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Biomedical Ethics - Ethical Argument Essay

*The Current Ethical Shortcomings of Artificial Intelligence as a Clinical Tool*

The launch of widely accessible Artificial Intelligence (AI) in November, 2022, has shown itself to be a possibly historic moment in human history. The controversial potential of AI in healthcare was recently explored in the New York Times article "When Doctors Use a Chatbot to Improve Their Bedside Manner." Celebrated by some as a monumental clinical tool, AI has been alarming to others who believe that healthcare personnel could rely on it too much. Given its shortcomings, before providers can genuinely explore the role that AI can play in the beneficence of their work, there must be a codified effort to ensure its non-maleficence, equity, and confidentiality. Until then, the use of public server AI in medicine is unethical at this stage of its development.

Popular online AI programs like ChatGPT use a concept called "Web Scraping" to gather information on a topic from sources all over the internet. Although clinicians believe they are acting in beneficence through improving their quality of care while using AI as a resource, they may be doing the opposite. The internet is an infinitely large platform full of information, but also misinformation. As a result, preliminary research has shown that AI servers can provide clinical advice that is wrong, unuseful, or inconsistent. Thus, the use of AI in a clinical setting risks the sanctity of non-maleficence. A clinician may believe they are acting in the best interest of their patient, but blindly following incorrect medical advice could make clinical situations worse, even having the potential to cause harm to their patients. Although a good clinician might argue that they would never rely on AI as their sole resource and thus should be able to use it as a tool, this promise of responsibility cannot be guaranteed until some sort of code of ethics regarding use of AI in medicine is created.

Considering the same potential for inaccuracy explained above, an ethical dilemma surrounding equity must also be considered. The highest quality of patient care considers a patient's preferences, which are often rooted in their cultural values. Not taking a patient's identity into consideration diminishes quality of care. Alternatively, if provided that information, AI could generate misinformation that is inappropriately biased. Until the accuracy of a platform's sources can be curated for cultural sensitivity and confirmed for clinical use, use of AI in interpersonal clinical scenarios has major shortcomings.

Finally, given the aforementioned public and open-source concept that developing AI technology relies on, its use in the clinical setting risks patient confidentiality. AI is ever-learning, and information that is inputted to it by users is stored to contribute to developing algorithms. Its servers are not HIPAA secured. Thus, inputting patient health information is an inherent breach in confidentiality and even risks the potential to be hacked or accessed by others. In addition to the obvious ethical dilemma this comes with, using AI as a clinical tool at this time is a major legal liability for clinicians and the organizations that employ them.

The use of AI in healthcare is not without a future. However, AI in its current form is not ready for clinical application. If a healthcare-specific AI program with a secure server, guaranteed and curated clinical accuracy, and a well-developed cultural sensitivity code is developed, it has potential to be useful if it is implemented and enforced with rules and expectations. The execution of such a program would center around ensuring the non-maleficence, equity, and confidentiality of its use. The article "When Doctors Use a Chatbot to Improve Their Bedside Manner" in the New York Times provides a snapshot of the shortcomings of AI at this time.

*References*

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