

2027-03-03 · 80 minutes

Data-ethics debate

Your goal: Debate the ethics of collecting and storing human physiological data.

One product: CER contribution arguing an ethical limit for physiological data collection and storage, plus two questions and a reflection connecting the argument to the Thursday, March 4, 2027 lab plan.

Question: What collection or storage limit should the fictional class adopt, and how would it change your proposed plan?

Start the work

Recover your actual research design ticket if missing; this discussion does not assume it was submitted.

1. Read E1/E2 and complete the warmup about consent and physiological data collection.
2. Read the S1 scenario. Write two questions and draft a CER about one justified limit.
3. Exchange arguments with classmates, or compare the supplied C1 arguments alone. Revise the CER after answering a counterargument.
4. Write the plan-linked reflection using your actual proposed plan or the labeled P1 practice plan.
5. Assemble your two questions, CER and reflection. Complete the self-check, then save or submit the same product using the assigned route.
6. Prepare a blank table and hypothesis reminder for the next protocol; ask for any missing recording or official-work instructions.

Save your response if the assignment or board is unavailable. Check your own post and classmate reply separately; ask for what you need to finish either one. Request a missing recording or actual plan; solo text does not complete those requirements.

Words you will use

physiological data

Information about body function, such as a pulse-rate measurement.

biometric data

Body-related measurements used here to discuss personal information; not every such measure uniquely identifies a person.

pulse rate / bpm

How fast the heart beats; beats per minute is its unit here.

informed consent

A process of understanding relevant information and making a voluntary choice.

voluntary

Chosen freely, without pressure that undermines a meaningful choice.

data category

A type of information, such as condition labels or quiz scores.

data minimization

Limiting collected information to what a stated purpose needs.

storage / retention

Keeping information; retention describes how long it is kept.

storage limit

A defined rule for when keeping information is no longer justified.

raw data

The original recorded observations before summaries or calculations.

access

Who can view or use information.

anonymity

A condition in which information cannot reasonably be linked to a particular person; deleting a name alone does not establish it.

counterargument

A serious reason that challenges the claim.

CER

Claim, Evidence, Reasoning: a position, support and the explanation connecting them.

arrhythmia

An abnormal heart rhythm.

clinical

Related to professional care of a patient.

hypothesis

A testable proposed answer to a question.

calibration

Checking or adjusting a measuring device against its required reference, following its instructions.

protocol

The specified procedure and conditions for an activity.

experimental / observational

A study that deliberately changes a factor; a study that observes without assigning that change.

independent / dependent variable

The factor changed or compared; the outcome measured.

controlled variable

A condition planned to remain consistent across comparisons.

sample size

The number of independent observational units in a study, not automatically the number of repeated readings.

posture

The position of the body, such as seated or standing.

mean

The sum of values divided by their count; a planned comparison does not supply any actual values.

E1: a public sharing-screen sentence

Apple's May 2023 Health Privacy Overview shows a public example of a Health sharing screen on page 7. The first paragraph states: "You can help develop and improve Health and Activity features by sharing some of your data with Apple."

Underline the supplied purpose sentence. Explain that purpose and one control or missing detail. Elsewhere on the same screen, a control says users can end sharing through Settings. This historical public example is not your account or proof of today's interface. Do not open an account or change a setting. The excerpt does not explain retention of data already shared.

E2: informed choice

HHS describes informed consent as a process involving information, understanding and a voluntary decision. A signature alone is not the whole process. People need a chance to ask questions.

For this discussion, explain the proposed purpose, data categories, access, storage and choice before asking someone to agree. HHS guidance concerns research protections; it does not determine whether this class activity falls under those rules. School and teacher requirements remain separate.

E3: collect and retain only for a reason

FTC business guidance recommends collecting only information needed for a legitimate purpose, limiting access and keeping it only as long as needed. Its retention-policy advice includes what to keep, protection, duration and disposal.

We apply these as discussion principles, not a claim about the law governing this classroom. Data minimization asks which categories are needed. Storage limits ask when their justified use ends. An unneeded file creates exposure even if nobody intended harm.

S1: fictional classroom proposal

A fictional class proposes comparing pulse-rate conditions for a planning exercise. The group wants names, exact recording times and quiz scores attached to the readings. It proposes sharing the raw file with the whole class and keeping it indefinitely for possible later projects.

No participant, measurement, study protocol, permission or result is supplied. The stated immediate purpose is practicing a comparison, not evaluating grades or diagnosing health. Decide what one collection or storage limit the proposal should adopt. Explain how it relates to informed choice and the other data protections.

A plausible harm is that peers could attach a health interpretation to a person or judge them using a quiz score. That harm has not occurred in this invented case. Removing names alone does not guarantee anonymity: a uniquely identifiable recording time might connect a row to a known class event.

C1: serious counterarguments for solo practice

If you support deleting raw files promptly, consider that a later calculation error may need checking against the original record. If you support longer retention, consider unnecessary exposure after the stated purpose ends. If you limit collection, explain whether the remaining information still serves the purpose.

Use an actual group counterargument when available. Otherwise label one of these as a solo counterargument and answer it. A solo text response does not satisfy the separate requirement to watch a recorded position or reply to a classmate.

E4: when longer monitoring can help

NHLBI describes portable heart monitors that record electrical activity over longer periods. They can help a clinician assess symptoms occurring outside the office. This supplies a bounded reason that collecting across more time may provide useful information.

It does not show that collecting every category helps, that all monitors detect every arrhythmia, or that a classroom pulse sensor can diagnose one. Clinical monitoring has a different purpose and process from S1. Defend this potential benefit, then explain why consent and purpose limits still matter.

P1: apply the ethics to your own proposed plan

Use your actual proposed Problem 2 question and hypothesis, not personal health history. State its planned measurement category, comparison, intended readers and proposed retention endpoint. Explain one change your ethical limit would make and why. Do not include observations or identifying details.

If your plan is missing, recover it from your teacher or saved work. While you wait for it, use this original paper-only recovery plan: compare seated and standing posture using pulse rate in beats per minute. A testable proposed hypothesis is that the mean pulse rates would differ. No direction, effect size or actual result is asserted.

For that recovery plan, propose limiting collection to condition, trial number and measurement with units; propose teacher-only review and an explicit review endpoint. Justify or revise these proposals. Label your substitute recovery practice and ask for the actual plan before reflecting on it. The recovery plan authorizes no exercise, posture change or measurements.

R1: check the argument

Your two questions should address specific decisions about consent or data collection. Your CER needs one clear limit, a source fact or principle, reasoning about a plausible harm, and a serious counterargument with a reply. Your reflection must connect to your identified plan.

For the quiz example, name one informed-choice concern and one minimization or storage concern, and tie each to a specific detail of the proposal. A vague mention of privacy is not enough. Do not pronounce a legal violation from missing facts.

Recording, posting and reply requirements

The absence route requires watching one teacher-provided recorded position, then identifying the counterargument hardest to answer and explaining why. No recording is supplied here. Request the recording before saying you watched it. C1 is useful text practice, not a video or evidence that you watched one.

The async route requires posting your CER and replying to one classmate. When the board and an actual post are available, write a reply that identifies the classmate's claim, asks a relevant question or addresses its reasoning respectfully. Do not copy personal information into this record. If access or a classmate post is missing, save your CER and ask how to complete each required post or reply.

Prelab preparation: supplied blank structure and missing protocol

The dated next lab is Thursday, March 4. Review the assigned sensor protocol, calibration step and recording controls when the teacher provides them. A generic consent sentence does not approve the lab.

Prepare this blank table structure on paper: Trial number | Condition | Measurement value | Unit. Leave every measurement blank. The teacher's protocol determines trial count, timing, equipment, calibration, technique and any additional approved columns. No sensor model or protocol is supplied here.

Bring the blank table and your actual hypothesis. Confirm that you understand how calibration and recording work only after reading the actual instructions; otherwise ask for those instructions before checking your understanding. A teacher must resolve participation, permission and privacy requirements before any human measurements.

Calendar and official work remain separate

No homework is due before this class. March 4 has a 25-minute "Experimental vs observational" Class Records item. Obtain that assigned input and complete it as directed; this ethics response does not replace it.

The weekly Research design ticket, Study critique packet and teacher's sensor spreadsheet evidence remain separate requirements. Complete them as your teacher directs.

Your teacher will identify any assigned portion of the official data-ethics debate activity and its stopping point. This original response does not complete unseen official prompts or mark the tracker done.

Worked different-purpose example: library records

Different-question model: a fictional library needs a list of current book borrowers. A proposal would publish everyone's full borrowing history to help recommend titles.

A worked claim might limit access to staff handling current loans. The reason is that broad publication reveals reading choices beyond the immediate return task. A counterargument is that recommendations could improve; a reply could propose voluntary recommendations using only chosen categories.

The benefit is a proposal, not a measured result. This model shows claim, purpose, possible harm and counterargument. Book records are not physiological data and do not establish a health-data rule.

Try the decision

Which statement respects the supplied case and source limits?

- Evaluate a stated data limit, explain a harm and retain missing permission and protocol decisions.
- A sharing-screen sentence gives this class permission to collect everyone's health data.
- Keeping every file forever must prevent more harm because longer clinical monitoring sometimes helps.

Explain your choice using the reading. Discuss it or say it to yourself. This practice does not add another submission.

Your 80-minute flow

0–10 minutes	Complete warmup using E1/E2.
10–25 minutes	Write two questions and draft the CER.
25–55 minutes	Exchange arguments or compare C1, revise the CER; optional E4 extension if ready.
55–65 minutes	Write the plan-linked reflection.
65–77 minutes	Assemble two questions, CER and reflection; complete self-check; save/post if available.
77–80 minutes	Prepare blank table and hypothesis reminder.

Your response record

Use these labels on paper or in your document. The space below also works when this page is printed.

Consent-screen and category warmup

Underline E1's supplied screen sentence. Explain its stated sharing purpose and one control or missing detail. Name a possible physiological data category without describing yourself. State one thing a participant should understand before agreeing.

Use the public historical screen excerpt; no login, personal account, permission change or actual health history.

Use this space or the same labeled section in your existing document. Add paper when your table, graph or drawing needs more room.

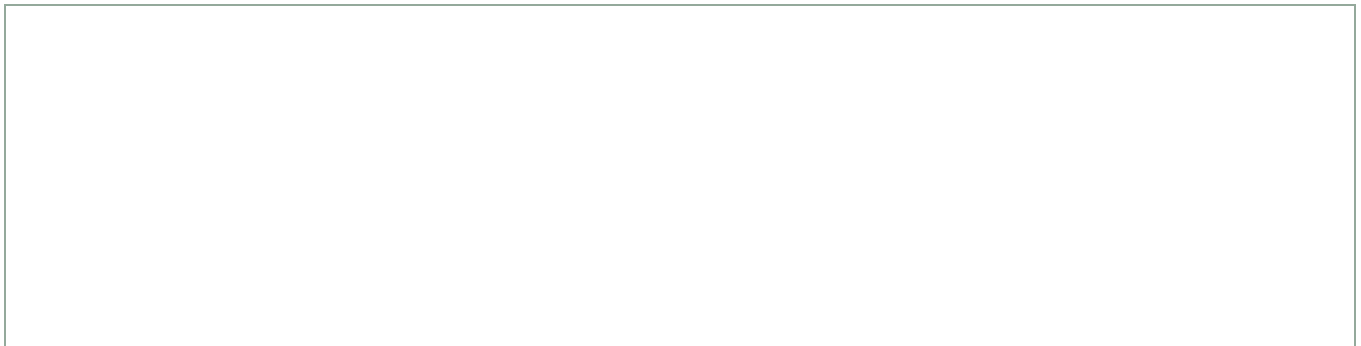


Two debate questions

Write two specific questions about consent or physiological data collection in S1. Make each question useful for deciding a limit.

For example, consider who can see a record or what purpose needs a data category. Write your own two questions.

Use this space or the same labeled section in your existing document. Add paper when your table, graph or drawing needs more room.



CER and serious counterargument

Argue one collection or storage limit for S1. Use a source principle or fact, explain a plausible harm and why it matters, and answer a serious counterargument.

Use E2/E3 with the case. Use real group input when available, otherwise label C1 as solo practice. Neither route proves recording or reply completion.

Use this space or the same labeled section in your existing document. Add paper when your table, graph or drawing needs more room.

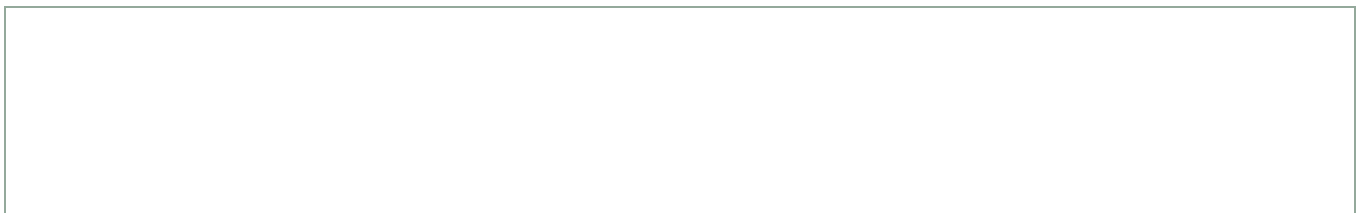


Reflection on your proposed plan

Identify your actual question and planned data categories. Explain how your ethical limit changes collection, access or retention. If the plan is missing, use P1 recovery and ask for the actual plan before reflecting on it.

Discuss a plan, never personal measurements or history. A recovery proposal is not an approved human protocol.

Use this space or the same labeled section in your existing document. Add paper when your table, graph or drawing needs more room.



Quiz-data self-check

Apply R1 to recording heart rates during a stressful quiz and keeping files for possible later use. Name the informed-choice concern and the minimization/storage concern, with a reason for each.

No recording occurred in this fictional case. Missing facts prevent a legal conclusion.

Use this space or the same labeled section in your existing document. Add paper when your table, graph or drawing needs more room.

Prelab and remaining requirements

Set up the supplied blank four-column table and identify the hypothesis you will bring. Record protocol/calibration/recording checks as ready only when verified. Separately track required recording, own post, classmate reply and official-task holds.

No measurements belong in this task. Keep these notes about what you did or need next with the same response, not a second submission.

Use this space or the same labeled section in your existing document. Add paper when your table, graph or drawing needs more room.

Check your product

- Two specific questions and one CER address a defined ethical limit.
- Reasoning uses supplied evidence and answers a serious counterargument.
- The reflection identifies the actual plan or clearly labeled recovery and names the actual plan still needed.
- Prelab table stays blank and all access/recording/official holds are honest.

Keep the limit: Original planning discussion only. No real health data, valid research permission, actual clinical benefit, completed recording or official course completion is supplied. It cannot support conclusions beyond these stated limits.

Turn in your work

Submit two questions, one CER contribution and a plan-linked reflection through the linked BI assignment. For the async route, post the CER and reply to one actual classmate. Keep preparation and work checks with the same response. After uploading, check that Schoology shows Submitted.

Save your response if the assignment or board is unavailable. Check your own post and classmate reply separately; ask for what you need to finish either one. Request a missing recording or actual plan; solo text does not complete those requirements.

[Open this assignment in Schoology.](#)

Carry forward

A useful data plan states its purpose, necessary information, access and retention before collection.

Bring the blank table and actual hypothesis to the dated March 4 lab after its protocol and participation requirements are resolved. Which table columns will preserve the hypothesis, conditions and observations separately?

Sources and resources

[Open today's page](#)

APPLE-SCREEN · Health Privacy Overview, May 2023, page 7 sharing screen

Apple; public historical screen inspected September 11, 2026

https://www.apple.com/la/privacy/docs/Health_Privacy_White_Paper_May_2023.pdf#page=7

HHS-CONSENT · Informed Consent FAQs

HHS Office for Human Research Protections; general principles, not a determination of classroom legal scope

<https://www.hhs.gov/ohrp/regulations-and-policy/guidance/faq/informed-consent/index.html>

FTC-DATA · Protecting Personal Information: A Guide for Business, section 2

Federal Trade Commission; business guidance used as an ethical comparison

<https://www.ftc.gov/business-guidance/resources/protecting-personal-information-guide-business>

NHLBI-MONITOR · Atrial Fibrillation: Diagnosis, portable monitors

NIH National Heart, Lung, and Blood Institute

<https://www.nhlbi.nih.gov/health/atrial-fibrillation/diagnosis>