

7 August 2020

Medical Council of New Zealand
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By email: kooi@mcnz.org.nz

Dear Kanny

Discussion paper - When Artificial Intelligence is involved in the care of patients

The Association of Salaried Medical Specialists (ASMS) is the union and professional association of salaried senior doctors and dentists employed throughout New Zealand. We represent 5,000 doctors and dentists, most of whom are employed by District Health Boards (DHBs) as medical and dental specialists. The ASMS promotes improved health care for all New Zealanders and recognition of the professional skills and training of our members, and their important role in health care provision. We are committed to the establishment and maintenance of a high quality, professionally led publicly owned and publicly provided health system.

ASMS welcomes the opportunity to provide feedback on the Medical Council's discussion paper.

Our feedback is structured by the questions posed.

- 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 (<https://www.mcnz.org.nz/ourstandards/current-standards/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?**

ASMS agrees the Medical Council should develop guidelines for doctors on using Artificial Intelligence (AI) in the care of patients. We consider the standards in the Medical Council's *Good Medical Practice* publication provide appropriate principles for doctors to adhere to regardless of the technology deployed in delivering patient care. While the use of AI raises new questions for clinicians, fundamental concepts of what makes medical practice good will continue to underpin how doctors react to changes in the clinical environment. Guidelines that assist doctors in New Zealand to understand the potential impacts of the application of AI in health care, and how to engage, will be valuable and timely.

We are aware that AI technology in health care is developing at pace; and we note the comment in the discussion paper that AI is "primarily driven by large commercial interests". We believe that the guidance should balance the reality that AI will likely be used extensively in health care in the future with the need for doctors to take a precautionary and carefully planned approach to its adoption.

We expect that if the Medical Council develops guidance it will necessarily be general and high-level, given the capabilities and potentially wide range of uses that AI could have in different health care settings. At the same time, we suggest providing examples in the guidance could be a useful way of explaining appropriate approaches to the challenges AI creates.

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?

The discussion paper includes “difficult ethical and practical questions” as a broader consideration. However, we suggest that developing guidance for doctors on ethical matters associated with AI, and seeking their input, would be helpful. AI has the potential to make it difficult for doctors to meet their obligations relating to providing patients with full information and obtaining consent. Using AI in the care of patients will likely create challenges for doctors in managing privacy risks. In our view, ethical dimensions of using AI should be considered a professional issue.

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

ASMS considers that the Medical Council’s role should be to provide advice to doctors on how best to respond to the likely changes that the introduction of AI technologies will have on medical practice. Emphasis should be given to a doctor’s responsibility for delivering high quality, safe and effective care and how that can be affected when AI is used to support, or autonomously deliver, health care services.

DHBs and others should not be able to simply put an AI process / platform in place without it being demonstrated as safe. The Medical Council should be involved in ‘accrediting’ AI platforms or models of care that have ‘thinking’ capabilities to ensure they are ‘fit for practice’.

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?

The medical profession needs to be closely involved in - and ideally lead - the deployment of AI in clinical services. This requires them to have a good understanding of the reliability of AI applications and to have a significant degree of responsibility over AI use in patient care.

We note that the first principle of *Good Medical Practice* is “make the care of patients your first concern” and consider that when AI is utilised, a doctor’s overarching obligation is to provide the best care they can for their patients.

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

Key concerns for ASMS’ members in the development and use of AI in health care are that industrial rights and conditions need to be maintained, that new ways of working are fairly remunerated, and that clinicians are properly involved in any change process discussions.

If you have any questions, or would like to discuss further, please contact Dr Charlotte Chambers on 022 353 0412 or charlotte.chambers@asms.org.nz.

Yours sincerely

A handwritten signature in black ink, appearing to read 'SDalton', with a long horizontal flourish extending to the right.

Sarah Dalton
Executive Director
Toi Mata Hauora / ASMS