

Big Issues in Gerontechnology

A. TINKER. *Ethics in Gerontechnology, past, present and future. Gerontechnology 2018;17(Suppl):66s; <https://doi.org/10.4017/gt.2018.17.s.066.00>* **Purpose** Gerontechnology has an admirable history of taking account of ethical issues both in research and in publications. This has included research on assistive technology. There is also good general guidance and codes of conduct. However, there are many factors which mean that guidance needs to be updated and a fresh look taken at both this and the mechanisms for enforcing them. **Method** This presentation will first consider: new factors and topics which need addressing. This will include new roles for technology for health (including diagnosis, treatment and rehabilitation), for contact (including the role of social media) and for help with certain problems (such as personal, domestic and mobility). There are also major issues to do with the surveillance of people in their own homes which need addressing. These include the use of sensors to check to see if a person has fallen, to check on door entries, to check on carers and to monitor movements and patterns of behaviour. Another area is the use of technology where many different devices are brought together in 'Smart homes', where there is integrated provision of technology. This is also an area which could benefit from overall advice. Another area of concern is the use of robots which are increasingly being used for many different purposes. It would, for example, be interesting to know the processes of ethical scrutiny for both their use and research in Japan which is the country with the most prevalent use. It will also be argued that while attention is rightly paid to the ethical issues affecting the individual, and families/carers, those of the public are often ignored. For example, mobility scooters pose risks to those on the pavement and these are rarely considered. Should there, for example, be compulsory training for users? The second area to be explored in this presentation is the role of Research Ethics Committees and whether they are fit for purpose to deal with gerontechnology. For example, are members knowledgeable about technology? Does the Committee have adequate processes in place to consent from all the relevant parties to the research, keeping of records and the larger issues of replacing humans with robots. Another area of concern is where applicants for research are not challenged when they have an unjustified upper age limit for older people. There is already evidence about age bias in research in medicine but less about the use of technology. **Results & Discussion** Guidelines may cover the specific requirements of the funder, where the research takes place (such as the European Union RESPECT code of 2014), groups such as children and, end of life. In this context it is useful to examine the guidance that is given across the world from the regularly updated Helsinki agreement adopted by the World Health Organisation in 1964, to ones that cover areas such as the European Union and some that are country specific such as the British Psychological Society. The question will be posed over whether these adequately cover gerontechnology.

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Address: Institute of Gerontology, Department of Global Health and Social Medicine, King's College London, The Strand, London WC2R 2LS;

E: anthea.tinker@kcl.ac.uk