

# AI in Medical Diagnosis: AI Prediction vs Human Judgement

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Physicians already work with AI in diagnosis. And this creates many practical issues...

- Tool, Assistant or Peer?
- Should not use “AI says...”
- What’s in AI’s “mind”?
- Working differently with AI



*Future of diagnosis will be a mix of human mastery and AI, and this shall be well-designed and properly implemented into practice.*

## Tool, Assistant or Peer? (Role of AI)

### Tool



- Processing power
- Well-structured tasks

“The younger, less experienced dermatologists might think of AI as a peer colleague, while the most experienced ones said they could look at AI as a resident assisting them.”

### Assistant



- Learn habits of users
- Prepare things to assist physician
- A less experienced/qualified helper

### Peer



- Double-check diagnosis
- Help to form opinion
- Experienced vs novice dermatologists may use AI differently
- Elaborate less confident diagnosis

“If AI said it was a melanoma and I thought of it as a naevus or a basalioma, I would go for safety, and I would still cut it off.”

## Should not use “AI says...” (Responsibility)

### Prediction

- Physicians must interpret any automated diagnostic results

### Judgement

- Reducing risk of human errors but keeping humans in the loop

### Decision

- Final decision about diagnosis and treatment plan remains within physicians' remit (also regulatory)

### Action

- Not only diagnosing but also communicating to the patient
- Potentially high stakes/risks involved

“The AI system can assist but can never become the one who makes the final diagnosis.”

“My patients want to talk and discuss every little detail...”

- Also
- human supervision (vigilance/situation awareness) may be an issue when “automation” is in charge (“automation bias”)

## What’s in AI’s mind? (Explainability)

“Probably the longer I use such an AI tool and previously gave me good predictions, the more I could rely on that in the next cases.”

### Trust

- Develops over time and experience working with AI + consistency/clinical validity of predictions
- May depend on mastery level of physician
- May depend on level of confidence

### Understand

- How AI generates prediction for a specific case (probabilities, samples, visualization, etc.)
- How AI works scientifically, in general (accuracies, error rates, tendencies, weakness, limitations, etc.)
- Human-relatable understanding of AI performance, “theory of mind” (thinking about it as a peer with diagnostic „style”, patterns)

“One key factor is knowing that the outcome of each diagnosis was looped back into the system, which could further train the AI system reliability.”

## Working differently with AI (New operating model)

### May changes physician’s approach and process of diagnosis

#### New mental model

- incorporate both human and AI
- learn and adapt to each other
- work as a team, joint performance

#### Clinical workflow

- use physicians' tacit knowledge and experience
- Separate prediction from judgement in diagnosis
- AI should adopt to physicians' mastery level and experience

Example tasks done by AI (and change of the workflow):

Gathering info	Examination & tests	Assessment & diagnosis	Treatment plan & comm	Monitoring & feedback
prescreening/ triage	initial check of all moles	probabilities for differential diagnoses	personalized plan	track mole evolution over time

“Some moles might cause surprises, and checking with my eyes or a dermatoscope might lead to a different diagnosis.”