



# **PISS PERFECT: PRIVACY IN CONTINENCE CARE**

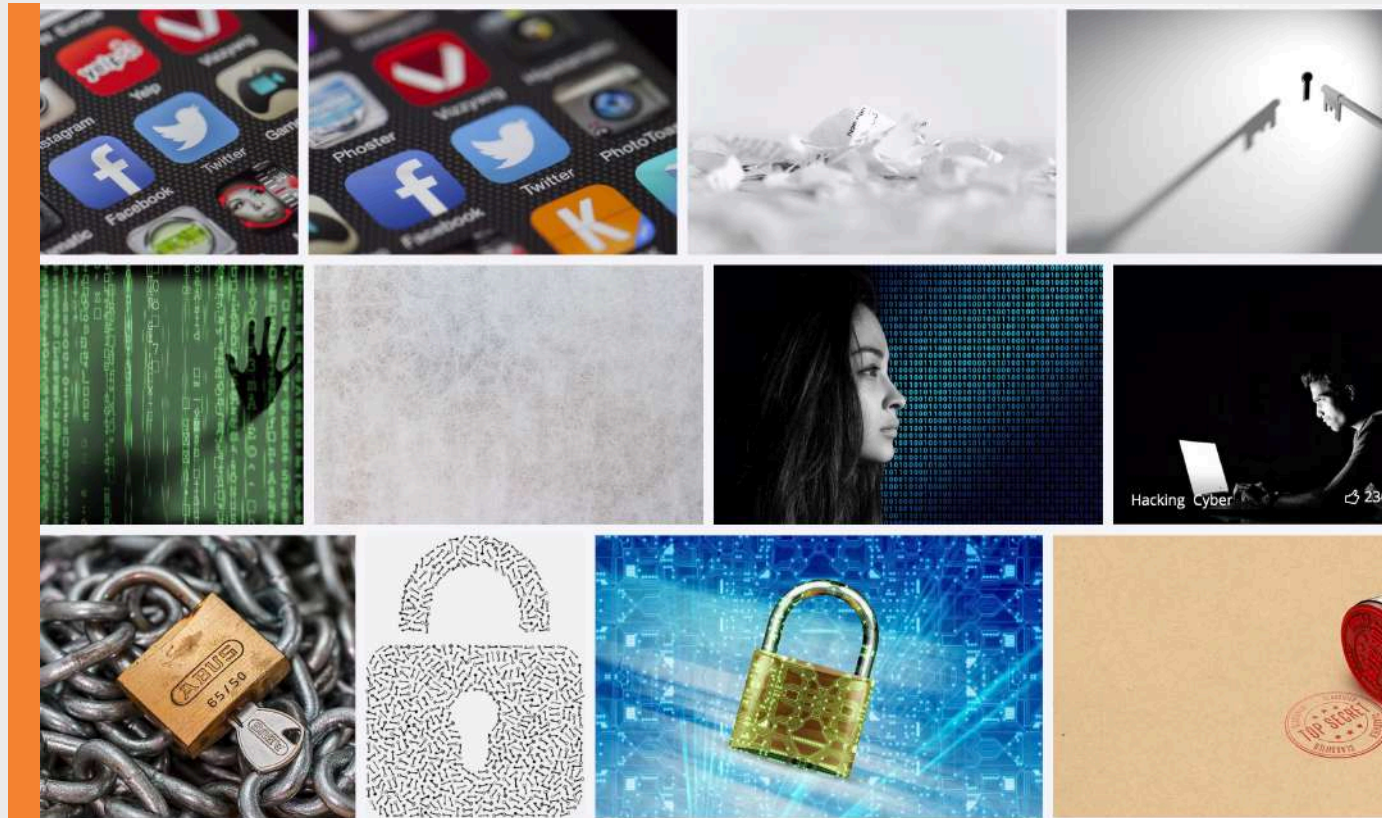
@KATTA\_SPIEL



**TAKE CARE**

# CONTINENCE CARE?

WHY IS THIS EVEN AT PRIVACYWEEK?



- Conventionally, we focus on data and giving people agency and power over their data in contexts of governments and/or big corporations.

# CONTINENCE CARE.

AT PRIVACYWEEK.



- Data collection and analysis is about controlling bodies. Invasions are meant to take away agency. And it's called 'private parts' for a reason.





## CONTINENCE CARE!

■ WE NEED TO TALK ABOUT THIS AT PRIVACYWEEK!

It matters how we treat privacy in contexts of shame — where people are often vulnerable and kept silence. Those are the contexts in which we have to be vigilant.





## RESIDENTIAL CARE



- Tensions of public and private
- Strong technological push
- Multiple marginalised positions
- Super uncomfortable.



# CONTINENCE CARE

SCANDALISED AND SHAMED





# WHAT DID WE DO?

LOOK AT WHERE IT HURTS AND THEN LOOK SOME MORE

**PARTICIPATORY  
OBSERVATION**

**INTERVIEWS WITH CARERS,  
RESIDENTS, FAMILIES &  
MANAGEMENT**





Government

*RCF*

Manager

Caregivers

*NCS*

Nurses

Nursing Home

Head Nurse

*Bed Card*

Ward

*Micturition*

Room

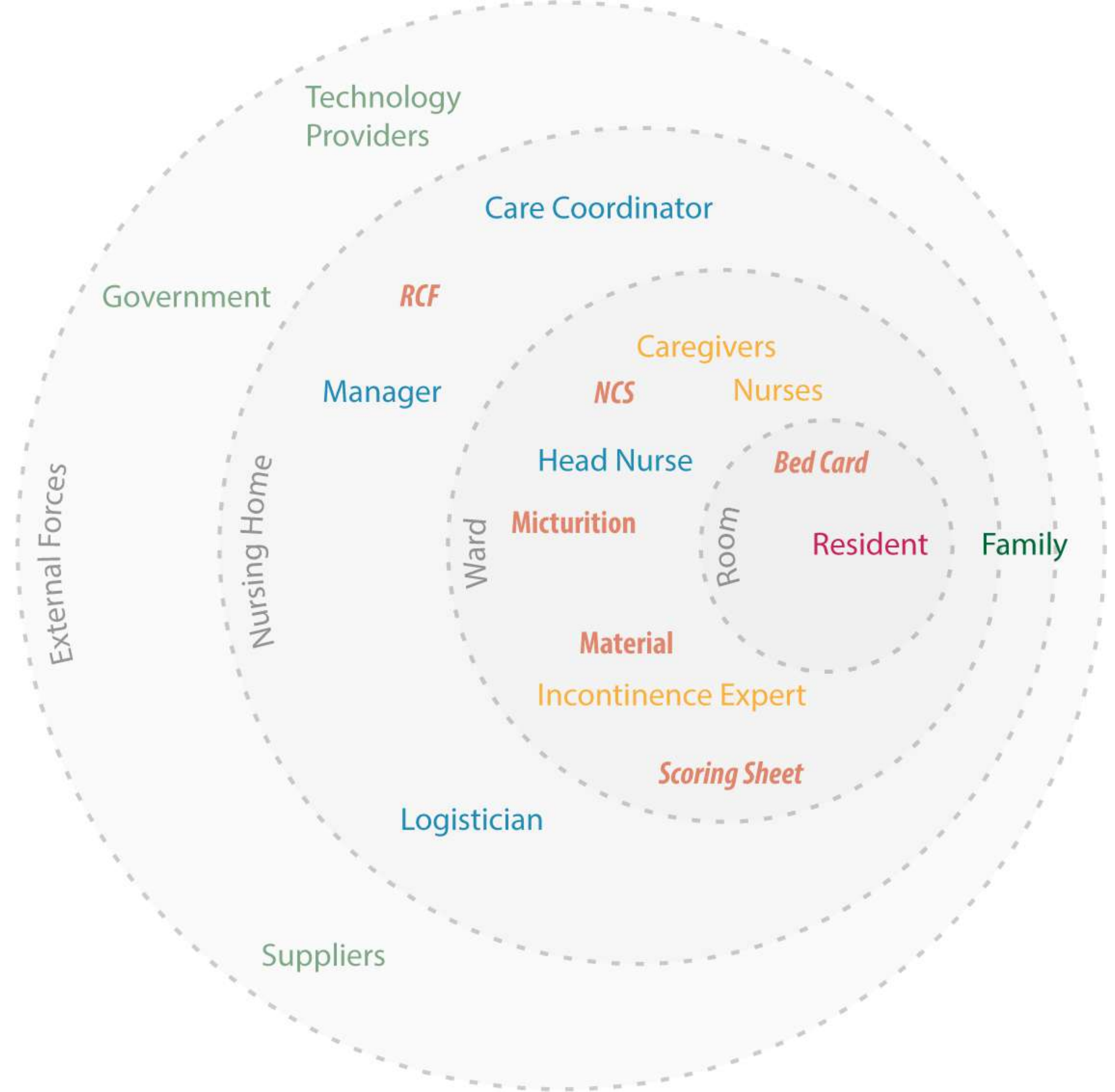
Resident

Family

*Material*

Incontinence Expert

*Scoring Sheet*







## YES TO TECH, NO TO MORE STAFF.



# REMEMBER?

JARRING TECHNOLOGICAL UTOPIAS





# REMEMBER?

JARRING TECHNOLOGICAL UTOPIAS





# REMEMBER?

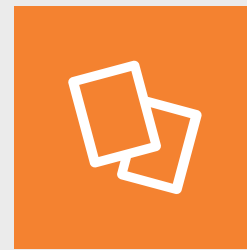
JARRING TECHNOLOGICAL UTOPIAS





# AUGMENTED CARE

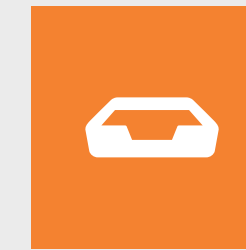
MANAGEMENT AND DATA COLLECTION



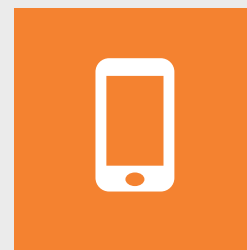
**BED CARDS**



**NURSE CALL SYSTEM**



**RESIDENT CARE FILES**



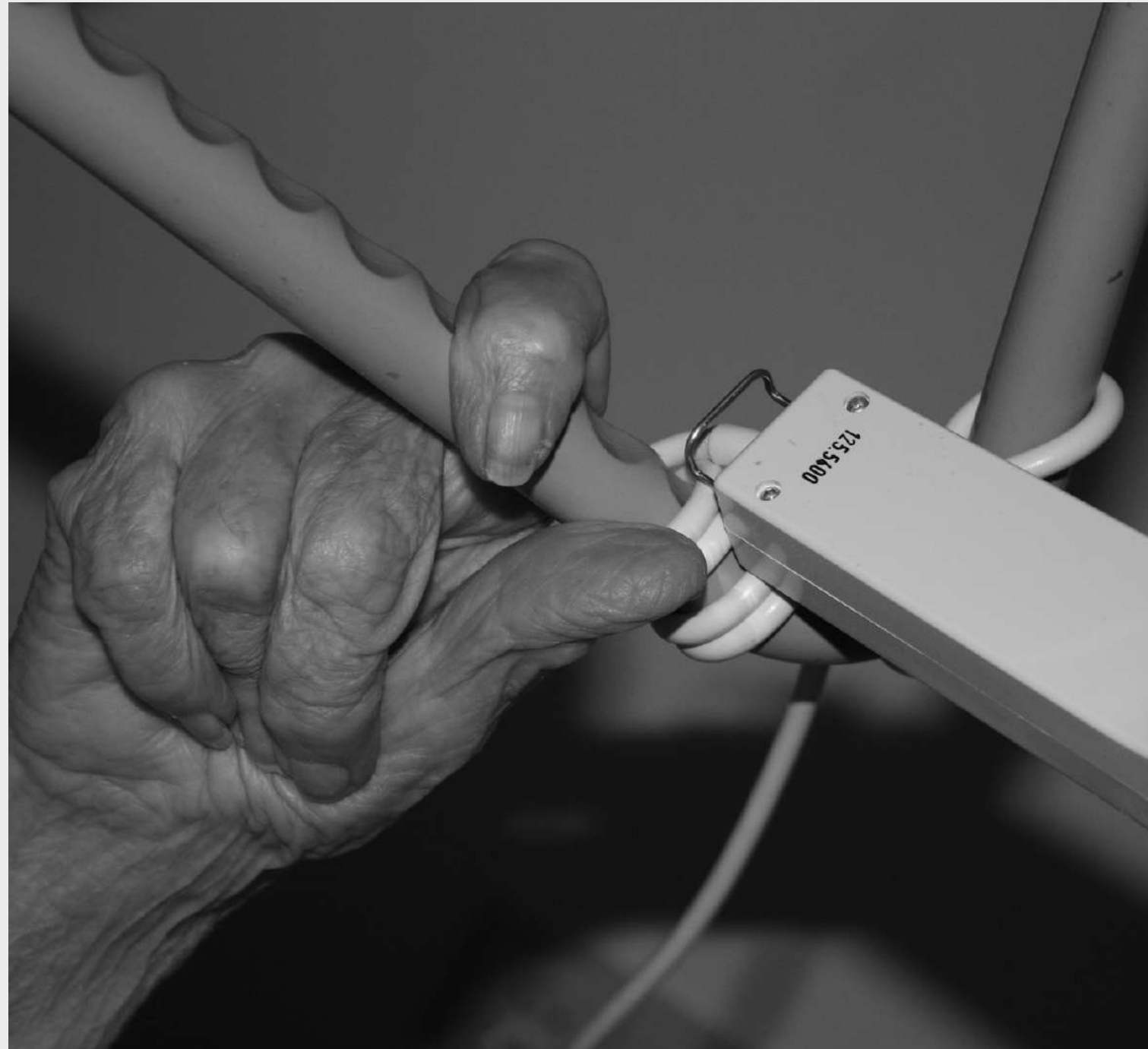
**SMARTPHONES**



**PIN BOARDS**



**DESKTOPS**

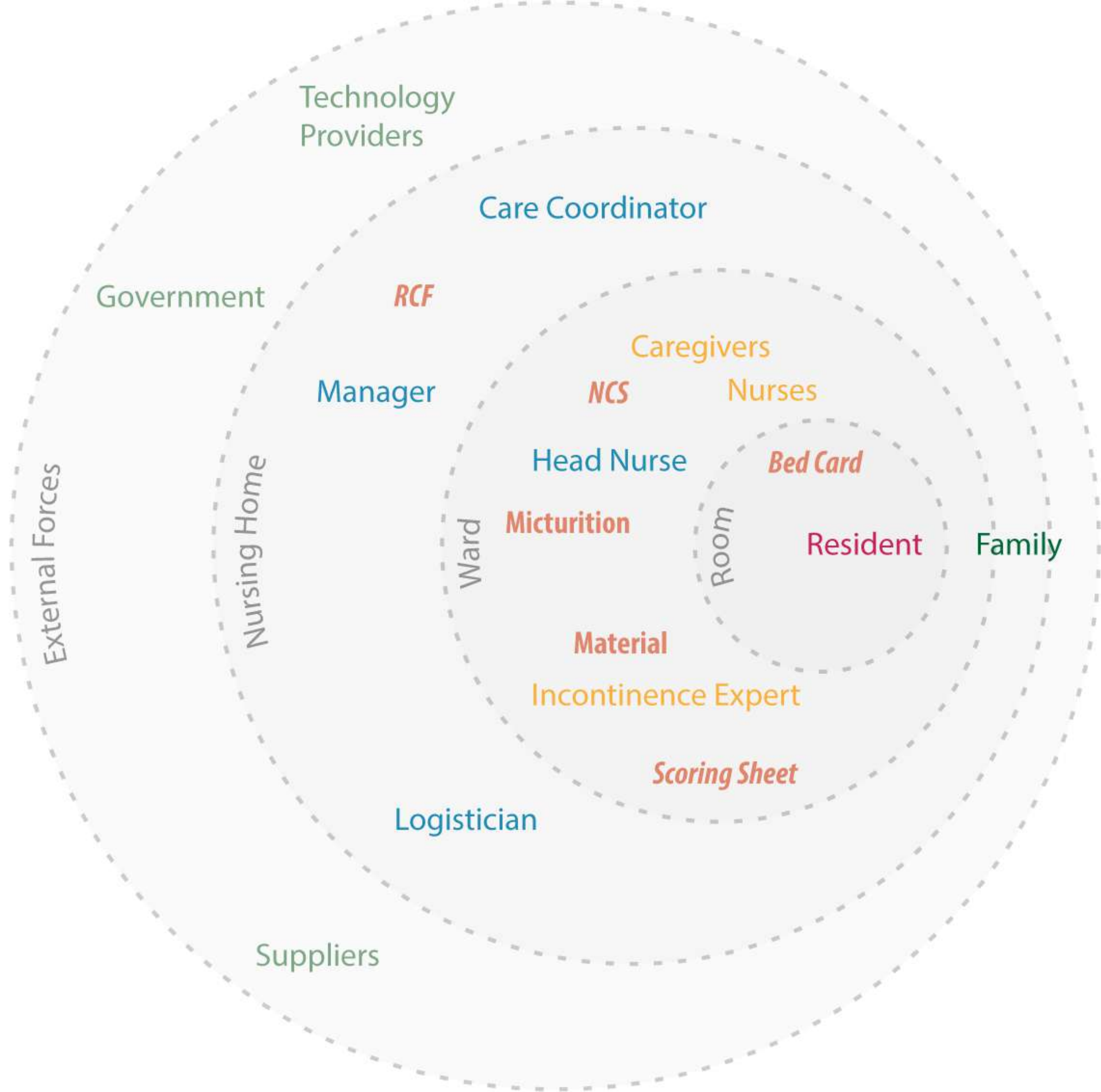


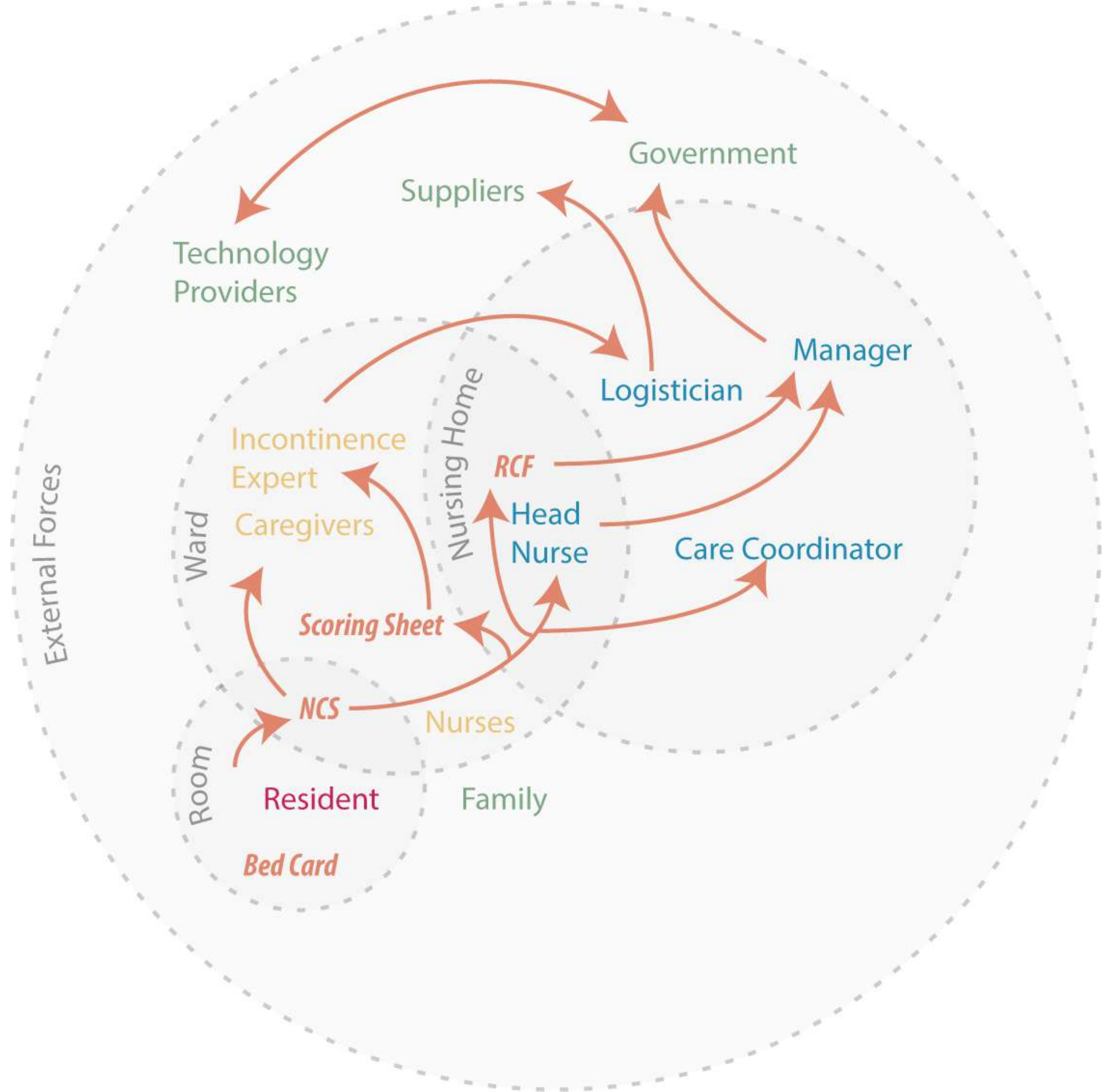
## CENTERING WHO?



Technology the resident has access to is a one way ambiguous signal for calling for help that is often constructed as being annoying.









# WHO INTRODUCES TECHNOLOGY IN CARE HOMES?

## AND WHY?

Families and residents want human centred care. Carers want to provide that care but struggle with multiple demands coming at them from multiple sides.

Management and governments want problems to go away without spending money.

The inherent logic becomes: We do not have enough staff to facilitate continence care appropriately, so we introduce tech that tells staff to be more efficient by monitoring residents' bladders and bowels.

# COERCING CONTROL

BY MAKING PRIVACY A PRIVILEGE

**Carers** are distrusted to do their job appropriately. Hence, they are micro-managed and told to learn more and more technological setups interrupting their routines to comply with standards not complying with their ethical stance.

**Residents** are ignored along with their bodily autonomy, relegated to provide input to the sensors. They are not listened to. Instead, their expressiveness is limited to what is deemed relevant which is what can be measured by the sensors.





# CONTINENCE PANOPTICON

## ■ SURVEIL AND MANAGE

Disciplining of care staff goes hand in hand with dehumanising residents by understanding them mainly as a resource to be managed and taking away their rights to agency, privacy and self-determination.





## PISS PERFECT?

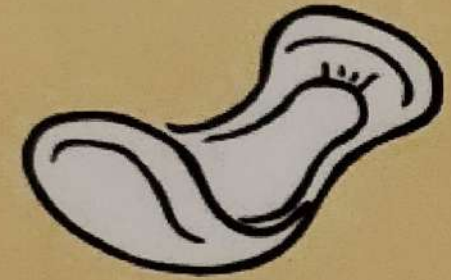

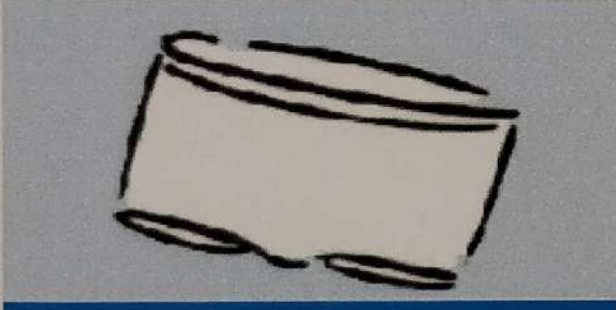


In residential care, privacy becomes an easily discarded commodity for capitalist convenience in continence care.

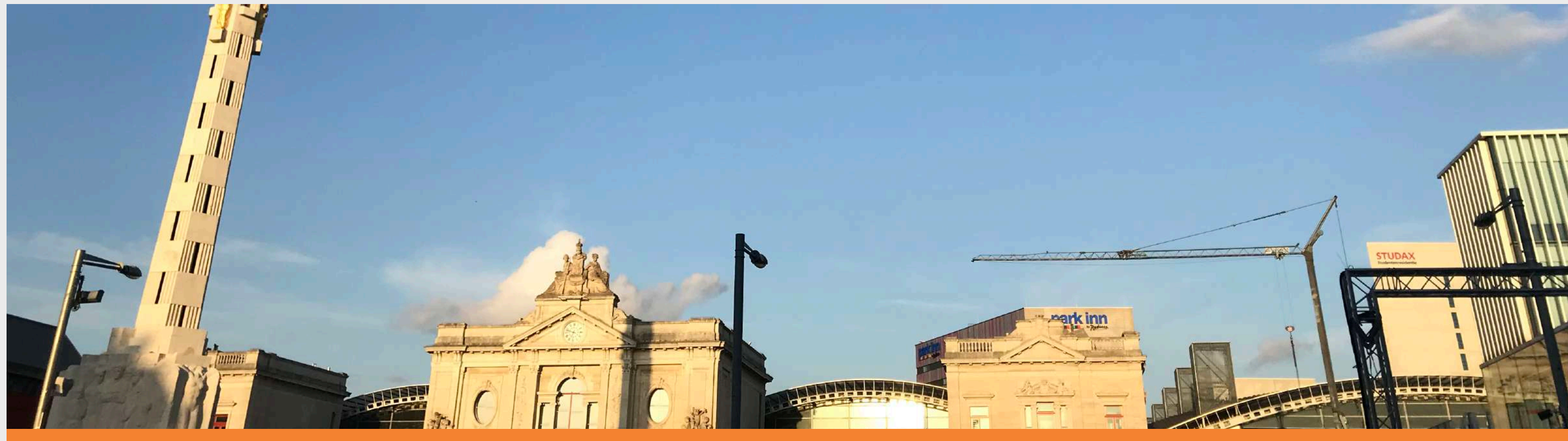
We need to talk about the uncomfortable things to draw necessary boundaries where it hurts.



OK, KATTA, I GET IT. WHAT CAN I DO?

	Oranje 10 stuks		Blauw 10 stuks
 M	Blauw 10 stuks	TENA Slip Plus M ↓ Maxi paars	

THANK YOU



@KATTA\_SPIEL