

Caring in the time of corona: Technological possibilities and limitations

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By

“Now is the moment to put the failures of the past behind us, and set our sights on the NHS being the most cutting-edge system in the world for the use of technology to improve our health, make our lives easier, and make money go further, harnessing the amazing explosion of innovation that the connection of billions of minds through digital technology has brought to this world.”

(The Rt Hon Matt Hancock MP, Secretary of State for Health and Social Care (UK), September 2018)

I have spent the last seven years investigating how, and to what extent, technology can support older people to live in their own homes and communities, or “age in place”. For my current UKRI Innovation Fellowship at the University of Sheffield, I carry out ethnographic research with non-academic partners in the technology-enabled care ecosystem: industrial designers, engineers, retailers, public and private housing and care providers, and policy makers. Before my fellowship, my doctoral study involved eleven months of ethnography with people with dementia and their families in the East of England and London offered assistive technology as participants in a national dementia trial.

When it comes to technology in health and care, it appears the pandemic has quickly accelerated the pace and spread of new innovations and re-purposed older ones. My partner is a health visitor, a specialist public health nurse for families with children younger than five before they start reception, the British equivalent of kindergarten. She now rings or video conferences families to check on them instead of her regular face-to-face visits to their homes.

Information and communication technologies, like smartphones and tablets, allow us to communicate with people we care about no matter where we live. Many of these technologies will help us stay in touch with people we care about: our family, friends, colleagues, communities, and patients and clients for health and care professionals. Yet I cannot ignore the current limitations of technology to support how we care for each other. I have seen a range of technologies on the market that help families

organise care of a relative, keep in contact with loved ones, and raise an alarm during an emergency. Such attentiveness and responsiveness is essential to care. It highlights a fundamental capacity to listen and respond to the people who matter most to us as they share their concerns, hopes and challenges during this crisis. But this is only one facet of care.

Michael: "Hello there, you look rather lovely."

An older man in his late seventies sat on a reclining chair in the lounge. He wore a handsome grey cable-knit jumper with black trousers and brown leather slippers. A pressed blue shirt, barely concealed, protruded from under his jumper. An older woman sat in another chair beside him. She wore a white and turquoise jumper, her hair a lustrous silver pinned back with a bejewelled hairpin.

Mary: "Thank you. I'm not so sure who you are but that's very kind of you to say." She said reaching for a cup of tea on a small table between them. She quickly sipped from the cup before placing it back on the saucer. "I'm waiting for my husband to arrive," she continued. Her right hand crept towards her left where she began to fidget with a gold band.

Michael: "He is a very lucky fellow." Both of them smiled sheepishly.

Across the room, I sat on the sofa with another younger woman, now in her mid-forties. Her brown hair hung loosely, normally just grazing her shoulders, but now jerking up and down as her whole body heaved. Tears ran down her face.

Sally: "Mum? Dad?" She paused briefly. "Don't you recognise each other?"

Michael and Mary Stewart had been married for forty-five years. Both of them had dementia.

(Composite fieldnotes and transcript from the Stewart family, 16th March 2016).

Care is about relationships, even when, as in the case of the Stewarts above, dementia renders us unable to recall our exact relations to others. Providing care is how we, as a species, strive to support each other to live and, ultimately, die well. We express our care through cooked meals, steady hands to help people up after they fall, washing and dressing bodies when others have lost the capacity to do so for themselves. Caring is also expressed in our sympathetic tears, our empathetic embraces, our

mournful grief. Care is emotional work, but it is also immensely physical. Tangible. Through our expressions of care and caring responsibilities to other people, we make sense of who we are: a son, a brother, a friend, a neighbour, a colleague.

It is this interrupted practice of caring for other people that may make the ongoing lockdown particularly difficult; this materiality of care helps to reaffirm our myriad relations with kith and kin. Like many others, I also grow weary of the seemingly endless array of video conferences despite – or perhaps because of – my research focus on technology. I miss being *there*, the other places we used to occupy outside our homes; restaurants, pubs, other people’s homes, and even the office. However, as a person living in a different continent from my family, technology provides the only (albeit imperfect) option to remain connected during a global pandemic. Facebook’s new “care reaction” drives this point home. What better metaphor for examining disruptions to how we care for each other than consoling family and friends through the digital facsimile of a hug?



2 comments



Ultrasound image shared by a friend in the United States on Facebook

with the site's new "care reaction" highlighted (image used with permission)

This is not an indictment of the lockdown in response to coronavirus. Although we struggle with having to remain in our homes while we miss birthdays and other milestones in the lives of our families and friends, perhaps we should view this sacrifice to protect our communities as the first expression of a new, more caring society.

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