

TECHNOLOGY AND AUTHENTICITY: PATIENTHOOD IN A TECHNOLOGICAL WORLD

Research paper

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Abstract

This paper concerns the ways in which we can be authentic in a technological world. To respond to this question we draw on the work of Martin Heidegger and specifically on his essay 'The Question Concerning Technology' and on his conceptualisation of authenticity, as outlined in 'Being and Time'. We show that being authentic could be a response to the dangers the essence of technology poses. We contextualize our question in the context of contemporary health discourse. According to recent health policy, technology plays a pivotal role in allowing patients to make choices and manage their health. We argue that empowerment does not give much opportunity to be authentic but confuses the ability to make choice with the potential of becoming free and thus hides the 'enframing' effects of technology. We show how a technological understanding of patienthood has turned 'patients' into 'data' and 'health' into 'information technology', we demonstrate why technology is not neutral given its exclusionary effects and then we go on to discuss in what ways patients who are excluded from this technological world could constitute the saving power that could make health more humanistic and inclusive.

Keywords: Heidegger, technology, authenticity, patienthood.

1 Introduction

This paper is concerned with the question of authenticity in a technological world and specifically with the question what does it mean to be a patient in the modern digital world. We situate this question in the context of contemporary health discourse regarding patients' empowerment through the use of a range of digital technologies to manage their health. To respond to this question we draw on the work of Martin Heidegger and specifically on his essay 'The Question Concerning Technology' (QCT)(Heidegger, 1977a) and on his conceptualisation of authenticity, as outlined in the second division of 'Being and Time' (BT)(Heidegger, 1962). The paper is situated in the IS literature that takes a Heideggerian take on the study of technology. This literature has examined the essence of information infrastructures (Ciborra and Hanseth, 1998); has discussed the distancing - 'representational' - effects of digital technology from immediate contexts (Kallinikos, 1995); the ways in which information is being enacted to inform managerial knowledge and decision-making (Introna, 1997); has argued for a reconceptualization of information technology from an artefact to equipment (Riemer and Johnston, 2014).

Contemporary health discourse in the English context suggests that digital technology empowers patients by giving them the possibility to exercise choice for their health and also by allowing them to manage their health through technology in a more efficient manner. The paper adds to existing health IS studies (Bjørn et al., 2009; Davidson and Chiasson, 2005; Cho et al., 2008; Klecun, 2015; Klecun and Cornford, 2005) by adopting a critical lens to the essence of digital health technology through the application of Heidegger's ideas and to its implications for how we understand patient subjectivity. We address the question as to whether this is a way of raising our understanding that health is an issue that we should be concerned and actively engage with leading a more authentic life or is it a manifestation of the dangers of technology that has subjected everything, including people, to its purposes. This essay argues that in contemporary health discourse technology does not really give much opportunity to be authentic but confuses the ability to make choice - with all the challenges its realisation poses - with the potential of becoming free and thus hides the enframing effects of technology. We show how a technological understanding of patienthood has turned 'patients' to 'data' and 'health' to 'information technology', we demonstrate why technology is not neutral given its exclusionary effects and then we go on to discuss in what ways patients who are excluded from this technological health world could constitute the saving power that could potentially make health more humanistic and inclusive. The main conclusion this paper reaches is that an authentic way of being may also be the saving power of modern technology and thus a response to the dangers of its essence.

The remainder of this paper is structured in the following way. Section 2 presents an analysis of Heidegger's views on the essence of technology followed by section 3 which discusses the meaning of authenticity in relation to technology. The following section discusses patienthood in the modern technological world by looking into recent health policy reports and this is followed by a critical discussion that addresses our initial question considering patienthood in a technological world. Some final concluding remarks are presented in the end.

2 Digital Technology & its Dangerous Essence

In the Question Concerning Technology (QCT) (Heidegger, 1977a) Heidegger's aim is to unpack the essence of modern technology as he sees this as being a necessary condition for developing a free relationship to technology (Heidegger, 1977a p. 3). The essence of a thing, he says, is an enduring element or a feature of that thing and of other things that belong to a certain type of things. For instance, as Heidegger says, all trees have the same essence throughout time and all modern technology has the same essence and this essence cannot be reduced to the thing in which this essence is being instantiated. In other words, the essence of a tree is not a tree and the essence of modern technology is '*by no means anything technological*' (Heidegger, 1977a p. 4). If we therefore keep on treating technology as a neutral tool under our control, then we are doomed to never understand what it is about and what it does. We have to delve more deeply into the 'technological understanding of being' technology opens up (Dreyfus, 2006 p. 303) since technology is deeply entangled with who we are and what we do: '*Everywhere we remain unfree and chained to technology*' (Heidegger, 1977a p. 4).

What differentiates modern technology from more primitive technologies is the way in which they reveal a/the real. Modern technology is associated with an economic understanding of the world whereby the ultimate purpose of being becomes the maximisation of profits and the minimisation of costs. This purpose is achieved through exploitation of all possible resources and, perhaps more importantly, through the transformation of everything into a potential resource for exploitation and use or into a 'standing reserve' according to Heidegger (1977, p.17). Heidegger discusses the ways in which technology '*challenges*' (Heidegger, 1977a p. 17) nature by extracting resources that will either be used immediately or saved (Heidegger uses the term 'stockpiled') for a potential future use. The way in which technology reveals by challenging nature, and the world more generally, to come forth as a standing reserve that will be used, exploited, controlled, improved, dispensed, stored and so on is called 'enframing'. Enframing is thus a way of revealing albeit a reductionist one since all objects are reduced to mere resources losing in this way their 'objectness'. They are never revealed to us as they

are; their true essence is hidden. Similarly, nature becomes revealed in a particular way; not in terms of what it really is but in terms of what it can offer to meet human needs and purposes. Lovitt and Lovitt (1995, p.473) name this process as ‘disguising unconcealing’. Digital technology may differ from modern industrial technology, for instance in terms of its additional communicative and informational abilities. For example according to Berry (2014) the computational power of digital technology challenges forth data without changing in any way the original entities from which they come. This is because data production and analytics becomes a self-referential process (just like modern technology) that draws on existing data sets and produces further data. So what is being exploited is data and not people or nature. Berry (2014, p.96) calls this as ‘streaming forth’. Although, there are significant differences between machinery technology and software-based or web-based technologies, we argue that we cannot dissociate data from their producers in our case from patients. Their essence is in this regard similar (Kallinikos, 1995). One could actually argue that streaming forth is perhaps one of the most successful manifestations of the dangers Heidegger described given the fact that the role of human beings becomes assumed.

Although human beings are not in control of enframing and neither are they its author they nevertheless play an important role in it as facilitators that allow it to happen. Human beings are not however responsible for how objects are being revealed as standing-reserve. This means that enframing, as the essence of technology, is realized thanks to human beings but occurs independently of them. Human beings, Heidegger explains, are experiencing enframing as a ‘destining’ and as a ‘calling’ (Heidegger, 1977a p. 24). Although to a large extent inescapable, destining should not be seen as man’s¹ fate. Enframing actually opens up the possibility for human beings to develop a free relation to technology. We will explore this possibility once we discuss the two dangers that Heidegger identifies in the process of enframing.

The first danger is that a technological understanding of the world has diffused so much into man to the point where everything - that is including man himself - is turned to a resource, a standing-reserve (Heidegger, 1977a pp. 26–27). This danger suggests that technology has taken over everything, leaving us with no other possibility for allowing things to present themselves to us in a different manner. In this scenario technology has become an imperative to such an extent that the problems it creates are

¹ Man is used here and to the rest of the document to refer to human beings.

resolved by more (and perhaps also more advanced) technology. The second danger is that man as the being who is called-upon to allow enframing to occur is under the illusion that he has become the master of the world (Heidegger, 1977a p. 27). She thinks that nature, humanity and science are under her control and sees everything as being a human construct, a product of her power. In this scenario, man sees himself everywhere but in reality he is alienated both from the world and from himself. The dangers Heidegger describes of man being subjected to enframing (and turned to a standing-reserve) and deluded by enframing (and seeing only himself alienated as he becomes from the rest of the world) both illustrate the biggest danger, which is the elimination of any possibility of allowing the world to be revealed in a different, that is in a non-technological, way.

3 Authenticity: freedom & choice

In Heideggerian terms freedom is not about free will or about acting in accordance with one's wishes, as we would probably define it today. Freedom is rather a relation that is characterized by a revealing. We are free in relation to things when we allow them to be: "it is to the happening of revealing i.e. of truth that freedom stands in the closest and most intimate kinship" (Heidegger, 1977a p. 25). As we said earlier, the essence of technology is a destining but not a fate (Heidegger, 1977a p. 25); it is the way in which human beings respond to this calling that matters. Heidegger suggests that although our calling-upon is unavoidable we still have the possibility to see and do things differently and use our bounded freedom to relate to the world more authentically.

Instead of developing a technological understanding of the world whereby man becomes the servant of technology seeing it instrumentally (Heidegger, 1977a p. 27), man could alternatively realise '*as his essence his needed belonging to revealing*' (Heidegger, 1977a p. 26). What Heidegger describes here is an instance of realization that human beings are being called upon, that technology has limits in revealing the true essence of things and that human beings are responsible for always considering the concealed in the process of enframing. This shows that it is through man, and not through technology, that the true essence of things could be brought to the fore and constitutes the 'saving power' of technology.

For Heidegger the possibility for enjoying freedom lies in technology's essence of 'enframing'. We can only understand that things could be otherwise, and thus develop a free relationship to them, when they appear to us as 'standing-reserve' and when we can see and hear the process of enframing (Heidegger, 1977b p. 32). We actually need to be constantly conscious of the dangers of technology.

By seeing everything in a technological way, we can also realize all the other different –poetic - ways in which entities could become present to us. Through their technological unconcealment we could also appreciate the ways they have been concealed and the multiple other ways they could be. There is in other words something paradoxical in the essence of technology; it is dangerous and saving simultaneously. And actually the closer we get to its dangerous essence of enframing, the closer we also seem to be to its saving power. The more we are exposed to the technological revealing, the closer we can get to the true essence of things and develop a free relationship to them. This however remains only a possibility; it is far from being a necessity.

Towards the end of QCT Heidegger seems to be seeking a response and an attitude that would redeem our technological understanding of Being. This essay argues that an authentic attitude to the way in which we lead our life is the response to the technological dangers the essence of modern technology poses. The remainder of this section provides an interpretation of Heidegger's definition of authenticity drawing upon a part of his Magnum opus Being and Time (BT) (Heidegger, 1962). For Heidegger being authentic means 'Being-towards-death' (Heidegger, 1962 p. 294). Death here has an ontological rather than an ontic status. It does not refer to dying as a factual process but to a realisation of the possibility of the impossibility of absolute Being (Heidegger, 1962 p. 294). To be authentic means to understand, to cultivate and to put up with the certain true possibility that death can occur at any time (Haar, 1993a p. 4). In realizing the temporal and finite nature of our being we also realize the limited possibilities, opportunities and choices we have (and those others we lack) and we can realize (and cannot) until the end (Carman, 2003 pp. 282–283). The realization of our bounded agency constitutes authentic being-towards-death. Being in anticipation of death is not about looking out for its actualization; quite the contrary. It implies moving away from the comfort of the everydayness and getting involved with things that matter. It is a realization that our opportunities and our possibilities are infinite only in theory, restricted as they are by our temporal finitude. Authenticity is therefore an urgency to take ourselves away from things that are comforting to things that are disturbing but meaningful. In anticipation of death things get a different meaning and acquire urgency, given the realization that they are not available indefinitely. Authenticity brings directedness to our life as it makes us focus on the things that we want to accomplish for our lives (Guignon, 2006 pp. 229–230). This allows us to establish an authentic relationship to things and frees us from death. Anticipation of death is liberating in the sense that it allows us to '*authentically understand and choose among the factual possibilities lying ahead of that possibility which is not to be outstripped*' (Heidegger, 1962 p. 308). So, authentic being implies simultaneously a realization of our contingent nature; an awareness of the certain possi-

bility of our death and an acceptance of our responsibility to lead a life making choices for ourselves while rejecting other possibilities of being (Mulhall, 2005 p. 120).

For Heidegger authenticity is an outcome of a choice that man makes in response to a ‘call of conscience’ (Heidegger, 1962 p. 316). By choosing to make a choice we make possible our ‘authentic potentiality-for-Being’ (Heidegger, 1962 p. 313). The message of conscience is suggesting that we are responsible for leading our lives until the end by making choices and this is despite the fact that our autonomy is bounded in the sense that we are thrown beings in this world and not another; we follow rules, which however are not of our own choosing; we are having specific possibilities and not others; we have not chosen to be who we are; we are always finding ourselves situated within a field of certain possibilities which however we have not determined and so forth (Mulhall, 2005 p. 128). For some of Heidegger’s interpreters the call of conscience is a condition of agency (Blattner, 2013 p. 322). We have the freedom to choose - we are actually free only on the basis of our choices (Haar, 1993a p. 21) - and to realize our possibilities but we do not have absolute freedom as our possibilities are defined (actually pre-defined) by the situation we find ourselves in. Heidegger says about agency and freedom that it is ‘only in the choice of one possibility – that is in tolerating one’s not having chosen the others and one’s not being able to choose them’ (Heidegger, 1962 p. 331) suggesting the bounded nature of our freedom further. Authenticity is therefore about being open to the voice of conscience so that it discloses its message to us and about understanding that we are fundamentally an entity with finite existence; with certain (limited) possibilities and, subsequently, with lost options and opportunities. In being free for death and taking responsibility for the choices we make we become powerful again.

Adopting an authentic mode of being is therefore a threefold process that involves distancing the self from the comfort of the everydayness; finding who we are on the basis of what we do and taking responsibility for our life on the basis of our limited choices and restricted possibilities (Macann, 1992 p. 230). Drawing on the above analysis of Heidegger’s views on the essence of technology and on authenticity, two seemingly different concepts, we would argue that choosing an authentic way of being may also be the saving power of modern technology and thus a response to the dangers its essence poses. Heidegger’s work seems to indicate that technology and authenticity are related in that both of them provide the possibility for being free, a possibility, which is in turn grounded in a process of revealing.

4 Unpacking Patienthood in Contemporary Health Technology Discourse

The question we will be exploring in this section, framed by the above analysis of Heidegger's views on the essence of technology and the conditions of authenticity, is what does it mean to be a patient in contemporary technological world. The motivation to pursue this question comes from the publication of four main health policy reports that were published since 2010 and which are intended to set up new ways of being a patient in a technological world. Technology here is defined as information technology that includes for example electronic patient records; web-based health portals and health mobile applications. Like most discourse health policy reports involve rhetoric that uses abstract concepts that one cannot easily unpack. Drawing on personal interpretation of those reports we could argue that at their centre lies patient empowerment (Pluut, 2016 p. 3), which means at least two things. The first is patient choice (of treatment, of how and when health and care will be delivered) and the second is patients' self-management of their health. Both of them can be realised through the use of information technology. Recent health policy discourse suggests that better use of technology gives patients more control over their health and well being (Department of Health (DH) and National Information Board (NIB), 2014, p.3) and great access to information about health and treatment is supposed to be sufficient to empower patients and improve health (DH, 2012, p.12).

Since 2010 authorities in the English NHS aimed to instil a culture of 'no decision about me without me' in the NHS (Department of Health, 2012 p. 6). This cultural shift is based on patients' ability to choose. Policy makers argue that patients need to be 'enabled to make the right health and care choices' by having access to their health information and by using 'NHS-accredited health and care apps and digital information services' (DH & NIB, 2014 p.6). This signifies a shift from the medical encounter whereby decisions about treatment were taken by the medical expert towards shared-decision making whereby the patient becomes informed about available choices and makes decisions for herself. In this way information and information technology becomes vital for patient choice (DH, 2012, p.11). In fact, the generation and provision of health-related information is considered by health policy makers as being a health service in itself (Ibid., p.11).

Information technology empowers people 'to take charge of their own health, by providing information, support and control' (DH & NIB, 2014, p.9). In this way patients have the choice to receive information, advice and perhaps even treatment from alternative health sources. For instance, the Big White Hall is an online service that supports people with mental health illness. Through it patients can

get advice and guidance but perhaps more importantly they can receive live therapy through a secure web link. According to the report three quarters of users of this service talked about their mental health concerns for the first time to this online service (DH & NIB, 2014, p.19).

Patient empowerment is also realized by giving patients the chance to manage their health and care themselves. Patients will and in some cases they already view their electronic records and make comments on them sometimes as a way of verifying or correcting the information that is included in them and in all times as a token of their empowerment (DH, 2012, p.21). In the future, patients will be able to edit their records altering their content often substantially (DH & NIB, 2014, p.21). They are already able to book appointments online and renew prescriptions electronically.

The Department of Health envisions that in the future patients will be better equipped to manage their healthcare by themselves (DH & NIB, 2014, p.10). Self-management will then require that patients develop expertise of their condition and the skills to use technology in order to manage their health better, perhaps better than health specialists: ‘We can improve care and reduce the need to use health and care services by enabling more of our citizens to build up the knowledge, skills and capabilities they need to manage their own care and symptoms’ (DH & NIB, 2014, p.19). In another recent report it is argued that patients, especially those with chronic conditions, will eventually become ‘experts by experience’ (NHS England, 2014 p. 12). Wearable devices that allow people to quantify various health-related outcomes and lifestyle metrics (for instance how many steps they have taken or how much they walked) together with numerous health applications will provide valuable information for patients to manage their health better (National Information Board, 2015 p. 4). Self-management of one’s health is not to be seen as merely a way of administering a long term illness (for instance monitoring one’s blood pressure) but is more complex to include making informed choices; managing conditions; avoiding complications and in general staying healthy (NHS England, 2014 p. 12). It also means exercising control over where, how, when and by whom they receive care.

Given the significant role that is attributed to technology reports suggest that technology needs to be ‘harnessed’ and the potential of information technology ‘exploited’ (DH & NIB, 2014, p.8). In this way health-related data will be amenable to ‘extraction, collection, storage and transmission’ (DH & NIB, 2014, p.15) and the benefits of technology namely ‘doing more for less’ will be realized (DH & NIB, 2014, p.9). Patients’ empowerment - seen here as the ability to exercise choice and to manage

one's health and care – is accompanied by an assumed self-responsibility. The current Secretary of State for Health in England said that people are responsible for becoming experts of their own health as no one else can take this responsibility:

‘Thankfully people are starting to take more responsibility. Doctors report dramatic increases in the number of expert patients who Google their conditions and this can be challenging for doctors not used to being second-guessed. But it is to be warmly welcomed: the best person to manage a long-term condition is the person who has that long-term condition. The best person to prevent a long term condition developing is not the doctor - it's you’ (Hunt, 2015).

The above overview of contemporary health discourse around patient empowerment facilitated by technology in the light of the previous discussion on technology and authenticity raises an important question: is this shift towards patient empowerment a way to enhance patients' awareness of their health as an issue that should matter to them alone and as a task they should take responsibility for leading in this way a more authentic life? Or is it a manifestation of the danger of technology that has turned everything - man himself - to a standing reserve, subjected to the purposes of technology? The paper attempts to respond to this complex question drawing upon the discussion on the essence and the dangers of technology and the conditions of authenticity as presented above.

5 Patienthood in a technological world

This last section provides some critical concluding reflections that address our initial question concerning the meaning of patienthood in a technological world. The paper has tried to apply Heideggerian ideas to the essence of digital health technology and the ways in which the latter frames patient identity. Heidegger was never concerned about health as such neither in BT nor in QCT. Although he was interested in ontological death he was not reflective of health, illness and disease that would probably constitute the ontic death of Dasein. Yet, Heidegger's work is enlightening in that it helps us understand the implications of modern technology for how we understand our existence as current or future patients using some sort of digital health technology. Medicine and the delivery of health and care more broadly has been increasingly mediated by technology bringing together not only new understandings about health (Stempsey, 2006 p. 228) but also new ways of being a patient. Health has always been enabled through technology but what we experience now is an unprecedented reliance on digital technology to the point where it becomes, according to the previous section, health service in itself.

This claim is indicative of the central role that technology is taking not as a tool that allow us to do certain things – this would be a pre-modern understanding of technology - but partly as an enabler to achieve economic targets such as better health outcomes and less costs. This reflects the instrumental and anthropocentric understanding of technology (Heidegger, 1977a p. 5) that reduces it to a mere means that patients or future patients use in order to take better care of their health. It is also indicative of the economic understanding of the world (here of health) that accompanies modern technology. The instrumental approach to technology becomes all more evident if one looks into the words that are being used to describe technology as an entity that needs to be ‘harnessed’ and ‘exploited’. It is striking that the word ‘harness’ in particular is so close to the essence of enframing.

Perhaps more worryingly however health discourse seems to render technology an end in itself. This is because it presents information technology and its possibilities for providing to patients good quality information as being equivalent to what good health is all about. This shows that the essence of digital health technology lies in ‘enframing’ (Heidegger, 1977a p. 19) that reduces health to mere information. It is also important to highlight that enframing becomes here a self-referential process in that information is in turn a product of technology. This then suggests that technology becomes simultaneously the means and the end; the apotheosis of enframing. Haar (1993 p. 82) referred to this inner circularity of technology in the following way: ‘it [technology] produces what it is, it wants what it produces, it produces what it wants, it is what it produces. Before long it will be impossible to distinguish the object from the subject’.

In fact, health data plays an important role in how we understand health today. The rationale is simple: the more the data the better the health outcomes. Health-related data are amenable to ‘extraction, collection, storage and transmission’ (DH & NIB, 2014, p.15) to enable decision making that would meet economic targets. Health data are seen here as resources that are extracted from patients to feed technology in order to achieve better health outcomes continuously. Similar to the way in which modern technology extracts resources from nature in order to ‘stockpile’ them for current or future use, digital health technology extracts data from patients, challenging them (Heidegger, 1977a p. 10), so that better – in economic terms – outcomes are achieved. Patients have always been providing information about their health to their doctor when they were asked as this was a significant part for making a diagnosis or for monitoring the progress of patients’ treatment. Yet, what digital technology does is that it demands that patients feed their devices with minuted information about their health and their lifestyles for instance how many calories they consumed or how much exercise they have taken. In this

way patients become calculable and quantifiable objects. We saw in Heidegger's account how nature is transformed into an objectless entity with man being an operator of the enframing process. We now encounter perhaps a more advanced stage of enframing whereby man becomes not a servant but an object, subjected as he becomes in the technological understanding of what is most humane, namely his health and well-being.

Digital health technology then poses two significant dangers due to way in which it reveals patienthood. First, patients are seen not as people with a certain condition that needs to be treated and looked after but are re-presented through their data (Coeckelbergh, 2013 p. 814). The patient is thus revealed as a representation on a screen, a forum or a health application. All the other different ways in which the patient could appear (as a person with fears about her condition, concerned about her treatment etc.) during for instance a face-to-face consultation are covered and never become known. By reducing patients to their data they are also reduced to mere resources ('standing reserve') that feed health technology for the sake of technology (Heidegger, 1977a p. 17).

Second, the essence of digital health technology is dangerous in that it renders patients servants of technology. Rather than having patients defining which technologies are better for them to use in order to take care of themselves, somebody else, here health authorities or designers, have already defined what is good for them, what patients' needs are and also what choices they have. Patients will then need to choose amongst those already predefined choices the one they believe is best for them. The choice not to choose (either because of reluctance or due to inability to do so) is apparently excluded. None of the reports we described above indicate for example how patients who cannot use technology for various reasons can be informed and exercise choice. Nevertheless, reports do indeed indicate that the elderly consume half of NHS services and people with chronic diseases are three times more likely not to use technology due to some form of disability (National Information Board, 2015 p. 4; Pluut, 2016 p. 6).

This illustrates Heidegger's point that technology is not neutral (Heidegger, 1962 p. 4). In the example of health, technology is exclusionary in that it reveals a specific identity of the patient as one who is able to use technology in order to make choices and manage her care, excluding in this way all the other forms of patienthood that are possible. Patients with disabilities, especially those who are deaf or blind, might encounter particular obstacles to accessing information online and exercise choices. Eco-

nomically disadvantaged groups such as the homeless are also less able to engage with online services. Levels of digital literacy are not evenly distributed throughout society, with particularly the elderly being less digital literate than younger segments of the population. So, then although digital health technology produces new ways of being a patient, this new understanding is limited by what it excludes namely all those patients who due to their condition cannot use technology in any of the specified ways or those individuals who are reluctant to use technology in order to make choices and manage their care.

Health discourse has indicated that patients are empowered when they make choices and when they use technology to manage their conditions taking responsibility for their own health as experts who can know better than their doctor (Pluut, 2016 p. 5). In this way, public discourse argues that individuals take better care of their health - as an issue that should be of concern to them and no one else (not even their doctor) - and end up leading an authentic life. In Heideggerian terms this interpretation is wrong because it confuses the ability to make a choice with the possibility to be free.

Ideas that revolve around choice and responsibility are situated within the current social and political context of neoliberalism. The latter prescribes that the government should retreat from the delivery of services and public goods such as health and displace its responsibility to individual citizens. Thus a new model emerges of 'responsibilisation' (Rose, 1999) whereby the individual is responsible for making choices for herself covered by a veil of empowerment and freedom. Who after all wouldn't prefer to make choices rather than be told? Patients therefore are asked to make choices within the situation they find themselves in. Their possibilities are already predefined and there is no possibility for not making a choice. Being able to make a choice is therefore not a condition of being free. It is actually a responsibility for doing what one needs to do as a way of being a patient in a technological world. In this sense, the choice we make to take responsibility is a response to normative pressures of the environment without being aware of such norms (Han-Pile, 2013 p. 303). This would then be an inauthentic mode of being; it would be a response we make in the comforting zone of our everydayness.

As we saw in Heidegger's works freedom is conditioned on the realization of our role as those who have been called upon to reveal what is concealed in enframing and on the realization of our finite existence that provides the possibility to reveal who we are and what we do as people of that sort and

what our possibilities are. In the health example we provided above there are two conditions for authenticity. The first is to realize what technological enframing reveals about patienthood and what it conceals and on this basis to bring to the open what is covered. The second is to be open to anxiety and to reevaluate one's life projects focusing on those that matter in the light of our finite existence. We argue that the saving power that seems to be evident today comes from those people or groups of people who are excluded from contemporary technological health-world. These constitute the other form of patienthood that technology covers in its enframing. They are also those people to whom in the light of technology the world becomes less intelligible because they cannot continue being as they did, as patients with some disability. Those patients who are excluded from the technological world need to reflect and re-evaluate their lives. It is these people who have the potential to experience instances of authenticity and who could constitute the saving power of technology. We should also highlight that their exclusion should not be seen as a manifestation of a technological failure but as a possible way to relate to technology and to the others in a more authentic manner. Patients who are excluded from the use of health technology are a proof that the way in which technology enframes patient empowerment is not a fate and thus not inescapable.

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