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The Royal Australasian College of Physicians' submission to the Justice Select Committee

Discussion Paper on Artificial Intelligence
Here-turi-kōkā 2020

Introduction

The Royal Australasian College of Physicians (RACP) welcomes the opportunity to submit feedback to the Medical Council of New Zealand on their Discussion Paper on Artificial Intelligence (the Discussion Paper).

The RACP works across more than 40 medical specialties to educate, innovate and advocate for excellence in health and medical care. Working with our senior members, the RACP trains the next generation of specialists, while playing a lead role in developing world best practice models of care. We also draw on the skills of our members, to develop policies that promote a healthier society. By working together, our members advance the interest of our profession, our patients and the broader community.

Consultation Questions

1. With the growth and increasing use of AI in health care, we consider that doctors will need clear guidance on the appropriate use of AI. If we develop guidelines that reflect the principles of Good medical practice by outlining a number of factors that doctors should consider when using AI in health care, how effective will that be as a starting point?

The provision of resources that help doctors to contextualise and integrate artificial intelligence into their practice can only be a positive development, if they are well constructed. Even if the mentioned guidelines are not exhaustive, they can act as a starting point for individual doctors to consider the issues, and the way they impact upon their work. In this way, they can have a significant positive influence, while not being exhaustive documents in and of themselves.

When viewed through an equity lens, this also has the effect of eliminating a way that healthcare practitioners can shift the onus for a decision. Where artificial intelligence has contributed to the making of a healthcare decision, the presence of guidelines that make clear a doctor's responsibilities in the situation may help to force a critical analysis of the merits of the decision.

This analysis is important, as while artificial intelligence may provide significant improvements to certain aspects of healthcare, we must be careful that it does not impact inequitably across the population, due to it exhibiting bias towards, or against a sub-grouping of people[1].

2. What other factors or principles should we include if we go on to develop guidance for doctors on the appropriate use of AI in health care?

Equity is a key principle that should be considered in the use of any healthcare tool. In the context of artificial intelligence, equity will be even more important to consider, as the systems within which it will function are based on western values, both of care, and of priority.

Equity is not explicitly mentioned in the Discussion Paper, and should form a major component of any further Guidance, especially in the wake of the failings confirmed by the *Hauora* Wai 2575

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[1] Smith MJ, Axler R, Bean S, Rudzicz F, Shaw J. Four equity considerations for the use of artificial intelligence in public health. Bulletin of the World Health Organization [Internet] 98(4): 290-292; 2020. Available from: https://www.who.int/bulletin/volumes/98/4/19-237503/en/. Accessed 4 August 2020

report[2]. Threads of equity are present in the Discussion Paper, but practical guidance for doctors on the appropriate use of artificial intelligence in health care should leave no room for interpretation on these matters. Doctors should be forced to confront these issues, and think about the way they interact with patients and their whānau, and the way the tools they use influence outcomes for different groups.

It is critical not only that artificial intelligence is developed to address the health needs of people who suffer from worse health outcomes, but also that we equip doctors to provide a check and balance in the cases that the conclusions drawn from artificial intelligence do not reflect equitable outcomes[3].

3. What role do you think the Medical Council should have in relation to the use of AI by doctors?

The RACP believes that the Medical Council has an important role to play, as a provider of guidance to doctors beginning, and continuing, to use artificial intelligence in their work. As an authoritative, and key organisation in the health sector, the Medical Council can use this voice to provide guidance which steers doctors towards emphasising the benefits of artificial intelligence, and avoiding any possible pitfalls.

4. What role does the medical profession have to ensure the safe and effective use of AI in patient care? What are a doctor's obligations?

In the view of the RACP, artificial intelligence does not change the role of the medical profession, or the obligations of a doctor. We believe that the commitment of the health system, and of each individual doctor to providing equitable healthcare which improves the lives of people in our society, is the same when employing artificial intelligence.

In many cases, this will be to provide a check and balance to the conclusions drawn by artificial intelligence. Artificial intelligence is a tool to be used in our health system, and by individual doctors; therefore, this technology must not be seen as providing authoritative and infallible answers. Artificial intelligence is fallible, as are the people who design it, and the data from which it draws its conclusion. It may reflect underlying inequities and biases which pervade the Aotearoa New Zealand health system, and doctors must always be cognisant of this[4].

Doctors have an underlying obligation to each patient, and this means that every doctor has an obligation to analyse, and challenge conclusions presented by artificial intelligence. This will ensure that benefits can be realised, and avoid harm to patients in Aotearoa New Zealand.

5. Is there anything else you would like to tell us about our discussion paper or that you would like us to consider?

The Discussion Paper interrogates and explores a number of key issues to the employment of artificial intelligence in healthcare in Aotearoa New Zealand. However, it does not directly and specifically address equity by name. In keeping with the thrust of change in healthcare, this can and

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[2] Waitangi Tribunal. Hauora: Report into Stage One of the Health Services and Outcomes Kaupapa Inquiry. Wellington: Waitangi Tribunal; 2019. Available from https://www.waitangitribunal.govt.nz/inquiries/kaupapa-inquiries/health-services-and-outcomes-inquiry/. Accessed 4 August 2020.
[3] The Artificial Intelligence Forum of New Zealand. Artificial Intelligence for Health in New Zealand. [Internet] Auckland: The Artificial Intelligence Forum of New Zealand; 2019. Available from: https://aiforum.org.nz/wp-content/uploads/2019/10/AI-For-Health-in-New-Zealand.pdf. Accessed 4 August 2020
[4] Nicholson Price II W. Risks and remedies for artificial intelligence in health care. [Internet] Washington D.C.: Brookings; 2019. Available from: https://www.brookings.edu/research/risks-and-remedies-for-artificial-intelligence-in-health-care/. Accessed 4 August 2020

should be addressed, as it is one of the most pervasive and important issues in our healthcare system. It should be front and centre of discussions to shape guidance, especially on a new technology such as artificial intelligence which will form a part of care for years to come. If it is not, and is only presented directly at later stages, this will represent a continuation of historical injustices, wherein equity has been an afterthought. An equitable future, with just health outcomes for all sectors of the population is the paramount goal for the RACP, and as such we believe that it should be reflected in these discussions.

Conclusion

The RACP thanks the Medical Council of New Zealand for the opportunity to provide feedback on this consultation. To discuss this submission further, please contact the NZ Policy and Advocacy Unit at policy@racp.org.nz.

Nāku noa, nā

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