

ARE SMARTWATCHES ERODING SOLIDARITY?

Scenarios for a data-driven healthcare system

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Summary

Scenarios

Gene sequencing, pedometers, smart blood pressure monitors – our health is increasingly translated into numbers. This datafication not only promises better prognoses of health trajectories, it also enables more control of behaviour. But how does this new transparency affect the solidarity principle of healthcare, i.e. the principle according to which the contribution payments of individuals are not made dependent on their state of health or behaviour? This is not a question of technology alone, but also of social decisions. What conditions does a society impose on individuals to be allowed to benefit from this solidarity? If these conditions are strict, the new health data are likely to be used for control: Are people behaving properly? If, on the other hand, solidarity conditions are designed to be tolerant, health data are more likely to be used to enable individuals to lead lives that are as healthy as possible. The study outlines four extreme scenarios along two axes: the “conditions of solidarity” (strict or tolerant) and the “role of government” (minor or major).

The Big Government scenario describes a strong government with strict conditions for solidary support. People have to share their health data and are urged to adopt healthy behaviours. In the Big Self scenario, the aim is to empower individuals without patronising them. Although government also plays an important role, it limits itself to regulating the use of data and facilitating healthy behaviour. In the Big Business scenario, on the other hand, people with similar health profiles join together in risk pools. These risk pools require the disclosure of data in order to exclude unfavourable risks. The disclosure of data is also central in the fourth scenario, the Big Community scenario. Here, this is done out of voluntary solidarity, however: Individuals share their data without demanding “healthy” behaviour from others. Rather, the diversity of the data is seen here as a strength that enriches the data model, making it more robust.

Although the four scenarios are set in the future, the underlying logic can be illustrated by how the COVID-19 pandemic is handled. For example, governmental control as in the Big Government scenario manifests itself in mask and certificate mandates. In contrast, the demand that unvaccinated people should pay for their own hospital treatment reflects the logic of the Big Business scenario. Measures that correspond to the Big Self scenario are informational campaigns or contact tracing apps that do not store data centrally. The Big Community scenario, in turn, finds its counterpart in the demand to release patients for COVID vaccines.

Control and solidarity

The current Swiss healthcare system is close to the Big Self scenario, in which the government wants to support and empower the individual. However, datafication acts as a catalyst and can cause shifts in the balance between much and little governmental influence as well as between strict and tolerant conditions for solidarity. For example, the mere existence of the digital control possibilities could tempt people to formulate stricter conditions.

It is true that simple rules can facilitate collective behaviour and thus strengthen solidarity. Even so, if the rules are unnecessary in the first place and/or too complex, they will lead to disenfranchising

micro-management. Tolerant conditions for solidarity and less control in turn have an empowering effect. They give people the resources to take care of their health and act in solidarity with each other. There is a danger, however, that conditions for solidarity that are too tolerant will lead to misuse, ultimately resulting in a collapse of the solidary system.

Rules that are too strict can disempower people, while rules that are too lax can result in misuse or even chaos. So what is the right degree of conditions for solidarity? On the one hand, there are examples of people overestimating the need for control: Contrary to the cliché, aid money is not “boozed away” in most cases. Healthcare organisations can function efficiently and to everyone’s satisfaction without having to meticulously record every step of their work.

On the other hand, the right degree of control is not a fixed value that one only needs to find. The right degree of control is somewhat malleable. Individuals can be empowered to handle health data. Instead of external control, individuals can control themselves. They use data to check whether they are getting closer to their health goals. In addition, institutions can be established that promote trust and consequently also facilitate the sharing of data. This requires that the government and organisations themselves are willing to share data openly.

Technologies do not dictate how they should be used. This is why society needs to discuss the direction in which the datafied healthcare system should develop. This study and the scenarios described in it are intended to help lead this discussion, throw light on implicit assumptions and put trends and demands in a larger context.

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