The Paradox of the Health Commons: The Benefits and Trouble About Participation and Co-Creation

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ABSTRACT

Advances in participatory technologies have created both benefits and challenges for consumers of public health information. Health information is more available than before, as well as diverse in terms of sources and information providers. The playing field of information creation and use is level: both medical professionals and the lay person can equally contribute and gain open access to health information via the Web. However, this also creates significant challenges. Information can be used in inappropriate contexts, the user can wrongly diagnose his or her ailments, and reading about ailments can negatively impact hypochondriacs. Contemporary discourse has argued for the benefits of such co-created health information as a health commons, yet more work is required to anticipate and elucidate its related challenges. The paper deepens understanding about the structural layers governing health information, as well as highlights the risks involved. As people use health information at a greater frequency and depth, and use participatory technologies to contribute health information, the discourse on the challenges ahead is imminent.

Keywords: Co-Creation, Health Commons, Knowledge Commons, Participation, Participatory Technology

INTRODUCTION

The contemporary media environment characterised by advances in the Internet and adoption of computing devices has contributed to the proliferation of health information freely available together with access to the World Wide Web. The obvious benefits are many: users have access to a richer array of sources from which they may gain useful and relevant information, and at the same time, contribute to existing knowledge. Yet there are many challenges: there may be conflicting information, and can lead to self-diagnoses which are wrong. More work is needed to understand the actual implications of creating and using health information. The paper seeks to address this gap by using the concept of the health commons.

Since the advent of the World Wide Web, researchers have argued for it as a type of knowledge commons (Hess & Ostrom, 2007). Historically, the term ‘commons’ refers to land or other resources used in common by a community. The concept was however criticised in the famous essay by Garrett Hardin (1968,
p. 1244) who argued that the commons was a tragedy in the making:

every man is locked into a system that compels him to increase his herd without limit – in a world that is limited. Ruin is the destination toward which all men rush, each pursuing his own best interest in a society that believes in the freedom of the commons. Freedom in a commons brings ruin to all.

In other words, freedom in a commons encourages overuse of resources in the commons. With resource scarcity, such overuse can lead to depreciation of the quality of resources and pollution. This is already evident even in many examples today, such as the depreciation of water quality and the problem of overgrazing in farming communities.

The knowledge commons, in extending the traditional concept of the commons, are sites supporting the creation, use, and storage of public knowledge which are free from market or regulatory constraints, and aims to be equally accessible to everyone who desires to access such knowledge. Public knowledge can refer to information resources, services, physical facilities in community institutions such as libraries and museums, and digital networks. Regardless of their forms, three salient characteristics can usually be found with the knowledge commons: a) resources that are shared and freely available to a target community, b) tools supporting participation in the production and use of co-created knowledge, and c) shared spaces or facilities facilitating personal and public discussions (Pang, 2011). The consciousness of knowledge as a commons when it is being shared have also been explored by many other scholars in terms of its issues, sustainable structural frameworks, and protection from enclosures (Hess & Ostrom, 2007; Bollier, 2002; Levine, 2003).

Although the concept of the knowledge commons shares similar characteristics with the traditional commons, the tragedy as hypothesised by Hardin (1968) is not applicable. Whilst overuse depreciates the quality and value of resources in the traditional commons, overuse in the knowledge commons does not have the same effect, especially for digital resources which could be easily copied and shared. This highlights two important characteristics of the knowledge commons. Resource scarcity, a common problem in the traditional commons, has little relevance in the knowledge commons. Additionally, instead of depreciating the value and quality of resources in the knowledge commons, overuse actually has the effect of increasing its perceived value and quality. An article in Wikipedia, for example, is more highly regarded than others if it has been viewed and edited many times more than other pages (Wilkinson & Huberman, 2007).

The irrelevance of the traditional tragedy of the commons begs a next question: if the tragedy of the commons does not apply to the knowledge commons, is there another tragedy we should be looking for instead? Perhaps the tragedy, if any, is not as evident, but there are potential challenges or pitfalls that we should be aware of. The paper seeks to highlight these potential challenges in the context of health information as a type of knowledge commons.

Understanding Health Information As A Type of Knowledge Commons

Since the advent of the Internet and communication technologies making it relatively easy and affordable to publish, there has been a significant increase in the amounts of new information. Additionally, the increase in the number of channels to carry such information has also contributed to this trend. Other than pages on the World Wide Web, information can also be proliferated via emails, RSS feeds, or social networks such as Facebook. As a result, the sphere of information that is freely accessible and available to anyone with a computer and network connection is now much larger than before. This is especially evident in the domain of health information, with many information portals actively in use catering to the information needs of both general and specialised health concerns. Many of these portals began
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