INSTITUTE FOR MEDICAL ETHICS
AND HISTORY OF MEDICINE
DIRECTOR: PROF. DR. MED. DR. PHIL. JOCHEN VOLLMANN

RUHR
UNIVERSITÄT
BOCHUM
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Programme and Reader

International Conference for Young Scholars

4th – 8th February 2019 in Bochum, Germany

"Aging between Participation und Simulation - Ethical Dimensions of Socially Assistive Technologies"

SPONSORED BY THE

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Hosts:

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Institute for Medical Ethics and History of Medicine, Ruhr-University Bochum

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Group Leader at the German Center for Neurodegenerative Deseases (DZNE), Witten

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Institute for Technology Assessment and Systems Analysis (ITAS), Karlsruhe Institute of Technology (KIT)

Further Senior Scientists:

Prof. Dr. phil. habil. Hartmut Remmers
Institute for Health Research and Education, Department of Nursing Science, Osnabrück University

PROGRAMME

Sunday, 03 Feb 2019		
19:30	“Meet and Greet” (not part of the official programme)	Hotel Lottental

Monday, 04 Feb 2019		
		Departure from Hotel Lottental: 08:45 h (via bus)
09:00	**Jochen Vollmann** (Bochum) *Welcome by the Director of the Institute for Medical Ethics and History of Medicine*	Malakowtower, Seminar room, 7th floor
10:00	Break	
10:15	**Michael Decker** (Karlsruhe) (Expert Lecture)	
11.15	Break	
11:30	**Shabahang Arian** (Pisa) *A Robot Nurse in Every Home: Another Gift of the Evil Deity?*	
12:30	Lunch	Ground floor
14:30	**Corinna Jung** (Heidelberg) & **Joschka Haltaufderheide** (Bochum) *Ethical, social and legal foundations of the discussion* (Workshop)	Seminar room, 7th floor
17:00	**Free time**	**Departure to the Hotel: 17:00 h** **Departure to the Restaurant: 19:00 h**
19:30	Dinner	Restaurant

Tuesday, 05 Feb 2019		
09:00	**Svenja Wiertz** (Tübingen) *Trust in Technological Devices? On the Concept of Trust and Forms of Human*	Seminar room, 7th floor
10:00	Break	
10:15	**Jochen Vollmann** (Bochum) *Aging as an ethical problem - the vulnerable group of elderly people* (Workshop)	
12:45	Lunch Break	Ground floor
14:30	**Anna Sophie Haupeltshofer** (Osnabrück) *Promoting eHealth literacy through the integrated usw of a health monitoring app and the support of a Digital Nurse*	Seminar room, 7th floor

PROGRAMME

15:30	Break	
15:45	**Sarah Palmdorf** (Bielefeld) *Technical support for the care of the future for people with mild dementia*	
16:45	Break	
17:00	**Christophe Schneble** (Basel) *Digitalizing Elderly Care in Switzerland: Opportunities and Challenge*	
18:00	**Free time**	**Departure to the Restaurant: 18:30 h**
19:00	Dinner	Restaurant

Wednesday, 06 Feb 2019

09:00	**Ricardo Morte Ferrer** (Granada) *Personal autonomy in elderly and disabled: How assistive technologies impact on it*	Seminar room, 7th floor
10:00	Break	
10:15	**Bettina Schmietow** (München) *Reconfigurations of autonomy in the ethics of socially assistive technologies*	
11:15	Break	
11:30	**Julia Hoppe** (Paderborn) *Care robotic: Expectations and perceptions of stakeholder*	
12:30	Lunch	Ground floor
14:30	**Margareta Halek** (Witten) & **Claudia Dinand** (Witten) *Challenges in interacting with people with dementia* (Workshop)	Seminar room, 7th floor
17:00	**Free time**	**Departure to the Hotel: 17:00 h** **Departure to the Restaurant: 19:00 h**
19:30	Dinner	Restaurant

Thursday, 07 Feb 2019

09:00	**Iris Loosman** (Eindhoven) *Rethinking Consent in mHealth*	Seminar room, 7th floor
10:00	Break	
10:15	**Amelie Altenbuchner** (Regensburg) *The possibilities of a conventional motion tracker in the rehabilitation process after hip fracture of geriatric trauma patients*	
11:15	Break	
11:30	**Angelika Schley** (Lübeck) *Systematic evaluation and reflection of ethical, legal and*	

	social implications of a socio-technical support system for mechanically ventilated patients: lessons learned from the ACTIVATE project	
12:30	Lunch	Ground floor
14:30	**Michael Hübner** (Cottbus-Senftenberg) *Technical perspectives on the Human-Machine Interaction* (Workshop)	Seminar room, 7th floor
15:30	**Free time**	**Departure to the Hotel: 15:30 h** **Departure to the Blue Square: 17:30 h**
18:00	**Hartmut Remmers** (Osnabrück) *Technische Utopien - politische Illusionen? Was wir von autonomen Assistenzsystemen für ältere Menschen wirklich erwarten dürfen* (Public Lecture)	Blue Square Bochum
19:30	Dinner	Restaurant
Friday, 08 Feb 2019		
09:00	**Björn Lundgren** (Stockholm) *AI-improved Personal Memory: Augmentation and the Risk to our Autonomy*	Seminar room, 7th floor
10:00	Break	
10:15	**Michael Afolabi** (Pittsburgh) *A Transnational Caring Ethos for the Elderly: Should Wealthier Nations Help Poorer Nations with Assistive Technologies?*	
11:15	Break	
11:30	**Joschka Haltaufderheide** *Final Workshop*: Discussion about conference results, evaluation, details for publication etc.	
12:30	Lunch, “Coffee and Cake” and Farewell	Ground floor
		Departure to Bochum Main Station: 14:30 h

Michael O.S. Afolabi

Transnational Caring Ethos for the Elderly: Should Wealthier Nations Help Poorer Nations with Assistive Technologies?

Assistive technologies (ATs) are rapidly becoming a normal part of the repertoire of healthcare delivery for elderly patients in economically developed nations across the globe. For aging populations and those with chronic debilitating medical conditions, ATs improve their overall quality of life and enhances their autonomous capacities. However, access to ATs in poorer nations (PNs) is beyond the reach of most of those who need them. With the increasingly shrinking nature of contemporary society as result of diverse globalizing currents, exploitative neoliberal ideologies move from the global North to the global South. At the same time, knowledge of ATs travels via electronic and other media to poorer nations. Yet, to those who need and desire them but lack the capacity to acquire these useful technologies, that knowledge may cause existential crises and may further impair their wellbeing. Against this background, this paper attempts to locate the moral basis of a transnational caring ethos for providing elderly patients in PNs with assistive technologies. In other words, is there an ethical basis for wealthier nations to provide elderly patients in poorer climes with ATs? To this end, the paper frames a solidaristic moral prism (SMP) for explicating this obligation. It argues that this obligation may be justified on the basis of the structural foundations of the socioeconomic woes of PNs, which may be traced to neoliberal policies. This political factor makes selected Western nations partly accountable for the limited autonomy and the attendant decreased quality of life that elderly patients experience in PNs. Ultimately, the paper shows that while a SMP serves the interests of others (the global South), there are multiple ways in which it can be shown to serve the interests of those in the global North.

Short Curriculum Vitae

Education

- Duquesne University, Pittsburgh, PA, USA.
  PhD, Healthcare Ethics, May 2017.
- Ladoke Akintola University of Technology, Ogbomoso, Oyo State, Nigeria
- Bachelor of Medical Laboratory Science, December 2010.

Professional Training

- Globelics PhD Academy, University of Tampere, Finland
- Certificate in Innovation & Economic Development, June 2013.
- European and Developing Countries Clinical Trials Partnerships, France
- Training Certificates in Research Ethics Evaluation, October 2012.
- Providence Regional Medical Center, Everett, USA
- Continuing Medical Education (Clinical Ethics), May 2010.
- Professional & Research Experience

Reviewer

- International Journal of Ethics Education, Duquesne University, Pittsburgh, PA, June 2017-present.

Freelance Medical writer

- Cactus Medical Communications, Philadelphia, PA/Mumbai, India, March 2017-present.

Reviewer (Public Health/Global Bioethics Book Manuscripts)

- Springer Science, Dordrecht, Netherlands, April 2016- present.

Principal Investigator

- Biokurryous Research Group, University College Hospital, Ibadan, Nigeria, 2011-present.

Research Assistant/ Assistant Managing Editor

- Duquesne University, Pittsburgh/Springer Science, August 2013-December 2015.

Research Fellow & Acting Head of Medical Unit

- Global Initiative Center for Scientific Research & Development, Ibadan, March 2013-November 2015.

Published Book

Afolabi, M.O. (2018) Public Health Disasters: A Global Ethical Framework, Cham: Springer International, https://rd.springer.com/book/10.1007/978-3-319-92765-7

Selected Scholarly Articles

Afolabi, M.O. & Afolabi, I.O. (2018) Engaging the Uncertainties of Ebola Outbreaks: An Anthropo-ecological Perspective the American Journal of Bioethics 18 (10) 50-52.

Amelie Altenbuchner

The possibilities of a conventional motion tracker in the rehabilitation process after hip fracture of geriatric trauma patients

Socially Assistive Technology shines like a star in the face of demographic changes and its accompanied geographic and economic factors. It should provide an autonomous life in the familiar environment of the elderly, but this star is far away from the proposed users, as the fewest devices – mostly technology driven and not on the needs of the intended users – are within everyday usage (Weber 2017). Also it is very challenging to transfer study findings from a laboratory environment into the living room of the elderly, especially in the geriatric cohort (Altenbuchner et al. 2018). The users reject many of the implemented applicants within the first year of usage (Gurley & Norcio 2009).

Still exploring practical devices p. e. for measuring patient's motion is a current desideratum of gerontology (McGilton et al. 2009). Instead of developing a new technology system for geriatric patients in the rehabilitation process after a hip fracture, I intend to find out how to use an existing customary device in a new context. This approach is a social technology design ("Technikgestaltung" Banse & Hauser 2010, S.18).

My long-term study is located at the geriatric trauma station of a hospital, where the patients are included during their stay, accompanied during rehabilitation and when they return into their homes. They wear their device like a wristwatch and continuously collect data about their steps, sleep and heartrate up to one year. Through continuous, individualized and objective measurement, I intend to find out details on the actual progress of rehabilitants recovering from a hip fracture and to identify predictors for the quality of rehabilitation – especially for those suffering from severe cognitive impairment (e.g. dementia, delirium), who are often excluded from existing geriatric assessment instruments.

References:

Altenbuchner A, Haug S, Kretschmer R, Weber K. How to Measure Physical Motion and the Impact of Individualized Feedback in the Field of Rehabilitation of Geriatric Trauma Patients. In: Schreier G, Hayn D, editors. Health Informatics Meets eHealth: Biomedical Meets eHealth -- From Sensors to Decisions. Proceedings of the 12th eHealth Conference. Amsterdam: IOS Press; 2018. p. 226–32.

Banse G, Hauser R. Technik und Kultur - ein Überblick. In: Grunwald A, Banse G, editors. Technik und Kultur: Bedingungs- und Beeinflussungsverhältnisse. [s.l.]: KIT Scientific Publishing; 2010.

Gurley K, Norcio FA. A Systematic Review of Technologies Designed to Improve and Assist Cognitive Decline for Both the Current and Future Aging Populations. In: Aykin N, editor. Internationalization, design and global development: Third international conference, IDGD 2009, held as part of HCI International 2009, San Diego, CA, USA, July 19 - 24, 2009 ; proceedings. Lecture notes in computer science. Vol 5623. Berlin: Springer; 2009. p. 156–63.

McGilton KS, Davis AM, Naglie G, Mahomed N, Flannery J, Jaglal S, et al. Evaluation of patient-centered rehabilitation model targeting older persons with a hip fracture, including those with cognitive impairment. BMC Geriatr. 2013;13:136. doi: 10.1186/1471-2318-13-136. PubMed PMID: 24330470.

Weber K. Demografie, Technik, Ethik: Methoden der Demografie, Technik, Ethik: Methoden der normativen Gestaltung technisch gestützter Pflege. Pflege & Gesellschaft. 2017;22(4):338–52.

Short Curriculum Vitae

Work Experience:

2014/12 – today & 2013/3 – 2013/12

Research Fellow at Institut für Sozialforschung- und Technikfolgenabschätzung, Ostbayerische Technische Hochschule Regensburg (OTH) (Regensburg, DE)

- Organisation and implementation of interdisciplinary research projects in the field of social science, health science, and technology assessment
- Support of student assistants
- Co-mentoring of bachelor theses
- Doctoral candidate (Dr. sc. hum.) at the Universität Regensburg since April 2018 [Supervisor: Prof. Dr. (habil.) Sonja Haug (OTH), Mentoring: Prof. Dr. Christian Apelbacher PhD (UKR), Prof. Dr. Michael Nerlich (UKR), Prof. Dr. habil. Karsten Weber (OTH)]

2013/9 – today

Management of the youth welfare sector at a.a.a. Initiativen für Menschen mit Ein- und Zuwanderungshintergrund e.V. (Regensburg, DE)

Education:

2010/10 – 2012/09	Master of Arts in Educational Science Universität Regensburg (DE)
2007/10 – 2010/09	Bachelor of Arts in Educational Science Universität Regensburg (DE)
2006/06	Allgemeine Hochschulreife St. Marien Gymnasium der Diözese Regensburg (DE)

Shabahang Arian

A Robot Nurse in Every Home: Another Gift of the Evil Deity?

Main Author: Andrea Bertolini

In recent years, technological change has been very notable, including the field of assistive technologies aimed at promoting the autonomy of the elderly and disabled people. In this communication we show how this change affects three aspects of personal autonomy: its normative protection, privacy, and care.

According to the International Federation for Robotics (IFR), between 2018 and 2020, about 32.4 million units of robots for the care of the elderly and of people with disabilities will be sold. Due to two parallel and tightly interconnected trends the world is facing – the considerable growth of aging population and increasing research in assistive technologies – many countries consider introducing robotic applications in the care of the elderly. At times, these are intended as an addition to more traditional human-performed practices, to integrate said services, at times, as an overall replacement of solutions that appear ever more burdensome for current and future welfare budgets.

Despite relevant research addressing product safety and reliability, aiming at perfecting the functioning of said devices, ethical concerns emerge with respect to the replaceability of human carers in the treatment of the patient.

The paper will differentiate the notion of care from that of cure, and discuss which of the two currently researched applications aim at providing.

Then, it will discuss the consequences of providing each one respectively through the use of robotic devices, and how the overall position of the patient is affected. To do so, it will differentiate alternative ethical approaches.

A utilitarian stance requires the identification and comparison of the performance of robot-provided-services to traditional ones (R. AMINUDDIN-A. SHARKEY-L. LEVITA, 2016). The possibility to measure and compare robot and human performance will be discussed, by introducing the problem of benchmarking in robotics (F. BONSIGNORIO-E. MESSINA-A.P. DEL POBIL, 2014). At the same time, the need to identify a broader set of relevant interests, beyond mere performance will be addressed (in a Neo-Kantian perspective). Indeed, the mere improvement of one single – or more – parameter(s) in the overall patient's condition does not suffice.

Human dignity – as both an ethical (L.R. KASS, 2009) and legally-relevant concept (M. FABRE-MAGNAN, 2007; G. RESTA, 2002) (D. FELDMAN, 1999)– will be introduced, to distinguish "care" from "good care", and its relational dimension will be described (P. DONATI, 2015). The paradigm of vulnerability (M. COECKELBERGH, 2013), dependability (A. MACINTYRE, 2009), and empathy will be introduced, to determine what other criteria need to be taken into account in order to select the kind of applications – on the one hand – and uses – on the other hand – robot companions could be put at (A. SHARKEY, 2014). In light of such considerations, the paper will exclude that mere self-determination suffices in justifying their use (A. BERTOLINI, 2018).

References:

A. Bertolini, *Human-Robot Interaction and Deception*, in «Osservatorio del diritto civile e commerciale», 2018, pp.

F. Bonsignorio,E. Messina e A.P. Del Pobil, *Fostering Progress in Performance Evaluation and Benchmarking of Robotic and Automation Systems*, in «IEEE ROBOTICS & AUTOMATION MAGAZINE», 2014, pp. 22;

M. Coeckelbergh, *Human Being @ Risk*, Springer, 2013;

P. Donati, *L'enigma della relazione*, Milano, Mimesis, 2015;

M. Fabre-Magnan, *La dignité en droit: un axiome*, in «Revue interdisciplinaire d'études juridiques», 58, 2007, pp. 1-30;

D. Feldman, *Human Dignity as a Legal Value - Part I*, in «Public Law», 1999, pp. 682;

L.R. Kass, *Defending Human Dignity*, in *Human Dignity and Bioethics*, E.D. Pellegrino,A. Schulman e T.W. Merrill (a cura di), Notre Dame (Indiana), University of Notre Dame Press, 2009, pp. 297-332;

A. Macintyre, *Dependent Rational Animals. Why Human Beings Need the Virtues*, London, Duckworth, 2009;

G. Resta, *La disponibilità dei diritti fondamentali e i limiti della dignità (note a margine della carta dei diritti)*, in «Rivista di diritto civile», 2002, pp. 801-848;

A. Sharkey, *Robots and human dignity: a consideration of the efects of robot care on the dignity of older people*, in «Ethics and Information Technology», 16, 2014, pp. 63-75;

Short Curriculum Vitae

Shabahang Arian is a PhD candidate at the Dirpolis Institute of the Scuola Superiore Sant’Anna in Pisa (SSSA).

I hold undergraduate degrees BB.L. in law from Isfahan University in Iran and I have completed two Masters of Laws (LL.M.) at Chapman Dale E. Fowler in the United States. I am an attorney at Law in Iran.

Anna Sophie Haupeltshofer

Promoting eHealth literacy through the integrated use of a health monitoring app and the support of a "Digital Nurse"

Co-Authors: Pascal Meier, Christian Fitte, Stefanie Seeling, Frank Teuteberg

In Germany, 54% of the population have restricted health literacy [1]. This implies that the majority of the population in Germany faces problems finding, understanding, evaluating and using health-relevant information. Digitalization is a challenge for both society and care, with only 29.7% of older adults (>70 years) in Germany using the Internet [2].

As a solution to strengthen eHealth literacy, we designed the eHealth application FeelFit which collects and evaluates health-related data to inform users about their health status. The combination with the concept "Digital Nurse" could offer the possibility to consult a nurse with an affinity for technology, who supports the user in the individual configuration of the app as well as in the operation and evaluation of the collected data and sensitizes the user with regard to legal and ethical aspects in dealing with technology.

The intention in developing the FeelFit application was to facilitate access to health-related data and to improve the reading ability of users through integrated evaluation of the results. The development followed a human-centered design in order to meet the needs of the users. The application collects vital parameters via a smartphone and wearable vital signs sensors. It processes and stores them in the user profile and enables users to retrieve the information not only via smartphones but also via other devices such as a smart speaker (voice only) and a smart mirror (visual only). FeelFit can thus be used as a speech-based assistant and is more similar to conventional conversation structures [3] than the current mobile eHealth applications. This possibility is intended to support people in the use of information and technology systems. The individual configuration of the app, such as the meaningfulness of the data to be collected and in particular the support in the reflection of the results, requires a health and technology-related expert and contact person.

Nurses play a central role in supporting eHealth literacy [4]. In today's digital world, online consultation and social media are becoming increasingly important as nursing tasks. For example, @WeNurses UK has over 76.6 thousand followers on Twitter. Thus the engagement and empowerment of patients in the field of eHealth is described as the next decade of nurses in 2025. The concept of the “Digital Nurse” includes that nurses introduce the users individually to the need-oriented technology and support them in dealing with technology. The literature shows that in addition to the original IT competencies, the area of law and ethics in particular are described as core competencies in the area of nursing informatics [5]. Nurses behave like advocates of system users by including them and their perspective and by aiming to enable them to use technology for their individual benefit [6;7]. The “Digital Nurse” takes on an informative and advisory function and closes the gap between human and technology with their holistic view.

In our presentation we would like to go into the two concepts in more detail and introduce an exemplary integrated use case. We will discuss ethical, legal and social aspects of the use case with the audience and will use these results for further implementation.

References

[1] Schaeffer, D., Hämel, K., & Ewers, M. (2015). Versorgungsmodelle für ländliche und strukturschwache Regionen: Anregungen aus Finnland und Kanada (1. Aufl.). s.l.: Beltz Juventa.

[2] Initiative D21 e. V (Ed.) (2016). D21-Digital-Index. D21-Digital-Index 2016: Jährliches Lagebild zur Digitalen Gesellschaft (1. Auflage). Berlin: Initiative D21.

[3] McTear, M., Callejas, Z., & Griol, D. (2016). The conversational interface: Talking to smart devices. Springer.

[4] Mather, C., & Cummings, E. (2015). Empowering learners: Using a triad model to promote eHealth literacy and transform learning at point of care. Knowledge Management & E-Learning, 7(4), 629–645.

[5] van Houwelingen, C. T M, Moerman, A. H., Ettema, R. G., Kort, H. S., & Ten Cate, O., (2016). Competencies required for nursing telehealth activities: A Delphi-study. Nurse education today, 39, 50–62.

[6] Chung, S. Y., & Staggers, N. (2014). Measuring nursing informatics competencies of practicing nurses in Korea: Nursing Informatics Competencies Questionnaire. Computers, informatics, nursing : CIN, 32(12), 596–605.

[7] Canadian Association of Schools (CASN) (2015). Nursing Informatics: Entry-to-Practice Competencies for Registered Nurses: Toronto.

Short Curriculum Vitae

- Social- and Educational Sciences M.A.
- Nursing B.Sc.
- Research assistant

Anna Haupeltshofer is a graduate nurse with a geriatric psychiatric qualification. Within the BMBF project “Dorfgemeinschaft 2.0”, her research focuses on the digitalization and digital transformation of nursing care. She is particularly concerned with the roles of nurses in the process of technological appropriation of older people and their experiences of technology. The aim is to create a health- and tech-related educational anamnesis in order to offer age-appropriate educational programs to promote health literacy.

Julia Hoppe

Care robotic: Expectations and perceptions of stakeholder in Germany, Finland and Sweden

We analyze stakeholders' contemporary expectations and perceptions about robotic technology in elderly care. Robotic assistants may serve as a means to prolonged autonomy in old age. Many assume that the population in general and older individuals in particular are fearful towards robotics in care (Nomura, Kanda & Suzuki, 2006). However, valid and reliable information about the technology acceptance of robots in elderly care is largely still missing. Moreover, the use of robotic assistance in elderly care is not only determined by elderly individuals, but also by relatives of people to be cared for, care managers and care staff.

Our paper is a novel attempt towards an inventory of perceptions of relevant stakeholder groups. We have conducted focus group interviews with five to eight participants for each group. The aim of the paper is to gain a deeper insight into the expectations and perceptions of the various stakeholders with regard to robotics in care. Can elderly people, who might have to decide about the usage of robotics assistance systems in the future, imagine to benefit from those (Alaiad & Zhou, 2014; Broadbent, Stafford & MacDonald, 2009; Smarr et al., 2014). Can they envision to use care robots in order to live a prolonged self-determined life in their accustomed environment or do they suspect that a life with a care robot may not at all be self-determined (Sharkey et al., 2012). How do other stakeholders such as relatives and caregivers answer these questions compared to the group of elderly people?

Regarding the interviews, we found major differences in the expectations and perceptions between the groups. The majority, however, expressed the view that robots for assisting care staff would be conceivable (courier activities, physically heavy work). Especially the caregivers argued that robots cannot provide the human warmth. Moreover, the term "care robot" has a negative connotation when heard for the first time, and robots are perceived as alienating, sterile and inhuman.

During the interviews, the expectations and perceptions started to alter after actual care robots were introduced to the interviewees. Thus, in order to design orientation regarding robotics in care and to de-bias the discussion about care robots, the stakeholders need more, better and different information than currently available.

References:

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Broadbent, E., Stafford, R., & MacDonald, B. (2009). Acceptance of healthcare robots for the older population: Review and future directions. *International journal of social robotics*, *1*(4), 319.

Nomura, T., Kanda, T., & Suzuki, T. (2006). Experimental investigation into influence of negative attitudes toward robots on human–robot interaction. Ai & Society, 20(2), 138-150.

Sharkey, A., & Sharkey, N. (2012). Granny and the robots: ethical issues in robot care for the elderly. *Ethics and information technology*, *14*(1), 27-40.

Smarr, C. A., Mitzner, T. L., Beer, J. M., Prakash, A., Chen, T. L., Kemp, C. C., & Rogers, W. A. (2014). Domestic robots for older adults: attitudes, preferences, and potential. *International journal of social robotics*, *6*(2), 229-247.

Short Curriculum Vitae

Education:

04/2013 - 04/2016	Accounting and Economics, Master of Science, University of Osnabrück Master Thesis: Minimum Wages and Youth Unemployment: An Economic and Institutional Analysis
10/2009 - 12/2012	Economics, Bachelor of Science, University Bremen, Focus on Globalization (State/Industry) Bachelor Thesis: The European Flexicurity Strategy and its Impact on the German Labour Market

Experience abroad:

09/2014 - 04/2015	Semester abroad in Spain, Universidad de Valladolid
09/2011 - 11/2011	Internship Airbus Broughton, England, Health and safety department

Work Experience:

08/2018 until now:	Research Assistant at the University of Paderborn, Faculty of Business Administration and Economics, Department Organisational Behavior, Prof. Dr. Kristen Thommes

02/2017 – 07/2018: Research Assistant at the Brandenburg Technical University Cottbus-Senftenberg, Faculty of Economy, Law and Society, Department ABWL and Specialities of Organisation, Personnel Management and Corporate Management, Prof. Dr. Kristen Thommes

Iris Loosman

Rethinking Consent in mHealth

Mobile phones and other mobile devices present society with revolutionary new platforms for assistive technology. Every day new apps relating to disabilities and health pop up in app stores. These are part of ‘Mobile Health’ (henceforth: mHealth), a field that promises transformation of the health-care industry and that is predicted to enable more personalized, participatory, preventive and less expensive care (Malvey, 2014). Through digital mobile devices mHealth provides health-related information or health care services to individuals, thereby potentially empowering them.

In my research I focus on Mobile Behaviour Change Support Systems (MBCSS), as one example of technologies used in mHealth. These systems, for example health trackers, diet apps, or mental coaches, aim to persuade users to change their behaviour towards becoming healthier. Before such systems’ full potential can be utilized, however, there are several key ethical questions that need addressing. Questions of for example persuasive strategies, privacy, responsibility, and of how to consent to the use of these systems. The latter will be the topic of my here proposed presentation.

Consent is one of the most important ethical issues raised by support systems for behaviour change (Spahn 2012), and is also a bedrock ethical value in medicine (Beauchamp 2011). MBCSS pose special problems for consent, because they are ubiquitous, data-intensive, and involve artificial intelligence. It is often difficult to know the underlying processes by which these technologies influence behaviour and to predict the (secondary) effects they might have on individuals and society. This makes it difficult for users to trust them and to consent to their use. mHealth bridges the clinical context on the one hand, with the context of everyday life on the other. This leads to blurring of the relevant norms, between care norms, and general information technology norms. As a result, the norm-based expectations that normally frame and ground consent to a treatment may not be clear, or even absent altogether (Voerman & Nickel 2017).

Current consent procedures in mHealth fail to protect fundamental values that we expect and want to be protected in contexts of treatment or behaviour change. An example of such a failure is the familiar clicking ‘agree’ to continue, without reading what is being consented to, and/or without understanding the consequences – resulting in weak consent. In my presentation I want to discuss my project to rethink informed consent for the context of mHealth and the new consent model I propose, which I call *Distributed Consent*. By learning from consent developments in clinical care, analysing the ontology and function of consent, and adapting this to the mobile context, I aim to overcome current problems with consent in mHealth.

Short Curriculum Vitae

I currently work as a doctoral candidate in Ethics, within a larger interdisciplinary project called *Mobile Support Systems for Behaviour Change*. This is a ‘responsible innovation project’ combining expertise from psychology, ethics, AI and cognitive science.

Work Experience:

June 2017 – current:	Doctoral Candidate ‘Rethinking Trust and Consent for Mobile Behaviour Change Support Systems’, Philosophy & Ethics, Eindhoven University of Technology
Sept 2016 – June 2017:	Project Manager Education & ICT Skills, Department of Philosophy & Religious Studies, Humanities, Utrecht University
Nov 2016 – Feb 2017:	Literature Researcher ‘Access to health care for vulnerable groups in the Netherlands’, program ‘Zorgrecht’, Doctors of the World (Médicins du Monde), Amsterdam
April 2015 – April 2016:	Teaching Assistant, Utrecht University
April 2015 – July 2015:	Intern (Education Internship Philosophy), Utrecht University

Education:

2013 – 2016	MA Academic Philosophy, Utrecht University (cum laude) *Thesis:* ‘A Lifelong Prisoner’s Choice of Death: Ethical Issues Involved in Considering Dutch Prisoners Serving Life Sentences for Physician Assisted Death’
2009 – 2013	BA Philosophy, Utrecht University *Thesis:* ‘Moral Development and Education: Aristotle and Kant. Exploring the Need for Normative Foundations in Moral Education’

Björn Lundgren

AI-improved Personal Memory: Augmentation and the Risk to Our Autonomy

In a TED-talk in 2017, Tom Gruber (a co-creator of Siri) presented a vision of improving and enhancing humanity with AI-technology. Specifically, Gruber suggested that an AI-improved personal memory (APM) would benefit people that suffer from dementia or alzheimer. Beyond that, APM would also improve people's "mental gain", possibly our "social grace", and enable us to do "science on our own data about what makes us feel good and stay healthy." (Gruber 2017)

In this talk I will critically assess the APM-technology, questioning many of Gruber's pro-arguments, as well as discussing potential problems (e.g., autonomy and privacy). In order to do so, I will introduce two main distinctions on how such a technology could be developed. Firstly, an APM could be developed to achieve a seamless integration with its 'host'; functioning more or less like a part of their memory (*APM-MEM*). Secondly, an APM could feed information to its 'host' (*APM-INF*).

In response to Gruber's main argument, it will be argued that APM-INF violates reasonable principles of care for dementia/Alzheimer patients, since the technology would imply that a patient would be reminded (hence having to relieve) painful, but forgotten memories (cf. Bier 2016). While, APM-MEM plausible could resolve this, none of these techniques address the other symptoms that are associated with the diseases (e.g., anger in frontotemporal dementia). As a possible response, Gruber does argue that "We get to choose what is and is not recalled and retained" (2017). However, can a dementia/Alzheimer patient—or even a healthy person—be expected to make such choices in a reasonable manner?

The major problem, however, is that both poses severe risk to our autonomy. The most serious risk is the risk that the device are malfunctioning or are being manipulated. With a seamless integration of APM-MEM, this would be close to mind-control.

Furthermore, even if the devices are not manipulated we can question if this "enhancement" really is beneficially, for elderly healthy people. It is not implausible to think that forgetting is healthy. For example, forgetting is reasonably a strategy that is partially involved in moving-on from painful experiences. Also, perfect memory among savants, seems to be due to absence of brain function and/or damage (cf. Treffert 2009: 1351).

Finally, it is questionable if perfect memory increases our mental capacity (sinec, e.g., creativity seems benefit from mistakes). Also, perfect memory will interfere with others privacy and our social interactions with people in general.

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Treffert, D. A. (2009) The savant syndrome: an extraordinary condition. A synopsis: past, present, future. *Philos Trans R Soc Lond B Biol Sci*. 364(1522): 1351–1357.

Short Curriculum Vitae

Current employment

- Teaching, course development and administration (part time), Division of Philosophy, *KTH – Royal Institute of Technology*, 2018.

Previous employment (a selection)

- Ph. D. student/candidate, Division of Philosophy, *KTH – Royal Institute of Technology*, 2013-2018.
- Assistant Editor, *Theoria*, 2013-2018.

Academic degrees

Third Cycle:

- Ph. D., 240 credits, Philosophy, KTH – Royal Institute of Technology, 2018 (thesis defended June 4th)
- •Licentiate Degree, 120 credits, Philosophy, KTH – Royal Institute of Technology, 2017.

Second Cycle:

- Master of Arts, 60 credits, Theoretical Philosophy, Linköping University, 2013.

First Cycle:

- Bachelor of Arts, 180 credits, Theoretical Philosophy, Linköping University, 2013
- Bachelor of Arts, 180 credits, Practical Philosophy, Linköping University, 2013
- Bachelor of Arts, 180 credits, Media and Communication Studies, Örebro University, 2012.

Ricardo Morte

Personal autonomy in elderly and disabled: How assistive technologies impact on it

Co-Authors: Mario Toboso, Manuel Aparicio, Txetxu Ausín, Aníbal Monasterio and Daniel López

In recent years, technological change has been very notable, including the field of assistive technologies aimed at promoting the autonomy of the elderly and disabled people. In this communication we show how this change affects three aspects of personal autonomy: its normative protection, privacy, and care.

Taken as the possibility of self-government, without illegitimate interference, to decide and execute one's life plan, personal autonomy is possible thanks to ethical-juridical protection through reciprocally recognized human rights (civil and political, economic, social and cultural, third generation). The current technological change could produce an alteration in the exercise of personal autonomy, putting at risk its normative protection, since some of these rights currently require technological mediations to be able to be carried out. Nevertheless, elderly and disabled have been absent of these reflections over time, assuming their inability to exercise autonomy. Nowadays, fortunately, the UN Convention on the Rights of Persons with Disabilities governs as the international normative framework that defines and protects the autonomy of people with disabilities, mostly elderly, and includes important references to technological developments.

New assistive technologies, such as robot companions, smart screen assistants, or wearable technology with sensors that record physiological variables to monitor habitual patterns of life, are suggested as devices that promote personal autonomy. The recorded data, once processed, can offer information about health, habits, etc., and allow, in principle, to make more autonomous decisions about one's own well-being and quality of life. But this technological scenario claims an extreme protection of personal autonomy too. Health monitoring could impact privacy, identity, integrity, and the protection of personal data. Therefore, it is necessary to broaden the ethical reflection: from the UN Convention to the relevant regulations on privacy and data protection (RGPD and Draft Privacy Regulation ePrivacy) and the Data Protection Impact Assessment (DPIA) provided in art. 35 RGPD, which is especially relevant for the realm of assistive technologies. All these regulations have the essential goal to protect the affected individuals in the asymmetric power relations in which they are faced with the organizations and governments that develop, implement, and manage assistive technologies. In this kind of relationship, it seems especially important to ensure the effective protection of the personal autonomy of the elderly and disabled people.

The technological scenario, which affects rights such as privacy, identity, integrity, and data protection, requires new forms of "care". Not only the traditional forms of personal and intersubjective care, but also the "social care", that is, the normative measures that keep those rights, so that new technological devices do not become instruments of surveillance and control, shortening the autonomy they intend to promote. To achieve this goal it is important to consider the “public” dimension of autonomy, related to the social participation of the elderly and disabled people in the public debate on assistive technologies, in all phases of their development (in terms of “social appropriation of technologies” or inclusiveness).

Short Curriculum Vitae

Ricardo Morte is a Lawyer and Ph.D. Student at the University of Granada, Spain. He works on Fundamental Rights, Privacy, Data Protection and the ethical aspects in these fields.

Sarah Palmdorf

Technical support for people with mild dementia: A scenario-based approach for future healthcare

Background:

The aging process can be associated with sensory and cognitive changes that influence the use of technology. People with dementia form a special group. Many of them receive care at home. Technical systems have great potential for maintaining and improving the home care situation, e.g. providing education, supporting daily activities or improving disease-associated symptoms. The development of technical systems is rather oriented towards technical possibilities than the actual needs of the potential user group. Therefore, the study "Technical support for people with mild dementia: A scenario-based approach for future healthcare" aims to explore the needs people with dementia and their relatives regarding the use of technical systems in the home care setting.

Method:

The qualitative study contains three different levels: 1) individual interviews 2) focus groups with people with dementia and their relatives and 3) Delphi survey with professionals from nursing and medicine. The documentary method is used for data analysis.

Ethical challenges:

Ethical challenges occur from the possible use of technical support systems by people with dementia and their relatives in the home care setting. It is questionable how to decide on the use of a technical system if the values of the user groups differ, e.g. relatives could support the use of a GPS-based technology due to expected improved safety. Professionals could support the use, because it enables them to assess clinical data. The person with dementia could have some significant caveats around the risks of invading the privacy or reducing freedom and autonomy. Sensitive personal data is also collected when using sensors or GPS data. Another difficulty emerges if the user is deceived or is unaware of the usage. This raises the question whether the legitimation of the use can result solely from the normative status of "justifiable benevolent deception".

The protection of privacy and the right to manage one's own data, which people with dementia can only perceive to a limited extent, must be weighed against the possible benefits.

Additionally, it is debatable how the data of other people, who have contact with the technology, should be handled.

At the same time, the person with dementia is dependent on the other groups of people. His or her expression of intention is limited because of cognitive impairment. This is especially the case during the severe phase of the disease. How can an informed consent be generated that weighs the different values and include the protection of patients from restraint? It is questionable to what extent needs and technical solutions can be anticipated in advanced care planning in order to be able to decide the use of technology at an early stage of the disease by involving the different user groups. A weighted balance is needed between conflicting values on a case-by-case basis through collaboration involving not only designers and ethicists, but also end-users and their carers.

Short Curriculum Vitae

Professional Experience:

since 04.2018	researcher in the study: Technical support for people with mild dementia: A scenario-based approach for future healthcare, Bielefeld University
01.2017 - 12.2017	researcher in the study: pabee, Paracelsus Medical University
01.2015 - 03.2017	study nurse in the study: IMPRINT, Martin Luther University Halle-Wittenberg
10.2014 - 12.2014	study nurse in the study: JointConFunctionSet, University Witten/ Herdecke
2009 - 2014	professional experience as a nurse in home care and nursing home setting

Apprenticeship/ Academic Education:

2014 - 2018	M.Sc. nursing science, University Witten/ Herdecke
2009 – 2012	B.A. nursing science, Osnabrück University of Applied Science
2006 - 2009	apprenticeship as nurse, St. Barbara Klinik Hamm

Angelika Schley

Systematic evaluation and reflection of ethical, legal and social implications of a socio-technical support system for mechanically ventilated patients: lessons learned from the ACTIVATE project

Co-Authors: Adrienne Henkel, Björn Hussels, Susanne Krotsetis, Katrin Balzer

Background

The joint research project *An Ambient System for Communication, Information and Control in Intensive Care* (ACTIVATE) aims to develop and implement a socio-technical system to improve care for critically ill adults undergoing weaning from the mechanical respirator. The support system will include an innovative ball-shaped interaction rehabilitation device (BIRDY) as the main input tool and matching output devices for patients and healthcare professionals [1]. It is expected to facilitate early communication, re-orientation and participation with/in these patients who are mostly aged >70 years and are exposed to an elevated risk of prolonged, complicated weaning periods.

Given the particular vulnerability of weaning patients, early assessment and adequate reflection of potential ethical, legal and social implications (ELSI) of the interactive support system under development is important throughout the whole ACTIVATE project. For analysis of potential ELSI a systematic approach in the ethical evaluation process is pursued during the entire duration of the project (2016-2019).

Method

Various systematic inquiries and methods are combined, following the Socratic approach for the detection and consideration of ELSI in health technology development and assessment [2]. To make sure that values and preferences of all relevant stakeholders are effectively included in the ethical analysis, these stakeholders were identified in the beginning of the project. Also, a scoping review was performed on the views and experiences of (formerly) weaning patients and informal caregivers. Based on these findings, iterative qualitative studies consisting of individual semi-structured interviews and focus groups were conducted, involving former mechanically ventilated intensive care patients (n=16), relatives (n=16), physicians (n=6), IC nurses and therapists (n=31).

Additionally, a multidisciplinary advisory board was established who critically reflects on intermediate ELSI-related findings, guided by the MEESTAR model [3].

Results

Results of the initial inquiries and reflections by the advisory board were synthesised into a preliminary long list of ELSI to be considered in the further development, evaluation and implementation of the ACTIVATE support system. This list comprises both potentially beneficial and adverse effects on the processes and outcomes of ICU care for weaning patients from the patients' and the staff's perspectives. One major concern ventilated by all stakeholder groups refers to potential detrimental effects of the socio-technical system on the quantity and quality of communication episodes between patients and the health personnel, especially nurses. However, ethical reflections by all stakeholders were limited by difficulties to imagine the actual functions and mechanisms of the ACTIVATE support system at early project stages.

Conclusion

The preliminary ELSI list will be considered in all successive project steps, coupled with further inquiries and moral reasoning on the relevance of these (and newly emerging) implications and potential long-term consequences. The presentation at the conference aims to discuss suitable methodological approaches to early detect and follow up potential ELSI affecting fundamentals of care like patient-nurse-communication in highly vulnerable elderly populations.

References

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[2] Hofmann B, Droste S, Ortwijn W, Cleemput I, Sacchini D (2014) Harmonization of ethics in health technology assessment: a revision of the Socratic Approach. *Int J Technol Assess Health Care.* 2014; 30: 3-9.

[3] Manzeschke, A., Weber, K., Rother, E. & Fangerau, H. (2013). *Ergebnisse der Studie: Ethische Fragen im Bereich Altersgerechter Assistenzsysteme.* Ludwigsfelde: Thiel.

Short Curriculum Vitae

Work Experience

Since 03/2018	Research Associate, Nursing Research Group, Institute for Social Medicine and Epidemiology, University of Luebeck
10/2012 – 10/2015	Nurse, Ohlroggen Personalmanagement, Hamburg
10/2011 – 05/2014	Student Assistant, University of Hamburg, Institute for Indology and Tibetology
04/2011 – 03/2012	Nurse, Asklepios Klinikum Hamburg Altona
04/2009 – 03/2011	Nurse, Internal Intensive Care Ward, University Hospital Schleswig-Holstein, Campus Lübeck

Academic Education

Since 10/2018	Doctoral Research Programme, Center for Public Health Medicine and Healthcare Research, University of Lübeck
2007 – 2016	M. A. in Ethnology, University of Hamburg

Vocational Training

2004 – 2007	Registered Nurse, University Hospital Schleswig-Holstein, Campus Lübeck

Bettina Schmietow

Reconfigurations of autonomy in the ethics of socially assistive technologies

Finally, the author will give personal insights into coercion in psychiatry from users' perspectives. Ideas for potential approaches towards peer involvement which aim at preventing coercion in psychiatry will be outlined and discussed.

In this contribution the ethical impact of socially assistive technologies is analysed against the background of digitalised healthcare and medicine in a thoroughly 'datafied' society in general. Socially assistive technologies such as smart home sensors and carebots raise issues that derive from the impact of datafication in terms of privacy, surveillance and consent which are continuous with other technologies in this cluster (e.g. health-related apps; telemonitoring) but their intended application in the context of particularly vulnerable populations such as many elderly also seem to expose the limitations of established medical ethics and technology assessment tools starkly.

While some specific analytic and ethical tools have already been developed (e.g. the MEESTAR model by Weber et al., 2015), the meaning and scope of the ethical criteria and reference concepts themselves is changing as a consequence of what might become more routine human-machine interaction in healthcare. This claim will be illustrated in the first instance by focusing in on reconceptualisations of (personal) autonomy when discussing the challenges of potentially profound healthcare system changes through socially assistive devices for the elderly. These concern, for example, the shift from patient autonomy to user or consumer autonomy, the vision of empowered autonomy in participatory, democratic care and medicine, and the effects of a prospective 'autonomy' of the devices themselves. The concept of autonomy as conceived in principlism in particular may, however, not be able to accommodate the often precarious internal capabilities for self-determination in the elderly, and in addition contribute to the neglect of the various contextual and external factors in helping respect and promote patient and user autonomy in the application of socially assistive devices.

The proposed paper will map out the shifts in discussing autonomy as an ethical cornerstone also in digitalised healthcare. It will be argued that context is key: conditions for autonomy should be

established with reference to a specific application. Furthermore, external rather than internal conditions for self-determination to be highlighted for ethical assessment and policy intervention are the impact of socially assistive technologies on existing care structures (on a system and individual level), user control and participatory technology development, and digital technology and health literacy. Adjustments of this type may enrich the conceptualisations and assessment of the technology alongside established ethical frameworks, and would ideally be tested out in a further step as part of an empirical ethics scenario.

Short Curriculum Vitae

Bettina Schmietow studied philosophy, English and art history in Berlin and Helsinki before moving to Milan to complete the interdisciplinary PhD programme "Ethics and Foundations of the Life Sciences" based at the European Institute of Oncology, where she also participated in laboratory rotations and learnt about ethics in the context of frontier biomedical science. After her graduation in 2014, she became part of the executive of the London-based Nuffield Council on Bioethics, working primarily with interdisciplinary expert teams on the reports on Biological and Health Data and Genome Editing. In early 2018, she moved to the Department of Ethics, History and Theory of Medicine at LMU Munich, currently focussing on an empirical ethics research project with Prof. Georg Marckmann and in cooperation with the Department of Healthcare Management and Health Sciences at the University of Bayreuth entitled "Medicine 4.0 – the ethical basis of digitalised healthcare".

Christophe Schneble

Digitalizing Elderly Care in Switzerland: Opportunities and Challenge

With the ageing of the global population and the increasing prevalence of associated morbidities, the deployment of digital health solutions such as mobile health (mHealth) and Intelligent Assistive Technologies (IATs) could increase the quality of life of older persons as well as their quality of care, particularly for those with dementia. It is also expected that digital solutions would reduce the burden on caregivers. However, the translation of digital applications into standard care is still reportedly low. When it comes to the adoption of such technologies by older people and especially by those who did not use digital technologies during their work life, the efficiency, efficacy, and effectiveness of such solutions might be different than expected. As more and more older people prefer to stay at home, such technologies specially those that allow individual safety and independent living through constant monitoring are gaining crucial importance in fostering this model.

In our study, we investigate the views and attitudes of older people aged 65 and older (both home-dwelling and living in institutional facilities) towards the use of IATs. The study aims to explore their perceived wishes, care needs, and user requirements for the successful use of IATs. The participants are recruited purposively from a geriatrics hospital in Switzerland. We use a qualitative explorative approach to identify predictors of adoption and understand what considerations should be incorporated into existing IATs to improve effectiveness, safety and user-friendliness among older users. During the interviews, participants are also presented with different potential technologies, and their reaction and handling of those technologies is monitored.

This on-going study is one of the first studies in Switzerland seeking to understand the perspectives of older persons on the deployment of technology in the lives daily lives of older persons. This information is critical to design and deploy user-centered digital health solutions that improve the old person's health, safety and quality of life.

Short Curriculum Vitae

Education

Since 2017	PhD Candidate in Bioethics University of Basel
2014 – 2017	Continuing Studies in Theology (Main Topic Ethics) – No Diploma
2007 – 2010	CAS in Computer Science ETH
1998 - 2005	MSc in Geography University of Zürich

Work Experience

Since 2017	PhD Candidate in Bioethics University of Basel
2014 - 2017	Secretary Personalkommission ETH Zürich
2010 – 2013	Managing Director Earth Sciences ETH Zurich
2009 - 2010	Scientist Technical University of Rapperswil
2006 - 2009	Software Developer the-i-engineers (Aarau)
2005	Research Assistant Geographical Information Systems ETH
2001 - 2006	Sysadmin Kantonsschule Zürich Birch
2000 – 2001	Fachstelle Bodenschutz des Kantons Zürich
1997 - 1998	Sysadmin Internet Online
1998 - 2001	Owner Candas Internet Services

Research

Since 2018	Digitalizing Elderly Care in Switzerland: Opportunities and Challenges
Since 2017	Ethical and legal regulation of Big Data research – towards a sensible and efficient use of electronic health records and social media data
2009 - 2010	Grid .Net – Distributed Peer to Peer Network

Svenja Wiertz

Trust in Technological Devices? Thoughts on the Concept of Trust and on Forms of Human Vulnerability

Can we and should we trust technological devices? An important contribution to the study of trust has been made by Anette Baier, who differentiates between trusting in and relying on. Trusting in a person is in her view a specific form of reliance, it is reliance on the well-meaning of others. Well-meaning is a human capacity based on empathy. As technological devices cannot be understood to be well-meaning, we cannot trust in them in the sense that Baier understands trust. Our options are reduced to relying on their well-functioning.

Trust, by Baier and others, has also been conceptualized as accepted vulnerability (Baier 1996, Lahno 2002). This paper sets out to analyze differences in our vulnerability towards persons we trust and things we rely on and the options we are left with once our trust or reliance has been disappointed. If trust is disappointed in an inter-personal relationship one of the usual and expected reactions is blame: You *ought* to have been looking out for my well-being; you *neglected* to do so; I demand an apology and/or some form of compensation or I will have to reconsider the nature of our relationship – I will attempt to reduce my dependence on you and start to build alternative relationships to support me.

We can equally be dependent on assistive technologies and become vulnerable through this dependence. We are more limited in our choice of reactions though: We cannot argue with the technology that it should treat us better. One important difference which I want to explore, than lies in the lack of an addressee towards whom we could direct our complaint.

Literature:

Baier, Annette C. (1996): Moral prejudices. Essays on ethics. Cambridge, Mass.: Harvard Univ. Press.

Hartmann, Martin (2011): Die Praxis des Vertrauens. Berlin: Suhrkamp (Suhrkamp-Taschenbuch Wissenschaft, 1994). Available online at http://www.gbv.de/dms/faz-rez/FD1201111013231169.pdf.

Jones, Karen (2010): Counting On One Another. In Arne Grøn, Claudia Welz (Eds.): Trust, sociality, selfhood. Tübingen: Mohr Siebeck (Religion in philosophy and theology, 52), pp. 67–82.

Lahno, Bernd (2002): Der Begriff des Vertrauens. Paderborn: Mentis.

Short Curriculum Vitae

Current position:

Svenja Wiertz works as a research and teaching associate at the International Center for Ethics in the Sciences and Humanities. She studied philosophy at Düsseldorf University and is currently working on her PhD on Philosophical Conceptions of Friendship in the Context of Contemporary Processes of Social Change.

Education and Employment:

Since November 2018	Teaching and research associate (wissenschaftliche Mitarbeiterin) at the IZEW, Uni Tübingen.
2013-2018	Teaching and research associate and PhD-student at the Department of Philosophy at Heinrich-Heine-Universität Düsseldorf.
2007-2013	M.A. and B.A. in Philosophy at Heinrich-Heine-Universität Düsseldorf