Editorial

Artificial intelligence: Medical journalism and medical science

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All of us now involved in healthcare, as patients or professionals, are faced with artificial intelligence (AI).

One of us, as a Nature editor (DH), has been invited to use Nature Research Assistant (NRA) which, based on 23 million academic papers, will summarize papers for him, draw related articles to his attention, highlight missing references, and ensure concordance between his content and references. It will give him accurate and relevant high-quality insights that elevate his research while keeping him in control and enhance but not replace his critical thinking.[1] Benefits like these will improve the rhetoric of medical journalism, but it is not clear if current AI can contribute to moving medical science forward.

Journalism reports on aspects of the status quo, which are inevitably a matter of opinion. Good investigative journalism can expose hidden details but does not generate new facts.

Science and Law aim at establishing new facts by coming to diagnoses and verdicts. Did this medicine injure this patient, or did it, abolishing intentionality, contribute to a crime, and did the company making it know about this hazard and fail to warn?

A journal titled *International Journal of Risk & Safety in Medicine* (JRSM) aims at establishing new facts about treatments. This mission differs to BMJ's or *New England Journal of Medicine*'s for whom professional interests and good journalism are more important.

Science is not a soundbite to be followed – as in 'Follow the Science' or 'Evidence Based Medicine'. It begins when we give a person a treatment, and needs the treated and treating observers, ideally with others, to come to a consensus about what they are observing with thoughts on how to test this treatment's apparent capacity to produce this outcome for some.

Chris Dubey's articles bring home this point.[1,2] AI improved the journalistic (rhetorical) quality of his article, but it hasn't moved the science forward. Moving the science forward in Chris' case would involve him and us and likely others sitting down and engaging with what caused his cognitive deficits. It is rare for a patient exposed to current mental health systems not to have treatment-linked cognitive deficits, but these are commonly not Electroconvulsive Therapy (ECT)-linked.

AI is the latest manifestation of the Internet which, when it first emerged, supported the formation of patient groups united around establishing new facts about the treatments they were on, often well before these appeared in the academic literature.[3] It looked as though this would support scientific advances but instead patient reports like these, even when tens of thousands of people and doctors endorse them, are now designated as misinformation.

The Internet's latest incarnation, AI, now seems more geared to fostering a business-driven 'Getting to Yes' moment – yes give this treatment, buy this product – than to put a brake on the consumption of medical products. It is no coincidence that disease mongering and polypharmacy are leading to falling life expectancies, increased hospitalization rates, and a poorer quality of life.[4] Health-product consumption is increasing but health is not.[5]

This is a difficult situation for JRSM, when journals are increasingly under pressure to have a high profile, and articles about the promise of treatments are more likely to deliver this than articles about the consequences.

'Generative' AI, geared to follow the averages of reported science, fosters health product consumption. Full AI in due course, able to learn from consequences may foster health. If Full AI is let randomize patients to treatment that follows the science (the evidence) or treatment with a premium on managing evident consequences (good and bad) scientifically and

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collaboratively, with death or disability as the outcome, we expect a relationship-based medicine will trump evidence-based medicine, especially in polypharmacy situations.

Over time, a Full AI may support us in tracking better paths through reducing medication burden mazes. JRSM will be an ideal journal for resulting publications.

Author note

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Note

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