Episode: Author Interview: "Should We Rely on AI to Help Avoid Bias in Patient Selection for Major Surgery?"

Guest: Charles E. Binkley, MD

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## [bright theme music]

TIM HOFF: Welcome to another episode of the *Author Interview series* from the *American Medical Association Journal of Ethics*. I'm your host, Tim Hoff. This series provides an alternative format for accessing the interesting and important work being done by Journal contributors each month. Joining me on this episode is Dr Charles E. Binkley, a surgeon and a bioethicist who serves as the Director of Bioethics for the Central Region at Hackensack Meridian Health and a Clinical Assistant Professor of Surgery at Hackensack Meridian School of Medicine in Nutley, New Jersey. He's here to discuss his article, coauthored with David S. Kemp and Dr Brandi Braud Scully, Should We Rely on AI to Help Avoid Bias in Patient Selection for Major Surgery?, in the August 2022 issue of the Journal, Inequity and Interest Ender.

Dr Binkley, thank you so much for being on the podcast with me. [music fades]

DR CHARLES E. BINKLEY: Tim, it's a pleasure to be here with you this afternoon.

HOFF: To begin with, what's the main ethics point of your article?

BINKLEY: In the article, we really wanted to get across the idea that iatrogenic harm can come from not doing as well as from doing. And in this case, the question that we raise is whether part of the mortality that's attributable to Black patients from cardiac and cancer-related deaths is due to the fact they don't receive operations. In general, it's been presumed that patients, Black patients, have a higher operative mortality from cancer surgery and from cardiac surgery, and that, in part, explains the higher mortality rates. Also, it's been presumed that Black patients don't have access to cancer care and to cardiac care at either the highest quality or the highest availability compared to White patients. And what we ask is, is it that patients, Black patients, are turned away for cardiac and major cancer surgery based on presumptions about their operative risk, which may or may not be true and may or may not be grounded in any sort of objective criteria? So, from an ethical perspective, is it that we are actually treating Black patients equitably when we're considering their risk for major surgery?

HOFF: And what do you see as the most important thing for health professions students and trainees to take from this article?

BINKLEY: Well, it really is to start to think about how to be more objective in applying discriminating criteria for major surgery. My coauthors and I are not advocating that we should operate on patients who are truly high risk, but that we should use some sort of objective criteria for stratifying risk for major surgery. And we propose using artificial intelligence clinical decision support systems in a way that would apply equitable standardized criteria for patients for major surgery.

HOFF: And finally, if you could add a point to your article that you didn't fully have the time or space to explore, what would that be?

BINKLEY: It would really capitalize on how artificial intelligence not only is going to be a reality but can also make patient care more equitable and more ethical. I don't think we can underestimate the importance of this tool. And a lot of the discussion around artificial intelligence in clinical setting has emphasized how it may be inequitable or may be biased. And instead, I really wanted to emphasize how, in fact, a well-developed algorithmic question void of biased algorithmic assumptions and an unbiased data set may actually lead to more equitable and more ethical tools for patient selection. [theme music returns]

HOFF: Dr Binkley, thank you so much for being on the podcast, and thank you to you and your coauthors for your contribution to the Journal this month.

BINKLEY: Absolutely, Tim. It's our pleasure.

HOFF: To read the full article, as well as the rest of the August 2022 issue for free, visit our site, <u>JournalofEthics.org</u>. We'll be back soon with more *Ethics Talk* from the *American Medical Association Journal of Ethics*.