

# Global synthesis of 1<sup>st</sup> wave discussions

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## Global-Health analysis

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In 2023, discussions on what it means to be human in the time of neuroscience (NS) and AI have been facilitated by NHNAI partners in 9 different countries. In each country, 3 lines of discussions have been opened to explore this question in the **3 thematic fields of education, health, and democracy**. Each partner then produced 3 **local syntheses** reporting on the content of discussions in these 3 fields in the corresponding countries.<sup>1</sup> On this ground, the coordination team proposed 3 **global thematic syntheses** (one per field explored, education, health and democracy). Finally, ideas of these 3 global thematic syntheses have been grouped to generate one **global-transversal synthesis**, gathering ideas that were more general and have been expressed in different thematic field.

This document presents **ideas of the global-health synthesis**, together with nexuses in which some ideas emerging from discussions enter in conflict and tension, manifesting possible complexities and delicate points of questions related to the topic of health.



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<sup>1</sup> For an exact total of 8\*3 + 2 local syntheses. In Canada (Québec), Cégep Sainte-Foy organized discussions focused on Democracy and Education, but not on Health.

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# Part 1: Global-health ideas

Being human in the time of NS and AI means ...

## **Preserving human agency and autonomy (in healthcare)**

Patients, physicians, and other health professionals and healthcare providers should keep their agency and autonomy. With the support of technologies such as AI empowered precision medicine and through an excessive focus on what can be measured and quantified, medicine and healthcare may become overly prescriptive and coercive (imposing a certain vision of what health means). In the same vein, overdependence on such technologies may prove harmful on the long run (deskilling, loss of resilience in case of technologies unavailability). The risk also exists that technology facilitates illegitimate intrusion of outsiders (governments, administrators, insurers ...).

**Involvement in nexuses of complexity** (see below [Part 2: Global-health nexuses of complexities](#)):

- [Improving healthcare and medicine without losing sight of persons](#)
- [Improving healthcare and medicine without undermining professionals' agency and autonomy](#)

*Corresponding ideas from local thematic syntheses:*

4 countries (BE, FR, TW, USA) 5 ideas

- (France – Health) The debate about increasing human capacity through technology raises profound concerns
- (France – Health) Undesirable: Technological domination and algorithm normativity
- (Belgium – Health) The patient's freedom and autonomy are threatened by ever more control
- (Taiwan – Health) Undesirable: AI replacing humans in healthcare
- (USA – Health) AI puts at risk human agency, clarity and distribution of moral responsibility, and autonomy

## **Never believing we can delegate (moral) responsibility to machines**

Only humans can be (morally) responsible for medical decision-making and caregiving. Except in certain specific legal senses (corporate responsibility, legal personhood allowing for instance for monetary compensation), moral responsibility (and criminal one) can never be attributed to machines. Dilution and obfuscation of chains of responsibility is highly problematic.

**Involvement in nexuses of complexity** (see below [Part 2: Global-health nexuses of complexities](#)):

- [Improving healthcare and medicine without undermining professionals' agency and autonomy](#)

*Corresponding ideas from local thematic syntheses:*

6 countries (BE, KE, IT, PT, TW, USA) 7 ideas

- (Belgium – Health) Artificial intelligence increases the efficiency and skills of doctors: responsibility can therefore be attributed to them
- (Belgium – Health) Doctors must not abandon their responsibility so that trust is preserved
- (Italia – Health) AI and Ethical Decision-Making

- (Kenya – Health) Moral judgement
- (Portugal – Health) Desirable: Humans should always be responsible for health decision-making and communication processes
- (Taiwan – Health) Humans are ultimately responsible for healthcare decisions
- (USA – Health) AI puts at risk human agency, clarity and distribution of moral responsibility, and autonomy

## Acknowledging some of our limitations and vulnerabilities as inherent to our human nature

Meaning and value of life cannot reduce to efficiency and performance only. Systematically rejecting limits, attempting at overcoming and transgressing all limits by principles can deeply undermine our humanity. Some limits and vulnerabilities (such as being “affectible”, and thus susceptible to experience suffering, or being mortal) also are core to what it means to be human. In the same vein, fatigue and weariness are sometimes the sign that something is wrong in one’s life, rather than mere limits to overcome (e.g. by using some enhancement technologies). This type of limits deserves acknowledgement and great delicacy when dealt with in the healthcare context.

**Involvement in nexuses of complexity** (see below [Part 2: Global-health nexuses of complexities](#)):

- [Distinguishing between care, legitimate improvement and dehumanizing practices](#)

*Corresponding ideas from local thematic syntheses:*

2 countries (FR, PT) 2 ideas

- (France – Health) Some participants explore the notion of human vulnerability and the implications of technological enhancement
- (Portugal – Health) Humans have physical and mental limitations

## Constantly seeking for self-improvement and progress

Humans tend to seek for self-improvement and progress, for maximizing their efficiency. Those are strong objective for most of us (which can lead to use cognitive enhancers or other enhancement technologies).

**Involvement in nexuses of complexity** (see below [Part 2: Global-health nexuses of complexities](#)):

- [Distinguishing between care, legitimate improvement and dehumanizing practices](#)
- [Enhancement technologies: finding the right balance between innovation and safety](#)

*Corresponding ideas from local thematic syntheses:*

1 country (PT) 1 idea

- (Portugal – Health) Humans are highly motivated to improve and achieve more

## Recognizing patients in their singularity and diversity (within a comprehensive approach)

Patients must be acknowledged as singular being, and treated accordingly, in a comprehensive way resisting any reduction (notably to measurable and quantifiable aspects or to what can be accounted for and addressed through technological means), doing justice to their diversity. The information about healthcare technologies that are provided to them should respect the needs, context and specificities of each person. Patients are not reducible to their medical condition. AI technologies should not lead to an excessive and exclusive focus on biological dimensions or dimensions covered by natural sciences (thereby excluding in principle traditional and alternative medicines).

**Involvement in nexuses of complexity** (see below [Part 2: Global-health nexuses of complexities](#)):

- [Improving healthcare and medicine without losing sight of persons](#)

*Corresponding ideas from local thematic syntheses:*

3 countries (BE, CH, FR) 5 ideas

- (Belgium – Health) The patient's freedom and autonomy are threatened by ever more control
- (Belgium – Health) Technology leads to discrimination between medical practices
- (Chile – Health) Adaptation to Patient Diversity
- (France – Health) Participants explore the complex relationship between artificial intelligence, neuroscience and human nature
- (France – Health) Undesirable: Technological domination and algorithm normativity

## Maintaining empathy and human relationship at the core of healthcare

Human contact and relationship are indispensable, especially for those that are ill (role of empathy, emotional support and counseling). The quality of doctor-patient relationship (with trust it allows establishing) is central. More than a side dimension, it is a key factor in healthcare and caregiving. AI and automation can undermine this humane dimension of healthcare. Trust can be damaged by uses of health data perceived as illegitimate (such as by outsiders like company insurances or governments). The surrounding context can reinforce this risk of degrading the quality of human contact in healthcare, for instance in time of crisis (pandemics but also in ICU) or because of the exhaustion of healthcare systems. This importance of human relationship should also be preserved in medical training (especially when more and more digital tools are involved, e.g. virtual reality).

**Involvement in nexuses of complexity** (see below [Part 2: Global-health nexuses of complexities](#)):

- [Improving healthcare and medicine without losing sight of persons](#)
- [Ensuring fairness and equity with AI and health technologies](#)

*Corresponding ideas from local thematic syntheses:*

7 countries (BE, CH, FR, KE, PT, TW, USA) 17 ideas

- (Belgium – Health) Technology should not decide the fate of a patient by replacing human relationships
- (Belgium – Health) Doctors must not abandon their responsibility so that trust is preserved
- (Belgium – Health) Human relationships risk being sacrificed for the benefit of AI techniques
- (Chile – Health) Empathy and Patient Respect
- (Chile – Health) Challenges of Humanization in Health Crises

- (Chile – Health) Workload and Health Crises
- (Chile – Health) Humanization in Intensive care
- (Chile – Health) Dehumanization of Medical Practice
- (Chile – Health) Technological Innovations in Medical Training
- (France – Health) Democratic issues are also shifting to health
- (Kenya – Health) AI in the Health in the African context
- (Kenya – Health) Human disconnection in the health care
- (Portugal – Health) Human contact and physical touch are basic human needs
- (Portugal – Health) Relationships with similar beings are crucial to humans
- (Portugal – Health) Desirable: Health should be promoted by stimulating social contact
- (Taiwan – Health) Undesirable: AI replacing humans in healthcare
- (USA – Health) AI risk to the doctor-patient relationship

## Using health technologies to better the conditions of life of the most vulnerable persons

AI and health technologies should be used to facilitate access to healthcare (notably through telemedicine and) to the most vulnerable (poor persons, refugees). They may also empower persons with disabilities to help them becoming more independent. To work in that direction, trust and acceptance should be fostered among vulnerable communities (notably through their involvement in the development process).

**Involvement in nexuses of complexity** (see below [Part 2: Global-health nexuses of complexities](#)):

- [Ensuring fairness and equity with AI and health technologies](#)

*Corresponding ideas from local thematic syntheses:*

1 country (KE) 4 ideas

- (Kenya – Health) Improving access to quality healthcare service for refugees
- (Kenya – Health) Telemedicine
- (Kenya – Health) Empowerment of PWDs to become independent
- (Kenya – Health) Building trust for acceptance of AI and better health outcomes

## Ensuring fairness and equality in opportunities for living a good life

AI and health technologies may deeply transform healthcare practices and offer possibilities for human (cognitive) enhancement. This can create or reinforce inequalities. It is necessary to ensure that benefits and difficulties raised by these transformations are fairly distributed (fairness in access to non-dehumanized healthcare and to positively contributing innovations, or in protection against dangers and unwanted effects). Inequalities can be in terms of access (skills and literacy, financial means, material infrastructures) as well as in terms of power or benefit-sharing asymmetries.

**Involvement in nexuses of complexity** (see below [Part 2: Global-health nexuses of complexities](#)):

- [Ensuring fairness and equity with AI and health technologies](#)

*Corresponding ideas from local thematic syntheses:*

6 countries (BE, CH, FR, IT, KE, PT) 12 ideas

- (Belgium – Health) Technology is a source of economic exclusion
- (Belgium – Health) Technology causes discrimination due to its non-neutrality and the high skills it requires
- (Chile – Health) Democratization of Healthcare
- (Chile – Health) Technological Innovations in Medical Training
- (France – Health) Social inequalities arising from access to technological improvements on human beings through AIs and neurotechnologies
- (Italia – Health) Fair and non-biased AI
- (Kenya – Health) Improving infrastructure for better accessibility of healthcare service
- (Kenya – Health) Human history
- (Kenya – Health) AI - Vulnerable people
- (Portugal – Health) Undesirable: The demands regarding human performance and productivity may increase to unrealistic levels
- (Portugal – Health) Undesirable: There may be inequality regarding access to scientific and/or technological health innovations
- (Portugal – Health) Desirable: Universal access to scientific and/or technological health innovations should be fostered

## Fostering literacy and critical thinking

Concerned actors (patients, health professionals, caregivers, users of health technologies) should be aware of the nature, limits and risks of technologies they are using, or they are confronted with. More broadly, fostering awareness about health issues and ethical literacy is key. In addition, it is important to adapt information provided to contexts and specific needs of each person.

**Involvement in nexuses of complexity** (see below [Part 2: Global-health nexuses of complexities](#)):

- [Improving healthcare and medicine without undermining professionals' agency and autonomy](#)

*Corresponding ideas from local thematic syntheses:*

4 countries (CH, IT, KE, PT) 4 ideas

- (Chile – Health) Importance of Health Education
- (Italia – Health) Ethical Literacy
- (Kenya – Health) Individual differences
- (Portugal – Health) Desirable: Increasing literacy is necessary to foster the best use of scientific and/or technological health innovations

## Ensuring privacy protection (protection of sensitive health information and mind privacy)

Health data collected by AI or digital tools should only serve medical and healthcare purposes. Digital solutions should not imply intrusion of outside organizations (like insurance companies). With the convergence of NS and AI, mind privacy should be protected.

**Involvement in nexuses of complexity** (see below [Part 2: Global-health nexuses of complexities](#)):

- [Developing AI and Health technologies without undermining persons' privacy and integrity](#)

*Corresponding ideas from local thematic syntheses:*



4 countries (CH, IT, KE, USA) 5 ideas

- (Chile – Health) Patient Privacy
- (Italia – Health) Ethical Boundaries in Neuroscience-AI Integration
- (Kenya – Health) confidentiality/privacy when using AI
- (USA – Health) AI risk to the doctor-patient relationship
- (USA – Health) AI puts at risk privacy and opens patients to harm from powerful organizations

## Acknowledging the positive contribution of health technologies to healthcare

Health technologies (including AI) can support health professionals in medical decision making (they may even perform better in some tasks). Similarly, automating certain tasks may give more time for the human dimensions of caregiving and healthcare. AI and digital technologies can facilitate access to healthcare and health related information (especially in more isolated or poorer areas). They may also improve medical training, as well as preventive care and health prevention. It would be harmful to reject such positive contributions to healthcare. More broadly, AI and NS progresses may contribute to improve the understanding we have of ourselves and of the other, to refine the understanding we have of ourselves as human being.

**Involvement in nexuses of complexity** (see below [Part 2: Global-health nexuses of complexities](#)):

- [Improving healthcare and medicine without losing sight of persons](#)
- [Improving healthcare and medicine without undermining professionals' agency and autonomy](#)
- [Ensuring fairness and equity with AI and health technologies](#)
- [Developing AI and Health technologies without undermining persons' privacy and integrity](#)

*Corresponding ideas from local thematic syntheses:*

5 countries (BE, CH, KE, PT, TW) 16 ideas

- (Belgium – Health) New technologies are favorable to human relations by saving time and increasing efficiency
- (Belgium – Health) Artificial intelligence increases the efficiency and skills of doctors: responsibility can therefore be attributed to them
- (Belgium – Health) There is no reason to suspect technologies of coming into conflict with the "freedom" of patients
- (Belgium – Health) If a technology is medically beneficial, it should be used
- (Chile – Health) Prevention and Technologies
- (Chile – Health) Technological Innovations in Medical Training
- (Kenya – Health) Automation of some tasks
- (Kenya – Health) AI Application in the Healthcare Sector
- (Kenya – Health) Application of AI in disease treatment
- (Kenya – Health) Application of AI in medical (early) diagnosis
- (Portugal – Health) Desirable: In health contexts, specific tasks may be delegated to machines
- (Portugal – Health) Desirable: Technology is an important resource for patients and informal caregivers
- (Portugal – Health) Desirable: Technology is an important resource for health professionals
- (Taiwan – Health) AI can improve the efficiency of healthcare workers
- (Taiwan – Health) Desirable: Human-AI cooperation in healthcare
- (Taiwan – Health) Desirable: Care-giving robots

## Exploring the potential contributions of health technologies to humans' self-improvement

Health technologies can increase physical and mental abilities. They could also prevent their decrease when aging. As we already have health practices with the same goal (e.g. knee or hip replacement), more recent options, such as brain technologies, may become acceptable.

**Involvement in nexuses of complexity** (see below [Part 2: Global-health nexuses of complexities](#)):

- [Distinguishing between care, legitimate improvement and dehumanizing practices](#)
- [Enhancement technologies: finding the right balance between innovation and safety](#)
- [Ensuring fairness and equity with AI and health technologies](#)
- [Developing AI and Health technologies without undermining persons' privacy and integrity](#)

*Corresponding ideas from local thematic syntheses:*

2 countries (FR, PT) 2 ideas

- (France – Health) The debate on the integration of cyborgs into society raises ethical, legal and philosophical questions
- (Portugal – Health) PT-UCP: Desirable: Scientific and/or technological health innovations may increase physical and/or cognitive abilities

## Privileging AI cooperation and support instead of human replacement

AI and health technology should contribute to a more humanized healthcare system. In general, machines should not replace humans. In particular, tasks pertaining to medical decision-making, communication and care giving should remain human. Although it is true that health professionals and caregivers often lack time and are exhausted, and that healthcare systems are under high pressure, AI technologies may not constitute the right or primary answer to these major issues.

**Involvement in nexuses of complexity** (see below [Part 2: Global-health nexuses of complexities](#)):

- [Improving healthcare and medicine without losing sight of persons](#)
- [Improving healthcare and medicine without undermining professionals' agency and autonomy](#)

*Corresponding ideas from local thematic syntheses:*

8 countries (BE, CH, FR, IT, KE, PT, TW, USA) 16 ideas

- (Belgium – Health) New technologies are not necessarily the solution to the lack of time in medicine
- (Belgium – Health) Human relationships risk being sacrificed for the benefit of AI techniques
- (Belgium – Health) Technology should not decide the fate of a patient by replacing human relationships
- (Chile – Health) Impact on the Doctor-Patient Relationship
- (Chile – Health) Ethical Limits in Care
- (France – Health) Democratic issues are also shifting to health
- (Italia – Health) Humanism and Human-Centric AI Development
- (Italia – Health) Ensuring Human Control
- (Kenya – Health) Human/non human collaboration for better health outcome

- (Kenya – Health) Human replacement by machines
- (Kenya – Health) Enhancement
- (Portugal – Health) Desirable: Humans should always be responsible for health decision-making and communication processes
- (Portugal – Health) Desirable: Humans have an essential role in caregiving tasks
- (Taiwan – Health) Undesirable: AI replacing humans in healthcare
- (USA – Health) AI automating healthcare risks dehumanizing the healthcare system
- (USA – Health) Undesirable: AI that replaces humanity in healthcare, rather than supporting humanity in healthcare

## Withstanding the overvaluation of performance, efficiency or productivity

Overvaluing (valuing only) human performance, efficiency and productivity may prevent accounting for other important human values (solidarity, meaning of life, happiness, ...). It could lead to massive use of enhancement technologies, with issues of inequalities and of loss of meaning in one's life. It may also lead to focus on measurable and quantifiable aspects alone, at the cost of acknowledging persons experiences and feelings.

**Involvement in nexuses of complexity** (see below [Part 2: Global-health nexuses of complexities](#)):

- [Distinguishing between care, legitimate improvement and dehumanizing practices](#)

*Corresponding ideas from local thematic syntheses:*

4 countries (CH, FR, PT, USA) 4 ideas

- (Chile – Health) Ethical Limits in Care
- (France – Health) The debate about increasing human capacity through technology raises profound concerns
- (Portugal – Health) Undesirable: The demands regarding human performance and productivity may increase to unrealistic levels
- (USA – Health) AI puts at risk privacy and opens patients to harm from powerful organizations

## Regulating AI and health technologies in healthcare

There is a strong need for regulation and norms to ensure AI and health technologies deliver positive outcomes in healthcare. Norms and regulation are key to allow for trust building and for persons protection when deploying new technologies in healthcare. AI should comply with human values (fairness, non-bias, ...) and should be human-centric (aiming at human flourishing). AI and health technologies should beneficiate to all (it is crucial to fight against the exclusion of poor and vulnerable persons). This need for regulation is even stronger as AI systems come with a lot of uncertainty, notably about their performance and the possibilities of progress in the future. Patients, healthcare professionals, caregivers, citizens and economic/industrial actors should be involved in regulation processes.

*Corresponding ideas from local thematic syntheses:*

4 countries (CH, IT, PT, USA) 6 ideas

- (Chile – Health) Ethical Reflections on Technological Integration
- (Italia – Health) Humanism, Human values, Human Rights and Ethical Standards
- (Italia – Health) Call to Action
- (Portugal – Health) Desirable: It is necessary to establish limits regarding the use of scientific and/or technological health innovations

- (Portugal – Health) Undesirable: Scientific and/or technological health innovations may pose physical risks
- (USA – Health) AI needs regulation to protect health care norms such as consent, and by extension trust in healthcare

## Limiting the use of health-enhancement technologies

Some technologies may have consequences difficult to forecast (like brain technologies), may pose physical or mental risks. While the use of health technologies in a medical context to overcome disabilities and cure seems possible, enhancement practices raise strong ethical concerns (overdependence, deskilling, cyborg social status, ...). Patients, healthcare professionals, caregivers, citizens and economic/industrial actors should be involved in regulation processes.

**Involvement in nexuses of complexity** (see below [Part 2: Global-health nexuses of complexities](#)):

- [Distinguishing between care, legitimate improvement and dehumanizing practices](#)

Corresponding ideas from local thematic syntheses:

4 countries (CH, FR, IT, PT) 9 ideas

- (Chile – Health) Ethical Limits in Care
- (France – Health) The subject of human enhancement raises complex ethical considerations
- (France – Health) The debate on the integration of cyborgs into society raises ethical, legal and philosophical questions
- (France – Health) The debate about increasing human capacity through technology raises profound concerns
- (France – Health) Undesirable: Some enhancement abilities are desirable
- (Italia – Health) Ethical Boundaries in Neuroscience-AI Integration
- (Italia – Health) Call to Action
- (Portugal – Health) Desirable: It is necessary to establish limits regarding the use of scientific and/or technological health innovations
- (Portugal – Health) Undesirable: Scientific and/or technological health innovations may pose physical risks

## Being aware of challenges regulation raises

Some technologies may have consequences difficult to forecast (like brain technologies). Risks may prove difficult to assess. It may be difficult to delineate cure from enhancement in some cases. It may be difficult to judge whether a pathology requires / justifies the use of a given health technology.

Corresponding ideas from local thematic syntheses:

2 countries (PT, TW) 2 ideas

- (Portugal – Health) Undesirable: It is difficult to establish limits regarding the use of scientific and/or technological health innovations
- (Taiwan – Health) Undesirable: Uncertainty over the future of AI

## Part 2: Global-health nexuses of complexities

Being human in the time of NS and AI implies to carefully explore nexuses of complexities where valid ideas are nonetheless in tension, manifesting subtleties and challenges one should not overlooked. Here are below some examples of **nexuses of complexities** in the field of **health**, identified based on **local and global syntheses**.

### **Distinguishing between care, legitimate improvement and dehumanizing practices**

Some participants in the discussions pointed out that it is in the nature of humans to constantly seek to progress and improve. Advances in AI and neuroscience in the healthcare field may enable us to increase our physical and mental capacities (notably with neurological prostheses or implanted brain-machine interfaces). These technologies could also prevent the loss of capacity associated with aging. Similar practices (with hip or articular prostheses) are already widely accepted in society. We can therefore imagine that more recent possibilities linked to AI and neuroscience (such as brain implants) could also eventually become acceptable.

Nevertheless, the discussions also reveal a concern about the motivations and significance of such augmentation practices. While it seems acceptable to many participants to use health technologies in a curative context (to combat disabilities or degenerative diseases), practices aimed at unlimited increases in longevity or brain capacity, or even military applications, are viewed with more caution, and are even often criticized.

Emphasis is also placed on the risk of overvaluing performance, efficiency and productivity, with an excessive focus on measurable and quantifiable aspects alone, to the detriment of taking into account questions of meaning and values, people's feelings and life experiences.

So, for example, it's not clear that the right response to severe fatigue or a feeling of weariness is to increase resistance through health technologies (such as drugs or brain implants). We need to consider the possibility that such fatigue or weariness may also signal deeper problems in a person's life. Similarly, the discussions lead us to question the very idea of augmentation by technology, which could in some cases degenerate into dependence on technology and loss of competence (do I really become more "powerful" if a brain implant makes me capable of greater cognitive performance? What happens if I no longer have access to this technology, or if it malfunctions?)

On a more global level, some contributions criticize the idea of a systematic desire to surpass and reject all forms of limit, a desire that could go so far as to threaten our very humanity. Certain limits and vulnerabilities (such as being affectable and therefore susceptible to suffering and death) are at the heart of what it means to be human.

*Ideas from local and global synthesis mobilized in this nexus of complexity:*

- Potential positive outcomes of enhancement technologies:
  - (Global – Health) [Constantly seeking for self-improvement and progress](#)
  - (Global – Health) [Exploring the potential contributions of health technologies to humans' self-improvement](#)
- Concerns about overvaluing performance and about systematic rejection of any limits
  - (Global – Health) [Withstanding the overvaluation of performance, efficiency or productivity](#)
  - (Global – Health) [Acknowledging some of our limitations and vulnerabilities as inherent to our human nature](#)
- Risks of overdependence and deskilling, worries about augmentation practices: (Global – Health) [Limiting the use of health-enhancement technologies](#)

### **Expertise input:**

(Mathieu Guillermin) **Better understanding vulnerability with David Doat, associate professor of philosophy at the Catholic University of Lille, holder of the [ETH+ Chair in Ethics, Technology and Humanities](#):**

"Vulnerability is not weakness or poverty. Nor can it be reduced to old age, disability or illness. The origin of the word comes from the Latin *vulnus*, meaning "wound". But here again, we need to distinguish between "vulnerability" and "vulneration". The former refers to the possibility of being affected in one's physical or psychological structure; the latter refers to the state following an injury. It's important to make the difference. During a romantic encounter, for example, the lovers are in a state of vulnerability as they expose themselves to each other, each allowing themselves to be affected by the beloved, but both are not injured. Vulnerability can be an opportunity. But we forget this. Very often, vulnerable people are associated with the elderly, the dependent, the disabled... From an anthropological point of view, we are all vulnerable and exposed to more or less significant risks, but there are singular vulnerabilities of a social, economic, cultural or health nature. An elderly person in a retirement home is more vulnerable to Covid-19 than a young person. This does not mean, however, that they will catch it and die of it. The challenge of education and support is not just to look at the disaster pole. We also need to consider the situations in which some people find themselves, and which can be positively converted. We have something to do with and within our vulnerabilities."<sup>2</sup>

**Deconstructing the modern ideal of an all-powerful, completely autonomous human, with Chiara Pesaresi, associate professor of philosophy at the Catholic University of Lyon, scientific director of the [Vulnerabilities University Chair](#).**

"It's true that the semantic field of vulnerability traditionally refers to devaluing representations, evoking ideas of lesser resistance and failure. Recognizing oneself as vulnerable means challenging modern and post-modern social imaginations centered on the ideas of progress, mastery and performance, and rethinking our individual and collective logic of action in light of the fragility of our lives, our institutions and even our environment.

Basically, it's a question of deconstructing the modern ideal of a completely autonomous human being, freed from limits and also from dependence on others. This vision of man as capable of absolute self-determination has led to a reduction of vulnerability and its manifestations to contingent defects, which must be corrected, repaired or overcome at all

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<sup>2</sup> Extract from David Doat, 2021, « La vulnérabilité peut être une chance. Mais on l'oublie », Interview by Brigitte Bègue in *Actualités sociales hebdomadaires* (N.3199 5 mars 2021), pp.38-39 (our translation), <https://www.ash.tm.fr/hebdo/3199/entretien/la-vulnerabilite-peut-etre-une-chance-mais-on-loublie-634607.php>

costs (the expression "design yourself", motto of the cyborg movement, illustrates this principle well)."

"However, this is not to glorify vulnerability or deny its testing, critical and even tragic nature: on the contrary, recognizing our own vulnerability is always part of a dialectic of consent and resistance, of acceptance and creative adaptation. It also reveals that we are never isolated beings, perfectly independent and autonomous. Emmanuel Levinas was convinced that subjectivity can grow only in the encounter with the other, where vulnerability presents itself as our common trait: for it is in his face that I recognize both his nakedness, his extreme vulnerability, and my own."<sup>3</sup>

*Fernand Doridot – assistant professor in ethics, philosophy of sciences and technologies*

Unprecedented means of human enhancement (cognitive amplifiers, neuroprosthetics, emotional regulation technologies, etc.) seem to be on the horizon. Their potential for improving quality of life and extending human capabilities beyond natural limits has long been highlighted (Bostrom & Roache, 2007). Nevertheless, the development of these technologies is accompanied by legitimate concerns. In particular, their widespread availability could create unrealistic expectations, or foster a culture in which individuals are under constant "pressure to improve" to keep up with societal norms. In the long term, this could exacerbate inequalities between those to whom these technologies are financially accessible and those who are not, paving the way for a new form of "biological elitism" (Sandel, 2007). It is also to be feared that important societal values, such as the acceptance of human vulnerability and imperfection, which are often seen as important aspects of our common humanity, could be undermined by the constant quest for technological improvements. It is therefore imperative that demanding ethical frameworks are put in place to encourage the responsible use of technologies, and to ensure that the potential enhancement of individuals remains strictly a matter of choice, offered sometimes as a reasonable opportunity, but never becomes an obligation.

Academic References:

- Bostrom, N., & Roache, R. (2007). Ethical Issues in Human Enhancement. In J. Ryberg, T. Petersen, & C. Wolf (Eds.), *New Waves in Applied Ethics* (pp. 120-152). Palgrave Macmillan.
- Sandel, M. J. (2007). *The Case Against Perfection: Ethics in the Age of Genetic Engineering*. Cambridge, Harvard University Press.

## **Improving healthcare and medicine without losing sight of persons**

Participants largely acknowledge that health technologies (including AI) can support health professionals in medical decision making (they may even perform better in some tasks). Similarly, they highlight that automating certain tasks may give more time for the human dimensions of caregiving and healthcare (for instance with care-giving robots). Some participants also point that AI and digital technologies can facilitate access to healthcare and health related information, notably for preventive care and health prevention (especially in

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<sup>3</sup> Extract from the opinion piece "Il est urgent de reconnaître la vulnérabilité dans nos vies", from Chiara Pesaresi, published in *La Vie* on May 10, 2022, <https://www.lavie.fr/ma-vie/sante-bien-etre/il-est-urgent-de-reconnaitre-la-vulnerabilite-dans-nos-vies-82292.php>



more isolated or poorer areas). The idea also emerges that digital technologies can improve medical training (e.g. with virtual or augmented reality).

It is however also largely consensual in discussions that AI and health technology should contribute to a more humanized healthcare system. They should not lead lose sight of the fact that patients are persons that should be treated with a comprehensive approach making room to all relevant dimensions and firmly rooted in empathy and human relationships. The latter are key for the healing process and the doctor-patient relationship. In general, machines should not replace humans. In particular, tasks pertaining to medical decision-making, communication and care giving should remain human. Although it is true that health professionals and caregivers often lack time and are exhausted, and that healthcare systems are under high pressure, AI technologies may not constitute the right or primary answer to these major issues.

In this perspective, many participants warn against the danger of overfocusing on what can be measured and quantified and of reducing patients to their data (with the risk of medicine and healthcare becoming overly prescriptive and coercive). Patients must be recognized in their singularity and diversity.

*Ideas from local and global synthesis mobilized in this nexus of complexity:*

- (Global – Health) [Acknowledging the positive contribution of health technologies to healthcare](#)
- AI and health technologies should not lead to dehumanization of healthcare and medicine:
  - (Global – Health) [Privileging AI cooperation and support instead of human replacement](#)
  - (Global – Health) [Maintaining empathy and human relationship at the core of healthcare](#)
  - (Global – Health) [Preserving human agency and autonomy \(in healthcare\)](#)
- (Global – Health) [Recognizing patients in their singularity and diversity \(within a comprehensive approach\)](#)

**Expertise input:**

(Mathieu Guillermin) Potential input with “Encountering AI” about the risk to shift from liberation to care to liberation from care. The difficulties implied by caregiving can be meaningful, rejecting integrally difficulty may amount losing the core meaning of caring, of care giving.

*Fernand Doridot – assistant professor in ethics, philosophy of sciences and technologies*

The risk of moving from the liberation of care - where technology supports caregiving - to the liberation of care, where the essential relational and emotional aspects of caregiving are diminished or lost, raises important ethical concerns. According to Joan Tronto's ethics of care (Tronto, 2013), caregiving cannot be seen as a simple set of tasks to be streamlined, but must rather be seen as a relational practice involving attention, responsibility and response to the unique needs of individuals. As such, the challenges and emotional labor inherent in caregiving, however difficult, are at the heart of its meaning and cannot be entirely handled by machines. In a similar vein, Michel Foucault warns in *The Birth of the Clinic* (Foucault, 2003) that medicine's emphasis on quantification and control can reduce patients to data and strip them of their individuality and humanity. An over-reliance on AI could, of course, reinforce this trend and transform healthcare into a more prescriptive and impersonal practice. According to Neumann et al. (2011) and Decety et al. (2014), empathy and communication are essential to patient satisfaction and outcomes. As Sherry Turkle and Noel Sharkey point out (Turkle, 2011; Sharkey, 2008), these are qualities that AI and robot caregivers cannot replicate. So technologies, while



useful for routine tasks, are unlikely to replace the deep emotional and relational dimensions required for meaningful care.

#### Academic References:

- Decety, J., & Lamm, C. (2014). The empathic brain and its dysfunction in psychopathologies. *Nature Reviews Neuroscience*, 7(1), 735–748.
- Foucault, M. (2003). *The birth of the clinic: An archaeology of medical perception*. London: Routledge.
- Neumann, M., Edelhäuser, F., Tauschel, D., Fischer, M. R., Wirtz, M., Woopen, C., ... & Scheffer, C. (2011). Empathy decline and its reasons: A systematic review of studies with medical students and residents. *Academic Medicine*, 86(8), 996–1009.
- Sharkey, N. (2008). The ethical frontier of robotics. *Science*, 322(5909), 1800–1801.
- Tronto, J. C. (2013). *Caring democracy: Markets, equality, and justice*. New York: New York University Press.
- Turkle, S. (2011). *Alone together: Why we expect more from technology and less from each other*. New York: Basic Books.

## **Improving healthcare and medicine without undermining professionals' agency and autonomy**

Participants largely acknowledge that health technologies (including AI) can support health professionals in medical decision making (they may even perform better in some tasks). Similarly, they highlight that automating certain tasks may give more time for the human dimensions of caregiving and healthcare (for instance with care-giving robots). Some participants also point that AI and digital technologies can facilitate access to healthcare and health related information, notably for preventive care and health prevention (especially in more isolated or poorer areas). The idea also emerges that digital technologies can improve medical training (e.g. with virtual or augmented reality).

It is however also largely consensual in discussions that AI and health technology should contribute to a more humanized healthcare system. In general, machines should not replace humans. In particular, tasks pertaining to medical decision-making, communication and care giving should remain human. Although it is true that health professionals and caregivers often lack time and are exhausted, and that healthcare systems are under high pressure, AI technologies may not constitute the right or primary answer to these major issues.

Participants also insist upon the fact that health professionals and caregivers should remain in charge of decision making and that overdependence on such technologies may prove harmful on the long run (deskilling, loss of resilience in case of technologies unavailability). Importantly, (moral) responsibility of medical decision making should remain in the hand of humans.

#### Ideas from local and global synthesis mobilized in this nexus of complexity:

- AI and health technologies can improve medicine and health care: (Global – Health) [Acknowledging the positive contribution of health technologies to healthcare](#)
- AI and health technologies should not lead to dehumanization of healthcare and medicine: (Global – Health) [Privileging AI cooperation and support instead of human replacement](#)
- Risk of overdependence and of problems with responsibility:
  - (Global – Health) [Preserving human agency and autonomy \(in healthcare\)](#)
  - (Global – Health) [Never believing we can delegate \(moral\) responsibility to machines](#)
  - (Global – Health) [Fostering literacy and critical thinking](#)

#### **Expertise input:**

(Mathieu Guillermin) Possible elaboration on the erosion of professionals' ability and willingness to take the risk to diverge from machines results.

*Juan R. Vidal – assistant professor in cognitive neurosciences*

In health care there is a part that is partly overlooked, and that are the mechanisms of self-care that the brain-body relationship activates when a person feels cared-for. These mechanisms very often overlooked are at stake in certain placebo effects that, though downplay the importance and impact of pharmacological treatments, highlights the incredible capacity of human bodies to engage certain mechanism of self-repair and pain-reduction that increase human well-being. This placebo effect is often gated by the encounter of the person's beliefs in a certain clinical context or contact with a human practitioner, and has been shown to engage brain systems in the placebo-responsive population. Because this effect uses of the agency-recognition processes by patients of caring and medical human practitioners ("it's a human like me that is helping me"), it is important to keep the human bond and interaction in health care (incl. human touch as when the doctor auscultates the body through bodily contact, eye contact with the doctor, conversation with the health practitioner): to keep these placebo mechanisms active in the more global process of furthering medical and psychological well-being.

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*Fernand Doridot – assistant professor in ethics and philosophy of sciences and technologies*

Despite its advantages in healthcare, AI also carries risks, such as the "deskilling" of professionals. Too accustomed to relying on AI, doctors and nurses are at risk of losing important skills. Their ability to question recommendations emanating from AI, even in the event of divergent clinical judgment, may also be blunted (López et al., 2020). This overconfidence in the results produced by AI is embodied more generally in an "automation bias", whereby the recommendations issued by AI are considered more reliable, even in cases where human intervention would be more relevant (Skitka, Mosier, & Burdick, 1999). This situation can lead caregivers to make serious errors, following misleading recommendations, or neglecting important elements due to a lack of guidance from the machine (Parasuraman & Riley, 1997). The overall resilience of the healthcare system could thus be weakened by the progressive inability of professionals to deal autonomously with complex or novel situations, such as rare pathologies, or AI system malfunctions.

Despite the gains brought by AI in terms of data analysis and diagnostics, automation also comes with important ethical questions, such as the need for human professionals to continue to shoulder responsibility for medical decisions and weigh up their moral implications, especially in cases of direct impact on patients' lives (Floridi & Cows, 2019).

We must therefore stress the need for healthcare staff to be trained in independent judgment, and the ability to deviate from AI decisions if necessary. The integrity of healthcare can only be sustained if AI complements, but does not completely replace, human expertise.

Academic References:

- Floridi, L., & Cows, J. (2019). A unified framework of five principles for AI in society. *Harvard Data Science Review*, 1(1).
- López, G., Valenzuela, O., Torres, J., Troncoso, A., Martínez-Álvarez, F., & Riquelme, J. C. (2020). A conceptual framework for intelligent decision support systems (iDSS) in medical decision making. *Decision Support Systems*, 130, 113232.

- Parasuraman, R., & Riley, V. (1997). Humans and automation: Use, misuse, disuse, abuse. *Human Factors*, 39(2), 230–253.
- Skitka, L. J., Mosier, K., & Burdick, M. (1999). Does automation bias decision-making?. *International Journal of Human-Computer Studies*, 51(5), 991–1006.

## Ensuring fairness and equity with AI and health technologies

Participants largely acknowledge that health technologies (including AI) can support health professionals in medical decision making (they may even perform better in some tasks). Similarly, they highlight that automating certain tasks may give more time for the human dimensions of caregiving and healthcare (for instance with care-giving robots). Some participants also point that AI and digital technologies can facilitate access to healthcare and health related information, notably for preventive care and health prevention (especially in more isolated or poorer areas). The idea also emerges that digital technologies can improve medical training (e.g. with virtual or augmented reality).

Participants also recognize that advances in AI and neuroscience in the healthcare field may enable us to increase our physical and mental capacities (notably with neurological prostheses or implanted brain-machine interfaces). These technologies could also prevent the loss of capacity associated with aging.

However, participants also warn against the risk that the benefits and disadvantages of AI and health technologies may be unfairly distributed. While the potential to better the life of the most vulnerable is enormous, many participants worry about the risk access inequalities (because of lack of financial resources, but also of digital literacy or of reliable infrastructures). Notably, human contact and relationship in healthcare should not become a luxury, access to would be denied for the less favored. The same type of questions arises with respect to access to enhancement technologies.

### *Ideas from local and global synthesis mobilized in this nexus of complexity:*

- AI and health technologies can improve medicine and health care: (Global – Health) [Acknowledging the positive contribution of health technologies to healthcare](#)
- Potential positive outcomes of enhancement technologies: (Global – Health) [Exploring the potential contributions of health technologies to humans' self-improvement](#)
- Need for fairness and equitable benefit sharing:
  - (Global – Health) [Ensuring fairness and equality in opportunities for living a good life](#)
  - (Global – Health) [Using health technologies to better the conditions of life of the most vulnerable persons](#)
  - (Global – Health) [Maintaining empathy and human relationship at the core of healthcare](#)

### **Expertise input:**

(Mathieu Guillermin) Possible connection with data protection and ownership, question of the economic model. → ([Developing AI and Health technologies without undermining persons' privacy and integrity](#))

*Fernand Doridot – assistant professor in ethics, philosophy of sciences and technologies*

The use by AI devices in healthcare of sensitive data (such as electronic medical records or genomic data) raises ethical concerns, particularly for the protection and ownership of this data. Indeed, this information is often collected by private companies, with no possibility for

patients to retain real control over its use (Rumbold et al., 2017). The monetization of this data is playing a growing role in the economic model of healthcare innovation (Murdoch & Detsky, 2013). Companies use them to develop medical algorithms and personalized treatments, and also generate revenue from them via partnerships with health systems and insurers (Terry, 2012). The benefits of AI therefore come to accrue primarily to companies rather than to patients or healthcare systems. This situation fuels fears of a confiscation of innovations for the benefit of wealthy populations and institutions, as well as an exacerbation of socioeconomic inequalities (Powles & Hodson, 2017). To remedy this, new regulatory frameworks are needed to ensure a fair distribution of benefits.

#### Academic References:

- Powles, J., & Hodson, H. (2017). Google DeepMind and healthcare in an age of algorithms. *Health and Technology*, 7(4), 351-367.
- Rumbold, J. M., & Pierscionek, B. K. (2017). The ownership and use of human genomic data. *European Journal of Human Genetics*, 25(2), 200-207.
- Murdoch, T. B., & Detsky, A. S. (2013). The inevitable application of big data to health care. *JAMA*, 309(13), 1351-1352.
- Terry, N. P. (2012). Protecting patient privacy in the age of big data. *Journal of Law, Medicine & Ethics*, 40(1), 7-17.

## **Enhancement technologies: finding the right balance between innovation and safety**

Some participants in the discussions pointed out that it is in the nature of humans to constantly seek to progress and improve. Participants also recognize that advances in AI and neuroscience in the healthcare field may enable us to increase our physical and mental capacities (notably with neurological prostheses or implanted brain-machine interfaces). These technologies could also prevent the loss of capacity associated with aging. Similar practices (with hip or articular prostheses) are already widely accepted in society. We can therefore imagine that more recent possibilities linked to AI and neuroscience (such as brain implants) could also eventually become acceptable.

Nevertheless, discussions also highlight risks of addiction, or other side effects such as changes in personality, or impaired decision-making abilities.

It is important to properly assess the benefits-risks balance.

#### Ideas from local and global synthesis mobilized in this nexus of complexity:

- Potential positive outcomes of enhancement technologies:
  - (Global – Health) [Constantly seeking for self-improvement and progress](#)
  - (Global – Health) [Exploring the potential contributions of health technologies to humans' self-improvement](#)
- Worries about risks and side effects:
  - (Portugal – Health) Desirable: It is necessary to establish limits regarding the use of scientific and/or technological health innovations
  - (Portugal – Health) Undesirable: Scientific and/or technological health innovations may pose physical risks.

#### **Expertise input:**

*Juan R. Vidal – assistant professor in cognitive neurosciences*

Most medical implants aim at compensating a specific mechanism that has been damaged by neurodegenerative disease (ex: Parkinson's) but have revealed to imply a dis-regulation on some

other aspect of our behavior (addiction, impulsivity, identity-loss...). These interventions have been justified to compensate the loss of a capacity. Applying the same brain-implant devices for enhancing certain capacities is problematic, not only on an ethical perspective of equal access to these means, but also because it downplays the importance of effort in the achievement of learning for behavior. It short-cuts the rest of the body with whom our brain fully interacts and develops its functional specificities. The development of these implants for motor-handicap like tetraplegic patients is very appealing and is no doubt fully justified. But considering that other cognitive capacities could be boosted through these implants by short-cutting the body is against the *modus-operandi* of the nervous system. Engaging in these efforts has the risk of making belief to the general public that our mental/psychological capacities behave like independent modules in the brain, which is exactly what current neuroscience research is contradicting through its most recent findings. It is thus important to educate the public in how neurosciences show the intrinsic link between brain-body and that learning and development of our mental and behavioral capacities require effort (and may entrain frustration in the process). The view of a brain with defined modules that manage independently certain high-level cognitive functions is false. And promoting neurotechnological artefacts with the false view of how the system works is equal to propagating fake scientific knowledge.

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*Fernand Doridot – assistant professor in ethics, philosophy of sciences and technologies*

The development of enhancement technologies carries with it a real risk of dependency, both psychological and physiological. Continuous use of implanted cognitive enhancement devices can lead to dependencies similar to those already observed today with stimulants. The constant quest for perfection may also blur the distinction between need and desire (Schermer, 2009). Such dependence not only raises medical issues, but also questions about its long-term impact on autonomy and mental health.

The modification of brain function by external devices can also lead to disruptions in personality and behavior. Enhanced memory or decision-making *via* brain-machine interfaces (BMIs) could be accompanied by changes in self-perception, social interactions, personality traits, as well as identity in general (Ienca & Andorno, 2017). These alterations could also concern critical thinking, judgment or emotional responses, with possible impacts on decision-making, thus opening up ethical questions regarding the maintenance of individuals' personal responsibility (Fukushi et al., 2007).

It is therefore extremely important to make the development of enhancement technologies conditional on precautionary measures and rigorous testing, both medically and psychologically/socially. The challenge is to ensure that these technologies do not undermine the autonomy and identity they are designed to reinforce.

Academic References:

- Schermer, M. (2009). The mind and the machine: On the conceptual and moral implications of brain-machine interaction. *NanoEthics*, 3(3), 217-230.
- Ienca, M., & Andorno, R. (2017). Towards new human rights in the age of neuroscience and neurotechnology. *Life Sciences, Society and Policy*, 13(1).
- Fukushi, T., Sakura, O., & Koizumi, H. (Eds.). (2007). *The ethics of brain-computer interfaces and human enhancement*. Dordrecht: Springer.

## Developing AI and Health technologies without undermining persons' privacy and integrity

Participants largely acknowledge the benefits one can get from developing AI and health technologies in healthcare and medicine as well as in the domain of human enhancement (improved medical decision making, automation of certain tasks, enhanced access to healthcare and health related information, enhancement of physical and mental capacities, ...).

At the same time, participants also worry about the risk that sensitive health information are collected for non-medical uses. Health data collected by AI or digital tools should only serve medical and healthcare purposes. Digital solutions should not imply intrusion of outside organizations (like insurance companies).

Moreover, with the convergence of NS and AI, data could be used to enhance prediction power over persons behaviors and thought, as well as the possibilities for cognitive manipulation. Therefore, mind privacy should be protected.

### *Ideas from local and global synthesis mobilized in this nexus of complexity:*

- AI and health technologies can improve medicine and health care: (Global – Health) [Acknowledging the positive contribution of health technologies to healthcare](#)
- Potential positive outcomes of enhancement technologies: (Global – Health) [Exploring the potential contributions of health technologies to humans' self-improvement](#)
- Importance of (mind) privacy protection: (Global – Health) [Ensuring privacy protection \(protection of sensitive health information and mind privacy\)](#)

### **Expertise input:**

(Mathieu Guillermin) Possible discussion on the fact that valorizing data can be a way of funding innovation? Also inputs about regulatory frameworks?

*Fernand Doridot – assistant professor in ethics, philosophy of sciences and technologies*

The possibility of using healthcare data to contribute to the costly financing of healthcare innovation is a point of recurrent debate. This could prove to be an interesting avenue, provided that the protection of such data is convincing, and that it is used anonymized and with informed consent. However, a number of studies have documented cases where anonymization has failed, leading to a risk of re-identification (Ohm, 2010). It has also been highlighted that, under the effect of economic incentives, particularly vulnerable populations could be subject to various types of abuse (Vayena & Tasioulas, 2016).

It is generally recognized as very important that external actors such as insurance companies should not be able to access health data. Public trust could be seriously undermined by the use of health data by private organizations for commercial or discriminatory purposes. The use of health data for explicit medical purposes only is intended to be guaranteed by the RGPD regulation, which imposes clear restrictions on the access and use of personal data to this end (Floridi & Taddeo, 2016).

The convergence of AI and neurotechnologies opens the door to the prediction or manipulation of cognitive behavior, and thus poses new threats to cognitive privacy and mental

freedom. Several authors thus insist on the importance of protecting the “privacy of the mind”, notably through regulations (Ienca & Andorno, 2017).

Faced with all these challenges, tools such as blockchain are sometimes mentioned as likely to enable individuals to control access to their health data as well as its eventual availability for innovation purposes, on condition of the parallel development of voluntary and rigorous regulation.

Academic References:

- Floridi, L., & Taddeo, M. (2016). What is data ethics? *Philosophical Transactions of the Royal Society A: Mathematical, Physical and Engineering Sciences*, 374(2083), 20160360.
- Ienca, M., & Andorno, R. (2017). Towards new human rights in the age of neuroscience and neurotechnology. *Life Sciences, Society and Policy*, 13(1), 5.
- Ohm, P. (2010). Broken promises of privacy: Responding to the surprising failure of anonymization. *UCLA Law Review*, 57(6), 1701-1777.
- Vayena, E., & Tasioulas, J. (2016). The ethics of personalized medicine: New challenges and opportunities. *Journal of Medical Ethics*, 42(8), 451-454.



## Part 3: Additional expertise inputs

### I- Additional nexuses of complexity (possibly with expertise inputs)

#### **Regulating technologies without stifling medical innovation**

Innovation could be hampered by overly rigid regulation, and patient safety compromised by overly lax regulation. So how do we strike the right balance between encouraging innovation and protecting patients?

*Ideas from local and global synthesis mobilized in this nexus of complexity:*

- (Global – Health) [Recognizing patients in their singularity and diversity \(within a comprehensive approach\)](#)
- (Global – Health) [Regulating AI and health technologies in healthcare](#)
- (Global – Health) [Being aware of challenges regulation raises](#)

#### **Expertise input:**

*Fernand Doridot – assistant professor in ethics, philosophy of sciences and technologies*

Because of the stakes involved in terms of safety, efficacy and ethical use, it is imperative that innovation in AI and healthcare technologies is accompanied by sound regulatory frameworks. The healthcare sector is therefore expected to be able to bridge the gap between innovation and regulation. Excessive regulation, however, could have the effect of stifling innovation, discouraging investment in new technologies, and slowing the development of life-saving advances. Faced with a rapidly changing healthcare technology landscape, it is thus crucial to develop a balanced regulatory approach that is both flexible and adaptable. Some adaptive regulatory models have been proposed by researchers, in which technological development and oversight evolve simultaneously, allowing room for innovation without affecting accountability. In this way, we can hope to avoid the twin pitfalls of impeding progress, or under-protecting patients in the face of certain potential harms (Bouderhem, 2024; Zhou & Gattinger, 2024).

#### Academic References:

- Bouderhem, R. (2024). Shaping the future of AI in healthcare through ethics and governance. *Humanities and Social Sciences Communications*, 11(416).
- Zhou, K., & Gattinger, G. (2024). The Evolving Regulatory Paradigm of AI in MedTech: A Review of Perspectives and Where We Are Today. *Therapeutic Innovation & Regulatory Science*, 58(456–464).

### II- Additional expertise inputs on health ideas