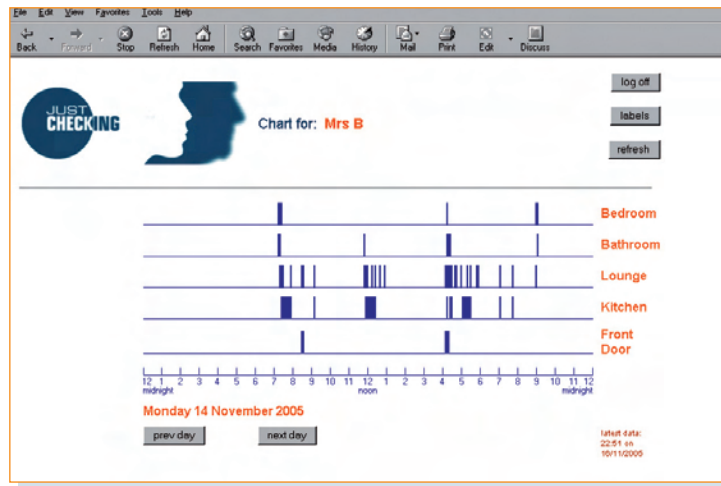




## The ethics of using assistive technology for people with dementia



The Just Checking system provides a picture of the daily activity of a person living in their own home. Small, wireless sensors in key rooms of the house and on the exit doors, are triggered as the person moves around. Data from these sensors are sent via mobile telephone to a web-server. A care professional or family carer can log on to the Just Checking website, using a password to protect confidentiality, and view the chart of activity. They can see when a person:

- got up and went to bed, and whether he/she had a disturbed night;
- visited the kitchen to prepare meals;
- left the house (and for how long).

Family carers use the system for reassurance and to plan their visits and input to best effect. Care professionals use the system for assessment and to plan care.

### What about the ethics of monitoring vulnerable people?

There is often particular concern about the surveillance or monitoring of people. The European Project, ASTRID<sup>1</sup> produced a useful guide for care professionals, and this has been reflected in more recent technology projects such as the Safe at Home initiative by Northamptonshire Social Services<sup>2</sup>.

Monitoring people with memory problems should be aimed at their safety, prevention of unwelcome situations and reassuring carers. It is useful to bear in mind the ethical principles of non-maleficence, beneficence, autonomy and justice<sup>3</sup>. There is a useful Dept. of Health factsheet *Telecare and Ethics*<sup>4</sup> which further explores these issues.

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# Ethics

<sup>1</sup> ASTRID Project (2000) A Social and Technological Response to Individuals with Dementia and Their Carers. Hawker Publications, London.

<sup>2</sup> Woolham, J., Frisby, B., Quinn, S., Smart, W. and Moore, A. (2002) The Safe at Home Project (Northamptonshire County Council). Hawker Publications, London.

<sup>3</sup> Beauchamp, T.L., Childress, J.F. (2001) Principles of Biomedical Ethics, 5th ed. New York: Oxford University Press.

<sup>4</sup> Department of Health, Care Services Improvement Partnership Telecare and Ethics, at [www.integratedcarenetwork.gov.uk/telecare](http://www.integratedcarenetwork.gov.uk/telecare)

<sup>5</sup> The Mental Capacity Act, Easy Read Summary at [www.dca.gov.uk/menincap/mca-summary.pdf](http://www.dca.gov.uk/menincap/mca-summary.pdf)

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## Ethical principles

**Non-maleficence** *doing no harm, maintaining dignity, while respecting decisions.*

In the case of the Just Checking system, the system is passive and requires no physical interference, nor the wearing of any device.

**Beneficence** *doing what is good for others, whilst balancing risk tolerance / aversion with the person's safety / independence.*

The provision of care services that meet the needs of a person, including monitoring to confirm needs, and to review would usually be beneficent.

**Autonomy** *the right to self-determination and freedom from unnecessary constraints or interference, or loss of privacy.*

Most older people would prefer to stay in their own home for as long as possible, but sometimes concern by relatives or neighbours about a person's safety or behaviour, means that a person's autonomy and independence is undermined prematurely. Installation of the Just Checking system may afford greater privacy than carers calling in to check several times a day.

**Justice** *respecting people's rights and treating them fairly.*

The Just Checking system helps to establish what the person is doing for themselves and when they need care. It enables family carers and care professionals to plan and deliver care when it is most needed rather than undermining independence.

## Consent for fitting Just Checking

Permission to install the Just Checking system in a person's home should always be sought. However, the person may not understand sufficiently what the system will do. A simplified explanation may help.

When considering a person's capacity to make a decision this must be individually assessed and related to the decision.

The Mental Capacity Act<sup>5</sup> works on the principle that the person has capacity unless proved otherwise.

The person has capacity for this decision if it is clear that they can, without duress:

- understand and believe the information;
- remember it for long enough to weigh and balance it;
- make and express a judgement.

If the person has made an informed choice this must be respected, even if unconventional.

If the person lacks capacity then the decision is made by their care team under the principle of best interests. Relatives would inform this process, although they cannot solely make the decision for the individual. There may be spiritual, cultural factors and relevant advance directives which also need to be considered, and the person is consistently informed and supported by team members about this.

As with all intervention, there is a judgement to be made. In some circumstances, use of this type of technology might not be appropriate, but it is essential to consider the ethics of the alternatives, and to make a considered judgement.