Module 4 TRN CULTURAL COMPETENCE, Learning unit 4.3 Rights and inequalities

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THEORETICAL COMPONENT

Principles and Values

The culturally competent and compassionate care model is person-centred and is fundamentally informed by the principle of patients' rights. This means that the care and treatment of service users must respect their needs and preferences, be accessible and inclusive, and be of equal quality for all service users. It also means that when it comes to the use of socially assistive robots in healthcare, important legal and ethical issues must be taken into account, together with maintaining quality care and trust for all. The advantages of artificial intelligence and socially assistive robots in health and social care can fully actualise only within the boundaries of patients' rights - including consent, awareness, data protection, and policy issues.

Therefore, the most important values and principles of this unit are:

- patients' rights
- equality, diversity, and inclusion
- quality care for all
- person-centred care
- ethics
- informed consent
- respect
- trust

Aims

This learning unit aims to enhance participants' knowledge and skills about the rights of patients/clients in relation to implementing socially assistive robots in health and social care settings. Another aim is to offer tools to better understand, prevent and eliminate potential inequalities in the opportunities, or not, that some patients/clients have to use and/or be provided with care by robots.

Learning outcomes

At the end of this training, the participants will have acquired greater understanding and knowledge of, as well as be better equipped to apply and evaluate situations around:

- Rights of the patient/client when receiving care from socially assistive robots;
- The potential impact of artificial intelligence and robotics on widening health inequalities;
- Prevention and elimination of health inequalities with implementing socially assistive robots in health and social care.

Relevant definitions and terms

Global burden of disease. A measurement of the gap between current health status and an ideal situation where everyone lives into old age, free of disease and disability. The global burden of disease is a comprehensive demographic and epidemiological framework to estimate health gaps for an extensive set of disease and injury causes, and for major risk factors (WHO, 2011). The introduction of socially assistive robots and other technologies in the health and social care sector should aim to reduce, and not

exacerbate, economic and social inequalities whereby, today, the burden of disease is massively carried by low and middle-income countries as well as by the more disadvantaged sections of society.

Health inequalities. Health inequalities are unfair and avoidable differences in health across the population, and between different groups within society, based on place of birth, work, and age. These conditions influence our opportunities for good health. Health inequalities have been documented between population groups across at least four overlapping dimensions: (i) Socio-economic status and deprivation: e.g., unemployed, low income, people living in deprived areas; (ii) Protected characteristics: e.g., age, sex, race, sexual orientation, disability; (iii) Vulnerable groups of society, or 'inclusion health' groups: e.g., migrants; Gypsy Roma and Traveller communities; rough sleepers and homeless people; sex workers; (iv) Geography: e.g., urban, rural. Action on health inequalities requires improving the lives of those with the worst health outcomes (NHS, 2021). Recently, the advances in AI have uncovered issues of inequalities due to the fact that not everyone has access to, or the resources to access, advanced technologies in the health sector and beyond.

Person-centred care. Care that is focused and organized around the health needs and expectations of people and communities rather than on diseases. People-centred care extends the concept of patient-centred care to individuals, families, communities and society, and their crucial role in shaping health policy and health services (WHO, 2011)

Patient rights. A set of rights, responsibilities, and duties under which individuals seek and receive health care services. Main patients' rights are: 1) Right to be respected. Every person is a unique individual who is responsible for their own health (except if they have diminished capacity and are unable to act on their own behalf). Each person´s care should be tailored to their particular needs. 2) Right to be informed, and to participate, or not to participate. Patients have the right to privacy and to make decisions based on adequate information regarding their health status, care and treatment. 3) Right to equal access to health care. Every citizen has the right to equal access to comprehensive health care (Briggs M. et al., 1994).

What the research says

- **Lawrence M., (2018)** *The forward march of robots halted? Automation, employment and inequality.* **Institute for Public Policy Research.** This blog post talks about technological change and the increase in automation. The author puts forward that this change will lead to more inequality, as some areas and jobs will be more affected than others. Finally, the blog post gives recommendations on how these potential problems can be anticipated and managed. Available here.

- **Can the right technology end health inequalities? (2020).** This online magazine article describes existing health inequalities, gives examples of how COVID-19 has spotlighted health inequalities and asks how health technologies can end health inequalities. Available here.

- **Hamblin, K., (2020). Care System Sustainability: what role for technology? An evidence review. Sustainable Care – connecting people & systems, Circle.** This review explores the role of technology in social care. Also, it highlights some concerns, such as inequalities in access to technology, described as the 'digital divide.' The author argues that several challenges faced by care systems are not experienced equally across local authorities, undermining the notion that technology can provide a 'one size fits all' solution to the issues faced in social care. Skills are also essential, and there are inequalities in people's digital skills. The infrastructure is also lacking in some areas. Available here.

- **Marschang, S., (2014) Health inequalities and eHealth, eHealth Forum, Athens, Greek Presidency session on 'eHealth for resource-limited settings' – 12 May 2014, Policy Coordinator for Health Systems, European Public Health Alliance (EPHA).** This paper is a presentation covering (1) European Public Health Alliance & eHealth Stakeholder Group (EHSG); (2) EHSG report on 'Health inequalities and eHealth'; (3) Barriers experienced by users & vulnerable groups; (4) Barriers experienced by health professionals/providers; (5) Industry solutions tackling identified barriers; (6)

Transferable good practices (EU, national, regional eHealth policy); (7) EHSG Recommendations. Available here.

- **Blake, V. K., (2020) Regulating Care Robots. *Temple Law Review* 92(3).** The article reports that care robots already assist the elderly in some nursing homes around the globe, and their employment in hospitals and private homes is steadily increasing. Robots are a great promise: they can provide increased independence, assistance with daily living, comfort, and distraction during procedures, education, and companionship during vulnerable and lonely times in patients' lives. Despite these promising features, there are also several concerns: care robots, designed to win patient trust and affection, have unprecedented access to personal lives and recording and sensory capabilities beyond any human. For this, robots pose a significant risk to privacy, confidentiality, and autonomy, which are pillars of respecting patients' rights. Regulation of care robots will be necessary to safeguard these patients' rights. This article proposes a regulatory framework for care robots addressing four key stakeholders involved in care robot governance: the providers and institutions that deploy care robots, the manufacturers of such robots, and government agencies. Available here.

- **Tavani T. H. (2018) Can Social Robots Qualify for Moral Consideration? Reframing the Question about Robot Rights, Information 2018, 9(4), 73.** A controversial question that has been hotly debated in the emerging field of robot ethics is whether robots should be granted rights. Yet, a review of the recent literature in that field suggests that this seemingly straightforward question is far from unambiguous. For example, those who favour granting rights to robots have not always been clear as to which kinds of robots should (or should not) be eligible. Nor have they been consistent concerning which kinds of rights—civil, legal, moral, etc.—should be granted to qualifying robots. Also, there has been considerable disagreement about which criteria a robot should satisfy to be eligible for rights, and there is ongoing disagreement as to whether a robot must satisfy the conditions for (moral) agency to qualify either for rights or (at least some level of) moral consideration. This paper aims to show how the current debate about whether to grant rights to robots would benefit from an analysis and clarification of some key concepts and assumptions underlying that question. Available here.

What do national legislation and international/European treaties and conventions say on the topic?

- **Lawrence, M., Roberts C., and King L. (2017). Managing Automation. Employment, inequality and ethics in the digital age. Discussion paper. Institute for Public Policy Research Commission on Economic Justice.** Key reflections of this report that are relevant to this learning unit: a) automation is likely to change jobs rather than eliminate them; b) the tasks that human workers do are likely to change, as well as the percentage of their job that is automated; c) there are likely to be inequalities introduced because there is no large-scale policy intervention relating to the roll-out of automated technologies. The report also gives a number of recommendations, for example, about managing the implementation of automated technology, and also in relation to the regulation. Available here.

- **Puaschunder, J. (2019). The Legal and International Situation of AI, Robotics and Big Data With Attention to Healthcare, SSRN Electronic Journal.** The most recent decade featured a data revolution. Therefore, the call for developing a legal, policy, and ethical framework for using big data, artificial intelligence, and algorithms has reached unprecedented momentum. Such a framework is urgent and necessary in order to ensure the respect of patients' rights and avoid deepening health inequalities. The report aims at helping a broad spectrum of stakeholders understand the impact of these technologies to provide them with information on key drivers, restraints, challenges, and opportunities for the pursuit of improvement of this new market innovation within the respect of the patients' rights. Available here.

- **Scottish Care (2018) Tech Rights. Human Rights, Technology and Social Care.** This report summarises the use of technology in social care and describes the challenges and implications concerning human rights and other legal and ethical implications. The report relates to social care in Scotland. Several recommendations are given at the end of the report, one of which is developing a technology strategy for social care staff so that they can become technologically confident and increase their knowledge and understanding. Available here.

- **UK Parliament POST (2016) POSTNOTE: Automation and the workforce.** This note describes specific ways in which Robotics and autonomous systems may impact employment and the workforce. They can either take over tasks that have been done by human workers or help human workers to do tasks that cannot be automated. These new technologies will likely create more jobs or change the types of jobs people do, and by implication, change the needed skills. This may drive job losses, and the impact may create inequalities, depending on the demand for certain jobs and certain types of skills. The report also mentions how education and training evolve due to the rate of technological change (which implies the need for up-skilling or re-skilling). Finally, it mentions several suggestions that have been given to address these needs: MOOCs, on-the-job training, and links between businesses and educational institutions to deliver targeted training based on business needs. Available here.

PRACTICAL COMPONENT

Learning Activities

Activity 1: Socially assistive robots against health inequalities – reflexive activity

- You are asked to apply your learning towards assessing potential ways in which culturally competent socially assistive robots could reduce health inequalities in their own workplace.
- Please, read the article 'How to improve cultural competence in health care' to prepare for the following activity (available here). Then, think about 1/2 practical examples and share them with other participants by posting your reflections in the discussion area of the social platform for collaborative learning.
- Resources: Online article, word or other writing software/paper and pencil.
- Duration of activity: 15 minutes.

Activity 2: Patient/user rights in care with socially assistive robots

- You are asked to reflect upon and list the key patients/users' rights that must be respected when receiving care from a SAR.
- Please, read the 'Aims, Relevant Definitions and Terms' and 'What the research says sections' (see above) to prepare for the following activity. Then, share your ideas with fellow course participants by posting your reflections in the discussion area of the social platform for collaborative learning.
- Resources: Word or other writing software/paper and pencil
- Duration of activity: 10 minutes.

Activity 3: Robots' rights

- You are asked to reflect upon the debate on whether robots should have rights.
- Please, read the entry on robots' rights in the 'What the research says' section (see above) and run your own quick online research to prepare for the following activity. Then, try to answer the following question: Which kind of robot (tele-operated, artificially intelligent, socially assistive, humanoid, autonomous) do you think should have rights, and why?
- Resources/material needed: Word or other writing software/paper and pencil
- Duration of activity: 10 minutes.

ASSESSMENT COMPONENT

Assessment Activities

Activity 1: Open questions

- You are asked to complete four open sentences around patients' rights when receiving care from socially assistive robots, potential inequalities, and the benefits of introducing SARs in the health and social care sector.
- Resources needed: Word or other software for writing, or paper and pencil.
- Duration of activity: 5 minutes.

Four open sentences

1. The rights of the patients when receiving care from a socially assistive robot can be encapsulated with the following three words: ....

2. One way to reduce the potential impact of artificial intelligence and robotics on widening health inequalities is to ....

3. With the care of socially assistive robots, patients could ....

4. .... are some of the actors which must be involved in defining the ethics and policies in the use of socially assistive robots caring for patients.

EVALUATION COMPONENT

Participants to evaluation

The online evaluation questionnaire of each Learning unit is completed by the MOOC participants (students and student/facilitators) on Survey Monkey

What to evaluate

The Learning Unit's evaluation criteria are: coverage of the identified learning needs, innovation, quality of the content and training materials, intuitive and friendly presentation, relevance of learning activities, and efficiency for achieving established learning outputs.

Please, complete this online evaluation of the learning unit by clicking on this link:

https://www.surveymonkey.com/r/LT6PNWC