



# ELSI of big data in health care

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# Volume, Velocity, Variety, Veracity

- **Ubiquitous** (from dating, to hiring, to voting, to policing, to searching for terrorists, etc.)
- **Everyone** is involved and affected (not necessarily by choice)
- **Ever-growing**, ever-expanding (metrics, IP addresses, space)
- **Hyped** (means different things to different stakeholders)

# Big DATA in Medicine & Health Care

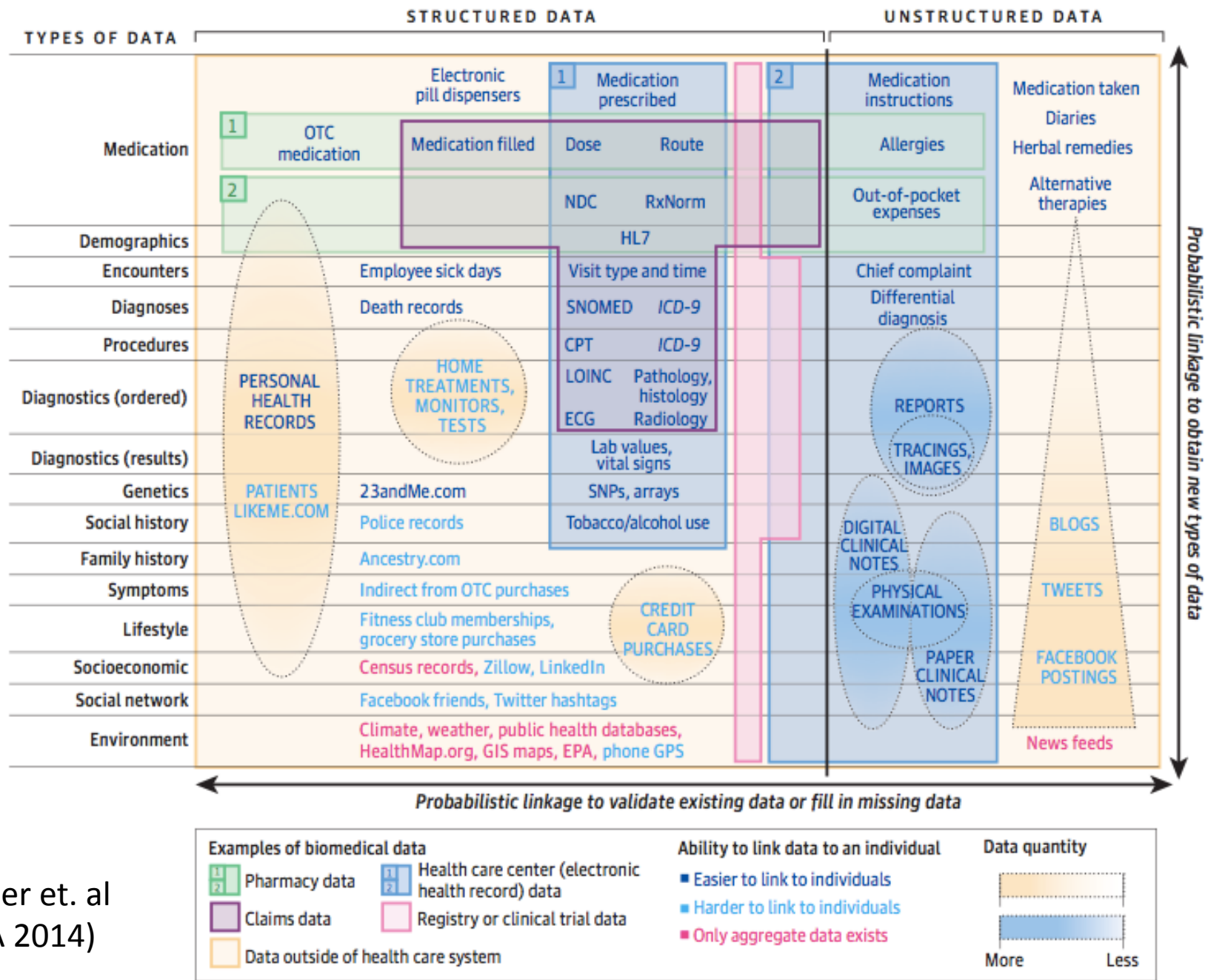
- EHR
- mhealth
- Body-adapted wearable electronics
- Personal genomics
- Quantified Self

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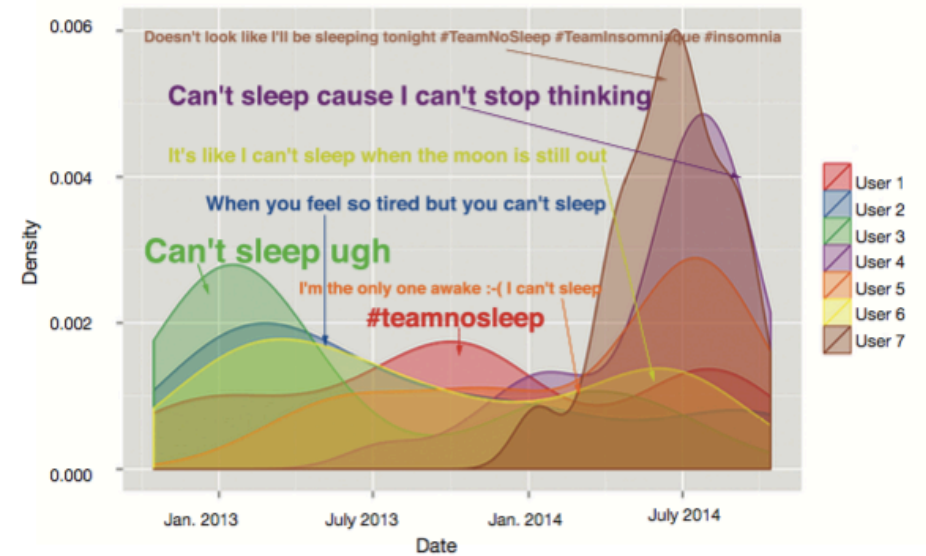
- Loyalty cards/purchases
- Phone data
- Web searches
- ....

“The patient is an enormous repository of information that needs to be harvested as a partnership not only in clinical care but in discovery as well. It is the only way we will define wellness and its progression to disease, rather than traditional medicine that defines disease and its progression to death.”

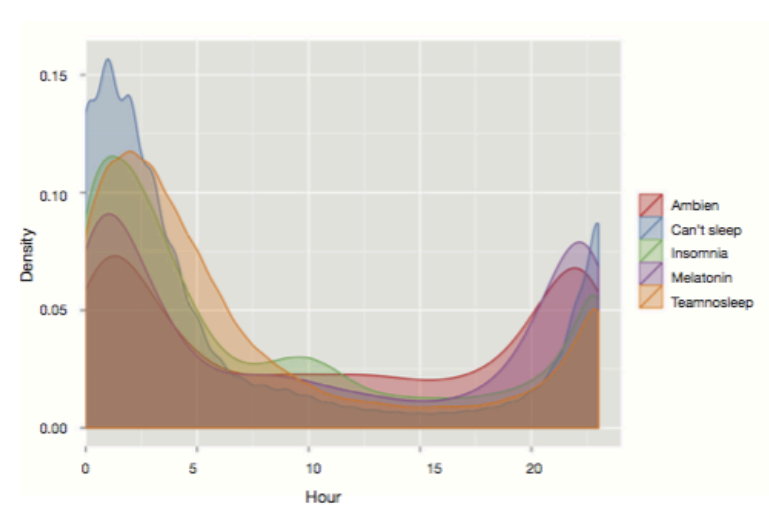
Figure. The Tapestry of Potentially High-Value Information Sources That May be Linked to an Individual for Use in Health Care



(Weber et. al JAMA 2014)



**Figure 1** Timeline of insomnia-related tweets from representative individuals. Density distributions (probability density functions) are shown for seven individual users over a two-year period. Density on the y axis highlights periods of relative activity for each user. A representative tweet from each user is shown as an example.



**Figure 2** Time distribution of insomnia-related tweets. Density curves (probability density functions) for multiple insomnia terms are shown, illustrating what time of day (using a 24-hour clock) tweets were posted. Density on the y axis highlights times of relative activity for each keyword. Tweets were from our own database of geo-tagged tweets, with 1,315,236 tweets shown here across a two-year period. Note that the time of each tweet was converted into the user's local time.

# The digital phenotype

Sachin H Jain, Brian W Powers, Jared B Hawkins & John S Brownstein

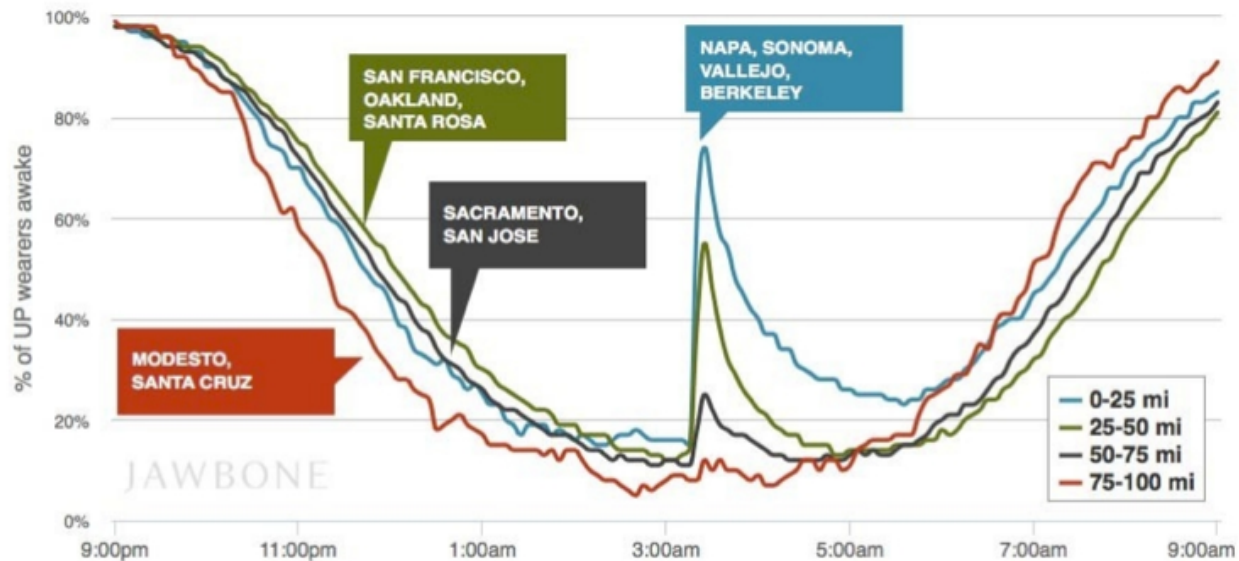
In the coming years, patient phenotypes captured to enhance health and wellness will extend to human interactions with digital technology.

Nature Biotechnology, 33:5 2015

*I wear a Jawbone Up fitness tracker, and I was surprised when I saw its blog posts that show research about sleep, like this one on [circadian rhythms](#) and another about the [earthquake in Napa](#). I was one of those 55 percent people in Oakland who woke up during the quake! Did I sign up to be in a sleep study when I bought my Jawbone Up?*

— Brandon, Oakland, California

Below is a visualization prepared by our Senior Data Scientist [Brian Wilt](#) that shows how the South Napa Earthquake's effect on the UP wearers' sleep changes with the distance from the epicenter.



We wish all the people in the Bay Area who were affected by the earthquake a speedy recovery and a good night's sleep.

Awake in Oakland after the Aug. 24 earthquake in Northern California.

<http://america.aljazeera.com/articles/2014/10/29/sleep-study.html>

# 1. Privacy

“There’s privacy issues. We've got to figure out how do we make sure that if I donate my data to this big pool that it's not going to be **misused**, that it's not going to be **commercialized** in some way that **I don't know about**.

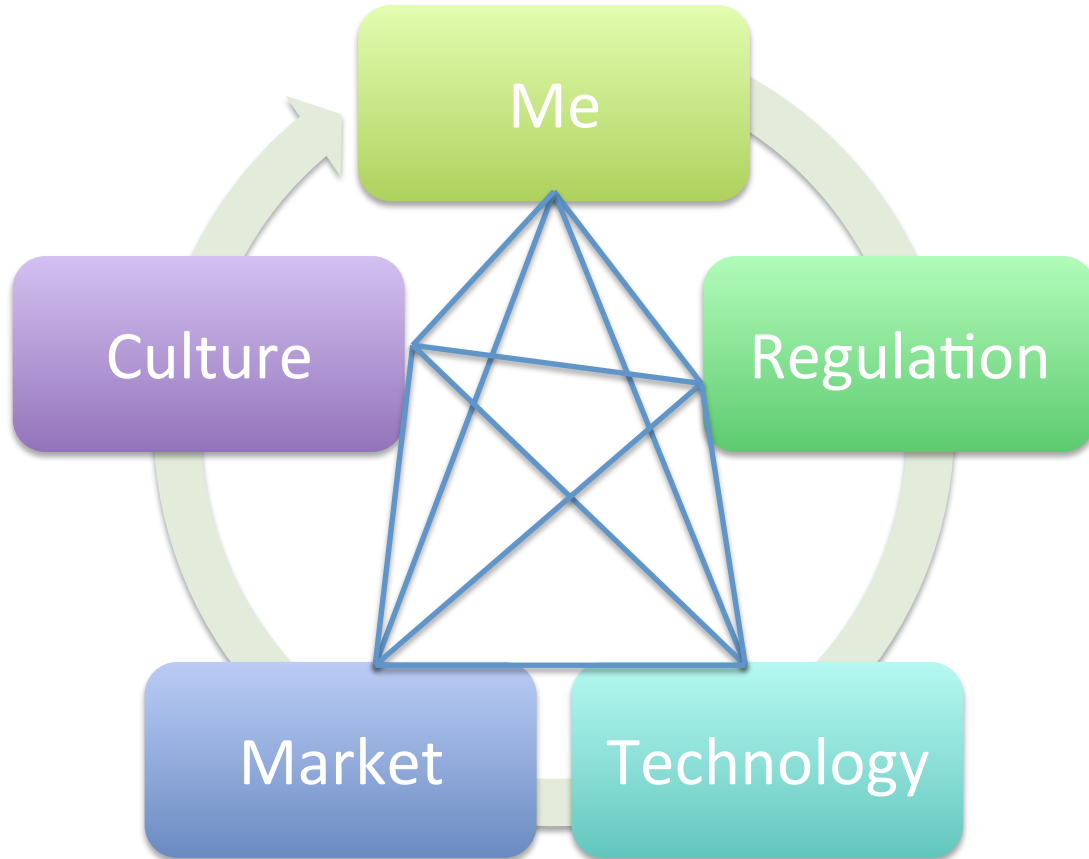
And so we've got to set up a series of structures that make me confident that if I'm making that contribution to science that I'm not going to end up getting a bunch of spam targeting people who have a particular disease I may have.”

President Obama, **Precision Medicine Initiative**

February 2016



# . Privacy



Collection

Storing

Processing

Sharing

Dissemination

# .Privacy

- “...big biomedical data are scattered across institutions and intentionally isolated to protect patient privacy.” (Weber et. al JAMA 2014)
- World Economic Forum: obstacles to data commons-privacy and security.

# . Public and private

- “Analog” system of protection
  - Opting out
  - Anonymization
  - Reliance on notice and consent

# 2. Consent

- Necessary but not sufficient
  - Unknown uses, immense possibilities
  - Digital trail (authorization, not consent)
  
- Consent innovation
  - General
  - Granular
  - Dynamic
  - Portable

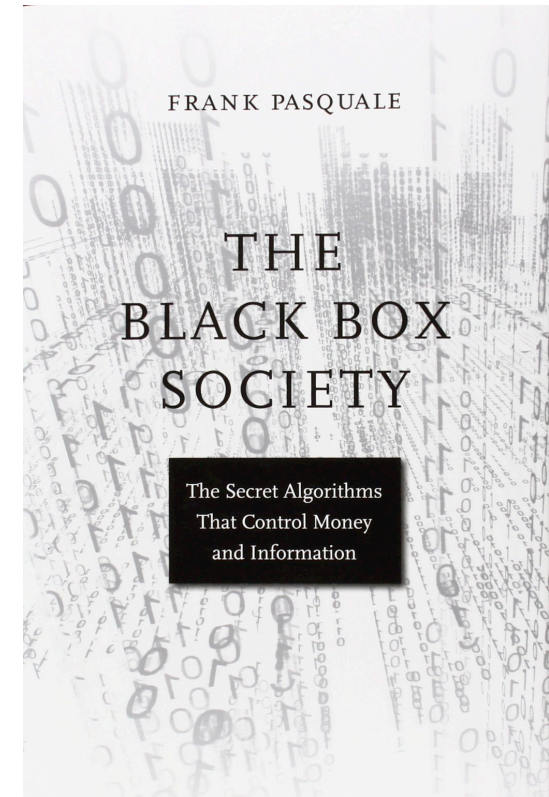
# 3. Data uses

- Focus on ethical **use**
  - Ethics review
  - How to review big data proposals?
  - Just standard review?
  - Risk-benefit assessment
  - Benefit sharing (IP, patents)

# 4. Governance of data initiatives

## Principles of governance

- Transparency
- **Accountability**
- Participation
- Deliberation
- Fairness



# 5. Public involvement

- Digital literacy
- Empowerment (personal data space/vaults/stores)
- Opportunities to act
- Opportunities to govern

high quality care for all,  
future generations

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collecting information for the health of the nation

## The care.data programme – collecting information for the health of the nation

What is care.data?

**OB**FUSCATION

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# Expanding data ecosystem in health

## Shifts:

- ① Data taxonomies (biomedical data?)
- ② New methods (black box)
- ③ Public and private distinction
- ④ New actors (data companies)
- ⑤ New roles (CEO-statesman)

Vayena E.&Gasser U. "Strictly biomedical? Sketching the ethics of the Big Data ecosystem in biomedicine" in B. Mittelstedt & L. Floridi (eds.) *The Ethics of Big Biomedical Data* (Springer 2016)

# Big data regulatory ecosystem



European Data Protection Supervisor, Opinion, September 2015