













REVISIÓN

Psychological impact of AI in the automation of clinical decision-making

Impacto psicológico de la IA en la automatización de la toma de decisiones clínicas

Diana Catalina Velastegui-Hernandez¹ , Fabricio Alejandro Vasquez de la Bandera¹ , Rita Elizabeth Velastegui-Hernández¹ , Verónica Gabriela Salinas-Velastegui¹ , Estefania Araceli Reyes-Rosero¹ , Andrea Carolina Cevallos-Teneda¹ , Andrea Alexandra Tufiño-Aguilar¹ , Gabriela Sandoval¹ , Luis Felipe Contreras-Vásquez²  , Luis Fabián Salazar-Garcés^{1,3}  

¹Technical University of Ambato, Faculty of Health Sciences, Ambato, Ecuador.

²Research and Development Directorate, Faculty of Civil and Mechanical Engineering, Ambato, Ecuador.

³Federal University of Bahia, Institute of Health Sciences, Salvador, Bahia, Brazil.

Cite as: Velastegui-Hernandez DC, Vasquez de la Bandera FA, Velastegui-Hernández RE, Salinas-Velastegui VG, Reyes-Rosero EA, Cevallos-Teneda AC, et al. Psychological impact of AI in the automation of clinical decision-making. Salud, Ciencia y Tecnología. 2025; 5:1586. <https://doi.org/10.56294/saludcyt20251586>

Submitted: 18-09-2024

Revised: 01-12-2024

Accepted: 16-06-2025

Published: 17-06-2025

Editor: Prof. Dr. William Castillo-González 

Corresponding author: Luis Felipe Contreras-Vásquez 

ABSTRACT

Introduction: the integration of artificial intelligence (AI) into clinical decision-making is revolutionizing healthcare by enhancing diagnostic precision, streamlining workflows, and enabling personalized patient care. Despite these advancements, the psychological impact of AI adoption on healthcare professionals and patients requires critical attention. Understanding AI's dual influence is essential to balance its potential for improved healthcare outcomes with challenges related to trust, acceptance, and ethical considerations.

Development: AI adoption in healthcare presents significant psychological challenges for both clinicians and patients. For clinicians, concerns about job security, increased cognitive workload, and role conflicts are prevalent. The opaque nature of algorithmic decision-making often leads to skepticism and anxiety, reducing trust in AI systems. Patients face fears of depersonalized care and doubts regarding the reliability of AI-driven recommendations, which can erode their confidence in healthcare services. These challenges are further complicated by ethical issues such as transparency, accountability, and biases in AI models. Strategies to address these impacts include the adoption of explainable AI (XAI) to enhance transparency, targeted training programs for clinicians and patients, and the establishment of ethical frameworks to improve accountability and fairness. Moreover, designing empathetic AI systems and redefining clinician roles within an AI-integrated healthcare landscape are vital to fostering trust and acceptance.

Conclusions: addressing the psychological dimensions of AI integration is crucial for its ethical and effective implementation in healthcare. Future directions should focus on advancing research to study longitudinal psychological effects, promoting empathetic AI design, and enhancing collaboration between AI and human professionals. By mitigating psychological and ethical concerns, AI can achieve its full potential to transform healthcare and deliver improved outcomes for all stakeholders.

Keywords: Artificial Intelligence; Clinical Decision-Making; Psychological Impact; Healthcare Ethics; Human-AI collaboration.

RESUMEN

Introducción: la integración de la inteligencia artificial (IA) en la toma de decisiones clínicas está revolucionando la atención médica al mejorar la precisión diagnóstica, optimizar los flujos de trabajo y permitir una atención personalizada al paciente. A pesar de estos avances, el impacto psicológico de la

adopción de la IA en los profesionales de la salud y los pacientes requiere atención crítica. Comprender la influencia dual de la IA es esencial para equilibrar su potencial de mejorar los resultados de salud con los desafíos relacionados con la confianza, la aceptación y las consideraciones éticas.

Desarrollo: la adopción de la IA en la atención médica presenta desafíos psicológicos significativos tanto para los profesionales de la salud como para los pacientes. Para los clínicos, son comunes las preocupaciones sobre la seguridad laboral, el aumento de la carga cognitiva y los conflictos de roles. La naturaleza opaca de la toma de decisiones algorítmica a menudo genera escepticismo y ansiedad, lo que reduce la confianza en los sistemas de IA. Los pacientes enfrentan temores relacionados con una atención despersonalizada y dudas sobre la fiabilidad de las recomendaciones impulsadas por IA, lo que puede erosionar su confianza en los servicios de salud. Estos desafíos se ven agravados por problemas éticos como la transparencia, la responsabilidad y los sesgos en los modelos de IA. Las estrategias para abordar estos impactos incluyen la adopción de IA explicable (XAI) para mejorar la transparencia, programas de capacitación dirigidos a clínicos y pacientes, y el establecimiento de marcos éticos que mejoren la responsabilidad y la equidad. Además, diseñar sistemas de IA empáticos y redefinir los roles de los clínicos en un panorama de atención médica integrado con IA son elementos vitales para fomentar la confianza y la aceptación.

Conclusiones: abordar las dimensiones psicológicas de la integración de la IA es crucial para su implementación ética y efectiva en la atención médica. Las futuras direcciones deben centrarse en avanzar en la investigación para estudiar los efectos psicológicos a largo plazo, promover el diseño de IA empática y mejorar la colaboración entre la IA y los profesionales humanos. Al mitigar los problemas psicológicos y éticos, la IA puede alcanzar su máximo potencial para transformar la atención médica y ofrecer mejores resultados para todas las partes interesadas.

Palabras clave: Inteligencia Artificial; Toma de Decisiones Clínicas; Impacto Psicológico; Ética en la Atención Médica; Colaboración Humano-IA.

INTRODUCTION

The integration of artificial intelligence (AI) into clinical decision-making represents a transformative advancement in modern healthcare.⁽¹⁾ By leveraging algorithms capable of analyzing vast quantities of data with unprecedented speed and precision, AI systems now play a pivotal role in diagnosis, treatment planning, and operational efficiency.^(2,3) From streamlining administrative workflows to enhancing diagnostic accuracy, AI is reshaping the traditional dynamics of medical practice.^(4,5) However, alongside its technological promise, the increasing reliance on AI raises critical psychological and ethical considerations for both healthcare professionals and patients.

For clinicians, the automation of decision-making processes introduces complex challenges. While AI may alleviate certain cognitive burdens by automating repetitive tasks, it can simultaneously provoke feelings of mistrust, anxiety, and fear of professional obsolescence.^(6,7) The perceived erosion of clinical autonomy, coupled with the need to validate AI-driven recommendations, adds new layers of cognitive and emotional stress to an already demanding profession.^(8,9) Additionally, ethical dilemmas arising from AI's opaque decision-making mechanisms—often referred to as the “black box problem”—can exacerbate clinicians' hesitancy to adopt such technologies, potentially undermining their mental well-being.⁽¹⁰⁾

For patients, the introduction of AI into clinical interactions can evoke mixed responses.⁽¹¹⁾ While AI offers potential improvements in diagnostic accuracy and treatment outcomes, it may simultaneously create discomfort stemming from reduced human interaction,⁽¹¹⁾ fears of depersonalized care, and concerns about the reliability of automated systems.⁽¹²⁾ Trust becomes a critical factor, as patients often perceive human judgment as more empathetic and adaptive than algorithmic recommendations.⁽¹³⁾ Balancing the benefits of AI-driven efficiencies with the preservation of human elements in healthcare remains an essential challenge.^(12,13,14)

This review explores the psychological impact of AI-driven clinical decision-making on both healthcare professionals and patients, with a focus on trust, acceptance, and ethical concerns. It examines the dualities of AI integration—where the promise of enhanced accuracy and efficiency intersects with cognitive and emotional strain. By synthesizing current evidence and providing practical strategies to mitigate these challenges, this article aims to contribute to the growing discourse on AI's role in healthcare. The subsequent sections delve into AI's clinical applications, its psychological effects, and strategies to ensure its ethical and human-centric implementation.

AI IN CLINICAL DECISION-MAKING: AN OVERVIEW

Definition and Evolution

Artificial intelligence (AI) in clinical decision-making involves using advanced algorithms and computational

models to assist or augment healthcare professionals' judgment.^(15,16) These systems analyze large datasets, identify patterns, predict outcomes, and generate recommendations with speed and precision that often surpass human capabilities.⁽¹⁷⁾ AI has become integral to tasks such as diagnosing diseases, recommending treatments, and optimizing clinical workflows.⁽¹⁸⁾ For example, AI-powered tools can analyze radiological images to detect abnormalities, predict patient responses to medications, or even anticipate hospital resource needs based on patient trends.^(4,5)

The evolution of AI in healthcare has been shaped by advancements in machine learning (ML) and deep learning, enabling systems to improve their performance over time through exposure to data.^(18,19) Early clinical decision support systems (CDSS) were rule-based, relying on pre-programmed algorithms to provide standardized outputs.⁽¹⁹⁾ While effective for simple tasks, these systems lacked the adaptability required for complex medical decisions.⁽²⁰⁾ The advent of neural networks and big data analytics marked a turning point, allowing AI to analyze unstructured data, such as medical images and genomic sequences, with greater accuracy.⁽²¹⁾

Recent developments have focused on enhancing the interpretability and integration of AI in healthcare. Explainable AI (XAI) aims to address the "black box" nature of machine learning models by providing transparent insights into how predictions are made.⁽²²⁾ These advancements have contributed to a growing acceptance of AI in clinical settings, though challenges related to trust, accountability, and equity remain.

Applications in Healthcare

Examples of AI Systems

Numerous AI systems have been developed to address specific challenges in clinical decision-making. IBM Watson Health, for instance, uses natural language processing (NLP) to extract insights from medical literature and provide evidence-based treatment recommendations.^(23,24) In oncology, Watson has been employed to identify personalized cancer treatment options based on patient records and genomic data.⁽²⁵⁾

Another notable example is DeepMind's AlphaFold, which revolutionized protein structure prediction—a breakthrough with profound implications for drug discovery and personalized medicine.^(26,27) By accurately predicting how proteins fold, AlphaFold accelerates the development of targeted therapies and enables a deeper understanding of disease mechanisms.⁽²⁸⁾ Such systems exemplify AI's ability to tackle complex biological problems that were previously insurmountable.

In imaging, platforms like Aidoc and Zebra Medical Vision leverage deep learning to detect conditions such as fractures, strokes, and lung diseases from radiological images. These tools enhance diagnostic accuracy while reducing the workload on radiologists, enabling faster decision-making in critical care scenarios.⁽²⁹⁾

AI's Integration into Electronic Health Records (EHRs) and Diagnostics

AI has also been instrumental in optimizing the use of electronic health records (EHRs), which are rich sources of clinical data but often underutilized due to their complexity.⁽³⁰⁾ Natural language processing algorithms extract actionable insights from unstructured EHR data, enabling clinicians to identify high-risk patients, predict adverse outcomes, and streamline care pathways.⁽¹⁸⁾ For example, predictive analytics models integrated into EHR systems can forecast hospital readmissions, guiding interventions that reduce healthcare costs and improve patient outcomes.⁽³¹⁾

In diagnostics, AI systems like PathAI analyze histopathological slides to detect cancers and other diseases with a high degree of precision.⁽³²⁾ These tools augment pathologists' abilities, reducing diagnostic errors and ensuring consistency in complex cases.⁽³³⁾ Similarly, AI-driven diagnostic platforms such as Tempus combine genomic and clinical data to provide comprehensive insights into patient health, supporting personalized treatment strategies.⁽³⁴⁾

AI's integration into these areas underscores its potential to transform the practice of medicine by enhancing efficiency, improving diagnostic accuracy, and personalizing care.⁽³⁾ However, the growing reliance on AI also necessitates addressing challenges related to data quality, algorithmic bias, and ethical considerations.⁽³⁵⁾

By enhancing clinical decision-making through diagnosis, treatment recommendations, and workflow optimization, AI has become an indispensable component of modern healthcare.⁽³⁶⁾ Its continued evolution and integration into diverse applications highlight its potential to revolutionize the field, though ongoing efforts are needed to ensure its ethical and equitable implementation.⁽³⁷⁾

PSYCHOLOGICAL IMPACT ON HEALTHCARE PROFESSIONALS

The introduction of AI into clinical decision-making has profoundly affected healthcare professionals.⁽³⁶⁾ While AI systems promise to enhance diagnostic accuracy, streamline workflows, they also introduce psychological challenges.⁽³⁸⁾ Understanding these impacts is critical for ensuring the successful integration of AI into healthcare.

Trust and Acceptance of AI Systems

How Confidence in AI Predictions Affects Decision-Making

Trust is fundamental in determining the adoption and effectiveness of AI in clinical settings.⁽¹²⁾ Clinicians are more likely to rely on AI-generated recommendations when they perceive these systems as accurate, reliable, and transparent.⁽³⁹⁾ However, a lack of understanding of AI algorithms, particularly the “black box” nature of many AI systems, can create skepticism and hinder trust.⁽⁴⁰⁾ Clinicians may hesitate to accept AI-driven decisions without clear explanations, especially in high-stakes scenarios.⁽⁴¹⁾ This mistrust can lead to the underutilization of AI technologies

For example, an AI system may recommend a treatment plan based on patterns in data that are not immediately apparent to the clinician.⁽⁴²⁾ Without the ability to understand or verify the algorithm’s reasoning, healthcare professionals may question the validity of the recommendation, even if it is statistically robust.⁽⁴³⁾ This mistrust can lead to underutilization of AI technologies, reducing their potential benefits.

Another barrier to trust is the perceived threat to clinicians’ expertise and autonomy. Some healthcare professionals may view reliance on AI as diminishing their role in decision-making.⁽⁴⁴⁾ This resistance can be more pronounced among experienced practitioners who may perceive AI as challenging their accumulated experience and judgment.⁽⁴⁵⁾

Conversely, younger clinicians who are more familiar with technology may be more accepting of AI tools.⁽⁴⁶⁾ Bridging this generational divide is essential for fostering trust and ensuring that AI enhances, rather than replaces, clinical expertise.

Job Security Concerns

Anxiety Over Automation Reducing Demand for Human Clinicians

The rise of AI has fueled anxieties over automation potentially displacing human clinicians.⁽⁴⁷⁾ While AI is often framed as a tool to augment human decision-making, some professionals worry about the long-term implications for their roles, particularly in fields like radiology and pathology where tasks involve pattern recognition and analysis.^(4,5)

However, research suggests that AI is more likely to redefine roles than eliminate them. AI excels at repetitive tasks and large-scale data analysis but struggles with nuanced judgment, empathy, and creativity, which remain crucial in patient care.⁽⁴⁸⁾ Clinicians will continue to play a vital role, especially in interpreting AI insights and applying them within the context of individual patient circumstances.⁽³⁶⁾

The Role of AI as an Assistant Rather Than a Replacement

Framing AI as an assistant rather than a replacement is key to addressing job security concerns.⁽⁴⁹⁾ By offloading time-consuming tasks such as administrative documentation and preliminary analyses, AI allows clinicians to focus on higher-value activities, including patient interactions and complex decision-making.⁽⁵⁰⁾ For example, AI tools integrated into electronic health records (EHRs) can automate routine charting and flag high-risk patients, enabling clinicians to allocate their time and expertise more effectively.⁽⁵¹⁾

This collaborative dynamic positions AI as a complement to human skills, emphasizing its potential to enhance, rather than undermine, the clinician’s role.⁽⁵¹⁾ Clear communication about this partnership can alleviate fears and foster a more positive perception of AI in the healthcare workforce.

Cognitive and Emotional Workload

AI’s Impact on Decision Fatigue and Cognitive Overload

AI has the potential to mitigate cognitive overload by automating routine tasks and providing clinicians with actionable insights. By reducing the need for manual data entry or repetitive assessments, AI can alleviate decision fatigue, a condition that occurs when individuals are overwhelmed by the volume of decisions they must make.⁽⁵²⁾

However, the introduction of AI may also introduce new forms of cognitive stress. Clinicians must remain vigilant in evaluating AI-generated recommendations, particularly when these recommendations conflict with their clinical judgment.⁽⁵³⁾ This requirement to verify AI outputs can increase cognitive demands, as clinicians navigate a delicate balance between trusting the system and applying their expertise.

Potential Reduction of Administrative Burdens but Increased Vigilance

AI has been particularly effective in reducing administrative burdens. For example, natural language processing algorithms can transcribe medical notes, extract relevant information from patient records, and automate billing processes.⁽⁵⁴⁾ These efficiencies free up time for clinicians to focus on patient care, reducing burnout and improving job satisfaction.⁽⁵⁵⁾

However, the need for human oversight introduces a paradox. Clinicians must monitor AI systems for errors or biases, adding a layer of responsibility that can exacerbate emotional stress.⁽⁵⁶⁾ Ensuring that AI systems are reliable and user-friendly is critical to minimizing these unintended consequences.

Ethical and Professional Identity Challenges

Role Conflicts Arising From Reliance on AI

The reliance on AI can create role conflicts for clinicians, particularly when AI recommendations diverge from traditional practices or established guidelines.⁽¹²⁾ Clinicians may feel torn between following AI-driven insights and adhering to their own clinical intuition or the expectations of their peers.⁽⁵⁷⁾ These conflicts can erode professional identity, as healthcare providers struggle to reconcile their autonomy with the growing influence of AI systems.⁽¹⁰⁾

For instance, a clinician might hesitate to overrule an AI recommendation, fearing that doing so could lead to errors or liability issues.⁽⁵⁸⁾ At the same time, blindly following AI outputs without fully understanding their basis can diminish a clinician’s sense of agency and accountability.⁽⁵⁹⁾ Balancing these competing pressures is essential for maintaining the integrity of the clinician’s role.

Ethical Dilemmas in Patient Care Decisions

AI’s integration into clinical decision-making raises ethical dilemmas that can have profound psychological impacts on healthcare professionals.⁽³⁸⁾ One major concern is the potential for AI to introduce or perpetuate biases, particularly if the training data used to develop these systems is not representative of diverse patient populations.⁽⁵⁹⁾ Clinicians must navigate the ethical implications of relying on systems that could produce inequitable outcomes.⁽¹²⁾

Additionally, the question of accountability in AI-driven decisions complicates patient care. If an AI system makes an erroneous recommendation, it is unclear whether the responsibility lies with the clinician who acted on the recommendation, the developers of the AI, or the institution that deployed it.^(60,61) This ambiguity can create moral distress for clinicians, who may feel powerless to address systemic issues underlying AI implementation.

AI’s integration into clinical decision-making presents a dual-edged sword for healthcare professionals.⁽⁶²⁾ While these systems offer the potential to enhance efficiency, reduce cognitive burdens, and improve patient outcomes, they also introduce challenges related to trust, role identity, and ethical dilemmas.⁽⁸⁾ Addressing these psychological impacts is crucial for fostering a positive and sustainable relationship between clinicians and AI technologies.

Table 1. Summary of Psychological Effects of AI on Healthcare Professionals		
Psychological Effect	Description	Potential Mitigation Strategies
Trust and acceptance challenges	Clinicians may struggle to trust AI recommendations due to the opaque nature of algorithms ('black box') and concerns about accuracy.	Implement explainable AI (XAI) to enhance transparency and provide user training for better understanding of AI systems.
Job security concerns	Anxiety arises from fears of automation replacing human roles, particularly in fields like radiology and pathology.	Emphasize AI as a collaborative tool rather than a replacement and focus on redefining roles to highlight human strengths.
Increased cognitive and emotional workload	While AI can reduce administrative burdens, clinicians face increased vigilance demands to monitor and verify AI outputs.	Develop robust error management protocols and streamline workflows to balance workload effectively.
Role conflicts and ethical dilemmas	Dependence on AI can create role conflicts, with clinicians feeling undermined or questioning accountability in decision-making.	Establish ethical frameworks and foster open dialogue about AI's role in healthcare decision-making.

The table summarizing the psychological effects of AI on healthcare professionals, including their descriptions and potential mitigation strategies.

PSYCHOLOGICAL IMPACT ON PATIENTS

The integration of artificial intelligence (AI) into clinical decision-making is reshaping the patient experience in healthcare.⁽³⁶⁾ While AI systems offer the potential to improve care outcomes and enhance diagnostic precision, they also present unique psychological challenges for patients.⁽³⁾ These challenges primarily revolve around trust in AI recommendations, concerns about the depersonalization of care, and perceptions of the quality of care delivered by AI-assisted systems.

Trust in AI Recommendations

Patients' Perceptions of AI Reliability

Trust is a cornerstone of the patient-clinician relationship, and its extension to AI systems is critical for their successful integration into healthcare.⁽⁶³⁾ Patients’ perceptions of AI reliability significantly influence their

willingness to accept AI-driven recommendations.⁽⁶⁴⁾ Studies suggest that while patients often recognize the potential of AI to enhance diagnostic accuracy, they are also wary of its limitations, particularly in scenarios where decisions have life-altering consequences.^(13,65)

Patients tend to trust AI systems when they perceive them as transparent, unbiased, and validated by human oversight. Conversely, the “black box” nature of many AI algorithms, where the reasoning behind a recommendation is opaque, can erode trust.⁽⁶⁶⁾ For example, patients may hesitate to accept an AI-recommended treatment plan if they are unable to understand how the system arrived at its decision.⁽⁶⁷⁾ This lack of clarity can lead to anxiety, skepticism, and a preference for traditional clinician-led decision-making.⁽⁶⁸⁾

Balancing Human-AI Collaboration to Ensure Patient Comfort

To build patient trust, it is essential to strike a balance between human and AI inputs in clinical decision-making.⁽⁶⁹⁾ Patients generally feel more comfortable when AI systems are presented as tools that assist, rather than replace, clinicians.⁽³⁶⁾ For instance, a scenario where a clinician explains how an AI system supports their diagnosis or treatment recommendation tends to instill greater confidence in the patient. Such collaborative approaches affirm the clinician’s expertise while leveraging the strengths of AI, ensuring that patients feel their care remains personalized and empathetic.⁽⁷⁰⁾

Clear communication about the role and limitations of AI systems is also crucial. When clinicians transparently discuss how AI contributes to their decisions, patients are more likely to view the technology as a valuable enhancement to care, rather than a depersonalized substitute.

Fear and Anxiety Related to AI Automation

Concerns Over Depersonalized Care

One of the most significant psychological concerns patients express about AI in healthcare is the fear of depersonalized care.⁽⁷¹⁾ Many patients value the human elements of healthcare, such as empathy, active listening, and emotional support. The perception that AI-driven systems prioritize efficiency over personalized interactions can lead to a sense of alienation and reduce patient satisfaction.⁽⁷¹⁾

For instance, a diagnostic consultation that heavily relies on AI-generated insights without meaningful engagement from the clinician may leave patients feeling disregarded.⁽⁷¹⁾ This depersonalization can erode trust and increase anxiety, particularly for vulnerable populations who rely on the therapeutic relationship with their caregivers as part of their healing process.⁽¹²⁾

Psychological Effects of Reduced Human Interaction in Clinical Care

The growing use of AI systems has also raised concerns about reduced human interaction in healthcare.⁽¹²⁾ Patients often associate face-to-face interactions with a higher quality of care, believing that clinicians who spend more time with them are more invested in their well-being.⁽⁷²⁾ The delegation of tasks to AI systems, such as initial assessments or routine follow-ups, may be perceived as a reduction in care quality, even when the outcomes are clinically effective.

Additionally, reduced human interaction can exacerbate feelings of isolation, particularly in mental health care, where the therapeutic alliance between patient and provider is a key determinant of treatment success.⁽⁷³⁾ While AI tools such as chatbots and virtual therapists have shown promise in providing scalable mental health support, they lack the nuanced understanding and empathy of human clinicians, which can limit their effectiveness in addressing complex emotional needs.⁽⁵²⁾

Perceived Quality of Care

AI’s Role in Improving Care Outcomes Versus Fears of Negligence

AI’s capacity to analyze vast datasets and identify patterns beyond human cognition offers substantial opportunities to improve care outcomes.⁽⁷⁴⁾ For example, AI systems can detect diseases at earlier stages, predict complications, and recommend personalized treatments with high precision. These capabilities have the potential to reduce diagnostic errors and enhance the overall quality of care.^(75,76)

However, patients may harbor fears of negligence or overreliance on technology. Concerns that AI might overlook critical nuances in a patient’s condition, especially in cases involving rare diseases or atypical presentations, can diminish confidence in AI-assisted care.^(77,78) Moreover, when errors occur—whether due to algorithmic flaws or misinterpretations by clinicians—patients may question whether their safety has been compromised by the introduction of AI into their care.^(79,80)

How Communication About AI Decisions Influences Patient Satisfaction

The way clinicians communicate about AI’s role in decision-making profoundly impacts patient satisfaction. Patients are more likely to view AI positively when they understand how it enhances their care.⁽⁸¹⁾ For example, explaining that an AI system helped identify a potential issue that might have been missed through traditional

methods can reassure patients of its value.⁽⁸²⁾

Conversely, failing to address patients' concerns about AI can lead to dissatisfaction and mistrust. Patients often seek reassurance that clinicians are actively involved in their care, even when AI systems are used.⁽⁸³⁾ Providing detailed yet accessible explanations of how AI complements the clinician's expertise can foster a sense of partnership and improve the patient's overall experience.⁽⁶⁸⁾

AI's integration into clinical decision-making presents both opportunities and challenges from the patient's perspective.⁽⁸⁴⁾ While it offers the potential to improve care outcomes and streamline processes, its successful adoption requires careful attention to the psychological impacts on patients.⁽³⁶⁾ Addressing concerns about trust, depersonalization, and perceived care quality is essential to ensure that AI enhances, rather than detracts from, the patient experience.

ETHICAL AND SOCIAL IMPLICATIONS

The integration of artificial intelligence (AI) into clinical decision-making has introduced transformative opportunities to improve healthcare outcomes.⁽¹⁾ However, its adoption also raises significant ethical and social implications. These concerns, encompassing transparency, accountability, biases, equity, and cultural attitudes, are critical for ensuring that AI-driven healthcare solutions are both effective and ethically sound.⁽⁸⁵⁾ Addressing these dimensions is essential to fostering trust and minimizing unintended consequences.

Ethical Concerns

Transparency and Accountability in AI Decision-Making

Transparency and accountability are foundational principles in ethical AI implementation. In healthcare, these principles become particularly important, as clinical decisions directly impact patient outcomes.⁽⁸⁶⁾ Many AI systems operate as "black boxes," generating recommendations based on complex algorithms that are difficult for clinicians and patients to interpret.⁽¹³⁾ This opacity can undermine trust and raise ethical concerns about the rationale behind AI-driven decisions, particularly in life-critical scenarios.

For example, when an AI system recommends a specific treatment, both clinicians and patients may seek clarity on how that conclusion was reached.⁽¹³⁾ Without a transparent explanation, the decision-making process may be perceived as arbitrary or unreliable. Explainable AI (XAI) technologies aim to address this challenge by providing interpretable outputs that clarify the system's logic.⁽⁸⁷⁾ Implementing XAI can improve trust by enabling clinicians to validate AI recommendations and explain them to patients effectively.⁽⁶⁹⁾

Accountability in AI decision-making is another critical concern. In cases where AI errors lead to adverse outcomes, questions arise about who bears responsibility—the clinician who acted on the recommendation, the developer of the AI system, or the healthcare institution that deployed it.⁽⁶⁰⁾ Establishing clear accountability frameworks is essential to address these dilemmas, ensuring that ethical guidelines are enforced, and liability is appropriately assigned.⁽⁸⁸⁾

Handling Biases in AI Models and Their Psychological Consequences

Bias in AI models presents a significant ethical challenge. AI systems learn from training datasets, and if these datasets are incomplete or unrepresentative, the resulting models can perpetuate existing disparities in healthcare.⁽⁸⁹⁾ For example, if an AI system trained on data predominantly from one demographic group is applied to a diverse population, it may produce inaccurate or biased recommendations for underrepresented groups.⁽⁶⁹⁾

The psychological consequences of biased AI models are far-reaching. For clinicians, reliance on flawed systems can lead to moral distress, particularly if biased recommendations adversely affect patient outcomes.⁽⁹⁰⁾ For patients, being subject to biased decisions can erode trust in the healthcare system and exacerbate feelings of marginalization, especially among historically underserved populations.⁽⁹¹⁾ Addressing bias requires diverse and representative datasets, continuous monitoring of AI systems for disparities, and the implementation of corrective measures to ensure equitable outcomes.⁽⁵²⁾

Social Implications

Inequities in Access to AI-Powered Healthcare

The benefits of AI in healthcare are unevenly distributed, with access to AI-powered tools often limited to high-resource settings.⁽⁹²⁾ This disparity highlights a significant social implication: inequities in access to advanced healthcare technologies.⁽⁹³⁾ Many low- and middle-income countries (LMICs) lack the infrastructure, expertise, and financial resources to implement AI solutions, leaving their populations at a disadvantage compared to those in wealthier regions.⁽⁹⁴⁾

These inequities can exacerbate existing global health disparities. For example, AI systems designed to optimize clinical workflows or enhance diagnostic accuracy may be unavailable in resource-limited healthcare facilities, where they are most needed.⁽⁹⁵⁾ Bridging this gap requires targeted investments in infrastructure,

education, and capacity building to ensure that AI-driven innovations benefit all populations equitably.⁽⁹⁶⁾ Collaborative initiatives between governments, non-profits, and the private sector can play a critical role in democratizing access to AI in healthcare.⁽⁷⁵⁾

Cultural Differences in Attitudes Toward AI in Medicine

Cultural attitudes toward AI in healthcare vary significantly, influencing its acceptance and implementation.⁽⁹⁷⁾ In some societies, AI is embraced as a cutting-edge tool that enhances medical care, while in others, it is viewed with skepticism or resistance due to fears of depersonalized care and distrust in technology.⁽⁹⁸⁾ These cultural differences have implications for how AI systems are perceived and integrated into healthcare practices.⁽¹³⁾

For instance, in cultures that prioritize human interaction and emotional connection in healthcare, patients may perceive AI-driven decision-making as cold and impersonal.⁽⁹⁹⁾ Conversely, in cultures with high levels of technological adoption, patients and clinicians may be more willing to accept AI as a valuable complement to traditional care.⁽¹⁰⁰⁾ Understanding and addressing these cultural differences is crucial for tailoring AI implementation strategies to local contexts. Engaging with community stakeholders, conducting educational campaigns, and emphasizing the collaborative nature of AI in healthcare can help bridge cultural divides and foster acceptance.⁽⁶⁸⁾

Ethical and social implications are inseparable from the integration of AI into healthcare. Ensuring transparency, accountability, and fairness while addressing cultural and systemic disparities is essential to maximizing the benefits of AI-driven clinical decision-making.⁽¹⁰¹⁾ By proactively addressing these concerns, healthcare systems can create environments where AI enhances trust, equity, and patient outcomes.

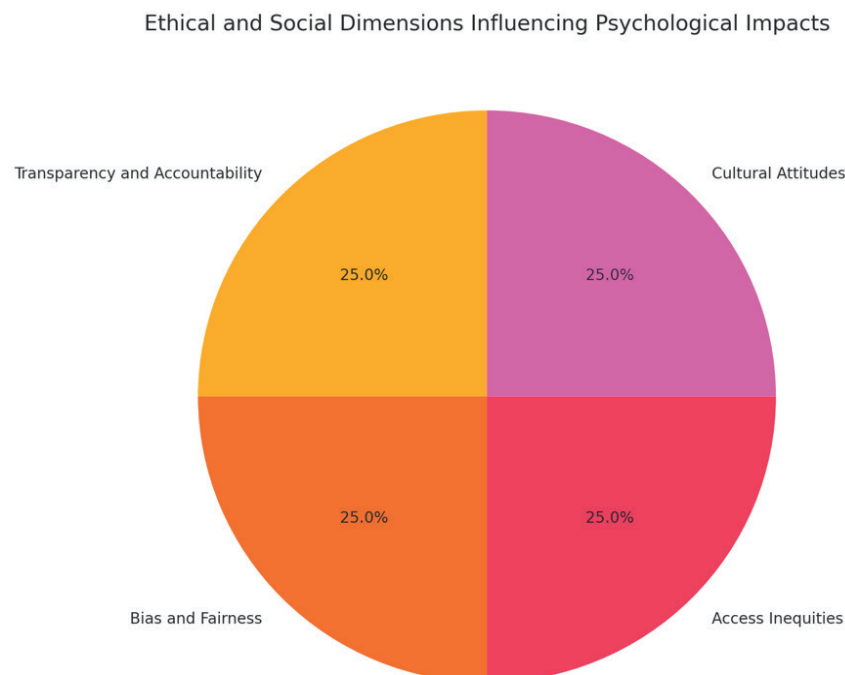


Figure 1. Ethical and social dimensions influencing psychological impacts

Figure 1 illustrates the ethical and social dimensions influencing psychological impacts in healthcare. The four dimensions—transparency and accountability, bias and fairness, access inequities, and cultural attitudes—are equally weighted to emphasize their interconnected roles in shaping trust and acceptance of AI in clinical decision-making. These factors collectively impact how healthcare professionals and patients perceive and interact with AI systems.

STRATEGIES TO MITIGATE PSYCHOLOGICAL IMPACTS

The integration of artificial intelligence (AI) in clinical decision-making, while transformative, has introduced psychological challenges for both clinicians and patients.⁽³⁶⁾ Building trust, balancing automation with human oversight, and supporting mental health are critical strategies to mitigate these impacts.⁽¹⁰²⁾ These approaches aim to ensure that AI is embraced as a tool that enhances healthcare without compromising the well-being of

its users.

Building Trust in AI Systems

Promoting Transparency and Explainability of AI Algorithms

Transparency is foundational to building trust in AI systems. Clinicians and patients need to understand how AI generates recommendations to feel confident in its use.⁽¹²⁾ The “black box” nature of many AI models, which lack clear explanations for their outputs, can create skepticism and resistance.⁽¹⁰³⁾ Explainable AI (XAI) addresses this issue by providing insights into the factors influencing AI decisions, making its recommendations more interpretable.⁽¹³⁾

For example, a diagnostic AI system that identifies pneumonia on a chest X-ray could highlight the specific regions of the image that led to its conclusion. This level of transparency not only reassures clinicians but also enables them to communicate AI-driven decisions effectively to patients.⁽¹⁰⁴⁾ Adopting XAI technologies and embedding interpretability features into AI systems are essential steps in fostering trust and acceptance.

Enhancing User Training and Education for Clinicians and Patients

Education and training are equally important for building trust in AI systems. Clinicians must understand how AI operates, including its capabilities, limitations, and potential biases, to use it effectively and responsibly.⁽³⁶⁾ Providing training programs that integrate AI into medical curricula can help future healthcare professionals develop the skills needed to evaluate AI outputs critically.⁽¹²⁾

Similarly, educating patients about the role of AI in their care can alleviate fears and misconceptions. For instance, clear communication about how AI complements human expertise, rather than replacing it, can help patients feel more comfortable with its use.⁽¹⁰⁵⁾ Offering user-friendly informational resources and fostering an open dialogue between clinicians and patients about AI’s role in healthcare are vital for creating a positive perception of the technology.⁽¹⁰⁶⁾

Balancing Automation with Human Oversight

Ensuring Collaborative Decision-Making

The successful integration of AI in healthcare depends on its role as a collaborative tool rather than a replacement for human clinicians.⁽³⁶⁾ Collaborative decision-making frameworks ensure that AI augments, rather than undermines, human expertise.⁽¹⁰⁷⁾ For example, AI systems can assist by providing preliminary analyses or flagging high-risk cases, while clinicians retain the final authority over diagnoses and treatments.⁽⁸⁸⁾

Establishing protocols that define the respective roles of AI and clinicians in the decision-making process can help reduce ambiguity and reinforce the clinician’s role as the ultimate decision-maker.⁽¹⁰⁸⁾ Such frameworks also emphasize the importance of human judgment, which remains critical for addressing the nuances and complexities of patient care.⁽¹⁰⁸⁾

Implementing Protocols for Error Management and Accountability

Despite their advantages, AI systems are not infallible. Establishing robust protocols for error management is essential to mitigate the psychological impact of AI-related mistakes on clinicians and patients.⁽¹⁰⁹⁾ These protocols should include clear guidelines for identifying, reporting, and rectifying errors, as well as mechanisms for holding relevant stakeholders accountable.⁽¹⁰⁾

For example, if an AI system produces an incorrect recommendation, the protocol should specify whether the responsibility lies with the clinician, the developers, or the healthcare institution.⁽⁶⁸⁾ Transparent accountability frameworks not only protect clinicians from undue blame but also enhance trust in the system’s overall reliability.

Supporting Mental Health of Clinicians and Patients

Offering Resources to Address Stress and Anxiety Related to AI Use

The psychological impacts of AI adoption, including stress, anxiety, and fear of obsolescence, must be addressed proactively. Healthcare institutions should provide mental health resources tailored to clinicians who may feel overwhelmed by the demands of working with AI systems.⁽³⁶⁾ These resources could include access to counseling, peer support groups, and stress management programs.⁽¹¹⁰⁾

For patients, addressing concerns about depersonalized care and the reliability of AI systems is equally important. Providing reassurance through empathetic communication and involving patients in their care decisions can help alleviate anxiety.^(111,112) Institutions can also develop educational campaigns to demystify AI and highlight its benefits, fostering greater acceptance among patients.

Encouraging Open Dialogue About the Role of AI in Healthcare

Creating spaces for open dialogue about AI’s role in healthcare can help clinicians and patients voice their

concerns, share experiences, and develop a shared understanding of the technology's impact.⁽¹¹³⁾ For clinicians, regular workshops and interdisciplinary forums can facilitate discussions about the ethical and psychological dimensions of AI use.⁽¹¹⁴⁾ These platforms can also serve as opportunities to exchange best practices for integrating AI into clinical workflows effectively.⁽³⁶⁾

For patients, encouraging open conversations during clinical encounters can help build trust and reduce apprehension. Clinicians who take the time to explain how AI contributes to their care and address any questions or doubts can foster stronger relationships with their patients, ensuring that AI is perceived as an asset rather than a threat.^(115,116)

Mitigating the psychological impacts of AI in clinical decision-making requires a multifaceted approach that prioritizes trust, collaboration, and mental health. By promoting transparency, providing education, ensuring human oversight, and supporting the well-being of clinicians and patients, healthcare institutions can create an environment where AI is not only effective but also embraced as a valuable partner in delivering high-quality care.

Table 2. Expanded Strategies to Address Psychological Impacts on Clinicians and Patients

Psychological Challenge	Description	Mitigation Strategies	Example Implementation
Trust and skepticism about AI systems	Clinicians and patients struggle to trust AI due to the opaque nature of its algorithms and the lack of understanding about its decision-making processes.	Adopt explainable AI (XAI) to make algorithms transparent and decisions interpretable. Provide comprehensive training to equip clinicians and patients with the knowledge to use AI effectively.	Deploy AI systems like IBM Watson with interpretable outputs, supplemented by clinician training programs for better adoption.
Fear of job displacement	Anxiety among clinicians about automation reducing their roles, particularly in tasks traditionally requiring expertise such as diagnosis and pattern recognition.	Frame AI as a supportive tool enhancing human capabilities. Redefine roles to focus on tasks requiring empathy, judgment, and creativity, emphasizing areas where humans outperform AI.	Introduce collaborative AI platforms that assist in diagnostics, like Aidoc, while emphasizing clinician oversight and decision-making in patient care.
Increased cognitive and emotional workload	AI systems may reduce administrative burdens but introduce new demands for vigilance, increasing mental fatigue and stress among healthcare professionals.	Streamline workflows to optimize AI assistance while setting clear protocols for error management. Provide support mechanisms to address the mental strain associated with AI oversight.	Use predictive analytics tools that reduce manual data entry but include intuitive interfaces to minimize clinician workload.
Concerns over depersonalized care	Patients fear reduced human interaction in care processes, believing AI-driven systems prioritize efficiency over personal engagement.	Enhance patient-clinician communication to emphasize AI's collaborative role and maintain empathy in care delivery. Train clinicians to integrate AI without compromising personal engagement.	Combine AI chatbots for routine queries with clinician follow-ups to ensure patients feel heard and valued.
Ethical and accountability issues	The absence of clear ethical guidelines and accountability frameworks raises concerns about decision-making responsibilities and role conflicts.	Develop robust ethical frameworks to address accountability, ensuring that AI errors, clinicians, institutions, and developers share responsibilities transparently.	Establish institutional policies outlining accountability for AI errors, integrating these into broader ethical and operational guidelines.

This table outlines key psychological challenges faced by clinicians and patients due to AI integration in healthcare. It provides a detailed description of each challenge, including trust issues, workload concerns, and ethical dilemmas, alongside corresponding mitigation strategies to address these impacts effectively. Examples of real-world implementation are included to illustrate how these strategies can be applied in practice, emphasizing the need for transparency, collaboration, and empathy in AI-assisted healthcare.

FUTURE PERSPECTIVES

As artificial intelligence (AI) becomes increasingly integrated into clinical decision-making, its long-term impact on healthcare will depend on its ability to balance technological efficiency with the human elements of care.⁽¹²⁾ The future of AI in medicine must focus on enhancing patient interactions, redefining clinicians' roles, and advancing research to ensure human-centric, ethical applications.

Advancing AI-Patient Interactions

One of the most significant opportunities for the future of AI in healthcare lies in designing systems that foster empathy and enhance patient comfort.^(117,118) Empathetic AI systems can use natural language processing and advanced algorithms to detect emotional cues, adapt communication styles, and provide more personalized responses to patients.⁽¹¹⁹⁾ For example, virtual assistants or chatbots equipped with emotion recognition capabilities could offer comforting language during stressful consultations, making interactions feel more human-like.⁽¹³⁾

Integrating empathy into AI systems not only improves patient satisfaction but also alleviates concerns about depersonalization. These systems could act as supportive tools for clinicians, reinforcing the human connection while addressing routine tasks.⁽³⁶⁾ By prioritizing the development of empathetic AI, healthcare systems can build trust and ensure patients feel valued throughout their care.

Long-Term Implications for Clinical Practice

The evolving roles of clinicians in an AI-integrated healthcare system present both challenges and opportunities.⁽¹³⁾ Rather than replacing human expertise, AI is likely to redefine the clinician's role, shifting their focus toward tasks that require judgment, empathy, and complex problem-solving.^(4,5) Clinicians will increasingly serve as intermediaries, interpreting AI recommendations, contextualizing them within the patient's unique circumstances, and ensuring ethical care delivery.^(120,121)

This shift emphasizes the need for continuous education and training in AI technologies, enabling clinicians to remain effective decision-makers in an evolving landscape.⁽⁴²⁾ Interdisciplinary collaboration between clinicians, data scientists, and ethicists will also be critical to creating an ecosystem where AI augments human capabilities rather than undermining them.

Research Directions

Future research must focus on the longitudinal psychological impacts of AI in healthcare, particularly its effects on clinicians and patients.^(121,122) Long-term studies are essential to understanding how trust, anxiety, and acceptance evolve over time as AI becomes more prevalent.^(123,124) These insights can inform strategies for refining AI to ensure it remains human-centric and adaptable to diverse healthcare contexts.^(3,58,67)

Additionally, advancing research on mitigating bias, improving transparency, and developing equitable AI systems will be crucial.^(125,126) This research should prioritize the inclusion of diverse datasets and evaluate the social and ethical dimensions of AI deployment.⁽¹²⁷⁾ These efforts will ensure that AI not only enhances clinical decision-making but also contributes to a more equitable and inclusive healthcare system.

The future of AI in healthcare is poised to transform clinical practice by enhancing patient experiences, redefining the roles of clinicians, and advancing research to address ethical and psychological considerations.^(101,127,128) By focusing on these priorities, AI can achieve its full potential as a transformative and human-centered force in medicine.

CONCLUSIONS

Artificial intelligence (AI) has emerged as a transformative force in clinical decision-making, offering unparalleled opportunities to enhance diagnostic accuracy, streamline workflows, and personalize patient care. However, its integration into healthcare is not without significant psychological implications for both clinicians and patients. This review highlights the dual nature of AI's impact: its ability to improve healthcare outcomes and efficiency while also introducing challenges related to trust, ethical concerns, and mental well-being.

AI's transformative potential lies in its capacity to analyze vast datasets, detect patterns, and make precise recommendations that support clinicians in delivering high-quality care. From assisting in complex diagnoses to optimizing treatment plans, AI enhances the capabilities of healthcare systems. However, the psychological impacts of its adoption require careful consideration. For clinicians, challenges such as trust in AI systems, concerns over job security, and increased cognitive demands due to monitoring AI outputs can lead to stress and skepticism. For patients, the fear of depersonalized care and doubts about the reliability of AI recommendations can undermine their confidence in healthcare services. These psychological dimensions must be addressed to ensure that AI is embraced as a supportive tool rather than a disruptive force.

To mitigate these challenges, ethical and transparent integration of AI is essential. Implementing explainable AI (XAI) systems that provide clear and interpretable outputs can build trust among clinicians and patients. Comprehensive training programs for healthcare professionals can equip them with the skills to use AI effectively while fostering confidence in its capabilities. Additionally, engaging patients through clear communication about AI's role in their care can alleviate anxieties and strengthen the clinician-patient relationship. It is also imperative to establish accountability frameworks that clarify responsibilities in AI-assisted decision-making, ensuring that ethical principles guide its deployment. These measures can create an ecosystem where AI augments human expertise, reinforcing rather than eroding trust in healthcare.

The psychological dimensions of AI adoption are as critical as its technical and operational aspects. Addressing these concerns will maximize the benefits of AI while safeguarding the mental well-being of its users. Future research should focus on understanding the long-term psychological effects of AI in healthcare, refining systems to align with human values, and prioritizing equity in AI access to reduce disparities in global health. As AI continues to evolve, its potential to transform healthcare will depend not only on technological advancements but also on the ability to integrate it ethically, transparently, and empathetically.

In conclusion, AI's integration into healthcare represents a paradigm shift that has already demonstrated significant promise. By addressing the psychological impacts and ethical considerations associated with its use, AI can achieve its full potential as a transformative and human-centered innovation. Ensuring that clinicians and patients remain at the heart of this technological evolution is paramount to creating a healthcare system that is both efficient and compassionate.

REFERENCES

1. Qayyum MU, Sherani AMK, Khan M, Hussain HK. Revolutionizing Healthcare: The Transformative Impact of Artificial Intelligence in Medicine. *BIN: Bulletin Of Informatics*. 2023;1(2):71-83.
2. Chen X. AI in Healthcare: Revolutionizing Diagnosis and Treatment through Machine Learning. *MZ Journal of Artificial Intelligence*. 2024;1(2).
3. Zeb S, Nizamullah FNU, Abbasi N, Fahad M. AI in Healthcare: Revolutionizing Diagnosis and Therapy. *International Journal of Multidisciplinary Sciences and Arts*. 2024;3(3):118-28.
4. Topol E. *Deep medicine: how artificial intelligence can make healthcare human again*. Hachette UK; 2019.
5. Topol EJ. High-performance medicine: the convergence of human and artificial intelligence. *Nat Med*. 2019;25(1):44-56.
6. Nurski L, Hoffmann M. The impact of artificial intelligence on the nature and quality of jobs. *JSTOR*; 2022.
7. Stajkovic AD, Stajkovic KS. *Human Sustainability and Cognitive Overload at Work: The Psychological Cost of Working*. Taylor & Francis; 2025.
8. Mennella C, Maniscalco U, De Pietro G, Esposito M. Ethical and regulatory challenges of AI technologies in healthcare: A narrative review. *Heliyon*. 2024;
9. Bekbolatova M, Mayer J, Ong CW, Toma M. Transformative potential of AI in Healthcare: definitions, applications, and navigating the ethical Landscape and Public perspectives. In: *Healthcare*. MDPI; 2024. p. 125.
10. Morley J, Floridi L, Kinsey L, Elhalal A. From what to how: an initial review of publicly available AI ethics tools, methods and research to translate principles into practices. *Sci Eng Ethics*. 2020;26(4):2141-68.
11. Yun JH, Lee E, Kim DH. Behavioral and neural evidence on consumer responses to human doctors and medical artificial intelligence. *Psychol Mark*. 2021;38(4):610-25.
12. Asan O, Bayrak AE, Choudhury A. Artificial intelligence and human trust in healthcare: focus on clinicians. *J Med Internet Res*. 2020;22(6):e15154.
13. Williamson SM, Prybutok V. Balancing privacy and progress: a review of privacy challenges, systemic oversight, and patient perceptions in AI-driven healthcare. *Applied Sciences*. 2024;14(2):675.
14. Dipaola F, Gebeska MA, Gatti M, Levra AG, Parker WH, Menè R, et al. Will artificial intelligence be “better” than humans in the management of syncope? *JACC: Advances*. 2024;3(9_Part_2):101072.
15. Adlung L, Cohen Y, Mor U, Elinav E. Machine learning in clinical decision making. *Med*. 2021;2(6):642-65.
16. Giordano C, Brennan M, Mohamed B, Rashidi P, Modave F, Tighe P. Accessing artificial intelligence for clinical decision-making. *Front Digit Health*. 2021;3:645232.
17. Korteling JE (Hans), van de Boer-Visschedijk GC, Blankendaal RAM, Boonekamp RC, Eikelboom AR.

Human-versus artificial intelligence. *Front Artif Intell.* 2021;4:622364.

18. Prabhod KJ. Integrating Large Language Models for Enhanced Clinical Decision Support Systems in Modern Healthcare. *Journal of Machine Learning for Healthcare Decision Support.* 2023;3(1):18-62.

19. Chakraborty C, Bhattacharya M, Pal S, Lee SS. From machine learning to deep learning: Advances of the recent data-driven paradigm shift in medicine and healthcare. *Curr Res Biotechnol.* 2024;7:100164.

20. Antoniadi AM, Du Y, Guendouz Y, Wei L, Mazo C, Becker BA, et al. Current challenges and future opportunities for XAI in machine learning-based clinical decision support systems: a systematic review. *Applied Sciences.* 2021;11(11):5088.

21. Rajkomar A, Dean J, Kohane I. Machine learning in medicine. *New England Journal of Medicine.* 2019;380(14):1347-58.

22. Hassija V, Chamola V, Mahapatra A, Singal A, Goel D, Huang K, et al. Interpreting black-box models: a review on explainable artificial intelligence. *Cognit Comput.* 2024;16(1):45-74.

23. Singh SR, Patil AD. Natural Language Processing (NLP) as an Artificial Intelligence Tool and its Scope in Prognostic Factor Research Model in Homeopathy. *Indian Journal of Integrative Medicine.* 2024;4(2):35-40.

24. Ahmed MN, Toor AS, O'Neil K, Friedland D. Cognitive computing and the future of health care cognitive computing and the future of healthcare: the cognitive power of IBM Watson has the potential to transform global personalized medicine. *IEEE Pulse.* 2017;8(3):4-9.

25. Jiang F, Jiang Y, Zhi H, Dong Y, Li H, Ma S, et al. Artificial intelligence in healthcare: past, present and future. *Stroke Vasc Neurol.* 2017;2(4).

26. Youvan DC. Advancements in Protein Structure Prediction: From AlphaFold's Breakthroughs to Implications in Drug Discovery and Viral Interaction. 2024;

27. Zhao X, Yang VB, Menta AK, Blum J, Wahida A, Subbiah V. AlphaFold's Predictive Revolution in Precision Oncology. *AI in Precision Oncology.* 2024;1(3):160-7.

28. Senior AW, Evans R, Jumper J, Kirkpatrick J, Sifre L, Green T, et al. Improved protein structure prediction using potentials from deep learning. *Nature.* 2020;577(7792):706-10.

29. Hinohara M. Impact of Artificial Intelligence on Radiologist Workflow and Diagnostic Accuracy in Tokyo Hospitals: A Comparative Study. *Sriwijaya Journal of Radiology and Imaging Research.* 2023;1(2):102-13.

30. Yennyemb EY. Health Care Providers Use of Electronic Health Records Systems for Care Delivery: A Generic Qualitative Research Study. Capella University; 2023.

31. Van Calster B, McLernon DJ, Van Smeden M, Wynants L, Steyerberg EW, J TG 'Evaluating diagnostic tests and prediction models' of the S initiative BPCGSMMPMDJMKGMSEWVCB van SMVA. Calibration: the Achilles heel of predictive analytics. *BMC Med.* 2019;17(1):230.

32. Baxi V, Edwards R, Montalto M, Saha S. Digital pathology and artificial intelligence in translational medicine and clinical practice. *Modern Pathology.* 2022;35(1):23-32.

33. Jahn SW, Plass M, Moinfar F. Digital pathology: advantages, limitations and emerging perspectives. *J Clin Med.* 2020;9(11):3697.

34. Akter S. AI-Driven Precision Medicine: Transforming Personalized Cancer Treatment. *Journal of AI-Powered Medical Innovations (International online ISSN 3078-1930).* 2024;2(1):10-21.

35. Osasona F, Amoo OO, Atadoga A, Abrahams TO, Farayola OA, Ayinla BS. Reviewing the ethical implications of AI in decision making processes. *International Journal of Management & Entrepreneurship Research.* 2024;6(2):322-35.

36. Alowais SA, Alghamdi SS, Alsuhebany N, Alqahtani T, Alshaya AI, Almohareb SN, et al. Revolutionizing healthcare: the role of artificial intelligence in clinical practice. *BMC Med Educ.* 2023;23(1):689.
37. Abulibdeh A, Zaidan E, Abulibdeh R. Navigating the confluence of artificial intelligence and education for sustainable development in the era of industry 4.0: Challenges, opportunities, and ethical dimensions. *J Clean Prod.* 2024;140527.
38. Anyanwu EC, Okongwu CC, Olorunsogo TO, Ayo-Farai O, Osasona F, Daraojimba OD. Artificial intelligence in healthcare: a review of ethical dilemmas and practical applications. *International Medical Science Research Journal.* 2024;4(2):126-40.
39. Shekar S, Pataranutaporn P, Sarabu C, Cecchi GA, Maes P. People over trust AI-generated medical responses and view them to be as valid as doctors, despite low accuracy. *arXiv preprint arXiv:240815266.* 2024;
40. Shen MW. Trust in AI: Interpretability is not necessary or sufficient, while black-box interaction is necessary and sufficient. *arXiv preprint arXiv:220205302.* 2022;
41. Passalacqua M, Pellerin R, Magnani F, Doyon-Poulin P, Del-Aguila L, Boasen J, et al. Human-centred AI in industry 5.0: a systematic review. *Int J Prod Res.* 2024;1-32.
42. Magrabi F, Ammenwerth E, McNair JB, De Keizer NF, Hyppönen H, Nykänen P, et al. Artificial intelligence in clinical decision support: challenges for evaluating AI and practical implications. *Yearb Med Inform.* 2019;28(01):128-34.
43. Tran TNT, Felfernig A, Trattner C, Holzinger A. Recommender systems in the healthcare domain: state-of-the-art and research issues. *J Intell Inf Syst.* 2021;57(1):171-201.
44. Froomkin AM, Kerr I, Pineau J. When AIs outperform doctors: confronting the challenges of a tort-induced over-reliance on machine learning. *Ariz L Rev.* 2019;61:33.
45. Fiske A, Henningsen P, Buyx A. Your robot therapist will see you now: ethical implications of embodied artificial intelligence in psychiatry, psychology, and psychotherapy. *J Med Internet Res.* 2019;21(5):e13216.
46. Boillat T, Nawaz FA, Rivas H. Readiness to embrace artificial intelligence among medical doctors and students: questionnaire-based study. *JMIR Med Educ.* 2022;8(2):e34973.
47. Dwivedi YK, Hughes L, Ismagilova E, Aarts G, Coombs C, Crick T, et al. Artificial Intelligence (AI): Multidisciplinary perspectives on emerging challenges, opportunities, and agenda for research, practice and policy. *Int J Inf Manage.* 2021;57:101994.
48. Ghorbani MA. Ai tools to support design activities and innovation processes. 2023;
49. Bunz M, Braghieri M. The AI doctor will see you now: assessing the framing of AI in news coverage. *AI Soc.* 2022;37(1):9-22.
50. Verma A, Bhattacharya P, Madhani N, Trivedi C, Bhushan B, Tanwar S, et al. Blockchain for industry 5.0: Vision, opportunities, key enablers, and future directions. *Ieee Access.* 2022;10:69160-99.
51. Rudin RS, Friedberg MW, Shekelle P, Shah N, Bates DW. Getting value from electronic health records: research needed to improve practice. *Ann Intern Med.* 2020;172(11_Supplement):S130-6.
52. Shamszare H, Choudhury A. Clinicians' perceptions of artificial intelligence: focus on workload, risk, trust, clinical decision making, and clinical integration. In: *Healthcare.* MDPI; 2023. p. 2308.
53. Williamson SM, Prybutok V. The Era of Artificial Intelligence Deception: Unraveling the Complexities of False Realities and Emerging Threats of Misinformation. *Information.* 2024;15(6):299.
54. Li I, Pan J, Goldwasser J, Verma N, Wong WP, Nuzumlalı MY, et al. Neural natural language processing for unstructured data in electronic health records: a review. *Comput Sci Rev.* 2022;46:100511.

55. Chen A, Hannon O, Koegel S, Ciriello R. Feels Like Empathy: How “Emotional” AI Challenges Human Essence. In: Australasian Conference on Information Systems. 2024.
56. Albahri AS, Duhaime AM, Fadhel MA, Alnoor A, Baqer NS, Alzubaidi L, et al. A systematic review of trustworthy and explainable artificial intelligence in healthcare: Assessment of quality, bias risk, and data fusion. *Information Fusion*. 2023;96:156-91.
57. Ayobi A, Hughes J, Duckworth CJ, Dylag JJ, James S, Marshall P, et al. Computational notebooks as co-design tools: engaging young adults living with diabetes, family carers, and clinicians with machine learning models. In: *Proceedings of the 2023 CHI Conference on Human Factors in Computing Systems*. 2023. p. 1-20.
58. Hirmiz R. The Ethical Implications of AI in Healthcare. 2024;
59. Lang BH, Nyholm S, Blumenthal-Barby J. Responsibility gaps and black box healthcare AI: shared responsabilization as a solution. *Digital Society*. 2023;2(3):52.
60. Esmaeilzadeh P. Challenges and strategies for wide-scale artificial intelligence (AI) deployment in healthcare practices: A perspective for healthcare organizations. *Artif Intell Med*. 2024;151:102861.
61. Smith H. Clinical AI: opacity, accountability, responsibility and liability. *AI Soc*. 2021;36(2):535-45.
62. Mohammad Amini M, Jesus M, Fanaei Sheikholeslami D, Alves P, Hassanzadeh Benam A, Hariri F. Artificial intelligence ethics and challenges in healthcare applications: a comprehensive review in the context of the European GDPR mandate. *Mach Learn Knowl Extr*. 2023;5(3):1023-35.
63. Rojas JC, Teran M, Umscheid CA. Clinician trust in artificial intelligence: what is known and how trust can be facilitated. *Crit Care Clin*. 2023;39(4):769-82.
64. Zhang Z, Genc Y, Wang D, Ahsen ME, Fan X. Effect of ai explanations on human perceptions of patient-facing ai-powered healthcare systems. *J Med Syst*. 2021;45(6):64.
65. Holgersson M, Dahlander L, Chesbrough H, Bogers MLAM. Open Innovation in the Age of AI. *Calif Manage Rev*. 2024;00081256241279326.
66. Rane J, Mallick SK, Kaya O, Rane NL. Enhancing black-box models: advances in explainable artificial intelligence for ethical decision-making. *Future Research Opportunities for Artificial Intelligence in Industry 40 and*. 2024;5:2.
67. Karthiayani A. Innovations in Healthcare: Exploring the Dualities of Generative AI. In: *Revolutionizing the Healthcare Sector with AI*. IGI Global; 2024. p. 178-206.
68. Amann J, Blasimme A, Vayena E, Frey D, Madai VI, Consortium P. Explainability for artificial intelligence in healthcare: a multidisciplinary perspective. *BMC Med Inform Decis Mak*. 2020;20:1-9.
69. Nasarian E, Alizadehsani R, Acharya UR, Tsui KL. Designing interpretable ML system to enhance trust in healthcare: A systematic review to proposed responsible clinician-AI-collaboration framework. *Information Fusion*. 2024;102412.
70. Cunningham PB, Gilmore J, Naar S, Preston SD, Eubanks CF, Hubig NC, et al. Opening the Black Box of Family-Based Treatments: An Artificial Intelligence Framework to Examine Therapeutic Alliance and Therapist Empathy. *Clin Child Fam Psychol Rev*. 2023;26(4):975-93.
71. Chew HSJ, Achananuparp P. Perceptions and needs of artificial intelligence in health care to increase adoption: scoping review. *J Med Internet Res*. 2022;24(1):e32939.
72. Drossman DA, Ruddy J. Improving patient-provider relationships to improve health care. *Clinical Gastroenterology and Hepatology*. 2020;18(7):1417-26.
73. Rathert C, Mittler JN, Lee YSH. Patient-provider therapeutic connections to improve health care:

Conceptual development and systematic review of patient measures. *Health Care Manage Rev.* 2022;47(4):317-29.

74. Javed AR, Saadia A, Mughal H, Gadekallu TR, Rizwan M, Maddikunta PKR, et al. Artificial intelligence for cognitive health assessment: state-of-the-art, open challenges and future directions. *Cognit Comput.* 2023;15(6):1767-812.

75. Garg A, Mago V. Role of machine learning in medical research: A survey. *Comput Sci Rev.* 2021;40:100370.

76. Shehab M, Abualigah L, Shambour Q, Abu-Hashem MA, Shambour MKY, Alsalibi AI, et al. Machine learning in medical applications: A review of state-of-the-art methods. *Comput Biol Med.* 2022;145:105458.

77. SWARGIARY K. Can AI Be Your Family Doctor? ERA, US; 2024.

78. AbuAlrob MA, Mesraoua B. Harnessing artificial intelligence for the diagnosis and treatment of neurological emergencies: a comprehensive review of recent advances and future directions. *Front Neurol.* 2024;15:1485799.

79. Choudhury A. Toward an ecologically valid conceptual framework for the use of artificial intelligence in clinical settings: need for systems thinking, accountability, decision-making, trust, and patient safety considerations in safeguarding the technology and clinicians. *JMIR Hum Factors.* 2022;9(2):e35421.

80. Baurasien BK, Alareefi HS, Almutairi DB, Alanazi MM, Alhassan AH, Alshahrani AD, et al. Medical Errors and Patient Safety: Strategies for Reducing Errors Using Artificial Intelligence. *Int J Health Sci (Qassim).* 2023;7(S1):3471-87.

81. Richardson JP, Smith C, Curtis S, Watson S, Zhu X, Barry B, et al. Patient apprehensions about the use of artificial intelligence in healthcare. *NPJ Digit Med.* 2021;4(1):140.

82. Ahmad Z, Rahim S, Zubair M, Abdul-Ghafar J. Artificial intelligence (AI) in medicine, current applications and future role with special emphasis on its potential and promise in pathology: present and future impact, obstacles including costs and acceptance among pathologists, practical and philosophical considerations. A comprehensive review. *Diagn Pathol.* 2021;16:1-16.

83. Hui CY, McKinstry B, Fulton O, Buchner M, Pinnock H. Patients' and clinicians' perceived trust in internet-of-things systems to support asthma self-management: qualitative interview study. *JMIR Mhealth Uhealth.* 2021;9(7):e24127.

84. Omaghomi TT, Elufioye OA, Ogugua JO, Daraojimba AI, Akomolafe O. Innovations in hospital management: a review. *International Medical Science Research Journal.* 2024;4(2):224-34.

85. Ali H, Nikberg N. Bias in AI-driven Healthcare: Navigating Ethical Challenges at an Early Stage. 2024.

86. Varkey B. Principles of clinical ethics and their application to practice. *Medical Principles and Practice.* 2021;30(1):17-28.

87. Das A, Rad P. Opportunities and challenges in explainable artificial intelligence (xai): A survey. *arXiv preprint arXiv:200611371.* 2020;

88. Singh H. The Amalgamation of AI in Medical Humanities: Enhancing Patient-Centered Care through Technology. *International Research Journal of Humanities and Interdisciplinary Studies [Internet].* 2024 [cited 2024 Nov 17]; Available from: <https://irjhis.com/paper/IRJHIS2401005.pdf>

89. Venkatasubbu S, Krishnamoorthy G. Ethical Considerations in AI Addressing Bias and Fairness in Machine Learning Models. *Journal of Knowledge Learning and Science Technology* ISSN: 2959-6386 (online). 2022;1(1):130-8.

90. Morley G, Field R, Horsburgh CC, Burchill C. Interventions to mitigate moral distress: A systematic review of the literature. *Int J Nurs Stud.* 2021;121:103984.

91. Mason L. Medical Discrimination: A Hidden and Non-Neglectable Issue. *Science Insights*. 2024;44(4):1327-39.
92. Price W, Nicholson II. Distributed governance of medical AI. *SMU Sci & Tech L Rev*. 2022;25:3.
93. Yao R, Zhang W, Evans R, Cao G, Rui T, Shen L. Inequities in health care services caused by the adoption of digital health technologies: scoping review. *J Med Internet Res*. 2022;24(3):e34144.
94. Ueda D, Kakinuma T, Fujita S, Kamagata K, Fushimi Y, Ito R, et al. Fairness of artificial intelligence in healthcare: review and recommendations. *Jpn J Radiol*. 2024;42(1):3-15.
95. Kim S, Fischetti C, Guy M, Hsu E, Fox J, Young SD. Artificial intelligence (AI) applications for point of care ultrasound (POCUS) in low-resource settings: a scoping review. *Diagnostics*. 2024;14(15):1669.
96. Pillai AS. Artificial Intelligence in Healthcare Systems of Low-and Middle-Income Countries: Requirements, Gaps, Challenges, and Potential Strategies. *International Journal of Applied Health Care Analytics*. 2023;8(3):19-33.
97. Kelly S, Kaye SA, Oviedo-Trespalacios O. What factors contribute to the acceptance of artificial intelligence? A systematic review. *Telematics and Informatics*. 2023;77:101925.
98. Bozkurt A, Junhong X, Lambert S, Pazurek A, Crompton H, Koseoglu S, et al. Speculative futures on ChatGPT and generative artificial intelligence (AI): A collective reflection from the educational landscape. *Asian Journal of Distance Education*. 2023;18(1):53-130.
99. Rony MKK, Numan SM, Akter K, Tushar H, Debnath M, tuj Johra F, et al. Nurses' perspectives on privacy and ethical concerns regarding artificial intelligence adoption in healthcare. *Heliyon*. 2024;10(17).
100. Yam KC, Tan T, Jackson JC, Shariff A, Gray K. Cultural Differences in People's Reactions and Applications of Robots, Algorithms, and Artificial Intelligence. *Management and Organization Review*. 2023;19(5):859-75.
101. Chinta SV, Wang Z, Zhang X, Viet TD, Kashif A, Smith MA, et al. Ai-driven healthcare: A survey on ensuring fairness and mitigating bias. *arXiv preprint arXiv:240719655*. 2024;
102. Tam K, Hopcraft R, Crichton T, Jones K. The potential mental health effects of remote control in an autonomous maritime world. *Journal of International Maritime Safety, Environmental Affairs, and Shipping*. 2021;5(2):40-55.
103. Von Eschenbach WJ. Transparency and the black box problem: Why we do not trust AI. *Philos Technol*. 2021;34(4):1607-22.
104. Wysocki O, Davies JK, Vigo M, Armstrong AC, Landers D, Lee R, et al. Assessing the communication gap between AI models and healthcare professionals: Explainability, utility and trust in AI-driven clinical decision-making. *Artif Intell*. 2023;316:103839.
105. Song M, Xing X, Duan Y, Cohen J, Mou J. Will artificial intelligence replace human customer service? The impact of communication quality and privacy risks on adoption intention. *Journal of Retailing and Consumer Services*. 2022;66:102900.
106. Alanazi A. Clinicians' views on using artificial intelligence in healthcare: opportunities, challenges, and beyond. *Cureus*. 2023;15(9).
107. Hao X, Demir E, Eyers D. Exploring collaborative decision-making: A quasi-experimental study of human and Generative AI interaction. *Technol Soc*. 2024;78:102662.
108. Bragazzi NL, Garbarino S. Toward Clinical Generative AI: Conceptual Framework. *JMIR AI*. 2024;3(1):e55957.
109. Hothi N. Artificial Intelligence in Healthcare: Futuristic Opportunities. In: *Artificial Intelligence in*

Healthcare. CRC Press; 2024. p. 291-306.

110. Shalaby RAH, Agyapong VIO. Peer support in mental health: literature review. *JMIR Ment Health*. 2020;7(6):e15572.

111. Westendorp J, Stouthard J, Meijers MC, Neyrinck BAM, de Jong P, van Dulmen S, et al. The power of clinician-expressed empathy to increase information recall in advanced breast cancer care: an observational study in clinical care, exploring the mediating role of anxiety. *Patient Educ Couns*. 2021;104(5):1109-15.

112. Akyirem S, Salifu Y, Bayuo J, Duodu PA, Bossman IF, Abboah-Offei M. An integrative review of the use of the concept of reassurance in clinical practice. *Nurs Open*. 2022;9(3):1515-35.

113. Zhang P, Kamel Boulos MN. Generative AI in medicine and healthcare: promises, opportunities and challenges. *Future Internet*. 2023;15(9):286.

114. Tigard DW, Braun M, Breuer S, Ritt K, Fiske A, McLennan S, et al. Toward best practices in embedded ethics: Suggestions for interdisciplinary technology development. *Rob Auton Syst*. 2023;167:104467.

115. Gaube S, Suresh H, Raue M, Merritt A, Berkowitz SJ, Lerner E, et al. Do as AI say: susceptibility in deployment of clinical decision-aids. *NPJ Digit Med*. 2021;4(1):31.

116. Jacobs M, He J, F. Pradier M, Lam B, Ahn AC, McCoy TH, et al. Designing AI for trust and collaboration in time-constrained medical decisions: a sociotechnical lens. In: *Proceedings of the 2021 chi conference on human factors in computing systems*. 2021. p. 1-14.

117. Zidaru T, Morrow EM, Stockley R. Ensuring patient and public involvement in the transition to AI-assisted mental health care: A systematic scoping review and agenda for design justice. *Health Expectations*. 2021;24(4):1072-124.

118. Rony MKK, Kayesh I, Bala S Das, Akter F, Parvin MR. Artificial intelligence in future nursing care: Exploring perspectives of nursing professionals-A descriptive qualitative study. *Heliyon*. 2024;10(4).

119. Velagaleti SB, Choukaier D, Nuthakki R, Lamba V, Sharma V, Rahul S. Empathetic Algorithms: The Role of AI in Understanding and Enhancing Human Emotional Intelligence. *Journal of Electrical Systems*. 2024;20(3s):2051-60.

120. Hagendorff T. The ethics of AI ethics: An evaluation of guidelines. *Minds Mach (Dordr)*. 2020;30(1):99-120.

121. Johnson J. The AI commander problem: Ethical, political, and psychological dilemmas of human-machine interactions in AI-enabled warfare. *Journal of Military Ethics*. 2022;21(3-4):246-71.

122. Pelau C, Dabija DC, Ene I. What makes an AI device human-like? The role of interaction quality, empathy and perceived psychological anthropomorphic characteristics in the acceptance of artificial intelligence in the service industry. *Comput Human Behav*. 2021;122:106855.

123. Kim J, Kadkol S, Solomon I, Yeh H, Soh JY, Nguyen TM, et al. AI anxiety: a comprehensive analysis of psychological factors and interventions. Available at SSRN 4573394. 2023;

124. Pavlopoulos A, Rachiotis T, Maglogiannis I. An Overview of Tools and Technologies for Anxiety and Depression Management Using AI. *Applied Sciences*. 2024;14(19):9068.

125. Varona D, Suárez JL. Discrimination, bias, fairness, and trustworthy AI. *Applied Sciences*. 2022;12(12):5826.

126. Calice MN, Bao L, Freiling I, Howell E, Xenos MA, Yang S, et al. Polarized platforms? How partisanship shapes perceptions of “algorithmic news bias.” *New Media Soc*. 2023;25(11):2833-54.

127. Challen R, Denny J, Pitt M, Gompels L, Edwards T, Tsaneva-Atanasova K. Artificial intelligence, bias and

clinical safety. *BMJ Qual Saf.* 2019;28(3):231-7.

128. Scatiggio V. Tackling the issue of bias in artificial intelligence to design ai-driven fair and inclusive service systems. How human biases are breaching into ai algorithms, with severe impacts on individuals and societies, and what designers can do to face this phenomenon and change for the better. 2020;

FINANCING

The authors thank the Research and Development Department (DIDE) of the Technical University of Ambato (UTA) for funding the publication of the following research.

CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

AUTHORSHIP CONTRIBUTION

Conceptualization: Luis Fabián Salazar-Garcés.

Data curation: Diana Catalina Velastegui-Hernandez, Fabricio Alejandro Vasquez de la Bandera, Rita Elizabeth Velastegui-Hernández, Verónica Gabriela Salinas-Velastegui, Estefania Araceli Reyes-Rosero, Andrea Carolina Cevallos-Teneda, Andrea Alexandra Tufiño-Aguilar, Luis Felipe Contreras-Vásquez, Gabriela Sandoval.

Research: Diana Catalina Velastegui-Hernandez, Fabricio Alejandro Vasquez de la Bandera, Rita Elizabeth Velastegui-Hernández, Verónica Gabriela Salinas-Velastegui, Estefania Araceli Reyes-Rosero, Andrea Carolina Cevallos-Teneda, Andrea Alexandra Tufiño-Aguilar, Luis Felipe Contreras-Vásquez, Gabriela Sandoval, Luis Fabián Salazar-Garcés.

Project management: Diana Catalina Velastegui-Hernandez, Fabricio Alejandro Vasquez de la Bandera, Luis Fabián Salazar-Garcés.

Supervision: Diana Catalina Velastegui-Hernandez, Luis Felipe Contreras-Vásquez, Luis Fabián Salazar-Garcés.

Validation: Diana Catalina Velastegui-Hernandez, Fabricio Alejandro Vasquez de la Bandera, Luis Felipe Contreras-Vásquez, Luis Fabián Salazar-Garcés.

Drafting - original draft: Diana Catalina Velastegui-Hernandez, Luis Fabián Salazar-Garcés.

Writing - proofreading and editing: Diana Catalina Velastegui-Hernandez, Fabricio Alejandro Vasquez de la Bandera, Rita Elizabeth Velastegui-Hernández, Verónica Gabriela Salinas-Velastegui, Estefania Araceli Reyes-Rosero, Andrea Carolina Cevallos-Teneda, Andrea Alexandra Tufiño-Aguilar, Luis Felipe Contreras-Vásquez, Gabriela Sandoval, Luis Fabián Salazar-Garcés.