

# Equity & Access Analysis

Wearable/BCI studies can technically benefit skilled or well-resourced participants, while others may be excluded from participation (e.g., because of expense, availability, digital literacy). To prevent injustice, participant enlistment needs to actively enroll varied participants, offer loaner devices where possible, and give clear-language explanations so that non-technical people can partake fully.

## Justification

This addendum incorporates principles from Ch. 12: autonomy (through informed consent), beneficence and non-maleficence (by maximizing benefits and minimizing risks), and justice (facilitating fair access and treatment). It also adopts Ch. 13's warning that new technologies may bring societal trade-offs, i.e., innovation vs. equitable access and public trust maintenance.

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## Evidence Links

- Beauchamp & Childress, *Principles of Biomedical Ethics*, Ch. 12–13 (course text reference).
- General IRB/ethics guidelines for human subject research (no external device-specific sources cited).

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## Reflection

I would return to the question of how stringent risk boundaries need to be for sensitive non-invasive information (e.g., EEG), since these risks are often subtle but real. I would also consider more carefully scope of consent for future uses of anonymized data, and whether withdrawal rights need to extend past publication. And distributive justice concerns may require more robust structural solutions, such as subsidized access or inclusive recruitment practices.

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## **AI Use Note**

Used sage to help guide me.