**ADTA 5900/5770: Discussion Self/Peer-Evaluation**

# Student’s Information

Full name: Binaim Abebe Discussion Assignment #: 2

Domain Expertise Field: Finance/Investment

# Self’s Discussion Report

Response to the discussion question (YES/NO): …YES……….

Number of different classmates whose posts you replied to: ………3……..

List the names of classmates whose posts you replied to:

1. Classmate #1: [Raj Oad](https://unt.instructure.com/courses/117367/users/401778)
2. Classmate #2: [Srilekha Aduvala](https://unt.instructure.com/courses/117367/users/409532)
3. Classmate #3: [UTTAM KUMAR PANASALA](https://unt.instructure.com/courses/117367/users/398572)

# Peer-Evaluation of Assigned Classmate’s Posts

Assigned classmate’s full name: **Sai Nagula**

Assigned classmate’s domain expertise field: **Computer Science/Virtual & Augmented Reality**

Did the classmate respond to the discussion question? (YES/NO):

**Yes**

How many different students to which the classmate replied to their posts?

**3**

Are the classmate’s posts informative and significant? (YES/NO):

**Yes**

Are the classmate’s posts relevant to his/her domain expertise field?

**NO**

**IMPORTANT NOTES**:

*--) The student must start PART III (classmate’s peer-evaluation)* ***after*** *the PART II due date and time*.

--) *Posts include the response to the discussion question and the replies to other students’ posts*

*response*  
Hello Everyone,

I believe Large Language Models are not yet ready to be deployed in medical field.

From the perspective of Healthcare/Medical Informatics, I agree with the statement by Oxford in the article "[Large Language Models pose risk to Science with false answers, says Oxford StudyLinks to an external site.](https://www.ox.ac.uk/news/2023-11-20-large-language-models-pose-risk-science-false-answers-says-oxford-study)"

Misdiagnoses and inaccurate medical advice generated by LLMs can lead to adverse patient outcomes. Furthermore, the risk of data privacy breaches, given the sensitivity of healthcare data, is substantial. LLMs are also prone to biases inherent in their training data, which can perpetuate healthcare disparities.

Additionally, the lack of contextual understanding by LLMs can result in inappropriate recommendations. For instance, a popular language model in 2020 incorrectly diagnosed a rare disease, leading to unnecessary medical procedures. Another study demonstrated the potential for sensitive patient information to be extracted from LLMs, raising privacy concerns. Moreover, racial and gender biases in LLMs used in healthcare could exacerbate inequalities in treatment.

Therefore, the use of LLMs in healthcare requires is not ready for deployment phase and still needs robust oversight, continuous validation, and collaboration with medical professionals to ensure accuracy and reliability.

References:

1. The Truth about Healthcare AI and Why It has Failed So Far, [https://oatmealhealth.com/why-has-ai-failed-so-far-in-healthcare-despite-billions-of-investment/Links to an external site.](https://oatmealhealth.com/why-has-ai-failed-so-far-in-healthcare-despite-billions-of-investment/)

2. Revolutionizing Healthcare with Large Language Models in Decision Support, [https://techbullion.com/revolutionizing-healthcare-with-large-language-models-in-decision-support/Links to an external site.](https://techbullion.com/revolutionizing-healthcare-with-large-language-models-in-decision-support/)

3. Fully Autonomous AI Poses Severe Risks; Experts Warn Against Development, <https://www.devdiscourse.com/article/technology/3254650-fully-autonomous-ai-poses-severe-risks-experts-warn-against-development>.

Hello Shamila,

Your response is very informative and interesting, thank you for the post I enjoyed reading it. I agree with how response directly depends on quality of data leading to inaccurate responses. And I appreciate you for mentioning the mitigation techniques, difference in response between models and areas of improvement and real-time data integration. And creative and hallucinated data may be appropriate for creative work but not for Financial or Medical use. Your detailed references and practical examples are good.

Thank you.

Hi Joshua,

I agree with your concerns about LLMs. They can sound convincing but aren't always accurate, which is risky in fields like science, medicine, and business. Your examples of a nurse or financial analyst relying on incorrect AI-generated information highlight the potential dangers.

Viewing LLMs as tools for interpreting and summarizing rather than as experts is a smart approach. This encourages users to double-check AI outputs. Setting guidelines and training staff on responsible AI use is crucial to harness their benefits while minimizing risks. Thanks for sharing your thoughts.

Hello Biniam,

You've pointed out some important aspects of using LLMs in academic research. They can be incredibly helpful for organizing and clarifying verified information, but they come with risks if we rely on them for knowledge. Because of hallucination, they sometimes produce inaccurate or misleading content.

From your experience, LLMs are great at transforming research notes into clearer prose and creating graphs from validated data, which shows their practical utility. However, when it comes to summarizing academic papers, they often mix up findings and generate fake citations, making thorough fact-checking essential. We can use LLMs for specific tasks like translation and summarization, but always with careful human oversight. In short, LLMs can significantly enhance academic work when used correctly, one thing that comes to mind is that they can be used as tools for restructuring and translating verified information. However, they shouldn't be solely relied upon for knowledge and new content.

Thank you.