



COMITÉ CONSULTATIF NATIONAL D'ÉTHIQUE
POUR LES SCIENCES DE LA VIE ET DE LA SANTÉ

National Pilot Committee for Digital Ethics

Reflections and warning points on digital ethics issues in situations of acute health crisis

Ethics watch bulletin No.1

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The French National Pilot Committee for Digital Ethics was set up in December 2019 under the aegis of the National Consultative Ethics Committee for Health and Life Sciences (CCNE¹) at the request of the Prime Minister². It consists of 27 members from different backgrounds (academics, digital specialists from the private sector or from civil society organisations, etc.) and seeks to address the ethical issues raised by digital technology. Its role is both to formulate opinions on the subjects referred to it and to maintain ethical oversight in order to elucidate individual and collective decision-making.

It is this ethical oversight, necessitated by the urgency and scale of the Covid-19 crisis, that is presented here³. The aim will be to identify the ethical issues raised by the use of digital technology in this situation of crisis, with close reference to the bioethics oversight maintained by the CCNE during this exceptional time, including its European and international dimension. We wish to set out and discuss the dilemmas raised by measures that may be authorised to address public health imperatives, measures that might depart from the fundamental values our society shares. We will also examine how, in the aftermath of the crisis, we may ensure the return to a situation that is consonant with those values. Indeed, once this challenge has been overcome, the collective and individual choices made now will affect our lives for years to come.

The Covid-19 pandemic affects us all. While we believe that it is essential to maintain ethical oversight on the use of digital technologies, our thoughts above all remain with the people facing hardship, sickness or bereavement, with the caregivers, and with all our fellow citizens who are supporting the whole community in tackling this challenge. We will formulate our recommendations in full awareness of their pain, their difficulties and the scale of their dedication. We hope that everyone will be able to use them as a point of support now and in the future.

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Director of the French National Pilot Committee for Digital Ethics

¹ Comité Consultatif National d'Éthique pour les sciences de la vie et de la santé (CCNE), created in 1983

² Press release in French: <https://www.ccne-ethique.fr/fr/actualites/creation-du-comite-pilote-dethique-du-numerique>

³ This is the translation of the document available here: <https://www.ccne-ethique.fr/fr/actualites/comite-national-pilote-dethique-du-numerique-bulletin-de-veille-ndeg1>

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THE PURPOSE OF THE ETHICS OVERSIGHT BULLETIN

Ethical deliberation is a long-term process. However, the Committee took the view that this exceptional health crisis raises immediate ethical issues, linked with the expansion or changes in the use of digital technology. The Committee therefore decided to self-refer, that is to publish this text on its own initiative⁴. These questions are summarised below. They are not all new but are considerably amplified in the current circumstances and therefore demand increased vigilance. Other questions may arise as the pandemic evolves and the uses of digital technology with it.

Beyond our own input, we believe important to involve all parts of our society in reflection on these issues and, in particular, to facilitate citizen participation.

1. On the use of digital technology for the management of the pandemic

Digital technology is being used to a massive extent in this health crisis, with immediate benefits for the management of the pandemic itself.

With respect to healthcare, the increased use of telemedicine and digital communication tools is helping to maintain the relationships between caregivers and patients, whatever the purpose of the consultation. However, issues arise over the nature, the security and the confidentiality of the exchanges between doctor and patient, and also over the changes to private medical care that may arise from the development of private telemedicine platforms.

On the public health side, management of the crisis could lead to the introduction of a digital tracking system to monitor the health of the population. That issue is developed in the second part of this bulletin.

With regard to research, the available data, models, protocols and algorithms – thanks in particular to free access to scientific publications – can be used to assist diagnosis, calculate statistics, develop forecasts and learn from the strategies implemented in different countries. However, we need to be aware of the context of uncertainty and emergency in which results and feedback are assessed, and to ensure that they have a robust scientific basis.

2. On the use of digital technology by individuals

The population as a whole is also using digital tools more intensively, whether to work from home, for online education and training, for news, for culture, or for leisure activities. More generally, these tools enable people to maintain social ties and generate new forms of community spirit.

However, not all jobs can be done from home, a fact that leads to inequalities and disparities: because of the nature of their jobs, some people have had to stop working while others must continue going out to work and thereby run the risk of infection.

⁴ See Annex

Regarding the services accessible through digital technology (e.g. culture and sport), which enhance quality of life during the lockdown, thought needs to be given to the different ways of acknowledging the contributions of the different actors.

The proliferation of interactions that take place via online media is changing social ties. While video or audio-conferencing systems, distance learning platforms and chatbots are particularly useful at a time of health crisis, they raise questions about the conditioning to certain digital practices, as well as about their irreversibility, which have the potential to lead to a transformation in lifestyles. In addition, while digital technology enables the rapid spread of information, it also facilitates the proliferation of fake news, particularly on social networks.

It should be noted that this greater intensity of use reinforces digital inequalities, whether geographical, economic or cultural, thereby further entrenching social inequalities.

3. On the technical aspects of digital tools

The sudden increase in the use of digital technologies has opened up new opportunities while at the same time revealing or exacerbating technical, organisational and economic vulnerabilities.

The massive use of online communication tools in professional, family or informal contexts is helping to maintain essential ties, but also raises major issues over the security and confidentiality of such interchanges, as well as of sovereignty. On the other hand, if the resources associated with digital technology were to be restricted, this would also raise questions about the assignment of priorities between uses according to their “importance”.

The closing of “nonessential” stores has reinforced online shopping, which undoubtedly contributes to continuity of supply and can be of benefit to certain local stakeholders, but it also increases the power of the digital giants which, in a way, are profiting from the crisis.

Ultimately, it might be desirable for production and service systems to be more extensively automated in order to maintain business continuity while protecting workers (automatic cash registers, entirely robotised plants, autonomous delivery vehicles, etc). However, reflection needs to begin now on the societal changes that the widespread introduction of these innovations might bring about .

Under these circumstances, this first oversight bulletin on the ethical challenges of digital technology in a situation of acute health crisis is dedicated first to the question of fraternity, as underpinned by digital tools, and second to the question of the use of digital tools to track individuals.

FRATERNITY: POINTS OF ETHICAL ATTENTION TO DIGITAL TOOLS

1. Awakening from the shock

After a brief phase of shock and withdrawal, which led to the closure of numerous support facilities and the suspension of voluntary activities and mutual aid networks, many community initiatives have flourished, adapting to the lockdown measures, to social distancing and the requirement for special travel authorisations. Started by individuals, neighbourhood groups, civil society organisations, institutions and municipalities, these initiatives have generated a fine upsurge in intergenerational fraternity, mainly through mobile phones, the Internet, social networks and digital platforms. The government supports these via the website <https://covid19.reserve-civique.gouv.fr> and “#jeveuxaider” (literally “#Iwanttohelp”) from the “Réserve civique” (Civic Reserve)⁵. It also supports the website <https://solidarite-numerique.fr>.

This upsurge in fraternity cannot but be welcomed. However, it draws attention to certain ethical issues raised by the use of digital technology. In particular, a recent CCNE Opinion⁶ has emphasised the need to respect main principles: human dignity, fairness in the distribution of resources, the autonomy of the individual and the imperative of solidarity, along with beneficence, non-maleficence, and respect for privacy.

2. Solidarity: with whom and how?

Caregivers and the most exposed professions

One of the most visible and audible manifestations of fraternity with caregivers was the #OnApplaudit (literally “#Weapplaud”) initiative. Started on social media, it called on people to express support for caregivers by applauding from their windows every day at 7 or 8 pm. A more discreet phenomenon was the emergence of local mutual support initiatives for childcare, shopping and even accommodation near hospitals. This form of solidarity was extended to fire-fighters, ambulance drivers and police officers, as well as to all the people involved in maintaining essential functions: refuse collectors, cashiers, post-office workers, truck drivers, delivery drivers, maintenance technicians, etc.

To help hospital staff, digital platforms have also been created to provide backup for various hospital positions and to provide meals for caregivers, in collaboration with restaurants.

⁵ The Civic Reserve, created in France by the Equality and Citizenship Act of 27 January 2017, allows the voluntary and occasional involvement of citizens in public interest projects.

⁶ <https://www.ccne-ethique.fr/en/actualites/contribution-french-national-consultative-ethics-committee-covid-19-crisis-ethical-issues>.

Vulnerable people

People who are isolated, elderly and/or suffering from disabilities find themselves confined in institutions or at home and cut off from their relatives or from volunteers, who are prevented from visiting them or forced to restrict their movements. Institutions, whether families, civil society organisations or homecare providers, have proved creative in maintaining almost daily contact with people in this situation. Digital tools are not needed to make phone calls, write, or even pray, which means that the less tech-savvy have an opportunity to contribute and to feel useful. However, digital interfaces are becoming increasingly common, for instance in nursing homes. They are one way for dependent individuals to retain the right to social ties, a right underlined by the CCNE.⁷ The use of these digital tools to communicate with people who are sick or nearing the end of life nevertheless raises ethical issues, for instance over the respect for privacy.

People in precarious situations

Homeless or low-income individuals have suddenly been deprived of access to food and hygiene facilities (toilets, showers), or to Internet in day centres, sometimes losing their earnings from light domestic services or even turning to begging. Fortunately, thanks to digital technology, several initiatives undertaken by public and civil society organisations have helped to restore interrupted services and to create special accommodation, food supply and hygiene services. However, the question then is how the potential recipients can access this digital information. In families, particularly those with difficult living conditions, the children are also disadvantaged by inequalities of access to and support with distance learning. Many working or retired teachers have rallied together to help them *via* social networks. Cramped living conditions are also a trigger for domestic violence, which mainly affects women and children. Once again, digital tools have become the vehicle for new support initiatives.

3. Access to digital tools

Access to digital tools, in particular to the Internet, is essential to the implementation of solidarity initiatives in the crisis we are currently experiencing. For instance, apps accessible on smartphones have been designed specifically to bring information to people living in conditions of hardship, to help them maintain contact and therefore to enhance their autonomy.

Nevertheless, what is needed is equality of access to these tools, both for volunteers and the people they support. Yet people living in poverty often have restricted subscriptions for their smartphones, if they have one at all. In families, home workstations for distance learning are not always available or properly equipped. As for people isolated at home, they may experience the stress of being unable to access these services or information because they are unfamiliar with digital technology.

As telecommunications bandwidth can become a scarce resource, choices about bandwidth allocation need to be made in a way that does not have a negative impact on community initiatives, which should be seen as an essential activity in a time of crisis.

⁷ “Response to the referral from the Ministry of Health and Solidarity on the strengthening of protection measures in residential establishments for dependent seniors (EHPADs), and in extended hospital care units (USLDI)” – CCNE, 30 March 2020

Recommendations

- To the telecommunications operators:
 - Ensure that low-capacity subscriptions are de-restricted in times of crisis.
- To municipalities:
 - Provide appropriate digital tools in secure locations and along with assistance for users, and maintain them after the crisis.
- To public services:
 - Provide a human phone helpline service for people who have problems in accessing digital services, and maintain it after the crisis.
- To government departments:
 - Establish a “fraternity” telecommunications channel with priority over other uses in the event that choices need to be made in the allocation of telecommunications bandwidth at times of crisis.

4. Use of communication interfaces

Digital interfaces for visual and voice communication, screens, webcams and telepresence robots allow isolated, sick or elderly people to maintain contact with their relatives, which is even more essential at a time of crisis.

Apart from the issue of access, the use of these tools raises specific ethical questions about the recording of images or conversations, in general and especially in extreme situations such as resuscitation or end-of-life events. Telepresence can also cause psychological shock to patients who only see their relatives remotely, or to families who see their loved ones weak and suffering. The recording of images or sounds may violate the dignity and privacy of the patient. Conversely, when somebody dies, and in the absence of physical closeness, the lack of any visual record can be a painful impediment to the mourning process. In order to ensure that these digital interfaces fulfil the requirement of non-maleficence, support should be provided in their choice and their implementation, and there should be a procedure governing the deletion or storage of these recordings.

Recommendations

- To the institutions that provide care for vulnerable people and possibly to the legislature:
 - Establish a role of communication mediator between an elderly or sick person and their relatives through controlled communication interfaces.
 - Ask for the prior consent of the individual, or the person legally responsible for representing them, before choosing their communication interfaces.
 - Provide for discernment and decision-making procedures relating to the storage or deletion of images, sounds or conversations recorded with vulnerable persons.
- To the whole population:
 - Use digital interfaces that respect the dignity of the people concerned, and ensure that these interfaces do not replace physical presence once the lockdown has ended.
 - Abstain from posting end-of-life images of patients on social media.

5. Use of social media

Social media play a key role in the development of local solidarity initiatives, especially when it comes to the three types of target population considered here: caregivers and exposed professions, vulnerable people and people living in precarity. Thanks to their agility, social media have the undeniable advantage of responsiveness and speed in the implementation of these initiatives.

The downside is the spread of incomplete or false information that might affect acts of solidarity themselves in two opposing ways:

- Underestimation of the risks to exposed people or even to society as a whole caused by inaccurate recommendations on diet or health;
- Conversely, overestimation of the risks, beyond the recommended protective measures, which might lead people to reject any form of practical solidarity or to stigmatise certain sections of the population.

In addition, at a time of crisis, traces of the vulnerability of certain individuals can remain on social media and may subsequently be used to discriminate against them.

And finally, some solidarity initiatives shared on social media can also be exploited by sectarian⁸ or criminal interests. Europol has reported acts of cybercrime that take advantage of the health crisis and people's anxiety⁹.

These observations thus raise the need for recommendations on beneficence and solidarity in the use of social media in times of crisis, and also for the respect for dignity and privacy to be maintained beyond the crisis.

Recommendations

- To public authorities:
 - Keep disseminating messages about protective measures on social media and on key apps.
- To social media users:
 - Check that the social media used has a clear privacy policy that respects personal data.
 - Be aware of the risks of online disinformation about the Covid-19 pandemic, including when they relate to acts of solidarity.
 - Be alert to the risks of online fraud that exploits the impulse to solidarity.

6. Use of search engines and platforms

Search engines and digital platforms play a key role in bringing together volunteers and organisations or institutions that provide solidarity measures, as well as companies that supply products or services which can contribute to national solidarity. There is also an abundance of open source innovation platforms dedicated to inventing new types of medical equipment, treatments or simply new applications that are useful in these times of pandemic.

⁸ Anne-Marie Courage : « Le phénomène sectaire à l'heure du numérique », BulleS - N° 143 (2019) pp. 9-15

⁹ "Pandemic profiteering: how criminals exploit the COVID-19 crisis", EUROPOL, March 2020 – www.europol.europa.eu

In this context, there are two important points to consider. The first is not new: it relates to privacy, but it calls for special attention to the privacy of volunteers. The second is specific to this crisis and concerns fairness in sharing the fruits of national solidarity.

The flood of volunteer applicants on platforms generates personal data which is stored by search engines and platforms that practise tracking. These data can subsequently be exploited for opportunistic commercial purposes or manipulation without the knowledge of the individuals concerned who, because of the emergency or in the absence of sufficient education in the use of digital tools, might have given their consent too readily.

Both the management of donations of health materials and products of different types and origins, and their distribution to caregivers and professions most at risk, have often proved to be chaotic or inadequate. In addition, there is the risk of counterfeit products being touted by cybercriminals. A public platform that matched supply and demand would make it possible to protect against these risks.

Recommendations

- To charities and everyone involved in solidarity initiatives:
 - Encourage the use of search engines and digital platforms that guarantee the protection of personal data and effective indexing of trustworthy organisations and institutions.
- To digital platforms:
 - Undertake to delete the data collected about volunteers and recipients of support once the crisis is over.
- To government services:
 - Opt for sovereign digital solutions for logistics management, in particular during a crisis.
 - Create a public platform for matching supply and requirements.

Conclusion

This report on access to digital tools and their use for purposes of fraternity, and on the ethical issues they raise, has been produced in the national context of the Covid-19 pandemic. It focuses on practical solidarity with three categories of people during the crisis and does not provide a comprehensive picture of all the acts of fraternity and solidarity. Several topics have not been addressed, especially those affecting other categories of the population, such as migrants or detainees, and the international dimension of solidarity is not taken into account. This calls for later analysis.

THE TRACKING OF INDIVIDUALS WITH DIGITAL TOOLS

Digital tools contribute to public health goals and to the management of the health crisis.

Digital tracking measures can help to fight the epidemic at a collective or individual level. Collectively, they can be used to study or model the spread of the epidemic, to identify the sources of the epidemic, to help assess the development of “herd immunity” and to analyse the effects of lockdown. Individually, they can be used to monitor and contact people infected by the virus and people who have been in contact with them, to ensure compliance with the lockdown rules and prevent unauthorised gatherings, and also to reduce the psychological burden on individuals by giving them information on their state of health. They can also facilitate the medical monitoring of the patients, in accordance with the principles of beneficence, non-maleficence, justice and autonomy.

At the same time, there is a tension between the needs of crisis management and respect for fundamental freedoms. For instance, the lockdown restricts freedom of movement; digital tracking measures raise the issue of breaches of privacy and personal data protection. Monitoring the geographical distribution of members of a group could also raise the issue of potential discrimination, even if aggregated data are used. Even in a crisis, strong safeguards and boundaries need to be set. Any action taken must be guided by respect for fundamental principles such as necessity, proportionality, transparency and fairness.

The aim of ethical deliberation is to identify emerging tensions between different principles, between individual and collective values, individual and collective well-being, in order to inform citizens and elucidate public policy decision-making.

1. Ethical issues raised by different types of digital tracking

Collective tracking is about population groups identified by various criteria, for example geographical data (everyone in a particular place at a particular time, or population movements), or data relating to health, vulnerability, etc.

Individual tracking is about people themselves. This could be individuals within the general population, people who have tested positive, people with symptoms compatible with those of the disease, people who have been in contact with or in physical proximity to individuals who have tested positive, or contacts recorded in a person’s address book.

The implementation of individual tracking methods can be compulsory or voluntary. Such methods also raise the question of the obligation on individuals to remain permanently connected.

In the case of compulsory monitoring, the urgency of the measures, public health imperatives and the need to reach a greater proportion of the population would be cited. However, compulsory measures could have the opposite of the intended effect by inciting uncooperative responses, such as disconnecting the tracking system during travel.

In the case of voluntary monitoring, free compliance would be reinforced by informing the public about the utility of the measures and by appealing to a sense of civic responsibility, through social incentives such as phone texts and public messages. The principle of equity would then make it necessary to provide connected devices to people who would like to take part in voluntary monitoring but do not have the necessary tools.

However, this individual choice could be guided or even influenced in various ways, for example through persuasion (“nudging”) or manipulation techniques, social pressure, peer emulation, etc. In this case, the lack of free and informed consent, the possibility of manipulation, as well as the impact of consent on the family and friends of the person concerned, or attribution of responsibility to the individual rather than to the community, are important ethical issues. As CCNE noted in its opinions on digital healthcare, protecting the individual's autonomy of decision and the maintenance of a human guarantee of these digital technologies, constitute two essential instruments of regulation, including in times of crisis.

MONITORING TOOLS

- 1) Geo-tracking data collected from connected devices.
- 2) Geo-tracking data collected by advertising firms, social media, search engines or other online operators.
- 3) Proximity data collected by an app downloaded to connected devices.
- 4) CCTV data from the public space (cameras, drones, robots), possibly coupled with facial recognition systems.
- 5) Data from the use of credit cards.
- 6) Activity data from phones and internet access devices.
- 7) Electricity consumption data.
- 8) Health data collected by connected medical devices, e.g. thermometers.
- 9) Health data collected by healthcare services.
- 10) Global observations by drones or satellites.

Recommendation

- In the case of voluntary digital tracking measures, guarantee the free and informed consent of the persons involved.

The timeframe is also a fundamental issue: digital monitoring measures could apply during the period of lockdown or after, or even be applied in the future in anticipation of similar situations.

In order to distinguish between these three phases, the definition of the end of the health emergency and the end of the crisis is crucial. These definitions are needed in order to legally set the duration of the monitoring measures and restrict them as far as possible with regard to the aims pursued. There is a risk that these exceptional measures might become permanent. There are many examples in history of measures implemented in exceptional circumstances being subsequently prolonged until they became part of common law. Moreover, one must be wary of the temptation to perpetuate certain forms of monitoring. In this case, the everyday use of individual tracking would constitute a major ethical issue.

Recommendations

- For any tracking measure, set and publish a strictly limited legal period of application and guarantee the conditions of its reversibility.
- On the technical front, do not rely on automatic technical extensions of tracking measures. Provide for individual tracking measures to be automatically deactivated after the end of the legal period of application, and provide for the means for this to be publicly announced.

Ensuring that monitoring measures are robust, secure, traceable, explainable and auditable, is a key priority. For instance, methods such as encryption or crosschecking contribute to the technical quality of tracking. However, regardless of the methods used, the accuracy of the data and the methods used to process them are likely to lead to interpretation errors, such as “false negatives” or “false positives”. Respect for the autonomy of individuals and fundamental rights, principles that are as much ethical as legal, mean that it must be possible for individuals to report an error and receive a response, or even to take legal proceedings for any damage incurred. In the case of voluntary adhesion, it must be possible for individuals to withdraw and have any personal data collected about them deleted.

Individuals reported by the tracking apps risk social discrimination, or even stigmatisation. People who do not agree to sign up for the tracking measures face the same risk.

Another issue concerns the collective or individual choice of monitoring measures in a situation where there is a proliferation of legal or illegal apps supplied by private or international actors, and the ability of those providers to collect data.

Recommendations

- Assess the necessity and proportionality of the measures at regular intervals. Define effectiveness criteria and assess them on a regular basis.
- Because of the intrusive and mass nature of the tracking measures, implement specific and appropriate methods to guarantee their safety and prevent any misuse.
- Enable individuals to report errors, to receive a response to their complaint and to take legal proceedings for any damage incurred.
- In case of voluntary adhesion, ensure that individuals are able to withdraw and to have the data collected about them deleted.
- The specific tracking apps must be certified by public authorities and audited.

2. Ethical issues raised by the collection of personal data during digital monitoring

The collection and processing of personal data, regardless of their sources, could be useful to ensure effective monitoring of the crisis, for instance by helping to identify the people at risk, but also for scientific research purposes, for example in order to improve prevention policies for possible future pandemics.

However, this could create the risk of disproportionate infringements of fundamental freedoms, to different degrees depending on the methods employed. For example, even travel that relates to an individual’s most private activities could be analyzed.

Existing legal provisions already permit the application of such measures in times of crisis (see Article 23 of the GDPR and Article 15 of the Directive on Privacy and Electronic Communications) by setting the conditions for the validity of departures from common law in accordance with fundamental rights and the principles of necessity and proportionality. Hasty reforms to these provisions would run the risk of causing lasting damage to certain essential values of our society.

The collection and processing of data for tracking purposes could also present a significant risk of arbitrariness, in particular of misuse, a widening of access or broadening of purposes, whether by public authorities or private actors (police use leading to excessive checks, monitoring by employers, use by insurers, etc.). There is also the risk of the public losing trust in monitoring measures. These risks make it imperative to verify and guarantee that the collection and handling of data obeys the principles of fairness, minimisation, proportionality and transparency laid down in particular by the Charter of Fundamental Rights of the European Union and the GDPR. They also suggest the desirability of considering data governance mechanisms such as the appointment of trusted third parties to carry out the design, development and application of monitoring measures, together with institutional oversight and transparency mechanisms that bring into play the relevant regulatory authorities (CNIL, EDPS)¹⁰, and democratic representation under the control of the judge, guardian individual freedoms.

The sharing of tracking data between different countries, in Europe and around the world, is of fundamental interest as a means to better understand the phenomena observed, to inform decisions and to speed up research. While such sharing is to be encouraged, it is important to keep a close eye on the processes used for the collection, handling and management of personal data, as set out in the relevant regulations.

Recommendations

- In the design and implementation of monitoring methods, ensure that the minimum quantity of data necessary for the purpose is collected and processed, and that preference is given to the measures that are the least intrusive and most consistent with individual freedoms (local storage, anonymization, controlled access to data, definition of the parties involved in data collection and processing, etc.).
- Guarantee regular, freely accessible, fair and transparent information on the design, coding and use of digital tracking methods, their purpose and the intended use of the data collected.
- Organise continuous institutional and democratic checks on digit tracking measures and any broadening of their application.
- Ensure that international exchanges of tracking data respect the European framework for data protection and privacy.

¹⁰ CNIL, Commission nationale de l'informatique et des libertés (French National Commission on Informatics and Liberty) and EDPS, European Data Protection Supervisor

ANNEX

Self-referral

Reflections and trigger points on the ethical issues raised by digital technology in a situation of acute health crisis

24 March 2020

The major health crisis caused by the Covid-19 pandemic is crucially accentuating the use of digital science and technology to inform, communicate and monitor, and to collect and process data. Combined with the rapid growth of digital technology over the last twenty years, these uses have immediate and potentially critical consequences for individuals, their families, their work, their social responsibility, but also for businesses, the organisation of the health system and the overall organisation of our country. The consequence is a considerable intensification of the frictions between the benefits and risks of digital innovations, an intensification that has occurred suddenly in an international context that is also at a critical phase with respect to health, digital development, the environment and the economy.

The use of digital technology in this situation of acute crisis is essential in helping caregivers to understand and manage the pandemic, scientists to find treatment, drug and vaccine strategies as quickly as possible, and also for the development of public policies in response to the crisis. It is also essential to the continuity of a large number of activities – business, education and training, news, culture and leisure – and to the maintenance of social ties. It is a source of innovation, contributing to the understanding and management of the crisis from the healthcare, social, economic and political perspectives. However, these new or augmented uses also have the potential to increase existing risks and generate new risks. These risks are linked with the urgency of the decisions to be taken, the novelty of the situation, the lack of preparedness in terms of education and organisation, and a shift in the order of priorities between values, all of which raise major ethical issues.

A number of points of attention can already be identified. They include: inequalities in the use of digital technology (“digital divide”); surveillance of individuals and violation of privacy (travel and health data monitoring); weaknesses in the methods used (networks, applications), both in terms of their robustness and in terms of security, confidentiality and sovereignty; the modification of social ties; the spread of information or misinformation; and the behaviour of economic actors.

Against this background and over time, the Committee will make its opinions more visible for the benefit of citizens, decision-makers, the media and political leaders. It will endeavour to identify the ethical issues raised by the use of digital technology in this crisis. It will characterise the departures from the rules that may be authorised to take account of public health imperatives and will specify the conditions for their implementation. It will reflect upon the intangible principles required to ensure that, once the crisis is over, the return to normality is accompanied by a change in the use of digital technology that reflects the norms and values of society. It will draw attention to warning signals and may issue recommendations that take account both of public health imperatives and of fundamental human rights. This reflection on the ethical challenges of digital technology will complement the deliberations led by the CCNE on the bioethical aspects of a pandemic. Necessarily initiated and conducted in conditions of urgency, it will need to continue and to tackle questions that will arise during the management of the crisis, until it finally ends.

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