

Healthcare Ethics, AI & QI

2025 Spring

JOSEPH E. THORNTON, MD, DFAPA

UNIVERSITY OF FLORIDA

AND

DEPARTMENT OF EDUCATION OF THE INTERNATIONAL CHAIR IN BIOETHICS,
A WORLD MEDICAL ASSOCIATION COOPERATING CENTER

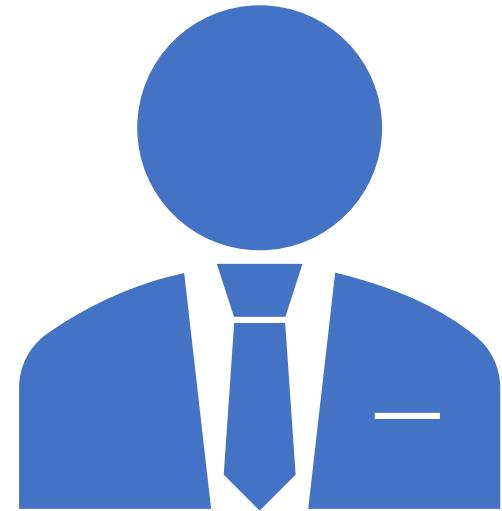
COMMENTS TO @J205THORNTON OR JOSEPH@THORNTONNEUROETHICS.COM

ASSISTED BY MICROSOFT CO-PILOT



Disclosures

- ▶ Employee of the University of Florida
- ▶ No other financial disclosures
- ▶ Organizations
 - ▶ AMA, APA, Catholic Medical Association
- ▶ Language: English only



Principles and Values

	Patient	Clinician	Social Interests
Autonomy	Vulnerability and dependence	Expert opinion	Whose opinion matters most
Beneficence	Comfort and social support	Alleviation of suffering	Who benefits and how much
Nonmaleficence	Least harm	Prevention of harm	Who bears the brunt of negative outcomes of either decision
Justice	Rights	Allocation of resources	Who is treated fairly

UNESCO'S 15 BIOETHICAL PRINCIPLES

A	Human Dignity and Human Rights article 3	Autonomy and individual responsibility 5	Benefit and Harm 4	Consent 6	Privacy and Confidentiality 9
B	Persons without Capacity to Consent 7	Human vulnerability and personal integrity 8	Non-discrimination 11	Equality Justice and Equity 10	Respect for Cultural diversity 12
C	Solidarity and Cooperation 13	Social Responsibility and Health 14	Sharing of Benefits 15	Protecting Future Generations 16	Protecting Biodiversity, Biosphere and Environment 17

UNESCO'S 10 ETHICAL PRINCIPLES AI

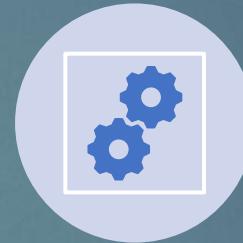
	Human Dignity and Human Rights	Do NO Harm	Safety and Security	Fairness and nondiscrimination	Privacy
	Sustainability	Human oversight and determination	Transparency and explainability	Responsibility and accountability	Multistakeholder collaboration and governance

Learning objective – list 5 Ethical Principles for AI

Healthcare Obligation - Improve



Self Learning (CME)



Systems Improvement
(Quality
Improvement)



Research
(Knowledge)



Translational
Implementation

AMA Code of Medical Ethics

9.2.6 Continuing Medical Education

Physicians should strive to further their medical education throughout their careers, to ensure that they serve patients to the best of their abilities and live up to professional standards of excellence.

Participating in certified continuing medical education (CME) activities is critical to fulfilling this professional commitment to lifelong learning. As attendees of CME activities, physicians should:

- (a) Select activities that are of high quality and are appropriate for the physician's educational needs.
- (b) Choose activities that are carried out in keeping with ethics guidance and applicable professional standards.
- (c) Claim only the credit commensurate with the extent of participation in the CME activity.
- (d) Decline any subsidy offered by a commercial entity other than the physician's employer to compensate the physician for time spent or expenses of participating in a CME activity.

AMA Principles of Medical Ethics: I, V

Quality

As professionals dedicated to promoting the well-being of patients, physicians individually and collectively share the obligation to ensure that the care patients receive is safe, effective, patient centered, timely, efficient, and equitable.

 Download PDF

While responsibility for quality of care does not rest solely with physicians, their role is essential. Individually and collectively, physicians should actively engage in efforts to improve the quality of health care by:

- (a) Keeping current with best care practices and maintaining professional competence.
- (b) Holding themselves accountable to patients, families, and fellow health care professionals for communicating effectively and coordinating care appropriately.
- (c) Using new technologies and innovations that have been demonstrated to improve patient outcomes and experience of care, in keeping with ethics guidance on innovation in clinical practice and stewardship of health care resources.
- (d) Monitoring the quality of care they deliver as individual practitioners—e.g., through personal case review and critical self-reflection, peer review, and use of other quality improvement tools.
- (e) Demonstrating commitment to develop, implement, and disseminate appropriate, well-defined quality and performance improvement measures in their daily practice.
- (f) Participating in educational, certification, and quality improvement activities that are well designed and consistent with the core values of the medical profession.

Physicians have an ethical duty to actively engage in **healthcare quality improvement** to ensure patient care is **safe, effective, patient-centered, timely, efficient, and equitable** ¹. This responsibility is outlined in the **AMA Code of Medical Ethics**, which emphasizes that physicians should:

- **Stay current with best practices** and maintain professional competence.
- **Hold themselves accountable** for effective communication and care coordination.
- **Utilize proven innovations** that enhance patient outcomes.
- **Monitor their own quality of care**, using peer review and self-reflection.
- **Participate in well-designed educational and certification programs** that align with medical ethics.

Beyond individual efforts, physicians are encouraged to contribute to **system-wide improvements**, ensuring that healthcare institutions uphold ethical standards in patient care. ¹

Would you like insights on how these principles intersect with AI-driven psychiatric care? That could be an interesting angle given your work with psychiatry residents!

¹ code-medical-ethics.ama-assn.org

WMA INTERNATIONAL CODE OF MEDICAL ETHICS



Adopted by the 3rd General Assembly of the World Medical Association, London, England, October 1949

14th April 2023

*Revised by the 22nd World Medical Assembly, Sydney, Australia, August 1968,
the 35th World Medical Assembly, Venice, Italy, October 1983,
the 57th WMA General Assembly, Pilanesberg, South Africa, October 2006
and by the 73rd WMA General Assembly, Berlin, Germany, October 2022*

[Archived Versions](#)

» [International-Code-of-Medical-Ethics-1949](#)

11. The physician must engage in continuous learning throughout professional life in order to maintain and develop professional knowledge and skills.

12. The physician should strive to practise medicine in ways that are environmentally sustainable with a view to minimising environmental health risks to current and future generations.

WMA DECLARATION ON GUIDELINES FOR CONTINUOUS QUALITY IMPROVEMENT IN HEALTHCARE



*Adopted by the 49th World Medical Assembly, Hamburg, Germany, November 1997,
revised by the 60th WMA General Assembly, New Delhi, India, October 2009 and
reaffirmed with minor revision by the 213th WMA Council Session, Tbilisi, Georgia, October 2019*

6th September 2022

Policy Types

Declaration

Key Ethical Principles for Quality Improvement

- **Commitment to lifelong learning:** Physicians must **maintain and increase their knowledge and skills** to ensure high-quality care.
- **Evidence-based practice:** Physicians should recommend only **effective and appropriate treatments** based on the best available evidence.
- **Patient safety and ethical oversight:** Healthcare institutions must **strive for continuous quality improvement** in services and patient safety.
- **Data collection and evaluation:** Reliable data on **patients, care processes, and outcomes** should be gathered to assess and improve healthcare quality.

These principles align with the **WMA International Code of Medical Ethics**, which reinforces the duty of physicians to **uphold professional standards** and **continuously improve healthcare practices** ².

Quality Improvement in ABPN Certification

Psychiatrists must complete an **Improvement in Medical Practice (PIP) activity**, which involves:

1. **Clinical Module** – Reviewing patient charts to assess adherence to best practices.
2. **Feedback Module** – Gathering input from peers or patients to evaluate performance.
3. **Implementation & Reassessment** – Identifying areas for improvement and reassessing progress after changes are made.



American Board of Psychiatry and Neurology, Inc.

A Member Board of the American Board of Medical Specialties (ABMS)

PIP
Spring 2024

How to complete an: Improvement in Medical Practice (PIP) Activity

Diplomates choose **ONE Clinical Module OR ONE Feedback Module** to complete the PIP activity.

Each Module consists of three steps to complete within a 24-month period:

- Step A: Initial Assessment
- Step B: Identify and Implement Improvement
- Step C: Reassessment

Clinical Chart Review Module

Diplomates demonstrate their involvement in quality improvement by choosing one of the following options:

- Complete a Clinical Module from the ABPN Approved CC Activities List;
- Participate in your institution's quality improvement (QI) effort that is approved by the ABMS Portfolio Program;
- Participate in an approved registry such as the Axon Registry from the American Academy of Neurology or the PsychPRO Registry from the American Psychiatric Association; AAN [announced the Axon registry will close](#), effective June 1, 2024. ABPN will accept Axon registry participation during 2024 as credit toward the Continuing Certification (CC) program Part IV requirement for the CC block ending in 2024.
- Participate in a Joint Commission Certified Primary or Comprehensive Stroke Center;
- Participate in a Joint Commission accredited, specialty-specific Ongoing Professional Practice Evaluation(OPPE). Individual preapproval is no longer required;
- Complete a quality improvement effort under the auspices of an International Certification Organization (e.g. RCPS-C) that meets the ABPN CC requirements; submit for preapproval;
- Seek [individual preapproval](#) (at no charge) for your own developed chart review, or your institution's quality improvement efforts, provided it meets the criteria as outlined in the Clinical Module.

How to Complete a PIP Clinical Module

Step A: Initial assessment of five patient charts

- Collect data from at least five of your own patient charts in a specific category (diagnosis, type of treatment, or treatment setting) obtained from your practice over the previous three-year period.
- Compare the data from the five patient cases with published best practices, practice guidelines, or peer-based standards of care (e.g., hospital QI programs, standard practice guidelines published by specialty societies), using a minimum of four quality measures.

<https://abpn.org/wp-content/uploads/2023/11/ABPN-PIP-Handout.pdf>

QUEST for the Ethics on personal use of AI

- ▶ Identify the use of AI (work aid, knowledge, decision support)
- ▶ Identify the ethical issues
- ▶ Question
 - ▶ Data sources
 - ▶ Data testing (test, retest, validate, deploy, monitor)
 - ▶ Data oversight
 - ▶ Data transparency
- ▶ Evaluate
- ▶ Own the responsibility
 - ▶ You have to do a risk benefit analysis of accepting or rejecting the AI recommendations
 - ▶ Beware of reflexive acceptance or rejection of AI

Human Oversight Multistakeholder Governance

What is the
committee
structure

Who is on the
committee (s)

What
qualifications

What
authorities

What funding

Textbook of Bioethics, Medical Ethics and Health Law

In Medical and Health Profession Education

Russell Franco D'Souza
Vedprakash Mishra
Mary Mathew



Section 4: Advanced Bioethical Issues

28	Genetics and Ethics	252
	– Rema Devi	
29	Ethics and Organ Transplantation.....	264
	– Rema Devi	
30	Ethics & Assisted Reproductive Technology & Ethics at Beginning of Life.....	271
	– Pratap Kumar and Vivek Mady	
31	Ethics At The End Of Life	280
	– Arun Mehra	
32	Ethical Issues Related to Information Technology & Information Systems in Healthcare	284
	– Col (Dr) Derek SJ D'Souza	
33	Bioethics of Artificial Intelligence	291
	– Joseph E. Thornton	
34	Dealing with Academic Dishonesty	306
	– Prof. Dr. S. Geethalakshmi	
35	Ethics in Biomedicine and Biosafety	312
	– Tanushree Banerjee, Neelu Nawani and Jayanta Kumar Pal	
36	Neuroethics – An Overview	326
	– Joseph E. Thornton	
37	Narrative Ethics in Health Care	344
	– Kristen Jones-Bonofiglio	
	Section 5: Medical Ethics, Medical Professionalism, Bed side Ethics, and Doctor-Patient Communication and their Interaction	355

ThorntonNeuroEthics.com

