# Ethics of AI in Radiology: European and North American Multisociety Statement



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#### Disclosures

- o Advisor, Philips Healthcare
- Advisor and investor, Innosphere
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- $\,\circ\,$  Chair, SIIM liaison committee
- NJH: machine learning for respiratory disease





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OF RADIOLOGY

AMERICAN ASSOCIATION

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AMERICAN COLLEGE OF RADIOLOGY

KSN



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# Maximize barriers to obtaining value from unethical data use

#### Maximize value from ethical data use







## Categories are Discrete Humanity is Continuous



### Consistency

#### **Domain Sense**

### Generalizability

### Algorithm Transparency and Explainability

#### Fairness

### Trust/Performance





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# Ethics of Data

- How will we document and notify patients, about how are data are used, both by us and others?
- How do we document data used to train an algorithm, including descriptors for features traditionally associated with bias and discrimination?
- How and by whom are labels generated? What bias might arise from the processes used?
- What kinds of bias may exist in the data used to train and test algorithms?
- What have we done to evaluate how our data are biased, and how it may affect our model?
- What are the possible risks that might arise from biases in our data, and what steps have we taken to mitigate these biases?
- Is our method of ground truth labeling appropriate to the clinical use case we are trying to resolve?



## **Ethics of Algorithms**

- Are we able to explain how our AI makes predictions?
- How do we protect against malicious attacks on AI tools and/or data?
- How do we create sustainable version control for AI data, algorithms, models and vended products?
- How will we minimize the risk of patient harm from malicious attacks and privacy breaches?
- How will we evaluate trained models before clinical application, for clinical effectiveness, ethical behavior, and security?
- How will we monitor AI models in clinical workflow to ensure they perform as predicted and that performance doesn't degrade over time?



## **Ethics of Practice**

- What are the risks associated with this AI implementation, and what level of human oversight is necessary to mitigate these risks?
- What education and skills are needed to decide whether to apply AI to our patients, and to safely and effectively use it when appropriate
- What system/process should we implement to monitor the impact (outcomes, privacy, and unintended discrimination) of AI on our patients, and providers (automation bias)?
- How do we continuously and actively monitor AI driven autonomous and intelligent tools to verify they are working as expected in clinical care?
- What guardrails should we use to determine when, and more importantly when not, to implement autonomous or intelligent mechanical agents?

