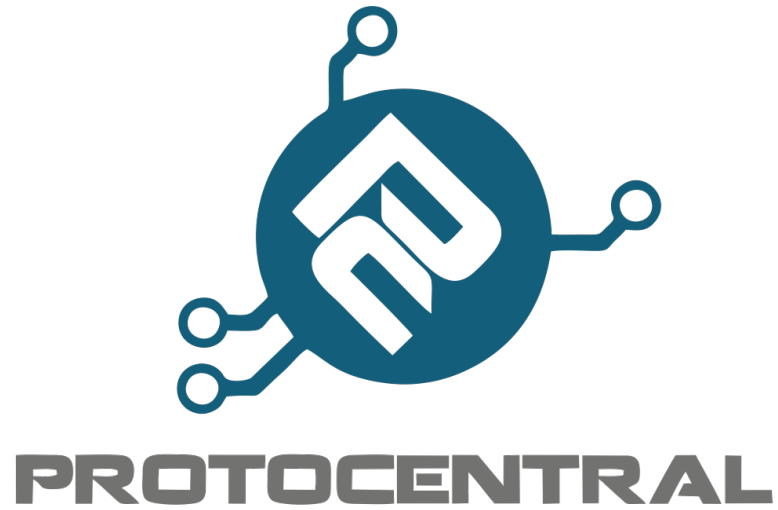


# Open source hardware & medical device innovation

Ashwin Whitchurch  
UBORA 2018, Pisa



# Hello, I am...

- Ashwin Whitchurch
- Founder and CEO of ProtoCentral Electronics, Bangalore, India
- Electrical Engineer with medical devices interests
- Open source hardware supporter and a maker/hacker at heart



*The Doctor*, Luke Fildes, 1891

What “Patient  
monitoring” used to  
look like



# What Patient monitoring means now



“We’re in a world today where Google has a lot more relevant medical info about us than our primary care provider.”





But not everywhere...

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# What are low-resource settings?



Lack of funds to cover health care costs, on individual or societal basis



Less-developed infrastructure



Fewer or less-trained personnel



Limited access to maintenance and parts

# Design constraints for low resource settings



Regulatory standards != reality



Cost – device, consumables, repair



Medical decisions made **without data**




Donating used medical equipment  
usually doesn't work



Low income != No income

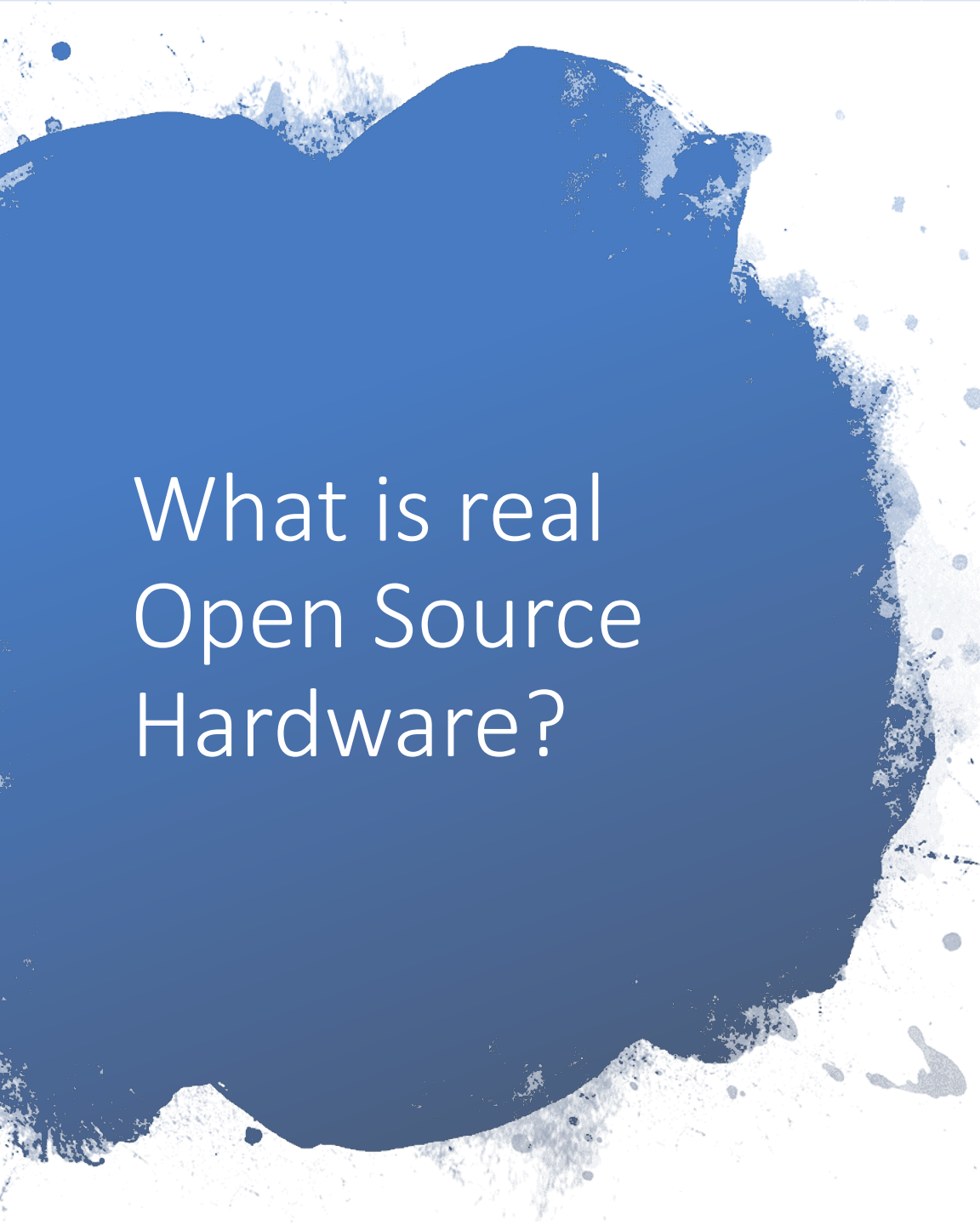




If we don't know what they do  
inside, it's hard to adapt them  
to different environments

Enter open  
source  
hardware ...



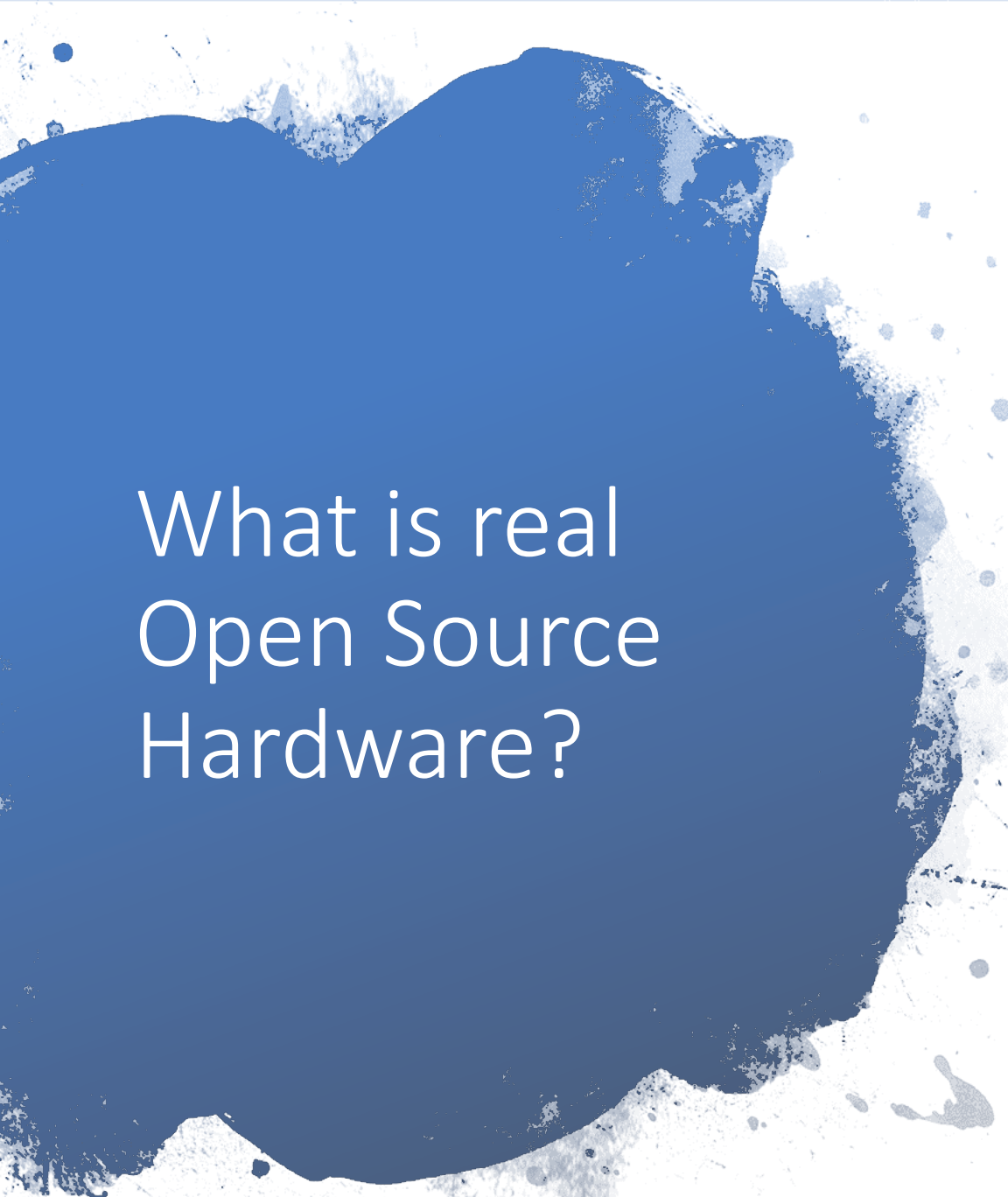


# What is real Open Source Hardware?

- **Open Hardware** = some device that you can talk to because it has a well-documented interface.
- **Open Source Hardware** = some device that you can replicate and develop freely because you have access to the source.

Source: Nathan Seidle, Sparkfun Electronics

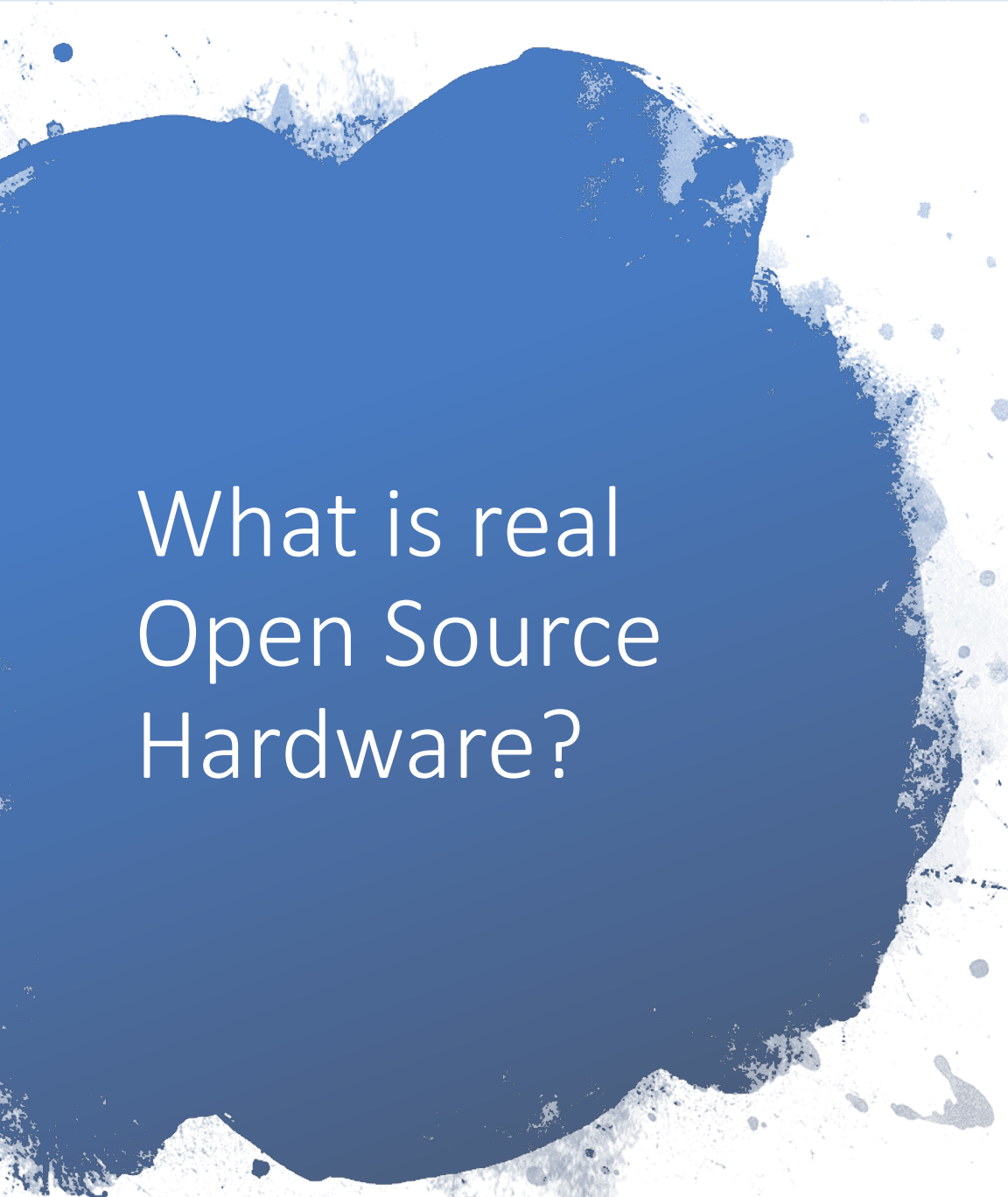




# What is real Open Source Hardware?

... design is made publicly available so that anyone can study, modify, distribute, make, and sell the design or hardware based on that design.

*Source:* OSHW Statement of Principles 1.0, Open Source Hardware Association (OSHWA)



# What is real Open Source Hardware?

... source is available in the preferred format for making modifications to it.

*Source:* OSHW Statement of Principles 1.0, Open Source Hardware Association (OSHWA)

# Open source hardware for medical devices can-



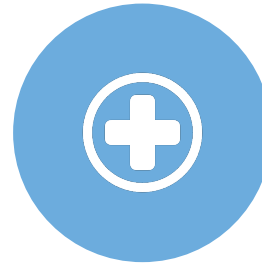
Redefine standards of care  
for everyone



Re-think the way medical  
devices are designed



“Standing on the shoulders  
of giants” Collaborative  
effort leads to better  
products



Lead the way for true  
democratization of medical  
devices





Open source  
hardware – a  
business  
perspective

When a company relies  
too much on their  
intellectual property  
they become  
intellectually unfit - they  
suffer from IP Obesity.

Source: Nathan Seidle, Sparkfun Electronics



Open source  
hardware – a  
business  
perspective

.... anyone can modify,  
distribute, make, and

**sell** the design or  
hardware based on that  
design.

*Source:* OSHW Statement of Principles 1.0, Open Source  
Hardware Association (OSHWA)



# Open source hardware – a business perspective

Invest in development rather  
than litigation

Value of feedback

Reduced R & D costs

Crowdfunding is a way to get  
feedback & funding



# Open source hardware – a business perspective

## Good

- Faster development cycle
- No chasing patents
- Faster feedback
- Stay ahead of the curve with freedom to innovate

## Bad

- IP Protection
- No private VC funding
- Watch out for clones !

# Open source hardware – a safety & security perspective



# Open source hardware – a safety & security perspective

- Implicit trust in brand name devices
- In medical devices, Safety == Security





Open source  
hardware – a  
safety & security  
perspective

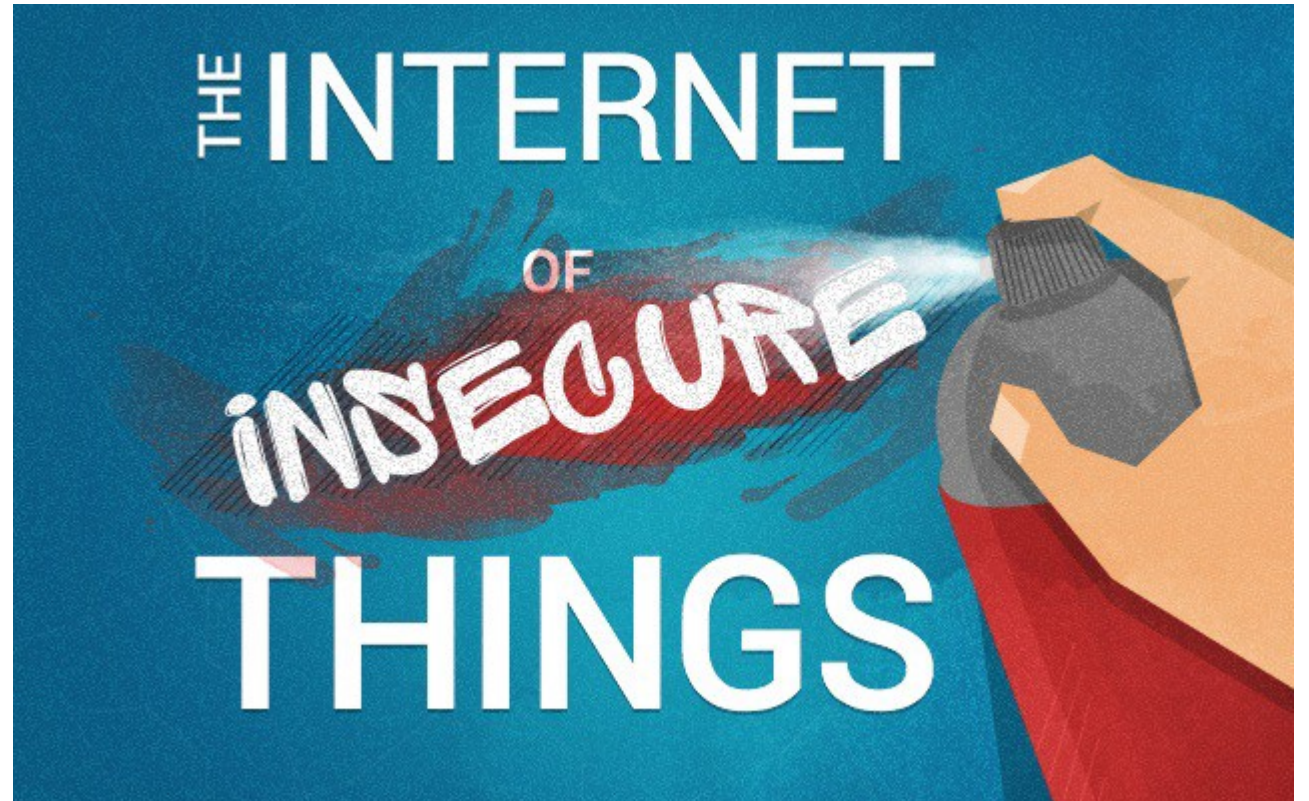


Image courtesy: [toptal.com](https://toptal.com)



# Medical device security myths

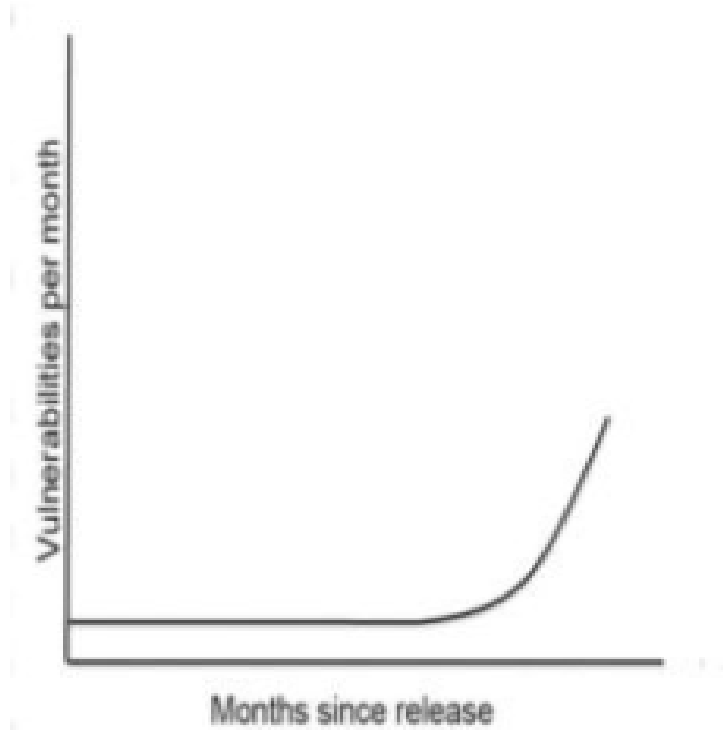
## BASIC OBSERVATIONS

- UDP PACKETS
- UTILIZATION OF BROADCAST ADDRESS
- COUNTERS
- VARYING PORT NUMBERS
- NOT ENCRYPTED

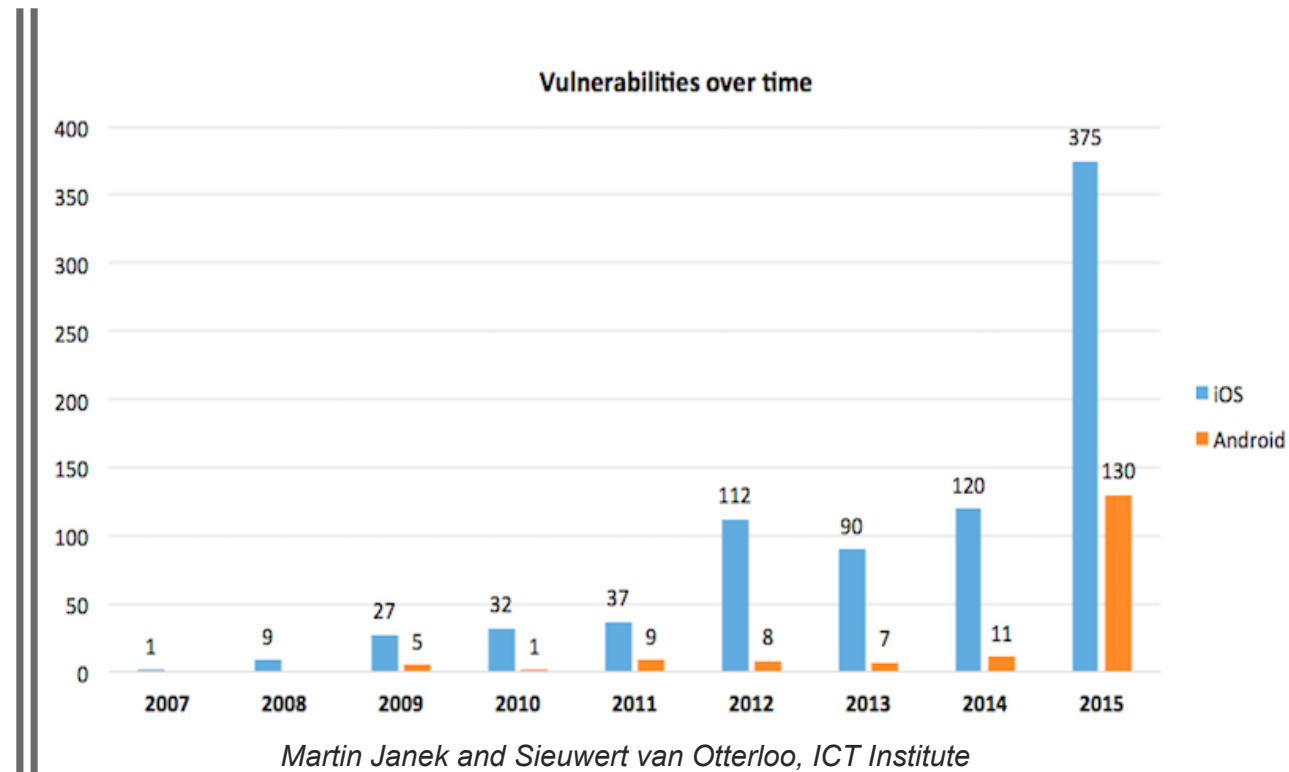
```
User Datagram Protocol, Src Port: 3107, Dst Port: 7000
Source Port: 3107
Destination Port: 7000
Length: 96
[Checksum: [missing]]
[Checksum Status: Not present]
[Header checksum status: Unverified]
Source: 126.4.153.150
Destination: 126.255.255.255

0020 ff ff 0c 23 1b 58 00 60 00 00 01 04 00 00 7e 04
0030 99 96 5a 67 29 b7 44 4d 31 7c 33 33 35 2d 31 00
0040 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00 00
0050 Length Info ...#X...
0060 130 3107 → 7 ...Zg)...DM 1|335-1.
0070 130 3108 → 7 ...MC KEE,DOUG
130 3109 → 7 ...
130 3110 → 7 ...B....
```

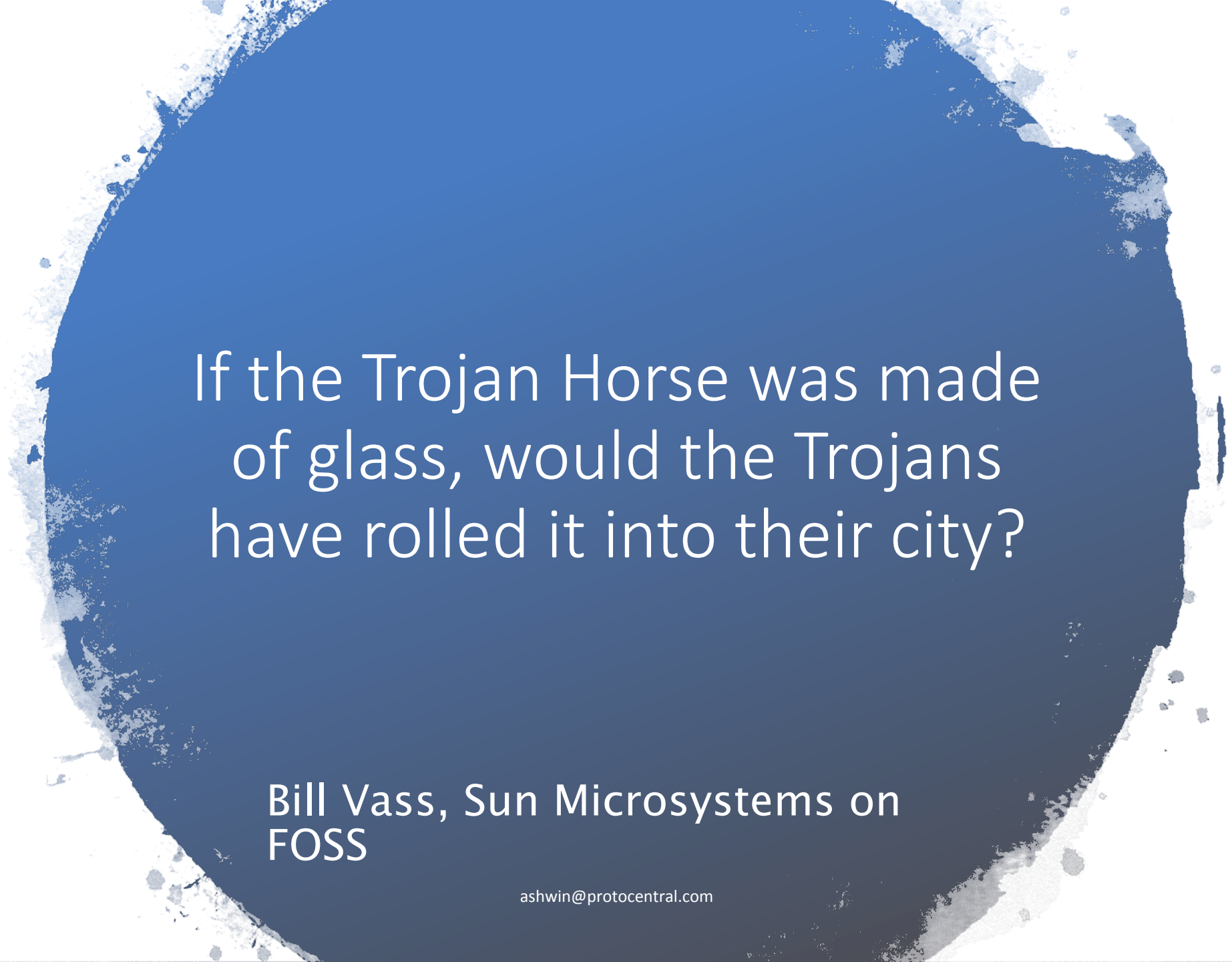
- Proprietary devices are secure
- Open Source devices are more vulnerable



Source: Familiarity Breeds Contempt The Honeymoon Effect and the Role of Legacy Code in Zero-Day Vulnerabilities, Sandy Clark, et. al.,



# The Honeymoon effect



If the Trojan Horse was made  
of glass, would the Trojans  
have rolled it into their city?

Bill Vass, Sun Microsystems on  
FOSS

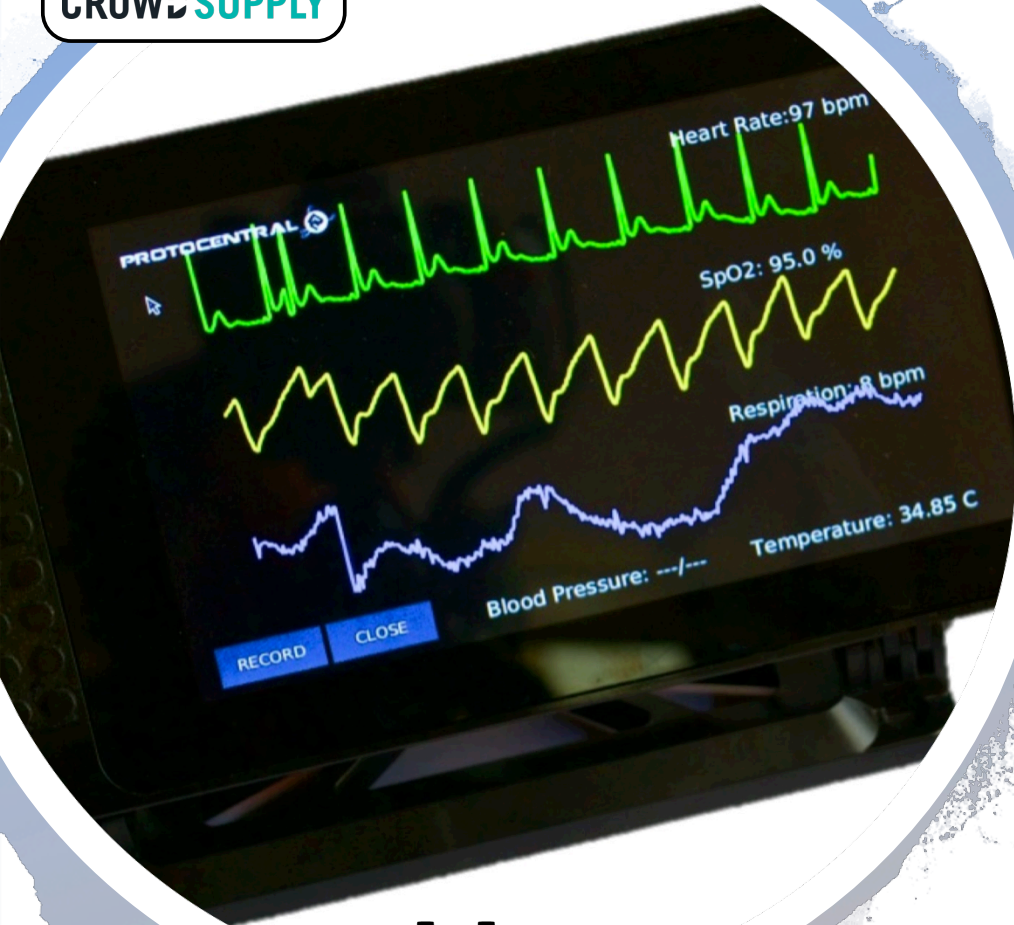
[ashwin@protocentral.com](mailto:ashwin@protocentral.com)

Some devices that we  
made





Funded on  
**CROWD**SUPPLY



 **Hackaday**Prize2017

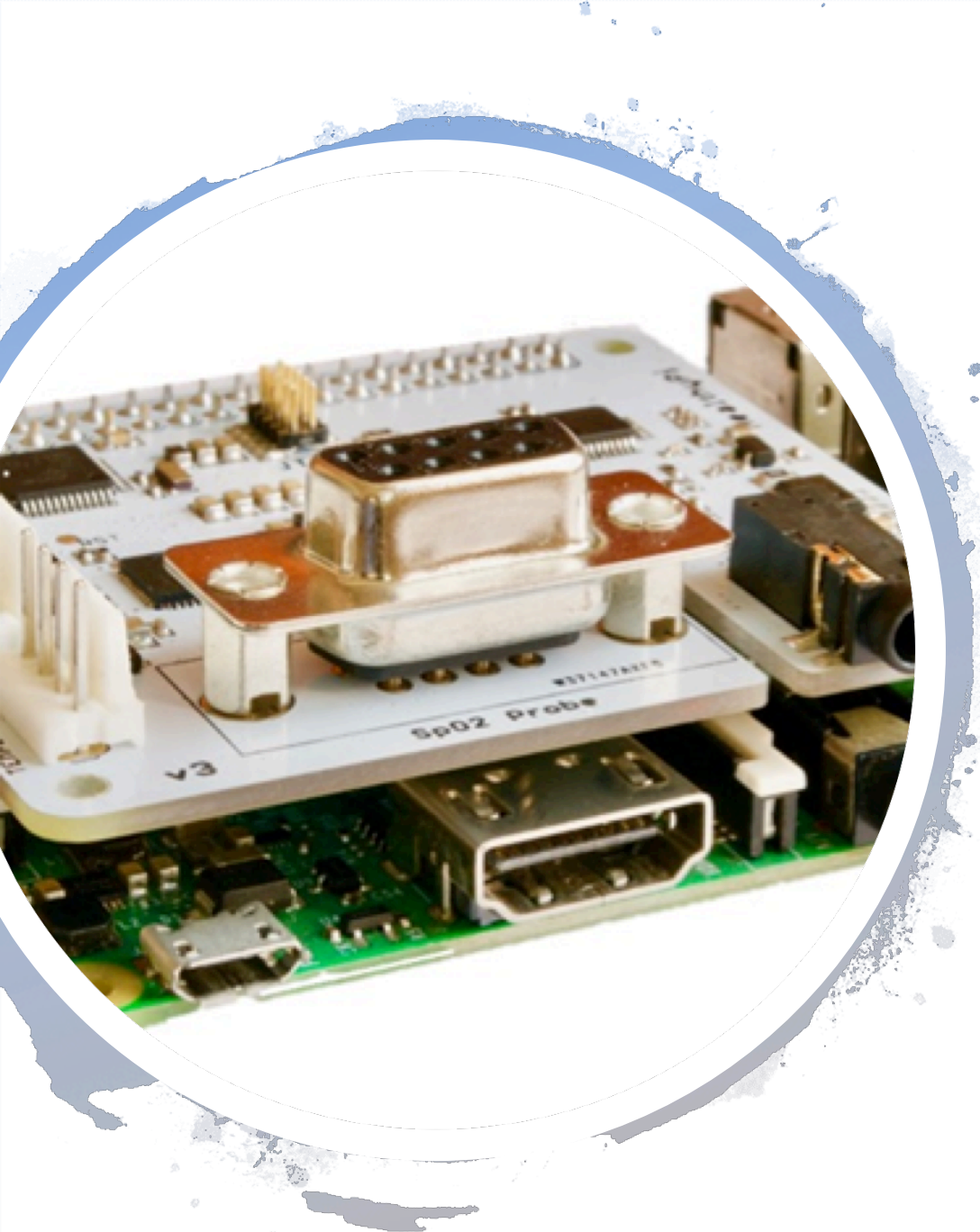
# HealthyPi 3 – an open source patient monitor

- **Vital parameters monitored:**

- Electrocardiogram (ECG )
- Respiration using impedance pneumography
- Photoplethysmogram (PPG) and SpO2 (Pulse-ox)
- Skin temperature
- Blood Pressure

BOM Cost < \$100 (without Raspberry Pi or display)

All sources available at: <https://github.com/Protocentral/protocentral-healthy-pi-v3>

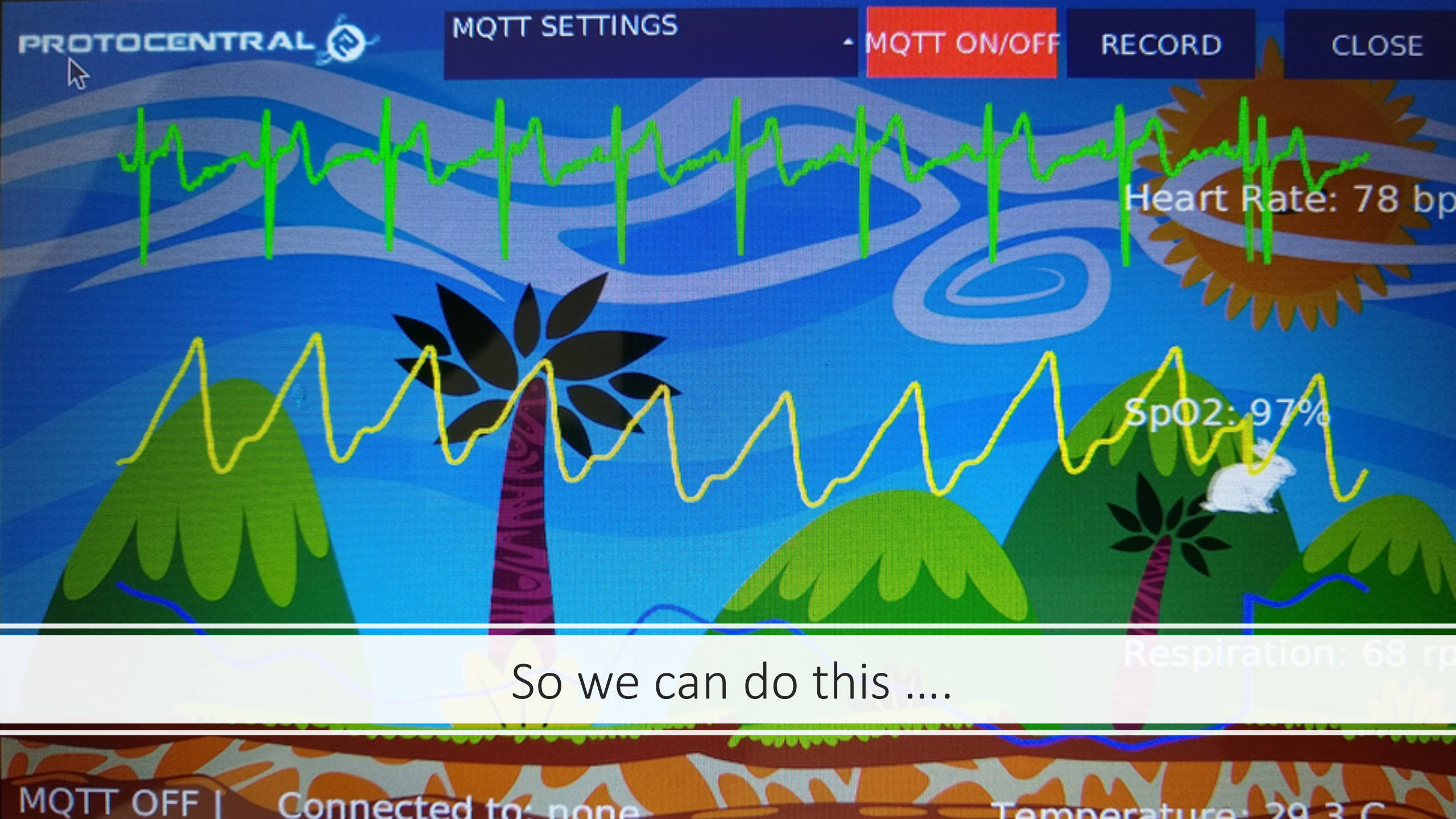


# HealthyPi 3 – Why did we make it?

- Build low-cost, usable, customized patient monitors
- Help device designers build new products using HealthyPi as a reference
- Educational value of tearing-down clinical grade components and acquiring clinical grade data without the price or NDAs

Innovate new products that have not thought about, but now possible because of a lower entry barrier





Heart Rate: 78 bpm

SpO2: 97%

Respiration: 68 rpm

So we can do this ....





Which can lead to this !



TocoPatch

Monitoring Solution Optimized for  
Nurse-Midwives in District Hospital  
Settings

Technology developed in  
collaboration with D-tree  
International under sponsorship of  
Saving Lives at Birth Consortium /  
USAID Seed Grant



# Fetal Distress During Labor and Delivery

- Interruptions in flow of oxygen and exchange of CO<sub>2</sub> during labor can lead to fetal death or severe complications
- Causes: Umbilical cord occlusion, Placental abruption, Maternal hypotension
- May be mitigated through timely therapeutic and/or aggressive intervention

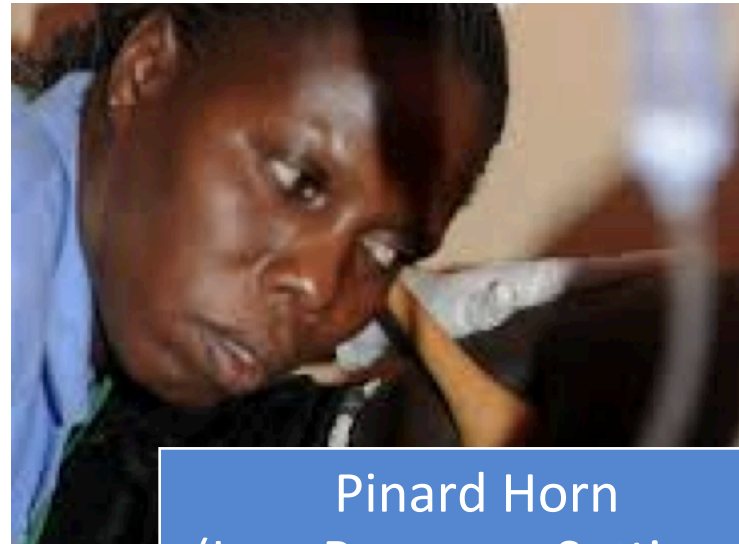
*Courtesy: Doug Williams (doug.Williams@alum.mit.edu)*

*Note: Technology developed in collaboration with D-tree International under sponsorship of Saving Lives at Birth Consortium / USAID Seed Grant*

# Current Intrapartum Fetal Monitoring Approaches



Cardiotocograph  
(High Resource Settings)

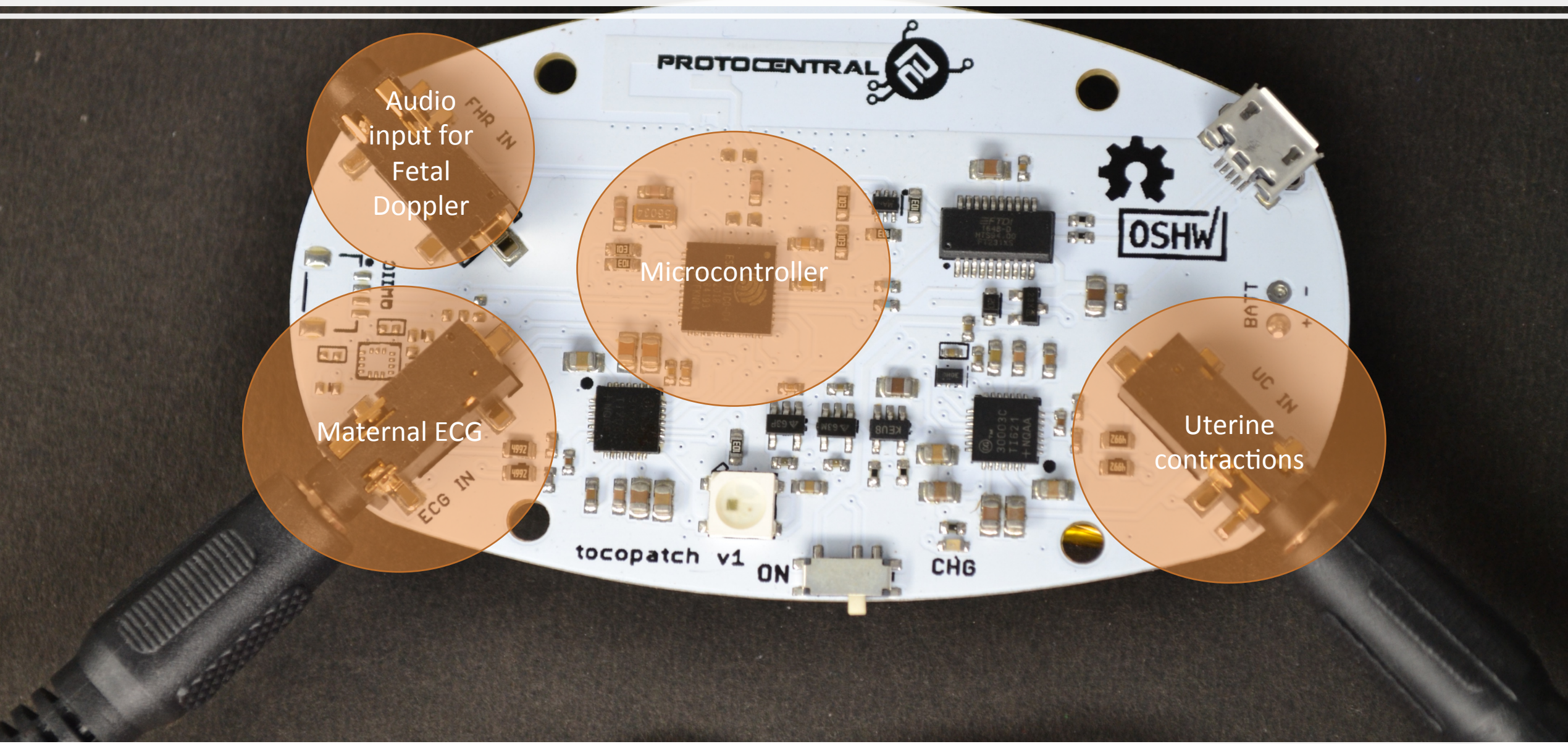


Pinard Horn  
(Low Resource Settings)

*Note: Technology developed by ProtoCentral in collaboration with D-tree International under sponsorship of Saving Lives at Birth Consortium / USAID Seed Grant*



# The Tocopatch

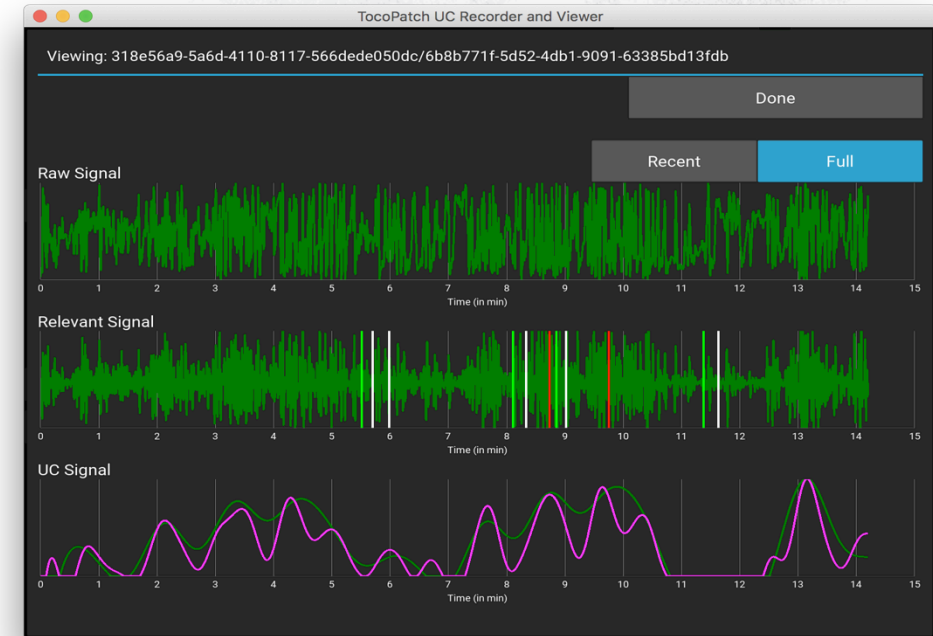




# Sample TocoPatch Output Uterine contractions



**Routine Contractions**



**Hypertonic Contractions**

*Courtesy: Doug Williams (doug.Williams@alum.mit.edu)*

*Note: Technology developed by ProtoCentral in collaboration with D-tree International under sponsorship of Saving Lives at Birth Consortium / USAID Seed Grant*

# Sample TocoPatch Output Fetal Heartrate



Automated detection of key FHR patterns per FIGO standards:

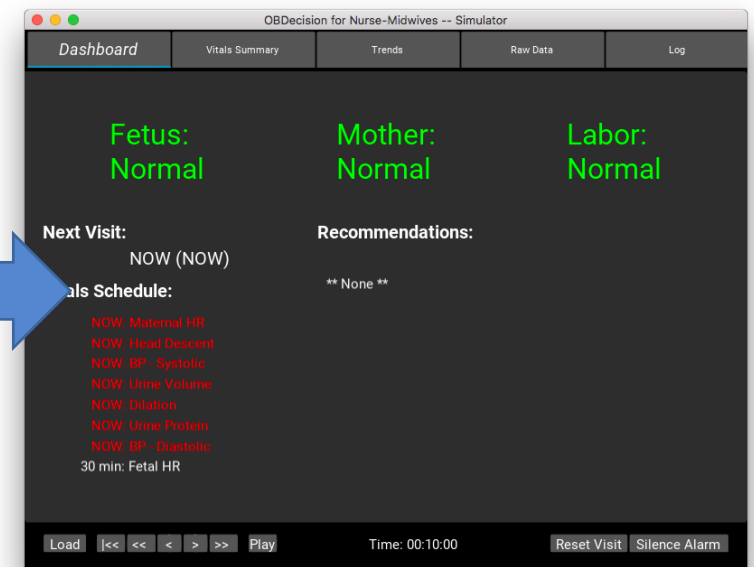
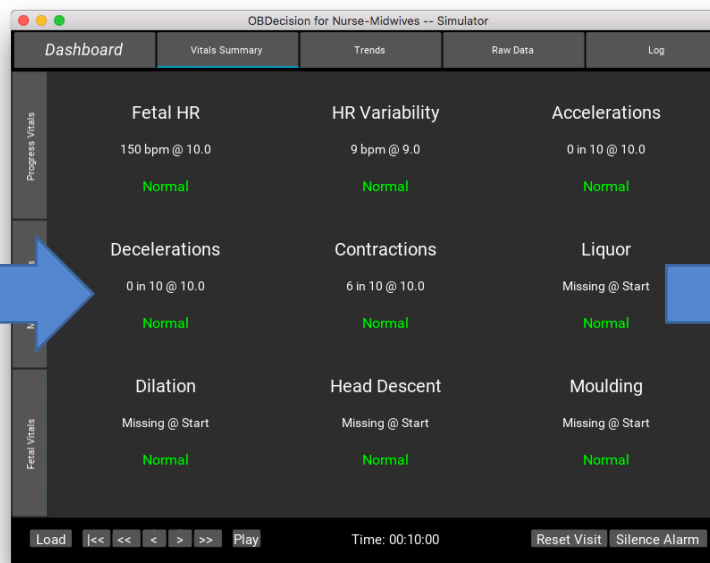
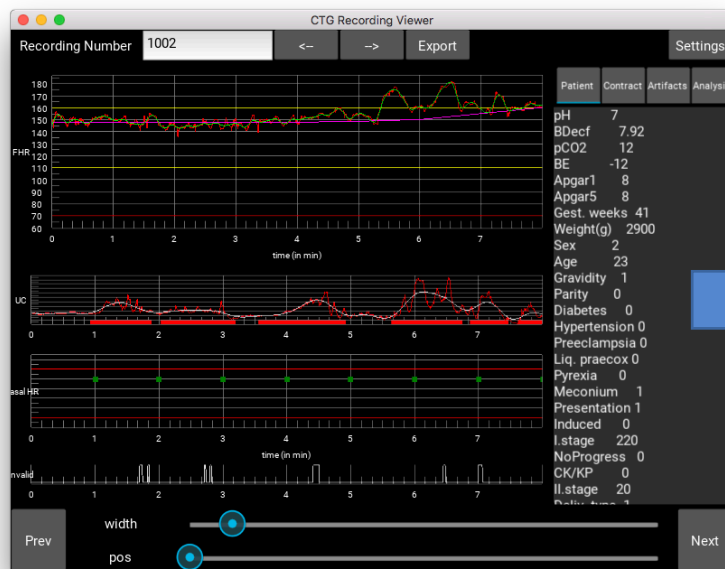
- Prolonged Decelerations (p)
- Late Decelerations (r)
- Periodic Variable Decelerations (o)
- Accelerations (g)

Also includes computation of basal HR and heart rate variability

*Note: Technology developed by ProtoCentral in collaboration with D-tree International under sponsorship of Saving Lives at Birth Consortium / USAID Seed Grant*



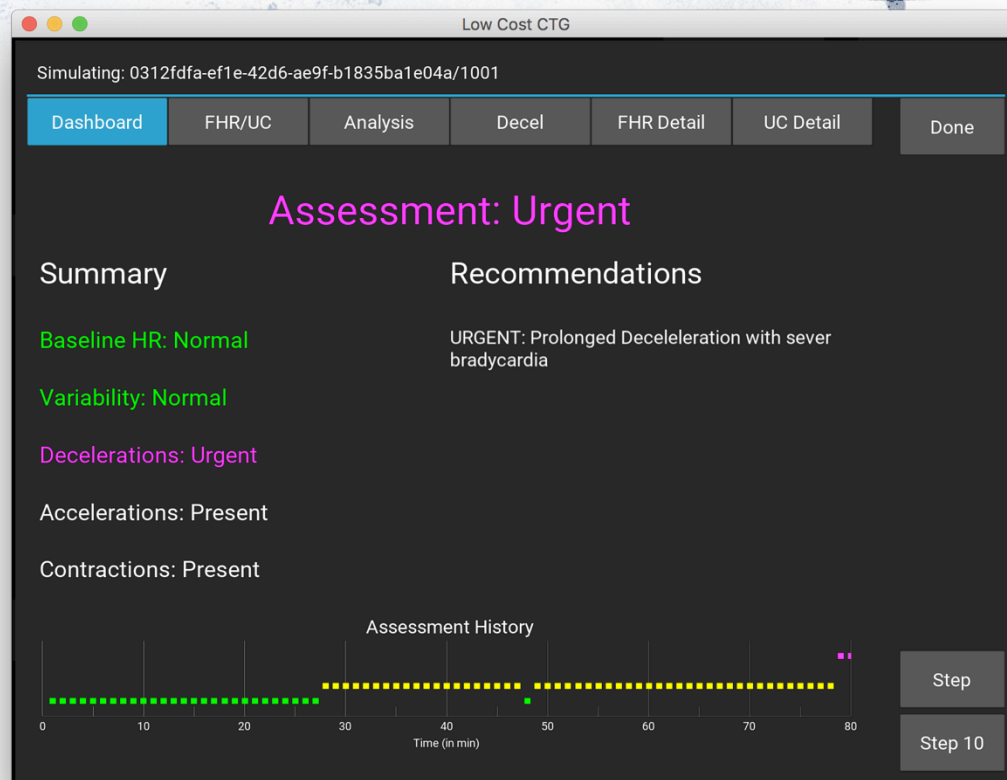
# TocoPatch /LowCostCTG UI for specialists and simplified UI for nurse-midwives



Courtesy: Doug Williams

Note: Technology developed in collaboration with D-tree International under sponsorship of Saving Lives at Birth Consortium / USAID Seed Grant

# TocoPatch /LowCostCTG Dashboard and Decision Support



*Note: Technology developed in collaboration with D-tree International under sponsorship of Saving Lives at Birth Consortium / USAID Seed Grant*

# TocoPatch /LowCost CTG Project Status



Recipient of 2-year USAID /Saving Lives at Birth Seed Grant . Testing in collaboration with Queen Elizabeth Central Hospital in Blantyre Malawi.



LowCostCTG sensor technology currently undergoing patient testing since January 2018



Decision support technology functional, with patient testing expected to start in October 2018



Extended testing by midwives outside of direct development team scheduled to start in January 2019

*Note: Technology developed in collaboration with D-tree International under sponsorship of Saving Lives at Birth Consortium / USAID Seed Grant*

# Open To Collaboration

We are very open to collaborations, either with overall solution (LowCostCTG) and individual technologies (TocoPatch)

Technologies are collaboration friendly: Hardware and Software to be licensed as Open Source

Contact me or Doug Williams ([doug.williams@alum.mit.edu](mailto:doug.williams@alum.mit.edu))

*Note: Technology developed in collaboration with D-tree International under sponsorship of Saving Lives at Birth Consortium / USAID Seed Grant*

Why?





People cannot choose not to need  
Healthcare



# Conclusion

- Improve and **equalize** standards of care with technology
- 90% of the world's investment in medical research benefits only the most affluent 10 % of its population
- With great power comes great responsibility. Use responsibly !!

Collaborators or partners who wish to contribute their work to these projects are welcome!

Write to me!

[ashwin@protocentral.com](mailto:ashwin@protocentral.com) / @ashwinkw