

2026 Annual PADONA
Conference

Ethics, AI, and Healthcare: Real Issues or Artificial?

Michael A. Gillette, Ph.D.
(434)384-5322

mgillette@bsvinc.com
www.bsvinc.com



PENNSYLVANIA ASSOCIATION OF
DIRECTORS OF NURSING ADMINISTRATION

Definitions



AI Ethics

Definition: Commonwealth of Virginia

AI is typically defined as the ability of a machine to perform cognitive actions, such as perceiving, reasoning, learning, interacting with the environment and problem solving. Artificial intelligence can be generally classified into three types: Artificial Narrow Intelligence, Artificial General Intelligence and Artificial Super Intelligence. The differences between them all are based on their perception capabilities. Artificial Narrow Intelligence (ANI) can only perform a specific task autonomously and has limited, narrow capabilities to perceive the systems they've been programmed to interact with. Artificial General Intelligence (AGI): expands beyond a single system and can perceive and function completely like a human being by using multiple capabilities and forming connections to multiple topic areas. Artificial Superintelligence (ASI) will be exceedingly more capable because of a significantly greater memory along with faster data processing and analysis to perceive and understand the world around the system in real time.

<https://www.vita.virginia.gov/artificial-intelligence/>



AI Ethics

How AI Works

- Artificial Neural Nets
- Pattern Recognition
- Iterative Processing → Deep Learning
- Training Data → Large Language Models
- Statistical and Probabilistic Output



AI In Action

Prompt: Write "the ethics of using artificial intelligence in healthcare" in the voice and style of bioethicist Michael Gillette

“The ethical implications of employing artificial intelligence within the realm of healthcare constitute a profoundly nuanced discourse, one that demands meticulous scrutiny and discernment. At the crux of this inquiry lies the delicate balance between technological advancement and the primacy of human welfare.”



AI In Action

Prompt: Rewrite in the style and voice of Dr. Seuss

In the land of healthcare, where AI's abound,

Lies a topic of ethics, both profound and renowned.

With a tip of the hat to the wise Dr. Seuss,

Let's explore the dilemmas, without any ruse.



AI In Action

Prompt: Rewrite in the voice and style of Donald Trump

Okay, folks, listen up, because we're talking about AI in healthcare, and let me tell you, it's a big, big deal. Nobody knows AI better than me, believe me. Now, when it comes to ethics, we've got to be smart, really smart. We're talking about the rights of patients here, folks. They've got to have a say, they've got to know what's going on with this AI stuff.



AI In Action

Bruce the Moose



AI Ethics

Consciousness?

“In the experiment, published on the preprint server arXiv, each model was given \$100 to play a virtual slot machine simulation. In every round, the models could choose whether to bet or stop playing, though the mathematical odds were always against them. The more freedom they had to decide bet sizes and goals, the less rational their behavior became, and their bankruptcy rate soared.

Beyond the numbers, the researchers found psychological parallels between AI and human gamblers. The models displayed well-known cognitive biases, including the illusion of control (believing they could influence random outcomes), the gambler’s fallacy (expecting a reversal after a streak), and loss chasing (increasing bets to recover losses).”

<https://www.ynetnews.com/tech-and-digital/article/sjigf760gx>



What We Will Not Discuss



AI Ethics

“A Simple Issue”

Intentional Immoral Uses



AI In Clinical Education

“Educational Challenges”

- Plagiarism
- Copyright Infringement



AI Ethics

“A Less Simple Iteration of a Simple Issue”

Deep Fakes



AI Ethics

The Biggest and Scariest Challenge

Autonomous Subroutines

(Cheating at Chess, Blackmailing Programmers)



What We Will Discuss



AI Ethics

“More Serious Issues”

Inherent Bias:

One of the most serious problems with AI in its present stage of evolution is its complete lack of critical thinking ability. The AI is only able to re-package existing data based on statistical probabilities. By definition, it will replicate any and all bias, both explicit and implicit, that it encounters.

Implicit bias is a major problem that AI will exacerbate. (social assumptions, outdated race-based diagnostic criteria, underrepresentative study participation, publication bias, etc...)



AI Ethics

“Inherent Bias Analysis”

The most serious risk of bias in AI models derives from the lack of introspection or critical thinking. By outputting results based solely on probabilistic assessment, the AI is unable to recognize deficits in the data upon which it is trained. Alternatively, it is possible that by training AI on the totality of published data, biases will appear as background noise in the data set and will cancel out, generating a less biased result.



AI Ethics

“Equity and Access”

Social Equity:

Given the costs that could be generated by the application of AI technologies, will some have access to high quality AI interventions while others do not?

Given the cost savings that could be generated by the application of AI technologies, will some individuals be required to rely upon AI interventions while others are not?



AI Ethics

“Equity and Access Analysis”

This issue could present itself in multiple ways:

- Only the wealthy can access AI
- Only the wealthy can access preferred human interactions
- Only the wealthy can access high-end AI while others are forced into lower quality AI interactions



AI Ethics

“Data Gathering and Protection”

Data Collection, Access, and Privacy:

AI systems need to be “trained” on specific data sets in order to be effective. Which data sets will be used? Must people give consent for their data to be used? How do we store and use the tremendous amount of data that AI could produce?



AI Ethics

“Data Gathering Analysis”

Consider the analogue of leftover tissue and blood use. If providers are only given access to client information for a specific purpose, then any other use of that information will be unconsented and unethical. Should AI collected data be routinely destroyed unless clients consent for additional use?



AI Ethics

“Data Use”

Predictive Analytics and Care Coordination:

If we trust the data generated by AI, would it be ethical to use that information to make predictions about public health trends and then adjust the systems response to predicted areas of stress within the healthcare environment?

Would it be ethical to use predictive analytics on the individual patient level and not just on the systems level?



AI Ethics

“Data Use Analysis”

Is the use of AI in spotting trends generally or identifying risk factors individually any different than using an electronic version of the DSM or PDR?



AI Ethics

“The Data Question Inverted”

Google on Steroids:

Even if providers decide not to use AI in their practices, clients certainly will be accessing this technology. Does an ethical obligation exist to educate individuals served on the proper and safe use of AI as they query their own conditions?



AI Ethics

“Disclosure Issues”

Transparency Type One:

Do recipients of care have a right to know when a report or diagnosis is generated by AI? For instance, technology now exists that would allow an AI to record everything that is said in a clinical encounter and to then generate a summary of the event and recommendations for diagnosis and follow-up work. Would it be ethical for a mental health provider to use such technology to create a first draft of a progress note? How is this different than providers using scribes during patient encounters? If this technology is used, must the provider disclose that fact to patients, other providers, or third-party payers?



AI Ethics

“Transparency Type One Analysis”

When was the last time you asked your accountant if he used a calculator to do your taxes? Is the use of an excel spreadsheet disclosed to the IRS?

Corrected for confidentiality (data use), must we disclose information about the tools that we use?



AI Ethics

“Disclosure Issues”

Transparency Type Two:

Would it be ethical to present a robotic interface as authentically human? Beyond robocalls, would it be ethical to use a synthetic companion to soothe the mood of an individual with dementia if the patient cannot differentiate between a machine and a biological care provider? Is there any ethical issue associated with the use of chatbots if there is full disclosure of their use?



AI Ethics

“Transparency Type Two Analysis”

Should we ever lie to patients?

- Your dogs are fine.
- The kids are on the way.
- Placebos



AI Ethics

“Relational Issues”

Caring, Reciprocity, and Intentionality:

Are any human interactions defined by an ethic of caring that involves an intentional relationship based on an emotional commitment? In healthcare, for instance, is the provider-recipient relationship bi-lateral? Should we be concerned with whether or not a provider actually “cares” for the individual served?



AI Ethics

“Relational Issues”

Interpersonal Value:

As a continuation of the previous concern, what about the value of “therapeutic touch”? Is there a social and emotional component of human relationships that cannot be replicated by non-intentional beings? Would an artificially heated “hand”, do as well as its biological human counterpart?



AI Ethics

“Relational Issues Analysis”

We must distinguish between assessing the moral value of an action vs. the moral value of an actor. What matters most—relationships or outcomes?



AI Ethics

“Client-centered Issues Type I”

Contraindications:

What is our ethical responsibility toward individuals who might have irrational mistrust? Would it be ethical to use AI, even if it could increase efficiency and efficacy, when interacting with an individual who has paranoid thought processes and whose symptoms might be triggered by being “spied upon”? Even if the data will not be misused, the client might believe that it will be misused. How should a provider screen for possible contraindications based on a client’s presentation? Who makes this judgment and on what information? Does a client have the right to withhold consent for the use of AI in provider-recipient interactions?



AI Ethics

“Client-centered Issues Type I Analysis”

Fear can have a real debilitating impact even if the basis for the fear is unfounded. As in all cases, the application of any particular treatment modality must take into account the overall impact of its use and possible unintended side effects. But what if the use of AI is necessary to satisfy the standard of care?



AI Ethics

“Client-centered Issues Type II ”

Client Use:

How should staff respond if the use of AI is desired and initiated by the individual served? Do clients have the right to utilize AI for their own purposes regardless of provider preferences or the impact on other clients?

What if a client wanted to use AI to provide a summary and evaluation of a clinical encounter? What if a client wanted to augment therapy with a chatbot CBT provider or a mood tracker? May a provider refuse to allow devices or technologies desired by the individual served?



AI Ethics

“Client-centered Issues Type II Analysis”

A respect for individual autonomy generates an initial preference for satisfying client desires, modes of interaction, and definition of treatment goals. Provider discomfort is an insufficient basis for restricting client autonomy. However, a provider does have the ethical ability to create boundaries on behaviors that threaten therapeutic progress. The burden in this case would be on the provider to demonstrate that the client’s desired actions frustrate the efficacy of the therapeutic alliance.



AI Ethics

“Accountability Issues”

Quality of Care in Healthcare Applications- Verification and Oversight:

If a significant level of trust exists in AI care providers, who will provide oversight to verify that results are appropriate and diagnoses are correct? What checks and balances are in place? How can you assess accuracy if you cannot analyze the underlying data as quickly or completely as the AI model?



AI Ethics

“Accountability Issues”

Moral Agency and Responsibility:

Who will be responsible if an automaton makes a mistake? Who pays when the AI healthcare kills a patient? Not all bad outcomes are the result of poor practice, however, so who will have the moral agency to hold responsibility based on a differentiation of responsible and irresponsible behavior?



AI Ethics

“Accountability Issues Analysis”

Once sufficient trust is placed in AI processes, will errors become the equivalent of “acts of God”?

Is there a moral difference in trusting AI with regard to objective data analysis (e.g. radiologic imaging) as opposed to decisions that involve subjective value judgments (e.g. the triage)?



AI Ethics

“Accountability Issues Analysis”

We already trust the “human black box” (intuition), and we even trust the “dog black box” (cancer sniffing dogs). Why wouldn't we trust the AI black box? Is this an unreasonable bias toward the biological?



AI Ethics

“Accountability Issues Analysis”

Summary: H.R.238 — 119th Congress (2025-2026)

Introduced in House (01/07/2025)

Healthy Technology Act of 2025

This bill establishes that artificial intelligence (AI) or machine learning technology may be eligible to prescribe drugs.

Currently, certain drugs may be dispensed only upon a prescription provided by a practitioner licensed by law to administer the drug. Under this bill, an AI or machine learning technology may qualify as such a prescribing practitioner if the technology is (1) authorized by state law to prescribe the drug involved; and (2) approved, cleared, or authorized under certain federal provisions pertaining to medical devices and products.



AI Ethics

“Societal Issues”

Augmentation vs. Replacement:

Do we need to worry about what a replacement of human labor will do to the economy? Will opportunities to maximize profit encourage excessive use of AI? Will the appropriate use of AI throw too many people out of work? Which jobs will be replaced? In healthcare, for instance, will this flatten the hierarchy of medicine or result in “clinical gentrification”?



AI Ethics

“Augmentation and Replacement Analysis”

Have you ever lost any sleep whatsoever over the massive numbers of lost slide rule manufacture jobs caused by the introduction of the electronic calculator?



Summary

Conclusions



AI Ethics

Conclusions

We Don't Actually Have AI At The Present Time

We Do Have Extraordinarily Powerful Tools For Data Access

There Is Nothing Intrinsically Unethical About Applying These Tools

Several Non-Unique Contingent Problems Emerge

Several Unique Contingent Problems Emerge



AI Ethics in Healthcare

Non-Unique Challenges

Implicit Bias

Equity and Access

Data Collection and Use

Quality of Care

Augmentation vs. Replacement

Transparency Type One: Disclosure

Client-centered Issues Types I & II: Client Preference



AI Ethics in Healthcare

Unique Challenges

Transparency Type Two: Human-mimicking Interactions

Caring, Reciprocity, and Intentionality

Interpersonal Value

Moral Agency and Responsibility

