(HS Kumar, 2023) In 2023, HS Kumar posed random questions on biomedical subjects to ChatGPT. The responses generated were evaluated for originality and had to be produced within a time frame of 120 seconds, with a target word count of 300-500 words. Although the answers were well-organized, precise, and inventive, they were deemed to be lacking in quality and academic rigor. Issues such as insufficient word count and errors in referencing were identified as shortcomings.

(Chen, 2023)used ChatGPT for testing the summarization chinese articles where they found problems of accuracy, citation and user should not be fully dependent of its answer.

(Kitamura, 2023) found medical writing to be efficient and used to grasp foreign writing easily but addressed bias problems and plagiarism in the writings.

(Lubowitz, 2023) after testing on various medical topics got text duplicates and false information so he forbidden to use ChatGPT for research article and human should cross check for originality and scientific work.

(Moons & Van Bulck, 2023) tested the ChatGPT by prompting clinical and statistical input questions related to cardiovascular nursing provided specific answers, recognized evidence-based journals but due to limited knowledge up to 2021 latest evidence is missed out.

(Cahan & Treutlein, 2023) used ChatGPT during stem cell research and found surficial answers and only to be used to save time.

(Gunawan, 2023) also conducted several conversations about nursing with ChatGPT and deduced very good experience but emotional and personal touch was missing.

(Fijačko et al., 2023) evaluated with 96 objective and 30 subjective question and found overall LOC to be 89.5%. they concluded that it was insufficient for passing exams but accurate and insightful response.

(Mbakwe et al., 2023a) assessed with increasing complexity for several weeks and got result that made ChatGPT passed the USMLE exam. They deduced that ChatGPT can be used for research purposes, but time hasn’t come for the replacement of nurses with AI as they still lack human interaction.

(Shen et al., 2023) found it can assist for medical papers, histories, correspondence and increases more efficiency of CAD system but not to use for scientific research as it can misguide you with hallucination and old data.

(Hassan et al., 2023) used 15 questions from different timeline and category. The answer they received comprehensive approach, ideas to handle difficulty in surgery and suggest key factor for innovation and higher patient outcomes and ChatGPT can be handy on surgery implication.

(Mijwil et al., 2023) suggested not to give the confidential data on attempt to achieve more with ChatGPT and suggested to aware more people about cybersecurity.

(Fatani, 2023) did researched by choosing 20 relevant papers out of 69 taken from google scholar and PubMed, on medical research, he predicted the creation of false experts in this field, and we should be well prepared of knowing attribution and originality in today’s world.

(S. Biswas, 2023)also did professionally researched on literature, guidance, format generated by ChatGPT and was surprised with result being inconsistent and inaccurate sometime, and not even following a basic rule of writing medical journals. He insisted to take medical writer side by side with ChatGPT for better and faster outcome, though should not rely heavily on its data.

(Huh, 2023)also compared way of looking ability to with Korean students studying parasitology. With 100 students and 79 questions they found that 67.4% of answers were acceptable than of students of getting 87.3%. Its inaccuracy to some answer was main reason to score lower in acceptability.

(Patel & Lam, 2023) took their research into next level by testing the capability of ChatGPT on preparing discharge reports and results. They used ChatGPT to generate results for different groups of patients and compared with the results produced in medical experts and they got similar result like medical doctors and faster than experts. But sometimes it presented vague data, like it was not matching with medical procedure and information.

(Sharma & Sharma, 2023) inquired ChatGPT for contentment of seafarers for providing electronic discussion and identification of different physical condition and mental health. They compiled input of numerous seafarers with the help of elicitation techniques and suggested that it is still in maturation stage for health services, but it was claimed reliable for minor disease and infection. But they conceived that its intelligence was partially sided for some ethnic groups and population. They were in terror of its proficiency that humanity is hunted down of misleading data and information which apparently looks true but generated by ChatGPT.

(Kleesiek et al., 2023) has argued in General Purpose AI and Medical AI. After literature review of numerous articles, he suggested integrating the clinical decision (in multimodal data and documentation) with ChatGPT but only after its guarantee of well and depth research. ChatGPT was also banned for this reason by various companies because of plagiarism and inaccurate information.

(Salvagno et al., 2023) told to make expert judgment should be compulsion before using in critical decision making. He was supporting the idea that ChatGPT should be used for summarizing research and searching for gaps but with full human intervention. Immediate and depth responses could speed up the operation, but any wrong judgment could be dangerous. He chatted with ChatGPT and concluded that ChatGPT should generate ideas with taking care of future perspective and used as tools not alternative of human expertise.

(Macdonald et al., 2023) addressed 100,000 health workers to estimate of effect of vaccination and found the hazard ratio of 0.48. They used ChatGPT while adhering to STROBE guidelines in every stage of research with human oversight and found that their research timing has hugely reduced. They also addressed a new issue, about the ownership of research, should be provided to ChatGPT or not if it has done large part of the research.

(Sifat, 2023)has mentioned that we should focus on using large amount of data for creating better policy for transparency and creating informed decision-making process for health issues. He repeatedly stands out on his point of using valuable input generated by ChatGPT for better and efficient decision-making processes.

(Cascella et al., 2023)and his team performed research on four sectors of clinical sector: practice support, scientific production, misuse in medicine and research and reasoning about public health topics and found that it was pretty good at language generating process but due to lacking in medical expertise and in field experience, some ethical concerns were raised and need of creating a particular margin of plagiarism. ChatGPT could not perform Statistical analysis and was behind on automatically advising on limitation and could produce nonsensical answer which sounds right was some area for further research and development.

(S. S. Biswas, 2023)said ChatGPT could be used in solving and producing answer about health issues and disease prevention strategies and shed light upon its limitation and challenges like it lacks direct interaction with health professional and risk of originality. Anyway, the article published by himself was written partially by ChatGPT but editing and supervision was done by human author. Same way, we could use in medical field to accelerate the research and quality medical invention.

(Doshi et al., 2023)saw ChatGPT was good in analyzing big data, automating menial task, and improving accuracy and democratization of research. He said three things need to be well thought: reflection, caution, and responsibility. ChatGPT has a good ability to improve its outputs in the medical sector but when it hits difficult topics its accuracy misses the track, he suggested further centralized medical research should be done for ChatGPT to perform well in the medical sector.

(Gupta et al., 2023) and with his team performed review with 12 topics around the plastic surgery to produce 10 specific ideas to calculate accuracy of ChatGPT, and they got overall of 55% accuracy and 35% for general ideas and 75% for specific ideas. They also concluded with good response about ChatGPT, and surgeons should keep using it as it has far very good research on consultation, patient support, and marketing.

(Haman & Školník, 2023)did research on output of ChatGPT whether, it will lead to health problem like addiction or not. To do this they marketed and influenced ChatGPT vigorously, especially in nighttime alone with multi-tab open in their browser. But they were shocked that it became a key reason for improvement like exercising, reading books, cooking food and it might be because ChatGPT used to give answers with its side effects too. But they concluded that still a long and quality testing is still needed before encouraging people use as personal assistant.

(Eggmann et al., 2023) has showed fear upon the promotion of flawed or fabricated research and asked higher bodies to prepare a special curriculum to make sure students used AI in their field. He was taking for dentistry where LLMs like ChatGPT could do better as English is main language for both fields, but still quality research is needed and while using it, careful management, regulation, and monitor should be ensured so that it is safe, beneficial, and ethical.

(Hill-Yardin et al., 2023) talked about its lacking in distinctive writing “voice” and complained about its transparency regarding sources and it is not capable of high-level critical thinking. New technology should be embraced but with diversity in writing style by integrating human element of science. He got good results from ChatGPT while asking specialized questions about neuroscience even though it picked error.

(Hill-Yardin et al., 2023) has tried to integrate ChatGPT to triaging system in emergency department and it got good result. It identified urgency and prioritized them for treatment. He also tested five tests of triage situations to test its capability and it succeeded accurately and in accordance with ESI handbook.

(Scerri & Morin, 2023) tried the ChatGPT in Nursing sector and it also helped reducing repetitive writing and administrative work, providing conversation cues, and generating instructions and recommendations for patient. But it was deskilling nurses, inaccurate or biased information and inability to capture the emotional state of patients. It cannot replace human nurses, providing patients with a human touch and a therapeutic environment through presence and emotional connection.

(Cheng et al., 2023) used ChatGPT to understand the sudden outbreak of monkeypox in 2022 with the conversation with it. ChatGPT provided better insights into factors for emergence, environmental change, human behavior and pathogen evolution, review of Mpox in immunocompromised individual and public health response to Mpox outbreaks.

(Mbakwe et al., 2023b) raised flaws of current medical education after seeing ability of ChatGPT passing USMLE. He emphasized training medical students to find the gaps and uncertainties in current medical education.

(Solomon et al., 2023) has discuss about authorship of AI as many editors and researchers are using this tool for scientific text. Though, trained in different datasets, unintended biases can be seen so JACR editors denied but suggested to use LLM tools to use in peer review process.

(Alvero, 2023) used ChatGPT in field of reproductive endocrinology and infertility for analyzing and diagnosing patient. As lack of understanding physical world, the results were biased as it may be because of training dataset but to tackle this author suggested to be compulsion of involvement of domain specialist in creation and implementation of AI technology so that workflows are improved rather than created.

(Thomas, 2023) mentioned some errors in literature reviews done by AI, mental health clinicians and researchers have also found inaccuracy about patient population. By taking this thing consideration, Journals of the American Medical Association (JAMA) are revising guidelines to specify transparency regarding any use of AI in submitted manuscripts. Also authors themselves must take responsibility for the integrity of content and images in papers and disclose any AI tools used.

(Verhoeven et al., 2023) mentioned though ChatGPT can provide valuable information, but it cannot replace the critical thinking, expertise, and experience of the rheumatologist. He also mentioned ChatGPT like tools are becoming viable competitors to human medical writers, but some ethical and philosophical questions such as authorship, plagiarism and critical thinking arise as use of ChatGPT in rheumatology. He also cautioned the reader whether it can greatly enhance or impoverish the field depending on how it is used.

(Ali et al., 2023) has mentioned a research where clinical communication scenario covering skin cancer care was evaluate the readability, factual correctness, and humanness and they got result where median correctness and humanness of the letters were rated high. He also mentioned that in the early stages of adopting new technologies, regulators must monitor the outputs of such systems, and a ‘human-in-the-loop’ approach is required.

(Johnson et al., 2023) found that ChatGPT was able to mislead reviews in 32% of its AI-generated abstracts. He suggests that users using ChatGPT should correctly cite any sources used. It is difficult to find difference between Human and AI Generated, KSSTA will also include output detectors to detect AI generated manuscripts in future.

(Dahmen et al., 2023) report on study which evaluated quality of Cancer information provided by ChatGPT. They matched the answer (13 questions) and got 100% accuracy for NCI and 96.1% accuracy for ChatGPT. He said today the situation of patients are like they are dependent on internet for cancer related information, where misinformation and harmful information are a significant concern. He insisted on having further research so the user can depend on its quality and bias free answers.

(Gabrielson et al., 2023) used this for Urologist and found that it lightens the physical workload allowing them to focus on human element of medicine. But he also said that it should be limited to low-risk with continued human oversight.