage citizens in the European Health Data Space | sciensano.be](https://sciensano.be)



D8.1 Guideline for Health Data Access Bodies on implementing opt-out from the secondary use of health data

TEHDAS2 – Second Joint Action Towards the European Health Data Space

Co-funded by
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D8.1 Guideline for Health Data Access Bodies on implementing opt-out from the secondary use of health data

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**Thank you for your time;
glad to answer any questions!**

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