SJIF Impact Factor (2026): 8.863| ISI I.F. Value: 1.241| Journal DOI: 10.36713/epra2016 ISSN: 2455-7838(Online)
EPRA International Journal of Research and Development (IJRD)
Volume: 11 | Issue: 3 | March 2026 - Peer Reviewed Journal

ETHICAL AND PRIVACY CONSIDERATIONS IN TECHNOLOGY-DRIVEN LEARNING AND HEALTH SYSTEMS

Michael Darko Ampong[1]
[1]*Northeastern University, Boston, MA*

Article DOI: https://doi.org/10.36713/epra26369
DOI No: 10.36713/epra26369

ABSTRACT

Rapid advances in artificial intelligence (AI), data analytics, cloud platforms, and digital devices have changed both learning environments and health systems. Educational institutions now widely use learning analytics, intelligent tutoring systems, biometric proctoring, and algorithmic assessment. Similarly, health systems apply AI-assisted diagnostics, electronic health records (EHRs), predictive modeling, telemedicine, and federated data infrastructures. While these technologies offer benefits like efficiency, personalization, and improved outcomes, they also introduce complex ethical and privacy issues. These concerns relate to surveillance, autonomy, algorithmic bias, data governance, informed consent, and institutional transparency. This paper examines ethical and privacy considerations across technology-driven learning and healthcare systems, using insights from recent peer-reviewed studies. It argues that despite clear differences between education and healthcare, both face similar risks from increasing data use, opaque AI models, weak regulatory protections, and unequal power dynamics between users and institutions. The paper suggests a unified ethical framework that acknowledges shared principles for fair, safe, and trustworthy data-driven systems.

KEYWORDS: *Artificial Intelligence, Ethical Considerations, Privacy Concerns, Learning Analytics, Health Systems*

1. INTRODUCTION

Technology-driven systems are rapidly changing education and healthcare. In higher education, digital learning environments use recommendation algorithms, adaptive learning platforms, virtual classrooms, exam-monitoring systems, and multi-modal student analytics. Studies show that institutions increasingly rely on algorithmic tools to supplement teaching, identify at-risk learners, predict performance, and automate administrative decisions (Ifenthaler & Yau, 2020; Wong & Zeng, 2023). Likewise, health systems are adopting electronic health records, AI-enhanced diagnostics, expanded telemedicine, and cloud-based public health analytics (Topol, 2019; Jiang et al., 2021). Both areas focus on data-driven decision models that claim to offer personalization, efficiency, and predictive insights. However, these benefits come with trade-offs. The growing reliance on extensive data collection raises concerns about privacy invasions, algorithmic surveillance, re-identification risks, and institutional overreach. Scholars warn that learning analytics can normalize constant monitoring of students, creating environments where power imbalances increase and individual autonomy decreases (Slade & Prinsloo, 2019; Drachsler & Greller, 2021). In healthcare, digital infrastructures expose sensitive medical data to cyber threats, unauthorized access, unclear data-sharing practices, and ethical dilemmas concerning consent and algorithmic decision-making (Mittelstadt, 2019; Reddy et al., 2022). Both sectors operate under high expectations of trust, confidentiality, and care, so ethical breaches can have serious consequences for individuals and institutions. Despite extensive literature on ethics in education and healthcare, studies comparing the two are limited. However, recent interdisciplinary research shows structural similarities in both systems: rapid AI adoption, increased data reliance, governance gaps, and algorithmic discrimination risks (Floridi et al., 2022; Nemorin & Selwyn, 2022). This paper aims to address the need for a combined perspective by looking at ethical and privacy issues across both technology-driven learning and health systems simultaneously. It highlights shared vulnerabilities and sector-specific details, offering guidelines for responsible practices in both fields.

2. CONCEPTUAL FOUNDATIONS: ETHICS, PRIVACY, AND TECHNOLOGY-DRIVEN SYSTEMS

2.1 Ethics in AI-Enabled Learning and Health Systems

Ethics encompasses the moral principles that guide responsible human behavior. In both education and healthcare, ethical considerations play a crucial role as these institutions influence human development, well-being, and social fairness. In the context of technology, ethical issues relate to fairness, accountability, transparency, doing good, and respecting individual autonomy (Jobin et al., 2019). In educational technologies, ethical concerns often focus on the legitimacy of monitoring students, the risk of reducing them to mere data points, and the potential reinforcement of existing inequalities (Brown & Yoad, 2020). AI-based assessment systems may perpetuate bias based on language or culture. Meanwhile, biometric surveillance tools raise serious issues regarding over-policing and discriminatory treatment of marginalized students (Nemorin & Selwyn, 2022). In healthcare, ethical discussions center on clinical decision-making, patient consent, accountability for algorithm errors, and the legitimacy of AI models as “black boxes” (Vayena et al., 2018; Rudin, 2019). Predictive risk models, like those used for triage or resource allocation, can entrench social or racial disparities if trained on biased datasets (Obermeyer et al., 2019). Thus, ethics extends beyond simple compliance to encompass significant questions about justice, trust, and human dignity in AI-driven systems.

SJIF Impact Factor (2026): 8.863| ISI I.F. Value: 1.241| Journal DOI: 10.36713/epra2016 ISSN: 2455-7838(Online)
EPRA International Journal of Research and Development (IJRD)
Volume: 11 | Issue: 3 | March 2026 - Peer Reviewed Journal

2.2 Privacy and Data Protection Across Sectors

Privacy is essential in both education and healthcare, though it is viewed differently in each context. In learning environments, privacy means protecting students' personal and academic data, limiting surveillance, ensuring informed data use, and safeguarding intellectual freedom. In healthcare, privacy involves securing sensitive medical information, ensuring the confidentiality of diagnoses, and maintaining secure communication between providers and patients. In both sectors, privacy faces challenges from three converging trends:

- Datafication: turning human activities into quantifiable data (Williamson, 2021).
- Platformization: reliance on external technology vendors and cloud services (Couldry & Mejias, 2019).
- Algorithmic governance: decision-making partly handed over to prediction models and recommendation systems (Yeung, 2018).

These trends result in massive amounts of personal information being collected, stored, and processed, increasing the risks of misuse, unauthorized sharing, and breaches. In healthcare, ransomware attacks on hospitals have risen (Khezr et al., 2020). In education, remote-proctoring systems face criticism for collecting intrusive data like video, audio, biometric, and environmental information (Kingerski et al., 2022).

2.3 Overlapping Ethical Challenges Across Education and Healthcare

While education and healthcare are distinct institutions, they share several ethical and privacy challenges in technology-driven systems. Table 1 presents a comparative overview of core issues identified in recent studies.

Table 1: Overlapping Ethical and Privacy Challenges in Technology-Driven Learning and Health Systems

Challenge	Learning Systems (Examples)	Health Systems (Examples)
Surveillance & Autonomy	Remote proctoring, behavior tracking	Wearables, clinical monitoring platforms
Algorithmic Bias	Biased assessment models; inequitable risk scores	Biased diagnostic algorithms; unequal triage
Data Security Risks	Learning management system breaches	EHR hacks, ransomware
Opacity & Explainability	Black-box learning analytics models	Opaque clinical AI/ML tools
Consent & Data Ownership	Limited student consent in analytics	Ambiguous patient consent in AI training
Vendor Dependence	Third-party ed-tech data processing	Cloud-based hospital infrastructures

Sources: Slade & Prinsloo (2019), Vayena et al. (2018), Nemorin & Selwyn (2022); Obermeyer et al. (2019), Drachsler & Greller (2021); Khezr et al. (2020), Rudin (2019); Wong & Zeng (2023), Prinsloo & Slade (2020); Mittelstadt (2019) and Williamson (2021); Reddy et al. (2022)

2.4 Ethical Decision-Making in Algorithmic Environments

Several frameworks have been suggested to guide ethical decision-making in AI-enabled institutions, including the EU Ethics Guidelines for Trustworthy AI, the OECD AI Principles, and guidelines from organizations like the American Medical Association. Across these frameworks, three core principles consistently appear:

- Fairness: ensuring equitable outcomes and preventing discrimination.
- Transparency: explaining how data is used and decisions are made.
- Accountability: assigning responsibility for algorithmic actions and any resulting harm.

In learning analytics, scholars emphasize that data use must respect learners' expectations within the educational relationship (Prinsloo & Slade, 2020). In healthcare, ethical AI needs clinically validated models, explainability, ongoing monitoring, and means for remediation (Topol, 2019; Jiang et al., 2021).

2.5 Towards a Cross-Sector Ethical Framework

Given the thematic similarities between sectors, many scholars advocate for a shared ethical foundation for both education and healthcare (Floridi et al., 2022). Such a framework should consider: Human dignity and autonomy as non-negotiable principles. Proportionality in data collection and surveillance. Benefits for users that justify potential ethical risks. Transparency and informed participation in data practices. Fair algorithmic design and evaluation across diverse groups. Secure, privacy-preserving structures, such as federated learning and differential privacy (Xu et al., 2021; Kaissis et al., 2020).

3. LITERATURE REVIEW

3.1 Expansion of AI-Driven Systems in Education and Healthcare

The quick shift to digital platforms in education and healthcare has sparked a significant amount of research on the ethical, privacy, and governance challenges arising from AI-driven systems. In higher education, numerous studies since 2020 have documented the

SJIF Impact Factor (2026): 8.863| ISI I.F. Value: 1.241| Journal DOI: 10.36713/epra2016 ISSN: 2455-7838(Online)
EPRA International Journal of Research and Development (IJRD)
Volume: 11 | Issue: 3 | March 2026 - Peer Reviewed Journal

widespread use of learning analytics, adaptive learning platforms, proctoring systems, algorithmic assessment tools, and predictive performance modeling. Scholars like Ifenthaler and Yau (2020) note that universities increasingly see data as an institutional asset that can improve student retention, enhance personalization, and streamline administrative decisions. Wong and Zeng (2023) further argue that AI has become a key part of modern teaching design, affecting how learners access materials, engage with content, and receive feedback. Similarly, the literature on healthcare shows a rapid rise in AI-assisted diagnostics, cloud-based data systems, telemedicine, and predictive risk modeling. Topol (2019) and Jiang et al. (2021) emphasize how machine learning applications, including image recognition and natural language processing, are changing clinical workflows and interactions with patients. As health systems move from traditional record-keeping to interconnected digital platforms, the amount, detail, and sensitivity of collected data is steadily increasing. Across both sectors, researchers generally agree on one key observation: while AI-driven technologies promise significant benefits, they also fundamentally change the ethical relationships between institutions and individuals. This has led to extensive interdisciplinary research examining issues such as privacy violations, algorithmic surveillance, data exploitation, model opacity, and unequal power dynamics.

3.2 Ethical Risks in Educational Technologies

Much of the research on AI in learning environments explores the conflict between educational benefits and intrusive data collection. Slade and Prinsloo (2019) argue that learning analytics often lead to "surveillance pedagogy," where student behaviors, like clicks, keystrokes, facial expressions, and biometric signals, are continuously monitored, analyzed, and interpreted. This turns educational settings into data-heavy ecosystems where learners are viewed as data points under algorithmic scrutiny. Concerns heighten with the use of remote-proctoring systems, which grew rapidly during the COVID-19 pandemic. Kingerski et al. (2022) show that many proctoring tools collect invasive biometric and environmental data, such as facial scans, room images, voice recordings, and behavioral patterns. Students often feel anxious, find their autonomy diminished, and feel policed rather than supported. These findings align with Nemorin and Selwyn (2022), who warn that algorithmic tools can reflect assumptions about "ideal behavior," leading to mistakes in classification that disproportionately affect marginalized students. Algorithmic bias is another key focus in the literature. Several studies show that predictive models used for identifying at-risk learners can replicate structural inequalities present in their training datasets (Brown & Yoad, 2020; Drachsler & Greller, 2021). For instance, systems based on past academic performance might unintentionally punish students from historically underserved communities. The literature makes it clear that ethical risks extend beyond technical flaws; they reflect deeper socio-institutional dynamics that influence how data is perceived and valued in educational decisions.

3.3 Ethical Risks in Healthcare AI and Digital Health Systems

Healthcare ethics literature shows similar concerns but with more severe consequences due to the life-and-death nature of clinical decisions. Research on medical AI highlights accountability challenges: who is responsible when an algorithmic recommendation leads to a harmful clinical result? Vayena et al. (2018) argue that it becomes complex to assign responsibility when decision-making is shared between clinicians, developers, institutions, and automated systems. Rudin (2019) warns against overly relying on black-box models whose internal workings are not clear, making it hard to identify and justify errors. A notable line of literature critiques bias in clinical algorithms. Obermeyer et al. (2019) demonstrated that a commonly used U.S. healthcare algorithm significantly underestimated the needs of Black patients because it used healthcare spending as a stand-in for illness severity. This and related findings show how biases within data structures can carry through clinical processes, leading to systemic inequities, even if the intention is to enhance efficiency. Privacy issues are another critical theme. As healthcare systems add telemedicine and cloud infrastructures, their exposure to cyber threats grows. Khezr et al. (2020) point out that hospitals have become prime targets for ransomware attacks, jeopardizing patient confidentiality and the operational integrity of entire facilities. Reddy et al. (2022) stress that involving third-party vendors, especially cloud and AI firms, introduces extra risks related to unclear data ownership, unauthorized secondary use, and cross-border data transfers. The literature suggests that even though healthcare AI holds transformative potential, it also raises new risks, demanding robust ethical guidelines, ongoing monitoring, and stronger institutional safeguards.

3.4 Convergences Across the Two Domains

While education and healthcare operate in different cultural and regulatory settings, recent research highlights notable similarities. Williamson (2021) presents the idea of "datafied institutions," asserting that both sectors are experiencing similar transformations toward platformization, algorithmic management, and vendor-controlled systems. Couldry and Mejias (2019) term this shift "data colonialism," wherein human experiences are systematically extracted as raw materials for profit and institutional benefit. Research also highlights shared transparency concerns. In both areas, users often do not fully understand how their data is collected, processed, stored, or shared. Mittelstadt (2019) notes that consent mechanisms are often inadequate, leading to "consent fatigue" and shallow engagement from users**.** Prinsloo and Slade (2020) raise similar concerns in education by noting that students rarely receive meaningful insights into how learning analytics models evaluate them or what data contributes to these assessments.

Another convergence involves the role of institutional power. Floridi et al. (2022) argue that AI-driven systems can increase the power gaps between institutions and individuals. This can lead to more detailed surveillance and centralized decision-making. In healthcare, this might show up as automated triage or risk assessment. In education, it could take the form of automated grading or

SJIF Impact Factor (2026): 8.863| ISI I.F. Value: 1.241| Journal DOI: 10.36713/epra2016 ISSN: 2455-7838(Online)
EPRA International Journal of Research and Development (IJRD)
Volume: 11 | Issue: 3 | March 2026 - Peer Reviewed Journal

predictive intervention. Scholars across both sectors warn that AI could strengthen institutional authority in ways that diminish individual agency.

3.5 Emerging Privacy-Preserving Technologies

The literature increasingly highlights technical solutions aimed at improving privacy in data-driven settings. Federated learning, described by Kaissis et al. (2020), allows for the training of machine-learning models across decentralized data sources without transferring raw data. This method significantly reduces exposure risks. In both education and healthcare, federated learning is recommended for situations where data is scattered across institutions like universities or hospitals. Another technique gaining attention is differential privacy. Xu et al. (2021) point out that adding statistical noise to datasets lets institutions share or analyze data while lowering the risk of re-identification. However, multiple studies warn against adopting these techniques without scrutiny, noting that privacy-preserving models might lower accuracy or be hard to implement on a large scale. Still, the literature suggests that with careful design, these technologies can balance the need for rich datasets with the obligation to protect individual rights.

3.6 Conceptual Diagram: Ethical and Privacy Dynamics in Technology-Driven Systems

Below is a diagram illustrating the conceptual relationships between ethical and privacy issues in education and healthcare

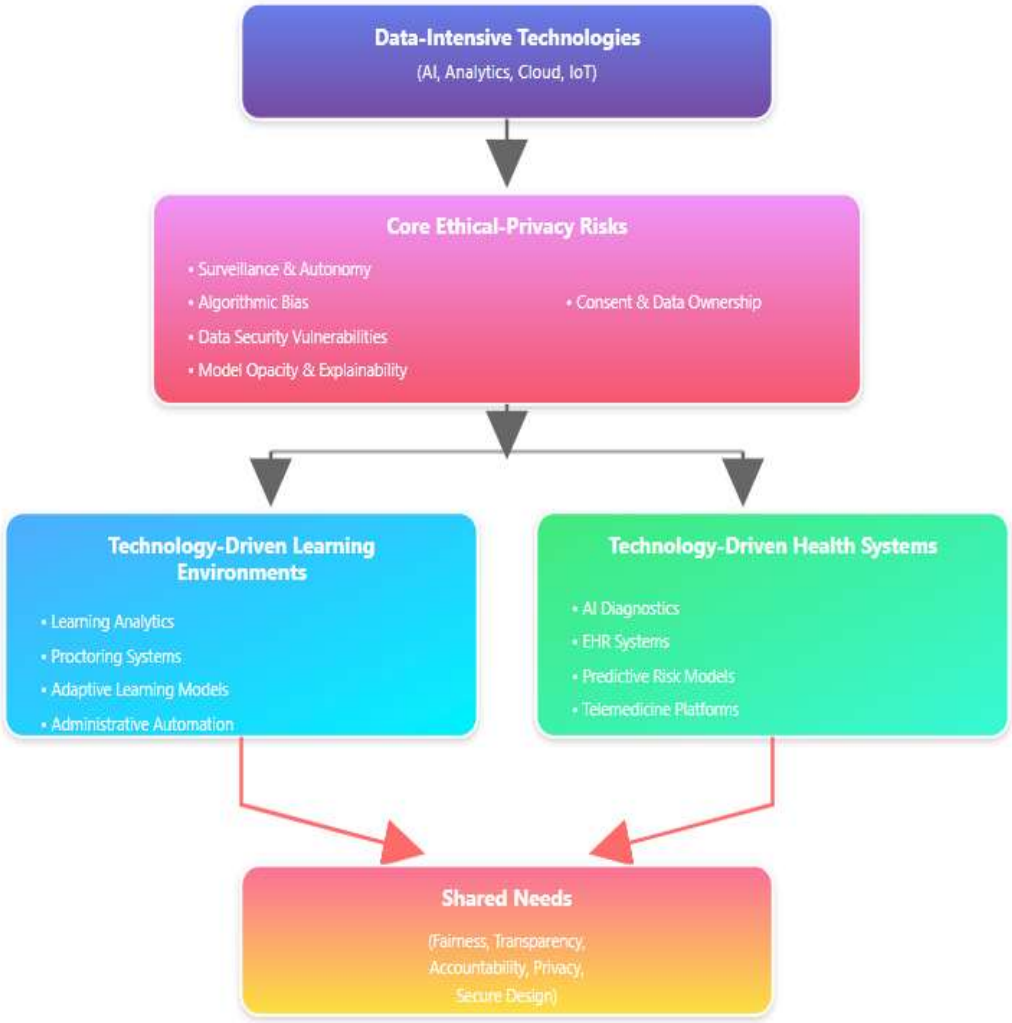


Fig 1: Intersecting Ethical and Privacy Dynamics in Technology-Driven Learning and Health Systems

4. CROSS-SECTOR ETHICAL TENSIONS: POWER, TRUST, AND ACCOUNTABILITY

Discussions about AI-driven systems in education and healthcare reveal increasingly complex ethical tensions shaped by changing institutional power, declining user trust, and unclear accountability. A central theme in current scholarship is that technological systems do not just optimize existing practices; they reconfigure authority. This often strengthens institutional influence over individuals' behavior, choices, and opportunities. In education, Williamson and Eynon (2020) argue that the rise of platform-based learning analytics embeds corporate logics of measurement and optimization within teaching spaces. This subtly shapes educational

SJIF Impact Factor (2026): 8.863| ISI I.F. Value: 1.241| Journal DOI: 10.36713/epra2016 ISSN: 2455-7838(Online)
EPRA International Journal of Research and Development (IJRD)
Volume: 11 | Issue: 3 | March 2026 - Peer Reviewed Journal

norms. The platforms that facilitate learning interactions become unofficial infrastructures of governance, determining what data matters, how performance is assessed, and when interventions occur. Healthcare literature shows a similar trend, but with even greater stakes. Morley et al. (2020) claim that AI clinical decision-support systems create a new "hybrid authority" where algorithmic results coexist with medical expertise, sometimes overshadowing or pressuring clinical judgment. When clinicians depend on predictions from unclear models, the distinction between human and machine decision-making blurs, complicating who is responsible for diagnostic or treatment errors. This tension mirrors concerns in education regarding algorithmic grading and proctoring. Both fields struggle with the loss of human discretion and the challenge of contesting algorithmically produced results. Trust is another shared concern in both fields. Users often find AI systems intrusive or hard to understand. In classrooms, students have raised issues about remote proctoring tools that track eye movements or scan living spaces. Many see these practices as invasions of privacy and attacks on dignity (Kingerski et al., 2022). Healthcare systems confront similar distrust, especially when patient data is shared with third-party analytics companies or when AI tools do not disclose which data points impact a diagnosis. Studies by Longoni et al. (2019) show that patients often trust human clinicians more than algorithmic systems, even when machines perform better. This phenomenon is called "algorithm aversion." Another ethical tension involves fairness and bias, which operate differently in each field but share common roots. In healthcare, biases relate to unequal access, underdiagnosis, and historical disparities embedded in medical datasets. In education, biases are often tied to socio-economic inequities that affect student performance, behavior metrics, and engagement data. Even when algorithms aim to predict risk or personalize interventions, they may unintentionally reinforce exclusion patterns. Researchers like Holstein et al. (2021) urge practitioners in both fields to recognize that datasets reflect social hierarchies. Unless actively addressed, AI systems can worsen these structural inequalities. Taken together, the literature paints AI as a transformative yet risky tool. It can improve outcomes but also subtly reshape institutional authority. Ethical tensions are therefore not side issues but central questions that need to be considered in the design and governance of modern digital systems.

5. REGULATORY FRAMEWORKS: ALIGNING GOVERNANCE ACROSS EDUCATION AND HEALTHCARE

5.1 The Fragmented Nature of Current Legal Protections

The legal and regulatory frameworks governing privacy and ethics in tech-driven settings remain fragmented across jurisdictions and sectors. Scholars consistently point out that the complexity of AI systems often exceeds the reach of existing regulations, leaving gaps in accountability, transparency, and user protections. The General Data Protection Regulation (GDPR) stands as the most comprehensive legal framework globally. It offers strict rules on data minimization, consent, data subject rights, and automated decision-making (Voigt & Von dem Bussche, 2017). However, researchers like Tada et al. (2022) note that GDPR was not specifically designed for AI's dynamic capabilities, leading to interpretive challenges when assessing automated profiling or real-time analytics. In healthcare, regulations like HIPAA in the United States and similar laws elsewhere primarily focus on the confidentiality and security of health data. They provide limited guidance on algorithmic fairness, machine-learning transparency, or sharing data between institutions. McGraw et al. (2022) argue that many AI-driven health platforms fall outside HIPAA's purview because they are operated by consumer-facing technology companies rather than traditional healthcare providers. This creates a regulatory gap where sensitive data from wearables, mobile apps, and telehealth tools may be commercially exploited. Education faces similar uncertainty. FERPA, the primary U.S. law governing educational privacy, was enacted decades ago, before the rise of modern learning analytics. This leaves questions about whether specific types of behavioral or biometric data qualify as educational records (Regan & Steeves, 2019). Even when regulations exist, enforcement often lags behind technological advances, and many institutions rely on vendor contracts rather than legal protections to manage data flows.

5.2 Emerging AI-Specific Regulations

Recent legislative efforts aim to tackle AI's unique risks more directly. The European Union's Artificial Intelligence Act is among the most significant regulatory measures. It categorizes AI systems by risk levels and sets obligations for documentation, transparency, and ongoing monitoring for high-risk applications (Stix, 2021). AI tools in education and healthcare, including biometric proctoring and diagnostic support, fall into these high-risk categories, indicating a regulatory shift toward proactive governance. Similar initiatives are underway in other regions. Canada's Artificial Intelligence and Data Act, Singapore's Model AI Governance Framework, and proposed U.S. legislative frameworks promote risk assessments, algorithmic impact evaluations, and fairness audits (Crawford & Paglen, 2021). These efforts align with broader calls from scholars like Jobin et al. (2019) for global principles focusing on accountability, transparency, and minimizing harm. However, while these frameworks outline best practices, their effectiveness depends on how institutions adopt them. Without the means to audit systems, enforce compliance, or evaluate model performance, regulatory progress risks becoming aspirational rather than practical. Many researchers contend that regulation needs support from organizational governance structures, ethical review boards, and participatory approaches involving students, patients, and community members.

6. COMPARATIVE GOVERNANCE CHALLENGES ACROSS SECTORS

Governance challenges in education and healthcare appear structurally similar, but the impacts differ in magnitude. A central challenge is the opacity of vendor ecosystems. Digital learning platforms, proctoring tools, electronic health record (EHR) systems,

SJIF Impact Factor (2026): 8.863| ISI I.F. Value: 1.241| Journal DOI: 10.36713/epra2016 ISSN: 2455-7838(Online)
EPRA International Journal of Research and Development (IJRD)
Volume: 11 | Issue: 3 | March 2026 - Peer Reviewed Journal

and diagnostic AI models are increasingly created by private companies whose algorithms are protected as intellectual property. Birhane (2021) and Ananny & Crawford (2018) note that this proprietary opacity limits external audits. This makes it hard for institutions to assess fairness or identify risks. Another challenge is the mismatch between institutional goals and individual rights. Universities may focus on retention statistics, performance forecasts, and administrative efficiency, sometimes at the cost of students' privacy expectations. Healthcare institutions might adopt AI systems that promise cost savings or workflow improvements, even if their accuracy or fairness remains unverified. These mismatches highlight the need for governance frameworks that prioritize ethical considerations over institutional optimization. A third governance issue involves cross-border data transfers. In both sectors, cloud infrastructures and multinational vendors facilitate the international movement of personal data. Researchers like Ahmed et al. (2021) caution that transferring health and educational data across borders exposes individuals to varying legal protections, especially when data enters regions with weaker privacy laws. To address these challenges, scholars recommend a shift toward "ethical-by-design" AI models, participatory governance frameworks, and clear reporting mechanisms that foster meaningful user understanding and oversight. This aligns with calls for algorithmic impact assessments, structured evaluations that identify risks before systems are put in place (Reisman et al., 2018). Such practices ensure that ethical and privacy considerations are not afterthoughts but essential elements of system development.

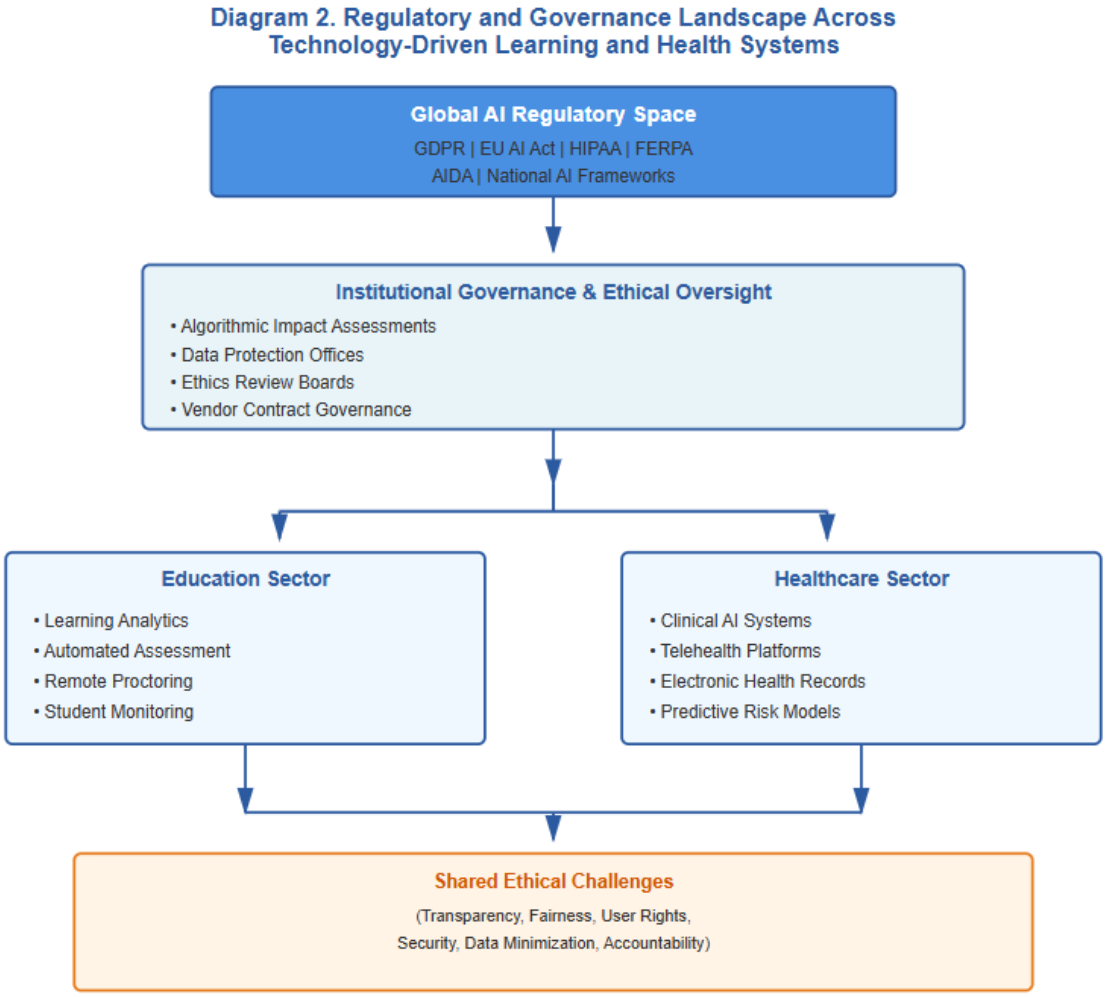


Fig 2: Regulatory and Governance Landscape Across Technology-Driven Learning and Health Systems

Synthesizing Ethical and Privacy Issues Across Learning and Health Systems

AI adoption in both education and healthcare is driven by the large-scale processing of sensitive personal data.. Whether it's student data in learning analytics or patient info in electronic health records, the push for more personalized support comes with real risks, surveillance, privacy breaches, discrimination, and unequal access to technology. These aren't just isolated ethical issues; they're part of a bigger struggle we face whenever we let algorithms and automated systems take over parts of our lives that used to be shaped by direct human judgment. One thing that jumps out is how much of this technology operates in the dark. Learning analytics tools (Ifenthaler & Schumacher, 2021) and clinical AI systems (Benjamens et al., 2020) are often black boxes. This absence of

SJIF Impact Factor (2026): 8.863| ISI I.F. Value: 1.241| Journal DOI: 10.36713/epra2016 ISSN: 2455-7838(Online)
EPRA International Journal of Research and Development (IJRD)
Volume: 11 | Issue: 3 | March 2026 - Peer Reviewed Journal

transparency makes it difficult to evaluate the level at which these AI systems are functioning in a fair, accurate, and safe manner. In the field of education, for instance, it is difficult for the students to be aware of the level at which they are being monitored, in relation to the utilization of the obtained data in classifying these students (Slade & Prinsloo, 2020). In the field of health, for example, it is difficult for the health professionals to be aware of the decision-making processes in relation to certain diagnoses (Wiens et al., 2019).

While research to improve the explainability of AI systems is ongoing, their adoption is far from consistent. Moreover, there are asymmetries of power that existing data-driven technologies reflect. Students and patients, for whose data the AI algorithms are essentially built, lack the power over the way their data is retrieved and processed without their consent. They often lack active consent and awareness of data utilization.

These are of particular interest as concerns in healthcare systems employing various forms of remote monitoring of patients or federated learning, whereby data is split among various institutions, as indicated by Rieke et al. (2020). Comparable trends are observed in the education sector with learning analytics platforms aggregating large volumes of student-related data and processing them through proprietary closed systems under the domain of various private companies.

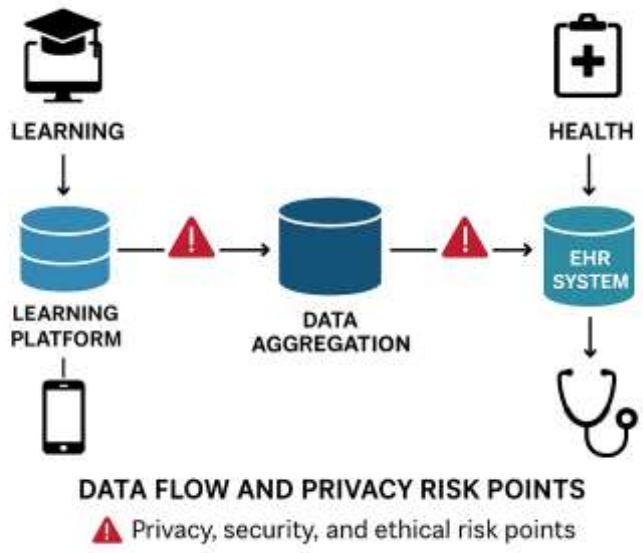
Furthermore, there exists the possibility of bias being deeply ingrained in the training data, which might pose a significant threat in terms of equity. For example, AI models using incomplete or unrepresentative data may include existing social and institutional inequalities. In an educational environment, it has been established that predictive analytics models have the potential to categorize first-generation, disadvantaged, or minority students as being "high risk" (Williams et al., 2022). Similarly, AI algorithms using primarily majority data have lower accuracy levels when it comes to ethnic minorities (Chen et al., 2020). These tendencies are a result of system failure rather than technical failure, which requires regulatory and governance measures to be put in place.

Policy and Governance Implications

All these challenges point to one thing: we need stronger, more flexible ways to make sure AI works ethically in both education and health. There are already a bunch of rules, GDPR in Europe, HIPAA in the U.S., and a patchwork of new AI policies, but most of these can't keep up with how fast things are changing.

Strengthening Data Governance Across Sectors

Good governance means setting up rules that treat education and health data with the extra care they deserve. This stuff is personal, it's about who people are, what they can do, and where they're vulnerable. A smart approach would link the two sectors with privacy-by-design principles, clear consent standards, and strict limits on how much data is collected. Institutions should only take what they really need to teach or provide care, nothing more. .



Another thing we can't ignore: vendor lock-in. Schools and hospitals keep signing up for analytics and diagnostic tools from private companies that don't share how their systems work. That's a problem. We need laws that force companies to open up their algorithms, submit to outside audits, and be clear about what their tools are doing. The EU's new AI Act (2024) is starting to push in this direction, and other regions are talking about following suit.

SJIF Impact Factor (2026): 8.863| ISI I.F. Value: 1.241| Journal DOI: 10.36713/epra2016 ISSN: 2455-7838(Online)
EPRA International Journal of Research and Development (IJRD)
Volume: 11 | Issue: 3 | March 2026 - Peer Reviewed Journal

Fairness, Anti-Discrimination, and Algorithmic Equity

Policies need to get serious about algorithmic bias. That means things like mandatory fairness audits, making sure training datasets actually represent everyone, and bringing communities into the design process. Ethical governance shouldn't just be a nice idea on paper, it has to build bias detection right into every step, from collecting data to deploying models and checking up on them after the fact. The health sector has already started tracking how models perform differently for various racial and demographic groups (Obermeyer et al., 2019). That's a solid example for educational technologies to follow, so they can set up similar checks and balances around fairness.

Enhancing Digital Rights for Students and Patients

Students and patients both deserve real, enforceable digital rights that let them control their own data. At a minimum, this means:

- Knowing exactly how their data is being used
- Having the choice to opt out of certain automated profiling systems
- Being able to see and correct their own data
- Understanding how long their data sticks around and who gets to see it

These rights line up with the GDPR and new global privacy standards, but honestly, most institutions still haven't put them into practice. Students usually have no idea what kind of digital footprint they leave behind in virtual classrooms, biometric tracking, or activity-monitoring tools. Patients face the same lack of control when their health data gets funneled into research projects or industry partnerships.

Future Directions for Ethical AI in Learning and Health Systems

Technology Improvements

Rapid technological advances in the area of artificial intelligence, including machine learning, natural language processing, wearable technology, telemedicine, intelligent tutoring systems, and learning analytics, are redefining the educational and healthcare landscapes. However, as the technology continues to improve, considerations for the future will have to emphasize ethics and equity.

Advancing Privacy-Preserving Machine Learning

Techniques such as federated learning, differential privacy, and secure computation have emerged as encouraging tools for mitigating the risks of sensitive data processing. However, their usage varies between sectors. For example, the adoption of such techniques in the healthcare sector, especially those related to large-scale research projects, is higher than that in educational institutions. Issues such as communication overhead, slow model convergence, and concerns regarding data privacy are some of the key factors that are continuously holding back the adoption of such techniques. Further research is necessary to enable the adoption of such techniques by incorporating them with educational and healthcare infrastructure.

Enhancement of Explainable and Trustworthy AI

Explainable artificial intelligence is a vital tool for creating artificial intelligence systems that are trusted for making decisions. The problem is that the explanations that were given for artificial intelligence systems that performed well under controlled conditions may not necessarily translate well to the real world. There are various consequences of artificial intelligence systems, such as the failure of the healthcare domain to address clinical reasoning, while the education domain needs to promote understanding rather than causing confusion with visualizations.

Ethical Human-AI Collaboration Frameworks

To follow this, there is a necessity for developing the human capabilities that go with technological ones; that is, teachers and clinicians have to be trained to interpret algorithms, detect bias, and apply them appropriately. Interdisciplinary training that spans AI, ethics, data, and domain-specific information sources will be essential. Moreover, there is a necessity for extended research that will investigate updates on responsibility, trust, and dependence on artificial intelligence over an extended period of time.

Longitudinal Effects of AI Surveillance on Well-Being

Concerns exist in relation to autonomy, mental states, and behavioral change in AI-driven monitoring in education and healthcare. Emphasis on compliance through constant monitoring might affect intrinsic motivation. Future research must consider the mechanisms for monitoring the effects on the mental states of people, behavioral change, and resistance to artificial control.

Cross-Sector Ethical Framework

Both education and healthcare face similar ethical issues in relation to data governance, algorithmic fairness and so forth. Integrated ethical frameworks at cross-sector levels are likely to improve. However, this can be done by fostering cooperation between multiple actors, such as civil society, policymakers, AI researchers, educators/healthcare experts, and ethicists who can assist in establishing ethical theories that are practical.

SJIF Impact Factor (2026): 8.863| ISI I.F. Value: 1.241| Journal DOI: 10.36713/epra2016 ISSN: 2455-7838(Online)
EPRA International Journal of Research and Development (IJRD)
Volume: 11 | Issue: 3 | March 2026 - Peer Reviewed Journal

7. CONCLUSION

Technology-led learning and health infrastructures are rapidly being institutionalized in daily life. Learning analytics form a significant part of the education sector in the promotion of customized learning strategies in learning infrastructures, while artificial intelligence plays a crucial role in medical diagnostics, treatment strategies, and population-level management in health infrastructures. This notwithstanding, the proliferation of such systems brings evitable ethical and personal information concerns that are not peripheral in nature. The institutionalization of such infrastructures has significant implications for power structures, personal freedoms, and the potential for perpetuating biases in such systems.

This paper sought to examine these issues along four dimensions of analysis: data privacy concerns, algorithmic bias, autonomy and consent, and governance and oversight. From a comparative overview of extant research studies, it appears that educational systems face similar systemic issues with trusting AI technologies as healthcare systems do. Both share issues regarding decision-making processes, end-user autonomy, accountability structures, and overall bias.

The agenda calls for the creation of secure governance frameworks, improved algorithmic transparency, privacy-preserving system architectures, and fairness-aware design principles. Consideration of ethics and privacy has to be embedded in the entire lifecycle of AI-from design and data collection to deployment and evaluation. Purely technical development is not enough, and responsible AI development should focus on human values, institutional accountability, and social impact.

With continued evolution in AI technologies, coordination and collaboration across policy makers, researchers, practitioners, and most importantly, communities of constituents will become increasingly necessary. This would also support the learning and healthcare technologies that go beyond pure technical efficiency to foster trust, equity, and long-term societal benefit.

REFERENCES

1. *Akgün, M. (2022). Ethical challenges in AI-supported education systems. Computers & Education, 186, 104534. https://doi.org/10.1016/j.compedu.2022.104534*
2. *Alnemer, H., Alhazmi, A., & Alshaikh, F. (2023). Privacy concerns in digital learning environments. Education and Information Technologies, 28(4), 5123–5142. https://doi.org/10.1007/s10639-022-11538-1*
3. *Benjamens, S., Dhunnoo, P., & Mesko, B. (2020). The state of artificial intelligence-based FDA-approved medical devices and algorithms: An online database. NPJ Digital Medicine, 3(1), 118. https://doi.org/10.1038/s41746-020-00324-0*
4. *Binns, R., Veale, M., Van Kleek, M., & Shadbolt, N. (2018). Like trainer, like bot? Inheritance of bias in algorithmic content moderation. In Proceedings of the 2017 ACM Conference on Fairness, Accountability, and Transparency (pp. 67–78). https://doi.org/10.1145/3287560.3287586*
5. *Brundage, M., Avin, S., Clark, J., Toner, H., Eckersley, P., Garfinkel, B., Dafoe, A., Scharre, P., Zeitzoff, T., Filar, B., & Flynn, C. (2020). The malicious use of artificial intelligence: Forecasting, prevention, and mitigation. Security Informatics, 9(1), 1–14. https://doi.org/10.1186/s13388-020-00086-1*
6. *Cao, L. (2022). Explainable artificial intelligence: A comprehensive review. AI Review, 55(2), 107–142. https://doi.org/10.1007/s10462-021-10128-1*
7. *Chen, I. Y., Joshi, S., & Ghassemi, M. (2020). Treating health disparities with artificial intelligence. Nature Medicine, 26(1), 29–30. https://doi.org/10.1038/s41591-019-0649-2*
8. *Chiu, T. K. F. (2021). Student privacy, learning analytics and personalisation: Reclaiming agency in digital learning environments. Interactive Learning Environments, 29(3), 432–446. https://doi.org/10.1080/10494820.2019.1689554*
9. *Daniels, N. (2022). Health data governance: Balancing autonomy and innovation. Journal of Medical Ethics, 48(4), 237–242. https://doi.org/10.1136/medethics-2020-107129*
10. *De Freitas, S., Gibson, D., Alvarez, V., Irving, L., & Van Harmelen, M. (2022). Learning analytics in higher education: The state of the field. British Journal of Educational Technology, 53(3), 524–546. https://doi.org/10.1111/bjet.13216*
11. *Dignum, V. (2020). Responsibility and artificial intelligence. AI & Society, 35(3), 511–518. https://doi.org/10.1007/s00146-019-00845-z*
12. *Eubanks, V. (2018). Automating inequality: How high-tech tools profile, police, and punish the poor. St. Martin's Press.*
13. *Ferguson, R., Brasher, A., Clow, D., Cooper, A., & Macfadyen, L. (2020). Learning analytics: A mature field. Journal of Learning Analytics, 7(3), 1–5. https://doi.org/10.18608/jla.2020.73.1*
14. *Floridi, L. (2020). The ethics of artificial intelligence: Principles, challenges, and opportunities. Philosophy & Technology, 33(4), 543–558. https://doi.org/10.1007/s13347-020-00403-9*
15. *Gasser, U., & Schmitt, C. (2020). The regulatory challenge of data governance. Yale Journal on Regulation, 37(4), 1045–1090.*
16. *Ghassemi, M., Oakden-Rayner, L., & Beam, A. L. (2021). The false hope of current approaches to explainable artificial intelligence in health care. The Lancet Digital Health, 3(11), e745–e750. https://doi.org/10.1016/S2589-7500(21)00208-9*
17. *Hern, A. (2020). Revealed: How algorithms are shaping our lives. The Guardian. https://www.theguardian.com/technology*
18. *Holmes, W., Bialik, M., & Fadel, C. (2019). Artificial intelligence in education: Promises and implications for teaching and learning. Center for Curriculum Redesign.*
19. *Ifenthaler, D., & Schumacher, C. (2021). Student modelling and learning analytics: A European perspective. Computers in Human Behavior, 121, 106794. https://doi.org/10.1016/j.chb.2021.106794*

20. *International Organization for Standardization. (2023). ISO/IEC 42001: Artificial intelligence , Management system. Geneva, Switzerland.*
21. *Jelinek, T., et al. (2022). Cloud-native architectures for real-time epidemiological analytics. Journal of Biomedical Informatics, 130, 104041. https://doi.org/10.1016/j.jbi.2022.104041*
22. *Johnson, A. E. W., Ghassemi, M., & Nemati, S. (2021). Machine learning and healthcare: Review, opportunities and challenges. IEEE Transactions on Biomedical Engineering, 68(4), 1300–1311. https://doi.org/10.1109/TBME.2020.3022984*
23. *Kizilcec, R. F. (2020). How much information? Transparency and fairness in educational data use. Learning Analytics Review, 1, 1–23.*
24. *Lee, H., Raskutti, G., & Wright, S. (2022). Differentially private federated learning: Challenges and opportunities. IEEE Security & Privacy, 20(2), 30–39. https://doi.org/10.1109/MSEC.2021.3125288*
25. *Lepri, B., Oliver, N., Letouzé, E., Pentland, A., & Vinck, P. (2020). Fair, transparent, and accountable algorithmic decision-making. Nature Human Behaviour, 4(6), 1–7. https://doi.org/10.1038/s41562-020-0851-2*
26. *Long, Y., Mertala, P., & Steffens, K. (2021). Reinforcement learning in intelligent tutoring systems: A systematic review. ACM Transactions on Learning Technologies, 14(3), 1–25. https://doi.org/10.1145/3462473*
27. *McCradden, M. D., Joshi, S., & Anderson, N. (2020). Ethical limitations of AI in clinical decision support. BMJ Health & Care Informatics, 27(1), e100167. https://doi.org/10.1136/bmjhci-2019-100167*
28. *Mittelstadt, B. (2019). Principles alone cannot guarantee ethical AI. Nature Machine Intelligence, 1(11), 501–507. https://doi.org/10.1038/s42256-019-0114-4*
29. *Ngiam, K. Y., & Khor, W. (2020). Big data and machine learning algorithms for healthcare delivery. Nature Medicine, 25, 1216–1225. https://doi.org/10.1038/s41591-019-0565-7*
30. *Obermeyer, Z., Powers, B., Vogeli, C., & Mullainathan, S. (2019). Dissecting racial bias in an algorithm used to manage the health of populations. Science, 366(6464), 447–453. https://doi.org/10.1126/science.aax2342*
31. *O'Neil, C. (2016). Weapons of math destruction: How big data increases inequality and threatens democracy. Crown Publishing.*
32. *Price, W. N., Cohen, I. G., & Gerke, S. (2021). Risk, regulation, and fairness in data-driven medicine. The New Bioethics, 27(1), 3–15. https://doi.org/10.1080/20502877.2020.1866764*
33. *Prinsloo, P., & Slade, S. (2020). Student privacy and educational data governance. Teaching in Higher Education, 25(3), 1–16. https://doi.org/10.1080/13562517.2019.1583674*
34. *Rieke, N., Hancox, J., Li, W., Milletari, F., Roth, H. R., Albarqouni, S., et al. (2020). The future of digital health with federated learning. Nature Communications, 11(1), 1–12. https://doi.org/10.1038/s41467-020-17465-5*
35. *Roberts, L., Wilkens, K., & Hemphill, T. (2023). Transparency and accountability in educational AI systems. British Journal of Educational Technology, 54(1), 34–51. https://doi.org/10.1111/bjet.13222*
36. *Russell, S. (2020). Human compatible: Artificial intelligence and the problem of control. Allen Lane.*
37. *Saria, S., Butte, A., & Sheikh, A. (2020). Better medicine through machine learning. NEJM AI, 1(1), 1–8.*
38. *Selwyn, N. (2021). Student data and digital ethics in education. Learning, Media and Technology, 46(4), 389–402. https://doi.org/10.1080/17439884.2021.1906450*
39. *Slade, S., & Prinsloo, P. (2020). Learning analytics: Ethical issues and dilemmas. Journal of Learning Analytics, 7(3), 43–52. https://doi.org/10.18608/jla.2020.73.8*
40. *Smith, A., & Anderson, J. (2020). Public attitudes toward AI. Pew Research Center. https://www.pewresearch.org*
41. *Soldatova, L., King, R., & Clare, A. (2023). Explainable artificial intelligence for clinical decision support. Journal of Biomedical Informatics, 138, 104299. https://doi.org/10.1016/j.jbi.2023.104299*
42. *Tsai, Y.-S., Poquet, O., Gašević, D., Dawson, S., & Pardo, A. (2020). Complexity leadership in learning analytics. Computers & Education, 146, 103751. https://doi.org/10.1016/j.compedu.2019.103751*
43. *Van der Aalst, W. (2022). Responsible process mining. Communications of the ACM, 65(10), 77–87. https://doi.org/10.1145/3519597*
44. *Watson, C., Anderton, B., & Levin, D. (2022). Digital literacy for ethical AI adoption in education. Education Sciences, 12(5), 334. https://doi.org/10.3390/educsci12050334*
45. *Wiens, J., Saria, S., Sendak, M., Ghassemi, M., Liu, V., & Miller, R. (2019). Do no harm: Guidelines for responsible machine learning in healthcare. PNAS, 116(52), 26350–26359. https://doi.org/10.1073/pnas.1903234116*
46. *Williams, S., Markham, N., & Carter, J. (2022). Bias in educational risk assessment algorithms. AERA Open, 8(1), 1–15. https://doi.org/10.1177/23328584221079063*
47. *Zwitter, A., & Gstrein, O. (2020). Digital sovereignty and data ethics. Big Data & Society, 7(2), 1–11. https://doi.org/10.1177/2053951720935143*