The ethical use of assistive technology

There are now a wide range of technological devices, solutions and services that may be of benefit to people with dementia and those who help care for them. However it is important to think carefully about the pros and cons of any potential solution, whether it be technological or otherwise.

This guidance has been produced by Stephen Wey, Senior Lecturer, University College of York St John and Senior Occupational Therapist, Leeds Mental Health Teaching Hospitals NHS Trust.

Issues surrounding the use of assistive technology

Like any new idea or invention, assistive technology and telecare has the potential to be of benefit but it also has the potential to be misused. It is important to understand that it can be both things at once; that is any device may be beneficial in some respects but may also have costs to the person with dementia or their carers. Some of those costs may be hidden or not apparent until later. For example there may be concerns:

- about particular types of device, such as those used more for monitoring safety, and how they may affect the privacy or freedom of a person with dementia
- about the impact of assistive technology and telecare on society. For example, the fear that it may be used to cut back services and reduce human contact
- that some devices may be used to do things a person is still able to do for themselves which may make their problems worse
- that they may make things more complicated or beyond the abilities of the person
- that they may help foster a one-sided focus on a person's problems and not on their existing strengths
- about the use of technological solutions, especially those that may restrict freedom or privacy, without fully involving or obtaining the consent of the person with dementia
- about the use of computer technologies that rely on sharing information and ensuring such information is not misused or allowed to fall into the wrong hands.
There are no easy answers here. However there are some questions to consider and guidelines that can help when considering the ethics of a particular approach.

**Guidelines**

1. Firstly there are 4 principles that go back to the foundations of modern medicine. These are the principles of Non-maleficence, Beneficence, Autonomy and Justice.

   - **Non-maleficence** simply means “do no harm”. In other words we need to ask ourselves are we in danger of doing more harm than good? For example, considering whether there is a risk that a piece of equipment may lead to more confusion or distress.
   - **Beneficence** means striving consciously to be “of benefit” to the person. In other words the intention should be to benefit the person with dementia, for example by enabling access to support or help if they fall or helping them to take their medication.
   - **Autonomy** refers to respecting the person’s rights to things like self determination, privacy, freedom, and choice. So for example, if a device such as a sensor mat is used to help monitor falls risk would it be used just to tell the person not to walk or get up or would the person be offered a companion to walk with safely?
   - **Justice** means treating everyone fairly. For example providing equal access to technology, or taking into account diversity and individual differences.

2. Secondly there are questions we could ask ourselves about the pro’s and cons of a particular solution. For example:

   - Would we even be considering this if the person was not elderly or if they did not have dementia? If this is the case what does it say about our view of the person with a disability or impairment? Are we failing to take into account their strengths or their wishes for example?
   - What would I want for myself in this situation?
   - What might the views be of everyone involved about the proposed action and the consequences of doing or not doing it? e.g. Do we agree about the level of risk (actual and perceived)? Is everyone involved aware of the pros and cons of this technology on the person and their carers?
3. Assistive technology is often thought about in relation to risk but in fact it is any technology that helps people to do things that are beyond their reach on their own. This can also include being able to maintain relationships or keep in contact with loved ones. Or being able to remember events. Or being able to carry out a task.

- So try and think about how technology could be used to help a person achieve things they are finding harder to do. Or how it can raise their quality of life and the quality of their relationships.
- Safety is of course of great importance but it may be that they are compromising their safety in order to meet a need. For example they may be going out at night because they are looking for social contact or something to do. In this situation a technology like a door sensor may keep them safe but it will not meet that need and in the long run that might just make their need feel more urgent. Maybe that need can be met another way?

4. This leads to the fourth and maybe most fundamental set of questions we need to ask ourselves.

- Does the situation really call for a technological solution? What are the alternatives? In the example of the person going out another approach may be to provide someone to walk with. Or something to occupy their time better.
- Assistive technology and telecare should not be seen as a “quick fix”. So it’s important to consider what alternatives there might be to using such an approach every time it comes up.

5. How technology is used is up to us and that is where ethics come in. It’s about making sure that the person with dementia is kept at the centre of any decisions. We must avoid seeing them just as people at risk and in need of help. They are also people who will still have many abilities, needs and wishes of their own. We need to see and recognise those as well. This brings us to one final question: we need to consider ways to involve the person with dementia and to gain their informed consent.

- In this we cannot make the blanket assumption that the person with dementia cannot give consent. In fact the default position should be that they can and to seek it.
- Capacity to give consent is not something a person either has or does not have. It often depends on the situation and how the issue is presented. So this may require finding the best approach to consult with them about the devices or services being considered. This may
include using verbal and non verbal approaches such as pictures, videos or real examples of the technology involved.

It’s important to understand that the ethical issues posed by assistive technology are really not that different from those posed by any new invention or social change. We could be saying the same things about cloning or genetically modified foods.

At the end of the day the important thing is that there are many things that may drive us to look for technological solutions but that technology is just a tool that can help us to achieve certain ends. Like any tool it can be used properly or badly but as they say “a good craftsman does not blame his tools” - it is how they are used that counts.

Further guidance

For further guidance on ethical issues and informed consent please see our ethical guidance resources page.