# Applying the $\Delta$ - $\eta$ - $\zeta$ Model: Case Study - Healthcare

#### Note/Disclaimer

The following use case is entirely simulated and academic in nature, designed to illustrate the conceptual application of the  $\Delta-\eta-\zeta$  model introduced in the **Philosophy of the Machines** manifesto.

Therefore, the use case is not based on actual implementations but rather represents plausible, analytically framed scenarios that reflect common patterns in AI deployment within software development environments.

Their purpose is not to predict outcomes but to test and validate the structure of the model, how domain adaptability, human oversight complexity ( $\eta$ ), and organizational friction ( $\zeta$ ) interact to shape the actual efficiency gained or lost through AI implementation.

#### Equation

AI  $Gain_{\%} = 100 \cdot [\Delta \cdot \text{Foresight Efficiency} - (\eta \cdot \text{Human Oversight Effort} + \zeta)]$ 

#### Where:

Human Oversight Effort = (Cognitive Verification + Ethical Oversight)

Symbol	Variable	Definition	Range
Δ (Delta)	Domain adaptability	How well the AI system fits the structure, constraints, and semantics of the problem domain.	0 ≤ Δ ≤ 1
η (Eta)	Oversight complexity	The difficulty and cognitive stress required to interpret or verify the Al's output, including the ethical oversight.	0 ≤ η ≤ 1
ζ (Zeta)	Systemic friction	Organizational misalignment, resistance, ambiguity, or contextual/cultural factors that reduce gain.	0 ≤ ζ ≤ 1

Component Effort	Variable	Definition	Range
Foresight Efficiency	FE	The expected or projected gain from adopting AI in an	0 ≤ FE ≤ 1

		idealized scenario (e.g., automation savings, productivity improvement).	
Human Oversight Effort	HE	The relative amount of human effort required to review, correct, or integrate Al outputs (e.g., as a share of total workflow time).	0 ≤ HE ≤ 1

Sub-Component Effort	Variable	Description	Allowed Range
Cognitive Verification	CV	Time/effort spent interpreting, reasoning about, or aligning Al outputs with context and intent.	0 ≤ CV ≤ HE
Ethical Oversight	EO	Time/effort spent validating legal, fairness, safety, or compliance-related properties of the AI output.	0 ≤ EO ≤ HE

Must satis	sfy:
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HE = CV + EO

### Use Case: Al-Assisted Radiology in a Mid-Sized Hospital

**Context**: This academic simulation presents a scenario where a mid-sized hospital introduces an off-the-shelf AI diagnostic assistant for radiological image interpretation.

The initiative is motivated by projected efficiency gains in early cancer detection workflows.

However, actual value capture is influenced by how well the system's technical structure, ethical footprint, and systemic readiness interact.

### 1. First Principles Decomposition

Let the system-level goal P be: Automate radiological diagnosis through AI interpretation of imaging data.

We decompose P into core subproblems:  $\{p_1, p_2, p_3, p_4\} \subset D_P$ 

- p<sub>1</sub>: Image preprocessing and normalization
- p<sub>2</sub>: Feature detection and annotation
- p<sub>3</sub>: Predictive classification (e.g., cancer probability)
- p4: Result flagging and prioritization

Then, using function  $f: P=f(p_1, p_2, p_3, p_4)$ 

Note: This decomposition represents a simplified application of First Principles thinking. It abstracts the system into representative technical components relevant to radiological AI workflows, without modelling all low-level or inter-systemic details. The purpose is to illustrate the formal framework, not to exhaustively define all subfunctions.

## 2. Ethical Projection

Each pi projects onto one or more ethical concerns:

Subproblem	Ethical Projections g(p;)	
	Privacy, Data Integrity	
$ ho_2$	Fairness, Non-Discrimination	
$ ho_3$	Safety, Accuracy	
$p_4$	Explainability, Accountability	

The union of all projections:

• **Ug(p<sub>i</sub>)**={Privacy, Data Integrity, Fairness, Non-Discrimination, Safety, Accuracy, Explainability, Accountability}

### 3. Ethical Synthesis

Apply synthesis function:  $e_s = h(\bigcup g(p_i)) \in E_s$ 

The synthesis function h reveals not just an aggregation of ethical concerns, but new, systemic ethical phenomena that do not exist in isolation.

These are summarized as follows:

es	Source Projection Ethical Components	Description	Potential Impact
Systemic Bias	Fairness Non-Discrimination	Model performance varies across demographic subgroups; bias emerges only in aggregate outcomes	Clinical inequality, legal exposure
Accountability Gaps	Explainability Accuracy Safety	Radiologists unclear about who owns diagnostic errors; Al outputs poorly justified	Ethical liability, workflow breakdown
Trust Erosion	Data Integrity Transparency	Repeated uncertainty or unexplained decisions reduce human confidence in the system	Resistance to adoption, "shadow practices"

Final ethical evaluation:  $\{Ug(p_i)\}\cup\{e_s\} \rightarrow \{Privacy, Data Integrity, Fairness, Non-Discrimination, Safety, Accountability, Accountability, Systemic Bias, Accountability Gaps, Trust Erosion\}$ 

## 4. Constructing the $\Delta-\eta-\zeta$ Model Based on the f-g-h Chain

Step 1: Independent Input — Forecasted Efficiency

• Foresight Efficiency (Input)=0.50

### Step 2: Derive △ from Technical Fit (f) and Cognitive Cost

The system's decomposition and recomposition through f partially match the local diagnostic protocols, but the absence of real-time integration limits its cognitive utility.

Cognitive Effort: 0.40

• Delta derived from this partial fit:  $\Delta$ =0.60

#### Step 3: Derive $\eta_1$ from Emergent System Complexity (h)

Synthesis h produces high-level, non-trivial concerns (e.g., systemic bias, legal accountability) requiring layered oversight.

h₁=0.70 (Cognitive Verification Complexity)

#### Step 4: Derive $\eta_2$ from Projection Complexity (g)

The union Ug(pi) reveals high ethical density and interdependence, requiring radiologists to verify and interpret multiple AI outputs manually.

- Ethical Oversight Effort: 0.20
- h<sub>2</sub>=0.50(Ethical Oversight Complexity)

#### Step 5: Derive \( \zeta \) from Deployment Friction

Friction stems from professional distrust of AI suggestions, unclear responsibility, and slow clinical adaptation.

ζ=0.15

## 5. Final Computation of Al Gain

#### Values:

- ∆=0.60
- Foresight Efficiency=0.50
- $\eta_1$ =0.70, Cognitive Effort = 0.40
- $\eta_2$ =0.50, Ethical Effort = 0.20
- ζ=0.15

Al Gain Calculation: -23%

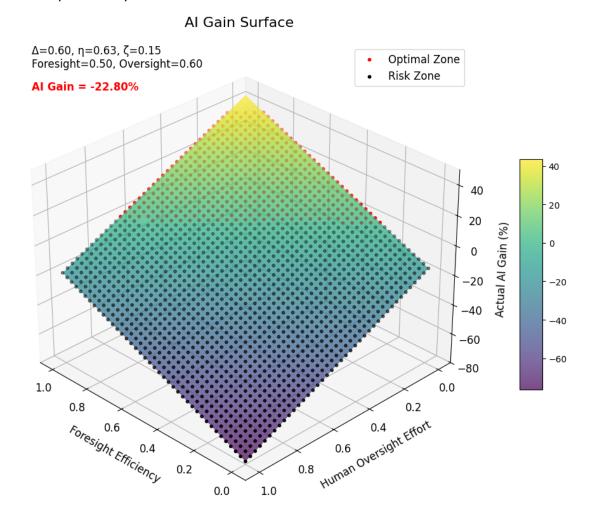
## 6. Strategic Interpretation

- The system achieves only partial domain fit ( $f \Rightarrow \Delta$ ), limiting the realization of forecasted efficiency.
- Emergent risks ( $h \Rightarrow \eta_1$ ) amplify the need for regulatory and ethical gatekeeping.
- Ethical projection density  $(g \Rightarrow \eta_2)$  reveals burdensome validation complexity.
- Systemic friction ( $\zeta$ ) remains a persistent structural barrier.

- **Human Skill Transformation**: High cognitive verification complexity  $(\eta_1)$  demands technical skill upgrades and deep epistemic resilience:
  - the ability to manage uncertainty,
  - partial information, and
  - machine-driven ambiguity.
- Radiologists must evolve into active interrogators of machine-generated diagnostics.
- Organizational Risk Reframing: Systemic friction ( $\zeta$ ) is not merely cultural resistance but an early warning indicator that technical deployments are outpacing governance readiness.

Addressing  $\zeta$  proactively allows leadership to realign workflows, training, and compliance before performance or ethical failures materialize.

Note: equivalent  $\eta$  is ~0.6333



This demonstrates how **constructing the \Delta-\eta-\zeta model from the foundational** *f-g-h* **chain offers deeper explanatory power for understanding real-world AI deployment outcomes.**