LETTER TO THE EDITOR

Editorial letter: Artificial Intelligence can be used to improve the humanity of care

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Dear Editors,

I read the opinion of Dr Gazzini on the development of Artificial Intelligence (AI) in Otolaryngology-Head and Neck Surgery. I thank the author for sharing their fears on this important topic. I will try to respond to them point-by-point using the literature and the ongoing knowledge.

First, the author believes that there are major differences between the development of AI and past technologies stating that "previous inventions aimed to relieve humans of manual, humble, or dangerous labor, improving their quality of life and allowing more time for intellectual pursuits, curiosity, knowledge-seeking, creativity, and dialogue with others" [1]. Concerning AI, the author doubts that this technology serves to take away intellectual work from humans or at least make it easier with the risk of brain inertia. There is always a risk that depends on the objective of our decision. Everything remains to be seen, and we have the possibility to use AI to reduce some unfriendly tasks, leaving the scene to the creativity, brain stimulation and enjoying works. For example, when we conduct a study, a large part of our time is dedicated to the collection of data, review of medical records, and preparation of data sheets for statistics. These tasks are repetitive, time-consuming, and discouraging for some practitioners without protected research time or staff. AI can help the practitioner in performing these tasks, which will free-up time for creativity, development of additional studies, and other enthusiastic tasks [2].

Second, as presented in my Editorial [3], Dr Gazzini recalls the importance of the doctor-patient trust relationship, the risk of a patient arriving with a ChatGPT diagnosis, and the related risk of a lack of trust in the doctor's opinion based on the AI-dictated result [1]. This is a real risk and, as for the first point, it is related to the misuse of AI software. The trust relationship between a patient and a practitioner depends on several factors, e.g. the duration of the consultation, quality of the explanation, clarity, and time for questions [4, 5]. To date, with the shortage of practitioners in Western countries, the time dedicated to the consultation, questions, and reassurance, are increasingly affected by the need to be time-effective [6]. AI could prepare the consultation by collecting all repetitive information (e.g. patient symptoms; medical/surgical history; medication; addictions), which could give more time for the human tasks, including the explanation of treatment, which improves patient adherence to treatment. In other words, AI can improve the humanity of care if it is used in this way. Note that the author stated that the screening of emergent situations to prioritize patients for evaluation by a human doctor is not yet reliable [1]. It is partly correct for ChatGPT but an emerging literature using specific AI-software is demonstrating the opposite with very effective results [7, 8].

I conclude my response to Dr Gazzini by this transversal point: it's all a matter of perception and human decision. In the historic examples provided by the author, humans had the choice to use technology to improve human work or to use it primarily for economic profit, which led to job losses. As April 2024, we have still the possibility to use AI for improving the practitioner job, and the related patient

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trust relationship and quality of care. We need to be aware that the human nature and the wish for economic profit is probably one of the most major barriers to this aim. We can build a future that considers the quality and the humanity of care more than the economic profit. This future is possible only if we trust it.

Declarations

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