

# AI ETHICS IN HEALTHCARE

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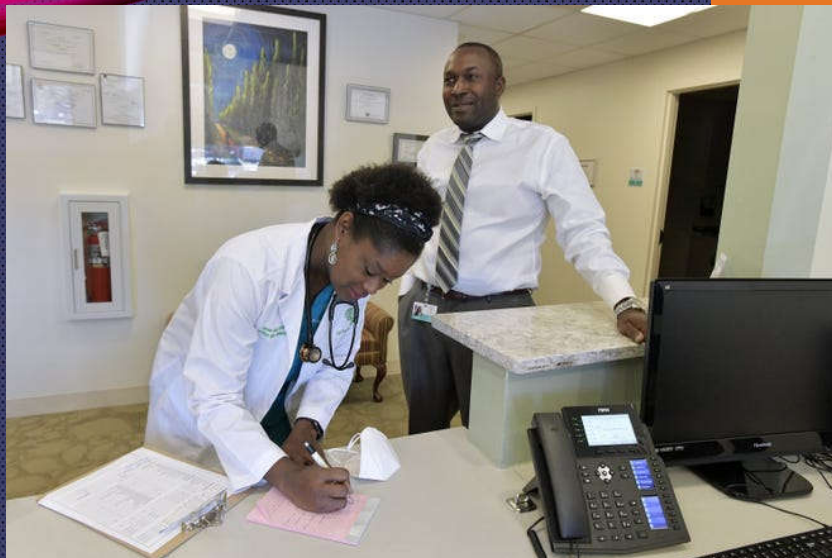
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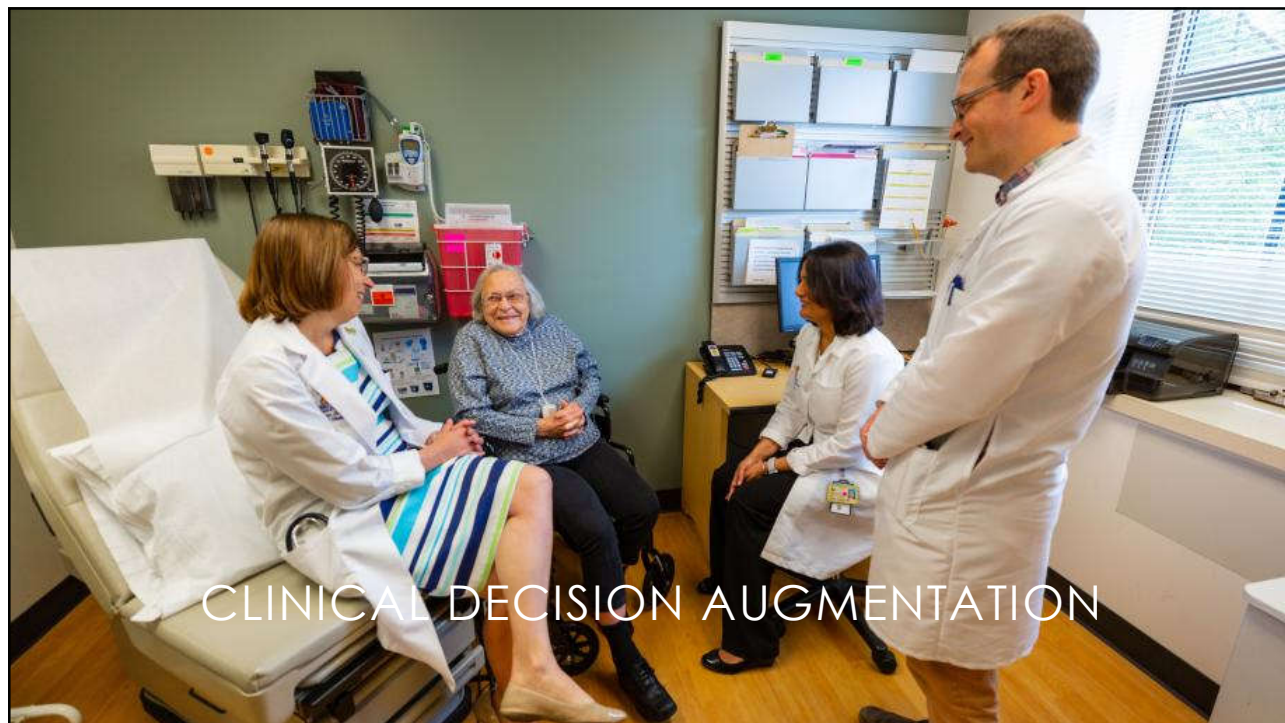
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## QUESTION

- What are you seeing in case management regarding Artificial Intelligence?
- What excites you about the possibilities of AI in case management?
- What challenges do you see regarding the possibilities of AI in case management?

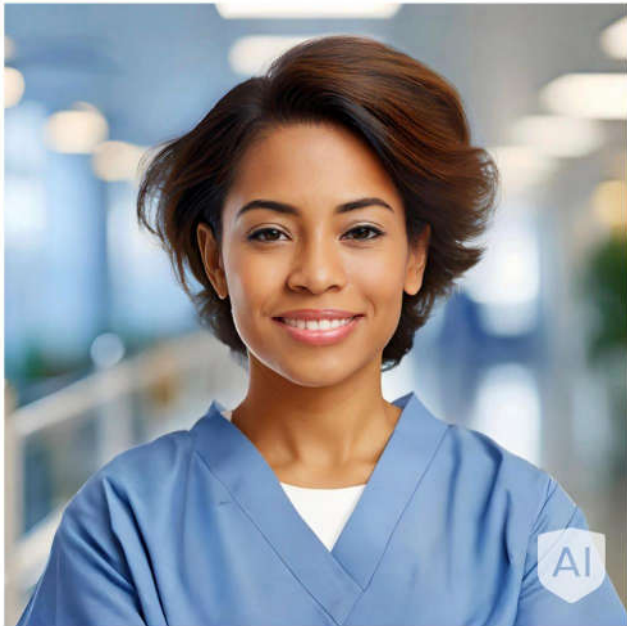


Transcription and medical note-taking



CLINICAL DECISION AUGMENTATION






## Nancy

### Pre-Op Colonoscopy

Nancy is designed to check in with a patient prior to their colonoscopy appointment. She focuses on pre-procedure instructions for their upcoming appointment including arrival details, diet, and bowel prep instructions. See the detailed list below.

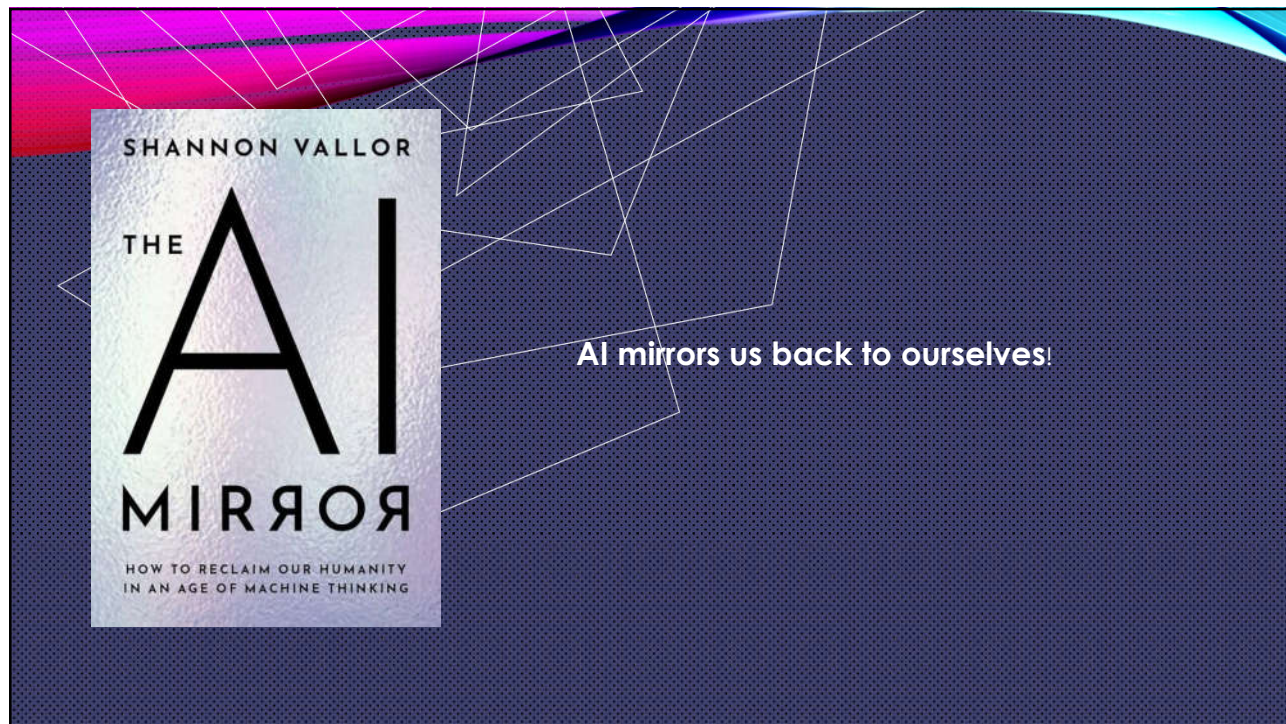
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Estimated Cost: <\$9/hr\*

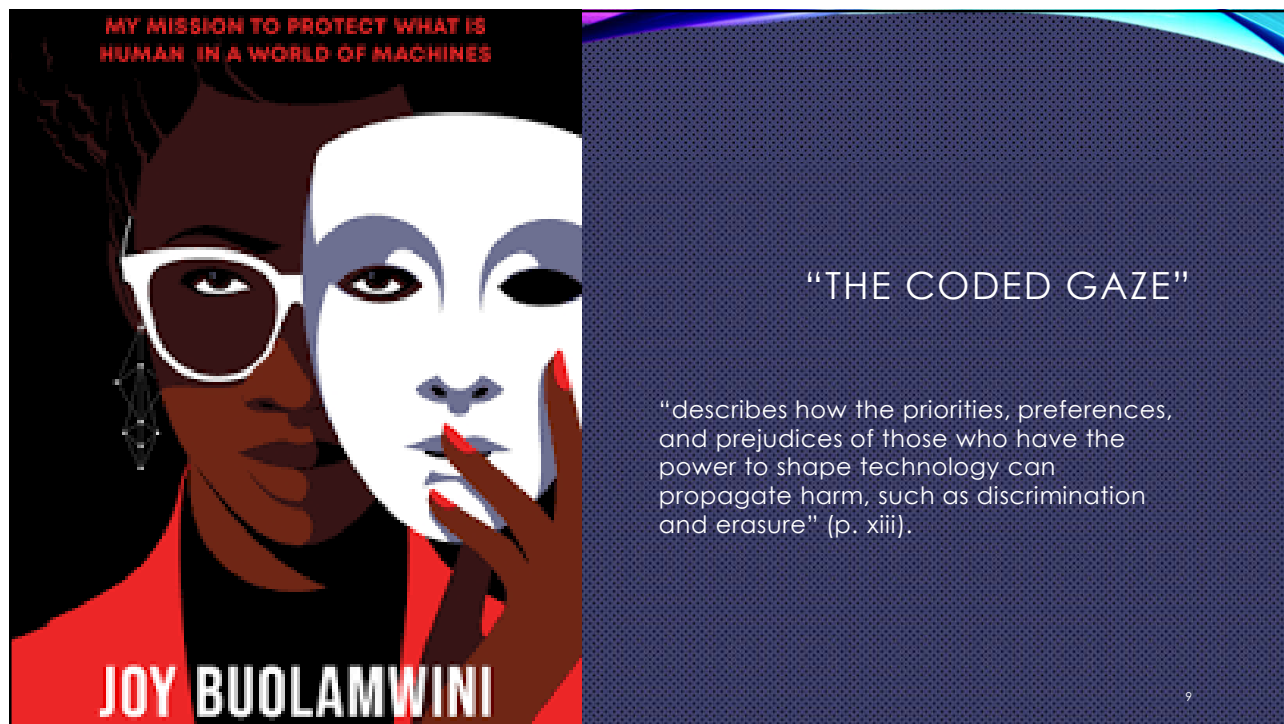

[Test our AI](#)

“Acute technosocial  
opacity,”  
Vallor, *AI Mirror*







## Augmented Intelligence

AMA: prefers "augmented" instead of "artificial"

AI augments what human beings do, it does not replace them.

## 8 PRINCIPLES OF CCMC CODE

- PRINCIPLE 1: Board-Certified Case Managers (CCMs) will place the **public interest** above their own at all times.
- PRINCIPLE 2: Board-Certified Case Managers (CCMs) will respect the **rights** and inherent **dignity** of all of their clients.
- PRINCIPLE 3: Board-Certified Case Managers (CCMs) will always maintain **objectivity** in their relationships with clients.
- PRINCIPLE 4: Board-Certified Case Managers (CCMs) will act with **integrity** and **fidelity** with clients and others.
- PRINCIPLE 5: Board-Certified Case Managers (CCMs) will maintain their **competency** at a level that ensures their clients will receive the highest quality of service.
- PRINCIPLE 6: Board-Certified Case Managers (CCMs) will honor the integrity of the CCM designation and **adhere** to the requirements for its use.
- PRINCIPLE 7: Board-Certified Case Managers (CCMs) will **obey** all laws and regulations.
- PRINCIPLE 8: Board-Certified Case Managers (CCMs) will help maintain the integrity of the Code, by responding to requests for public comments to **review and revise** the code, thus helping ensure its consistency with current practice.

## CCMC CODE FOR PROFESSIONAL CONDUCT FOR CASE MANAGERS

- Revised
  - 1996
  - 2001
  - 2003
  - 2004
  - 2009
  - 2014
  - 2015
  - ???



Time for an update???



## "UNDERLYING VALUES" OF THE CODE

### Values

- Health
- Wellness
- Dignity
- Rights

### Principles

- **Autonomy**
- **Nonmaleficence**
- **Beneficence**
- **Justice**
- Fidelity

## PRINCIPLISM

- "Georgetown Mantra"
  - Respect for autonomy, nonmaleficence, beneficence, justice
  - Attempt to create a common morality for a morally pluralistic medical field/nation/world
  - Principles are abstract, universal, emerge from human experience and history
  - Claim: normatively bind for all in medical setting
- Used in courses on medical ethics around the globe
- Most widely used medical ethics text
- Not a general moral theory, just a framework of principles to aid medical ethical decision-making

From: Tom Beauchamp and James Childress, *Principles of Biomedical Ethics*, 7<sup>th</sup> ed., Oxford, 2019.

## RESPECT FOR AUTONOMY

- Respect for autonomy acknowledges that a patient has a right to choose treatments for herself.
- Need to have *liberty* and *agency*.
  - Some are more autonomous than others, need **threshold** for being able to make autonomous decisions
- Liberty can be constrained
  - Externally (by others)
  - Internally (by internal states that prevent free choice)
- Assess a threshold for autonomy
  - Will be variation among patients
- Context matters: Respect a less-than-fully capacitated patient's choices in some instances (food), and not in others (life-saving treatment).

## INFORMED CONSENT

- Information
  - Disclosure
    - Professional practice standard: what should I, the doctor, tell the patient?
    - Reasonable person standard: what would the reasonable person want to know?
    - Subjective standard: what does THIS person want/need to know?
  - Move from reasonable person to subjective standard.
- Consent
  - Decision
  - Authorization
- **Informed consent is how respect for autonomy is practiced in medical setting.**



## NONMALEFICENCE

- Medical professionals should refrain from harming their patients.
- Harm: a thwarting, defeating, or setting back of a patient's interests
  - Harmful acts that involve justifiable setbacks (amputation) are not wrong
  - Harms are bodily and psychological
- Negligence: absence of due care
  - Acts that fall below the "standard of care"
    - Standard of care: the established protocols for treating patients
    - Produced by medical bodies to present uniform rules and directives for the care and treatment of patients

## BENEFICENCE

- General beneficence: moral obligation to do good to others in every aspect of life.
- Specific beneficence: moral obligation to act for the benefit of others with whom one has a special relationship
  - Parent-child
  - Physician-patient
- The principle of beneficence obligates medical professionals to promote the health and well-being of their patients when this is possible, and when the professional does not expose herself to undue risks.

# STANDARDS OF SURROGATE DECISION MAKING

## Substituted Judgment

Make the decision that the patient would have made if competent

Requires surrogate to have known the patient well

## Pure Autonomy

Follow the written or stated words of the patient

Advance Directive

POLST

Living Will

## Best Interests

Make the decision that promotes the overall interests of the patient, considering benefits and burdens

Beauchamp and Childress argue that families and providers should generally follow the pure autonomy standard, but that considerations of the patient's best interests can rightly override pure autonomy.

# JUSTICE

- Formal justice: equals should be treated equally, unequals unequally.
- Material justice: Utilitarianism; libertarianism; communitarianism; egalitarianism; capabilities approach; well-being theory.
- Access to care:
  - Who gets access and why???
  - Need
  - Insurance

- They typically opt for a utilitarian or egalitarian approach





## Question for Discussion

How would you use the 4 principles (autonomy, beneficence, nonmaleficence, justice) to analyze the use of AI in case management?

