

Ethical Principles for Artificial Intelligence in Medicine

April 11, 2024 October 3, 2024

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Access to Medical Care Without Discrimination; CMA Code of Ethics and Professionalism; Conflict of Interest; Consent to Treatment; Indigenous Cultural Safety, Cultural Humility and Anti-racism

from CPSBC provides information to express or clarify CPSBC's view on a particular matter. It is intended as guidance for registrants in areas where research and current practice are evolving or changing rapidly, the implementation of processes and procedures may be premature, or it is timely to communicate CPSBC's stance on an issue before a practice standard or professional guideline is developed.

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Personal patient data must not be transferred from the clinical environment at which care is provided without patient consent or where required or permitted by law. Registrants are advised to contact the Office of the Information and Privacy Commissioner (OIPC) to understand *Personal Information Protection Act* (PIPA) regulations regarding Al.

When seeking patient consent to transfer personal patient data, registrants must explain the nature of the Al being used, potential benefits and limitations, and risks associated with its use.

Many Al tools, such as ChatGPT, do not currently comply with privacy and security regulations. As such, personal patient data or identifying data must never be used; data must be de-identified such that the patient's identity cannot be reconstructed.

: Responsibility for decisions made about patient care rests principally with the registrant. Although AI is proficient in generating responses that appear to be accurate and reliable, they can be partially or completely wrong, leading to erroneous decision-making if relied upon without critical thinking. Registrants must always use critical thinking and clinical expertise when applying AI to patient care.

: Registrants using AI must be transparent about the extent to which they are relying on such tools to make clinical decisions and must be able to explain to patients how these tools work and what their limitations are.

: Al tools can produce results which are difficult to interpret or replicate. When used in medicine, registrants must be capable of interpreting the clinical appropriateness ableurgeoo iny law.

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