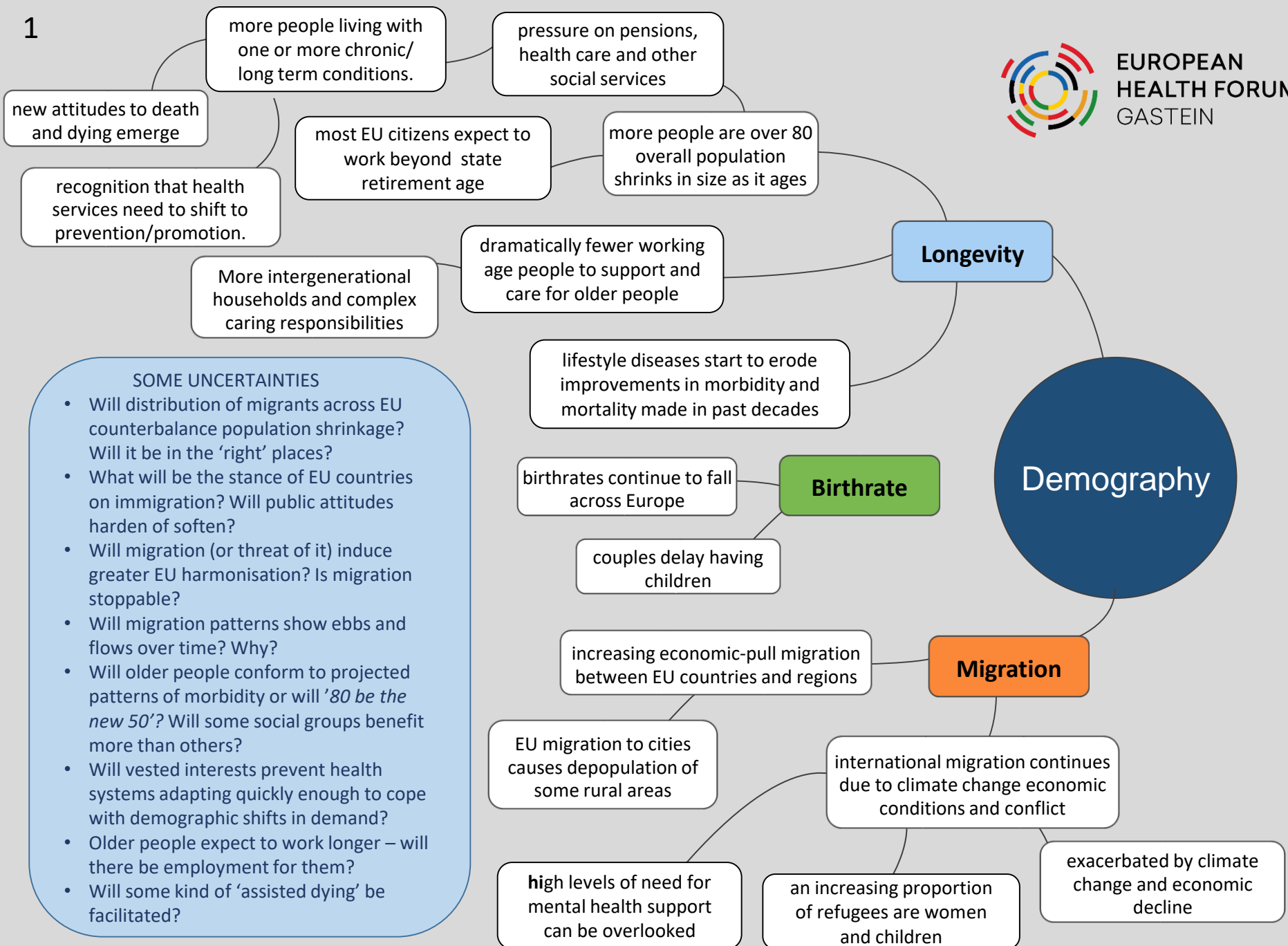
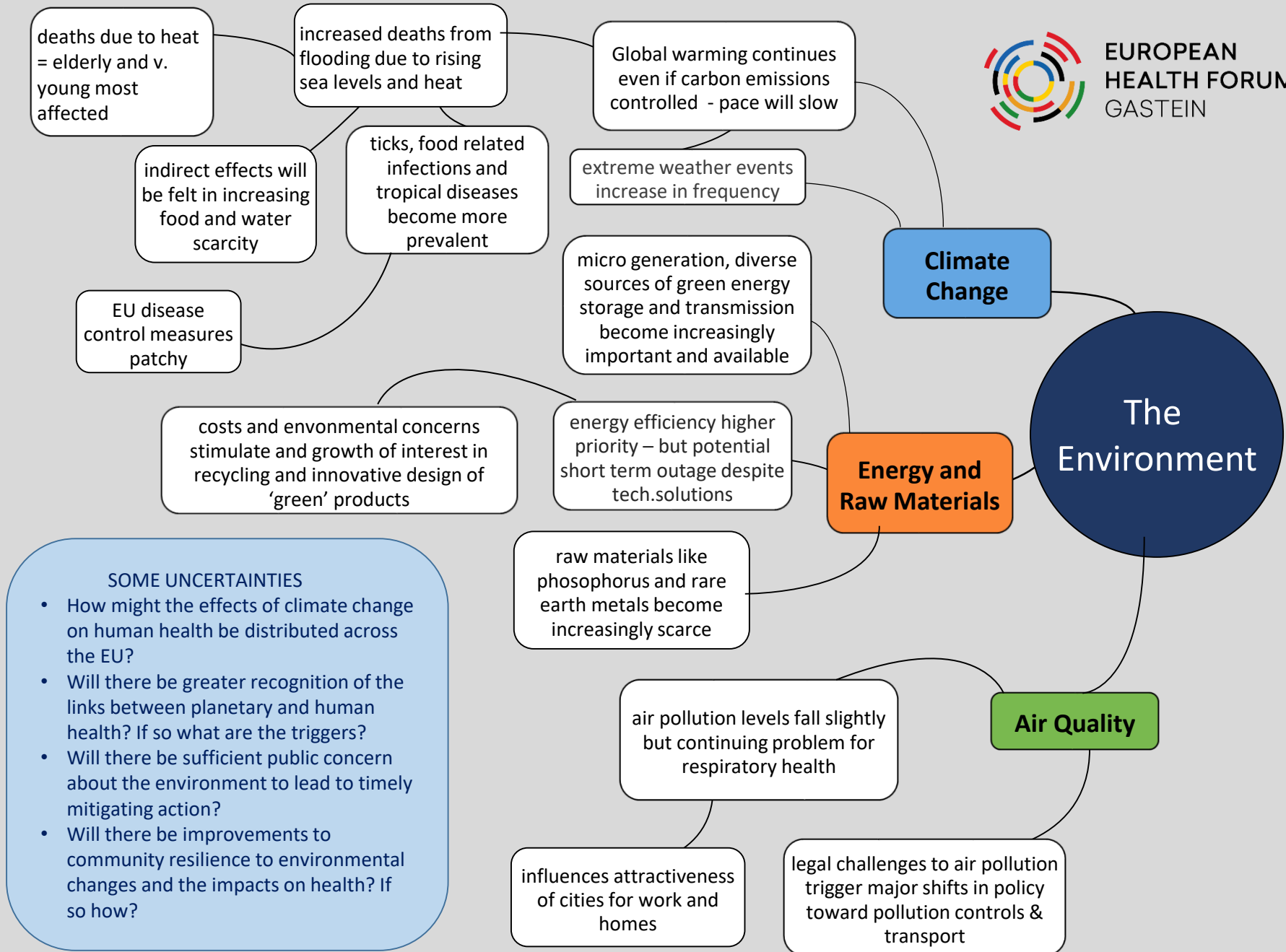


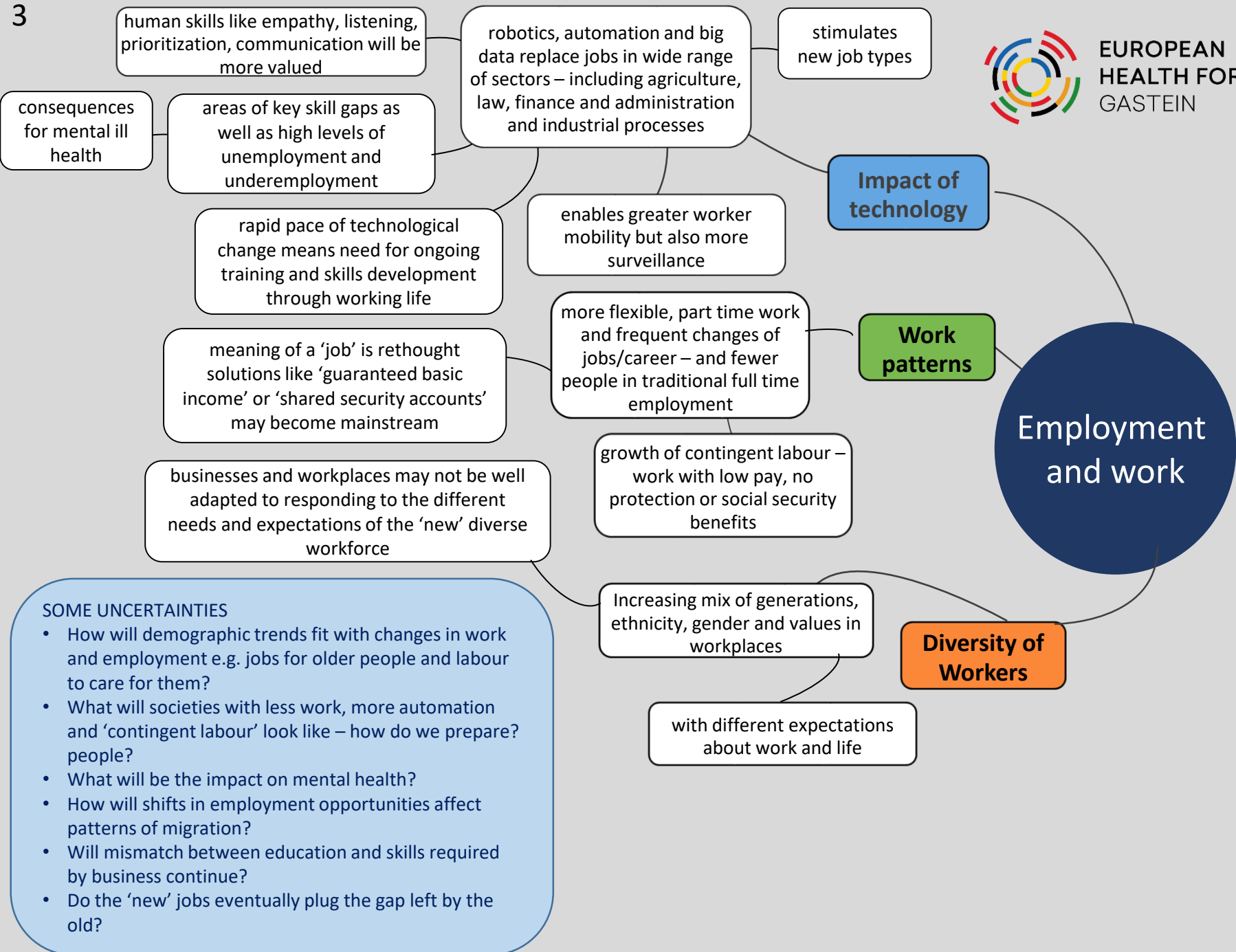
The Health Futures Project

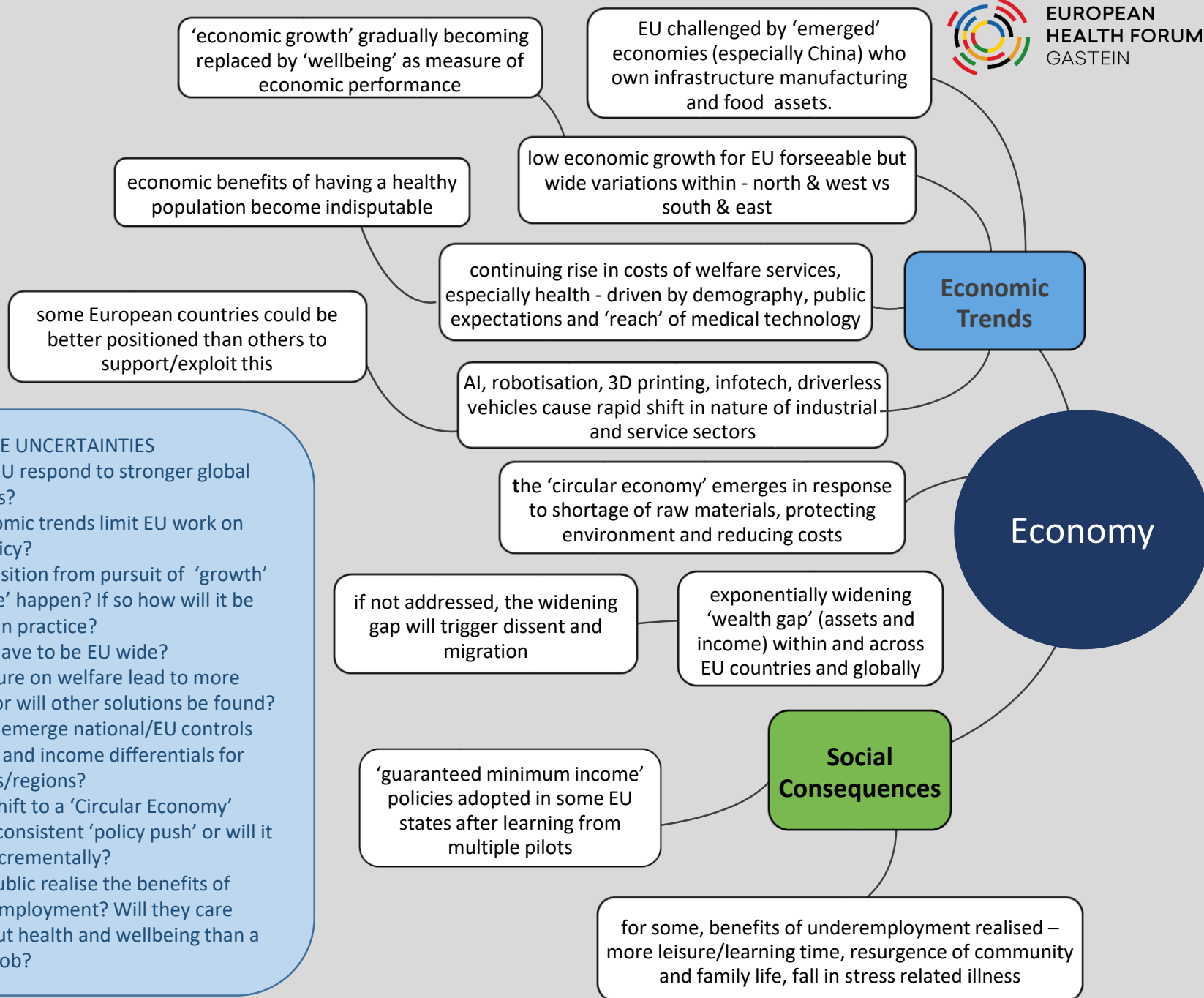
Key developments affecting the future of health in
Europe 2017-2037

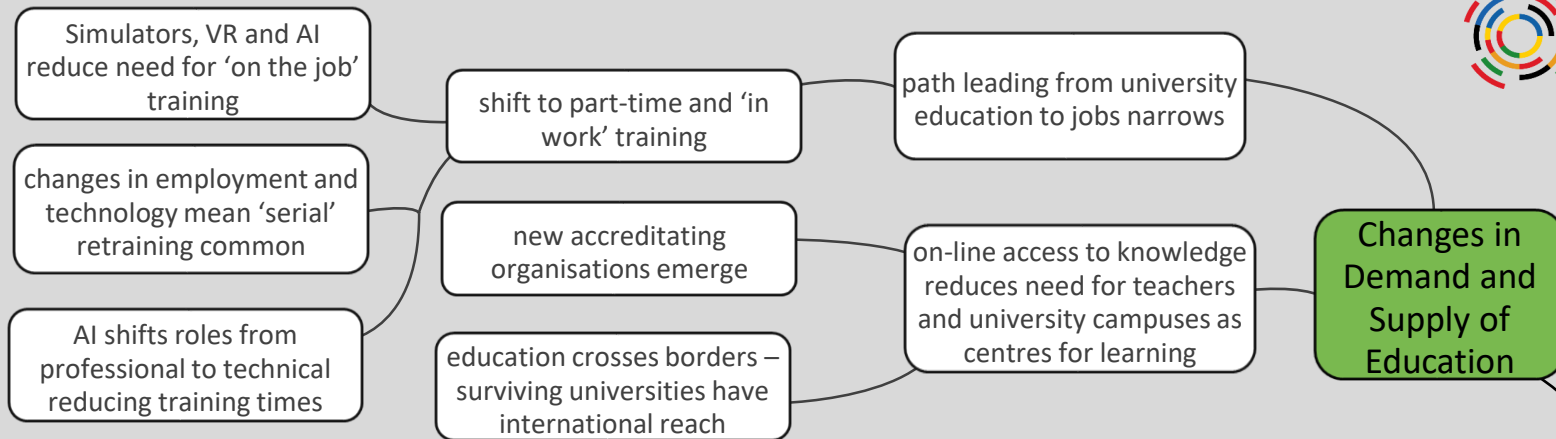
*Information for
Scenario Generation Workshop*





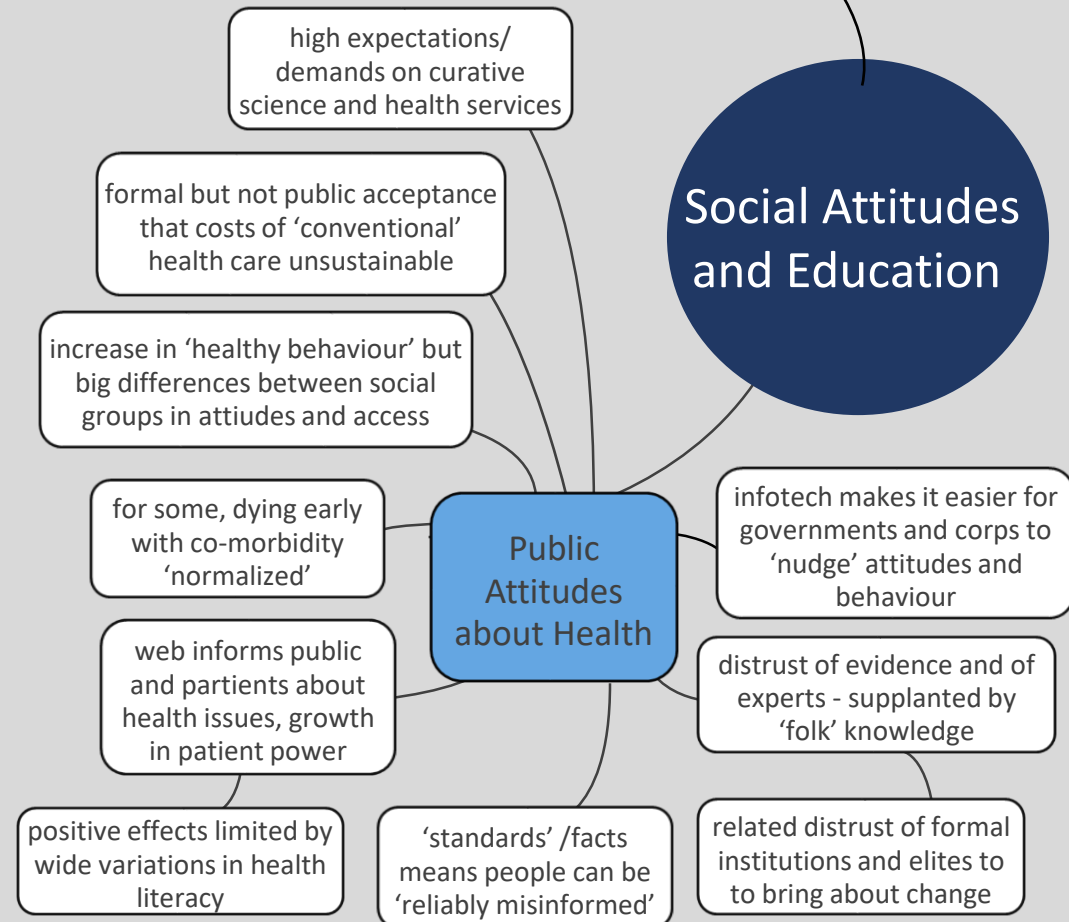


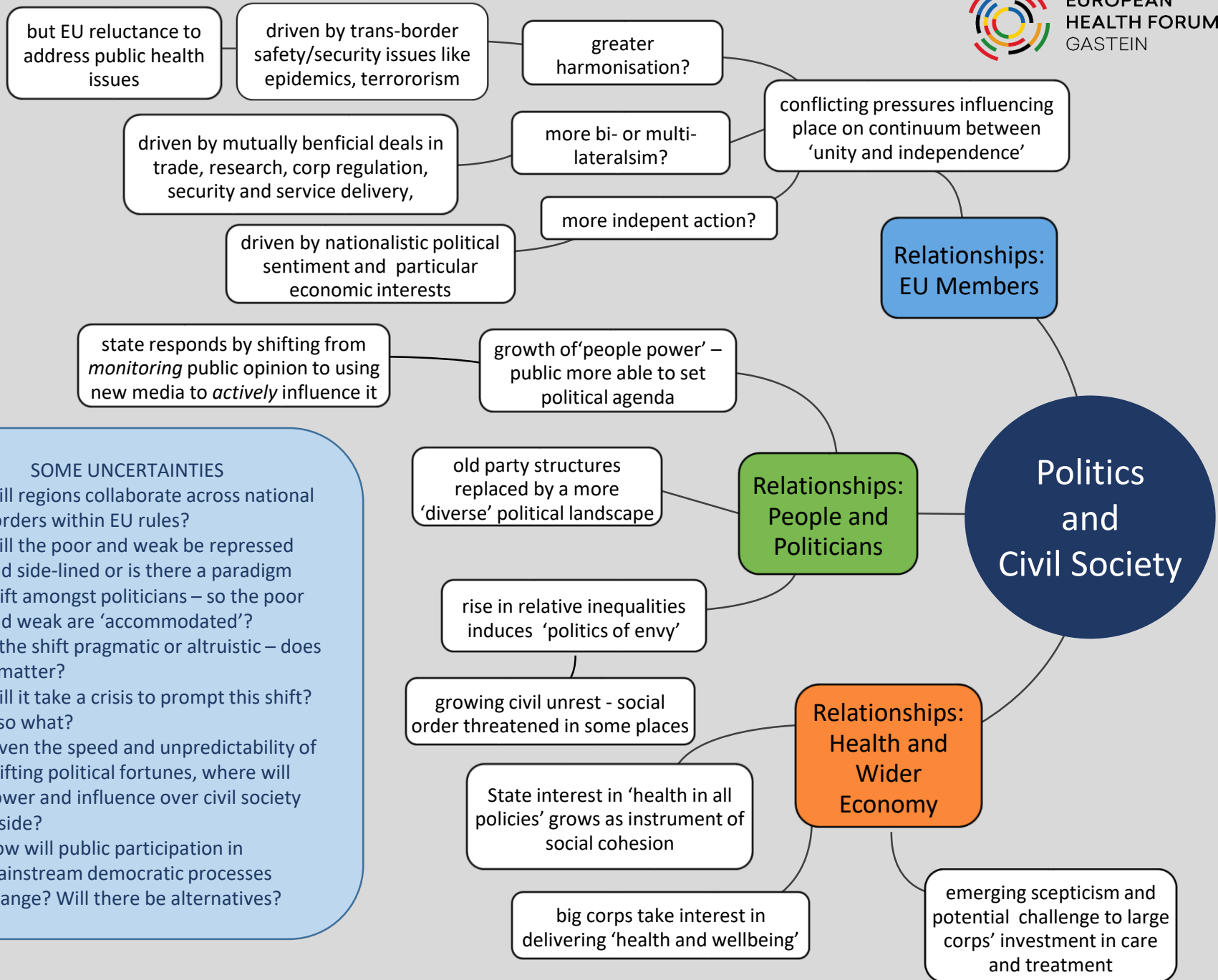




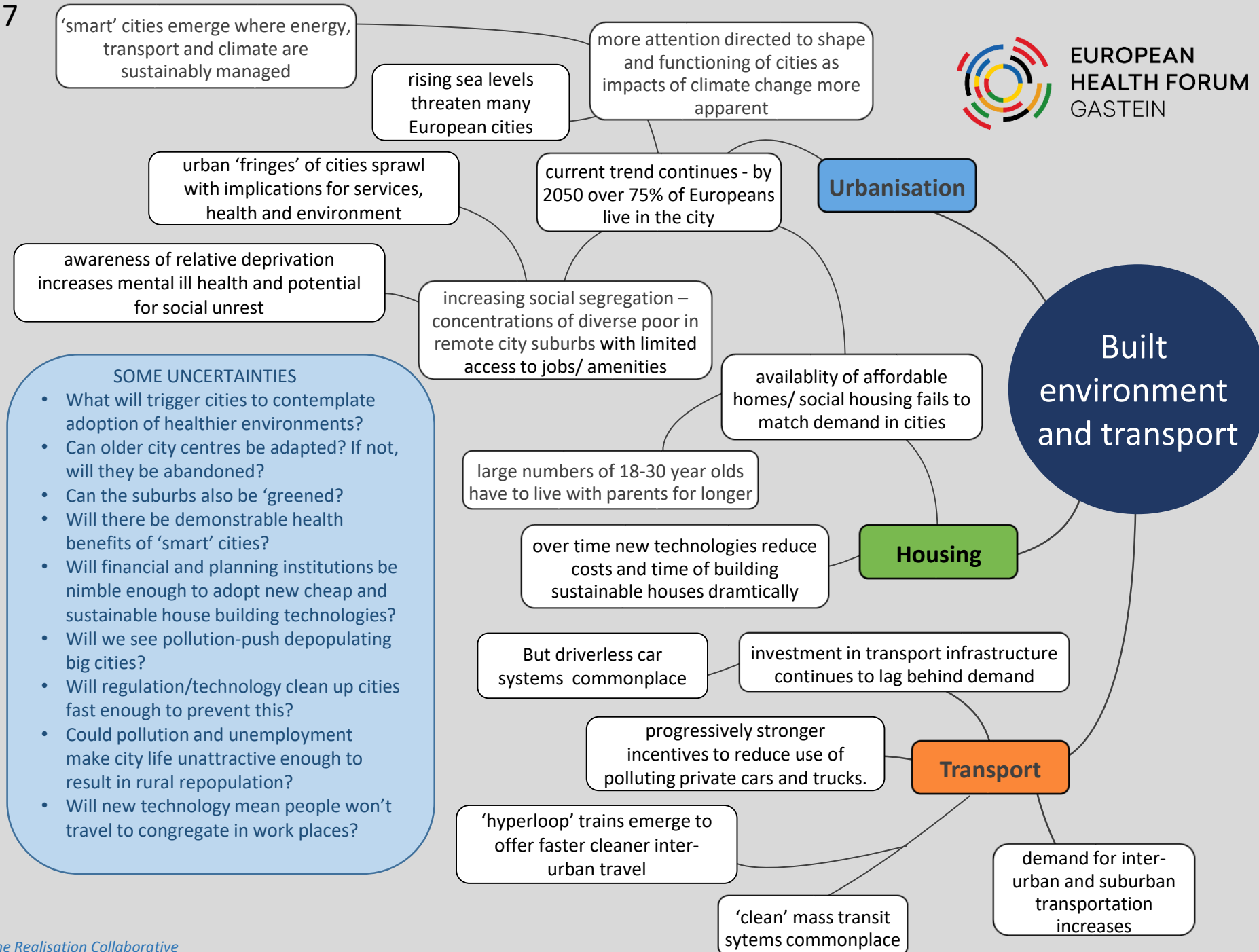
SOME UNCERTAINTIES

- Will the university sector adapt or wither?
- Will 'big data' change the role of universities as research centres? If so, how?
- Will people trust AI decisions about their health?
- How will knowledge-based professions – especially in health - respond to disempowerment?
- Will society become more 'individualised' or will we see a growth in 'community'?
- Will social attitudes to migration harden or will migrants be accommodated into communities? Will it be the same for national, EU and 'foreign' migrants?
- Will stigma of mental ill health reduce?
- Will EU values concerning health be compromised?
- Will 'nudging' reduce unhealthy behaviour amongst the disadvantaged? Will the state or corps be the strongest 'nudgers'?
- Will there be a public abreaction to a paternalistic 'nanny state'? Will this be induced /exploited by corps?





- SOME UNCERTAINTIES**
- Will regions collaborate across national borders within EU rules?
 - Will the poor and weak be repressed and side-lined or is there a paradigm shift amongst politicians – so the poor and weak are 'accommodated'?
 - Is the shift pragmatic or altruistic – does it matter?
 - Will it take a crisis to prompt this shift? If so what?
 - Given the speed and unpredictability of shifting political fortunes, where will power and influence over civil society reside?
 - How will public participation in mainstream democratic processes change? Will there be alternatives?



biotech developments offer 'cures' for such things as common cancers, Alzheimer's and autism

proliferation of personalised treatments matching individual and disease genetic profiles

genome sequencing and gene therapy

triggers potential shift in balance of power between clinicians and patients

enables more care at home and more citizen responsibility for health

telemedicine, telecare and robotics

initially surgical and social applications but more likely to augment rather than replace clinical and caring workforce

kit becomes digitized and mobile so can be operated by individual citizens or 'assitants'

diagnostics and devices

neural implants offer potential to enhance brain function

antimicrobial resistance (bacterial, fungal, viral) accelerates - unreliable pipeline of effective alternatives

medicines and their production

3d printing allows personalized medicines printed to order on single tablet

counterfeits - some exact copies - available on the net

'organs' on chips enable faster and maybe cheaper development of drugs and toxicity assessments

pipeline more opaque as multitude of smaller providers engage in product research - especially in Asia

SOME UNCERTAINTIES

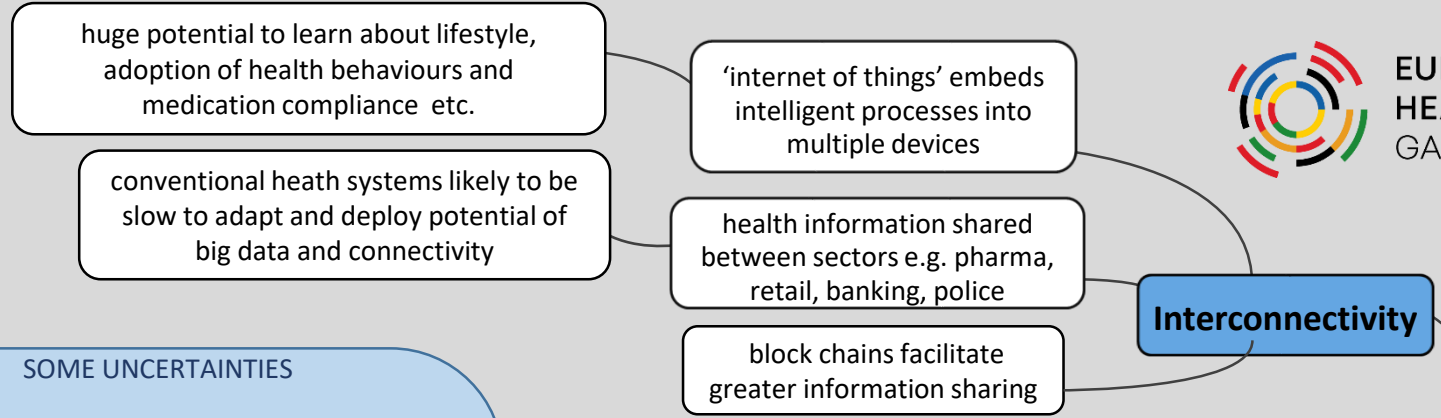
- Will uptake of new med tech developments across the EU remain patchy? Will potential for efficiency in procurement be realised?
- Will governments decide to give stronger market signals about what they want (and will pay for) or will supply continue to be industry led?
- Will health care systems continue to pursue med. tech. cures or will they shift focus to prevention and to health?
- Could biotech shift from 'treating' small symptomatic populations to focussing on improving public health?
- Will expense of new technologies widen health inequalities between rich and poor people/states? Will new biotech mean more or less expensive health care?
- Will ethical, regulatory and professional constraints slow or halt uptake?
- Will safe 'lifestyle' drugs be developed /available for things like happiness, obesity and memory?

common surgical procedures become more risky, impractical or costly

potential for improved medication compliance but also implications for regulation of compounds which can be accessed over the internet

threat to Big Pharma's IP

Med. Tech. and Pharma



SOME UNCERTAINTIES

- Who will control access to our personal and aggregate health data?
- Will consumers challenge who uses their health data and for what?
- Will those who write the search algorithms (like Google) end up controlling Big Data?
- Will monitoring of health behaviour be used to control access to health care/benefits?
- Will there be institutional resistance to adoption of disruptive technology?
- Will developing economies and 'leapfrog' the developed by being able to innovate faster and because of less regulation and weaker institutional resistance?
- What effect will Big Data have on our professional classes – especially in health?
- Will people learn to recognise fake news/evidence/experts?
- Will Governments be able to regulate/tax crypto-currencies? What if they aren't?
- Will there be major differences in exploitation of infotech between EU countries and regions?

AI and augmented reality provide decision support for population health and for clinicians to enhance quality and safety

faster/better Health Impact Analysis and clinical trials

online information – unlikely to be regulated/ curated

Big Data and Health

crypto-currencies go mainstream - but volatile

advances in information technology raise cultural questions about surveillance, control, access, privacy, crime, taxation, propaganda, social colonisation

Social Media

cyber-security risks increase

growth of peer to peer networks informing consumer opinion and increasing use in clinical trials

consolidation of media into fewer global providers

proliferation - risk of damaging mental health of young

social medial able to fuel public satisfaction/ dissatisfaction with health care

Big data and informatics

