The disease burden of global anthropogenic landscape change morally obliges individuals to share their routinely collected health data for research: A policy project utilizing philosophical investigation and stakeholder discussion

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Summary
I present philosophical research into the moral dimensions of sharing Routinely Collected Health Data (RCHD) for research in the Anthropocene. I argue that applying a planetary health lens to this topic suggests certain individuals have a stringent duty to share their RCHD. This is because (1) such individuals can be causally linked to planetary-mediated health harms as a result of their consumption, and (2) sharing RCHD for research stands as an interim way individuals can mitigate the health harms they are implicated in given any “Great Transition” could be expected to take a morally salient amount of time.

Profile
I'm a philosopher and the course leader in Introductory Topics in the Philosophy of Medicine at Brighton and Sussex Medical School (UK). Come talk to me during the conference or email to arrange a Zoom meeting if you are interested in expanding the role of the humanities within the planetary health movement.

1. Introduction
SARS-COV-2 likely spilled over from wild animal populations due to globally driven anthropogenic landscape changes. As well as highlighting the importance of the planetary health lens to understanding spillover, the pandemic has also re-emphasized the value of RCHD as a resource for medical research in the Anthropocene. Nevertheless, attempts to maximize the research use of RCHD has attracted controversy, especially in the UK which has one of the most comprehensive and longitudinal health datasets in the world.

In response, I carried out a two-stage project which involved:

1. A systematic review investigating stakeholder attitudes to ethical RCHD use.
2. An exploration of discourse in moral philosophy with a view to determining whether individuals have a duty to share their RCHD for research.

Results from the first stage have been published in Wellcome Open Research, here I report the findings of the second stage; my philosophical investigation.

2. Philosophical Findings
Past philosophical work has explored whether individuals are obligated to participate in medical research from a variety of perspectives including beneficence, fairness and self-interest. However, little attention has been paid to sharing RCHD specifically, especially through a planetary health lens. Following this, I argue that a duty to share RCHD can be established on persuasive grounds by drawing on key planetary health insights. This argument goes as follows:

As established, global per capita consumption is meaningfully impacting human health insofar as the activities it necessitates are driving monumental disruption to Earth’s natural systems. For this reason, individual consumers can be understood as being causally responsible for the morally salient degree of harm brought about by these health impacts.

For those whose consumption can be linked to such planetary-mediated health harms, this causal responsibility generates a stringent duty to share their RCHD for research purposes. This is because while some of these planetary-mediated health burdens may have simple solutions, others will require large-scale changes (e.g. the “Great Transition”) to complex human systems on which many human lives depend. As these changes will take a nontrivial amount of time to secure their objectives, RCHD use in research is a key way in which those who are causally involved in the production of planetary-mediated health burdens can meet the obligations they incur due to their consumption behaviors during this interim period.

Such circumstances are central to a broad duty to share RCHD for research. However, the application of this moral obligation is not evenly spread across populations, since:

1. The consumption of some individuals and groups will likely not contribute in any morally salient way to the production of planetary-mediated health burdens.
2. Some individuals or groups may have a net positive ecological footprint, and thus a net positive impact on planetary-mediated health burdens (see, box below)

3. Implications
- Although I demonstrate individuals have a stringent duty to share their RCHD, this does not entail that sharing should be mandated by governments. Rather, health systems should empower individuals that wish to mitigate the planetary-mediated health burdens they are causally responsible for by sharing their RCHD.
- This work demonstrates both the importance of planetary health insights to moral discussions concerning medicine in the Anthropocene, and that the humanities can valuably contribute to planetary health as a field.

Box: The uneven spread of moral duty to share RCHD across populations.
Some individuals and groups have a net positive ecological footprint through maintaining comparatively sustainable lifeways whilst resisting processes responsible for planetary-mediated health burdens. For example the Wet’suwet’en who are one of a number of indigenous groups and their allies who have significantly impacted greenhouse gas emissions. As evidence demonstrates, indigenous resistance in the US and Canada has “stopped or delayed greenhouse gas pollution equivalent to at least one-quarter of annual US and Canadian emissions”.

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References


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