



CHF

Australia's
Health Panel

RESULTS

Results of Australia's Health Panel survey on Artificial Intelligence in 2024

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Consumers Health Forum of Australia (2024)
*Results of Australia's Health Panel survey
on Artificial Intelligence in 2024,*
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Introduction

The use of Artificial Intelligence (AI) in healthcare is rapidly increasing in Australia and around the world. Economic evaluations have indicated that the Australian AI healthcare market is projected to grow from being worth \$80 million in 2022 to \$1.78b by 2030¹. Within the healthcare sector, AI is already being used in diagnosis, image processing, prevention, prediction, prognosis, drug development, monitoring, treatment, decision-support, and patient care, including via chatbots^{2,3} - computer programs designed to simulate human conversation. Chatbots have for example, been used in Australia to assist with pain management, Parkinson's disease and smoking cessation, and as medical assistants, creating clinical notes for practitioners⁴. Outside of clinical settings, applications of AI include use by the Australian Institute of Health and Welfare to automate the coding of datasets and to be used for predictive modelling and projections for health planning and service delivery.⁵ In the future, AI may automate many tasks and may offer personalised therapy based on individual characteristics⁶.

AI has brought new benefits to healthcare in Australia and has shown promise in performing better than previous methods. For example, AI has been used to identify severe COVID-19-causing mutations in viral genomes, analyse large data sets and predict clinical outcomes, and analyse medical imaging data for Alzheimer's patients⁷. Data from an AI-based cardiac rehabilitation program has shown a 30% increase in uptake and adherence compared to an in-clinic program⁸. AI also has the potential to assist the health workforce, with data from the UK suggesting that use of AI in breast cancer image analysis could reduce the time radiologists spend reviewing images by 20%⁹. Other examples of where AI is currently performing as well as, if not better than other methods is in diagnosing of heart disease, detecting skin cancer and identifying eye disease¹⁰.

However, despite these benefits, there have been several barriers to AI adoption in Australia that have been identified. Such barriers include a lack of standardisation and interoperability of healthcare data, and a gap in healthcare infrastructure^{11,12}. Additionally, there are many concerns from both consumers and health organisations on its use. The World Health Organisation (WHO) has called for caution in using AI in medicine, due to biases in data that may be used to train AI. The WHO suggested that this may lead to the production of *"misleading or inaccurate information that could pose risks to health, equity and inclusiveness"*¹³. Closer to home, the Australian Human Rights Commission has stated that

¹ Upadhyay, V. 2023. Australia Artificial Intelligence (AI) in Healthcare Market Analysis. Insights 10. Accessed: <https://www.insights10.com/report/australia-artificial-intelligence-ai-in-healthcare-market-analysis/>

² Ibid.

³ CSIRO, 2023. AI trends for healthcare. CSIRO, Herston. Accessed: <https://aehrc.csiro.au/wp-content/uploads/2024/03/AI-Trends-for-Healthcare.pdf>

⁴ Ibid.

⁵ Australian Institute of Health and Welfare. 2024. Australia's health data landscape. *Australian Institute of Health and Welfare*. Accessed: <https://www.aihw.gov.au/reports/australias-health/health-data-landscape>

⁶ Australian Alliance for Artificial Intelligence in Healthcare. 2021. A Roadmap for Artificial Intelligence in healthcare for Australia. *Australian Alliance for Artificial Intelligence in Healthcare*. Accessed: https://aihealthalliance.org/wp-content/uploads/2021/12/AAAIH_Roadmap_1Dec2021_FINAL.pdf

⁷ CSIRO, 2023. AI trends for healthcare. CSIRO, Herston. Accessed: <https://aehrc.csiro.au/wp-content/uploads/2024/03/AI-Trends-for-Healthcare.pdf>

⁸ Ibid

⁹ Australian Alliance for Artificial Intelligence in Healthcare. 2021. A Roadmap for Artificial Intelligence in healthcare for Australia. *Australian Alliance for Artificial Intelligence in Healthcare*. Accessed: https://aihealthalliance.org/wp-content/uploads/2021/12/AAAIH_Roadmap_1Dec2021_FINAL.pdf

¹⁰ Longoni, C. Morewedge, C. 2019. AI can outperform doctors. So why don't patients trust it? *Harvard Business Review*. Available: <https://hbr.org/2019/10/ai-can-outperform-doctors-so-why-dont-patients-trust-it>

¹¹ Upadhyay, V. 2023. Australia Artificial Intelligence (AI) in Healthcare Market Analysis. Insights 10. Accessed: <https://www.insights10.com/report/australia-artificial-intelligence-ai-in-healthcare-market-analysis/>

¹² Van der Vegt, A., Campbell, V., Zuccon, G. 2023. Why clinical artificial intelligence is (almost) non-existent in Australian hospitals and how to fix it. *Medical Journal of Australia*, 220, 4: 167-218.

¹³ Hunt, S. 2024. Artificial intelligence 'facing barriers' in our health system. *InSight*. Accessed: <https://insightplus.mja.com.au/2024/1/artificial-intelligence-facing-barriers-in-our-health-system/>.

if AI technology is not developed and deployed safely, there could be a threat to human rights¹⁴. Elsewhere, further concerns have been articulated around privacy for consumers, the potential for misinformation, as well as healthcare providers having a lack of trust in models that lack transparency^{15,16}.

A lack of government oversight and legislation has perhaps heightened concerns about the applications of AI¹⁷. In Australia, while AI for healthcare is regulated by the Therapeutic Goods Administration as a medical device¹⁸, there is no specific AI legislation in place¹⁹. The Australian Government Department of Industry, Science and Resources has, however, published an ethics framework for AI to help AI to be safe and reliable²⁰. In addition to an ethics framework, the Australian Alliance for Artificial Intelligence has called for the development of a National AI in Healthcare Strategy to provide governance over this emerging healthcare technology²¹. Currently, the Australian Government is promoting the use of AI in healthcare via initiatives such as the 'AI in Healthcare Roadmap' and the 'Medical Research Future Fund's Emerging Priorities and Consumer-driven Research Initiative'²².

At this time of rapid development in relation to AI in health care, the latest Australia's Health Panel survey aims to find out more about what Australian consumers think about the use of Artificial Intelligence in their health care.

Method

The findings in this report were obtained through Australia's Health Panel (AHP); an initiative of the Consumers Health Forum of Australia (CHF). AHP is an interactive platform that is dedicated to collecting the views of Australians about the state of the nation's healthcare system. It is designed to survey the general public on a range of current and topical health issues to assist CHF in their health policy advice and advocacy. Participants are registered to the online platform and receive a notification via email when there is a new survey available. This is an opt-in panel, and registered members can complete any number of the surveys that are available throughout the year. In June 2024, we asked Australia's Health Panel for their views on AI in healthcare.

Respondents

Respondent characteristics are presented in Table 1. The current survey was completed by 136 panellists, of whom 75% identified as female. A minority (9%) were aged 18-44 years, with most aged 45-65 years (39%) or over 65 years (50%). One per cent of panellists identified as a First Nations

¹⁴ Ibid.

¹⁵ Ibid.

¹⁶ Van der Vegt, A., Campbell, V., Zuccon, G. 2023. Why clinical artificial intelligence is (almost) non-existent in Australian hospitals and how to fix it. *Medical Journal of Australia*, 220, 4: 167-218.

¹⁷ Ibid.

¹⁸ CSIRO, 2023. AI trends for healthcare. CSIRO, Herston. Accessed: <https://aeihrc.csiro.au/wp-content/uploads/2024/03/AI-Trends-for-Healthcare.pdf>

¹⁹ Hunt, S. 2024. Artificial intelligence 'facing barriers' in our health system. *InSight*. Accessed: <https://insightplus.mja.com.au/2024/1/artificial-intelligence-facing-barriers-in-our-health-system/>.

²⁰ CSIRO, 2023. AI trends for healthcare. CSIRO, Herston. Accessed: <https://aeihrc.csiro.au/wp-content/uploads/2024/03/AI-Trends-for-Healthcare.pdf>

²¹ Australian Alliance for Artificial Intelligence in Healthcare. 2021. A Roadmap for Artificial Intelligence in healthcare for Australia. *Australian Alliance for Artificial Intelligence in Healthcare*. Accessed: https://aihealthalliance.org/wp-content/uploads/2021/12/AAAIH_Roadmap_1Dec2021_FINAL.pdf

²² Upadhyay, V. 2023. Australia Artificial Intelligence (AI) in Healthcare Market Analysis. *Insights 10*. Accessed: <https://www.insights10.com/report/australia-artificial-intelligence-ai-in-healthcare-market-analysis/>

person, seven per cent as LGBTIQ+, and eight per cent as being from a culturally or linguistically diverse background. Panellists reported being generally healthy; 28% reported they were in excellent or very good health, most were in good or fair health (57%), with 15% reporting they were in poor health. This was despite the majority of respondents (87%) reporting that they live with one or more chronic health conditions, whilst more than one third (37%) reported living with a disability.

Table 1. Participant characteristics

	Percentage (%)
Gender (n=111)	
Female	74.8
Male	21.6
Gender Diverse	1.8
Prefer not to answer	1.8
Age (n=134)	
18-44 years	9.7
45-64 years	38.8
65+ years	50.0
Prefer not to answer	1.5
Location (n=119)	
Victoria	30.3
New South Wales	31.1
Queensland	16.8
Western Australia	6.7
South Australia	7.6
Tasmania	0.8
Australian Capital Territory	5.9
Identify as a First Nations person (n=112)	
Yes	0.9
No	93.8
Prefer not to answer	5.4
Identify as a person from a CALD* background (n=111)	
Yes	8.1
No	89.2
Prefer not to answer	2.7
Identify as a LGBTIQ+** person (n=111)	
Yes	7.2
No	80.2
Prefer not to answer	12.6
Have one or more chronic health conditions (n=110)	
Yes	87.3
No	12.7
Identify as a person with a disability (n=110)	
Yes	37.3
No	60.0
Self-reported health status (n=111)	
Excellent	6.3
Very good	21.6
Good	32.4
Fair	24.3
Poor	15.3

*Culturally and Linguistically Diverse, **Lesbian, gay, bisexual, transgender, intersex, queer/questioning, asexual

Use of digital technology and knowledge of AI

The majority of panellists (92%) reported having used websites, applications or devices to assist with their healthcare during the past year. The most common reason for doing so was to obtain specific health advice, with three quarters of all panellists reporting that they used technology for this purpose. Panellists also commonly used technology to find information about healthcare services (70.6%). More than half of survey respondents had used technologies to track their behaviours (58.8%), whilst just under a third (30.9%) had tracked a known health condition during the past year. Around one-in-four panellists had used technology to track their general health (26.5%).

Panellists were asked to describe their current level of knowledge of how AI is being used in healthcare. More than half of respondents considered their current level of knowledge to be either poor (24.0%) or fair (33.6%). A further quarter (25.6%) reported their knowledge of the use of AI in health care as good. Twelve percent of respondents regarded their knowledge as very good, whilst just 1.6% described their current knowledge of AI use in health care as excellent.

When asked how often they thought AI is currently being used to support their healthcare, one-third (32.3%) of respondents reported that they had no idea. A small minority (3.2%) thought it was never used in their healthcare, 12.9% thought it was rarely used. One third of respondents (32.3%) responded it was sometimes used and 18.5% thought it was often used.

Approximately 9 out of 10 respondents felt it was either very important (75.0%) or somewhat important (17.7%) to be informed if AI had been used in their diagnosis or treatment. Only a small minority (4.8%) felt it was not important to be told.

Comfort with AI use in health care

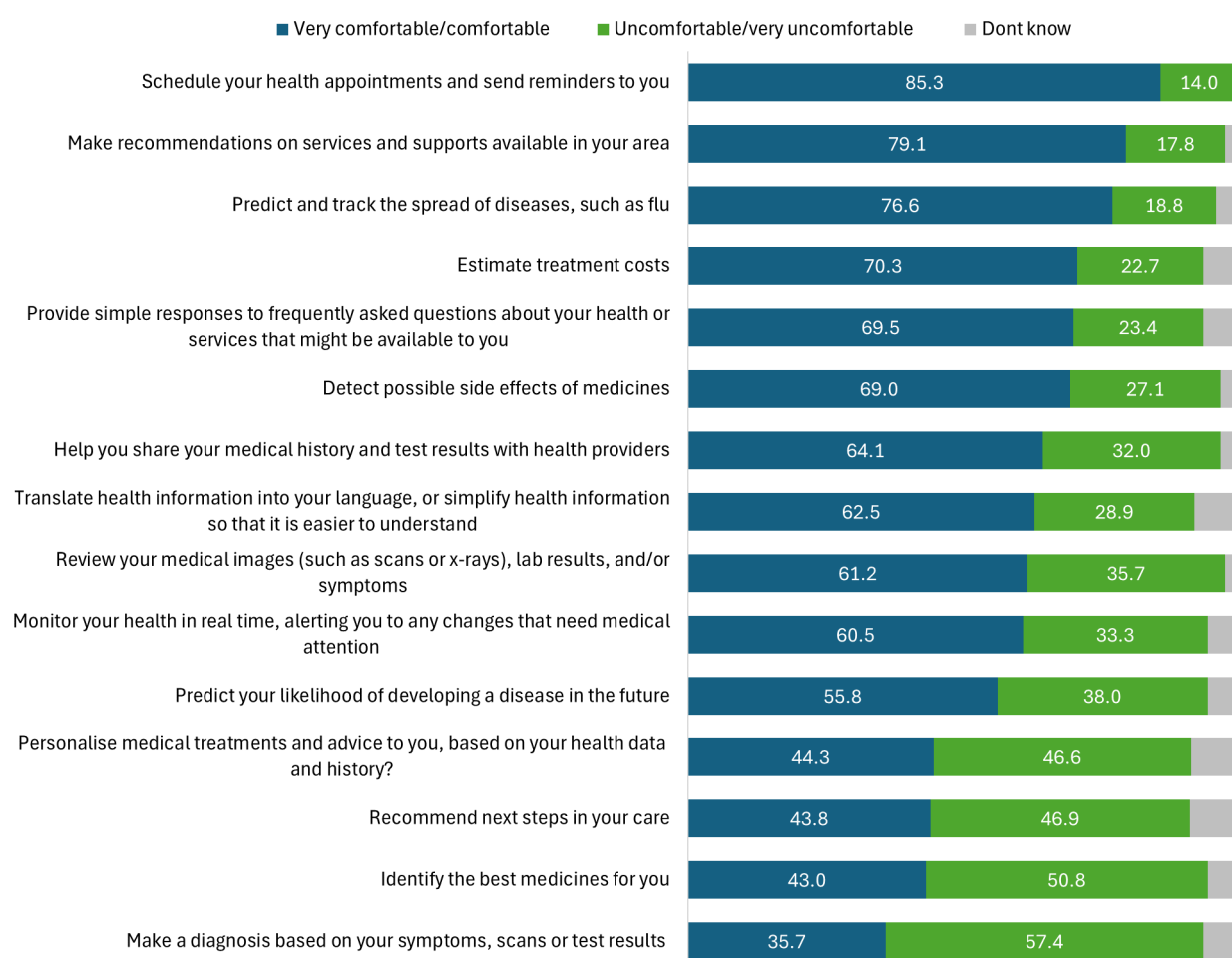
Panellists were presented with a range of scenarios where AI might be used to assist in their healthcare and were asked to report how comfortable they felt with AI being used in these ways. Figure 1 presents data on respondents' levels of comfort with AI being used in various aspects of their health care.

Panellists were most comfortable with AI being used to schedule health appointments and send reminders (85.3% comfortable or very comfortable). Similarly, most respondents were comfortable with AI being used to make recommendations about services and supports in their area (79.1%), to predict the spread of diseases such as flu (76.6%) or to estimate treatment costs (70.3%).

More than two thirds of panellists reported that they were comfortable with AI either providing simple responses to frequently asked questions about their health (69.5%) or to being used to detect the side effects of medicines (69.0%).

Panellists appeared to less comfortable when it was proposed AI might be used in their own clinical care. For example, more than half of panellists (57.4%) were uncomfortable with AI being used to make a diagnosis based on their symptoms, scans or test results. Similarly, 50.8% of respondents were uncomfortable with AI being used to identify the best medicines for them. Just under half of all respondents (46.9%), reported being uncomfortable with AI being used to recommend the next steps in their care, or personalise medical treatment or advice (46.6%).

Figure 1: Consumer comfort towards the use of AI in Health Care (%) n=128-129



Interest in the use of AI in health care

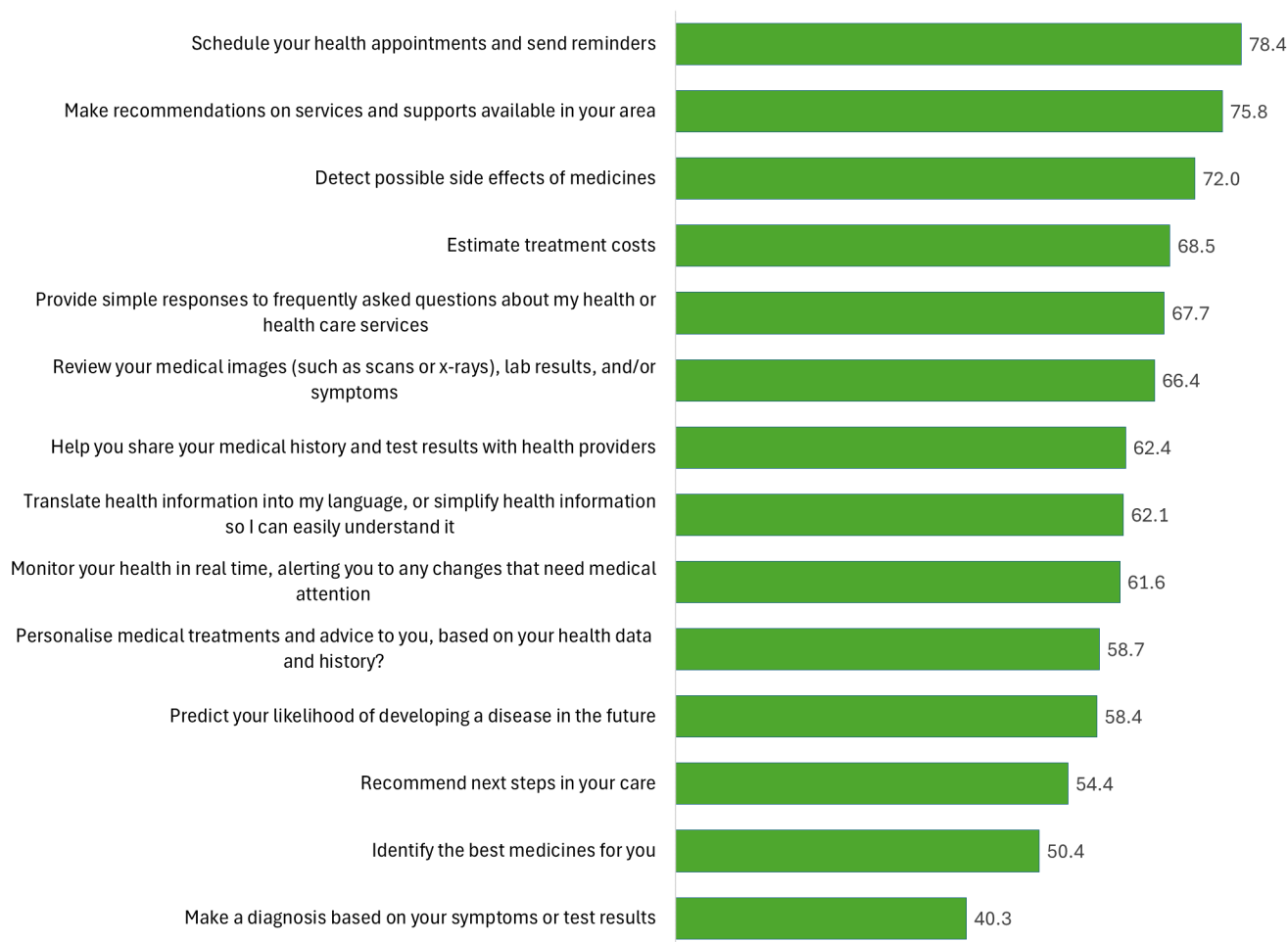
Panellists were again presented with a range of scenarios in which AI could potentially support their healthcare and were asked about their interest in having these kinds of supports. As shown in Figure 2, most respondents did indicate an interest in AI being used to support their health care in almost all of the proposed scenarios.

Panellists were most likely to be interested in AI being used to support their health care for administrative purposes. Over three quarters of respondents said they would be interested in having AI schedule their health appointments (78.4%) or in making recommendations on supports and services in their area (75.8%). Most respondents also indicated an interest in having AI help them to estimate treatment costs (68.5%), to provide simple answers to frequently asked questions (67.7%), or to help share their medical histories between providers (62.4%).

Panellists were also interested in aspects of AI that might improve the safety of their care, for example 72.0% of panellists indicated they would be interested in having AI detect possible side effects of medicines, whilst 66.4% were interested in AI being used to review their medical images, lab results or symptoms.

Panellists were less likely to report an interest in having AI more directly involved in their personal, clinical care. A minority (40.3%) reported they would be interested in having AI make a diagnosis based on their symptoms or test results, whilst around half (50.4%) were interested in AI identifying the best medicines for them or having AI recommend the next steps in their care (54.4%).

Figure 2: Consumer interest in having AI support their health care (%) n=124-126



Trust in the use of AI in health care

Panellists were asked, “Do you trust AI to be involved in making decisions about your healthcare?” Most panellists (68.5%) reported that they trusted AI to be involved in making decisions about their healthcare if verified by a human, whilst only 2.4% of panellists responded that they would trust AI to make decisions about their healthcare without human verification. A further 23.4% said that they did not trust AI to make decisions about their healthcare whilst 5.6% responded that they did not know.

Panellists were also asked to report if they trusted AI being used in various aspects of their health care (Figure 3). More than half of panellists reported that they would either ‘trust a great deal’ or ‘trust’ AI to:

- Predict the spread of diseases such as the flu (66.4%)
- Estimate treatment costs (59.8%)
- Provide simple responses to frequently asked questions about their health or health services (56.2%)
- Ease the workload of busy healthcare professionals (56.1%)
- Translate health information into their preferred language, or to simplify health information so that is easy to understand (52.5%)

Panellists were least likely to report trusting AI to securely handle patients’ medical records or personal details, with around 1 in 5 (21.0%) respondents stating they trusted AI to do this. Approximately half of respondents (53.2%) did not trust AI to securely handle medical records and personal details.

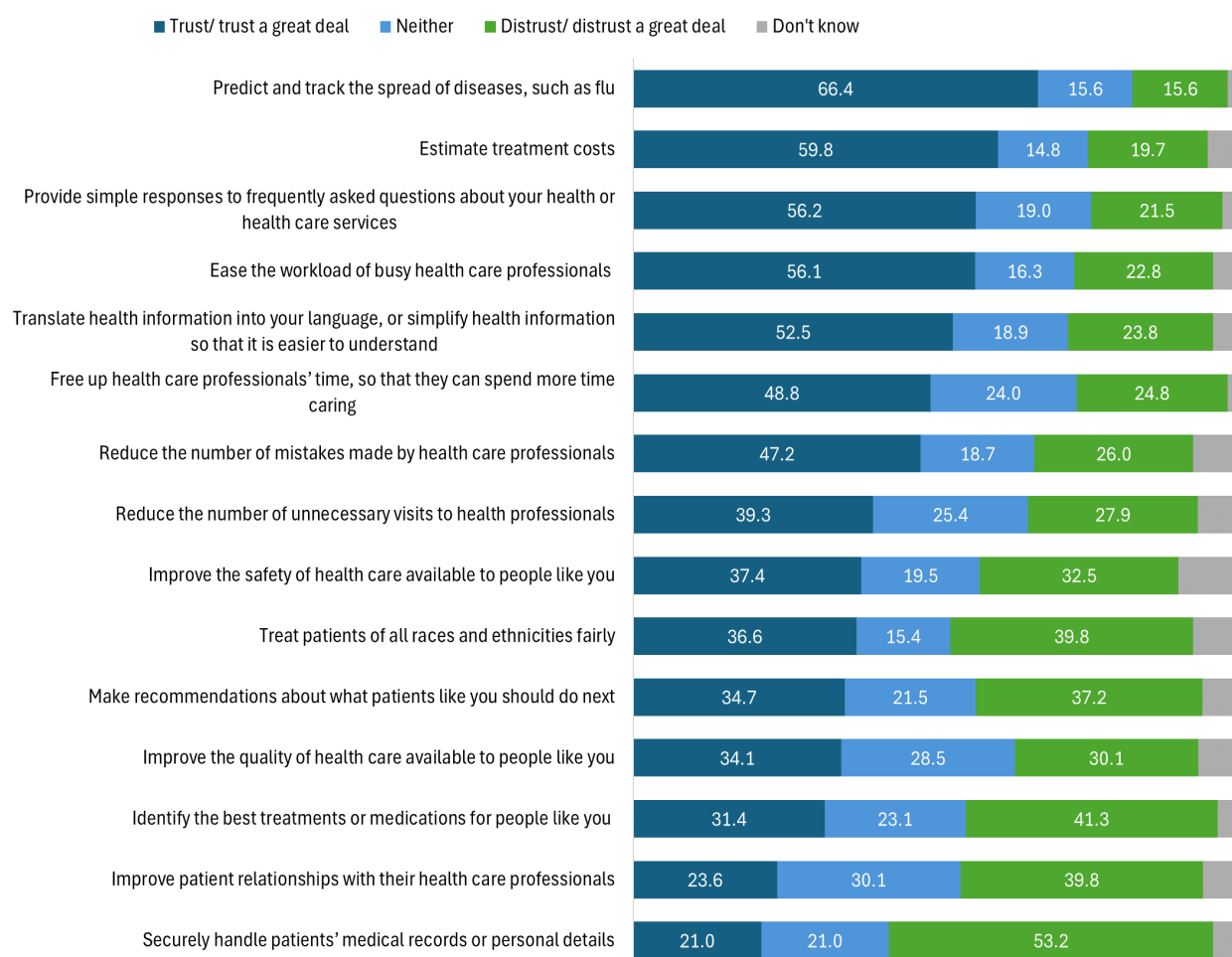
Only around a third of respondents trusted AI to be used in the following aspects of health care:

- To improve the quality of care available to people like you (34.1% trusted AI)
- To identify the best treatments and medications for people like you (31.4% trusted AI)
- To make recommendations on what patients like you should do next (34.7% trusted AI)

Fewer than one in four respondents (23.6%) indicated that they trusted AI to improve their relationship with health care providers.

Where panellists appeared most uncertain about their trust of AI was in its ability to improve the safety of healthcare available to people such as themselves. Over one in ten panellists reported that they didn’t know if they trusted or distrusted AI in this capacity, and similar proportions of people reported trusting (37.4%) or distrusting (32.5%) AI to improve the safety of their healthcare.

Figure 3: Consumer trust in AI in Health Care (%) n=121-124



"Consumers must be involved in the planning, instigation and evaluation of this technology as it will take a long time and require transparency for people to trust their health decisions to AI."

- AHP Panellist

Concerns about the use of AI

Panellists were asked about their levels of concern with AI being used in various aspects of their healthcare (see Figure 4).

More than 90% of respondents stated being either “somewhat concerned or very concerned” that AI would:

- Introduce or increase errors such as misdiagnosing conditions
- Produce misleading health information
- Fail to keep my health information private and secure
- Be at risk from technical failure or cyber attack

A couple of areas appeared to be of heightened concern to respondents. The majority of survey respondents reported being “very concerned” that AI would be at risk of technical failure or cyber-attack (73.3%), whilst 60.8% were “very concerned” that AI would be used to replace staff within health services.

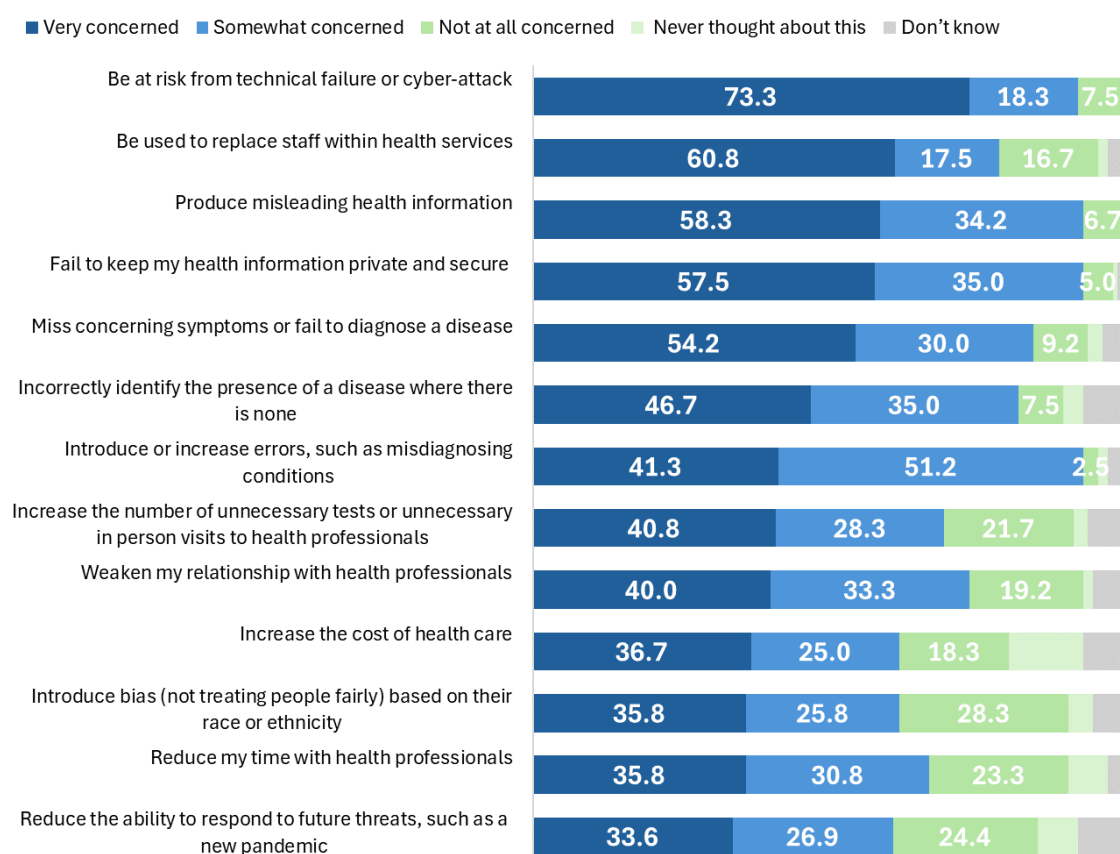
Respondents were also likely to express concern about the accuracy of AI when used in diagnoses:

- 84.2% were “somewhat concerned or very concerned” that AI would miss concerning symptoms or fail to diagnose a disease,
- 81.7% were “somewhat concerned or very concerned” that AI could incorrectly identify the presence of disease where there is none.

More than half of survey respondents reported being “somewhat concerned or very concerned” that AI might

- Increase the number of unnecessary tests or in person visits
- Weaken my relationship with health professionals
- Increase the cost of health care
- Introduce bias based on people’s race or ethnicity
- Reduce my time with health professionals
- Reduce the ability to respond to future threats, such as a new pandemic

Figure 4: Concern about the use of AI in Health care (%) n=119-121



Comparing AI to health professionals

Panellists were asked to compare the capabilities of AI against trained health professionals across a number of hypothetical activities (see Figure 5).

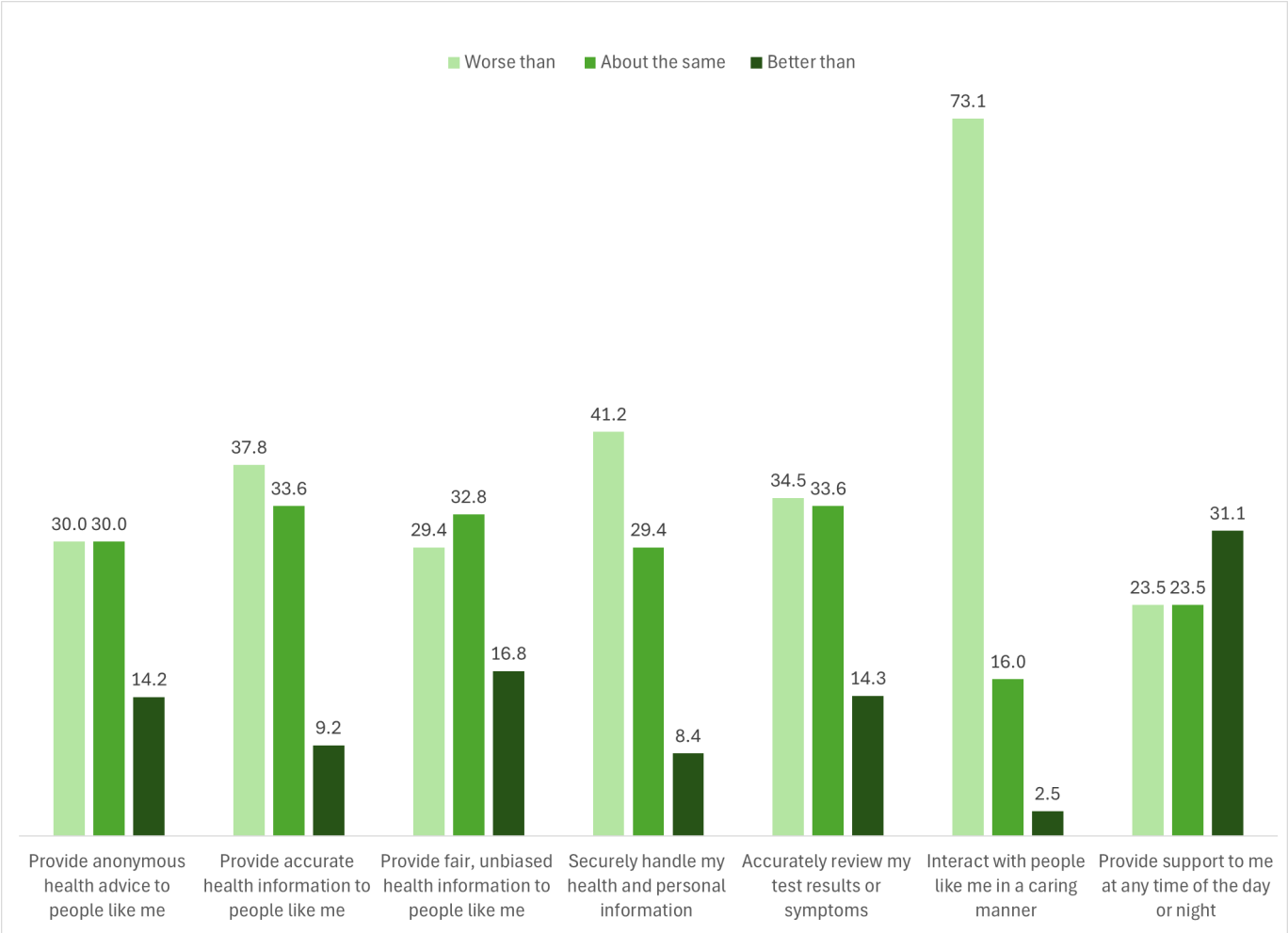
Across most of the activities, similar proportions of respondents reported that they perceived AI either to be worse than, or about the same as, a trained health professional. For example, 30.0% of respondents believed AI would be worse than a trained health professional at providing anonymous health advice, whilst 30.0% rated it as about the same. Meanwhile, 29.4% of respondents felt AI would be worse than a trained health professional at providing fair, unbiased health information, whilst 32.8% of respondents believed AI and trained professionals would be about the same at this.

The only response option where respondents were most likely to respond that AI would be better than a trained health professional was in its ability to provide support at any time of the day or night. Whilst this was the most common response, it was still a minority of panellists (31.1%), who believed AI might be better than a trained professional at providing support at any time. Almost one in four respondents thought AI would be worse than trained health professionals at providing support at any time of the day or night (23.5%) and the same proportion of respondents (23.5%) reported AI and a trained health professional would be about the same when it came to providing support.

Respondents were highly likely to respond that AI would be worse than a trained health professional, in its ability to interact with 'people like me in a caring manner', with 73.1% of panellists reporting this sentiment. Just 2.5% of respondents believed AI would be better than a trained professional at interacting "with people like me" in a caring manner, whilst 16.0% responded AI and trained professionals would be about the same.

We note that it was relatively common for respondents to reply, “I don’t know” when asked to compare AI to a trained health professional. For clarity of display don’t know responses are not presented in Figure 6, however as many as one in four respondents stated that they did not know if AI would be better or worse at providing anonymous health advice.

Figure 5: Comparisons between AI and trained health professionals (%) n = 119 to 120



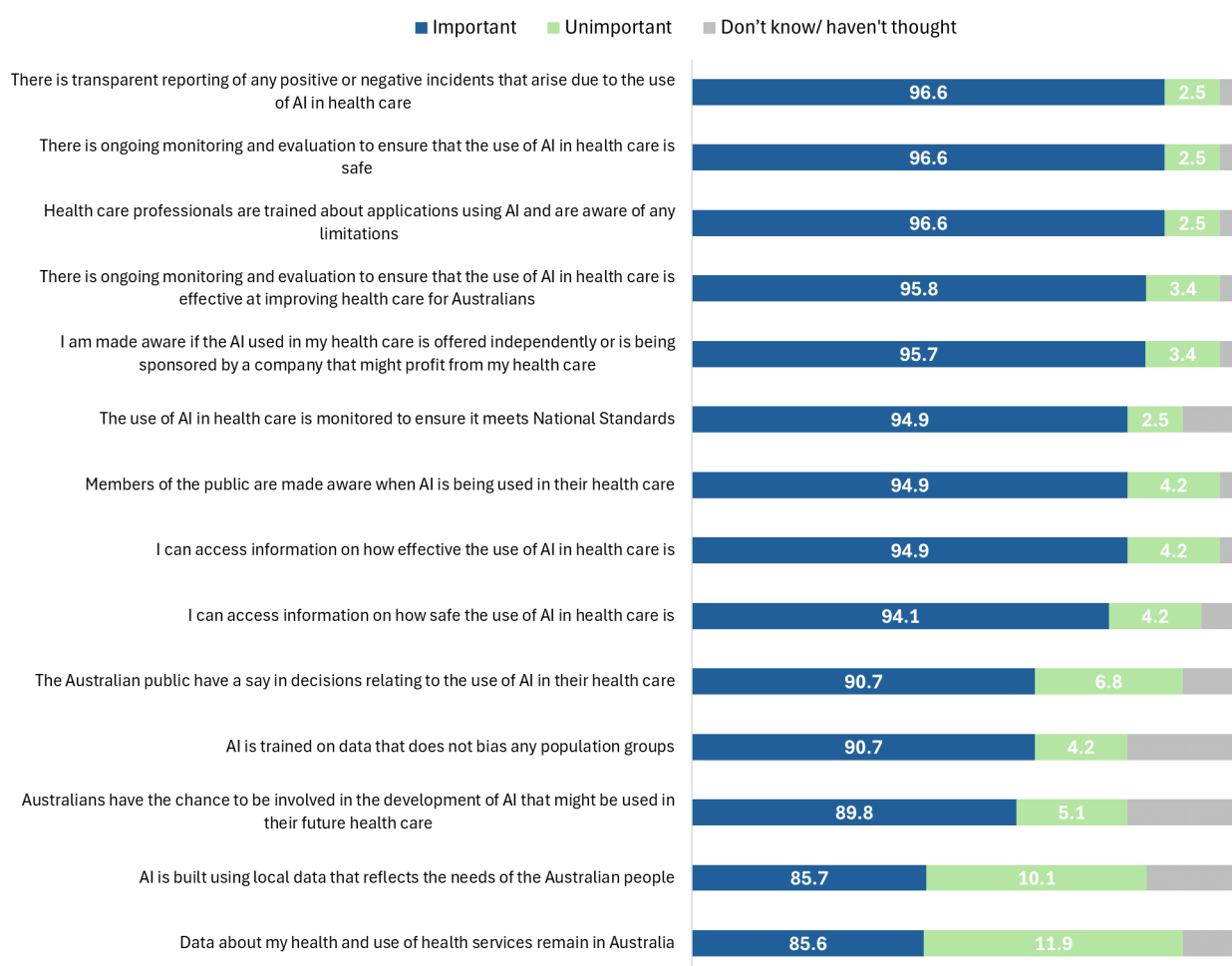
Ongoing use of AI in healthcare

Panellists were asked their opinions on the importance of a range of issues relating to the ongoing use of AI in healthcare. Respondents were highly likely to regard each issue as being important; at least 85% of panellists rated each issue as being either important or very important (see Figure 6). The issues that were the most likely to be regarded as important were transparency in reporting of any negative incidents that arise due to the use of AI in health care, that ongoing monitoring and evaluation of the safety of AI is in place and that health professionals are trained in AI applications and made aware of any potential limitations. Almost all respondents (96.6%) regarded these issues as important or very important. Similarly high proportions of respondents felt it would be important that there is ongoing monitoring and evaluation to ensure AI is effective (95.8%), that they should be made aware if AI is offered independently (as opposed to sponsored by a company) (95.7%), that it should be

monitored against National Standards (94.9%), that the public should be made aware where AI is used (94.9%) and that information on the effectiveness (94.9%) and safety (94.1%) of AI is available.

There were issues relating to the handling of data that were slightly less likely to be considered important. Even so, the majority of respondents stated that it was important for data about health and use of health services to remain in Australia (85.6%) and that AI is trained on high quality Australian data that reflects the needs of Australians (85.7%).

Figure 6: Ongoing use of AI in health care



Preferences for future learning

The majority of panellists (83.3%) reported that they would be interested in learning more about how AI is being, or could be used, in healthcare. The area that panellists most commonly reported being interested in learning more about was the current status of AI in healthcare, specifically where and to what extent it is being used at present. Panellists were also keen to hear about the future applications of AI and their potential to impact healthcare. Other areas that were raised as being useful for future learning were AI and data security, and how AI might affect relationships with healthcare professionals.

"To be honest as both a person with life threatening co-morbidities and as a health consumer advocate e-record and AI technologies are two of the most important platforms at this time. I want to know everything I can including ethics and policy formation including how we can protect the consumer whilst providing best practice that is clinically safe and provides quality outcomes with risk mitigation to scope of adverse outcomes when using AI in the clinical and public domain."

- AHP Panellist

Discussion

Panellists' responses suggest that most Australians are using digital tools to support their health care, most commonly to seek information on specific medical conditions or health services. Other common uses included for tracking health behaviours (such as step counts) or medical conditions (for example blood sugar monitoring). The increase in the amount of digital health tools and data that are available, improvements to computing power and the rise of new AI technology has led to AI being more commonly used in healthcare than ever before²³. This Australia's Health Panel set out to provide insights into consumers' knowledge and attitudes towards the use of AI in their health care.

An overwhelming majority of survey respondents indicated that it was important for them to be told if AI was being used in their health care, but one third of respondents admitted that they had "no idea" if AI was being used to support their health care at present. Respondents were also unlikely to feel well informed about how AI is used in general to support health care, with only 13.6% of respondents reporting that their knowledge of AI in health care was excellent or very good. The survey therefore highlights a significant gap among health consumers expectations and knowledge regarding AI's role in their care. This underscores the need for educational initiatives that go beyond

²³ CSIRO, 2023. AI trends for healthcare. CSIRO, Herston. Accessed: <https://aehrc.csiro.au/wp-content/uploads/2024/03/AI-Trends-for-Healthcare.pdf>

basic awareness, fostering a deeper understanding of AI's capabilities, limitations, and implications. Such efforts should prioritise transparency and accountability, to ensure that health consumers are well placed to access trusted information and to be able to make informed decisions about their health. It should not be assumed that health consumers might prioritise convenience over informed consent, most want to know when AI is being used in their health care and this would seem to be an important precursor to building trust and understanding of emerging technologies.

Respondents appreciated the convenience of AI assisting in elements of their health care, particularly in administrative tasks, such as in scheduling appointments, but were less likely to report either an interest in, or comfort with, uses of AI that related to their personal care. This could indicate that consumers are more comfortable with applications of AI that do not impact them directly and are less comfortable with AI's use for tasks that are perceived to have higher stakes; such as where there is the potential for error or misdiagnosis in clinical care.

It was very common for panellists to report concerns about AI, especially with its perceived potential to introduce errors or misdiagnoses but also in relation to the privacy and security of personal information and potential for technical failure. Consumer's concerns about AI's potential to introduce errors and security vulnerabilities reinforce the need robust oversight. The majority of respondents expressed a strong desire for ongoing monitoring and transparent reporting of AI's impact on health outcomes. This sentiment highlights the necessity of continuous, rigorous evaluation to ensure that AI systems are safe, reliable, and equitable. Transparency and accountability will be important for ensuring that consumers have access to accurate information about the effectiveness and limitations of AI use, a necessary prerequisite for building trust and comfort in these technologies, with implications for their acceptability and uptake among health consumers in the future.

When asked to compare AI's abilities to a trained health professional – panellists were unlikely to regard AI as being better, they were more likely to rate AI as being worse than – or about the same as a health care professional. Panellists were particularly likely to rate AI as being worse than a human when it came to “interacting with people like me in a caring manner”. One of the most common concerns panellists had with AI use was that it might replace healthcare staff. Additionally, panellists were highly likely to report they would only trust AI to make decisions if the decision was then verified by a practitioner. These results point to how greatly the human elements of healthcare are valued by consumers. This finding is consistent with previous research that found that 80% of respondents valued continued human contact and discretion over the potential speed, accuracy or convenience that the use of AI in healthcare may provide²⁴. Together these findings indicate the great value that consumers place on having a trusted healthcare professional leading and providing oversight of their healthcare.

Survey responses demonstrate health care consumers have a strong interest in both the current and future applications of AI in healthcare. Improving knowledge on the safety, capabilities and efficacy of AI, is likely to build trust in and acceptance of this evolving technology.

²⁴ Isbanner, S., O'Shaughnessy, P., Steel, D., Wilcock, S., Carter, S. 2022. The Adoption of Artificial Intelligence in health care and social services in Australia: Findings from a methodologically innovative national survey of values and attitudes (the AVA-AI study). *Journal of Medical Internet Research*, 24(8): e37611.

Conclusion

The survey results offer a complex and nuanced picture of consumer attitudes toward AI in healthcare. While there is recognition of AI's potential benefits, particularly in administrative efficiency and predictive capabilities, there is also significant scepticism and concern, particularly around transparency, trust, and the preservation of human elements in care. These insights emphasise the need for a cautious, consumer-centric approach to AI integration in health care that prioritises transparency, ethical development, and human oversight.

The strong preference for human interaction, particularly in areas requiring empathy and personalised care, suggests that any AI integration must be carefully balanced with maintaining the human touch in healthcare delivery, enhancing rather than eroding the human elements of care.

Healthcare stakeholders must actively involve health consumers in discussions about where and how AI should be integrated, ensuring that innovation is driven by community needs and values rather than purely by economic, political or commercial interests.

The Consumers Health Forum of Australia would like to thank all panellists for giving up their time to participate in this survey. At the time of writing CHF have incorporated the findings from this survey in submissions to the Department of Industry, Sciences and Resources' "Introducing mandatory guardrails for AI in high-risk settings: proposals paper" and the Department of Health and Aged Care's "Safe and Responsible Artificial Intelligence in Health Care- Legislation and Regulation Review" consultation. Any questions about this survey and its findings can be directed to info@chf.org.au.

"I think AI could be useful, helpful and perhaps more effective in some ways. But as with all technology, it is the human construction of the AI and its implementation which requires very careful examination."

- AHP Panellist

References

- Australian Alliance for Artificial Intelligence in Healthcare. 2021. A Roadmap for Artificial Intelligence in healthcare for Australia. *Australian Alliance for Artificial Intelligence in Healthcare*. Accessed: https://aihealthalliance.org/wp-content/uploads/2021/12/AAAiH_Roadmap_1Dec2021_FINAL.pdf
- Australian Institute of Health and Welfare. 2024. Australia's health data landscape. *Australian Institute of Health and Welfare*. Accessed: <https://www.aihw.gov.au/reports/australias-health/health-data-landscape>
- CSIRO, 2023. AI trends for healthcare. CSIRO, Herston. Accessed: <https://aeirc.csiro.au/wp-content/uploads/2024/03/AI-Trends-for-Healthcare.pdf>
- Hunt, S. 2024. Artificial intelligence 'facing barriers' in our health system. *InSight*. Accessed: <https://insightplus.mja.com.au/2024/1/artificial-intelligence-facing-barriers-in-our-health-system/>.
- Isbanner, S., O'Shaughnessy, P., Steel, D., Wilcock, S., Carter, S. 2022. The Adoption of Artificial Intelligence in health care and social services in Australia: Findings from a methodologically innovative national survey of values and attitudes (the AVA-AI study). *Journal of Medical Internet Research*, 24(8): e37611.
- Longoni, C. Morewedge, C. 2019. AI can outperform doctors. So why don't patients trust it? Harvard Business Review. Available: <https://hbr.org/2019/10/ai-can-outperform-doctors-so-why-dont-patients-trust-it>
- Upadhyay, V. 2023. Australia Artificial Intelligence (AI) in Healthcare Market Analysis. Insights 10. Accessed: <https://www.insights10.com/report/australia-artificial-intelligence-ai-in-healthcare-market-analysis/>
- Van der Vegt, A., Campbell, V., Zucco, G. 2023. Why clinical artificial intelligence is (almost) non-existent in Australian hospitals and how to fix it. *Medical Journal of Australia*, 220, 4: 167-218.