

Personalised Technology: an ethical framework

Wales personalised technology
community of practice



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What is personalised technology?

Personalised technology (PT) is any item, piece of equipment or product that is used by a disabled person to maintain or improve their independence and quality of life.

The term 'Personalised technology' has been used in description of 'Person Centred Technology' (PCT) or 'Assistive Technology' (AT), 'Electronic Assistive Technology' (EAT), and 'Technology Enabled Care' (TEC). It also includes mainstream technology that is in everyday use by the general population, it may be acquired commercially, modified, customised or prescribed by health and/or social care.

What constitutes personalised technology keeps developing and evolving. It is how PT supports the individual or the delivery of social and health care principles that is most important. The current ethical approach to supporting disabled people is to constantly seek ways to provide the opportunity for everybody to be full members of their community in areas of employment, mobility, communication and social pastimes.

Why use personalised technology

The opportunities that technology offers us should be available to everyone.

Technology is being used throughout the population to make life easier, safer, more fun and interesting as well as increasing choice, control, and independence. Disabled people and those receiving support from service providers should not be excluded from these gains.

Personalised technology offers individuals and services way to support reaching the National Well-being Outcomes¹.

Ethical considerations

Assistive technology is for the benefit of the person and as such certain principles should be applied.

- **Consent**

Consent lies at the heart of 'ethical considerations'. Even if there is a belief amongst other individuals or carers that a technical solution could be of advantage in some way, if the individual in question does not consent to its use then it should not be used.

However, there may be some situations considered in the 'justice' section where an individual's consent might not be the deciding factor.

- **Does it increase independence, choice and control?**

Assistive technology and its application by/for a disabled person should increase the choices they can make and control they can take in their own lives, as independent as possible. There should be a person centred approach to using it where the person has independence choice and control in using the technology in the first place.

- **Who is it benefiting?**

The primary beneficiary of assistive technology is a disabled person.

When using assistive technology, as part of a support package, there should be the utmost transparency for whom the technology is for. If it is for the benefit of the service provider this should be made clear from the outset and clear consent approved.

Similarly if the technology is for the benefit of a carer this should be disclosed and consent approved.

¹ The national outcomes framework for people who need care and support and carers who need support. March 2016

Neither situation rules out the use of assistive technology but its use and benefits must be declared transparently.

If the person lacks the capacity to choose to use this technology themselves, can it be demonstrated that the decision to use this technology is in their best interest? Please see the Mental Capacity Act 2005 Code of Practice for detail of making best interest decisions with somebody who may lack capacity.

- **Does it do any harm?**

An underlining ethic for the use of assistive technology is that its use does not harm. Attention should be paid in three areas to ensure this principle of 'no harm'

Privacy: Certain technologies can be useful in reducing someone's reliance on others or increase their safety in and out of their home. Consideration should be made to see if this amounts to surveillance and the person's understanding and consent.

Stigma: the use or application of a specific product can lead to people being distinguished as 'different' and less favourable. Attention should be paid to how the technology or its use makes someone 'stand out' and the effect of this.

Risk: Whilst the use of technology may increase independence there may be risks attached. A person centred approach must be taken to risk assessment, the wishes of the individual and overall benefit.

- **Justice**

There may be a situation where an individual is deemed not have the capacity to consent and may be in a position to put themselves or others under the threat of harm. This 'lack' of capacity and consequent inability to give consent is consistent with the Mental Capacity Act. A 'special interest' meeting should then be called to consider using a technically based solution. For example, where an individual is at threat of self-harm or harming others some form of tracking or movement sensors might enable carers to intervene more quickly than not using the technological

based solution, but the individual is not able to give consent.

● **Social contact**

In the context of increasing independence and privacy the impact upon social contact should be considered.

Concerns can be cited as contact and interaction with support service staff can be reduced with the use of assistive technology. This should not be seen as a reason not to consider the use of assistive technology but to draw focus on the person's social contact and possible isolation from friendships and relationships outside of those with paid staff and how services support people to form real relationships with people they choose to be with and who chose to be with them.

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If you are interested in joining the Wales personalised technology community of practice please email enquiries@ldw.org.uk

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