



Ethical problems of surveillance in older people with or without dementia

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Content

- Need for surveillance of older people
- Use of technology in surveillance in
 - Older people
 - People with dementia
- Ethical problems of surveillance in
 - Community care
 - Nursing home care

Rationale for surveillance in older people



- Ageing and diseases
- Higher risk of accidents and adverse events
- Less ability to call for help because of
 - Disabilities – physical, mental
 - Dependency leads to compromised autonomy
- Quality assurance
 - Nursing homes
 - Hospitals
- Health maintenance

Need for surveillance in older people



- Adverse outcomes
 - Fall
 - Acute medical conditions e.g. heart attack, stroke, infection
 - Getting lost
 - Fire risk
 - Domestic accidents – flooding, short circuiting, dropping things

Need for surveillance in older people



- Health maintenance
 - Drug non-compliance
 - Physical activity
 - Vital signs monitoring – heart rate, blood pressure, glucose,.....

Use of technology in Surveillance

- Tracking devices and surveillance cameras have long been used – prisoners, spys, pets, goods; estate management, speeding detectors
- Pressure sensors in nursing homes and hospitals
- Surveillance cameras in hospital wards

Use of technology in Surveillance

- Wearables – movement, heart rate (variability), temperature, oxygenation, blood pressure
- Smart home – movement, sound, smell, chemical sensors, objects with sensors, vital signs monitor, camera
- Artificial intelligence via cloud

Ethical problems

- Who should be monitored ?
- Is informed consent required ?
- Who should have access to the information ?
- How can the information be safeguarded ?
- Does the informed person have the obligation to act ?

Who wants surveillance?

- Elder
- Family caregivers
- Formal caregivers – nursing home, hospital

Who may be monitored?

- Elder
- Elder with fall risk or unstable medical condition
- Elder with cognitive impairment
- Nursing home residents
- Hospital patients

Is informed consent required ?

- Yes
 - The intended subject of surveillance is mentally capable because one is supposed to be the best judge for his/her own interest
- No
 - For people with dementia
 - Hospital, nursing home (implicit consent)
 - Best interest > autonomy

Is informed consent required ?



- Yes or No
 - Community dwelling elder with cognitive impairment
 - Best interest > autonomy ?
- How can informed consent be ensured in the community anyway?

Who should have access to the information ?



- Elder
- Caregiver(s) or professional(s) who are relevant to the care of the elder
- Researchers
- Developers of monitoring devices or AI

Who should have access to the information ?



- How can privacy of the data be protected ?
 - Firewall
 - Removal of identifiers
 - Research ethics committee

Does the informed person have the obligation to act ?

- Not applicable if initiated by elder or family caregivers in the community
- Hospital and nursing home staff or call service staff
 - Protocol
 - May be liable to negligence if they fail to act (alarm fatigue)
 - May lead to over-reaction

Future of surveillance of older people



- Increasing trend
- More old-old
- More dementia
- More older people living alone
- More internet users
- Commercial interest in “grey” market
- Robots

Conclusion

- With IT development, surveillance of older people is likely to increase exponentially
- Older people should be aware of the opportunities and threats of surveillance
- Surveillance should be used after careful consideration on its effect on the remaining autonomy of the older person

Autonomy is what makes a human being a person

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