



AI is Different: Embracing Opportunities and Tackling Challenges to Shape Evidence-Based Care

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“I care deeply about life – that’s why I’m passionate about Health & AI”



Disclosures

- **Honoraria** for scientific presentations on AI & digital health, integrative oncology and mind body medicine from Swiss Hospitals and non-industry organizations
- **Active research grants** to the University for **digital health research** from:
 - Swiss Cancer Research, newsenselab, Digitalization Initiative of the Zurich Higher Education Institutions (DIZH), Rothenfußer Foundation, DLR (Innofond)
- **Active research grants** to the University for **AI in evidence synthesis** from:
 - Swiss National Foundation (SNF, NRP 83): Artificial Intelligence (AI) to Expedite Sex/Gender Analysis in Evidence Synthesis (2025-2028)
 - Swiss MS Foundation: Living Evidence and Gap Map (EGM): A Pilot Study Integrating Artificial Intelligence (2025-2026)



The World is Connected

Total Population



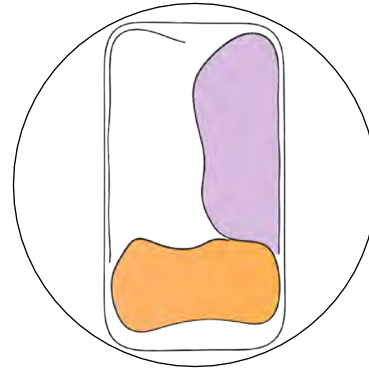
8.20

Billion

Urbanization

58.1%

Unique mobile phone
subscribers



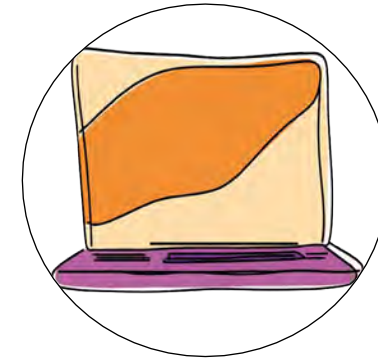
5.78

Billion

vs. population

70.5%

Individuals using the internet



5.56

Billion

vs. population

67.9%

!



Digitalization in Health Care

- Healthcare is just one part of our increasingly digitized lives
- Digital health systems can capture nearly everything:
 - Health records
 - Everyday can be data transformed into health insights
 - The analytics that drive diagnoses and treatment plans

AI is part of digitalization!



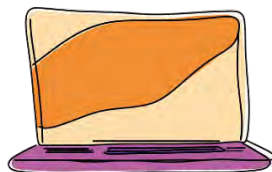


Which of the following health services have you used in the last 12 months?

Online
appointment
booking



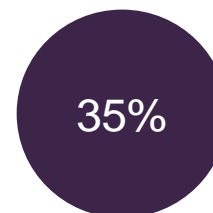
Online
consultation



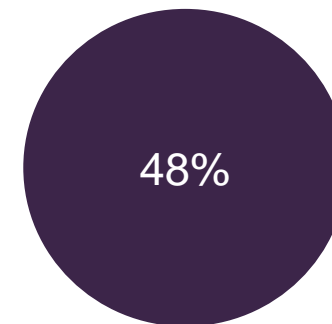
Online
questionnaire



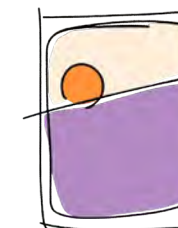
Receive reports
via e-mail



Use of my health
insurance app

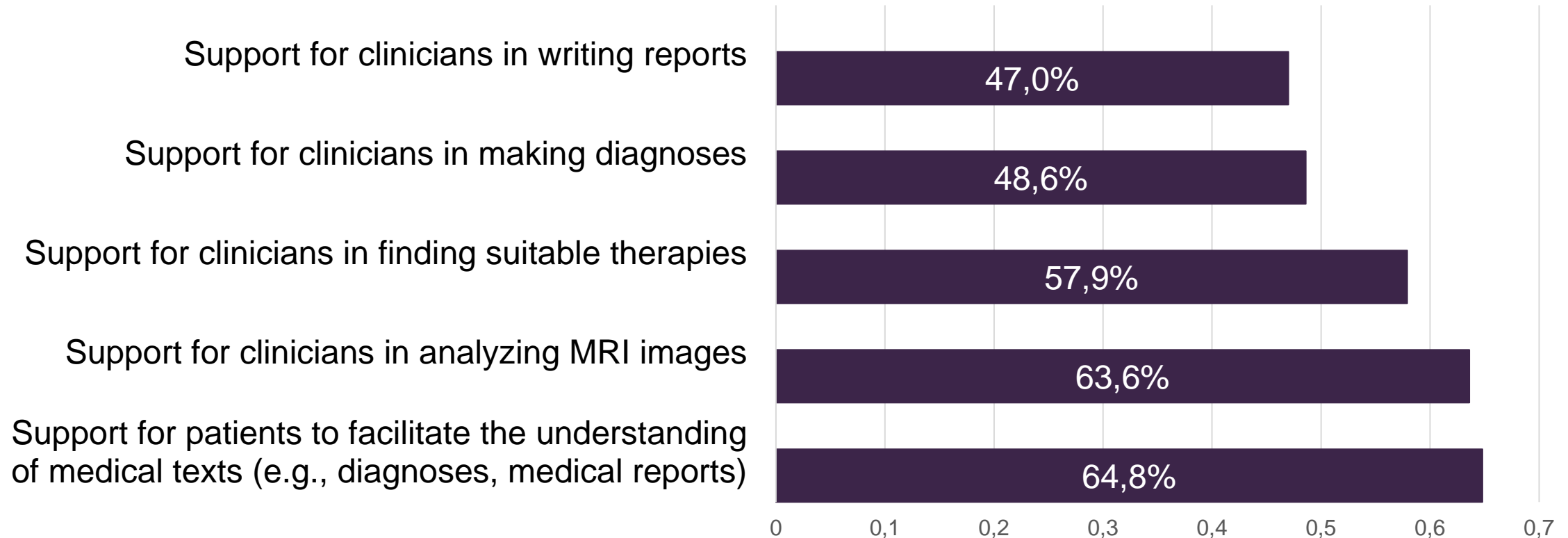


Use of
healthcare
providers' app





For which medical services would you evaluate the use of artificial intelligence positively?





AI IS DIFFERENT

AI can handle nearly every task that involves **human thinking**,
no limits, it is impossible to fully oversee

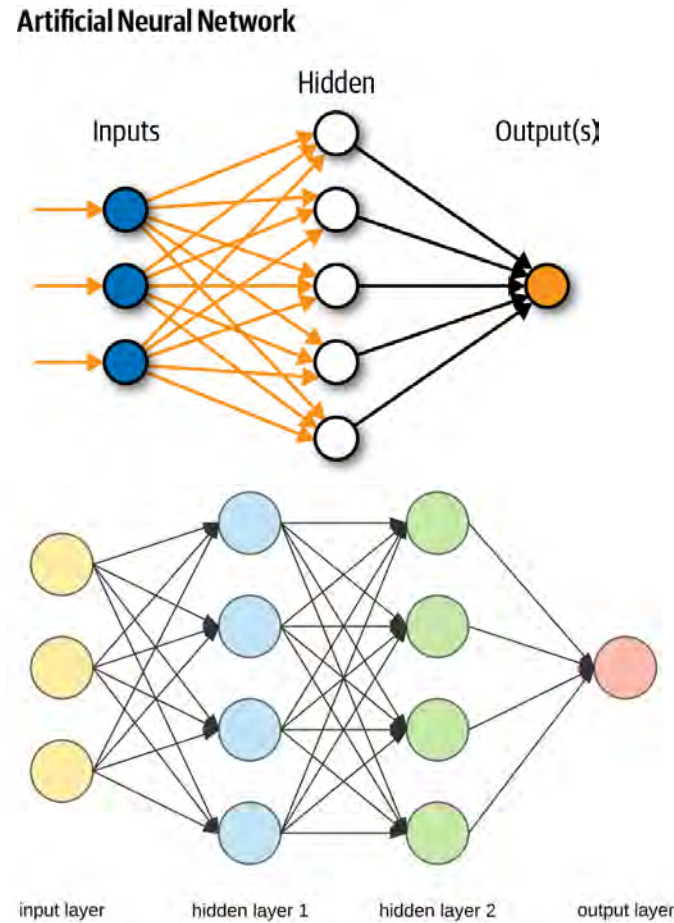
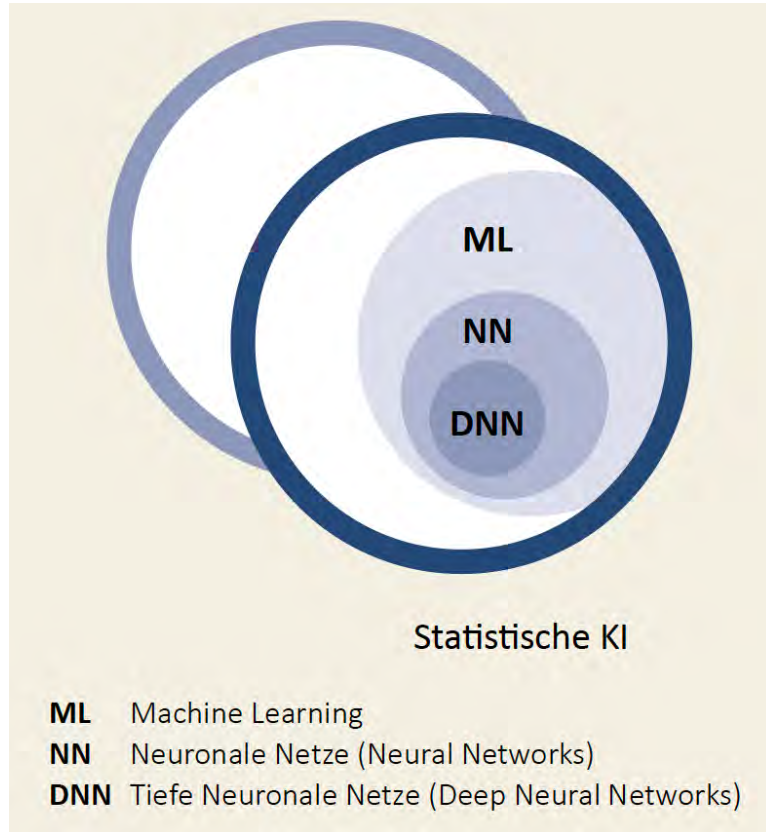
developing faster than anything we've
ever seen in medicine

vast scope: there will be no singular AI experts,
only

collective community knowledge



AI Basics



Supervised Learning:

- Labelled data
- Direct feedback
- Output prediction

Unsupervised Learning:

- No label
- No feedback
- Clustering

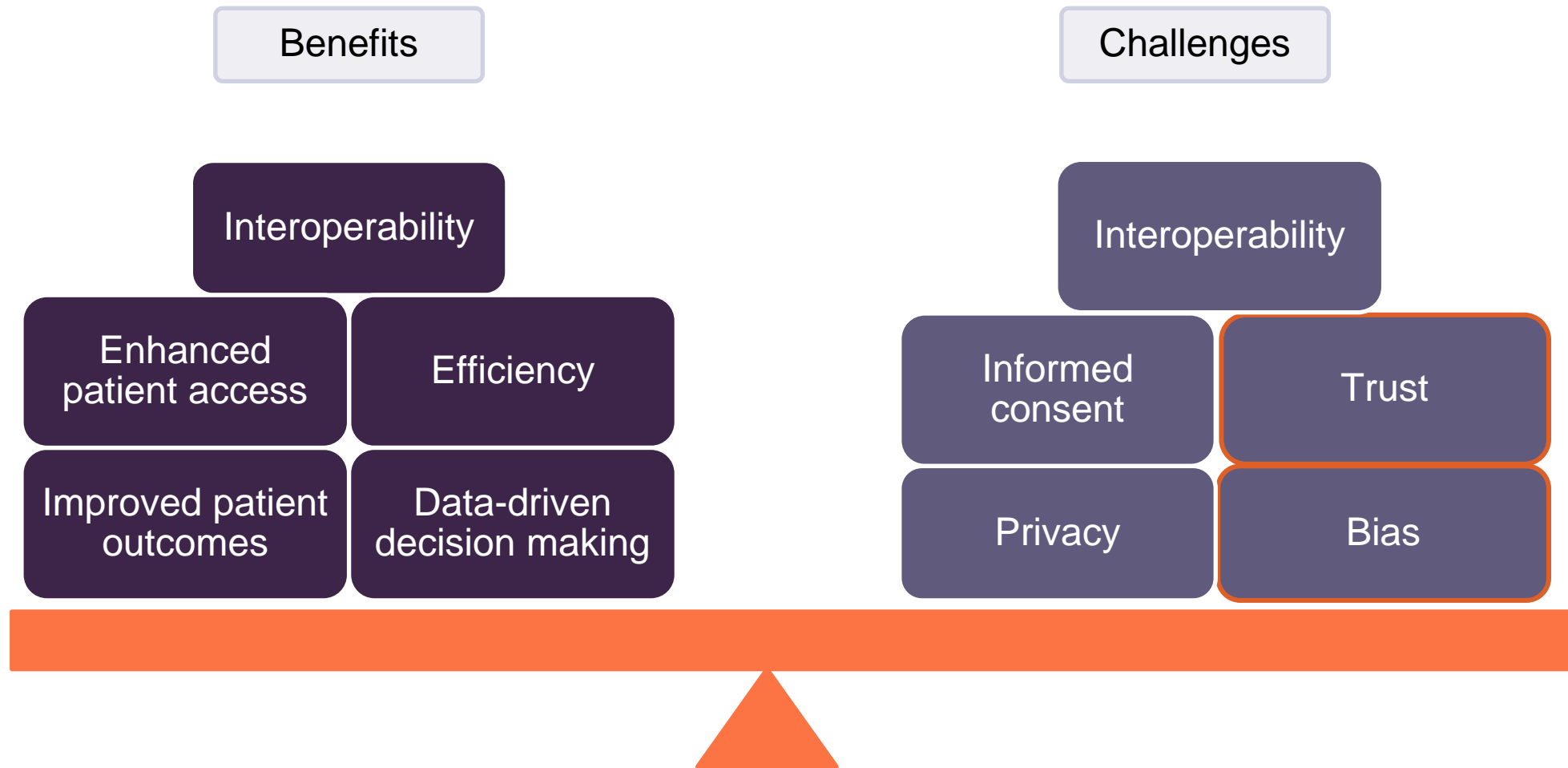
Reinforcement Learning

- Decision process
- Reward system
- Interaction with environment

In medicine: AI = software as medical device (MDR)



Keeping the Balance: Benefits vs. Challenges of Digitalization in Health Care





Trust: Clinicians

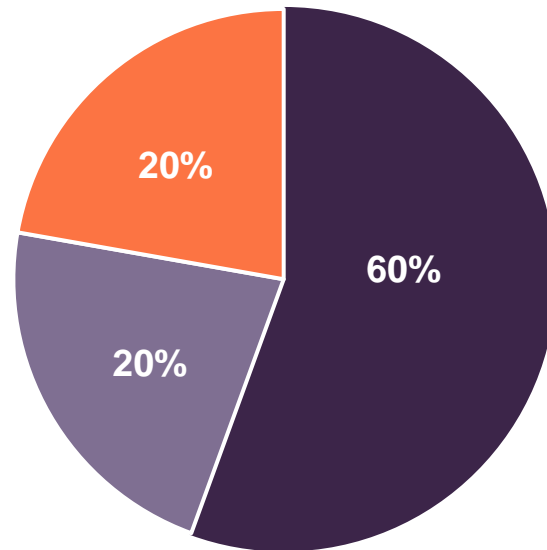
Impact of AI Explanations on Clinician Trust

Dynamics of Trust¹

Clinician trust in AI depends on: *clarity, relevance, and usability of explanations*

Cognitive-Based Trust: Understanding AI's logic and accuracy

Affect-Based Trust: Emotional perceptions and past experiences



■ Increased Trust ■ No Effect ■ Mixed Impact

Challenges²

- *Over-trust*: Blind reliance on AI systems
- *Distrust*: Skepticism from unclear explanations
- *Privacy concerns*: Fear of data misuse¹
- *Fear of automation* replacing jobs
- *System failures* in critical scenarios

¹Rosenbacke et al. JMIR AI 2024 Policy Press 2023

²Zhang et al. Frontiers in Robotics and AI 2023



Trust: Patients

Key Influencing Factors

Human Interaction: AI to augment not replace^{1,2}

Transparency: Patients are more likely to trust AI when its processes and decisions are explainable^{1,3}

Privacy/Security: Fear of data misuse or unauthorized sharing significantly reduces trust^{1,3}

Statistics

59.7% of patients worry about *data privacy* in AI applications¹

94% of surveyed patients believe radiologists should always provide final interpretations of mammograms *while*

88% of those participants acknowledged AI's utility in diagnostics²

15.3% fewer concerns about misuse and bias are exhibited by patients with higher AI knowledge⁴

Challenges

Fear of losing human connection^{1,3}

Accountability^{1,3}

Cultural and demographic variations^{1,2}

Patients value AI as a tool but demand transparency, privacy, and human oversight

¹Wu et al. BMJ Open 2022

²Pesapane et al. Life 2024

³Robertson et al. PLOS Digital Health 2023

⁴Wang et al. Transactions of Technology and Society 2024



AI Development

Technology-Centric Perspective

- Dominates current research
- Technical & engineering aspects
- Views AI as an autonomous agent

VS.

Human-Centric Perspective

- Advocates for a socio-technical system
- Prioritizes trust, adaptability & collaboration
- Recognizes AI as a teammate

76% of publications showed a predominant focus on the technical orientation of AI over human-centered approaches¹

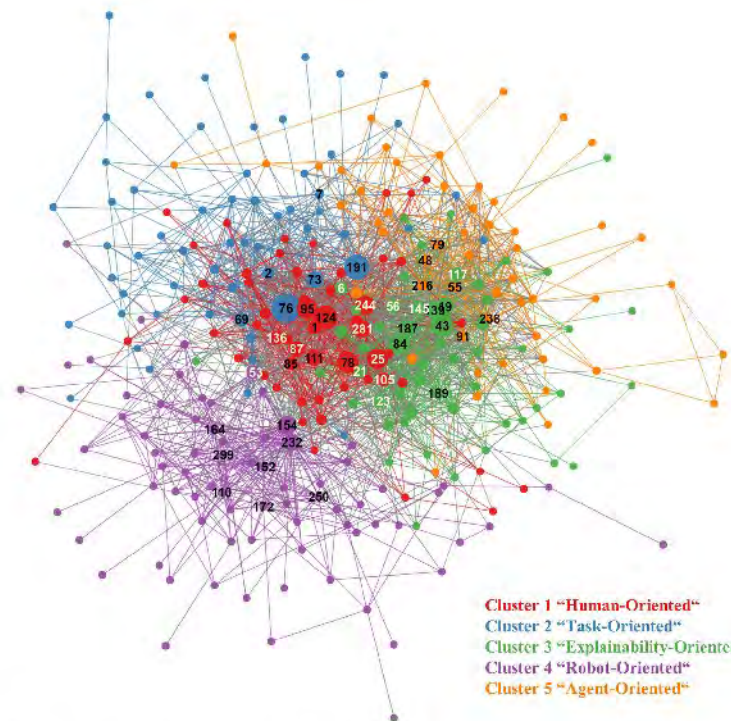


FIGURE 3
Graph of the bibliometric network. Numbers indicate publications included in the content analysis. Publications are matched to their reference numbers in Table 2. White numbers represent papers included based on their relevance for the whole network, black numbers represent papers selected based on their relevance in their cluster. The clusters' titles will be further explained in section 4.2.



Biases in AI Algorithms

1

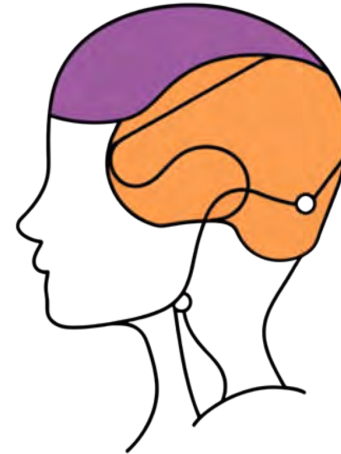
Lack of fair data

2

Absence of guidelines or recommendations

3

Limited awareness in the existence of biases in AI



4

Challenges in data integration

5

Inherent biases in research data

6

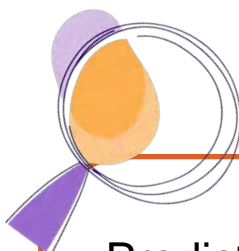
Healthcare disparities



More Data Sources



More Precision



Prediction of disease risks and optimization of key factors in cardiovascular and metabolic diseases

Review → Cell Metab. 2024 Apr 2;36(4):670-683. doi: 10.1016/j.cmet.2024.02.002

Epub 2024 Feb 29.

Transforming the cardiometabolic disease landscape: Multimodal AI-powered approaches in prevention and management

Eván D Muše¹, Eric J Topol²

Disease detection, health analyses, and treatment recommendations

npj | digital medicine

www.nature.com/npjdigitalmed

ARTICLE OPEN

Check for updates

Integrated multimodal artificial intelligence framework for healthcare applications

Luis R. Soenksen^{1,2,3}, Yu Ma^{4,5}, Cynthia Zeng^{6,7}, Leonard Bousstoux^{1,8}, Kimberly Villalobos Carballo^{1,8}, Liangyan Na^{9,10}, Holly M. Wilberg¹¹, Michael L. Li¹, Ignacio Fuentes¹ and Dimitris Bertsimas^{1,12,13}

Toxicity prediction in the development of new drugs.

JCIM
JOURNAL OF
CHEMICAL INFORMATION
AND MODELING

pubs.acs.org/jcim

Review

Artificial Intelligence in Drug Toxicity Prediction: Recent Advances, Challenges, and Future Perspectives

Thi Tuyet Van Tran, Agung Surya Wibowo, Hilal Tayara,[§] and Kil To Chong[#]

Cite This: *J. Chem. Inf. Model.* 2023, 63, 2628–2643

Read Online



Electronic Health Records (EHRs): WHO European Region



EHRs are real-time, patient centered records providing immediate, secure access to authorized users



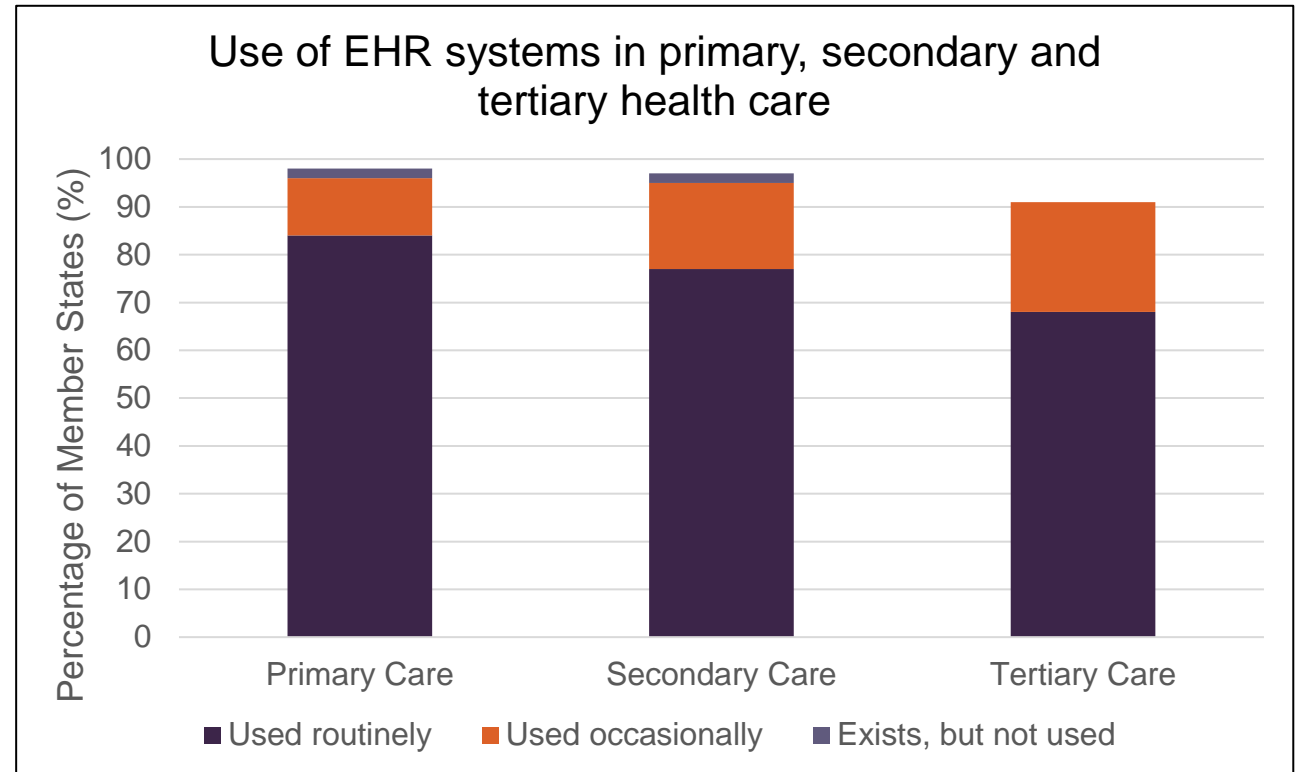
87% of Member States have a national EHR system, regional EHRs, or a patient portal



91% of Member States have legislation supporting NEHR use



37% of Member States cite insufficient funding as the biggest barrier to EHR implementation





Implementing Big Data in Healthcare: WHO European Region

Current Trends

Treatment tracking and risk assessment

Disease surveillance & public health planning

Clinical decision support systems

Key Challenges

Ethical concerns: AI bias

Privacy: 32% regulate private sector use

Interoperability: Inconsistent data formats

Funding: 37% of countries lack resources

Future Direction

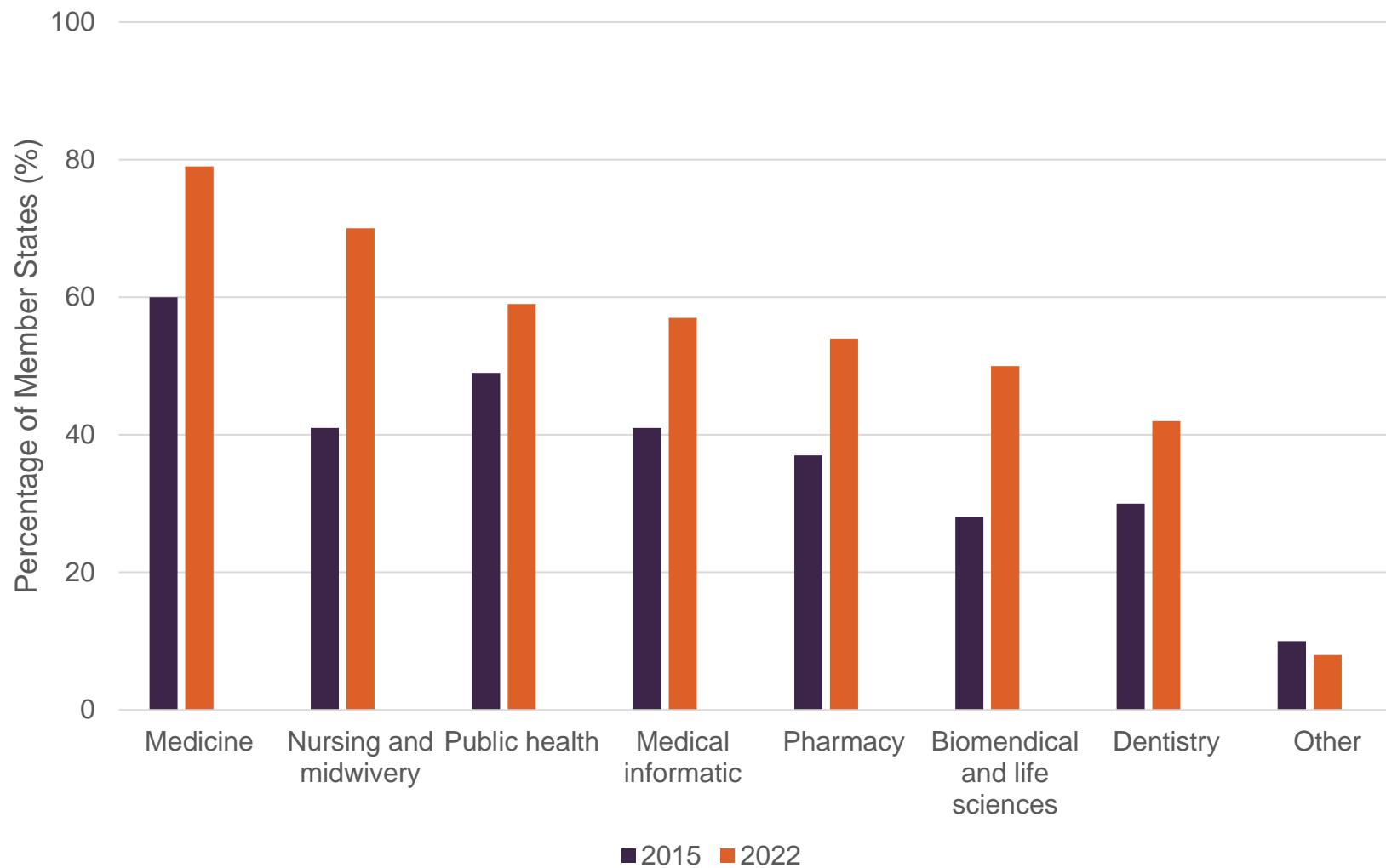
Standardized global policy frameworks

Enhanced AI integration in diagnostics

Responsible data governance models



Training for Health Professionals on Digital Health





Open Science & Reproducibility at UZH

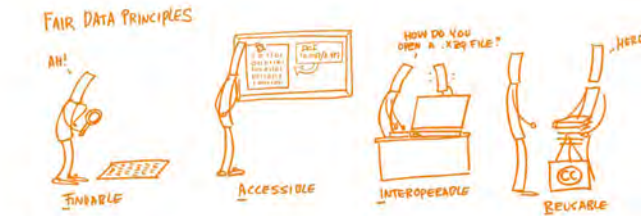
Public and free access to scientific work and data, code, educational materials, and publications is a core concern of open science



«UZH wants to improve the accessibility of scientific results through Open Science in order to further the dissemination of knowledge.»

Prof. Dr. Michael Schaeppman
President UZH

OPEN



Quelle: FOSTER Open Science

Center for Reproducible Science

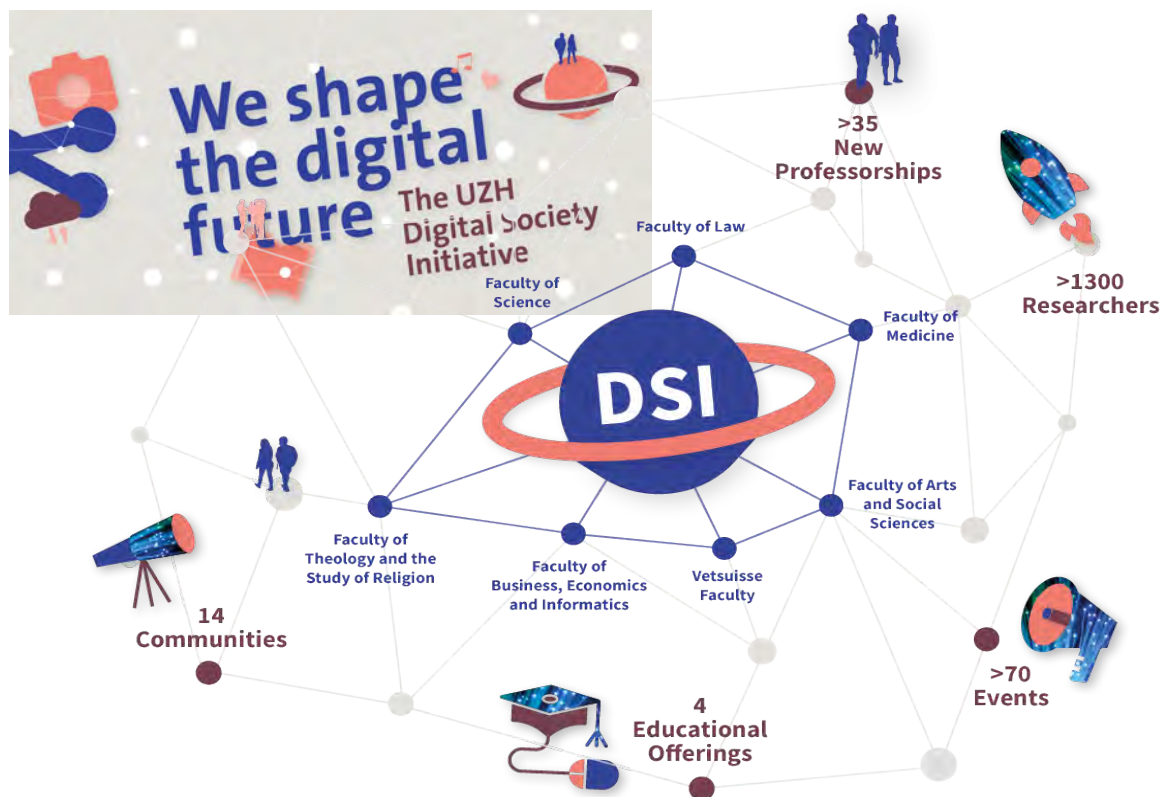


Das Center for Reproducible Science forscht und bietet Kurse rund um Methoden und Techniken zur Reproduzierbarkeit von Forschungsergebnissen an. Ziel ist die Effizienz und Qualität der Forschung zu verbessern und damit die Glaubwürdigkeit empirischer Wissenschaft zu erhöhen.



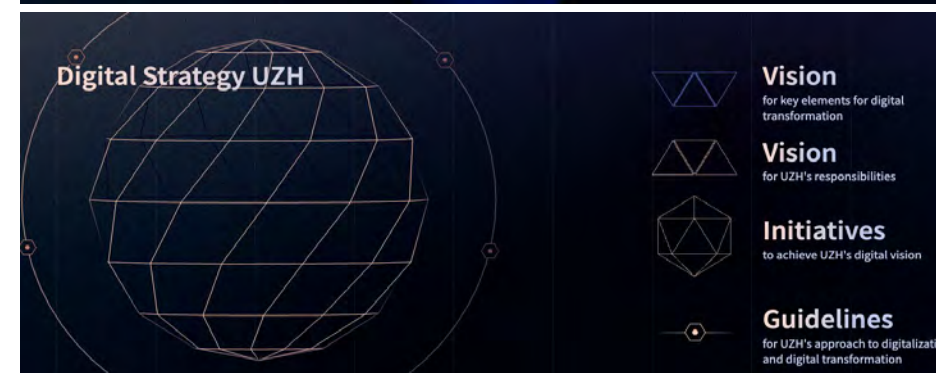
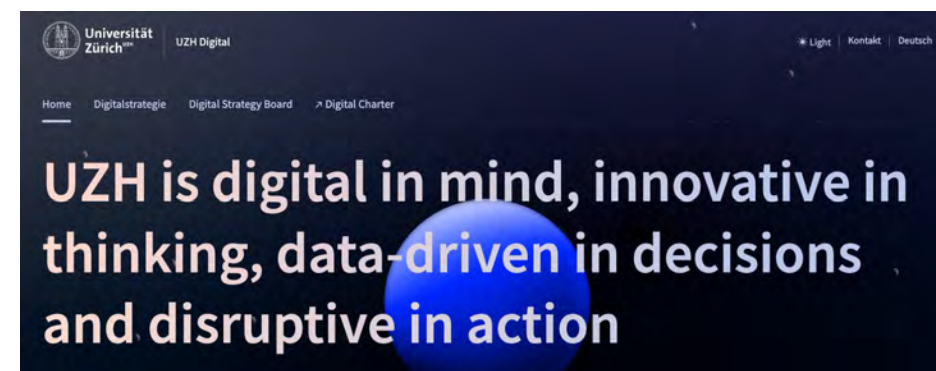
Digitalization at UZH: An Interdisciplinary Approach

Since 2018 UZH's competence center for digital transformation



www.dsi.uzh.ch

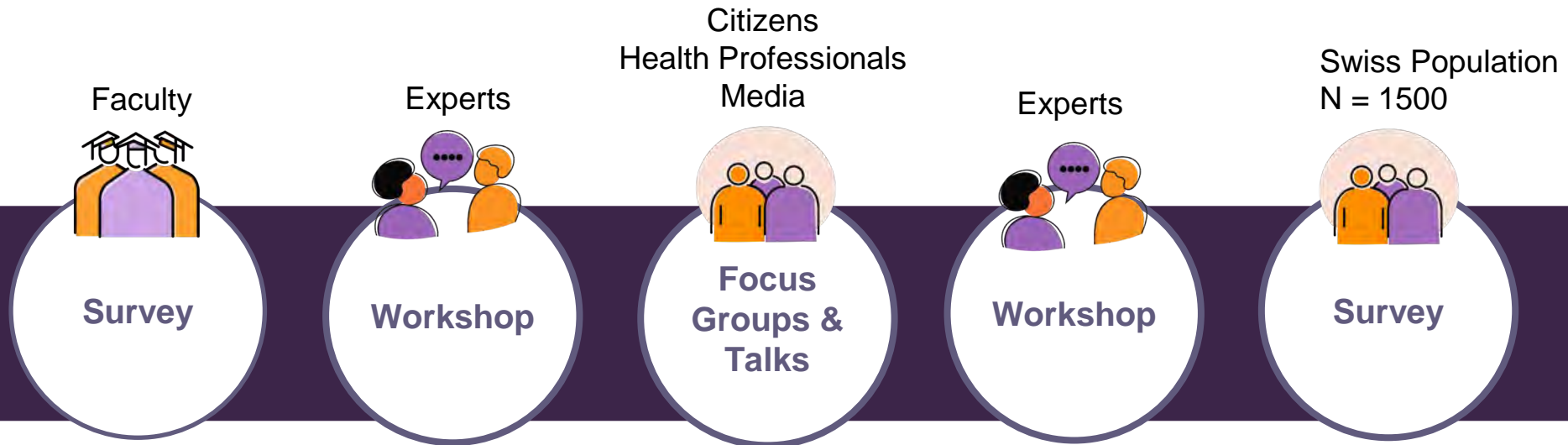
Digital Strategy Board advises the Executive Board of the University on strategic matters of digitalization



www.digital.uzh.ch



DSI Strategy Lab: AI in Medicine - A Participatory Process



AI in hospitals

- Scenario based case studies
- Prevention (Cancer)
 - Diagnosis
 - Treatment (Cancer)
 - Resource Allocation

Optimized case studies
↓
Digital Twin as far future scenario

Recommendations for Digital Twins from different perspectives





Digital Twins / Digital Twin Services

A software = a virtual representation of an individual's physiological state, updated using real-time data from sensors and medical devices, with the purpose of simulating, predicting and optimizing health outcomes through advanced analysis and modelling.





Scoping Reviews on Digital Twins Applications

Table 1 | Various types of DTs in healthcare

Physical Entity	Entity	Mechanism	Endpoint
Lung	Lexma ¹²	Runs simulations of blood and oxygen flow	Predict ventilation requirements
Heart	Dassault ¹³ , Medtronic, Boston Scientific, FDA;	Simulates the structure and physiologic function of the heart	Customization and optimization of cardiac devices
Heart	Siemens Healthineers ²³	Simulates the structure and physiologic function of the heart	Cardiac resynchronization
Heart	Heart Navigator ⁴⁰	simulated TAVR implantations with different aortic prosthesis	Surgical planning
Spine	Ahmadian et al. ⁴²	Predict Vertebral Fracture after Stereotactic Body Radiotherapy	Optimal radiation plan to minimize treatment side effects
Alzheimer's disease	Unlearnai ¹⁴	Predicting the individual outcome in neurological diseases	DT of controls of clinical trial and ultimately clinical interventions
Breast lesions	VICTRE trial ⁵¹	Image based virtual patients comparing digital mammography to tomosynthesis	Determine which imaging tool is better at detecting breast lesions
Oropharyngeal cancer	Tardini et al. ⁶¹	Optimal treatment selection	Determine optimal treatment plan for oropharyngeal cancer
Type 2 Diabetes	Cleveland Clinic Twin Health NCT05181449 ⁸⁸	Disease reversal in type 2 diabetes	Randomized control trial examining twin precision treatment vs. standard of care
Mental health	MindBank AI ⁶⁵ , IBM ⁶⁶ , Babylon ⁶⁷ , DigiTwin ⁶⁸		Wellness



Opportunities for Digital Twins in Health Care

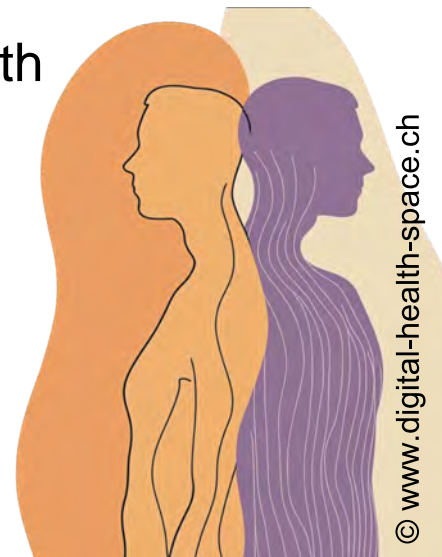
Diagnosis: Your digital twin analyzes symptoms in real-time, enhancing accuracy

Prognosis: Simulates disease progression in your virtual counterpart before it happens

Treatment: Tests therapies on your digital twin first, minimizing real-world side effects

Prevention: Identifies risk patterns early, transforming reactive care into proactive health

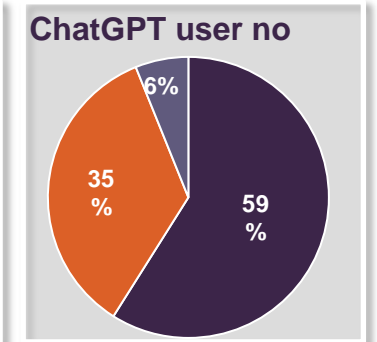
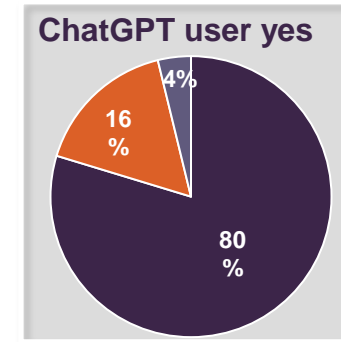
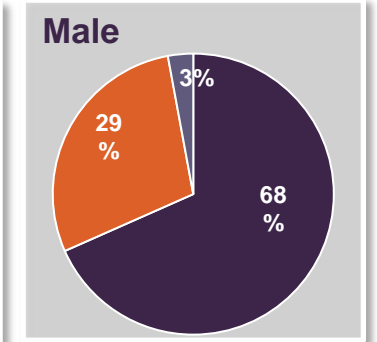
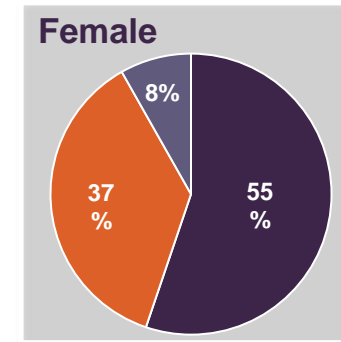
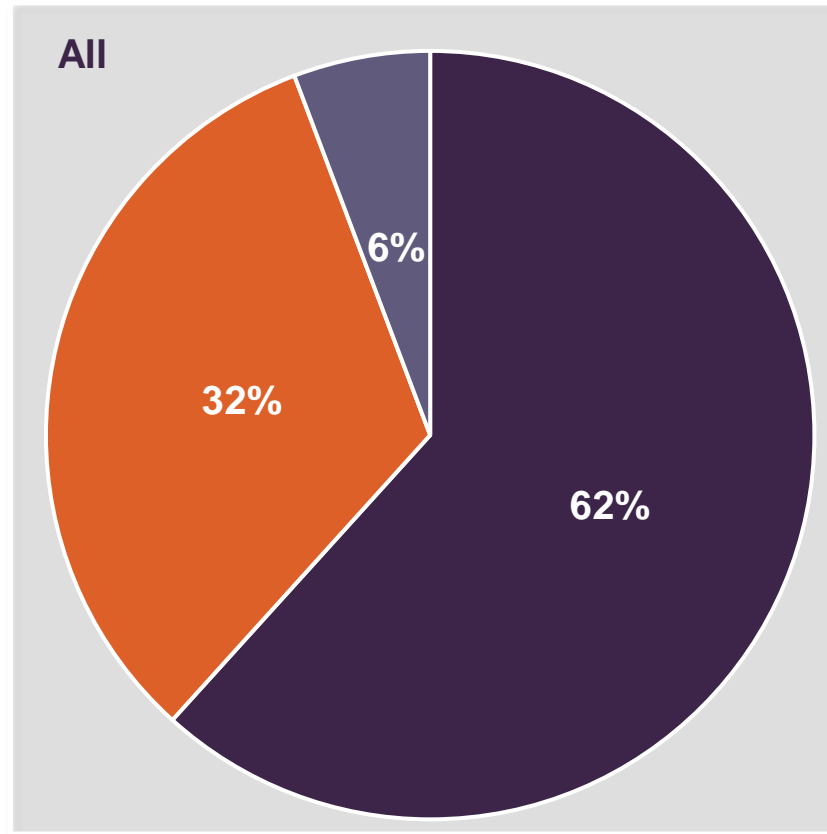
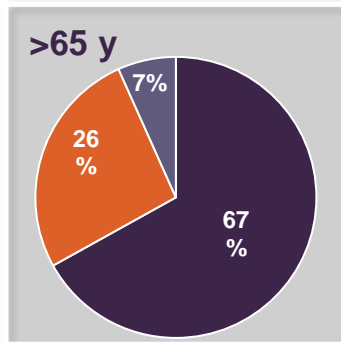
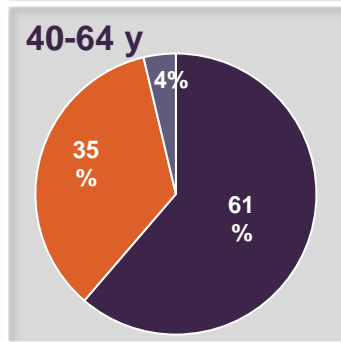
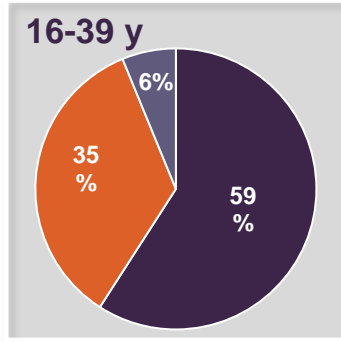
How will this change the framework of Evidence Based Medicine?





Acceptance of Digital Twins

Suppose there were already digital twins: Would you yourself welcome the existence of a digital twin so that your health could be maintained and any illnesses could be better treated?





Recommendations for Digital Twins: Choice & Access to Health Care



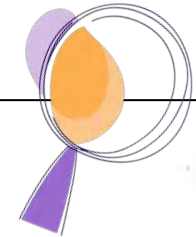
Personal control – Individuals decide if/how their **digital twin** is created and used



Flexible healthcare – Care remains available for those opting out



Empowerment through education – Investment in Digital Skills



University of Zurich^{UZH}
Digital Society Initiative

Position paper
Artificial Intelligence in Medicine – Objectives and Recommendations for the Responsible Use of Digital Twins

Editorial team:
Nikola Biller-Andorno, Markus Christen, Michael Krauthammer, Claudia Witt

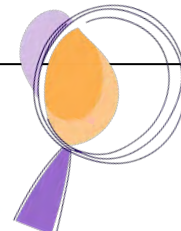
Introduction
In the next few years, the use of artificial intelligence (AI) in medicine will influence the possibilities in prevention, diagnosis and therapy as well as the associated processes and responsibilities in healthcare to a large extent that is beyond the current state of affairs. For this reason, the Digital Society Initiative (DSI) has initiated a participatory process as part of the Digital Society Initiative's "Strategy Lab Artificial Intelligence in Medicine". The process extended from early 2022 to mid-2023 and included, among other things, a survey of medical subject matter ex-




Recommendations for Digital Twins: Collaboration & Communication in a Human- Digital Twin - Team



Digital twins are integrated into interprofessional treatment teams, where the **necessary competencies are available, and responsibilities are clarified.**

 **University of Zurich^{UZH}**
Digital Society Initiative

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What do we know about Human - AI Teams (from Economics Research)

Replacement (AI only) vs. Augmentation (AI Assistance)

COMBINING HUMAN EXPERTISE WITH ARTIFICIAL INTELLIGENCE:
EXPERIMENTAL EVIDENCE FROM RADIOLOGY

Nikhil Agarwal
Alex Moehring
Pranav Rajpurkar
Tobias Salz

Working Paper 31422
<http://www.nber.org/papers/w31422>

NATIONAL BUREAU OF ECONOMIC RESEARCH
1050 Massachusetts Avenue
Cambridge, MA 02138
July 2023, Revised March 2024

Abstract

Full automation using Artificial Intelligence (AI) predictions may not be optimal if humans can access contextual information. We study human-AI collaboration using an information experiment with professional radiologists. Results show that providing (i) AI predictions does not always improve performance, whereas (ii) contextual information does. Radiologists do not realize the gains from AI assistance because of errors in belief updating – they underweight AI predictions and treat their own information and AI predictions as statistically independent. Unless these mistakes can be corrected, the optimal human-AI collaboration design delegates cases either to humans or to AI, but rarely to AI assisted humans.

Demir et al.

- Worse **coordination** in Human-AI teams compared to Human-only teams
- Less proactive **communication** (anticipation)
- Generally less **communication** in teams with AI

Dell'Acqua et al.

Working with AI...

- More **coordination** errors
- Worse performance
- Less effort



Human – AI – Teams

Collaboration between humans and AI systems where both act as team members with **complementary skills, dynamic roles, and shared goals**

Four Conditions for Successful Teams

1. *Understanding AI behavior*: Humans to anticipate AI
2. *Trust in AI systems*: Key to appropriate use
3. *Accurate decision-making*: Leveraging AI outputs effectively
4. *Control*: Humans as directors





*“We need a future where healthcare is not only centered around human needs and values but also fosters a **meaningful, symbiotic relationship between humans and AI.***

*Therefore, we must contribute to a healthcare ecosystem **that leverages technology to enhance well-being, without losing the essence of what makes us human”***

