CEH

Ethics as a Design Constraint

Why CEH is intentionally limited — and why that is a necessary choice

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Executive Summary

Digital care solutions increasingly focus on monitoring, data analysis, and behavior steering. While these developments can be valuable, they also introduce new risks:

- loss of autonomy, an implicit duty of care, and further instrumentalization of the client.

CEH was developed from a different approach. This document explains how CEH treats ethics as a design boundary, not as a legal afterthought. The deliberate absence of certain features is therefore not a shortcoming, but a core quality. That is why CEH is *Uncopyable by Design*.

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1. Introduction

In recent years, digital care has been introduced at an accelerated pace within mental health care and related domains. This acceleration was driven by scalability, efficiency, and measurability. What is often underexposed is the question: *Which functions truly add care, and which mainly create control, pressure, or dependency?* CEH emerged from the conviction that restraint is a form of professional responsibility.

2. The problem: when care becomes systems

2.1 Over-instrumentalization

Many contemporary care applications include:

- continuous measurements
- dashboards
- trend analyses
- risk signaling

This unintentionally leads to:

- increased perceived control among clients
- legalization of reflection
- additional workload for clinicians
- a shift of responsibility from human to system

CEH argues that more data does not automatically mean better care.

2.2 The silent shift of duty of care

When systems signal, analyze, or predict, an implicit duty of care arises — even if it is not formally established. CEH refuses this shift. Not out of unwillingness, but out of carefulness.

3. What CEH is — and explicitly is not

3.1 What CEH is

CEH is:

- a personal reflection tool
- offline-first
- fully user-directed
- non-diagnostic
- non-monitoring
- supportive of self-insight

CEH supports the user’s capacity to organize thoughts, without steering or judging.

3.2 What CEH explicitly is not

CEH is not a:

- treatment platform
- monitoring system
- alarm system
- EHR replacement
- AI decision-support system
- risk detection tool

This delineation is fundamental and intentional.

4. Ethics as a Design Constraint

In CEH, ethics is not a policy document, but a design criterion. Each function was tested against the question: *Does this increase the user’s autonomy without creating new dependencies?*

When there was doubt, the function was not implemented.

5. Intentional design choices

CEH explicitly chooses:

Offline-first
Data stays local with the user.

No monitoring
There is no watching along, analyzing, or following.

No alerts or signaling
Reflection is not an alarm system.

No dashboards
Insight does not always need to be visualized.

Functional limitation
Fewer features means more meaning.

These choices depend on each other and cannot be implemented independently.

6. Uncopyable by Design

CEH is not hard to copy because of technical complexity, but because of moral consistency. To fully copy CEH, an organization would have to give up:

- data-driven revenue models
- scalability as the primary objective
- monitoring as a core function
- continuous behavior optimization

For many existing platforms this is structurally incompatible with their model. Therefore CEH is: **Uncopyable by Design**.

7. The CEH Anti-Copy Manifesto

CEH endorses the following principles:

- Not everything valuable has to be measurable.
- Data is collected only when it is demonstrably needed for human reasons.
- Silence is sometimes better than feedback.
- Trust in the user comes before system control.
- People are not reduced to scores, labels, or trends.
- Limitations are moral boundaries, not shortcomings.
- Reflection is not an optimization process.
- Care does not always need to be more efficient — sometimes it needs to be gentler.
- Not every technical possibility deserves implementation.
- CEH would rather have fewer users than be used for the wrong applications.

8. Liability and duty of care

CEH is designed to avoid creating a new duty of care:

- no monitoring
- no risk analysis
- no treatment advice
- no signaling

Responsibility for interpretation and action remains explicitly with the human being. This prevents moral and legal ambiguity.

9. Scope of application

CEH is suitable for:

- users who need calm and control
- professionals who want to deepen reflection
- organizations that take privacy seriously
- contexts where restraint is a quality

CEH is not intended for:

- population management
- behavior steering
- large-scale data collection

10. Closing note

CEH does not try to accelerate or optimize care. CEH tries to preserve room for what cannot be automated. At a time when systems make more and more decisions, CEH chooses to keep decisions human. If CEH seems easy to copy, then it has not been understood well.

Contact & Context

CEH was developed as an independent concept and as an ethical foundation under broader care innovations. Collaboration is only possible when the core principles remain intact.