

# Chapter XLIX

## Current and Future State of ICT Deployment and Utilization in Healthcare: An Analysis of Cross-Cultural Ethical Issues

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### **ABSTRACT**

*The ever-changing face of ICT can render its deployment rather problematic in sensitive areas of applications, such as healthcare. The ethical implications are multifaceted and have diverse degrees of sensitivity from culture to culture. Our essay attempts to shed light on these interplaying factors in a cross-cultural analysis that takes into account prospective ICT development.*

### **PREAMBLE**

Satisfactory provision of healthcare is central to our quality of life. At the same time, healthcare is a central cost factor in our personal as well as public expenditure. Healthcare systems in differ-

ent countries face different challenges and provide different levels of services. It is probably fair to say that there is no one model that can address or overcome all issues. It is probably also fair to say that most healthcare systems are trying to use technology in order to address some of the prob-

lems they are facing. Among these problems, one can find issues of cost minimization, consistency of care provision, quality control, labor saving, and a variety of others. This chapter will explore the relationship of culture, ethics, and the use of information and communication technology (ICT) in healthcare. As this suggests, we will not be able to do justice to the intersection of these four topics. Instead, the chapter will attempt to identify some dominant issues that are of relevance today.

The main purpose of this chapter is to develop a framework that will allow us to understand how culture can shape the perception of the ethicality of the use of ICT in healthcare. It is meant to provide the foundation upon which we can build valuable empirical research. We are interested specifically in the question whether there are cultural differences with regard to the perception of ICT in healthcare between individuals from cultures in a non-Western setting and those from European, specifically British, culture.

Given the size and complexity of the topic, we will use this chapter to outline some of the relationships among the main concepts and to identify areas worthy of research. Following basic definitions of pertinent concepts, the chapter will start by discussing the relationship between culture and health informatics and then proceed to describe some of the ethical issues of health informatics. These two strands of thought then will be combined to develop the concept of cultural influence on the perception of the ethics and morality of health information systems. We then will describe several scenarios that will render it clear what kind of issues we believe to be likely encountered. Establishing the descriptive and theoretical part of our topic will pave the way for developing methodological considerations that are pertinent to empirical research and to the cultural impact and ethics of ICT use in healthcare.

## **Ethics and Morality**

It long has been established that, for the sake of practicality and application, a distinction should be made between ethics and morality. Morality can be defined as the set of acceptable social rules that are adhered to in a given community. Following this, one can define ethics as the workable scheme for the theory of morality. Ethics then can be used to describe, define, and justify morality. This distinction is not required by the etymology of the concepts, and it is not always used in English language writings on ethics. It is more widely adhered to in continental European philosophy (Stahl, 2004). We nevertheless believe it to be useful because it can help us distinguish between fundamentally different issues. Morality is a social fact and can be observed through the use of established social science methods. For example, we can observe patients in hospitals and find out whether they believe that a certain action is good or bad, whether they believe that a certain use of technology is acceptable or not. This question is fundamentally different from the ethical question of why the use of a technology is good or bad. While most individuals follow a morality of which they are aware, many of us rarely engage in explicit ethical reflection. That means that patients' ethical convictions, while important for their moral attitudes, often are implicit and much harder to determine. This has methodological consequences that will be discussed later.

Another reason the distinction between ethics and morality is important for our project is that it roughly corresponds to the difference between descriptive and normative research. One can undertake purely descriptive research on the social fact of morality, but when it comes to ethical justifications and normative suggestions, one changes the level of analysis. This is important for researchers to reflect on, and the conceptual distinction will make it easier for us to do so.

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