

Human Ethics Considerations

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Measuring and Modeling Health Behavior
with Smartphone Mediated Data
Collection

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Notable Issues

- Particularly sensitive information being collected
 - Names of devices (e.g., via Bluetooth)
 - Geographic information
- Network recruitment requires blinded referrals
- Collectively identifiable information
- Notifiable behavior
- Lawbreaking activities
- Smartphone use in vehicles
- Special ethics handling required in context of clinician-patient relationship
 - Advised: separate notification or study personnel to approach
- Tighter scrutiny over intervention studies

Tips

- Engage early, engage often with IRB/REB
 - Develop a relationship with the IRB/REB
- Point IRBs/REB to precedent (EULAs, published work, ...)
- Warn in consent form about legal obligations wrt subpoenas
- Refer IRBs/REB to other IRBs/REBs with history of handling
- Reuse earlier documentation
- Use pilots and feasibility studies prior to large-scale studies
- Be patient (IRBs/REB learn over time)
 - Err on side of complying with concerns
- Consider tiered opt-in strategies

Some Points for Discussion with IRBs

- Precedent with other studies
- Public nature of much visible information
- Capacity to opt out
- Commercial exploitation of such information

Support for ongoing and retroactive participant opt-out

- Opting out from a specific data source
- Pausing data collection
- Dropping out of study
- Option to deleting the data anytime after the study: (Data ownership: Data is generated by participants and owned by them, and they should always have a way to access it, and delete it if needed.)

Data Escrow-Based Studies: Addressing Concerns via Contingent Use

- Some potential participants
 - May be uncomfortable with providing sensor and self-reported data in general
 - May be comfortable with data being used in urgent contexts
- One option is to guarantee participants that
 - Data will not be examined except in stated contingencies
 - Data that is not analyzed will be deleted after a specified period of time