9th European Public Health Conference
All for Health, Health for All
9 - 12 November 2016

Workshop: E-health and m-health: current trends, uses, expectations and methodological challenges

Ethical issues in using and assessing m-health within health promotion: Some critical questions

William.Sherlaw@ehesp.fr

Human & Social Sciences Department

International Relations Department

EHESP School of Public Health Rennes

Labers Sociology Research Unit University of Brest

Estimates vary and grow: Apps & connected objects galore!

A rapidly growing market…

In 2013 Over 40 000 apps (IMS, 2013, Kumar, 2014)

16,000 for patients,

7000 for health professionals

but 20,000 not related to healthcare.

(fitness & well-being, physical activity, diet, and healthy eating, smoking cessation, alcohol, mental health… tracking blood pressure, headaches, sleep, sexual health etc…)

In 2014 More than 100,000 listed mHealth Apps in Apple App store & Google play market (Jahns, 2014, cited by Lupton, 2015)

In Oct 2016 259,000… but n° of downloads is slowing.

(http://mhealtheconomics.com/rapid-growth-in-the-mhealth-app-market-there-are-259000-mhealth-apps-now/)

Ethical Code on M health (Albrecht, 2015)

4 bioethical principles

- Autonomy
- beneficience,
- non-malificience
- justice

 In addition

- confidentiality,
- transparency,
- use of data with respect to marketing, personal use and research.

Are apps & connected objects a good way of navigating the river of health?

All Innovations, like health itself, have bright & darksides

- Discourse can easily exaggerate benefits and harms of (any) new technologies. Woolgar et al. (2002)
- The changing context of their human use can be ignored
- Expectations may be confounded
- In general new technologies should be envisaged as being complementary to existing practice rather than complete solutions

- Need for empirical studies but in relation to health promotion.

Health may often be configured positively (holistic well-being) or negatively (absence of disease)

A key question for health promotion and

M-health, smart technologies, and connected objects is:

Which health are we promoting ? (Holland, 2015)

A definition of health

'Health is a basic human need. It is fundamental to the successful functioning of individuals and of societies. (…/…) The main determinants of health are people's cultural, social, economic and environmental living conditions, and the social and personal behaviors that are strongly influenced by those conditions' (IUHPE, 2007 as cited by Abel & McQueen, 2013).

M-health may on the bright side:

- Mediate new ways of motivating individuals to pursue behaviour and life style changes

- Give more power to patients to focus research e.g. 'Patients like me' http://patientslikeme_mkting.s3.amazonaws.com/Best%20Practices%20Guide.pdf

- Open up the path to self-diagnosis & care and patient-physician negotiated treatments

- Map & reconfigure environments though collective action e.g. www.jacede.com Access for people with disabilities

- Improve secondary and tertiary prevention e.g. diabetes management & control (non-invasive glucose monitoring)

- Offer social support

- Reduce bias & Improve epidemiological data collection through using real world data

On the darkside

- May focus and track irrelevant health data and be inaccurate also. Dangers associated with self diagnosis and care

- Over-emphasize an individualistic proximate approach to health (McMichael,1999)

- Down play the role of the environment :SDH (Lupton, 2015)

  - Over stress the posssibility of individual control and responsibility

    - Be linked to health insurance

  - Possibly induce anxiety about health

  - Personal health data concerns

Within the ever-expanding m-health market, is not the individualistic chimera of self-monitoring a way to avoid difficult (collective) and political questions?

Means to what end ? (Morozov) 'Solutionism'

- Does the app or intervention envisaged (the means) really match the end ?

- Is it effective and appropriate for the person(s) concerned ?

- On what values is it built?

- Why is it being proposed as a solution?

A cautionary tale…

Is our idea of health being reconfigured ?

"*These apps have the potential to shape the ways in which the human body is understood, visualized and treated by healthcare workers and non-professional people alike.*" Lupton (2014) In her critical analysis of the 40 most popular apps.

- From a phenomonological perspective health apps lead to a performance of Korper (objectivized description of the body) and Leib (the subjective lived experience) being articulated. (Merleau-Ponty)

- Should people trust the number of calories being put on the smart phone or their feeling of satiety to know how to manage how much they should eat? Cf Mudry (2009)

- Will constant monitoring be beneficial ? Health may be best unheard …