

**PANELFIT & NKL Webinar  
– The COVID Crisis and New Technology**

**PROGRAMME**

**9.00 Welcome by Anna Lydia Svalastog and Iñigo de Miguel Beriain**

**9.10 First panel. Chair: Iñigo de Miguel Beriain**

*9.10-09.30 Technological War against the Corona Virus: Dangerous Cohabitation with Technology*

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*Abstract*

With the advent of COVID-19 crisis, various technologies are being used as countermeasure against the virus. In China, face-recognition and fingerprint databases combined with authority data enables the police to grab the identities of people and tracking the whereabouts of people. While in Korea, technologies similar to China is used to track people during the COVID-19 crisis, informing citizens about the infection risks based on the routes of the confirmed person, by combining credit card usage information and mobile phone tracking. In order to countermeasure coronavirus, Korean government took measures such as: Public information disclosure, Drive-through virus testing, and Compulsory self-quarantine monitoring application, with support from private sectors. Also, Apple and Google are building tracking system together based on encrypted Bluetooth communication, which aims to track potential encounters with COVID-19.



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These technologies have shown effectiveness in resisting to the coronavirus, but also raises ethical issues as considered in this research.

*9.30-10.00: Geolocation in the EU: a dialogue between Andrés Chomczyk ( Vrije Universiteit Brussel) and José Antonio Castillo Parrilla (University of the Basque Country)*

#### *Abstract*

Governments all around the world have move forward with the deployment of apps to attend several issues regarding COVID19 relying on different new technologies. From a legal perspective, several concerns have been raised regarding how these apps operate and could result in potential violations to citizens' fundamental rights, in particular regarding their right to privacy and to data protection. In this context, and relying on global case studies, it is proposed to identify best and worst practices to attend data protection issues posed by new technologies.

#### *10.00 Common discussion*

### **10.15 Second panel: Immunity Passports. Chair: Barbara Prainsack**

*10.15-10.30: What test for coronavirus really means for the patient?*

Rostyslav Bilyy<sup>1</sup>, Galyna Bila<sup>1</sup>, Roman Grycko<sup>1,2</sup>, Ihor Bernyk<sup>2</sup>

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Testing for COVID has become one of the common day activities during pandemic days, often like a visit to dentist or family doctor. However, there are many types of tests with different principles, sensitivities, specificities, and diagnostic windows. And since the COVID disease has a great impact on our social life, changing our behavior, social contacts, and attitude, the incorrect treatment of "test for COVID" can have deteriorating results. While starting to develop anti-nCov19 ELISA tests we communicated with professionals in immunology, laboratory diagnostics, directors of clinics, city authorities, and regular patients in Lviv region, Western Ukraine. The common conclusion was that "COVID test" is seldom interpreted correctly and causes many misapprehensions to the patient, affecting their social activities and often leading to unsupported euphoria or exaggerated fears.



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*10.30-10.45: Immunity Passport: the issues behind*

Prof. Dr. Iñigo de Miguel Beriain

University of the Basque Country. Spain

*Abstract*

Immunity passports have been considered a reasonable tool for dealing with COVID-19. However, their use presents multiple problems from both a scientific and ethical perspective. In this presentation, I will argue that all of them make their imposition by the government unworkable. However, it is much more complex to conclude that, if there were citizens capable of demonstrating that they do not pose a risk to public health, this should not have any legal consequences. On the contrary, such a scenario would greatly complicate the justification for a restriction of ambulatory rights that does not take into account the different levels of danger that both immunized and non-immunized people pose.

*10.45-11.00 Common discussion*

**11.00 Third panel. Chair: Anna Lydia Svalastog**

*11.00-11.20. 'Is 4G network not sufficient for medical health prevention, treatment and monitoring of the detected ill persons?*

Prof. Dr. Renata Šribar

University of Ljubljana, Slovenia

National primary / public health systems decisions and directives based on medical expertise and political-will have some general characteristics based on the interrelation of epidemic control and our digitalized social and economic realities. The related changes which worsened the conditions and options of our everyday lives had not been promptly confronted on the political level. The delayed response in MSs varied, what has been perceived and thematized in different discursive fields as the common characteristic were a) conceptualization of a-must of the so-called social distancing and the related behaviour, and b) the Covid-19 related emerging economic crisis as diversified in reflecting the states politics regarding welfare state on the one hand and thin state on the other. In the present presentation the exposed macro-economic and socio-political approach is considered as the determining force in the emerging social, economic, and medical turn. The basic initial hypothesis to be tested epistemologically by cabinet study is that the welfare state / thin state alternative is closely related to the implementation policy of the next generation of internet during the anti covid-19 regime, and that the subjection of a state to the rush of digitalization industry in the context of thin state macro economy in this



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very special period of human civilization does not contribute to the quality of medical appliances planned to prevent the spread of covid-19. The question to be asked is: 'Is 4G network not sufficient for medical health prevention, treatment and monitoring of the detected ill persons?'

*11.20-11.40: Influence of the instant messaging platforms on health-related perception of emerging technologies – example of 5G related WhatsApp group.*

Vanja Kopilaš M.A.<sup>1,2</sup> and Prof. Srećko Gajović<sup>2,3</sup>

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2- University of Zagreb School of Medicine

3-Croatian Institute for Brain Research

Zagreb, Croatia

Members of the NKL Network.

#### *Abstract*

Our topic would focus on the technology-enabled interactions (e.g., Instant messaging) in digital environments and their influence on opinions, attitudes, behaviors, and decision-making related to the health issues (e.g., 5G, COVID-19). Even though we live in times where technology plays a vital role and has become an integral part of our communication, it remains relatively unclear to what extent these interactions are beneficial or/and harmful. We would present an example of “wildfire-like dynamics” in a WhatsApp group, and its relation to the presentation of the opposing opinions (i.e. debate). Moreover, we would like to discuss how this “phenomenon” impacts our views of the health-related issues and what can we learn from it for the COVID-19 crisis.

*11.40-12.00 Challenges faced by non-COVID hospitals during the COVID pandemic*

Zoran Todorović

University of Belgrade School of Medicine and University Medical Center "Bežanijska kosa", Belgrade, Serbia

#### *Abstract*

During the current pandemic, especially at the very beginning, a special problem was the question of whether it is possible to organize a non-COVID hospital and how to ensure its normal functioning in the COVID environment. The problems were numerous, and above all, insufficient protective equipment and diagnostic tests, as well as the unresolved issue of triage. In particular, numerous COVID cases were discovered only after admission to the hospital, and healthcare workers became ill, especially those who had



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unprotected contact with COVID patients. The justification for the existence of non-COVID hospitals was that a large population of patients who did not have COVID needed to be adequately cared for and needed hospitalization. Also, some hospitals did not have the conditions for receiving COVID patients due to the existence of a central air-conditioning system. Communication with patients who territorially belonged to non-COVID hospitals was initially limited to email and telephone, and only if the case proved urgent was he admitted to hospital. Surgical interventions were delayed due to lack of blood (insufficient voluntary donors), as well as invasive diagnostic procedures. Protective masks were often inadequate or worn longer than permitted, and a special problem was the removal of masks by doctors and nurses when they were not in contact with patients (eg coffee breaks). Over time, such hospitals were equipped with adequate protective equipment and epidemiological measures were improved (triage in the tent outside the hospital, rapid laboratory and clinical diagnostics, establishment of a department for isolation of suspected cases), but then there was a problem with an extremely large influx of non-COVID patients who didn't want to go other (COVID) hospitals. In conclusion, it is necessary to improve the organization of the health service regarding COVID and non-COVID centers if the pandemic recur in the future.

## **12.00 Closing and further steps. Barbara Prainsack & Anna Lydia Svalastog**

European research network on health in the digital society:

<http://knowledge-landscapes.hiim.hr/>

PANELFIT:

<https://www.panelfit.eu/>

<https://twitter.com/panelfit?lang=en>



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