

 		<b>Australian Centre for Emerging Technologies and Society (ACETS)</b>		 <b>SmartHEALTH</b> Integrated Project IST-NMP-2-016817	
<b>Document Title</b>		<b>Release Date</b>	<b>Version</b>	<b>Author(s)</b>	
Café Scientifique Report, Swinburne University of Technology, Australian Centre for Emerging Technologies and Society (ACETS)			1.1	V. Bunton	

## Approvals

<i>Function</i>	<i>Signatory</i>	<i>Signed</i>	<i>Date</i>
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## Version History

<i>Version</i>	<i>Change Description</i>	<i>Author</i>	<i>Date</i>
Version 0.1	Draft	V. Bunton	19 <sup>th</sup> September 2007
Version 1.1	Initial Release		

## Contents

1. Overview	2
2. Main section	2
3. Conclusion	5

  <b>Australian Centre for Emerging Technologies and Society (ACETS)</b>		 IST-NMP-2-016817	
Document Title	Release Date	Version	Author(s)
Café Scientifique Report, Swinburne University of Technology, Australian Centre for Emerging Technologies and Society (ACETS)		1.1	V. Bunton

## 1. Overview

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This report describes a Café Scientifique held at the University of the Third Age (U3A) Moorleigh, Melbourne, Australia. The event began with an introductory explanation from Michael Gilding, (ACETS) regarding the purpose of a Café Scientifique, followed by an introduction to the two guest speakers: Professor Errol Harvey and Dr. Andrew Campitelli from MiniFab (Aust) Pty Ltd.

Prof. Harvey and Dr. Campitelli each delivered interactive presentations after which the Café Scientifique was adjourned for a short lunch break, where all attendees, presenters and ACETS members mingled to chat informally. Following the break, attendees resumed their seats and the floor was opened up to questions and general discussion.

## 2. Main section

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### Introduction

As part of an examination of the Ethical, Legal and Social Implications (ELSI) of the SmartHEALTH project, a program of Café Scientifiques was chosen as a method of public engagement. A Café Scientifique gives the wider community a chance to ask questions regarding the technology and its possible uses and provides valuable feedback on public opinion to the scientists working on the project. From research conducted into the various 'types' of publics within a community, ACETS chose a targeted, potential interest group, the University of the Third Age (U3A), for the pilot Café Scientifique.

### The University of the Third Age (U3A)

A U3A, in its own words, is "a university in the original sense of the word: a community of people devoted to learning and its members are in the Third Age" (U3A 2007). The "Third Age" refers to the age of "active retirement" which follows childhood (first age) and adult employment (second age) and the U3A philosophy encourages all older people to participate in various educational and leisure activities.

Like the concept of Café Scientifique, U3As are an international phenomenon with French/European origins. U3A began in traditional established universities in France in 1972 and quickly spread throughout other European countries, modifying as the idea translated from country to country. In the UK the "Cambridge model" added two of the most salient provisions: 1. that there were no formal educational qualifications required to join and, 2. that there were no formal

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Café Scientifique Report, Swinburne University of Technology, Australian Centre for Emerging Technologies and Society (ACETS)			1.1	V. Bunton	

assessments. All U3As are independently run but members of the International Association of U3A's (AIUTA), of which Victoria U3A is a member, must follow the same basic philosophy.

U3As are run and organised by volunteers who form study groups dependent on their particular knowledge or skills, providing a rich and diverse curricula. The underpinning philosophy is that retired people remain a valuable source of knowledge and experience, which they can then pass on to other active, like minded "third agers".

In Australia, Victoria has been the leader in establishing the U3A and now has a well developed formal network of U3As throughout the state. Other states of Australia have not developed on such a large scale, but nevertheless small pockets of communities in Queensland, Western Australia and South Australia have established their own U3A informal networks.

Members of U3A provide a demographic age group for whom tests for cancer have often become an omnipresent part of life. When contacted with the initial idea of holding a Café Scientifique regarding the SmartHEALTH technology, the response from U3A was one of whole hearted enthusiasm and interest. In fact, all seats were booked to capacity well and truly prior to the event and it is anticipated that another U3A Café Scientifique will be held at a later date.

### **The U3A Café Scientifique for SmartHEALTH**

The U3A Café Scientifique format was organised on the same basic principles as the UK Café Scientifique model: the first session consisted of a presentation by the scientists and was followed by a short refreshment break designed to encourage conversation, and the second session consisted of open discussion and question time.

In keeping with the Café Scientifique format to maximize the debate potential of the event, the number of available seats was capped by ACETS at 40, all of which had been booked at least two weeks prior to the event. Almost all of the attendees (38) completed a short demographic questionnaire which revealed most were aged between 65 and 85 years of age, predominantly female, with an equal split in education level between secondary and tertiary educations.

Prof. Harvey and Dr. Campitelli each delivered interesting and stimulating presentations regarding nanotechnology, lab-on-chip point-of-care diagnostics and the development of the SmartHEALTH technology in Europe and Australia. During their presentations a number of spontaneous questions and discussions took place. The presentations were followed by a short refreshment break in another area of the venue, which enabled attendees to move about and chat with each other, as

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Café Scientifique Report, Swinburne University of Technology, Australian Centre for Emerging Technologies and Society (ACETS)			1.1	V. Bunton	

well providing an opportunity to get to know MiniFab and ACETS members. The Café Scientifique resumed after the break for discussion and question time.

Whilst a refreshment break might seem an insignificant part of the event, it actually plays an integral part in generating discussion and buoying attendees with the confidence to speak out during discussion and question time. In fact this break did prove very successful in generating ideas and questions which were then followed up a short time later in the second session.

### ***Discussion and themes***

The main themes that emerged throughout the presentations and during the discussion and question time were: provision of services, storage and accessibility of genetic information, accessibility and availability of tests and accuracy and reliability of the technology.

#### **1. Provision of Services:**

Attendees were interested in how the technology interacted with provision of services from both a healthcare professionals' and patients' point of view. A number of questions were raised about GP responses to the technology. Were they against it, in favour of it or threatened by it?

From the patients point of view there was some debate as to the desirability of ongoing GP involvement. Some attendees still considered a GP as vital in interpreting and delivering a diagnosis for, as one person expressed it, *'if you didn't have a professional [interpreting the diagnosis], you could have suicides by the trainloads'*. On the other hand, some were equally happy with the idea of another skilled healthcare professional, such as a pharmacist, being trained to deliver a diagnosis.

This discussion on training lead into a further discussion on the speed with which some health professionals, such as lab technicians, might find themselves and their professions defunct.

#### **2. Storage & access of information:**

There were a few questions regarding where, and by whom, the information would be stored, with one person suggesting it be stored and implanted within one's own body, as is currently the practice with similar veterinary applications.

There were also concerns regarding access to information, ranging from personal access, that is, how much information should anyone be told and at what stage of their life should they be given this information, to who else should or should not have access to this information.

 		<b>Australian Centre for Emerging Technologies and Society (ACETS)</b>			
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Café Scientifique Report, Swinburne University of Technology, Australian Centre for Emerging Technologies and Society (ACETS)			1.1	V. Bunton	

Opinion was divided over the level of information they wished to receive regarding themselves or their offspring, and often this related to the curability of a given genetic disease. Some attendees were of the opinion that they would rather not know about a predisposition for a particular disease if there was no cure. Others pointed out that a family history of the disease was just as good an indicator of a predisposition. In relation to who should not have access to this information, unsurprisingly the group was unanimous in citing employers and insurance companies.

3. **Accessibility and availability of tests:**  
Attendees raised the issue of access and availability to this type of testing and voiced concerns that the Australian government might try to limit access to the tests for economic reasons. They were also interested in whether or not GPs themselves found it financially viable to promote the test.
4. **Accuracy and Reliability:**  
A number of attendees were very interested in the level of accuracy of the technology and how problems of this nature would be overcome.
5. **Uses of the technology:** There was a variety of questions and comments regarding the current and future uses ranging from veterinary applications to roadside drug testing to use in third world countries.

#### **Minor themes:**

Some of the other themes that emerged included an ethical discussion on the patenting of DNA and whether or not SmartHEALTH was a party to or hindered by this process, the amount of Government assistance and funding that was available to develop the technology and also the degree of automation likely to be achieved in relation to sampling and testing.

### **3. Conclusions**

Overall the Café Scientifique was successful in achieving its aim of presenting the SmartHEALTH technology to an interest group and stimulated good discussion and feedback for the MiniFab scientists. The event had been eagerly anticipated by U3A members and attendance numbers were very good. Reviews completed with the brief demographic questionnaire indicated that attendees found the event enjoyable, educational and relevant to their current situation in life.

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The event ran on schedule and the time allotted (2 ½ hours) was ideal, however time allocation could be better managed in future to ensure that more time is devoted to question and discussion time (the main purpose of the Café Scientifique) rather than presentations. Having said that, presentation time was also extended by a number of spontaneous discussions that occurred and which also provided pertinent thematic data.

The U3A attendees were a very self-motivated, eager and interested group supporting ACETS original assessment that this was a key target group in regard to the SmartHEALTH technology and in relation to examining the ELSIs arising from the technology.

**Reference:**

University of the Third Age (U3A) Victoria website: <http://home.vicnet.net.au/~u3avic/> Last updated 24 Aug 2007. Accessed 7/9/07.