

# Utopia :: Dystopia

## AI in nursing

Petra Rösler, Public Affairs, Diakonie Österreich

In most European countries, we are faced with a dystopian scenario for elderly care: demographic changes, a decline in nursing staff and in public funding threaten our ability to provide sufficient “human-based” care. A look into social media and conference programs promises a digital utopia powered by AI: Software that eliminates “burdensome tasks” and tools and devices that generate free time for “the essence of nursing.” The workshop uses frequently used narratives from this utopia to explore their ethical implications. We will also challenge some assumptions of the dystopian scenario.

Some questions might be: What are the drivers of the dystopian factors – are they “god-given” or politically determined as well? Does the digital utopia come for free – and what might be hidden costs for people and planet? What are gains for autonomous living and what is the price? But most of all: What is the essence of nursing / care and is there a point where the utopian scenario might dip into a new dystopia? In terms of the conference topic: What is a possible output, but not a desirable impact.

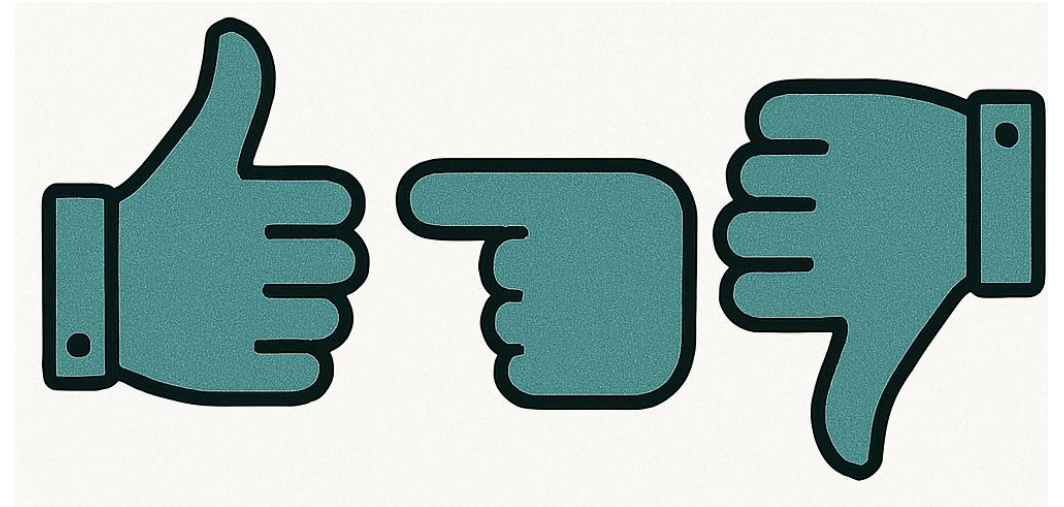
Rather than giving answers, the workshop presents some fundamental ethical issues that we can look at from different perspectives: practical, professional, theological...

# Utopia:dystopia – what do you feel?

Think about the future of long-term care (LTC) in your immediate environment (job, family...) in 10 years from now:

Is the scenario you see  
dystopian – neutral - utopian

Show your thumb –  
look to your neighbour –  
explore his/her estimate and  
share 1 or 2 thoughts:  
What are facts, hopes, fears that shape your mood



# What to expect

A critical look at

the challenges we face in long term care

some of the forces driving AI use

the promises made

possible societal impact beyond outcome

not a comprehensive analysis



# AI definition for today\*

machines that **mimic or simulate human intelligence**, e.g. in

**Machine Learning:** Systems that learn from data and improve their performance w/o explicit programming

**Natural Language Processing:** in chatbots, translation tools, or text analysis

**Speech Recognition:** Converting spoken language into text and understanding verbal communication

**Computer Vision:** Machines recognizing and interpreting visual information

**Robotics:** Machines performing physical tasks, often autonomously or semi-autonomously.

**Expert Systems:** AI systems that simulate human decision-making by applying rules and logic, used in diagnostics or planning

**Predictive Analytics:** Using data, AI models predict future outcomes, trends, or behaviors.

**Autonomous Systems:** Technologies that operate independently, like self-driving cars or drones.

\* list compiled using ChatGPT

# The bleak reality

Ageing society

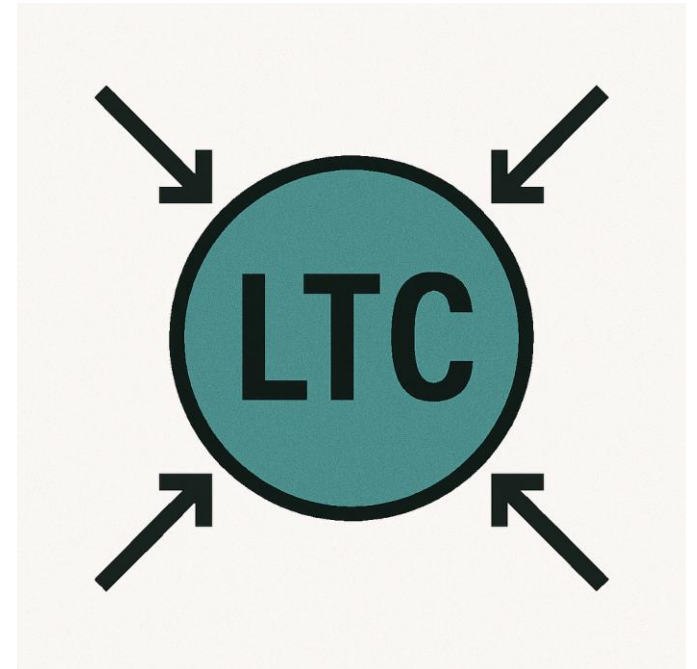
Sinking birth rates

Single-person households

„healthy years“ still low (e.g. rise in diabetes)

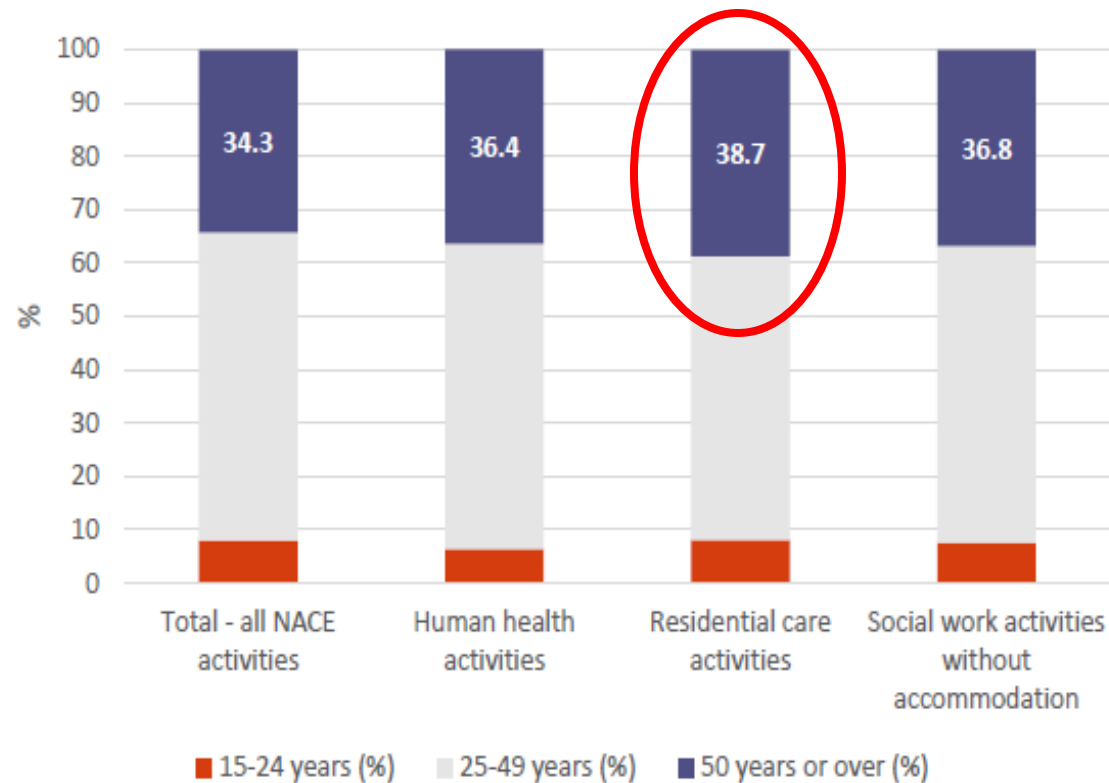
No progress in dementia research

Recession, new focus on military spending



# Close to 40% of workforce 50+ yrs

Figure 5.5. Persons employed in the total economy, healthcare and LTC-related sectors by age group (% of total), EU-27, 2022



Source: Labor Force Survey, Eurostat.

Report:  
<https://www.euro.centre.org/downloads/detail/5201>

# Premise for the discussion

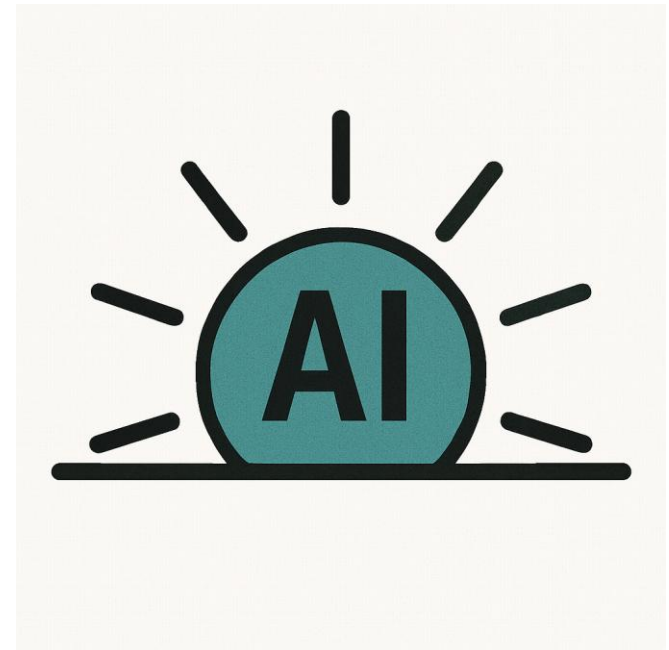
**We can\* no longer provide sufficient care for elderly people on a human:human basis**

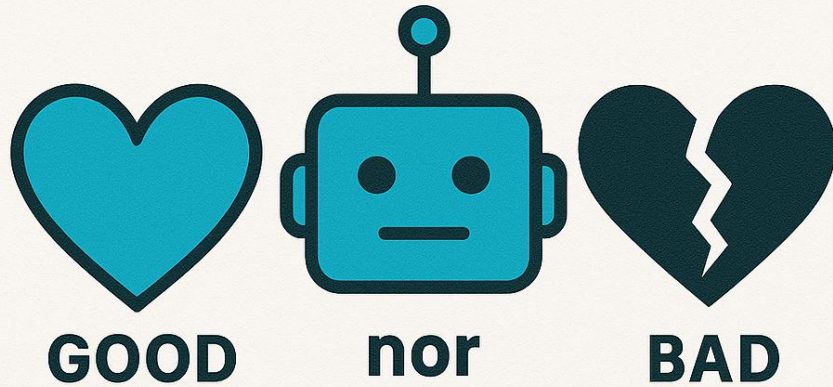
BUT

there are unprecedented possibilities of „artificial intelligence“

promising a myriad of solutions

*\* This being a political decision as well*





**TECHNOLOGY IS NEITHER  
GOOD NOR BAD;  
NOR IS IT NEUTRAL.  
KRANZBERG'S FIRST LAW**

**Melvin Kranzberg** (1917–1995) was an American historian of technology, best known for articulating **Kranzberg's Laws**

*Or, as ChatGPT explains it:*

The **impact of technology depends on its context**—social, political, cultural, and economic.

A technology may empower some while harming others, **depending on how it's introduced and used.**

**More (re-phrased):**

- Invention is the mother of necessity – once a technology exists, we find ways **to depend on it.**
- Technology comes in packages – **you can't just take the good parts** and ignore the bad.
- Technological change is not additive; it is ecological – **it changes everything around it.**

# Who makes the decisions?

„Now is the window of opportunity to shape the way we use AI...”  
Who is this we? Is the window really still open?

## Who will draw the lines and shape practice for good care?

Patients? Relatives? Nurses? Organisations? Investors? Software designers? Ethics specialists?  
Law makers?

And what will the defining parameters be? How do we shape the conversation? Where are decisions made?

# Utopia: 5 promises from AI

takes over burdensome tasks and leaves time for „essential“ activities

saves time and alleviates personnel shortage

enhances safety

increases autonomy of patients

entertains and combats loneliness

# Room for discussion

What is „the essence“ of nursing that should benefit from the saved time?

What are burdensome tasks that should be eliminated from the current practice of care?

# Dystopia? 5 critical questions

## utopia

“Time saved by AI = time for care.”



## dystopia

“Time saved by AI = time for more tasks.”



# #1: documentation & saved time

**Speech recognition can save time and make documentation more efficient**

**BUT:**

Why not just question / reduce documentation?

Or: Will we rather document even more?

(Documentation next level: records everything you do and creates text from it)

What to do with this enormous amount of data?

**A real concern: We save time, but not for presence.**

Parkinson's Law: **freed-up time gets absorbed by new administrative tasks** or other forms of reporting. The system tends to backfill any space with something measurable or reportable.

Will time be allocated to human connection? (talking, sitting with someone?)  
If the culture and structures don't change, there will not be more actual care.

# Impact: who benefits?

How to allocate saved time?

people without care / people with „partial“ care

Will we give partial care to more people –  
Or sufficient care to a smaller number of people?

Who decides? Where do we (?) discuss this?

## #2: responsibility fuzz

If AI takes over care planning  
(which is certainly one of the core skills of AI)

what happens to decision making? (EU law still requires humans to make them)

- Can nurses even process the data input?
- Will they have time (and skills) to challenge AI suggestions?
- Will they have the courage to go against AI suggestions (fear of law suits)

If AI is better at planning than the average nurse – would it be ethical not to use it?

## #3 Data bundle and ownership

AI enables us to collect enormous amounts of data  
(infrared sensors covering all corners of a room, wearables...)

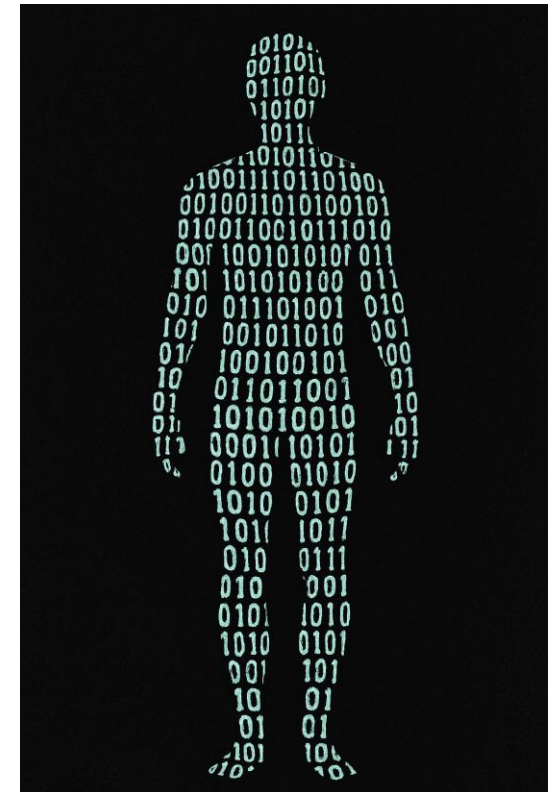
Who is the owner of the data? Who has access?

Do vulnerable people understand the extent to which they are being monitored – can there be informed consent given the complexity?

Can they say no to the data being collected – at what cost?  
(no data, no care?)

Can they select what the data is being used for?  
What happens to confidentiality between nurse and patient?

Do patients become a set of quantifiable data?  
Who sees the person?



## #4 Security, autonomy and self-regulation

- Monitoring at home based on „typical“ behaviour
- Monitoring against falls using AI

Quality of life as absence of risk?

Maintaining control through self-regulation: People adapt behaviour to avoid intervention

Emphasis on „dangerous“ and „divergent“ behavior

Who defines what is normal, safe...?

Is that really still autonomy? Or even freedom?

## #5 Care from machines: Buber and bonding

Martin Buber: „It vs. Thou“: alienation in an It-World  
what place for community?

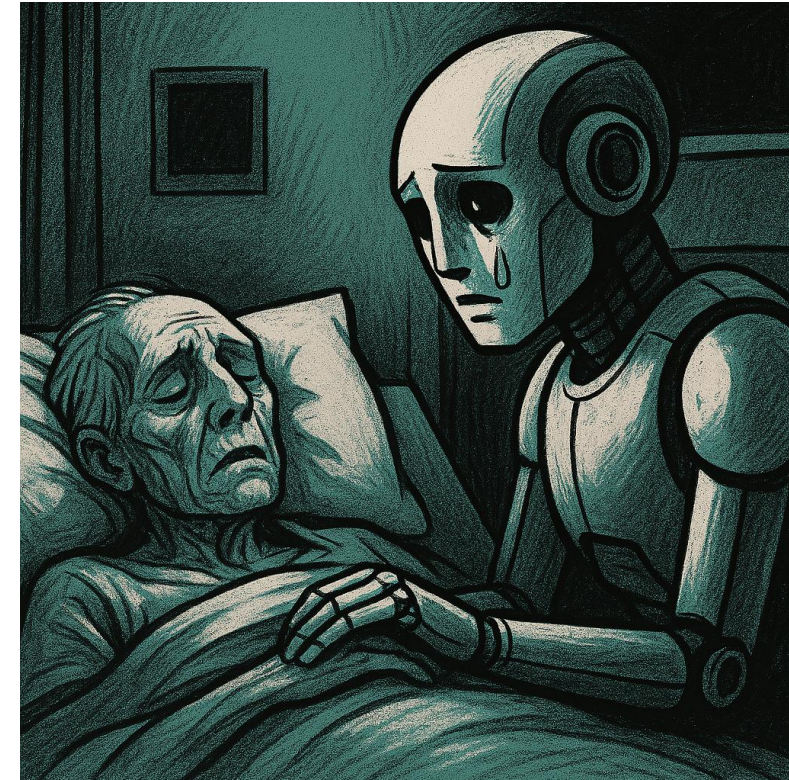
Bonding with objects / with software?

Social atrophy – reduced incentive to seek out human  
contact, reduced social resilience

No money for human care if machines can do it „better“  
Hauthunger

Possible impact: new levels of loneliness

Some reading: <https://skeleton-man.com/2021/07/09/martin-buber-i-you-vs-i-it/>



## #6 Machines as the better carers

Argument for machines: never grumpy, more emphatic, better language „skills“, never sick, smarter, more info available, etc

AI more efficient in psychotherapy etc????

Where will we safeguard nursing as interaction between humans?

„reward for harmony“: inhuman lack of friction and real dialogue?  
Reciprocity and self-efficacy of the cared for?

What happens to „nursing as the empathy profession“?

**Possible impact: devaluation of nurses and nursing**

*(Joan Tronto: Care as “... attending to the needs of ourselves and others in a way that is attentive, responsible, competent, and responsive.”)*

Select one aspect – write number on card and find 1 or 2 partners for 15' discussion

- #1 documentation & time saved
- #2 responsibility fuzz
- #3 data bundle & ownership
- #4 Security, autonomy & self-regulation
- #5 Care from machines
- #6 Machines as the better carers

## OUR MISSION AND VISION

Inspired by our Christian faith, our vision is of a Europe where social injustice is eradicated and each person is valued, included, and empowered to realize their fullest potential, particularly the most vulnerable and marginalized. Together we work for just and transformative social change across Europe.

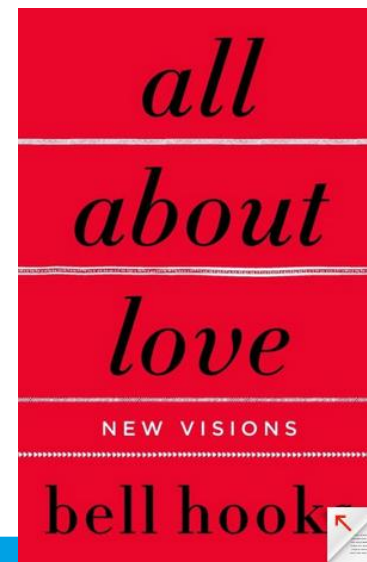
If technology is the input – what could the output and impact be?

Let's start many open discussion,  
searching for ways of transformation so that  
humanity does not get thrown under the bus



“It takes courage to imagine a good future—  
especially when the present teaches us not to.”

“We need the courage to imagine a future rooted in care, not control —  
a future where love is the practice, not the exception.”





*Prof. Dr. Arne Manzeschke leitet das Institut für Pflegeforschung, Gerontologie und Ethik (IPGE) und ist Vorsitzender der Ethikkommission der Evangelischen Hochschule Nürnberg. Fotocredit:privat*

Interview mit A. Manzeschke:

<https://www.imabe.org/bioethikaktuell/einzelansicht/interview-des-monats-wir-muessen-in-der-pflege-einen-intelligenten-mix-aus-mensch-und-technik-finden>

## Ethik der Digitalisierung in Gesundheitswesen und Pflege

Analysen und ein Tool zur integrierten Forschung

[https://library.oapen.org/bitstream/handle/20.500.12657/98500/external\\_content.pdf?sequence=1&isAllowed=y](https://library.oapen.org/bitstream/handle/20.500.12657/98500/external_content.pdf?sequence=1&isAllowed=y)