Activity 2 - Evaluating Claims

health care

proffesional is

vague:could be

nurse, GP,

psychologist

cardiologist etc...

In this activity, each group will be exploring a specific case study. Group 1 will be working on the Peer Support Platform while Group 2 work on the Decision Support Tool.

With these case studies in mind, you will be shown a set of five claims about these technologies (see below). These claims have been made by the developers of these technologies, and it is up to each group to help to evaluate these claims. In doing so, it might be helpful to think about what

sorts of goals this claim might support AND what sort of evidence would be needed to establish the claim as true.

To help guide you in in this activity, please consider how these three questions relate to each claim:

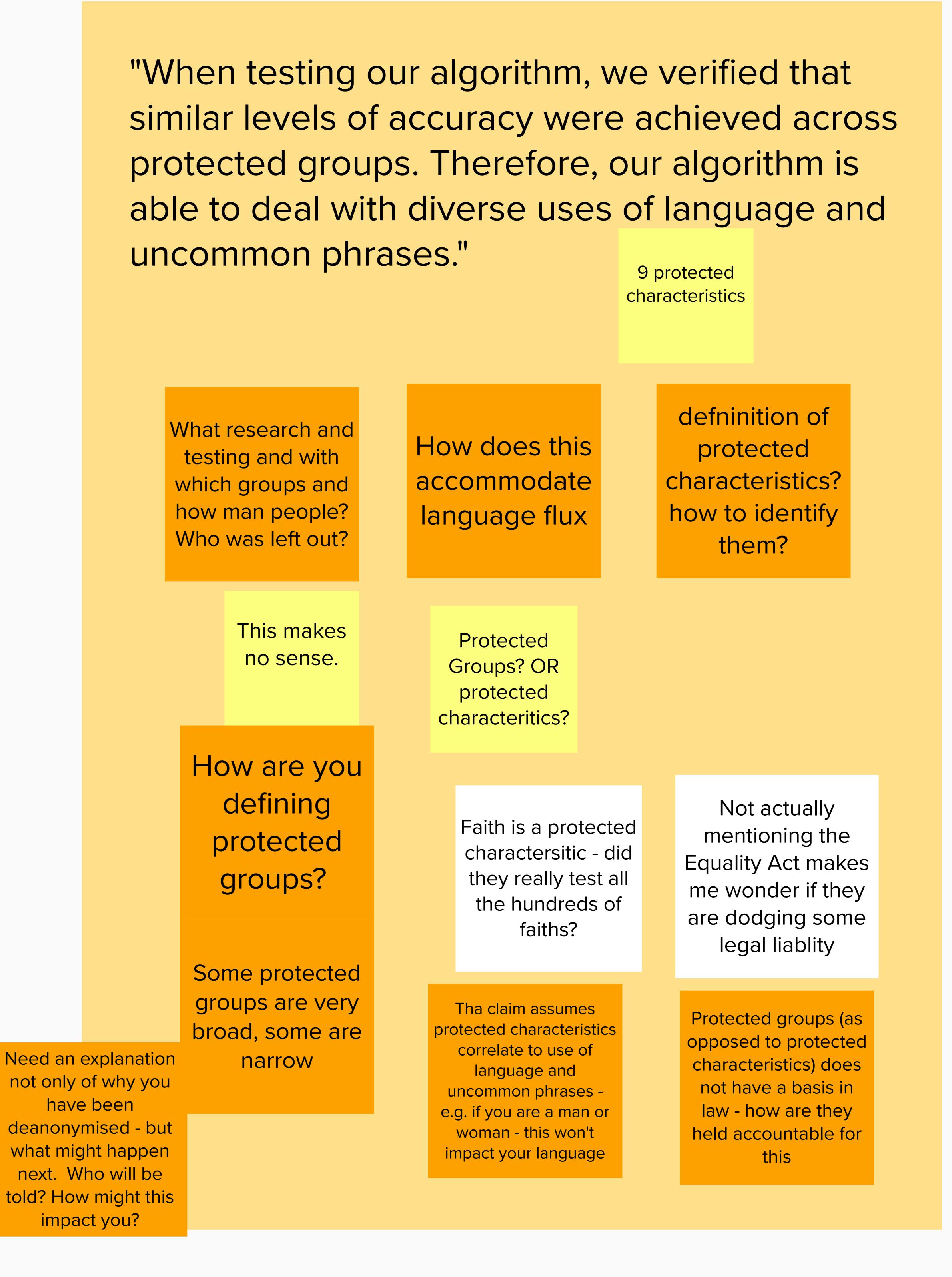
- Do you think this claim could be useful for demonstrating how an ethical value or principle has been upheld by the developers? If so, which value or principle?
- With reference to the previous value or principle, do you find this claim reassuring? If so, why? If not, why?
- What evidence, if any, would you expect to see to support or validate the claim?

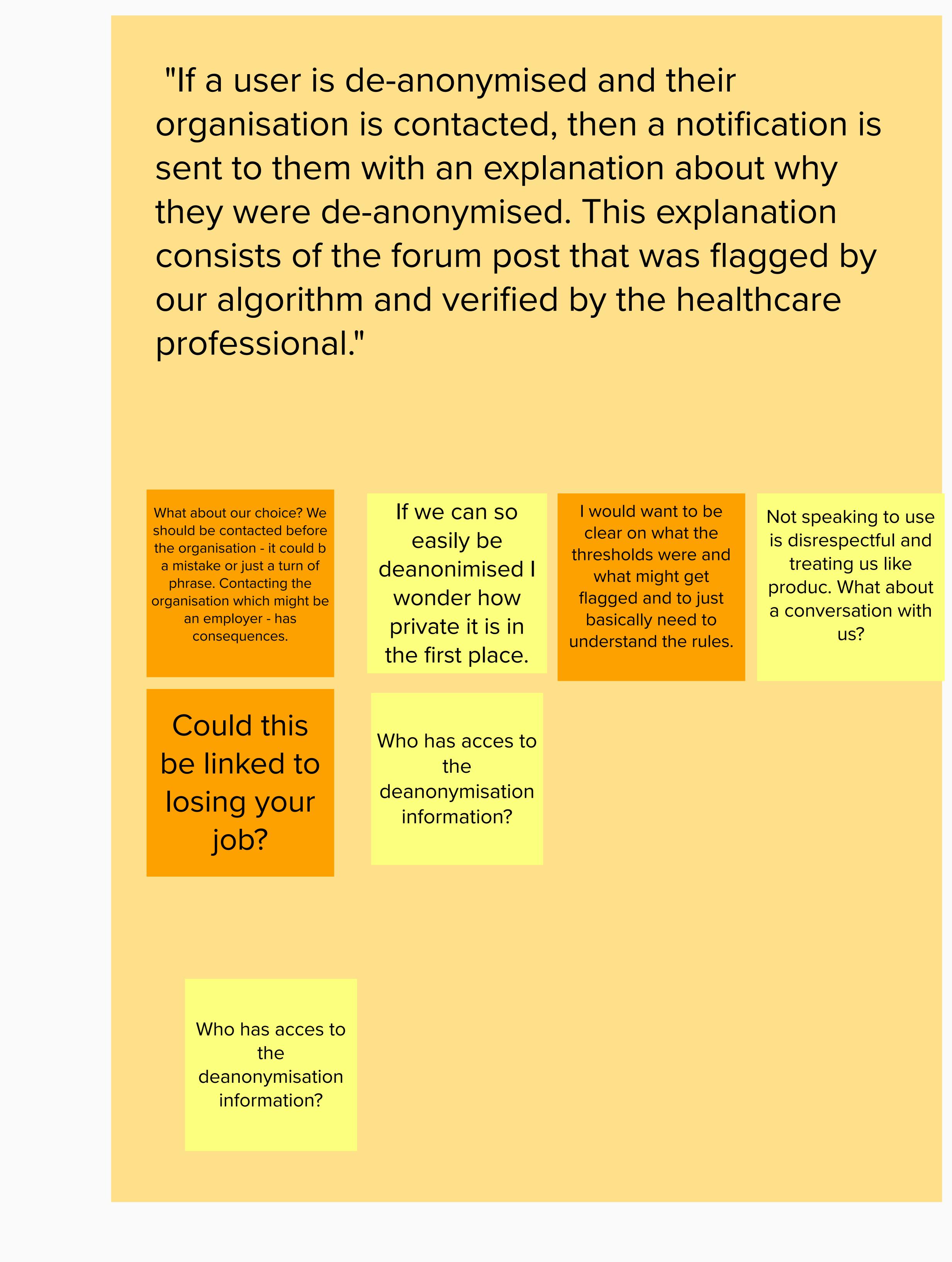
Group 1 - Peer to Peer Support

"Users agree to our terms of service during the sign-up process. When deciding whether to agree, users have access to our privacy policy. The privacy policy details how anonymity will be broken and shared with their organisation if a high chance of harm (to either the user or another) is identified by our algorithm and verified by a trained human healthcare professional." f are differer centred care. Does the human work Trained by









Group 2 - Decision Support System

What supervision is

What training have they

had? Are they DBS

checked? When they

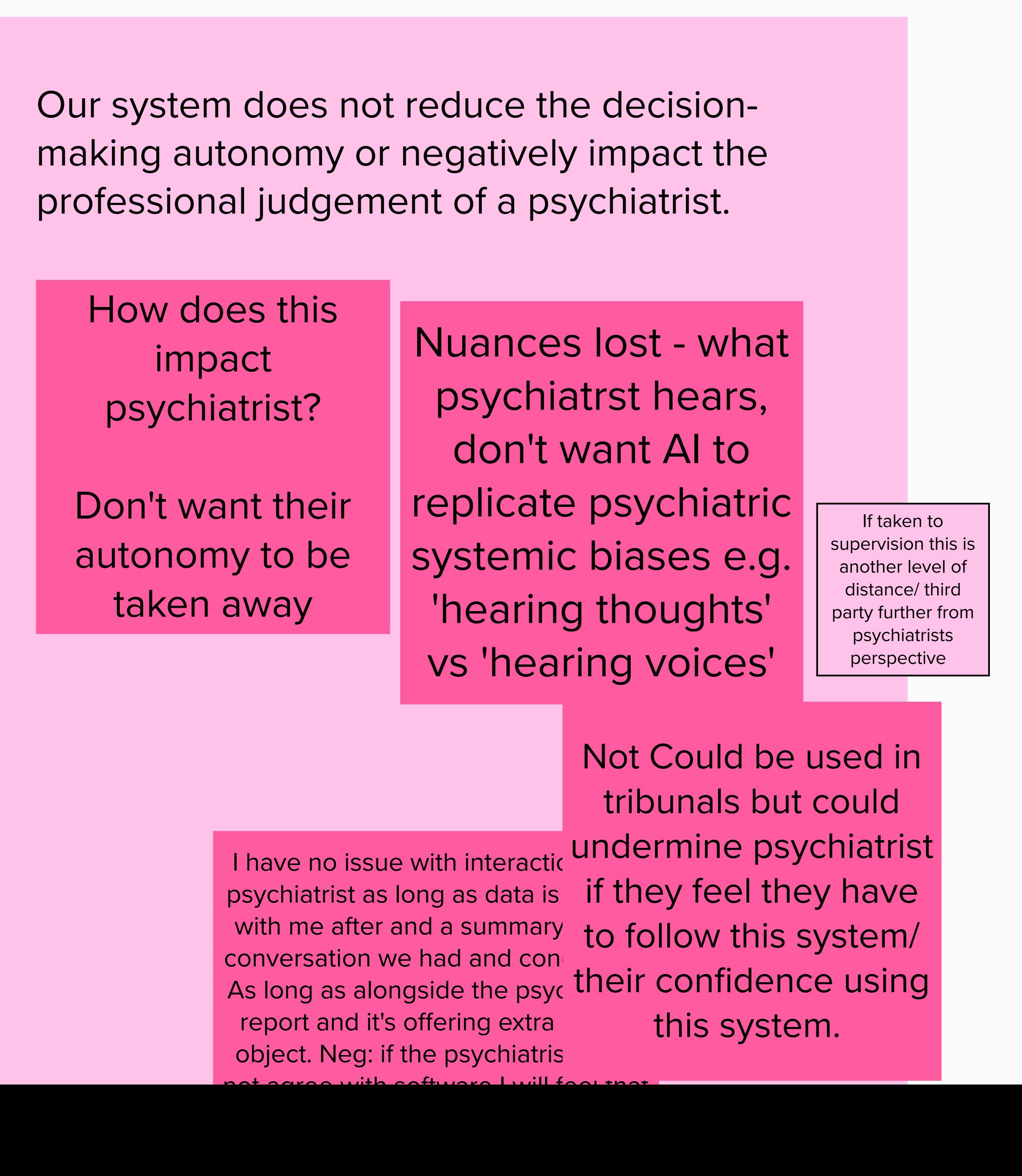
look us up what details

do they have?

read the

privacy policy

for Mural :0)



"Psychiatrists receive training on how to correctly use the system so that it does not negatively impact their communicative skills or ability to empathise on an interpersonal level with the patient."

Cost and efficiency: may receive training but ultimately individual psychiatrists might not be v tech competent

Other healthcare professionals may not be able to take this on board

"Recommendations made by the system are linked to specific properties of the patient's speech, with additional information about why a phrase or speech pattern is relevant for the assessment or specific diagnosis." Evidence: If it Transparency:

people should

know how data

is being used,

who has access

to it

what it's picking up, what has triggered conclusions. You'd want the part of the journey the patient is at: e.g. first presentations vs having developed a relationship with psychiatrist

identifies and

shares with me

pace, stuttering to make additional predictions about the patient's mental health." Transparency but also What info would you awareness of the Al want to have? Do being used might you have full info imapct how patient about benefits and agency to measure speaks. Where do we that against limit the amount of

disbenefits? info given? Even if medical Dangerous records are because not available may help accounting for with context: but things like speech how much time do changing due to psychiatrists have medication to utilise this?

"The Al system uses information about the

speech patterns of the patient, such as tone,

those with

"Anonymised data is collected from interactions and is used to identify opportunities to improve the system. This data is also used to develop additional products by our company, which are used outside of mental healthcare."

worrying

What additional products?

Would want to know what data is being collected patient needs to be privy to this