



**Fleur Jongepier**, Radboud University Nijmegen

***‘The ethics of self-tracking’***

Self-tracking technologies, such as apps and wearables, allow individuals to monitor their own weight, heart rate, cholesterol and calorie-intake, as well as their fitness and emotional moods. Critics worry that this development paves the way for thinking of health as something for which individuals themselves are responsible, and point out that the development is worrisome because individuals are in effect giving away their data for free to for-profit corporations, and in so doing risk privacy violations. Furthermore, self-tracking is said to be problematic in itself because it constitutes an unhealthy or alienated self-relation. Of course, Quantified Self enthusiasts themselves do not think they are giving up on solidarity, autonomy or that they are suffering from alienation (Sharon 2017). In this talk, I explore some of the relevant ethical challenges in this terrain, and reflect on some of the difficult methodological questions that arise regarding the role that the actual experiences and convictions of individuals should play and what it might mean for bio-ethicists to (fail to) take self-trackers seriously.

**Evangelos D. Protopapadakis**, National and Kapodistrian University of Athens

***‘Compromising a patient's autonomy to his benefit? The case of placebo treatments’***

Major philosophical traditions do not just perish; they always leave something behind and continue to cast their shadow on the way we think, perceive the world, make our decisions and interact with other people. This is a fortiori the case with major traditions in ethics, since ethical theories are by definition purposed to have as much impact as they can afford on everyday life. When it comes to Medical Ethics, this couldn't be truer than with regard to the Kantian tradition, still the most influential ethical system in western medicine, since its core element and cornerstone, the principle of autonomy of the moral agent, has become the most central value in health-care ethics. In this short essay I intent to discuss the moral standing of autonomy in the field of Medical Ethics and the way it affects individual decision making as well as health care policies. To this purpose I will employ a real life scenario, namely administering placebo medication to a patient without letting him know, by means of which I will challenge not only the effectiveness and the feasibility of autonomy in the Kantian sense, but also its desirability. I will argue that the Kantian notion of autonomy when it comes to Medical Ethics is in some cases self-defeating and, therefore, confusing and misleading. I will conclude with the view that, at least as Medical Ethics is concerned, we should rethink and, maybe, revise the way we understand autonomy, so as to take into account the particular nature of the doctor-patient relationship.