



## It's Time for an Oath for GenAI in Healthcare

[RamaOnHealthcare](#) talks with the co-author of an *Oath for GenAI in Healthcare*.

Drawing on experiences as a government official and Fortune 50 executive, Glenna Crooks, PhD explains why ethical codes and regulatory efforts are *necessary* but *not sufficient* to manage the risks and reap the rewards of GenAI in healthcare and how an Oath can help.

**ROH: You've created an *Oath for GenAI in Healthcare*. Why?**

My interest in oaths started 25 years ago in exploring the growing dissatisfaction and anger I saw everywhere in healthcare. In my research, two things stood out.

First, since before the dawn of civilization and in every culture we know existed, people believed healing was one of God's gifts to humankind. God – or the gods in the polytheistic cultures – did not grant it directly, though. The gift came through healers who had sacred obligations to their community and were accountable to the divine.

Oaths, like the one attributed to Hippocrates, codified that obligation. Oaths reassured society that healers would practice their art only for the good of patients, never for evil, expedient, or political purposes. This is why healers had such high status; they had both superior knowledge and access to mysterious, powerful divine forces.

Second, with the passage of Medicare and again during the Clinton-Obama health reform eras, large groups of new players joined America's healing enterprise.

Unfortunately, these new players viewed themselves as regulators and businesspeople, not as parties to the processes involved in healing. They did not create or embrace an oath suited to their work. They failed to understand that society has longstanding, deeply held

expectations for those involved in wielding a divine gift. Eventually, though they never set foot in an exam room, they came between people and their healers. As a multidisciplinary social scientist, I think that dynamic was the source of the anger we saw from patients and the moral injury imposed on our health care professionals.

To address the problem, I proposed that anyone involved in healthcare, even if they never touched a patient, was a sophisticated extension of ancient tribal healers. As a result, they should embrace a healer's oath. On that target list I included legislators, regulators, insurance executives, marketers, research scientists, lobbyists, advocates, investors, and dozens of others you can name. I spoke about this with thousands of people and hundreds of audiences. It was well received but eventually ran its course as we moved on to other things

Recently, for the third time in 50 years, another large group of outside players showed up. Their GenAI wizardry may eventually be the most consequential of all, so it's appropriate to raise the importance of oaths once again.

**ROH: Many people would say that it's good that these GenAI players have come along and that healthcare needs what they offer. It sounds like you disagree.**

I'm optimistic by nature and a bit Promethean by temperament. When it comes to GenAI, I am cautiously optimistic, but I also see trouble on the horizon, and perhaps because of that temperament. Prometheus, you recall, stole fire from the gods and that didn't work out well for him in the end. I hope these new players realize they are working within a healing enterprise that people believe is aligned with powerful forces and act accordingly and with humility when necessary; I have some concerns if they don't.

First, GenAI players arrived on the scene when the rancor within and about healthcare was worse than ever. We saw that recently when people cheered the fatal shooting of a healthcare executive and made his accused killer a folk hero.

Second, many GenAI players come from a "move fast and break things" culture. If that translates to "move fast and break people," the backlash will be punishing. It will hamper any progress we might make with GenAI. What's more, even if GenAI does not break anything, it will clash with the culture of medicine, which is plodding and conservative.

We complain about how slowly innovations diffuse within healthcare, but with lives at stake, physicians take great care to assess the value of anything new. That's what I mean by humility and I don't see enough of that in GenAI.

Third, trust in the internet, privacy promises, digital tools, public health, and experts is at an all-time low. The "black box" of GenAI could make that worse. Reid Hoffman's [\*\*\*Superagency: What Could Possibly Go Right with Our AI Future\*\*\*](#) has themes of trust and collaboration that I like. At least where healthcare is concerned, I suggest we "kick that up a notch." Patients deserve to know that these new players are trustworthy and their "black box" and will not run roughshod over society's long-held expectations of its healers. That's why an *Oath for GenAI in Healthcare* has value.

## **ROH: Might an Oath for GenAI in Healthcare slow progress? GenAI promises to augment human intelligence, so why not adopt the technology as fast as possible?**

“Promise” is the operative word. I agree we should adopt GenAI, but cautiously because it comes with risks. Its ability to perform well in medical imaging may not translate to success in other areas.

Consider the Grossman and Nathan study, posing thirty-nine medication questions to ChatGPT. It produced no or incomplete responses in 74% of its answers, missed drug-drug interactions, and cited fabricated references and nonexistent studies. To call those “hallucinations” belies the truth; those mistakes can be deadly.

Unfortunately, GenAI is built to be *fast and convincing*, not *cautious and accurate*. As any user knows, it is warm, patient, and kind. It’s even apologized when I pointed out a mistake. Interactions like those can lead us to grant it trust and authority it hasn’t earned yet. That happened recently when a Congressman introduced HR238, proposing to extend the definition of prescribing practitioners to include AI and machine learning technologies.

GenAI might turn out to be a powerful healer, but it’s too early to say, and managing any risks is essential. Think of it the way you do a scalpel. In the hands of a skilled surgeon, it can be life-saving; in the hands of a toddler, it can be deadly.

I’d suggest we recall Greek mythology before we anoint GenAI as the next panacea. Panacea was a powerful healer, but she was also an introvert who hung out in the forests and was hard to find. We can’t just change her name to GenAI and think we’ve tracked her down.

## **ROH: Won’t current policy and regulatory initiatives underway mitigate risks?**

Governments, associations, and think tanks are working on it. In my opinion, they’re focusing on all the right things: transparency, training, patient privacy and safety, the validity of the results, and fairness to avoid biases we know exist in data. They’re creating ethical guardrails about appropriate uses and calling for human oversight and accountability.

The problem is that GenAI developments will always outpace the ability of users, regulators, and the public to keep up. I’ve been a government regulator and know firsthand that oversight will always lag technology. There’s a danger that “hype by example” will oversell its value and overlook its risks. For that reason, policy and regulatory initiatives are *necessary* efforts, but they are *not sufficient*.

*An Oath for GenAI in Healthcare* supplements those policy and regulatory initiatives to help close the gap between risks and opportunities. It helps remind those who develop or use GenAI that they are participating in a healing enterprise, even if their work never brings them into direct contact with patients.

If any person, team, or organization developing or using GenAI in healthcare is unwilling to ascribe to an oath, we deserve to know why.

**ROH: What would you say to critics who say an oath is an archaic concept ill-suited to the modern era?**

Humankind's beliefs about healing are so longstanding that we take them for granted. Others may not articulate it quite like I do, but I think they feel it in their gut. It's the reason for the rancor I saw 25 years ago, the reason it's even worse today, and the reason an accused assassin became a folk hero.

Our modern era has given us much our ancestors could not have imagined, and we're living longer, healthier lives because of it. We're also better informed about the nature of health and disease. We have a germ theory to consider when we're ill and no longer believe our fevers are a punishment sent by the evil Goddess *Febris*. We know where a cancer metastasizes and how a virus replicates.

I'd suggest that all that knowledge gives us precious little comfort when we, or our loved ones, are sick. Diseases are just as frightening today as in the past and some are just as uncontrollable. We're more like our ancient counterparts than our modern-day friends when we're ill. We want help, and even if we're not religious or never pray, we want help from someone aligned with powerful, benevolent forces greater than the disease.

Oaths provide that reassurance. The oaths taken by physicians, nurses, and pharmacists are important pledges modern clinicians continue to honor. The principles in them are relevant in the 21st century and for GenAI applications.

**ROH: Some groups are developing guidelines for the ethical use of GenAI in healthcare. Does that make an *Oath for GenAI in Healthcare* unnecessary?**

Oaths contain three essential elements, two of which do not appear in ethical guidelines. In the first element, the oath-taker calls upon God, the divine, or in modern parlance, "all I hold dear," to witness the promises they are about to make.

In the second element, the oath-taker makes promises. These include things like providing care, improving the quality of care, protecting the patient's privacy, collaborating with others, and practicing within their sphere of knowledge and skill.

In the third element, the oath-taker invites accountability, saying to God, essentially, "If I keep these promises, may good come to me and if not, may the reverse be my lot."

Ethical statements are the basis for the promises made in the second element of the oath. As ethical codes evolved, we refined the promises in the oath. In one of the oldest versions of the Hippocratic Oath, for example, when physicians treated patients in their homes, as was the custom of the day, they promised to "not have sex with their male or female slaves." For obvious reasons, that's no longer needed in modern-era oaths.

Regardless of how refined ethical codes might be, they lack the oath's first and third elements, and those give oaths their power. Patients benefit from the ethical standards that frame the promises but make no mistake, what makes those promises powerful is that they are made to God before they are made to patients, and God is asked to adjudicate how well the healer has kept them.

Perhaps I should say it again: if any person, team, or organization developing or using GenAI in healthcare is unwilling to ascribe to an oath, we deserve to know why.

### **ROH: How do you envision an oath will be implemented?**

It's more important to explore the nature of an oath first. There will be differences of opinion about whether an oath is necessary at all, so let's sort that out first.

To help those who might be interested, a background paper and other supporting documents are available at [Oathgenai.com](https://oathgenai.com) along with a version of the oath that can be signed as is or edited for use. The site includes information about Carrie Brubaker, PhD, my co-author in Europe, and our paper about the oath thanks our advisor, Sidi Lemine, and the many people who graciously reviewed and provided comments on our drafts.

For those who feel we may be GenAI Luddites, I'll mention that we use GenAI daily in our work and our website includes a [NotebookLM podcast](#) about the oath. True to our signature on the *Oath for GenAI in Healthcare* document that appears on the site, we reviewed several versions before selecting the one that accurately represented both the "letter" and the "spirit" of what we intend. I hope people will check it out.

An *Oath for GenAI in Healthcare* won't resolve all the issues we need to address, but it will help. Failure to do so will contribute to the further decline of patients' trust in the healthcare system, especially if any are harmed.

Proposing an *Oath for GenAI in Healthcare* might seem radical, but it's actually a very conservative idea with a millennia-long tradition among those who aspire to earn the trust of the patients they care for. It might also seem daunting, and though it may be, it is the best way for its developers to earn a "place at the table" in healthcare.



## **AN OATH FOR GenAI IN HEALTHCARE**

I swear (or affirm) by all I hold dear and sacred, and in the presence of those assembled here:

To commit to life-long learning, sharing knowledge with others, and improving the standards by which my profession operates, as it incorporates GenAI, knowing its risks as well as its benefits.

To do my personal best and encourage others on my teams and throughout my organization, to offer our skills to serve patients and their wellbeing.

To ensure my personal and organizational interests and financial gains do not eclipse the care of my patients.

Intending only to do good, ensure the expertise of those involved, commit to improving life, contribute what I know, and collaborate with others to ensure the best outcomes for those I serve.

To encourage those in my care, their clinicians, and others engaged in healthcare to appropriately use the tools I build and use, welcoming their feedback to support improvements to benefit them and others.

To be always mindful that healing is a human enterprise, and humans must be informed, aware, and in control of each step, lest we lose the trust upon which we depend for the therapeutic alliance.

To maintain the highest moral, ethical, technical, financial, legal, and research conduct, including:

Not making false claims about my product.

Keeping information entrusted to me private, confidential, and secure lest my patients suffer further from any kind of bias and the whims of online multitudes.

Recognizing that the tools of GenAI do greatly benefit patients, yet may also cause harm.

If I keep this oath faithfully, may I enjoy my life and work and always be respected. If I violate this oath, may the reverse be my lot.

*Carrie Brubaker*

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*Glenna Crooks*

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