



# Could artificial intelligence improve patient care and physician workload?

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It is no surprise that today's family doctors are burned out, suffocating under administrative burden. But what if there could be help, such as having someone—or something—do those mundane, yet time-consuming, tasks for you, allowing you to spend more time providing compassionate care for your patients?

Artificial intelligence, or AI, has been around for decades.<sup>1</sup> Canada is banking on AI as a key pillar to support advances in a range of fields, including health care, and is creating a pan-Canadian artificial intelligence strategy<sup>2</sup> at CIFAR, a global research organization. One area of focus of the Canada CIFAR AI Chairs program is AI for health.<sup>3</sup>

I had the pleasure of participating in the Ontario College of Family Physicians' Family Medicine Summit in January 2024, where Dr Avi Goldfarb talked about the potential AI has to transform the practice of family medicine.<sup>4</sup>

Artificial intelligence is touted as a tool to help family doctors with their day-to-day practice, with AI scribes being deployed to fill out electronic medical record notes and predictive analytics helping to detect serious ailments or provide targeted prevention and wellness information to patients.

On page 161 of this issue of *Canadian Family Physician* you can read the article "Artificial intelligence for family medicine [FM] research in Canada: current state and future directions. Report of the CFPC AI Working Group."<sup>5</sup> The article summarizes results of an expert round table summit, held on April 11, 2022, which indicated that with "improved funding, a focus on FM values and functions, teamwork, and data, AI will improve FM practice and care delivery" including "efficiency, workflow, patient care, diagnostic accuracy, therapeutic decision making, and work-life balance for physicians."<sup>5</sup>

Because machine learning is only as good as the information people provide, there is a fear among family physicians that AI systems will not include enough data from underrepresented patient groups or that it will amplify biases present in source data. There are also concerns that AI tools may be designed to guide providers to specific treatments or products. For example, if an AI tool is created by a pharmaceutical or technology company, what guarantees do we have that the AI system will not push people to choose medications and solutions that would benefit the company?

Based on the focus group hosted by the CFPC AI Working Group, the report authors noted "it will be crucial for physicians and patients to influence the direction

of AI for FM development via collaboration or other advocacy channels."<sup>5</sup>

The CFPC continues to provide leadership in AI for family physicians, including by providing an e-course available through CFPCLearn.<sup>6</sup> *Canadian Family Physician* has hosted 2 podcasts on AI<sup>7,8</sup> and has published articles on the subject, including a commentary in this issue (page 155)<sup>9</sup> and a "Primer for artificial intelligence in primary care"<sup>10</sup> by Dr Jacqueline Kueper, the first CFPC-AMS TechForward Fellow. With a 12-month tenure, the TechForward Fellow position was created by the CFPC, the Foundation for Advancing Family Medicine, and Associated Medical Services Healthcare. When Dr Kueper was named as the first TechForward Fellow, it was expected that her work would provide "insight and perspective on AI, medical technology, and compassionate care in the CFPC's work."<sup>11</sup>

We know AI is here to stay, and we need to be involved in ensuring it is applied in ways that benefit both patients and family physicians and in ways that enhance, rather than degrade, health equity. 🌱

## References

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