

The ethics of automated dynamic default settings in mobile health

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Mobile health (mHealth) technologies, such as apps and wearables, have the potential to benefit individual users, improve health care efficiency and reduce costs. However, such technologies also raise challenges relating to user control. The data ecosystem is notoriously complex and not everybody has the time, skills or will to engage with questions concerning the use of their data and the various risks that may be involved. Ethically well-considered default settings are an inevitable part of dealing with these limitations. In this talk, I will discuss the possibility of automated dynamic default settings, which offer customised feedback on the basis of derived user preferences, for example by analysing previous patterns of choices. Such an automated setting could for example set variable standards of specificity and sensitivity for screening apps, or 'flag' certain information sharing practices according to a personalised user profile.

I will be asking under what conditions such interactive default settings can be ethically justified. On the one hand, automated default settings could assist users by offering services that are sensitive to the user's preferences, without being overly demanding in terms of explicit choice. A layered consent protocol could enable those who do want to be more explicit in their choices to manually adjust the settings. On the other hand, however, bypassing the users' will by creating a derived personalised user profile may in some cases constitute a morally problematic infringement of autonomy and could disproportionately disadvantage vulnerable groups. I aim to draw a line between problematic and non-problematic use of automated dynamic default settings by drawing on the concept of accountability.