


# Ethics and AI in medicine

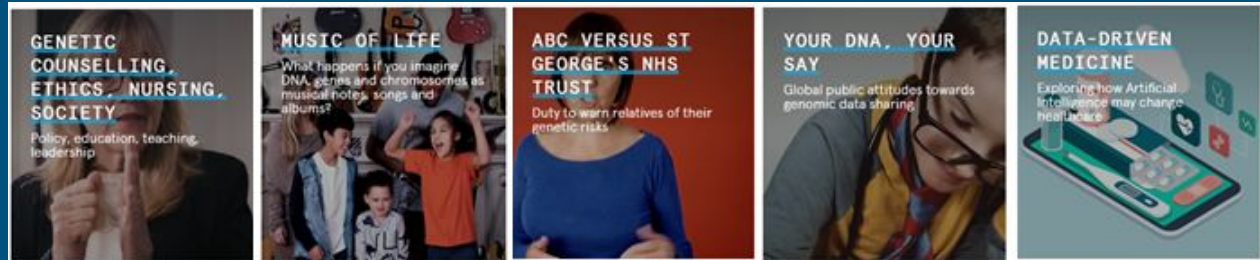
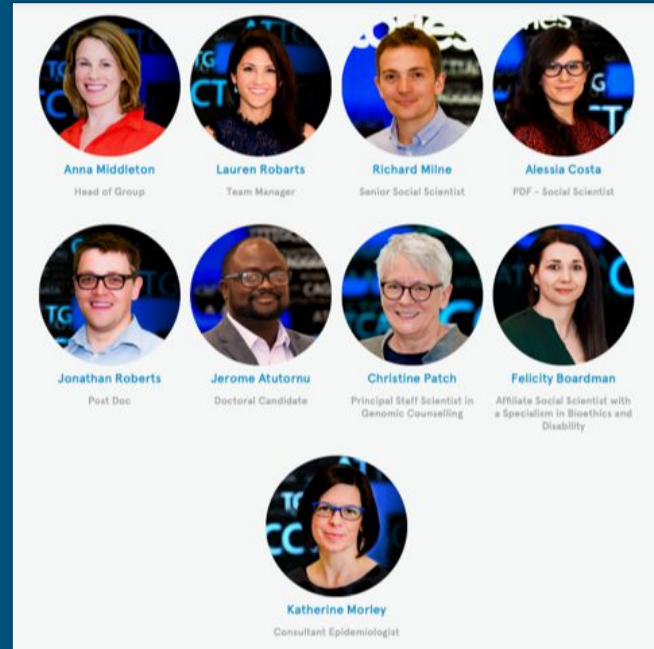
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Dr Richard Milne  
Society and Ethics Research Group  
Wellcome Genome Campus



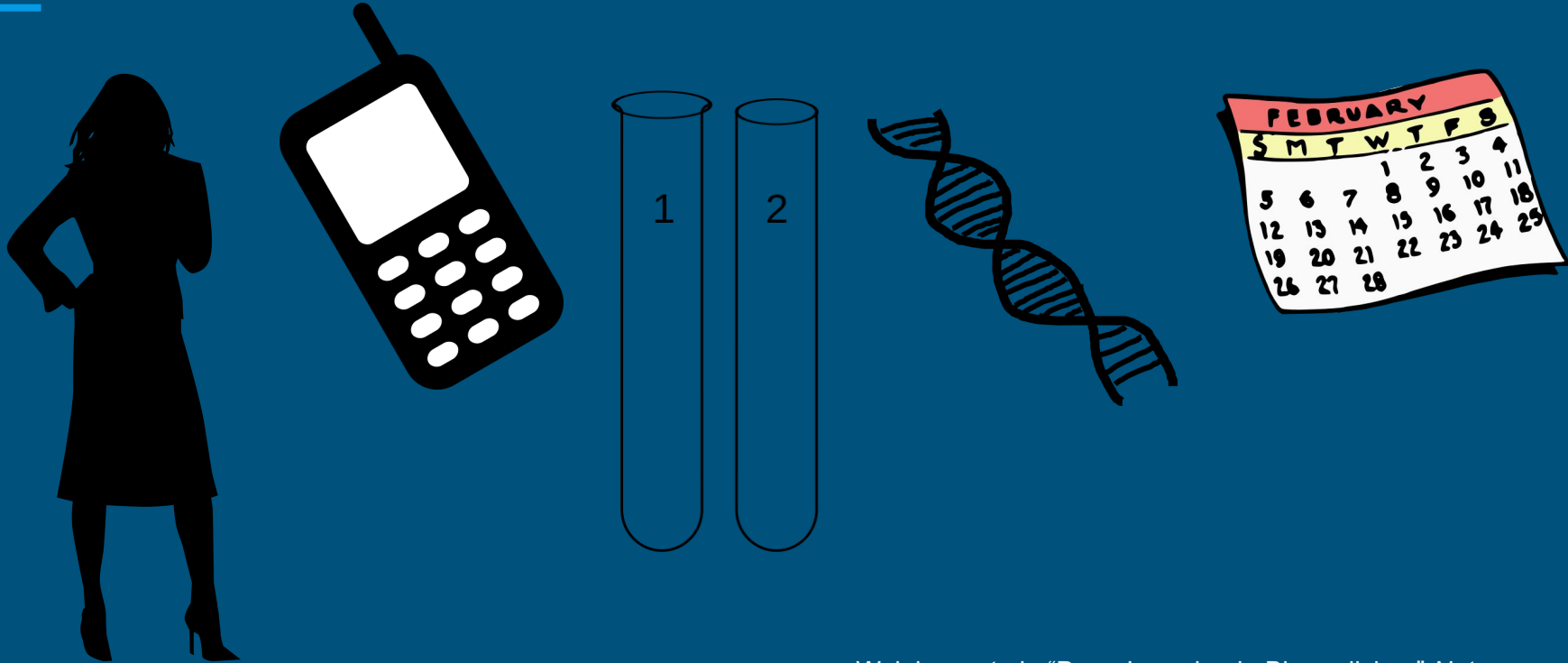
# Society and Ethics Research

Empirical social science research  
exploring the translation of genomics  
from bench to bedside and beyond



# Disrupting the future of medicine?

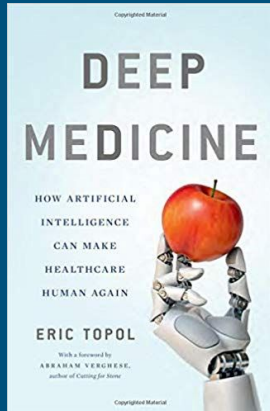
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Wainberg et al., "Deep Learning in Biomedicine," *Nature Biotechnology* <https://doi.org/10.1038/nbt.4233>.

# The potential of AI

“the science of making machines do things that would require intelligence if done by people”



ESMO  
EUROPEAN SOCIETY  
OF MEDICAL ONCOLOGY

Annals of Oncology 29: 1836–1842, 2018  
doi:10.1093/annonc/mdy166  
Published online 28 May 2018

ORIGINAL ARTICLE

Man against machine: diagnostic performance of a deep learning convolutional neural network for dermoscopic melanoma recognition in comparison to 58 dermatologists

H. A. Haenssle<sup>1,2,3</sup>, C. Fink<sup>1</sup>, R. Schneiderbauer<sup>1</sup>, F. Toberer<sup>1</sup>, T. Buhl<sup>2</sup>, A. Blum<sup>1</sup>, A. Kalloo<sup>4</sup>, A. Ben Hadj Hassen<sup>5</sup>, L. Thomas<sup>6</sup>, A. Enk<sup>1</sup> & L. Uhlmann<sup>7</sup>

Diagnostics	Knowledge Generation	Public Health	System Efficiency	P4 Medicine
<ul style="list-style-type: none"><li>• Image Recognition e.g.</li><li>• Symptoms Checkers and Decision Support</li><li>• Risk Stratification</li></ul>	<ul style="list-style-type: none"><li>• Drug Discovery</li><li>• Pattern Recognition</li><li>• Greater knowledge of rare diseases</li><li>• Greater understanding of causality</li></ul>	<ul style="list-style-type: none"><li>• Digital epidemiology</li><li>• National screening programmes</li></ul>	<ul style="list-style-type: none"><li>• Optimisation of care pathways</li><li>• Prediction of Do Not Attends</li><li>• Identification of staffing requirements</li></ul>	<ul style="list-style-type: none"><li>• Prediction of deterioration</li><li>• Personalised treatments</li><li>• Preventative advice</li></ul>

# The challenges of AI

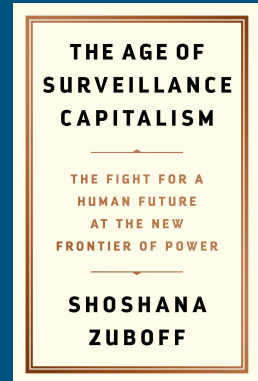
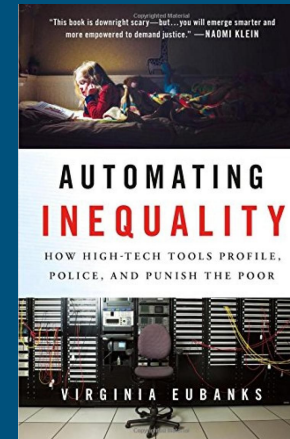
Societal and political concerns about data, algorithms and AI

How to maximise the benefits of the technology while responding to the ethical and social challenges it raises?

**Semantics derived automatically from language corpora contain human-like biases**

Aylin Caliskan,<sup>1\*</sup> Joanna J. Bryson,<sup>1,2\*</sup> Arvind Narayanan<sup>1\*</sup>

“if we build an intelligent system that learns enough about the properties of language to be able to understand and produce it, in the process it will also acquire historical cultural associations, some of which can be objectionable.”



# Machine Bias

There's software used across the country to predict future criminals. And it's biased against blacks.

by Julia Angwin, Jeff Larson, Surya Mattu and Lauren Kirchner, ProPublica  
May 23, 2016

A commercial tool **COMPAS** automatically predicts some categories of future crime to assist in bail and sentencing decisions. It is used in courts in the US.

## Prediction Fails Differently for Black Defendants

	WHITE	AFRICAN AMERICAN
Labeled Higher Risk, But Didn't Re-Offend	23.5%	44.9%
Labeled Lower Risk, Yet Did Re-Offend	47.7%	28.0%

*Overall, Northpointe's assessment tool correctly predicts recidivism 61 percent of the time. But blacks are almost twice as likely as whites to be labeled a higher risk but not actually re-offend. It makes the opposite mistake among whites: They are much more likely than blacks to be labeled lower risk but go on to commit other crimes. (Source: ProPublica analysis of data from Broward County, Fla.)*

<https://www.propublica.org/article/machine-bias-risk-assessments-in-criminal-sentencing>

# 'Getting it right'

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1. Respect for persons
2. Respect for human rights
3. Participation
4. Accounting for decisions

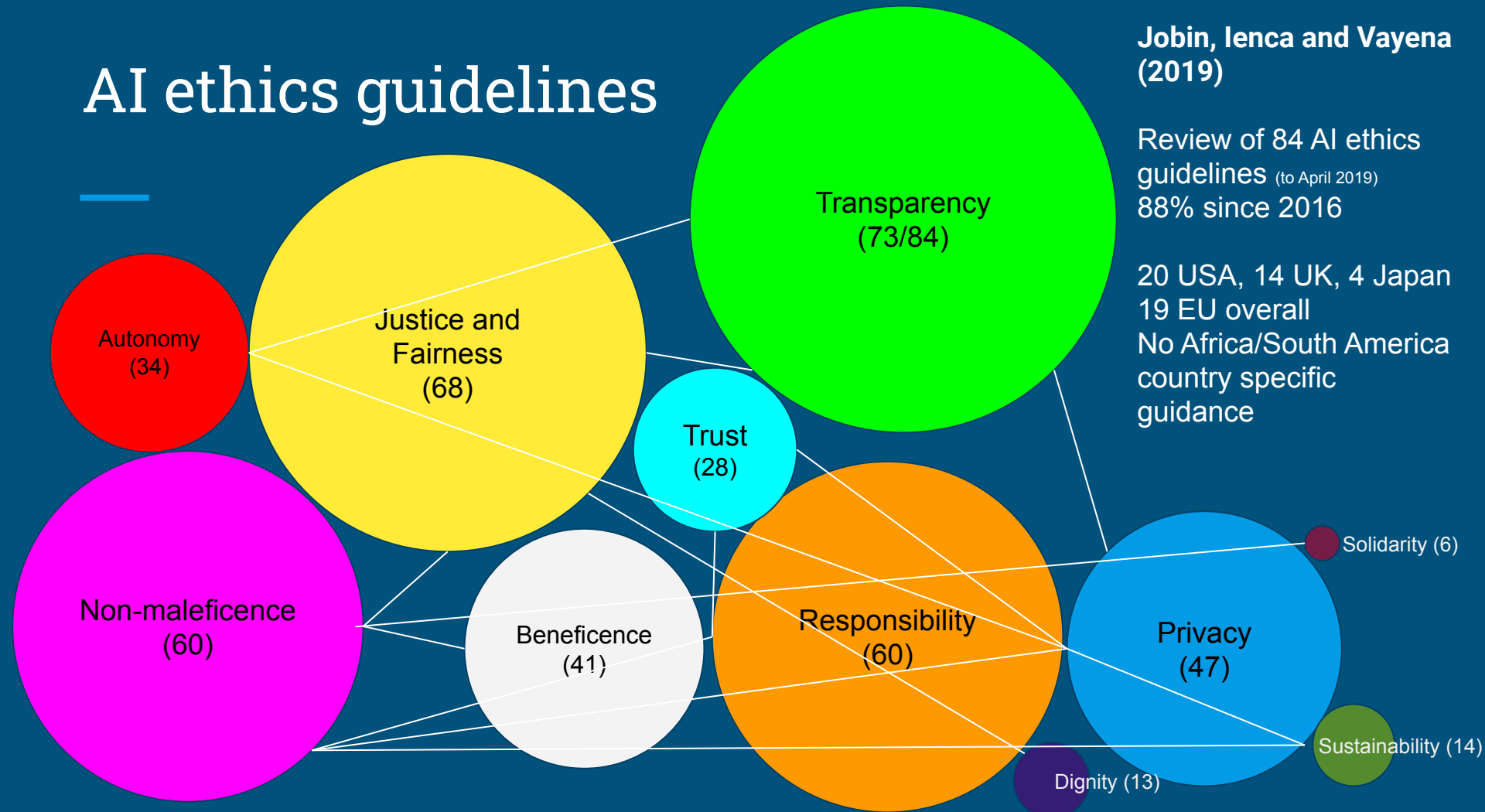


# AI ethics guidelines

Jobin, Ienca and Vayena  
(2019)

Review of 84 AI ethics  
guidelines (to April 2019)  
88% since 2016

20 USA, 14 UK, 4 Japan  
19 EU overall  
No Africa/South America  
country specific  
guidance





# AI ethics guidelines



Transparency  
(73/84)

Justice and  
Fairness  
(68)

Autonomy  
(34)

Trust  
(28)

Non-maleficence  
(60)

Beneficence  
(41)

Responsibility  
(60)

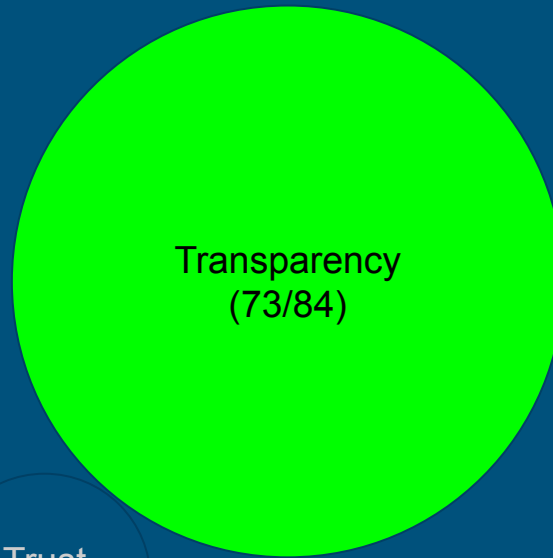
Privacy  
(47)

Solidarity (6)

Dignity (13)

Sustainability (14)

# AI ethics guidelines



## WHAT?

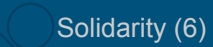
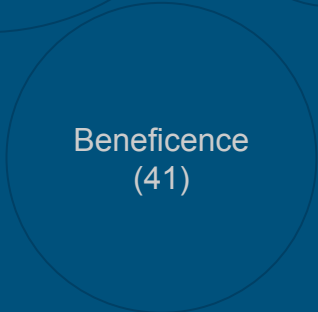
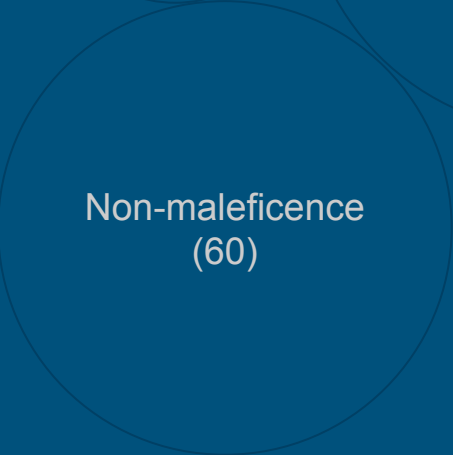
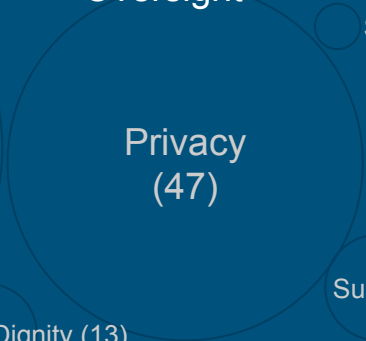
Explainability  
Interpretability  
Communication and disclosure

## WHEN?

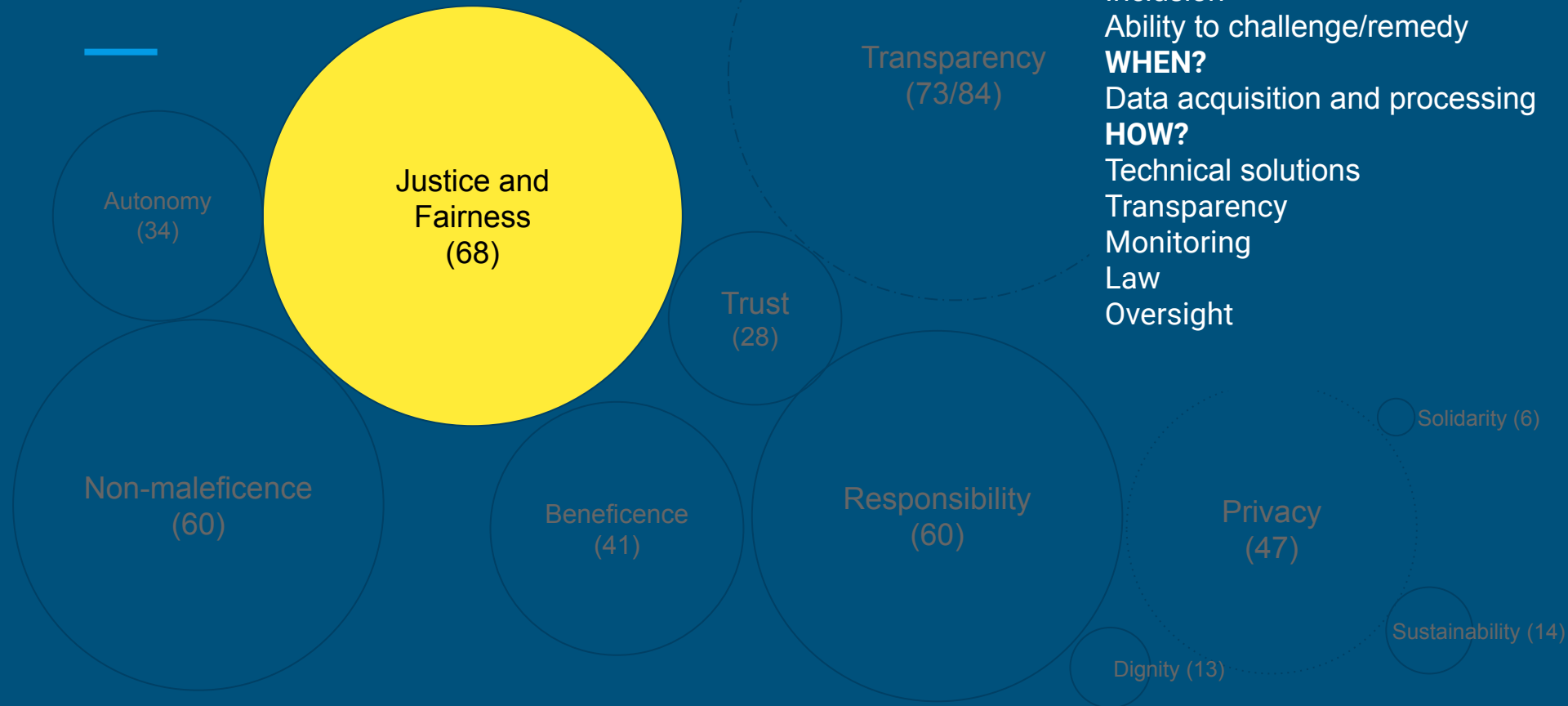
Related to data use, automated decisions, human-AI interaction, purpose of AI

## HOW?

Increase disclosure of information about AI  
Accessible explanations  
Oversight



# AI ethics guidelines



## WHAT?

Prevention of unwanted bias and discrimination

Inclusion

Ability to challenge/remedy

## WHEN?

Data acquisition and processing

## HOW?

Technical solutions

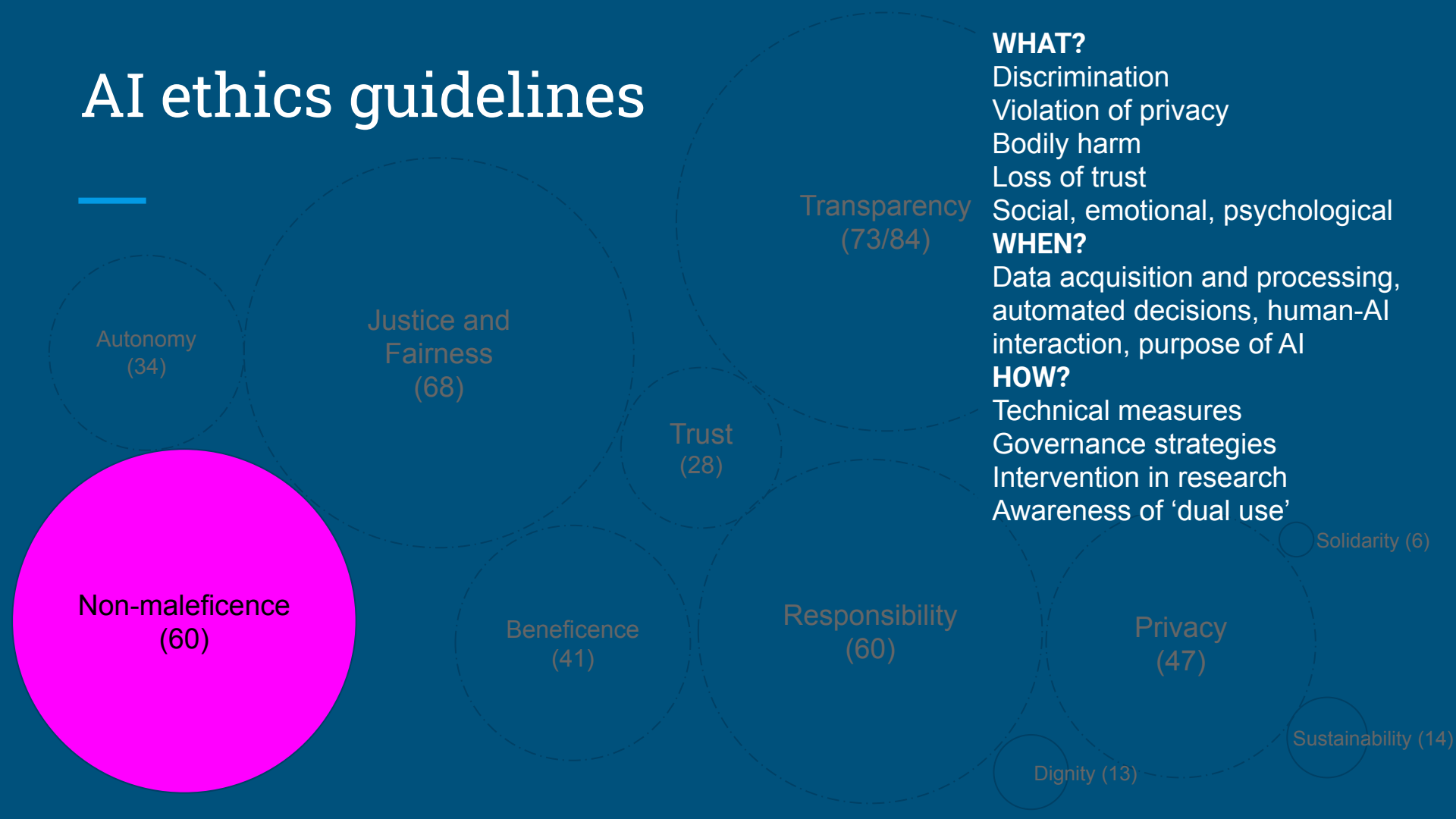
Transparency

Monitoring

Law

Oversight

# AI ethics guidelines



## WHAT?

Discrimination  
Violation of privacy  
Bodily harm  
Loss of trust  
Social, emotional, psychological

## WHEN?

Data acquisition and processing,  
automated decisions, human-AI  
interaction, purpose of AI

## HOW?

Technical measures  
Governance strategies  
Intervention in research  
Awareness of 'dual use'

# Case studies

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Polygenic risk scores

Photographic phenotyping for rare diseases

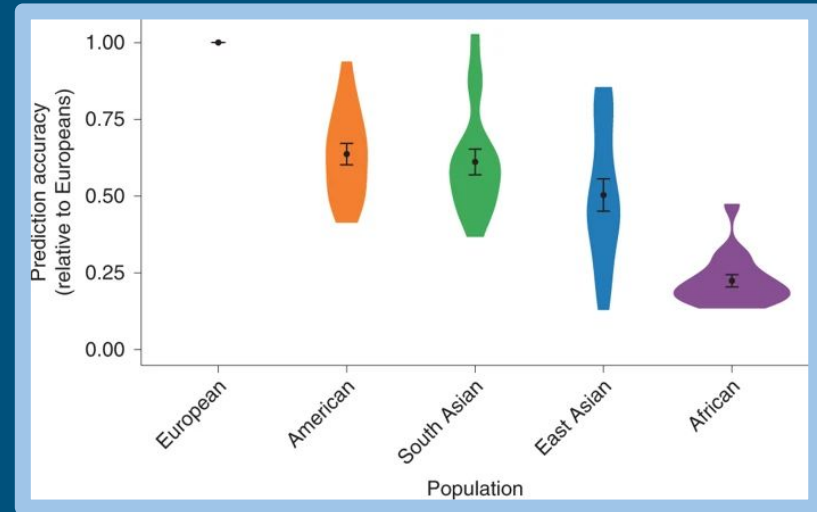
Digital detection of cognitive decline

# Polygenic risk scores

Potential for more accurate identification or stratification of individuals on the basis of risk for common conditions

- changing risk assessments and need to update (transparency)
- risk communication (non-maleficence)
- availability of datasets (justice)
- limited generalisability of PRS

Need more, better quality data on diverse populations and consideration of value and meaning of genetic information



*Prediction accuracy relative to European-ancestry individuals across 17 quantitative traits and 5 continental populations in the UKBB. (Martin et al. 2019)*

# Photographic phenotyping

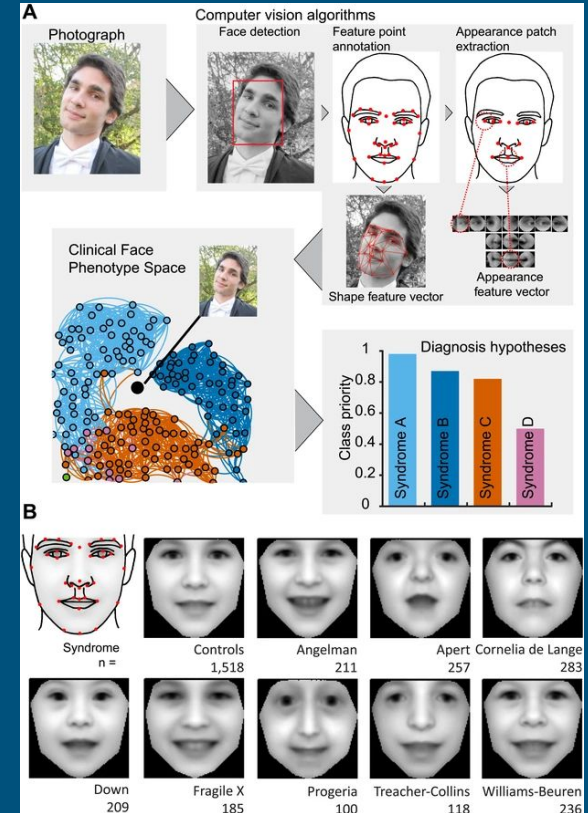
Developments in sequencing facilitate accurate diagnosis of dysmorphologies

Rely on clinician expertise in identifying phenotypes

Machine learning algorithms can be used to detect facial features associated with intellectual disability and interpret VUS

Ferry et al., eLife (2014) <https://doi.org/10.7554/eLife.02020>.

van der Donk et al., *Genetics in Medicine* (2019)  
<https://doi.org/10.1038/s41436-018-0404-y>.



## data-induced discrimination

- effective tool relies on representative dataset of photographs
- ethnic diversity in presentation
- potential for bias and uneven access

## the management of incidental findings

- how to determine what IFs are potentially present in design?
- how to review and evaluate IFs?

## commodification of phenotypic datasets

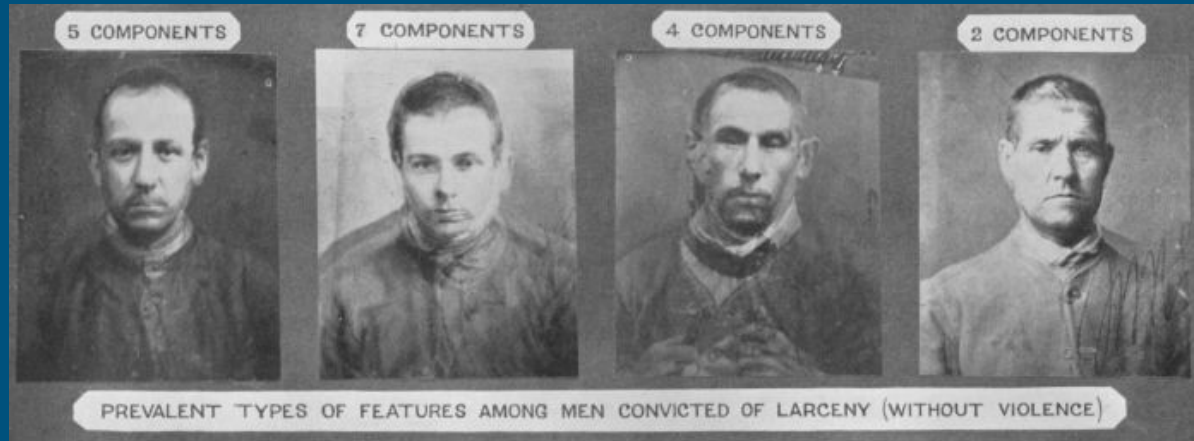
- data have value that developers may wish to protect
- phenotyping has public benefit - how to prevent data siloing

(Hallowell et al. 2019)



what is detected in whom, and what are the consequences?

- sensitivity of facial features
- potential for 'off-label' use
- legacy of stigma and discrimination based on photographic evidence
- reinforces social and racial stereotypes about face, race and intelligence



# The dual use problem and the 'double bottleneck'

“ethical mistakes or misunderstandings may lead to social rejection or distorted legislation and policies, which in turn may cripple the acceptance and advancement of data science” (Mittelstadt 2019)



Kate Crawford and Trevor Paglen “Excavating AI: The Politics of Training Sets for Machine Learning” (September 19, 2019) <https://excavating.ai>

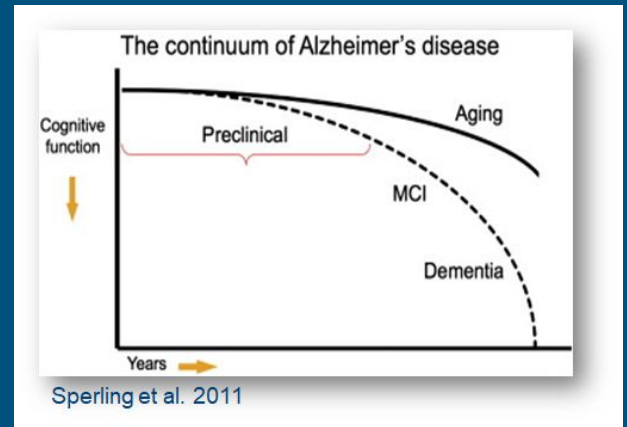
# Digital detection of cognitive decline

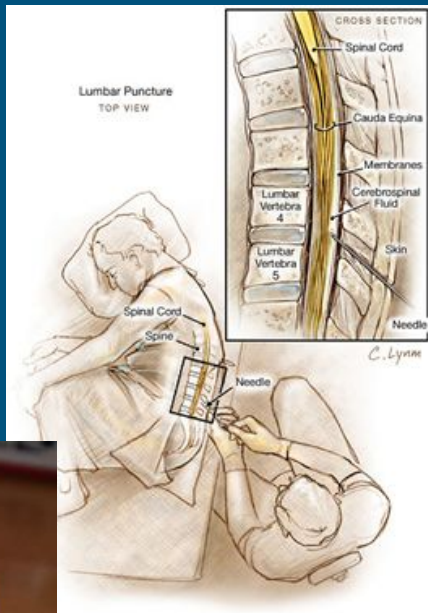
1. Many people with dementia do not have access to a 'timely' diagnosis

Need to improve/extend ability to detect dementia

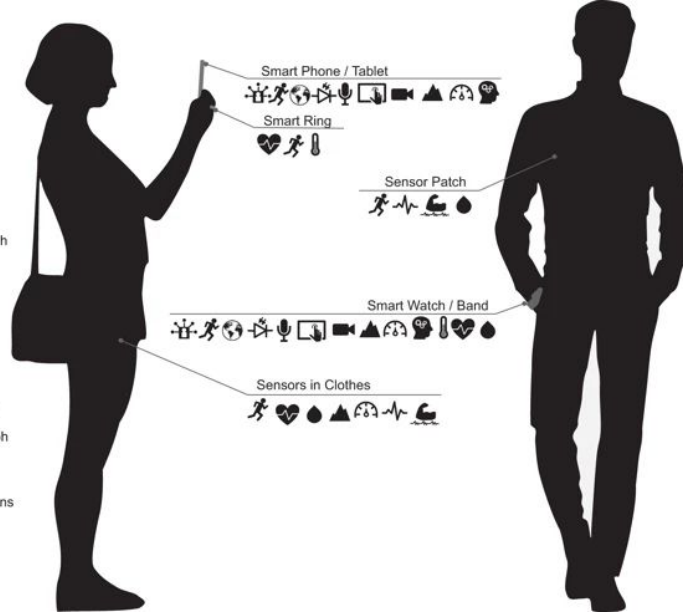
2. Repeated failure of Alzheimer's drug trials attributed to 'wrong people, wrong time'

Identification of at-risk individuals and early detection of cognitive decline may enable targeted interventions





- Microphone
- Touch Screen
- Camera
- Altimeter
- Barometer
- PPG
- ElectroCardioGraph
- IMU
- Geo-Positioning
- Light Sensor
- Thermometer
- ElectroMyoGraph
- ElectroDermoGraph
- Logic
- Wireless Interactions
- Social Network



# New data, new analytics

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Implementation of ML in image recognition, analysis of large-scale behavioural data, new forms of data collection

Active/passive measures

Improve translation from cell/animal/lab to human/clinic

■ Research · January 2, 2019

Artificial Intelligence Can Detect Alzheimer's Disease in Brain Scans Six Years Before a Diagnosis

By Dana Smith



# SPACE

(Stakeholder Perspectives on social and ethical Aspects of digital Cognitive Evaluation)

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What ethical challenges are emerging in practice?

How does something get identified as an 'ethical' question?

What gets done about it?

What do members of the public think about these uses of data about them?





# Data ethics

“A lot of people are data hoarding - it's not always immediately obvious until you ask for data, but a lot of people have said know when we've asked the data to do machine learning on some some people have said no because they're publishing on the data themselves” (clinician researcher)

“It [ethics] really has all been around data. So kind of who owns the data, where's the data being stored who's processing it and some concerns about that” (academic researcher)

# Transparency

## How to be transparent about changing uses of data?

I think they play out differently because because for a company ... We're constantly developing on a product which means we're capturing new types of data every day. That already complicates things for us. The data is also super important for feeding back into our research and development process of the product. So there are there more users of the data for for business than there is for an academic.



# Responsibility

Who does detection?

How do we justify decisions?

“I think the problem is what we're technically capable of doing is not something that we necessarily can do ... I mean, I can produce algorithms which could diagnose dementia possibly as accurately as a clinician

... If we're thinking practically then obviously you get into a hotter and hotter water the more responsibility you take away from the clinician, even if it leads to better and better **patient outcomes.**” (clinician researcher)

# Justice

“we know that the diagnosis varies on the basis of ethnicity and things like that and and some people believe that there are gender biases and ethnic biases in the [human] diagnosis and if that's true and we develop a 100% accurate classifier, I'm concerned that we're essentially, at extreme you could say we've developed a racist algorithm for example” (clinician researcher)

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# Timing

“We should probably also be targeting people before they go to before they make a decision about whether to go to the doctor or not.”  
(clinician researcher)

# Timing

## And regulation

Once you're talking about people who are healthy at least by clinical standards who don't have any diagnosis, then you can be like that **it's almost like a consumer business right?** I mean you can you cannot you cannot claim anything clinical, but maybe you're not trying to do anything clinical. You're not trying to treat a diagnosis, you're trying to help them reduce the risk of even getting a diagnosis. (company researcher)

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# Privacy

Who detects detection?

"A system and method that enables a person to **unobtrusively** assess their cognitive function from mobile device usage." (Mindstrong)

"The invention embodiments provide the potential for an automated, seamless and **non-intrusive** detection of different diseases." (Fujitsu)

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“the system may monitor household occupants' movement patterns and compare these movement patterns with those associated with Alzheimer's disease ... the system may infer a higher probability that the household occupant has the disease ... The inference may be reported and/or recorded for subsequent use in the system.”

(US patent US9872088B2)

Google Home

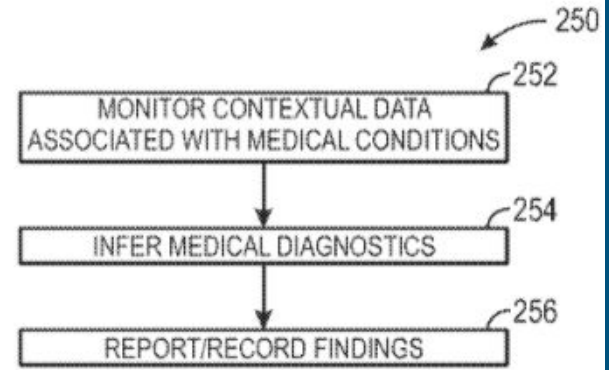


FIG. 41

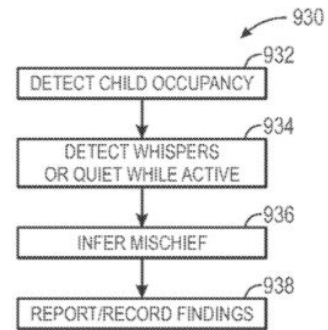


FIG. 36

# Ethics and early detection of cognitive change

- ‘Data ethics’
  - Access, ownership, sharing etc.
- ‘Detection ethics’
  - Risk communication, fear
- ‘Algorithm ethics’
  - Transparency
  - Justice/Fairness
  - Responsibility
  - Privacy
- Trust and commercialisation





# Conclusions

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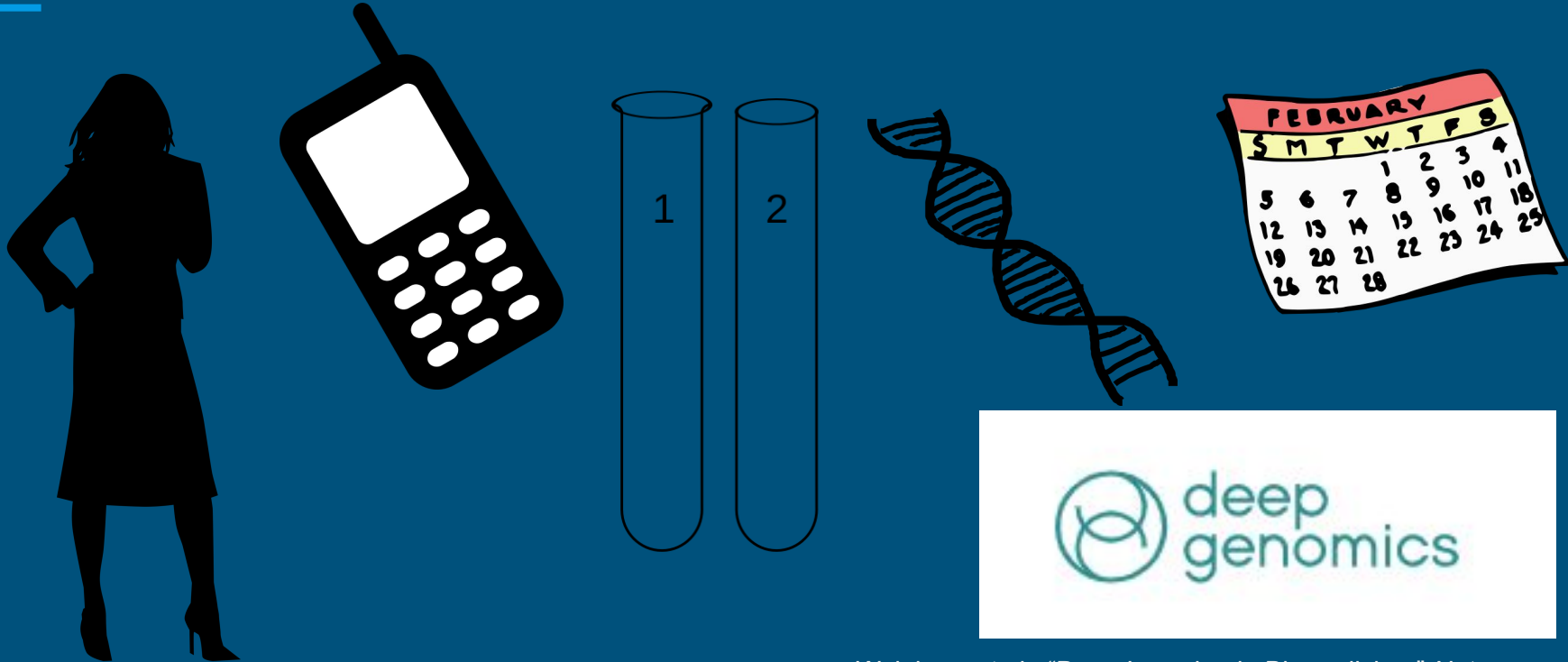
Applications of ML in medicine raise a range of questions related to data, detection and algorithms

We are interested in talking to people working with ML/deep learning etc. about what they're doing, what challenges they encounter and how to incorporate societal and ethical considerations at early stages of research

- Help us understand the field and the challenges it raises
- Hopefully help researchers anticipate (and avoid) emerging ethical concerns

# Disrupting the future of medicine?

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Wainberg et al., "Deep Learning in Biomedicine," *Nature Biotechnology* <https://doi.org/10.1038/nbt.4233>.

SOCIETY AND ETHICS RESEARCH  
SEMINAR SERIES

# From Genomes to GPS: socially responsible research and the future of data-driven medicine

Dr Richard Milne | Society and Ethics Research

Monday 9 December 12:30-13:30  
Kendrew lecture theatre, EBI South building

CONNECTING  
SCIENCE

SOCIETY+  
ETHICS  
RESEARCH



# References

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- Quentin Ferry et al., "Diagnostically Relevant Facial Gestalt Information from Ordinary Photos," *eLife*, June 24, 2014, <https://doi.org/10.7554/eLife.02020>;
- Nina Hallowell, Michael Parker, and Christoffer Nellåker, "Big Data Phenotyping in Rare Diseases: Some Ethical Issues," *Genetics in Medicine* 21, no. 2 (February 2019): 272–74, <https://doi.org/10.1038/s41436-018-0067-8>.