

PUBLIC CONSULTATION PAPER ON ASSISTIVE TRACKER DEVICES FOR OLDER PERSONS

1 INTRODUCTION

The Ministry for Active Ageing wants to raise a discussion on the introduction of Assistive Tracker Devices (ATD) for older persons residing at St Vincent de Paul Residence (SVPR) and at Care Homes administered by Active Ageing and Community Care (AACC). This consultation paper is meant to increase the level of transparency by:

- Bringing into the discussion the expertise, perspectives, and ideas for alternative actions of those directly affected.
- Identifying unintended effects and practical problems; and
- Providing a quality check on the administration's assessment of costs and benefits.

The Ministry emphasises that if ATD is introduced in the future, a multidisciplinary and holistic approach will be taken.

It is pertinent to point out that when using a mobile phone, one can be tracked without his or her consent. This happens on a daily basis, any time and anywhere. If we introduce a tracking device for older vulnerable persons, Malta will join many other countries who already have an established system in place. To quote one example, a University of East Anglia¹ report found, 70% of dementia patients are at risk of going missing at least once, while 40,000 are reported missing for the first time each year. Some may go missing multiple times.

As a result, the UK authorities are taking the initiative to offer tracker devices to people it considers to be the most vulnerable, based on risk assessments. The philosophy is "every minute counts".

2 WHO SHALL BENEFIT?

Older person who are fully mobile, residents with decreased mobility, residents with multiple health conditions and comorbidities and residents with dementia are the main beneficiaries.

Fully mobile patients who can leave SVPR and care home premises will be able to contact back SVP and care homes via help line with a push of a button. It will enhance their ability to move around within and outside the facility with full sense of freedom. This enhances the security of the person wearing the device and allows the management of these elderly homes to contact the person if any situation arises. This practically gives a 2-way communication, security, and safety to residents.

¹ <https://www.bbc.com/news/uk-england-bristol-61090786>

Residents with decreased mobility and need assistance, once provided with a communication, and call for help device such as ATD would see as an encouragement to move around safely within their environment. There are situations where residents are in fear to even get out of bed or go to their adjacent bathroom at night. These situations might not be eliminated but it may provide them an added secure and safe feeling within their environment.

Residents who are wheelchair bound but able to move independently can move freely without restrictions. They can enter and explore their surroundings with an ensured security and safety feeling.

Finally, ATD would benefit greatly for patients with dementia. This medical condition is the umbrella term for several neurological conditions, of which the major symptom is decline in brain function due to physical changes in the brain. It is a progressive condition that largely affects older people but may occur in younger adults, impacting on their memory, language, ability to communicate, mood and personality. The course of the illness may be gradual and subtle or rapid and florid. Dementia is typically diagnosed when acquired cognitive impairment has become severe enough to compromise social and/or occupational functioning.

Recent insights from the psychosocial, socio-political, and public health perspectives have focused attention on the human, social and economic implications of the disease. The ageing of the population across Europe and beyond means that the number of people with dementia will grow in future decades with consequent implications for care provision, care burden and public expenditure.

It's common for a person living with dementia to wander or become lost or confused about their location. Based on this undeniable knowledge, the Ministry for Active Ageing is raising this public discussion on ATD on voluntary basis.

3 THE ETHICAL ASPECT

Assistive Tracker Devices on persons with dementia raises ethical concerns affecting both the individuals themselves directly involved – persons with dementia, family members, caregivers, healthcare institutions management – and society.

- How should the safety of the older person and residents with dementia be balanced with freedom?
- Who should decide what the best interest of the person with dementia is?
- Which criteria is appropriate to strike a balance between the needs of the patient with dementia and those of others, including the carers themselves?
- Should a healthcare institution resort to electronic devices at the expense of the loss of privacy, independence, and autonomy of its residents?
- Do these tracking devices violate the right to self-determination?

- How does electronic monitoring impinge on the dignity, quality of life and well-being of an older person?
- Whose benefit is at the centre of assistive tracking technologies?
- Does the ATD on older residents and older persons with dementia affect the quality of care and demotivate carers from remaining vigilant and establishing meaningful relationships with residents?

The Ministry for Active Ageing understands that these questions need to be addressed within an adequate ethical framework which does justice to older, vulnerable persons as well as to those directly involved in caring for them. Ethics is not only a matter of resolving ethical dilemmas or prioritising competing values, but primarily the cultivation of good attitudes and disposition towards others. The ethical dilemma concerning the ATD on wandering persons with dementia should not be restricted to whether such devices are right and wrong. This narrow ethical perspective needs to be refined by a broader moral horizon based on an ethics of care and responsibility. This ethical approach safeguards wandering persons with dementia from arbitrary electronic tagging. The central concern remains how to nurture good dispositions and attitudes which ensure the best support and care to vulnerable persons.

The ethics of care is grounded on a relational and context-based approach. Care ethics starts from the premise that as humans we are inherently relational, responsible beings and the human condition is one of connectedness and interdependence. As humans we are by nature empathic beings and responsive to the needs of others. Consequently, care ethics elicits a sense of responsibility, compassion, and sensibility for others, particularly those who are vulnerable. This explains why care is more valuable than cure throughout. Care ethics is primarily a person-centred approach. From a care ethics perspective, issues of justice and human rights do not need to be considered separate from issues of care since care must be the overarching framework within which civil liberties are to be considered, particularly in cases of vulnerability such as dementia.

In other words, decisions about limiting an older persons and demented person's civil liberties should be contextualised within an ethics of care. A 'non-interference' approach to autonomy may lead relationships into contractual ones defined solely in terms of rights rather than relationships based on caring. Autonomy as freedom from interference completely misses the point that promoting autonomy often requires the provision of active support and care. Empowering autonomy entails active care and support to older persons and persons with dementia so that they can be encouraged to retain and express their sense of self, rather than simply being protected from harm or interference. To provide this care and support, it is necessary for those providing care to try to understand what the resident is feeling, wanting, and experiencing. This is how the well-being of our residents are safe guarded.

The ATD on wandering residents at a healthcare institution should not be judged as a therapeutic intervention to control and deprive freedom and autonomy. Although no technology can ever replace the centrality of human care, there are cases when electronic monitoring devices need to be introduced as an additional tool to ensure

quality of care through greater mobility, independence, and social interaction. This is justified by the principle of respect for 'dignity as empowerment' in recognition of the real-life story of the person and his/her capabilities. When residents have the capacity to take a decision, their views should be respected. In the absence of this capacity, a decision needs to be taken in the person's best interest, but this does not just mean the person's best medical interests. In these cases, which are justified by a 'proportionate reason' for restraint, family members must be involved in the decision-making process because they are partners in care. Rather, the determination of what is the optimal care for a person with dementia requires adequate understanding of the progressive stage of the health condition, careful negotiation, and prudential judgement.

It is in the context of care ethics that understanding the wandering behaviour and looking for the least restrictive intervention become imperative. Care ethics is an attitude of solidarity and discernment on how to strike a balance between respecting the residents' autonomy, their safety and acting in their best interest. This approach safeguards the residents from the pitfalls abuse and stigma. Tracking devices cannot replace quality of care and meaningful relationships in residents with dementia.

Therefore, the ATD on older persons and residents with dementia should not be accepted uncritically, but neither should it to be outrightly rejected. Procedures must be put in place to ensure that the introduction of ATD on older person and persons with dementia does not lead to decreased vigilance and care of the residents in the wards by the staff.

4. THE TECHNICAL ASPECT

FITA (The Foundation for ICT Accessibility) has been commissioned to conduct an assessment on tracker devices which can be utilised in SVP and Care Homes to protect their residents in Malta and Gozo. This research was requested by the Minister for Active Ageing to be conducted based on helping older persons by using ICT devices which contain GPS tracker systems. The research was conducted on local available products and systems while several UK professional suppliers were also contacted to evaluate what is being offered in other markets as UK is considered one of the most advanced countries in this industry. If the Ministry opts to introduce Assistive Tracker Devices, the tender will be open to suppliers independent of the country of origin, but one must keep in mind that the operational and instructional language must be in one of the official languages of Malta.

FITA analysis highlights the following main points to be considered if the Assistive Tracker Device is introduced in Malta:

- Equipment required to monitor the system
- Charging frequency of sensors / Battery Life
- Useability of app used

- Device used to monitor
- Additional features: better or a hindrance?
- Durability
- Size

DIFFERENT MODALITIES:

1. GPS trackers -
 - a. Not very good coverage inside
 - b. Constant tracking
2. IoT trackers –
 - a. Combination of GPS / Bluetooth and WIFI
 - b. Not constant tracking
 - c. Only tracking when out of safe zone
 - d. Otium system

OPTIONS:

- Geo-perimeters / Geo-fence
- Fall detectors
- SOS emergency calls
- Two-way communication

FITA analysed all options available in Malta and in other markets. Each option was evaluated considering pros and cons when used by older persons who may require the use of these devices for tracking control. The Ministry for Active Ageing is desirous in solving issues presently occurring in SVP and Care Homes by using a system which can satisfy monitoring procedures.

Modern systems do not require central control units to monitor the movement of persons but motion systems using specific parameters can be set using a simple computer or software/app. This will drastically reduce human intervention and maintain the person's privacy.

FITA took into consideration health issues when studying pendants or other health hazard equipment which may be erroneously used by its clients so other options have been taken into consideration such as GPS tracking soles.

Any decision on the chosen device is completely subjective but the use of Tracking Devices is highly required to assist SVP and Care Homes administrators to protect older persons especially those suffering from dementia.

The above technical aspect of this Consultation Paper was developed by FITA's staff and by Foreign Consultants.

5. CONCLUSION

The Ministry for Active Ageing is inviting the public to give their views about Assistive Tracker Devices (ADT). This online consultation is part of a broader stakeholder consultation process that will contribute to the presentation of a full synopsis report that will provide overall conclusions on the issues raised in this Consultation Paper, with a qualitative analysis covering online replies, as well as the analysis of positions papers received from stakeholders.

You may take part in the Public Consultation by visiting the website: publicconsultation.gov.mt or send your response on the email mfaa@gov.mt. The Ministry will receive comments and suggestions up to Friday __ June 2023.