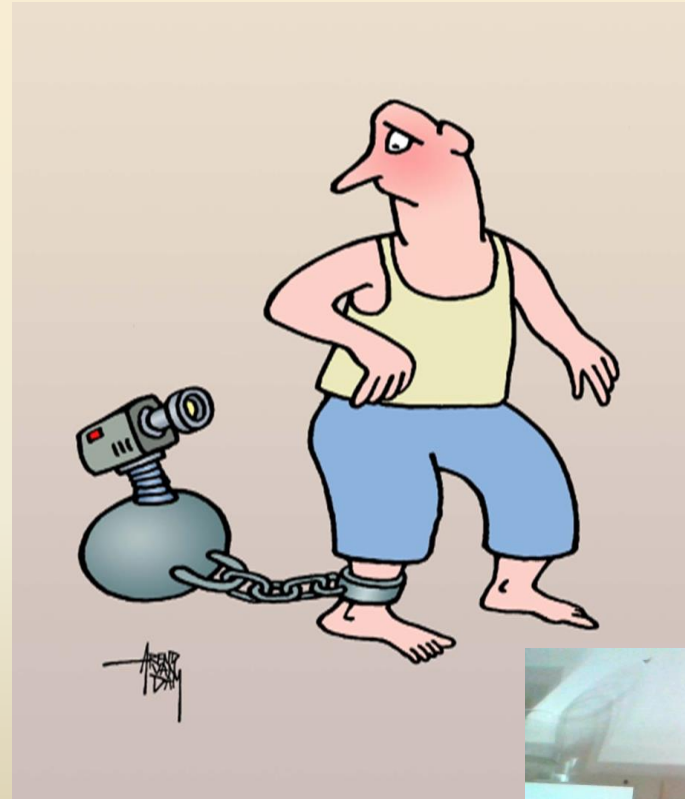*Safety first?*
Ethical considerations surrounding the use of surveillance technology in long-term care.

ITAC 4 March 2020, Brisbane, Australia

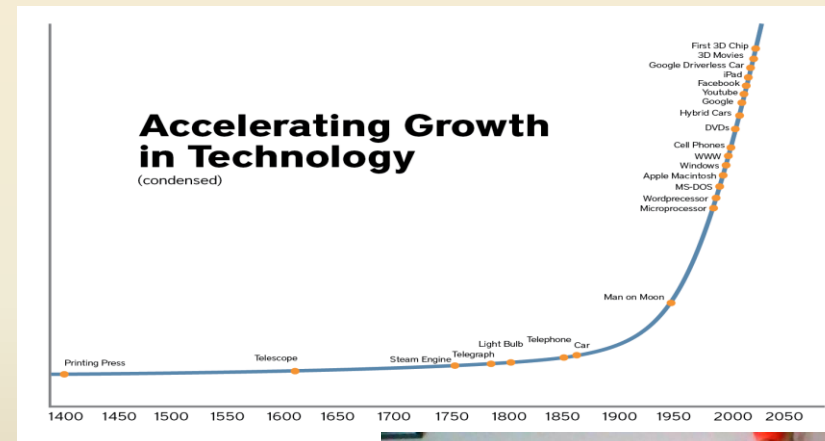Dr. A. (Alistair) Niemeijer
University of Humanistic Studies, Utrecht
The Netherlands

Safety paradox: All medical/**care innovations** aimed at (safety)improvement also **carry inherent risk because they are new (Wagner, 2010)**
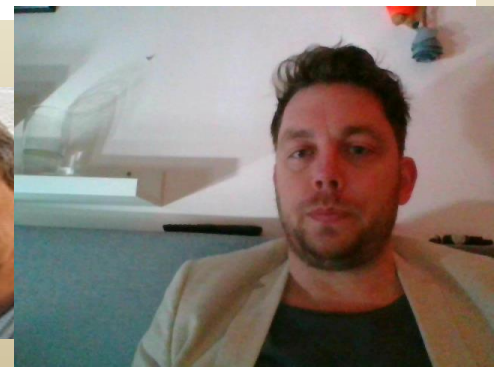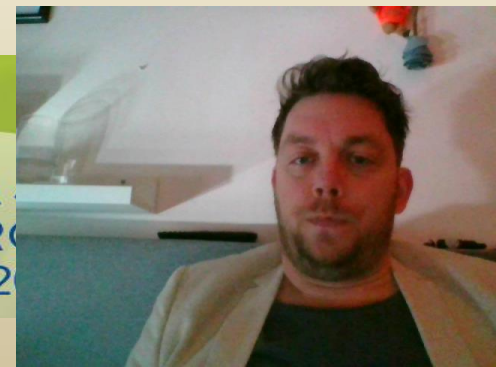
Technology develops **exponentially**

Accelerating Growth in Technology
(condensed)

Printing Press Telescope Steam Engine Telegraph Light Bulb Telephone Car Man on Moon

First 3D Chip
3D Movies
Google Driverless Car
iPad
Facebook
Youtube
Google
Hybrid Cars
DVDs
Cell Phones
WWW
Windows
Apple Macintosh
MS-DOS
Wordprocessor
Microprocessor

1400 1450 1500 1550 1600 1650 1700 1750 1800 1850 1900 1950 2000 2050

But….
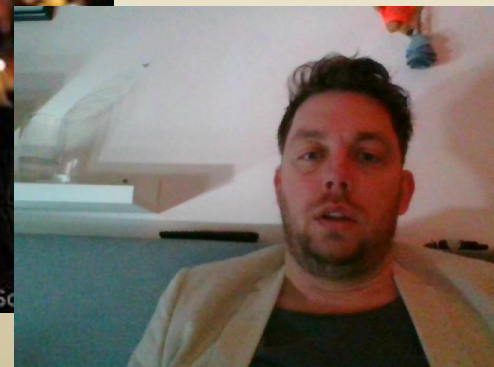*'Technological innovation is not (yet) moral innovation'*
- Tsjalling Swierstra

- Literally innovation means '**introducing as new or renewing'** from the Latin innovare

- (Technological) innovation both has a **transformative character, and an orinigal essence** which is being reintroduced

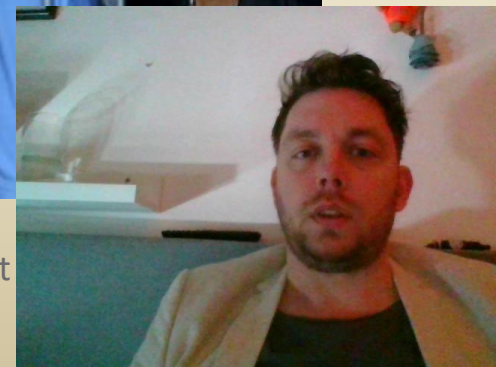You are now entering an INNOVATION ZONE. Please proceed with great ideas.

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TRANSFORMING INDEPENDENCE THROUGH INNOVATIVE TECHNOLOGY

3 & 4
MARC
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Wat is the essence here?

Technology changes behavior

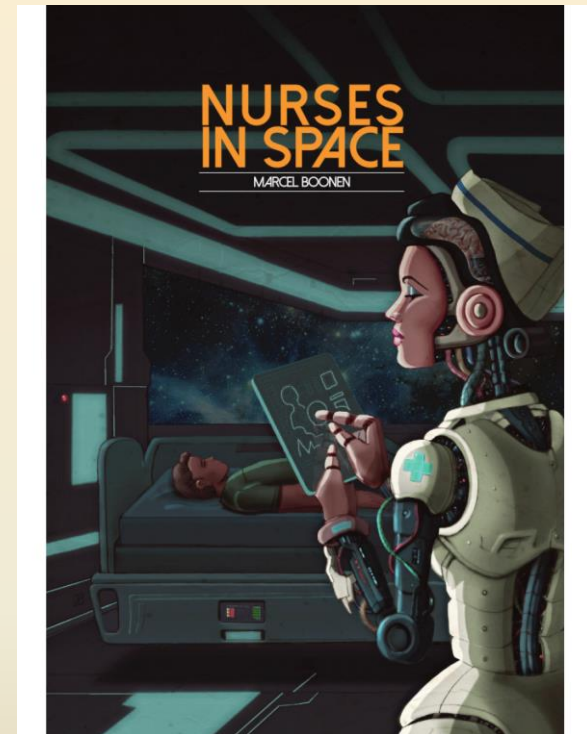Het project

Technology and norms?

*Technology mediates our shared norms and thus makes ethics **not only something of ourselves.** Making explixit the implicit norms that are inherent to technology is therefore crucial* (Verbeek, 2011).

7

See also: Boonen, M., Vosman, F. & Niemeijer, A. (2016). Tinker, tailor, deliberate. An ethnograph[ic] institutionalized practice of bar-coded medication administration technology by nurses. *Applied [...]*
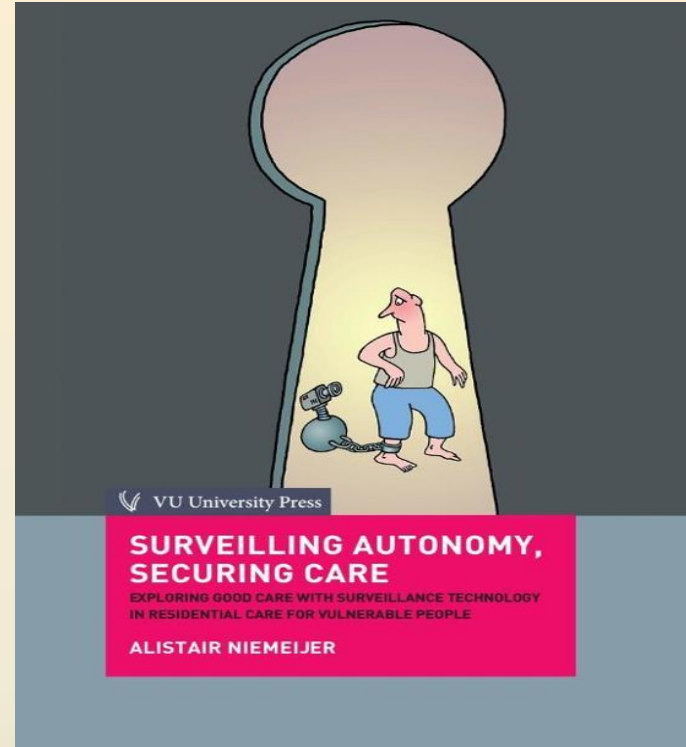
What are the implicit ethical issues?

Empirical ethical research

- Wat **does good care with surveillance technology** entail?

- Explorative: use of different methodologies

- Perspectives and lived experiences from the field..

  including residents

1) Experiences of how nursing staff use technology in residential long term care

Published as: Niemeijer, A.R., Depla, M.F.I.A., Frederiks, B.J.M., Francke, A.J. and Hertogh C.M.P.M. (2014). The Use of Surveillance Technology in Residential Facilities for People with Dementia or Intellectual Disabilities: A Study among Nurses and Support Staff. Exploring Benefits and Drawbacks. American Journal of Nursing, 114, 12: 38-47.

2) Experiences of clients in residential long term care

Published as: Niemeijer, AR, Depla, MFIA, Frederiks, BJM and Hertogh, CMPM. (2014). The experiences of people with dementia and intellectual disabilities with surveillance technologies in residential care. Nursing Ethics. Published online before print June 9

- **Continuing rounds**

"Certain errors are… how I can say this…things still go wrong during the evening shift… And ST doesn't tell you if the bedrail is still up or not or other things… It is still human labor, what we do… Plus, it also keeps me busy, you know?

Alarm fatigue.

"Yes, I sometimes do that [seats herself nearer to a client]. This way I'm close by, and otherwise my alarm would go off the whole time."

- **Locking the doors.**

Because this feels as a "safe idea,":

"you wouldn't know where they would be exactly." She added, Suppose a client went out of his room… and all the doors were open and… they started to wander around… and you're so busy, you couldn't respond immediately, and suppose someone falls somewhere. They could be lying there, cold on the ground!

- **Forgetting to take or turn certain devices off.**

Team supervisor:

"A bracelet is also different [from] a table top, for instance, which is much more visi
bigger… it's more of an obstacle in itself. A bracelet, well… clients are far less affecte
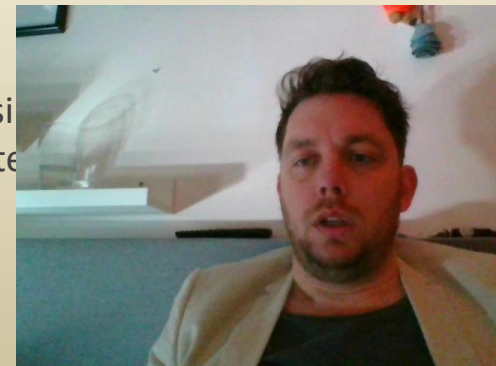
Coping with freedom of movement

Several nurses and support workers had noted that a number of clients had become "**less restless**" during the night.

Getting lost

Clients would end up in the reception area of the nursing home, the neighboring units or the utility room or outside the facility.

Being triggered

Doors opening up (thanks to their bracelets) to new spaces, toften triggered a reaction in other clients who were not allowed to go beyond certain doors, to slip through-

"I didn't want to sit here..." Because? "Well yes, well. I wanted to go where he went to..! (resident points to the next hallway). At least, that was the idea, but now I am here again" "Again" Mrs. van G.? "Yes 'again'! They always take things from you that you want to do."

Retreating to new spaces

(field notes, 15 June 2010):

This is a nice spot Mr. J- and what a view! I say. 'Yes definitely!' Mr. J. replies. "It's nice and quiet here as well." Quiet? I ask. "Yes you know- the others aren't here." One of the nurse assistants stated that she was happy for Mr. J. as before he would retreat to his bedroom and "sit there all day" whereas now he was "out and about more".

Resistant of measure

(field notes, 18 May 2010): *Having taking Mr. L. outside in the small adjacent garde[...] him once we're seated: What do you make of these electronic bracelets? 'Well it is y[...] The others are constantly stopped'...And wearing a bracelet yourself? 'I just do not l[...] not do that with me- then everybody will know you belong to something.. like a pat[...]*

Conclusions

Certain envisaged benefits and feared drawbacks of technology do **not resemble actual practice**.

The nurses staff use certain devices intensively in a **creative, individualized** way, however with regard to other technologies are **reluctant to take risks**, valuing safety and proximity over autonomy, which is in part based on fear of incidents.

Dominant **discourse of risk and safety in long term care**, but also an **abstract concept of autonomy** is difficult to delineate.

However, this conception of **autonomy** also seems to pervade the **design of new devices as an implicit norm**, as the client experiences of new technologies are **ambivalent.**

Underlying the design of technological devices is presupposition of **an ideal user- at odds with the actual user.**
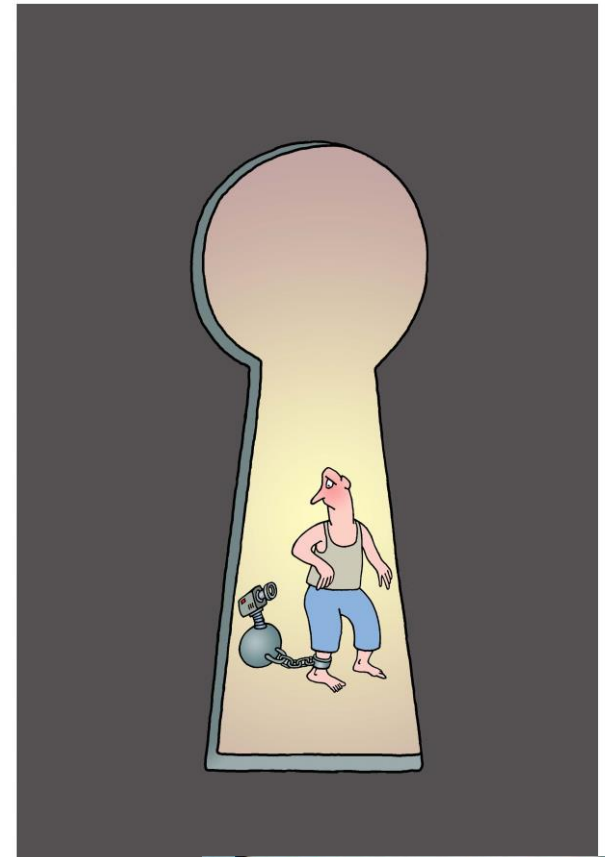
Exploring go

- need to continue to **critically evaluate practices** where new technologies are used, so that it becomes clear what one expects of care with technology and whether and how these expectations might be met, taking into account **the (implicit) norms.**

- get involved in a much **earlier conceptual stadium**, whereby (ethical) input from the field is the driving force of the product's design.


Het project

Weighing of values: a normative checklist

√ **1. Which benefits are envisaged with the application?**
More safety or autonomy? What about the risks?

√ **2. What are the consequences for the user?** *Less/more*
freedom of movement? Implications for   privacy? The
care relation?

√ **3. Is the application not (too) obtrusive/intrusive or**
stigmatizing?

√ **4. How can the application be explained well to the user?**
Does he/she/ understand the implications?

√ **5. Finally: what does the actual user think?**
Do they experience it as useful and of added value?
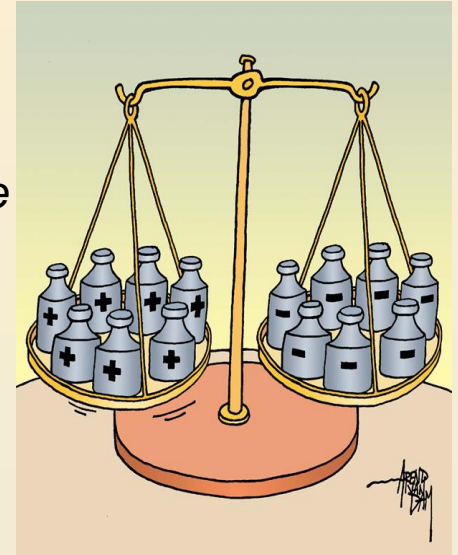
The benefits of the application for the individual client must be self-evident

- # Thank you for your attention!

  For more information please contact me at:
  a.niemeijer@uvh.nl