REACTION PAPER

The drastic change in the technology was very well presented by the speaker with images varying from rotary phones, typewriter, keypunch data cards and landing on to AI being used in social work. Playing an AI generated podcast to demonstrate how AI is being used in the society added a practical touch to the presentation. The speaker mentions various applications and their usage such as Woebot Health, Wysa, Pepper robot, Lyssn, AWS healthscribe. This was a useful tool to communicate the idea that AI has deep roots in the healthcare especially mental health aspect. Though the speaker did not dwell much upon the use of AI in behavioral healthcare, some of the major topics such as surveilling people on parole, and the gamification incentives was mentioned in detail. Through this the speaker communicated the positive aspects of AI, while on the other hand the examples of clinal notes being admitted under oath highlighted the grave concern of blindly using AI in healthcare. With AI having penetrated almost every section of the society, its ethical implications in diverse sections is a matter of grave concern. The speaker gave an overview of the ethical issues which needed a deeper discussion. A case study on a single ethical issue would have had a wider impact on the audience. The speaker mentions the lack there of necessary standards in place regarding AI along the dimensions of ethics, practice and regulations indicating to the audience the gap between governance and the usage of AI.

The ethical issues cropping up with AI being used in the field of healthcare can be summed up by the concept of 'care' which was mentioned by the speaker and 'Do no harm'. These form the main agenda of any social worker. Consider a case of AI predictive algorithms for child abuse.AI is built on data, if the data is skewed and not distributed to cover the various socio-cultural factors such as ethnicity, AI algorithm faces the risk of false positives. In this case, both the concept of 'Do no harm' and 'care' which is the main motto of any social worker will be called into question. As rightly highlighted by the speaker AI tools need to be assistive in nature in terms of saving time such as making notes for the therapists.AI tools can also be suggestive such as highlighting the risk of child abuse in some families which will help make informed and evidence-based decisions. However, since it is the social worker who is held accountable, they need to take necessary precautions. This is what would be expected from a "prudent and reasonable" professional. It was quite an ironical fact when the speaker gave an example of Lyssn which will help assess the standard of practice for the therapist, at the same time Ethics based governance of AI in healthcare suggests to subject the algorithm to peer review, test the algorithm for biases and inaccuracies, maintain and analyze the log of AI results. In both the cases 'do no harm' and 'care' is upheld.

With chatbots, AI avatars, robot at the reception, robots in senior living facilities the threat of autonomy is a major concern which is not highlighted enough. The harm caused here might not be life threatening, but is widespread and is happening at various levels. Being forced to talk to an AI and with opportunity to have an open-ended dialogue with a human being can be a cause for concern. Talking to a human being helps build rapport and support which is lacking in case of an AI assistant. AI is still in its infancy when it comes to the aspect of understanding human emotions. As rightly pointed out by the speaker "How can AI capture the tears or emotions of the patients?". There needs to be an option provided where the patient can opt to talk to an AI assistant or talk to a human being directly without being forced to talk to an AI avatar first. There can be incentives provided to interact with AI avatars first, which can help reduce the workload of the social workers such an AI therapists might be a good option when a patient might just want to share some events in their life, and an actual human therapist in serious cases. There is also the fact that there might

be cases of cognitive impairment where the patient does not know if they are interacting with a robot or a human. This might lead to other cognitive distortions such as delusions which a matter of concern an aging community. By maintaining the log of the AI results as suggested by the speaker, it would give a better idea of the preference of the patients in general and tweak the algorithm accordingly. 'Autonomy' should also be a field to be considered in the 'AI Ethical Impact Statement' which AI projects might adhere to. While the guideposts include Fairness, Transparency, Non-maleficence, Accountability, Privacy, Robustness and Inclusive nature, autonomy needs to be at the forefront.

While threat to autonomy of the patients might not have severe consequence in majority of the cases, risk of abandonment had grave consequences where the patient does not receive the necessary 'care' from the physician due to the over or under involvement of AI. Over involvement of AI might trigger an unnecessary response when not needed might bog down the physicians leading to abandonment when needed. A patient might expect a customized care from the doctors, since AI is being involved in the care and consented by the patient. This needs to be held in check where AI is being used just as a tool to assist the physicians and the judgement is still reserved with the physicians. When an AI tool is being used to make notes for the physician, this might skew the diagnosis when not properly proofread by the physician leading to abandonment issues rising among the patients. This might bring about the fear of using AI among patients and even mitigate the positive effects of using AI tools. As mentioned by the speaker, one of the recommendations of 'Ethics based governance' is to form a 'steering committee' which can form a "code of conduct" to deal with the risk of abandonment.