Nursing robots, emotions and human dignity

Attempts to introduce robots into nursing and elderly care have not been embraced enthusiastically by philosophers and ethicists. Early critical papers that were blunt about the inhumanity (Sparrow and Sparrow 2006) of the employment of robots in nursing care or speak of a straightforward deception of elders upon the employment of robots (Sharkey and Sharkey 2011). These straightforward rejections were recently replaced by more sophisticated arguments. The care for elderly patients necessarily involves complex social interactions that go beyond a close circle of providers and family members, and it is thereby necessary to obtain an acceptance of a robotic care companion from a larger set of stakeholders than previously thought (Čaić, Odekerken-Schröder and Mahr 2018). This acceptance that might prove very problematic. More critically, (Santoni de Sio and van Wynsberghe 2016) defend a view of several levels of skills that constitute all human interactions. Alongside purely mechanical or intentional capacities to undertake a task, emotional and social skills are also necessary to perform any task. If machine is incapable to achieve a task with the same set of skills, it should not be deployed as a replacement of human actors, as it deprives concerned humans of justified expectations they have from any action performance. While current robots might be endowed with mechanical and possibly intentional skills to perform various care related actions, they are incapable of emotional and social skills to make assigned actions as complex as humanly required. Therefore, robots should not deploy them in care related acts.

Two lines of defense against this skepticism will be explored in my presentation. First, I will explore whether all care related actions indeed require emotional and social skills. After exploring the intervening issue of anthropomorphism I will conclude that the evidence is largely inconclusive. More importantly, I will demonstrate that that there are patients that *cannot* require emotional and social skills from their providers. Patients with dementia, mental retardation, those in vegetative states etc. are human beings, whose care is immensely difficult and they both cannot express and are incapable of requiring full-fledged emotional and social interactions. Robotic care can therefore be deployed on these patients and, incidentally, these patients are also the ones whose care is among the most difficult.

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Sharkey A and Sharkey N. (2011) Children, the Elderly, And Interactive robots: Anthropomorphism and Deception in Robot Care and Companionship, IEEE Robotics and Automation Magazine, March, 32-38.

Santoni de Sio F. and van Wynsberghe A. (2016) When Should We Use Care Robots? The Nature-of-Activities Approach, Sci Eng Ethics 22:1745–1760.

Čaić, M., Odekerken-Schröder, G. and Mahr, D. (2018), "Service robots: value co-creation and co-destruction in elderly care networks", *Journal of Service Management*, Vol. 29 No. 2, 178-205.