

The Ethical Context:

'softening' dilemmas in medical profiling and online medicine

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Nuffield Council on Bioethics



- UK-wide independent body that examines ethical questions raised by advances in biology and medicine
- Contributes to policy making and stimulates debate in bioethics
- · Established in 1991; based in UK



Why did we write *Medical Profiling* and *Online Medicine* (MPOM)?

- New developments in genetic research and imaging technology
- New applications of ICT in healthcare
- Claimed to herald a new era of 'personalised healthcare'
- Raises issues about consumer choice and personal responsibility in health care, especially in UK health system

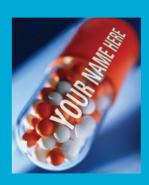




'P': what can new technologies deliver?

Can they deliver:

- healthcare more closely tailored to our unique individual features?
- healthcare that treats us as a 'whole person'?
- healthcare that we obtain as a consumer good?
- healthcare that puts more responsibility on us as individuals?





'C' and 'R' challenges

- · Developments in medical ethics
- · Pressures from policy makers
- Pressures from commercial providers
- How far should more freedom to choose mean more responsibility?



"Democratizes personal genetics"



"Calculate genetic risk: empower prevention"



"Empowerment: to live your life to the fullest"



Ethical values

- Private information should be safeguarded
- 2. Individuals should be able to pursue their own interests in their own way
- 3. The state should act to reduce harm
- 4. Public resources should be used fairly and efficiently
- 5. Sharing risks, protecting the vulnerable: social solidarity



'Softening' ethical dilemmas

- The ethical values often conflict
- No one value trumps the others

Our approach:

- Establish benefits and harms in each case
- Attempt to 'soften' conflicts between ethical values by respecting each as much as possible
- Recommend interventions that are evidence-based, proportionate and feasible



Intervention

- Government intervention is justified if it is feasible and if potential harm is serious
- If all else is equal, prefer general to specific interventions
- If all else is equal, prefer non-coercive to coercive interventions





Recommendations (1)

Health information websites

- Governments should ensure high quality health information is available on the web
- · Health websites should seek accreditation

Online health records

- Governments should set up accreditation schemes
- Providers should give users information about data security and legal rights





Recommendations (2)

Online drug purchasing

- GB registration scheme should be mirrored in other countries
- Doctors should receive training on caring for patients buying online

Telemedicine

- Telemedicine offered where it can reduce healthcare inequities
- Impacts on doctor-patient relationship to be evaluated





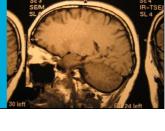
Recommendations (3)

Genetic profiling

- Regulators should request evidence for clinical claims made by companies
- Government websites should provide information on the risks and benefits of genetic profiling

Body imaging

- Companies that sell body imaging as a health check should be regulated
- Direct-to-consumer whole body CT imaging should be banned





Conclusions

- The technologies are still developing
- They mix potential benefits and harms and bring key ethical values into conflict
- They could transform medical practice, but it's hard to predict how much use will be made of them in the future
- They need close and regular scrutiny
- People need support in identifying information to make good choices
- We should be cautious of exaggerated claims made about these developments



Challenges

- How should we balance individual choice with supporting those in need?
- How can we ensure potential for harms is monitored (e.g. digital divide)?
- How can we place responsibility for handling new risks in the hands of those best placed to manage them?
- Be wary of locking in the personalisation paradigm.
- Find measures other than confidentiality.

