

KING'S
College
LONDON

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**Being healthy everywhere and at any time
- some ethical challenges of mobile health -**

Dr. Federica Lucivero

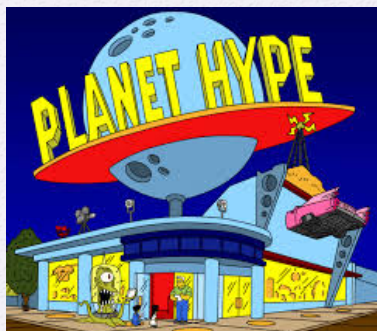
eHealth Workshop
28-29 Oct 2014
Middlesex University
London



In 15 minutes (!)

1. m-health as “rising star”: sketching a map of circulating expectations
2. Some ELSI that deserve attention:
 - a. Lifestyle and healthcare
 - b. Mobility in health
3. A warning: mind the hype!

1. Mobile Health (mHealth): Under the spotlight



- **Market analysts**
 - Market value of m-health apps expected to reach \$ 26 billion in 2017 (Research2Guidance2013)
 - 485m wearable devices expected to be sold in 2018 (ABIresearch 2013)
- **Institutions**
 - World Health Organization
 - European Commission: Green Paper and Public consultation
- **R&D** (FP7 funded, private investments...Apple Health Kit, etc..)

Mobile Health (mHealth):

m-health “also includes applications (hereafter “apps”) such as lifestyle and wellbeing apps*”

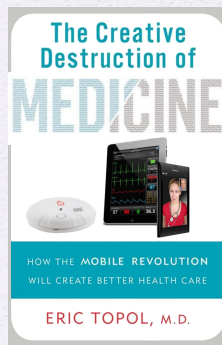
**“lifestyle and wellbeing apps primarily include apps intended to directly or indirectly maintain or improve healthy behaviors, quality of life and wellbeing of individuals”.*

European Commission. (2014). GREEN PAPER on mobile Health (“mHealth”), COM (2014) 219. Brussels

Sensors attachable to smartphones

Mobile apps for smartphones

Mobile Health (mHealth): promises



Powerful driver of healthcare transformation
(Topol 2012, West 2012)

- Favoring accessibility to health in developing countries
- Reducing costs in healthcare (eg less hospital visits)
- Supporting care coordination
- **Promoting prevention and health promotion through behavior and lifestyle change**
- **Empowering patients in control (invisible, discrete, portable devices that allow to manage conditions “your own way”)**

Mobile Health (mHealth): fears

M-health and health promotion: The digital cyborg and surveillance society

Deborah Lupton

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Critical Public Health

Publication details, including instructions for authors and subscription information:
<http://www.tandfonline.com/loi/ccph20>

Quantifying the body: monitoring and measuring health in the age of mHealth technologies

Deborah Lupton*

* Depart



Brussels, 10.4.2014
COM(2014) 219 final

GREEN PAPER

on mobile Health (“mHealth”)

[SWD(2014) 135 final]

- Health promotion and Surveillance
- Monitoring/measuring and Medicalization
- Information systems and (non) patient’s privacy
- Quality control/certification

2. Some issues for ELSI research to consider



- a. consumer products or medical devices? Between lifestyle and healthcare
- b. Mobility and the importance of places in care

Co-production of values norms and technology

2 a. m-health challenges our symbolic order



- M. Douglas (Purity and Danger): reality is ordered and interpreted through fundamental distinctions (life/death, sick/healthy, man/woman, etc), culturally mediated categories that constitute a community's "symbolic order"
- Healthcare/lifestyle: order some aspects of social life in a normative way (see Swierstra et al 2010) (eg doctor's competence/not, specific regulatory framework- standards, reimbursement policy)

2 a. m-health challenges our normative (and regulatory) order.

- M-health as ambiguous objects, hybrids, “monsters” (M. Smits)
- Eg: an open issue in EC “green paper”
 - “in the EU, there are no binding rules as to the delimitation between lifestyle and wellbeing apps and a medical device or in vitro diagnostic medical device” (EC, GP p 11).
 - should wellbeing apps undergo medical devices regulation? And how to determine the criteria to establish in which cases they do?

Open questions

- Should we abandon the healthcare/lifestyle normative distinction?
- If we maintain a distinction between healthcare and lifestyle, how do we deal with the growing borderline cases raised by m-health?
- how to reconsider the normative concepts behind these distinctions in light of the new practices introduced by these technologies?

2 b. Mobility in healthcare

- Relocation of healthcare outside the clinics entails changes in roles and responsibilities by users, non users and professionals
- The mobility and portability of m-health separates the location of data acquisition, interpretation, storage and use: how does this change in space affect on the practices, roles and responsibilities?
- Another open issue in EC “green paper”
 - “some legislations still provide that a medical act can only be performed with the physical presence of patient and doctor” (EC, GP p16).
 - is the doctor expected to prescribe apps?

How places matter: Telecare technologies and the changing spatial dimensions of healthcare
Nelly Oudshoorn
Social Studies of Science 2012 42: 121
DOI: 10.1177/0306312711431817

3. A warning: mind the hype!

1. technology is not always there: eg need for optimization of algorithms;
2. it does not always do what it says: e.g “are you willing to change your lifestyle?”;
3. infrastructures and facilities are lacking: eg no regulatory framework/innovative spirit of individual (practitioners);
4. Under the of” m-health” label many different technologies/systems/functions and users are clustered: need to look into specifics and into practices
5. History of technology have taught us that there are not revolutions, but gradual changes that require changes in values and norms



Wrapping up

- m-health is attracting much institutional interest, industrial investment and media coverage
- 2 aspects to put on the ELSI agenda the blurring of the distinction between healthcare and lifestyle and the increasing mobility/portability of healthcare.
 - how do we need to revise our normative categories and how do these technologies contribute in changing our practices and conceptions?
- We need to critically assess m-health expectations when engaging in ELSI studies

Thanks for your attention

Health on the move

Exploring the social, political and ethical
underpinnings of portable devices for
healthcare and lifestyle

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