

### Impact of AI on Population Health and its Ethical Considerations

#### **Associate Professor Ngiam Kee Yuan**

MBBS (Lond), MRCS (Glasg), Mmed (Surg), FRCS (Edin) Senior Consultant and Group Chief Technology Officer

Division of Thyroid and Endocrine Surgery Department of Surgery Deputy Chief Medical Information Officer National University Hospital Singapore

# **Ethics and Al**

#### Contents

- Ethics of AI in Healthcare: The Importance of Trust and Validation
- Artificial Intelligence vs Augmented Intelligence
- Building Ethics into AI Through Addressing Data Bias
- Doctors are <u>Still</u> Responsible
- Self-learning Machines

# Ethics of AI in healthcare: The Importance of Trust and Validation

#### **Ethics of Healthcare Al**

The importance of trust and validation of Clinical AI tools

- AI tools are increasingly being used in healthcare
- Provides many benefits at the individual level and may be extrapolated to the population
- Doctors and patients need to know that these tools are rigorously tested and validated before deployment
- The medical fraternity relies on peer reviewed evidence before adopting AI methods to practice
- Regulatory requirements add to the safety of AI tools deployed in practice

#### Al-Assisted Decision Making in Healthcare

Key Principles in the Ethics framework for AI decision making

- Professional Integrity
- Justice
- Public Benefit
- Procedural Value
  - Transparency (explainability)
  - Accountability

Asian Bioethics Review (2019) 11:299-314 https://doi.org/10.1007/s41649-019-00096-0

**ORIGINAL PAPER** 



AI-Assisted Decision-making in Healthcare

The Application of an Ethics Framework for Big Data in Health and Research

Tamra Lysaght<sup>1</sup> · Hannah Yeefen Lim<sup>2</sup> · Vicki Xafis<sup>1</sup> · Kee Yuan Ngiam<sup>3</sup>

Received: 31 July 2019 / Revised: 27 August 2019 / Accepted: 28 August 2019 / Published online: 12 September 2019 © The Author(s) 2019

#### Abstract

Artificial intelligence (AI) is set to transform healthcare. Key ethical issues to emerge with this transformation encompass the accountability and transparency of the decisions made by AI-based systems, the potential for group harms arising from algorithmic bias and the professional roles and integrity of clinicians. These concerns must be balanced against the imperatives of generating public benefit with more efficient healthcare systems from the vastly higher and accurate computational power of AI. In weighing up these issues, this paper applies the deliberative balancing approach of the *Ethics Framework for Big Data in Health and Research* (Xafis et al. 2019). The analysis applies relevant values identified from the framework to demonstrate how decision-makers can draw on them to develop and implement AI-assisted support systems into healthcare and clinical practice ethically and responsibly. Please refer to Xafis et al. (2019) in this special issue of the Asian Bioethics Review for more information on how this framework is to be used, including a full explanation of the key values involved and the balancing approach used in the case study at the end of this paper.

Keywords Artificial intelligence  $\cdot$  Big data  $\cdot$  Clinical decision-making support systems  $\cdot$  Professional governance  $\cdot$  Bioethics

#### **Artificial Intelligence vs Augmented Intelligence**

"Artificial Intelligence is the capability of a machine to imitate intelligent human behaviour"

> "Augmented Intelligence refers to the effective use of information technology in augmenting human intelligence rather than to replace it."

# Healthcare's 4<sup>th</sup> Industrial revolution

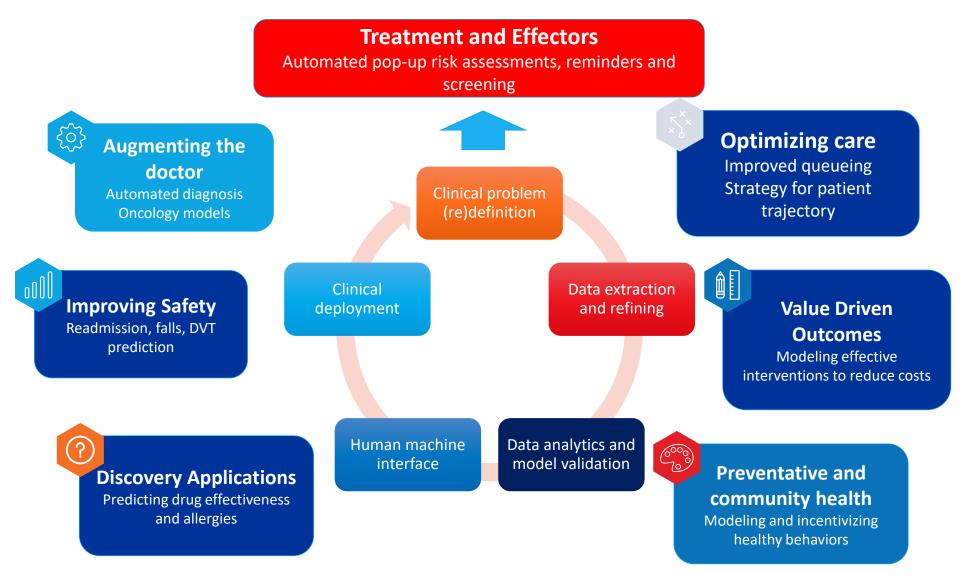
Parallels in the industrial revolution and the medical informatics evolution





# Building Ethics into AI Through Addressing Data Bias

#### Clinical AI Development Process and Functional Domains



#### **Data Bias in Al**

#### **Biases reflect real world prevalence**

- Accountability and transparency (explainability) of the decisions of Al-assisted systems
- The potential for group harms arising from 'biases' built into Al algorithms
- Al systems do not generate 'biases' independently, but instead, these are learnt from existing data with its inherent 'distributions'
- Public interest in generating more efficient healthcare from Alassisted systems vs individualised treatment
- Clinicians need to judge the use of AI suggestions viz the patient's condition to make a considered decision on the patient's care

### Doctors are <u>Still</u> Responsible: Al-based Clinical Decision support systems

### **Doctors are <u>Still</u> Responsible**

**AI-based clinical decision support systems** 

- Most AI tools in development and production are "clinician in the loop systems" (Clinician decision support systems)
- They support clinicians in making decisions but the ultimately, the responsibilities lie with the clinician
- Medicolegally, the responsibility of care is between the patient and the doctor, not AI tools
- Many parallels with assigning responsibility in case of accidents involving semi-autonomous driving cars

### Validation of Al Models

#### The importance of trust and validation of Clinical AI tools

- An understanding of the effort and precision in which AI tools are made needs to be fully appreciated by clinicians who use them
- Hence, robust validation and clinical trials are needed to establish the efficacy of these tools
- These AI tools should be treated as any other medical interventions in an evidence-based manner
- Leveraging well established critical review of evidence for new clinical practice, AI tools may be on-boarded onto clinical workflows
- Ethical tests need to be established to ensure effective AI tools indeed are beneficial in the long run to patients

#### **Regulatory Frameworks for AI**

#### **Regulatory Aspects of the Use of AI in Healthcare**

- Any device which claims to affect a medical outcome is subject to regulatory approvals
- Software, such as AI are subject to the same standards as medical devices: Software as a medical device (SaMD)
- Internationally, the FDA and CE marks are key regulatory bodies under which devices may be registered for medical use
- Provides framework and assurance of the safety, and efficacy of AI deployed in clinical practice

#### US FDA: Software as a Medical Device (SAMD) Guidelines 2017

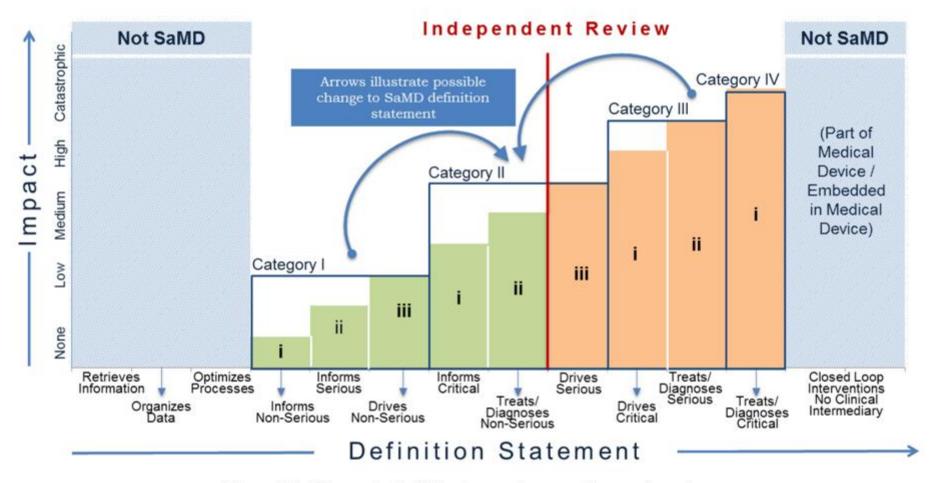


Figure 15 - Change to SaMD category from continuous learning

### **Self-learning Machines**

### **Self-learning AI Machines**

#### **Future directions of AI development**

- Self learning AI tools presents a great opportunity, as well as risks in healthcare
- Most neural network AI models are capable of 'incremental' learning with new data
- Some 'reinforcement learning' AI models can also be improved through 'selflearning'
- An example is AlphaGo Zero vs AlphaGo Lee
- Hypothetical 'Gödel machines' are far from being practical in healthcare
- Key is to ensure strict versioning for each 'improved version' without features of continuous recursive self-improvement

### "Artificial intelligence is not the problem, it's the intelligent use of it, that is."

#### Thank you.

