Inserting a chip into each person. pros and cons

Running Head: We can but should we? We can but should we? [Institute's We can but should we? The medical industry is one of the most efficient industries in terms of indentifying problems or barriers in their procedures and finding solutions. As this industry advances increasingly every year due to this characteristic, we see it tackling problems, which until a few decades ago seemed to be impossible to solve. Today, this industry is again seem to be producing solutions to a problem, which is very problematic for hospitals and patients alike, such as patient ID and maintenance every patient's proper medical records (Tilley et al, 1984). One solution is of inserting a chip into each person in the US, which holds a full and often updated medical record and ID of the person. The pros and cons of this suggestion are yet to be debated upon, which is why they are still but a hypothetical solution. The problem these chips will seek to solve is one that is pervasive in the medical industries, especially for hospitals when dealing with emergency cases. This problem affects the treatment of such patients severely. When they are brought to a hospital where they have not been to before, for emergency treatment of something, the hospital does not have the proper medical records needed for to treat the patient accurately and accordingly. Thus, the patient runs the risk of receiving treatments, which may be inaccurate or harmful for them due to their medical history or present medical condition. For example, a newly pregnant woman who happens to incur some bone damage while she is far from her regular hospital may end up at a hospital that is unaware of her condition and thus x-rays her, which could be harmful for the fetus (Tilley et al, 1984). Furthermore, the woman may not able to tell the hospital before the x-ray about her condition and they may, due to the hurry, not able to figure this fact out. In such a case, they will administer her

to treatments, which they see fit according to her condition, regardless of her pregnancy, which could be further harmful to both herself and her child. This is one of several instances may be harmed due to the hospitals inability to access their medical records on time. Due to this reason, the idea of implanting a chip in each person, which holds all his or her medical information, seems to be suitable as a solution. Another advantage of this method is its convenience to store this information, as the information would travel with the person it belongs to, and it can be updated by any hospital that accesses it for information and then treats the patient. Thus, this seems like a beneficial way to solve these problems. There are; however, a few cons attached to this solution, which put its practical application in question. One concern would be that this would be a costly procedure (Heathfield, Pitty and Hanka, 1998), to have to store the medical history of each person in a separate chip and then to insert this chip into the person to whom it belongs. If the patient would have to bear the expense of this procedure, several people in the US would not be able to afford such a procedure. In addition, if the government were to bear the cost, then it would be a large cost to bear. Due to this reason, it would not be a very helpful implementation, since it would leave out a large proportion of the population. Other than this, this procedure would also be one that not every person would be willing to go through with, since it would involve carrying around your personal medical information with you wherever you go, accessible to anyone who is skilled enough to know how to access it. Moreover, to force such a procedure on everyone would be both unethical and wrong (Reynolds, 2009). The disadvantages of this procedure outweigh the advantages, from the eyes of a medical professional who makes this assessment keeping patient

confidentiality and ethics in mind (Dwivedi et al, 2002). However, this procedure could be more effective if the proposed implementation is slightly varied. For example, instead of making the procedure compulsory for everyone, it could be left as an option for those who wish to have the chip implanted in them. This would mean that only those who can afford it would be willing to get it, which would solve the problem of the large cost, as well as the problem of unwilling people being forced to have it implanted. This would diminish the effectiveness of the system (Reynolds, 2009), but would still be useful for those who choose to implement it. A safer solution to this problem, however, would be to maintain an online medical history record, which is accessible universally by all doctors. Just like any other solution to a problem, this method would have its own pros and cons. However, it is available as an alternative to the chip system. References Dwivedi et al. (2002). " Merger of knowledge management and information technology in healthcare: opportunities and challenges." Canadian Conference on Electrical and Computer Engineering. Volume 2, pp. 1104-1100. Heathfield, H., Pitty, D., Hanka, R. (1998). " Evaluating information technology in health care: barriers and challenges." British Medical Journal. Volume 316, Issue 7149, pp. 1959-1960. Reynolds, G. (2009). Ethics in Information Technology. Cengage Learning. Tilley, B. C. et al. (1984). " A Comparison of Pregnancy History Recall and Medical Records Implications for Retrospective Studies." American Journal of Epidemiology. Volume 121, Issue 2, pp. 269-281.