(HS Kumar, 2023) HS Kumar asked ChatGPT biomedical questions. ChatGPT answered in 120 seconds with 300-500 words. Answers were original, organized, and creative, but lacked quality and academic rigor.

(Chen, 2023) used ChatGPT for experimenting summarization Chinese articles where the problems of accuracy, citation was set up. Users should not be thoroughly relying on its feedback.

(Kitamura, 2023) found medical return to be efficient and used to catch external writing effortlessly but however provoked unfairness issues together with plagiarism in the replies.

(Lubowitz, 2023) tried on mixed medicinal contents and achieved text alike coupled with unreal insights. On that account, he disallows ChatGPT for research articles together with individual have to cross check for uniqueness and mathematical work.

(Moons & Van Bulck, 2023) examined the ChatGPT by prompting clinical and arithmetical input joint to cardiovascular nursing. It gave concrete explanation, recollected evidence-based journals despite that newest witnesses were excluded caused by insufficient insight up until 2021.

(Cahan & Treutlein, 2023) used ChatGPT across stem cell research and found surficial answers and only to be used just 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) secured inadequate line of credit of 89.5% utilizing 96 objective and 30 subjective request however response was close and knowledgeable.

(Mbakwe et al., 2023) made ChatGPT passed USMLE exam after rigorous training though can’t replace nurses due to lack of human interaction.

(Shen et al., 2023) found it can assist for medical papers, histories, Computer Aided Design system but it can misguide user with hallucination and old data.

(Hassan et al., 2023) received comprehensive ideas able to handle implication in surgery with higher patient outcomes as result of 15 questions from different timeline and category.

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

(Fatani, 2023) aware user about false experts, to be well-known about attribution, originality issues after a research done on 20 papers taken out from google scholar and PubMed.

(S. Biswas, 2023) conducted a research on ChatGPT and found its results inconsistent, inaccurate, and lacking basic medical journal writing rules. He suggests medical writers work with ChatGPT for better and faster results but not heavily rely on it.

(Huh, 2023) A comparison of ChatGPT’s answers to Korean students’ answers to parasitology questions showed that ChatGPT’s answers were 67.4% acceptable, compared to 87.3% for students. Inaccuracy was the main reason for the lower acceptability score.

(Patel & Lam, 2023) They took their research further by testing ChatGPT's ability to prepare discharge reports and results. ChatGPT generated similar results to medical experts, but was faster. However, it sometimes presented vague data that did not match medical procedures.

(Sharma & Sharma, 2023) A survey of seafarers found that they were generally satisfied with ChatGPT's ability to provide electronic consultation and identify physical and mental health conditions. However, some seafarers expressed concern that ChatGPT had biases towards certain ethnic groups, and that its ability to generate misleading data could be used to harm people.

(Kleesiek et al., 2023) has researched and argued for the use of ChatGPT in clinical decision-making, but only after careful research to ensure its accuracy. ChatGPT has been banned by some companies for plagiarism and inaccurate information.

(Salvagno et al., 2023) supports using ChatGPT for research and analysis, but only with human oversight. ChatGPT can generate ideas and speed up operations, but it is not a replacement for human expertise. ChatGPT should be used as a tool, not as a substitute for human judgment.

(Macdonald et al., 2023) Researchers used ChatGPT to survey 100,000 health workers and estimate the effect of vaccination. They found a hazard ratio of 0.48 and reduced their research time. They also raised the issue of research ownership and whether ChatGPT should be credited for its contributions.

(Sifat, 2023) advocates for using large data sets to improve health policy and decision-making, and he credits ChatGPT for providing valuable input.

(Cascella et al., 2023) and his team researched the use of ChatGPT in four clinical sectors: practice support, scientific production, misuse in medicine, and research and reasoning about public health topics. They found that ChatGPT was good at generating language, but it lacked medical expertise and experience. They also raised ethical concerns about plagiarism and the potential for ChatGPT to produce nonsensical answers.

(S. S. Biswas, 2023) said ChatGPT could be used to answer health questions and generate disease prevention strategies. He acknowledged its limitations, such as the lack of direct interaction with health professionals and the risk of plagiarism. Nevertheless, he argued that ChatGPT could be used to accelerate research and improve the quality of medical inventions.

(Doshi et al., 2023) said ChatGPT was good at analyzing big data, automating menial tasks, and improving research accuracy. However, he cautioned that it was not yet ready to be used on difficult topics, and that further research was needed.

(Gupta et al., 2023) and his team reviewed 12 topics in plastic surgery and generated 10 specific ideas. ChatGPT was 55% accurate overall, 35% for general ideas, and 75% for specific ideas. The team concluded that ChatGPT is a valuable tool for plastic surgeons, particularly for consultation, patient support, and marketing.

(Haman & Školník, 2023) and his team researched the potential health risks of using ChatGPT. They found that ChatGPT could be addictive, but it could also be used to improve health habits, such as exercise, reading, and cooking. They concluded that more research is needed before ChatGPT can be safely recommended as a personal assistant.

(Eggmann et al., 2023) expressed concern about the promotion of flawed or fabricated research. He called on higher education institutions to develop curricula that teach students how to use AI safely and ethically. He specifically mentioned dentistry, where LLMs like ChatGPT could be beneficial, but only if they are used with careful management, regulation, and monitoring.

(Hill-Yardin et al., 2023) acknowledged the benefits of ChatGPT but cautioned that it lacks a distinctive writing style, transparency, and critical thinking skills. He argued that new technologies should be embraced, but with human oversight and input.

(Hill-Yardin et al., 2023) successfully integrated ChatGPT into an emergency department triage system. ChatGPT was able to accurately identify urgency and prioritize patients for treatment.

(Scerri & Morin, 2023) found that ChatGPT could help nurses with repetitive tasks, but it could also deskill nurses and provide inaccurate or biased information. He concluded that ChatGPT could not replace human nurses, who provide patients with a human touch and a therapeutic environment.

(Cheng et al., 2023) used ChatGPT to understand the 2022 monkeypox outbreak. ChatGPT provided insights into factors for emergence, environmental change, human behavior, pathogen evolution, immunocompromised individuals, and public health response.

(Mbakwe et al., 2023b) criticized current medical education after ChatGPT passed USMLE. He emphasized teaching students to identify gaps in knowledge.

(Solomon et al., 2023) discussed the ethics of AI authorship. He noted that LLM tools can be biased, but he suggested that they could be used to improve the peer review process.

(Alvero, 2023) used ChatGPT to analyze and diagnose patients in reproductive endocrinology and infertility. However, the results were biased due to a lack of understanding of the physical world. The author suggested that domain specialists should be involved in the creation and implementation of AI technology to improve workflows.

(Thomas, 2023) JAMA is revising guidelines to require authors to disclose the use of AI in submitted manuscripts and to take responsibility for the accuracy of content and images. This is in response to errors found in literature reviews and inaccuracies about patient populations.

(Verhoeven et al., 2023) ChatGPT is a valuable tool, but it cannot replace the rheumatologist. Its use raises ethical and philosophical questions, such as authorship, plagiarism, and critical thinking. It can greatly enhance or impoverish the field, depending on how it is used.

(Ali et al., 2023) cited a study that found that ChatGPT can generate accurate and human-like clinical letters about skin cancer care. He also noted that regulators should monitor the output of such systems in the early stages of adoption, and that a "human-in-the-loop" approach is needed.

(Johnson et al., 2023) ChatGPT can mislead reviewers in 32% of its abstracts. Users should cite sources and KSSTA will develop detectors to identify AI-generated manuscripts.

(Dahmen et al., 2023) A study found that ChatGPT is 96.1% accurate in answering cancer-related questions, compared to 100% accuracy for the National Cancer Institute. The study's author called for further research to ensure that ChatGPT can provide accurate and unbiased information to patients.

(Gabrielson et al., 2023) ChatGPT can help urologists focus on patient care by reducing their physical workload. However, it should be used with caution and human oversight.