Reflective activity 1

Reading through the paper written by Stahl et al 2014, I was overwhelmed by the sheer intensity of the ideas proposed relating to ethics. Usually, ethics could be simply thought of as “doing the right thing”, however the answer is clearly not as straightforward. The authors statement that that “many of the authors involved in researching the ethics of computing remain wedded to their disciplinary traditions and fail to provide actionable advice to relevant stakeholders”, appears to be correct, with the evidence strongly confirming this statement. To me, in simple terms, while ethics and code of conducts are followed, these guidelines do not incorporate action, and subsequently, there is no accountability from the researchers and action to alter course. To me, this means that the theory is followed, and a checkbox exercise conducted to align research with ethics. This may be done post research analysis, meaning that the core of ethical conduct is simply pushed to a later stage, and the research manipulated after to assure alignment. Even more simply put, researchers conduct research and later “fix” their research to incorporate ethical conduct.

As a healthcare worker employed in the public sector, ethics is particularly important, given that we are dealing directly with human beings. As a computing professional, there is no direct dealing with humans, rather their personal data, which should be protected and treated as if it were human.

Of interest, is the dealing with private personal information. Discussions of a persons medical history for example, with a colleague, without informed consent of the patient is a clear ethical violation, however, it is often done in the aim to treat and cure the patient. This speaks to consent, privacy and professionalism in the workplace. While my intentions were pure and good, my colleague could relay this private information without the knowledge of the person involved, thus making me, by proxy, guilty of a breach of privacy. To prevent this sort of information transfer, patients should be readily informed when a case requires outside consultation. Additionally, the consulting healthcare worker, would be required to maintain and abide by the patients consent, and not disclose the information to a third party without consult.

Another such example, is the recording of patient information in a written or digital format. While the healthcare worker is required to document all important information, there is no protection of privacy in place once the records leave the healthcare workers possession. Written records are particularly susceptible to this, with nurses, clerks and maintenance workers able to access this data without much oversight. Digital records pose a similar problem, relating to the transfer of records from one department to another. An example of this is a patient with HIV/AIDS, who does not wish to disclose this information, would be recorded as such in an electronic healthcare record. A subsequent healthcare worker such as an optometrist, would likely be able to access this information as recorded in an EHR, but this information would have no impact on

the treatment plan proposed by the optometrist. Measures such as restricted control over this data by the patient would allow for only relevant information being relayed to the healthcare worker. A problem with this would be that the patient might not be able to discern between relevant and irrelevant information. The concept “agency” was discussed by Stahl et al 2014, which indicates that there are ethical issues relating to computers relaying relevant data. The discussion as to whether artificial beings may be considered agents is particularly interesting. While no agreement can be made with regards to considering artificial intelligence as agents, more research is being conducted into this area, which is promising and could improve confidentiality.

Ethics is a largely simple construct with the basis being to do no harm. While the common understanding is that there is no correct and incorrect methodology, we would significantly advance research if there were a simple correct and incorrect understanding. Existing Codes of conduct may require addendums to more accurately guide practitioners of all disciplines to alleviate the burden of ambiguity.