

**The Minutes of the meeting of the Derby Medical Society**  
**Held on the 22<sup>nd</sup> January 2013 at the Derby Medical School**

Apologies were received from; John Hodgkins, Jan Millar Craig and Ken Callum

The minutes were read and agreed.

We were reminded by Dr Scott about the forthcoming Open Meeting on the 5<sup>th</sup> of February. There is a dinner priced £12.50 [proceeds to the Benevolent Fund] –please phone Barbara Bentley if you are eating- Derby 343176.

Dr Scott then had the pleasure of introducing the evening's speaker, Professor Heather Draper who is Professor of Biomedical Ethics at the University of Birmingham. Dr Scott described her as an 'ethicist' who co edited a book with Dr Scott entitled 'Ethics in Anaesthesia'.

Her talk was entitled '**Remote Care and Robots**'

She declared an interest –she works for an organisation called 'Accompany' which is funded by the European Commission.

In the context of aging, technology is being created and used to support the elderly at home. The cost for nursing care is around \$70K per year.

Examples of technology include – alarms to summon help or tell you if the bath is full.

Monitoring: reminder to take pills, movement sensors /pressure pads and more intrusively – CCTV and tagging.

Communications – for example videophones and virtual communities. This can lead to distance monitoring.

Care Robots. They are a presence, they can fetch and carry basic items, they are designed to be multi functioning.

Some individuals may want the technology and support and not a person. But these technologies raise ethical issues.

We were invited to think about the concepts of Care v Need, Cost v Cost effectiveness, Privacy v Safety and Social isolation.

Care Can technology provide care? Care is different to meeting need. Care can mean different things to different people at different times. It may be emotional it may be an activity.

Care can be given as nursing i.e. change dressings give medications. Or it can mean helping with activities of daily living (ADL). This would contribute to health. So care = met needs +/- emotional care, which may or may not be wanted.

Technology may be seen as morally inferior care, but it may free up people to give other more high quality care.

Some human care is not good. Robots do not tire, get irritated or collude.

Robots They can replace humans, work with humans or act as a tool.

These robot carers already exist in Holland and Germany, but they need a highly controlled environment to function in, not the clutter of people's homes. It performs basic tasks.

The concept that 'Accompany' are pursuing is a mass produced basic robot, 'Persona'

It will help with the ADL, develop a presence, and encourage independence. The robot stays with the person and monitors and transmits information. It supplements human contact.

We then had a scenario to illustrate the benefits of and ethical issues that providing robot care can cause. We discussed consent, paternalism, autonomy, capacity and expectations. We may be disappointed with robot care, it may not be sophisticated enough to deliver what is required. Will society lose the ability to care?

A vote of thanks was given by Tony Henry who said he would like a robot to help him in his dotage!

The next meeting is the Open meeting on 5<sup>th</sup> February.

26 members guest and students signed the registers.

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