

Épreuve écrite

Examen de fin d'études secondaires 2014

Section: B-G

Branche: Anglais

Numéro d'ordre du candidat

We Trust No One With Our Data

If you thought someone snooping around your emails and listening to your phone calls was bad, imagine them looking at your medical records. The private realm may be ever-shrinking but if there's one thing we'd want to keep behind high walls, it's surely the intimate histories of our mental and physical health.

So there can be little surprise that privacy campaigners are recoiling at the expansion of NHS* England's data collection. Until now, the NHS in England kept the stats from hospital visits but not from those day-to-day encounters with your local doctor. My first, unreflective instinct would be to stay out – and others will surely feel the same. Indeed, the appeal of that stance* says much about the times we live in, both online and in the physical world.

For one thing, less than a year after Edward Snowden's revelations, the notion that our medical records will remain closely guarded, viewed only by those doctors and scientific researchers who need to see them, arouses instant scepticism. After Snowden, many will assume that if the authorities want to know whether we are HIV-positive or once suffered from depression, they'll be able to find out with just one click.

It doesn't even have to be that sinister. It wasn't that long ago that government ministers were apologising after two discs containing the names, dates of birth, national insurance numbers and bank details of 25 million people were mislaid. What, one wonders now, is to stop the geniuses who brought us that disaster messing up again, except this time losing not our tax details but the stories of our lives and bodies?

Campaigners worry about who might want to take a look at all that info. Won't the big drug companies be desperate to pore over* that information, the better to profit from our frailties? And if private health and life insurance companies get access to that data, won't they start charging higher premiums if they know what once took us to see the doctor?

Given all those worries, you can see why some want to opt out. And yet that first gut instinct might be wrong. It's not just that the vast bulk of the information will be rendered anonymous, with individuals blurred out in all but the most controlled circumstances, or that there are strict rules in place over access to this information. Rather, it's the great gain that this information will provide. Small, clinical studies only tell so much. Sometimes it's mass data you need. It was mass information that spotted the connection between smoking and cancer. Ethically you can't conduct trials on pregnant women or children, so you're reliant on knowing what's happening in the population. If you can know that swiftly and at scale, you can act faster and more effectively.

But anonymity is the key. None of these arguments in favour of the new data collection works unless we can be sure those rules on access hold firm and that the identity of individual patients remains concealed – and not easily hacked as some currently fear. And yet online anonymity remains vexed*.

The larger obstacle confronting this new scheme goes beyond the virtual realm. It is a change that is infecting almost every aspect of our shared lives: loss of trust. So the government can issue guarantees of privacy protection and our first thought is of governmental eavesdroppers or perhaps hacked phones.

For many years the NHS stood alone, immune to this trend, doctors topping every index of trust. But we take nothing on trust these days – not even the word of a doctor.

(Jonathan Freedland; *The Guardian Weekly*; 590 words; abridged)

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Glossary :

NHS : abbreviation for National Health Service (in the UK)
stance : the attitude of a person or organisation towards something
pore over : read or study something very carefully
vexed (of a problem or issue) difficult and much debated

Part One : Comprehension Questions

30 marks

Read the text and answer the questions in your own words as far as possible.

1. What is the British National Health Service planning to do ? (5 m)
2. Why do some people object to this project ? (12 m)
3. What are the benefits of the project ? (8 m)
4. What does the author think of the issue? (5 m)

Part Two : Development Essay

30 marks

Write a well-structured essay of 250 – 350 words and indicate the number of words used.

“People don't want privacy; they want Facebook 'Likes!'.” Discuss.