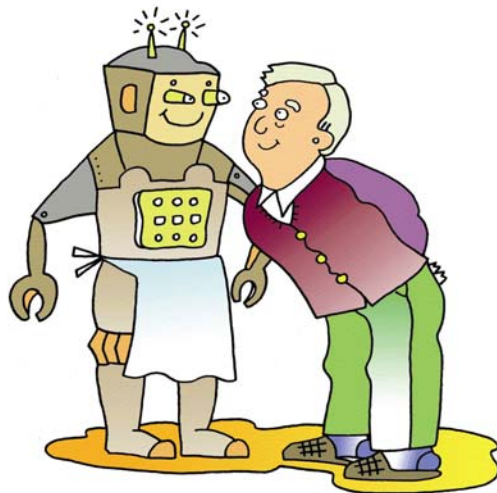


Ethical issues in use of technology in services for senior citizens



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Aim of the presentation:

To raise some ethical issues relevant when technology is used in (health and social care) services for senior citizens

> focus on people with vulnerability

> personal help and care more emphasised

Ethical principles can help in understanding of the nature of ethical questions raising in the use of technology

- **Autonomy and respect for privacy**
- **Justice**
is governed by values of tolerance, respect for others and equal justice.
- **Common good & avoid harm others:**
beneficence and benevolence
- **Efficiency**

Ethical Dilemma

- In technology use we often face a situation where these principles guide to solve a situation in different ways: **an ethical dilemma.**
- It is helpful to analyse whether the difficulty to find a good solution is rooted to **conflicting values:**
We would like to offer as much help to a person as he needs but at the same time we know that there are far too many who need the same services.
- When solving such a situation we try to combine our values and take into account the person's situation i.e. the context. (Beauchamp, Childress1994)

Main ethical questions in ageing and technology

- 1 Do older people get their fair share of the benefits of new technology?
 - Are there enough solutions to meet their every day needs?
 - Are their interests taken into account in technology development?
 - Do people who are outside of labour force have an access to computer skills?
 - Do services based on Information Technology include relevant information for older adults?

Main ethical questions concerning ageing and technology

- ② Is technology developing far too fast to meet older people's needs?
 - Are there alternatives to modern technology use?
 - Is technology going to replace human services?

- ③ What kind of data is collected on our every day life and how it is used?

Ethical issues in use of technologies in social and health care services are similar to those raised in discussions concerning these services in general

- what services are provided and used?
- who has access to these services, who uses them?
- what is the quality of the services?
- how the services are targeted?

It is more challenging to identify ethical issues concerning use of technologies in services because of the novelty of many of the solutions.

Personal help comes first

Without personal help technology has only very limited potential in (health and social care) services for older citizens - if any

Technology can be used for several purposes in social and health care services for older citizens

- entertainment, stimulation and relaxation
- information provision & communication
- compensation
- behaviour management
- reminders
- safety
- surveillance
- control assistance for relatives
- service co-ordination...

Technology is a social product

- It is reflecting and representing our view of the world
- It also shapes our action, perception and values (for example Swartz-Cowan: washing machine and changing criteria for hygiene)
- “Once you have a hammer everything needs hammering”

Language, concepts & perceptions shape technology development and use

Senile: Locks & other physical restrictions

Dement: Locks, use of sedatives

Dementing: Rehabilitation? *"Running off"*

Alzheimer patient: Alzheimer drugs. *"Leaving the home without a permission"*

Person with dementia: Tracking the wandering/walking, supporting the use of abilities to move. *"Need for walking and moving, how to help to find a way back home"*

Perspectives and interests vary and can conflict: a tracking system

- **Person with dementia:** I can still go out alone with this surveillance device/I don't want any unfamiliar device.
 - **Family member:** Because of this new system I don't need to worry so much. S/He will be found quicker than before.
 - **Staff in the call centre:** A new custom group which may need help immediately.
 - **A company providing the services:** A market segment which is growing. A challenge.
 - **Emergency/police:** If the system is reliable it can save time and lives.
- > Be aware about possibility of **harming the most vulnerable partner**

Tracking & Tagging

Sensor pads (beds, chair, floor), carer call systems, panic buttons, fall and movement sensors, temperature and gas sensors, flood alarms and controls, electronic tagging systems, video surveillance, intruder alerts etc.

No published research except some descriptive case studies. (Altus et al. 2000, Rowe 2000)

Intrusive technology?

Extensive information collection on the person

Who has right to track and in what circumstances? Who has time to use the information? Is it useful? How the information is saved and deleted? Who has access to it?

Ethical questions: tagging

- Is the person's situation assessed carefully?
- Is the situation followed up by someone?
- Does the use of surveillance technology increase or decrease autonomy of a person?
- Does the use of such a device decrease access to personal care?
- Is the system technically reliable?
- Who is taking care of the maintenance?
- Who is training new staff?
- Is all staff informed about confidentiality of their work?
- Who is paying the costs?

Ethical questions: tagging & tracking

"Tracking accepted only if improves independence..." (Rauhala-Hayes 1998)

Individual assessment needed in technological interventions

- Diagnosis & medication, cognitive, psychological, physical & social functioning, changes in behaviour?
- **Social network, living conditions & family care**
- **Needs/problems in everyday life context of an individual**

Efficiency

Is technology used in a way that an optimal result can be achieved from the public resources invested?

Technology is not used if it increases the costs but not improves the quality of services or the quality of life of the older citizens

> for example if it is expected that **the wellbeing** of an old person will stay better when living at home, there is a good reason to invest more in services supporting staying at home than costs of institutional care

Ethical issues in use of technology in social and health care services can be summarised:

1. Right to use skills (competence), right to autonomy and respect for privacy
2. Right to receive help and care (beneficence and benevolence)

Balance between these principles causes ethical dilemmas

Both of these should be taken into account to avoid

1. abandonment or
2. over-protection

No codes of ethics guiding technology development studies but many similarities with clinical trials:

1. Participation does not equal benefit
2. Informed consent
3. Participation can be risky
4. Participants can incur costs
5. Situation after trial
6. Privacy of personal data
7. User groups with special needs
8. Raising unfounded expectations
9. Ethics committees

(Rauhala ja Topo 2003)

Easy to raise expectations - hard to meet them

- People in old age should get a fair share of the technology development.
- There are huge, urgent needs but only few ***reliable and useful*** products in the market.
- Far more basic research & development, and assessment studies are needed.
- Promising trend towards **enabling products** and **products that can be used for preventing** manifestation of symptoms/problematic situations (people with dementia e.g: positive stimulation to prevent distress, detectors for informing about restlessness etc.)

Very limited evidence that technology can substitute personal help...

- and why should it -

... but it can provide new tools and even stimulate new thinking about what is possible



”It’s cute”, one female patient cries out

”The elderly patients suffer from severe dementia, but their faces light up when they see the dog-shaped robot, swaddled in soft clothing, waddle around the hospital floor. Some clap, others break into feeble smiles. Urged by nurses, a few cautiously reach out and touch it”

See Tamura, T. et al. 2004. Is an entertainment robot useful in the care of elderly people with severe dementia. *Journal of Gerontology* 59A, 83-85.

Thank you!

