

Bioethikos First Club Meeting

11/9/17, 6:47 PM – Fayerweather 311

Minutes taken by Jorge Rivera-Agosto and Ryan Min, Edited by Kristina Hosi

Our club mission

We are here to fill a void of the student experience at CU, create opportunities for more discussion, expand discussion within the University, and serve as a platform to organize to attend conferences and events outside of CU.

Ways to be in contact with us

Facebook page: This is our main platform to send articles, events, and conferences

Twitter: Follow us for quick updates

Email list: We have a newsletter that you will receive weekly, [sign up here!](#)

- **Digest:** This is included in the newsletter, and we encourage you to contribute. [Submit articles here](#). Please include an analysis of the article you want to send out.

Events and discussion ideas

Ideas discussed include:

- Discussion topic: race and medical education (Dr. Brooke Cunningham)
- Young alumni panel
- Continue class discussions
- Organize to attend conferences

Discussion: Mental Health, Technology, and Privacy

“Machine learning identifies suicidal youth.” *National Institutes of Health (NIH)*. November 7, 2017. [Read more](#).

“Teenage suicide is extremely difficult to predict. That’s why some experts are turning to machines for help.” *The Washington Post*. September 26, 2017. [Read more](#).

Using technology as a tool to help diagnose mental health. Use without clinical supervision?

We discussed how technology can be used as a valuable tool to help diagnose mental health.

There was a general consensus that use of such technology should be restricted to clinicians.

Use of such technology without clinical supervision poses many risks that come with diagnosing suicidality in an individual; others who are not trained for these circumstances could potentially put many individuals in harm’s way. We also discussed whether the such technology should be made available to counselors in schools or parents of minors.

Where do we draw the line between needing a physician versus needing a computer?

We discussed whether this technology should supplement clinician attention and care. Although the NIH article demonstrated the accuracy and capability of the technology to diagnose suicidality, person-to-person psychiatric treatment and interactions should not be substituted by a computer, phone app, or machine. As was mentioned above, this technology should be used as a tool in addition to existing methods of treatment and therapy, not in place of.

Who should have access to the data?

We discussed whether access to this data should be limited to clinicians, or if it should be accessible by parents or school administration (e.g., teachers, coaches, counselors). Granting data to non-clinicians can pose potential benefits and risks. A school counselor was present at our meeting and provided great insight on whether such information is desired by school administration; in his opinion, such information would be helpful to his position of providing counseling to his students.

Technology and self-diagnosis; what are the dangers?

We discussed the dangers of publically providing a way of diagnosing suicidality with technology that is proven to be accurate. Some dangers included aggravating an individual with a definite diagnosis, potentially causing him/her to hurt him/herself. This was a strong argument for restricting the technology to clinician-only use. Additionally, we talked about how most individuals who would be screened using this tool in a clinician's office would already be seeking help for their mental health.

Is social media public or private information?

We discussed various ways that social media can be considered as public or private sources of information. This led us to a discussion of "fake" social media accounts which individuals may set up and use to post alternative information about themselves. However, whether or not social media is public or private information would be somewhat of a tangential topic, since use of this technology would require informed consent and permission of the individual whose social media would be accessed. We talked about the aspects of providing informed consent for such technology, and how it might be applied to other incidental findings through use of the technology.

Meeting adjourned at 8:04PM. Thank you for attending!

Total attendance: 17