



Ethical Considerations

As a result of this presentation, learners will be able to:

1. Describe ethical concerns regarding use of monitoring and tracking devices
2. Assess the pros and cons of security-related assistive technology
3. Describe manners in which culture can impact needs and desires regarding Assistive Technology (AT)
4. Explain ways in which POA considerations can impact AT choices
5. Consider family dynamics and how they may impact AT selection, adoption, and use

Monitoring and Tracking Considerations ⁽¹⁾

- Introduction of monitoring/tracking AT shifts control
 - Person and caregiver → technological system
- Primarily used in cases where the person has some sort of intellectual disability or decline
- Aim to honor autonomy to the highest extent possible
- Systems can be easily removed or adapted
- Remember – surveillance tech should **never** replace human contact or personal care

Trading Autonomy and Privacy for Independence and Security ⁽¹⁾

- Conflict between autonomy and duty of care
 - E.g. - Ken may be a high fall risk, but still has the choice to return home without adaptations
- Autonomy or “self-determination” is compromised when AT is applied to keep people in their homes
- AT allows people to stay in their homes more safely (autonomy)
 - Conflicts of being closely monitored and guided (loss of autonomy) are also present
- Consider differences in monitoring location
 - Bedroom vs kitchen
- Personal differences exist in willingness to accept monitoring
- AT is often considered to be the lesser of two evils vs moving to an institution
 - This does not mean that there are no ethical concerns
- Monitoring AT may be too great of a privacy intrusion for some
 - Ensure that person/family is aware that not using monitoring tech may leave in place preventable risks

Cultural Considerations

- Individualistic vs collectivistic (2)
 - Individualism values personal independence (generally “Western” cultures)
 - Collectivism values interdependence (generally Asian and African cultures)
 - Each person and their family fall somewhere on the spectrum
 - Do not assume based on cultural background alone
- Language differences
 - Is the device or program available in their language?
 - Does the device need to be bilingual to enhance communication?
 - Consider translator etiquette
 - Look at the person, not the translator
 - Be patient
 - Miscommunication happens - sometimes words or phrases simply to not translate
- Staying person-centered
 - Value individual differences
 - Seek to best support the person in their context

Cultural Considerations Case Study – Real LLTS case shared with permission

Adem is a 66-year-old male that lives alone. He is blind and speaks Bosnian. He has supportive caregivers that assist him daily, but he struggles to communicate with English speakers and was looking for a way to help him translate. Adem’s needs were specific to verbal translation in this case.

- How does Adem’s culture impact his choices and options regarding AT?
- Name one way in which you could prioritize person-centered care in this case.
- What do you need to consider specific to use of a translator in this case?

There are many tools for written translation but few for verbal translation and even more of a challenge to find a tool that would translate in Bosnian. One cultural consideration that helped us identify a option for Adem was to inquire about any other languages with similar dialect that he can understand. Adem was able to get a device called the Translate and with the help of his case manager, he was able to get wifi in his home so both Croatian and Bosnian translation were available. Adem is very pleased to have this device and has used it successfully. He can use the Bosnian when Wi-Fi is available but also can use Croatian if he is in a location that does not have Wi-Fi available.

Power of Attorney (POA) Situations and Autonomy

- Definition: “Durable power of attorney for health care is a legal document that gives another person the authority to make a medical decision for an individual.” (3)
- Activated when two physicians or a physician and psychologist determine incapacitation (4)
- Discuss with person as able, but confirm decisions with POA
- Remember – device training still needs to occur with individuals who have an activated POA (and their family) as they are often the targeted user

Research spotlight – “Why Older Adults and Their Children Disagree about In-Home Surveillance Technology, Sensors, and Tracking” (5)

- Interviews of 18 Meals-on-Wheels participants (ages 61-95) and 10 adult children
 - Adult children underestimate mothers’ comprehension of technologies
 - 10/10 did not feel that mothers would understand data, recipients, and modes of retrieval
 - 7/10 did not feel it necessary for mothers to understand
 - 9/10 children were confident that they could convince use by mothers
- Adult children assessed all three technologies more favorably
 - Less concern with privacy and lower perceived level of invasiveness
 - More than ½ of mother/child pairs responded differently on use of cameras
- Privacy
 - Most common objection to AT within both older adult and child groups
 - Concern over monitoring – older adults want privacy and choice to tell or not

Family Dynamics

- Role reversal (6)
 - Shifting dynamics (children taking care of parents) create a time of stress
 - Not easy for the child or parent
- The right to privacy – even from family

Key Takeaways

- While AT has many obvious benefits, its use should be approached with caution and ethical transparency
- Factors such as culture, family dynamics, and activated POA can impact a person’s adoption and use of AT
- Above all, aim to stay person-centered

References

1. Cook, A. C. & Polgar, J. M. (2015). *Assistive technologies: Principles & Practices*. Mosby, an imprint of Elsevier Inc.
2. AFS-USA. (2022). *Individualism & collectivism*. <https://www.afsusa.org/study-abroad/culture-trek/culture-points/culture-points-individualism-and-collectivism/>
3. Wex Definitions Team. (October 2021). *Durable power of attorney for health care*. Cornell Law School. https://www.law.cornell.edu/wex/durable_power_of_attorney_for_health_care
4. Guardianship Support Canter. (March 2019). *Responsibilities of a health care agent under a Wisconsin power of attorney for health care*. Greater Wisconsin Agency on Aging Resources, Inc. <https://gwaar.org/api/cms/viewFile/id/2005212#:~:text=Most%20Power%20of%20Attorney%20for,that%20the%20principal%20is%20incapacitated.>
5. Berridge, C. & Wetle, T. F. (2020). Why older adults and their children disagree about in-home surveillance technology, sensors, and tracking. *The Gerontologist*, 60(5), 926–934. <https://doi.org/10.1093/geront/gnz068>
6. Bordelon, K. (2020, February 20). *Parental role reversal is not comfortable*. SilverSource: A Leading Resource for Older Adults. <https://silversource.org/updates-for-seniors/parental-role-reversal-is-not-comfortable/>