

# GenAI in Healthcare: Physicians' Views

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## GenAI in Healthcare: The Opportunity and Challenge Matrix

### Introduction

Generative artificial intelligence (GenAI) is poised to become one of the most transformative technologies in the history of medicine and healthcare, with applications ranging from administrative automation to support for diagnostic and treatment decisions. Early studies suggest both potential benefits and risks, as new applications emerge at a rapid pace.

The integration of GenAI into healthcare represents more than technological adoption, however. It intersects with fundamental questions of medical professionalism and the nature of the therapeutic relationship between patients and their physicians. Physicians' attitudes toward GenAI will likely influence adoption patterns, implementation success, and patient acceptance. However, existing literature offers limited insight into physicians' perspectives on GenAI-specific applications, accountability frameworks, and professional ethical considerations.

To explore this critical gap, we utilized Toluna's proprietary panel of healthcare professionals, Curizon, to survey 2,739 physicians. Our survey aimed to gain insight into their attitudes toward GenAI in healthcare across multiple dimensions, including perceived benefits and risks, confidence in regulatory oversight, and preferences for accountability frameworks. To gauge support for one method of ensuring ethical practice, we solicited views on an Oath for GenAI in Healthcare, modeled after medical oaths. Understanding these perspectives is crucial for developing GenAI platforms and implementing GenAI solutions that optimize patient benefit and align with professional values and norms.<sup>1</sup>

### Results Summary

The results reveal a paradox: GenAI offers an unprecedented opportunity, but it also poses unparalleled implementation challenges. Physicians working in diverse practice settings indicate that the medical community is aware of both.

They are optimistic about GenAI in general, but cautiously so. They say it will help them uncover insights they might otherwise miss and make their jobs easier and more efficient. They also predict it will be embedded in patient interactions within the next 3-5 years, a diffusion rate much faster than the 17-year average for other healthcare innovations. The greatest enthusiasts, and those most likely to be early adopters, are physicians with high-volume practices, those who work in hospitals or academic teaching centers, and those who care for both adults and children.

Unfortunately, there is no consensus about exactly how GenAI will deliver on its promises, which means considerable development and implementation challenges may lie ahead. Of nine possible benefits, only three were ranked most important by more than 10% of physicians: streamlining prior authorization, creating visit and discharge summaries, and improving diagnostic accuracy. The promise of speeding up drug development is the only benefit about which there is widespread agreement; few physicians believe it will be beneficial, ranking its potential lower than that of any other.

Any enthusiasm is tempered by potential risks to patients. Most agree that GenAI's warmth, patience, and kindness might lead people to trust it more than they should. Although regulatory oversight may help prevent patient harm, fewer than half of physicians are confident that regulators will be able to keep up. They worry that the technology produces different responses to the same prompts, is a "black box"

<sup>1</sup> We are grateful to members of the Toluna team, including Maurits Moti and Lisette Tan-de Ronde, as well as the Persona Panels team, including Patrick Gorman and Steven Marks, for their assistance.

they cannot see inside, will exacerbate disparities because training data is biased, and will likely violate confidentiality. They are also concerned that malicious actors will outpace regulators' ability to keep up with security measures. Pediatricians stand out as sounding the loudest alarms about each of those risks.

These concerns are important because accountability for any harm to patients is far from settled. Slightly more than half of physicians say that GenAI developers and users (e.g., physicians, hospitals, payers) should share the responsibility for harm jointly. A quarter of physicians say that GenAI developers should be held responsible, while the remainder form a minority that holds users responsible for harm.

Enthusiasm is also tempered by the potential risks to physicians. Far more than half are concerned about displacements to the healthcare workforce. Furthermore, although a clear majority overwhelmingly supports informing patients when physicians use GenAI to assist with diagnoses and treatment recommendations, one-third worry that they will lose patients as a result. This worry is most prevalent in one of the most enthusiastic groups of likely early adopters: physicians in high-volume practices. This commitment to disclosure, despite their fears and the associated business risks, demonstrates the profession's ethical foundation.

Reflecting their commitment to ethical practice, a large majority of physicians said they would take the Oath for GenAI in Healthcare. Of physicians who declined, the majority said they viewed it as redundant and unnecessary because they'd already sworn to a medical oath.

At least half of these physicians agreed that other professionals involved in using GenAI in healthcare should also take the Oath. This includes people who do not normally take oaths, such as GenAI developers, payers/MCOs, insurance company reviewers, clinical research scientists, and marketing agencies. However, far fewer physicians predicted that those professionals would be willing to take the Oath. We refer to the difference as a "trust gap," and it is small between physicians and other clinical professionals. It is considerably larger between physicians and non-clinical professionals in healthcare, with the largest difference between physicians and insurance company reviewers, GenAI platform developers, and Payers/MCOs.

## Conclusion

This study reveals that while physicians demonstrate enthusiasm for the potential benefits of GenAI in healthcare, they have significant concerns about the patient risks, regulatory oversight, accountability frameworks, and ethical commitments.

## Methods

This research was conducted using Toluna's proprietary panel of healthcare professionals, Curizon, in February 2026.

The total of 2,7388 respondents represents a response rate of 15%. Of that total, 49 were excluded after AI-assisted engagement validation through open-ended questions or for excessive missing data, "straight lining," and "speeding." We also cross-checked the given inputs against the profession to verify the logic in the provided answers. These were flagged as low quality and manually reviewed.

The final sample size included 2,379 physicians. Demographics used in our analysis included:

- **Practice Type:** Primary care vs. specialist.
- **Practice Setting:** Hospital/teaching vs. other settings, e.g., solo vs group practices, ambulatory care center, long-term care/nursing home.
- **Patient Population:** Adult-only, pediatric-only, or mixed practice.
- **Patient Volume:** No patients, 1-50 patients, 51-150 patients, 150+ patients per week.

The survey<sup>2</sup> included a total of ten questions, of which two were open-ended and provided verbatim responses.

Descriptive statistics were calculated for all variables. Demographic comparisons used chi-square tests for categorical variables and t-tests for continuous variables. Statistical significance was set at  $p < 0.05$ . Subgroup analyses examined responses by practice volume (<100, 100-149,  $\geq 150$  patients/week), practice setting (hospital/teaching vs. other), and patient population (adult-only, pediatric-only, mixed). All analyses were conducted using Toluna Analytics.

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<sup>2</sup> See Appendix A.

## Results: Support for GenAI

Across diverse practice settings, this survey reveals a medical community that is cautiously optimistic but strategically demanding about GenAI integration in healthcare.

### Key finding: There is enthusiasm for GenAI in general.

Physicians are generally informed and optimistic about GenAI, and they anticipate that it will be integrated into patient interactions much more quickly than the average 17-year adoption timeframe for other medical technologies.<sup>3</sup>

- 87% say it will help **uncover insights** that might otherwise be missed.
- 81% say it will **make their jobs easier**.
- 84% say it will **make their jobs more efficient**.
- 89% predict it will be **embedded in patient interactions** in the next 3-5 years.

### Key finding: There is no consensus about exactly which GenAI applications will benefit healthcare.

Overall enthusiasm for GenAI's potential is overshadowed by a lack of consensus on which specific applications will deliver on the technology's broader promises. Only three of nine potential applications were ranked as the most beneficial by more than 10% of physicians: creating visit and discharge summaries (15%), streamlining prior authorization (11%), and improving diagnostic accuracy (21%).

This lack of agreement on the specifics signals potential challenges in platform development, launch, and implementation as new applications emerge and pressure builds to adopt them. A few examples are instructive.

Among the majority of physicians (87%) who say

GenAI will **uncover insights** they might otherwise miss:

- 21% ranked **improving diagnostic accuracy** as the most beneficial; 42% ranked it among the top three.
- 7% ranked **medical history risk analysis** as the most beneficial; 32% ranked it among the top three.

Among the majority of physicians (81%) who say GenAI will **make their job easier**:

- 8% ranked **interpreting test results** as the most beneficial; 33% ranked it among the top three.
- 9% ranked **translating languages** as the most beneficial; 27% ranked it among the top three.

Among the majority of physicians (84%) who say GenAI will **make their job more efficient**:

- 15% ranked **creating visit and discharge summaries** as the most beneficial; 37% ranked it among the top three.
- 10% ranked **handling routine requests** (e.g., prescription refills) as the most beneficial; 33% ranked it among the top three.
- 9% ranked **scheduling** as the most beneficial; 27% ranked it among the top three.
- 11% ranked **streamlining prior authorization** as the most beneficial; 32% ranked it among the top three.
- 5% ranked **improved communication** with pharmacists and other healthcare professionals as the most beneficial; 23% ranked it among the top three.

There is only one specific healthcare benefit for which there is widespread consensus among physicians: speeding drug development. Few believe that GenAI will help. Of all potential benefits, faster drug development ranked lowest; only 4% ranked it as the top benefit, and only 14% ranked it among the top three. Any optimism for faster drug development was confined to physicians in teaching hospitals or those with high-volume practices.

Benefits of GenAI in General	Specific Benefit of GenAI in Healthcare	Top Benefit	Top Three Benefits	Key Targets
Uncovers insights I might miss	Improve Diagnostic Accuracy	21%	42%	Primary Care and Teaching/Academic Hospital Practices
	Do Medical History Risk Analysis	7%	32%	High-Volume practices
Makes my job easier	Do Language translation	9%	27%	Pediatric-Only Practices
	Create Visit/Discharge Summary	15%	37%	Pediatric and Low-volume practices
Makes my job more efficient	Handle Routine Requests	10%	33%	High-volume practices
	Scheduling	9%	27%	
	Streamline Prior Authorizations	11%	32%	Adult-Only and Non-Teaching/Academic Hospital Practices
	Improve communications with Pharmacists, other HCPs	5%	23%	Specialists, Teaching / Academic Hospital, and Small-Volume Practices

Table 1 Benefits of GenAI in Healthcare as Ranked by Physicians, with Key Target Segments Most Interested (p < 0.05).

<sup>3</sup> Morris, ZS, Wooding, S, and Grant, J. The answer is 17 years, what is the question: understanding time lags in translational research, J R Soc Med. 2011 Dec;104(12):510-520. doi: [10.1258/jrsm.2011.101180](https://doi.org/10.1258/jrsm.2011.101180)

## Results: Readiness for GenAI in Healthcare

Three groups stand out as the biggest supporters of GenAI applications in healthcare and are likely the primary segments for market entry. They include physicians with high-volume practices, physicians who work in hospitals or academic teaching centers, and physicians who care for both adults and children. They are poised to be the earliest adopters.

### Key finding: High-volume physicians drive enthusiasm for GenAI in general.

Patient volume matters. Physicians who see 150 or more patients weekly are statistically significantly more likely to be enthusiastic than those with small- and medium-sized practices across every key metric we measured. Perhaps because of the demands placed on their time by large patient populations, they more readily recognize the value of tools that help them rapidly diagnose conditions accurately and create administrative efficiencies, such as managing prescription refills and documenting visits. They're optimistic about the value of GenAI to:

- **Uncover insights:** 90% vs. 87% of mid-volume and 86% of low-volume physicians ( $p < 0.05$ ).
- **Make work easier:** 85% vs. 79% of low-volume and 81% of mid-volume physicians ( $p < 0.05$ ).
- **Make work more efficient:** 88% vs. 83% of low-volume and 84% of mid-volume physicians ( $p < 0.05$ ).
- They predict it will be **embedded in patient interactions** in 3-5 years: 92% vs. 86% of low-volume physicians ( $p < 0.05$ ).

### Key finding: Physicians in hospitals and academic settings show readiness for GenAI.

Practice setting makes a difference. Physicians who practice in hospitals or teach in academic settings are statistically significantly more likely to be enthusiastic than those in other practice settings. This difference may stem from a feeling of preparedness as adoption would be supported by established management structures, dedicated technology experts, and more substantial budgets for innovative tools. They exhibit a pattern similar to that of high-volume physicians, anticipating the value of GenAI to:

- **Uncover insights:** 89% vs. 86% in other practice sites ( $p < 0.05$ ).
- **Make work easier:** 83% vs. 80% in other practice sites ( $p < 0.05$ ).
- **Make work more efficient:** 87% vs. 83% in other practice sites ( $p < 0.05$ ).
- They predict it will be **embedded in patient interactions** in 3-5 years: 91% vs. 86% in other practice sites ( $p < 0.05$ ).

These physicians differ from those in other practice sites in two additional ways. They have:

- **Greater confidence in regulators** to keep pace with GenAI developments: 47% vs. 42% in other practice sites ( $p < 0.05$ ).
- **Less concern for workforce displacement** by GenAI: 58% vs. 65% in other practice sites ( $p < 0.05$ ).

### Key Finding: Mixed adult-pediatric practices are another "sweet spot" for GenAI.

Physicians treating both adult and pediatric patients. This may be a reflection of their more complex care environments due to the broad age range of patients they treat and the efficiency pressures they face. They show more enthusiasm for GenAI to:

- **Uncover insights:** 89.0% vs. 86% adults-only and 84% pediatrics-only practices ( $p < 0.05$ ).
- **Make work more efficient:** 86% vs. 84% adults-only practices ( $p < 0.05$ ).

## Results: Concerns about GenAI in Healthcare

Any enthusiasm about GenAI in general, however, is tempered with concerns about its use in healthcare.

The first among the most troublesome concerns, about which 75% of physicians agree, is that GenAI is "built to be fast and convincing, not cautious and accurate." The problem, therefore, is that its "warmth, patience, and kindness leads people to trust it more than they should."

One remedy for this concern is regulatory oversight to ensure their GenAI applications are safe for patients; however, all the physicians we surveyed have concerns about that.

## Key finding: Regulatory lag is a significant concern.

A majority of physicians (80%) believe that regulators will be unable to keep pace with the developments of GenAI. This concern is more common among two demographic groups.

- 86% of pediatricians vs. 79% with adult-only and 80% with mixed practices ( $p < 0.05$ ).
- 82% of low-volume physicians and 81% of mid-volume physicians vs. 75% of high-volume physicians ( $p < 0.05$ ).

## Key finding: Five factors contribute to worries about regulatory lag.

First, **GenAI results are unpredictable.** Overall, 65% are concerned that GenAI results, unlike those of other software, are inconsistent and cannot be reliably predicted, as the same prompt can yield different responses.

Second, **Gen AI is a "black box."** Most physicians (80%) are concerned about GenAI's opaque operations, meaning they cannot "see inside" as it produces results. This complicates assigning responsibility if a patient is harmed, a concern that is greatest among:

- 87% of pediatricians vs. 79% with adult-only, and 80% with mixed practices ( $p < 0.05$ ).
- 83% of low-volume physicians and 80% of mid-volume physicians vs. 75% high-volume physicians ( $p < 0.05$ ).

Third, **training data will worsen disparities.**

Healthcare data is known to contain errors and biases. More than half of physicians (64%) worry that biases already present in datasets used to train GenAI will worsen health disparities.

- Pediatricians are the most concerned: 71% vs. 65% with adult-only and 63% with mixed practices ( $p < 0.05$ ).

Fourth, **privacy and confidentiality breaches are likely.** Most physicians (75%) worry that patient-identifiable data will enter training datasets and be "nearly impossible" to remove.

- Pediatricians are the most concerned: 83% vs. 74% with adult-only and 73% with mixed practices ( $p < 0.05$ ).

Fifth, **malicious actors will outpace security**

**protections.** Physicians demonstrate a sophisticated awareness of cybersecurity risks, with 81% of physicians fearing that malicious actors are "ahead of us" in understanding and using GenAI, which poses a threat to medical equipment, life-support systems, and patient privacy.

- Pediatricians are the most concerned: 86% vs. 80% with adult-only and 81% with mixed practices ( $p < 0.05$ ).

## Key finding: Pediatricians sound the loudest alarms.

Our survey questions weren't intended to detect protective instincts, but the data pattern suggests we may have found some among pediatricians. Across nearly every risk category measured in our survey, physicians caring exclusively for children expressed statistically significantly greater concerns than their colleagues. The pattern is unmistakable. Those who care solely for children are more often worried that:

- Regulators won't keep pace with GenAI developments.
- GenAI is a "black box."
- Training dataset biases will worsen health disparities.
- Identifiable patient data will "leak" into training datasets.
- Malicious actors will disrupt medical systems.

## Results: Patient-Centric Imperatives of Relationships, Transparency, and Accountability

When GenAI applications enter the healthcare sector, physicians want to ensure those involved adhere to ethical standards. That includes maintaining relationships with patients and being transparent with patients when GenAI applications are used. Notably, they value transparency, even when it places them at economic risk. Less clear is how accountability for patient harm will be addressed; physicians have yet to reach a consensus on that.

## Key finding: A majority fear GenAI will displace healthcare manpower.

The practice of medicine is a human profession, and 63% of physicians are "somewhat or very troubled" that it will displace the healthcare workforce. Across every demographic we surveyed, there is only one statistically significant outlier.

- Physicians with hospital and academic teaching practices are less often troubled about workforce displacement: 58% vs. 65% other practice settings ( $p < 0.05$ ).

## Key finding: Despite business risks, physicians support transparency about GenAI use.

Across every demographic we surveyed, we found remarkable consistency on this principle: patients should know when physicians use GenAI to assist with diagnosis and treatment recommendations. Between 73% and 76% of physicians across all demographics agree, with no statistically significant differences among the demographic groups we surveyed. This consensus spans:

- Patient types: adult vs. pediatric vs. mixed practices (73%-76%).
- Patient volume: low, medium, and high-volume physicians (75%-77%).
- Practice types: primary care vs. specialty, hospital vs. private practice (70%-74%).
- Practice sites: (hospitals/teaching hospitals vs. community settings (70%-75%).

This convergence of belief did not occur in any other survey question, yielding a striking insight into the complex realities of modern medical economics and physicians' ethical standards. Specifically, physicians overwhelmingly support transparency about their use of GenAI, even though 32% fear they will lose patients who become aware of it.

The fear of losing patients is most pronounced among physicians who express the highest enthusiasm for GenAI: those with high-volume practices. This commitment to disclosure, despite their fears and the associated business risks, demonstrates the profession's ethical foundation.

## Key finding: Accountability for patient harm remains unsettled.

We asked physicians who should be held accountable for any patient harm caused by GenAI: healthcare users (e.g., clinicians, practitioners, hospitals, and payers), developers, or users and developers equally.

- **Shared responsibility.** Slightly more than half of physicians (56%) say that the responsibility for harm should be shared. This view is more prevalent among physicians with low-volume (61%) and mid-volume (57%) vs. high-volume (50%) practices ( $p < 0.05$ ).
- **Developer responsibility.** One-quarter of physicians assign responsibility for harm to GenAI developers. This view is more prevalent in pediatric-only (30%) vs. adult-only (18%) and mixed (16%) practices ( $p < 0.05$ ).
- **User responsibility.** Only 16% of physicians assigned responsibility for harm to users. This view is more prevalent in adult-only (18%) and pediatric-only (16%) practices vs. those with mixed practices (10%) ( $p < 0.05$ ).

## Results: OathTaking as an Indicator of Trust

The survey provided physicians with an Oath for GenAI in Healthcare.<sup>4</sup> It is similar to traditional oaths in medicine, nursing, and pharmacy, encompassing the seven fundamental elements of those oaths: sacred witness, continuous improvement, patient-centeredness, collaboration with other healthcare professionals, human oversight, and accountability.<sup>5</sup> We asked physicians to indicate their willingness to take such an oath. We also asked which other professionals who would likely use GenAI in healthcare should also take the Oath, and which of those same professionals they predicted would be willing to do so.

## Key finding: Physicians Embrace the Oath for GenAI in Healthcare.

When asked whether they would take an oath similar to the proposed Oath for GenAI in Healthcare, 73% of physicians said they would. When asked to explain their rationale, five themes emerge in their responses.

<sup>4</sup> See Appendix B for the Oath for GenAI in Healthcare

<sup>5</sup> This [interview](#) addresses the rationale for the Oath.

- The Oath is a way to reinforce their commitment to patient safety and well-being.

*"I would be willing to take an oath because it reinforces that I'm responsible for how I use it, especially in high-stakes areas like healthcare. AI is a tool, not a decision-maker, so I need to stay accountable for checking its work and protecting patients."*

- It is a natural extension of the Hippocratic Oath they had already taken.
 

*"It states that I'm taking responsibility to put my patients' needs first, before AI. I already committed to that oath when I took it in med school. For patient-facing personnel, it's not going to be hard."*
- It helps provide a structure for responsible GenAI use and is essential for maintaining patient confidence in GenAI-assisted care.
 

*"I would be willing to take an oath because patient health is important, and I would like my patient to be able to trust me."*
- It represents an ethical imperative and moral obligation to commit to the responsible use of powerful tools.
 

*"It would make me accountable for the benefits and limitations of utilizing GenAI, and recognize that I cannot be 'lazy' about my work just because GenAI is assisting me."*

The remaining physicians (27%) would decline to take the Oath. When asked to explain their rationale, three themes emerge in their responses.

- It is redundant; the Hippocratic Oath is sufficient.
 

*"It feels unnecessary—we shouldn't have to affirm an oath to every new piece of technology."*
- It has the potential to increase physician liability for patient harm.
 

*"I still feel that there will be liability that no one currently can predict."*
- GenAI itself is fundamentally distrustful.
 

*"I'm not willing to wholeheartedly put my trust into AI, especially when it comes to treatment for my patients."*

## Key finding: Physicians want other professionals to take the Oath for GenAI in Healthcare.

Healthcare is a complex ecosystem comprising various professionals and technologies that collectively contribute to patient outcomes, even if they never interact directly with patients in exam rooms or other healthcare settings. The integration of GenAI into healthcare introduced a new set of both: professionals and technologies. Oaths are one way to demonstrate professionals' commitment to ethical behavior, patient-centeredness, collegiality, and accountability.

We provided physicians with a list of 12 types of clinical and non-clinical professionals in healthcare who would likely use GenAI in their work and asked which of them should take the Oath. Overall, at least half of physicians said each one should, with a greater expectation for some than others:

Professional Group	Percent of Physicians Saying the Professional "Should Take the Oath"
GenAI platform developers	74%
Physicians and surgeons	73%
Insurance Company Reviewers	67%
Hospital Administrators	66%
Payers/MCOs	61%
Nurses	59%
Pharmacists	58%
Healthcare/Life Science Company staff	58%
Professional Healthcare Societies	57%
Clinical Research Scientists	57%
Marketing/Advertising Agencies	52%
Venture Funds and Investors	51%

Table 2 Percent of Physicians Who Say Professionals in Healthcare Who Use GenAI "Should take the Oath."

Several subgroups were statistically significantly more likely than their demographic counterparts to want other professionals to take the Oath ( $p < 0.05$ ). Physicians in small practices and those in primary care were the most demanding, followed by those in medium-sized practices, pediatrics, non-hospital settings, and academic settings, in descending order.

	Pediatrician vs. Adult-only and Mixed Practices	Primary Care vs. Specialists	Other settings vs. Hospitals/ Academics	Medium Practice vs. Large Practice	Small Practice vs. Large Practice
<b>Physicians and Surgeons</b>					
GenAI Developers	✓	✓		✓	✓
Insurance Company Reviewers		✓	✓	✓	✓
Hospital Administrators	✓	✓		✓	✓
Professional Healthcare Societies		✓			✓
Nurses	✓				
Pharmacists	✓	✓			✓
Healthcare / Life Science Companies		✓	✓		✓
Clinical Research Scientists		✓			✓
Marketing / Advertising Agencies		✓	✓	✓	✓
Payers/MCOs	✓	✓	✓	✓	✓
Venture Funds and Investors				✓	✓
<b>Total Additional</b>	<b>5</b>	<b>9</b>	<b>4</b>	<b>6</b>	<b>10</b>

Table 3 Physicians Significantly More Interested in Oath-Taking by Professionals in Healthcare Than Their Demographic Counterparts

## Key finding: Physicians doubt other professionals will be willing to take the Oath.

Oaths are most common in medicine, nursing, and pharmacy. Although some healthcare executives take an oath,<sup>6</sup> the practice is not widespread. It is also not a common practice among other professional groups working in healthcare. Regardless, the key elements of any oath – continuous improvement, patient-centeredness, collaboration with other healers, human oversight, and accountability – are unquestionably essential to patient care and outcomes.

That is why those elements are embedded in the Oath for GenAI in Healthcare. Given that oaths are one way to demonstrate professionals' commitment to ethical behavior, any gap between expected and predicted behavior is an important indicator we call the trust gap.

We found gaps between what physicians say they want (i.e., for other professionals to take the Oath) and what they predict other professionals will do (i.e., take the Oath). This trust gap is the smallest between physicians and their clinical colleagues. Said another way, physicians believe other clinicians should take the Oath and predict that they will. This alignment is not unexpected, given that medicine, nursing, and pharmacy share a long-standing history and similar cultures.

- 73% of physicians say physicians should take the Oath, and 77% will do so; a - 4-point gap.<sup>7</sup>
- 59% of physicians say that nurses should take the Oath, and 57% will do so; a 2-point gap.

- 58% of physicians say that pharmacists should take the Oath, and 47% will do so; an 11-point gap.

We found far less alignment between physicians and other professionals working in healthcare, such as executives in insurance companies, advertising agencies, payer groups, and investors. It is therefore not surprising that we identified larger trust gaps between physicians and other professionals using GenAI in healthcare. The lowest gap was for clinical research scientists (23 points) and the highest for insurance company reviewers (54 points).

Professionals in Healthcare	Should Take an Oath	Will Take an Oath	Expectation Gap
Insurance Company Reviewers	67%	13%	54
GenAI Technical Platform Developers	74%	24%	50
Payers/MCOs	61%	12%	49
Hospital Administrators	66%	23%	43
Professional Societies in Healthcare	66%	35%	43
Venture Funds and Investors	51%	10%	41
Marketing/Advertising Agencies	52%	12%	40
Healthcare/Life Sciences Company Staff	58%	22%	36
Clinical Research Scientists	57%	34%	23
Pharmacists	58%	47%	11
Nurses	59%	57%	2
Physicians and Surgeons	73%	77%	-4

Table 4 The Trust Gap Between Physicians and Other Professionals in Healthcare

Physicians Indicating Various Professionals Should vs. Will be Willing to Take an Oath for GenAI in Healthcare

<sup>6</sup> See: the American College of Healthcare Executives [www.ache.org](http://www.ache.org)

<sup>7</sup> The -4 point gap is an indication that physicians are more likely to believe other physicians will take the Oath, even though they may believe it is redundant or otherwise unnecessary.

## Finding: The Trust Gap is greater with some demographic subgroups.

The same subgroups that were statistically significantly more likely than their demographic counterparts to want other professionals to take the Oath included pediatricians, and those working in primary care and non-hospital settings, as well as those with small- and medium-sized practices. The trust gap between these subgroups exhibits a similar pattern. There are a few minor differences in the size of the trust gap. Still, overall, three groups consistently show the largest trust gaps: insurance company reviewers, GenAI technical platform developers, and payers/MCOs. Closely lagging behind them are hospital administrators.

Trust Gap					
Professionals in Healthcare	Pediatrician vs. Adult-only and Mixed Practices	Primary Care vs. Specialists	Other settings vs. Hospitals/Academics	Medium Practice vs. Large Practice	Small Practice vs. Large Practice
Insurance Company Reviewers	48	57	56	55	58
GenAI Technical Platform Developers	43	50	48	50	52
Payers/MCOs	45	55	52	49	52
Hospital Administrators	38	44	43	43	46
Venture Funds and Investors	37	43	41	41	44
Marketing/Advertising Agencies	31	43	42	40	42
Healthcare/Life Sciences Company Staff	34	39	38	38	40
Clinical Research Scientists	29	28	26	26	21
Professional Societies in Healthcare	24	26	24	23	21
Pharmacists	12	12	12	13	9
Nurses	5	3	5	4	-2
Physicians and Surgeons	10	-3	-2	-3	-3

**Table 5 The Trust Gap**  
Physicians Indicating Various Professionals Should vs. Will be Willing to Take an Oath for GenAI in Healthcare

## Finding: A GenAI Ethics Statement such as the Oath for GenAI in Healthcare, will face barriers.

A large majority (90%) of physicians predict that enacting ethical codes about the use of GenAI in healthcare would be "impossible" or "pointless, so objections and barriers should be anticipated. Of those who provided in-depth comments about barriers to ethical codes, we identified three main themes.

- **Culture clashes.** These comments focus on the differences in mission, values, ethics, and accountability between clinicians who take oaths and those who work in the healthcare business sector who do not.

*"Licensed practitioners work toward the best interests of their patients, whereas hospital administrators, insurance companies, and software developers work toward profits and stakeholder interests."*

*"I don't think insurance companies or hospital administrators are ethical. They don't care at all about patients but only care about how much money they can make."*

- **Technology culture clashes.** These comments note that the Oath is modeled after clinical oaths and regulatory traditions that are intentionally cautious to avoid harm to patients. That ethos will clash with the culture of technology, which moves faster and takes greater risks. Some fear an Oath of this type will cause delays in technological progress and innovation.

*"The biggest barrier to having all individuals and organizations involved in developing and using Generative AI in healthcare agree to and uphold an AI Oath is the diverse and often conflicting interests among stakeholders, including developers, healthcare providers, regulators, and commercial entities."*

- **Enforceability.** These comments focus on the lack of legal backing and enforcement methods for the Oath.

*"If a scumbag takes an oath, they are still a scumbag."*

*"An oath is nothing but empty words from a regulatory perspective."*

One physician, however, provided an optimistic and compelling view of the Oath for the future:

*"As AIs gain 'sentience' (AGI expected in 1-2 yrs), the Oath will also create a framework within which the sentient AI can act with the paramount goals similar to the Hippocratic Oath. Hopefully, the unity of goals for improving the human condition, between man and AI, will dissolve any barriers to an Oath to coexist and collaborate."*

## Conclusion

Many factors will contribute to the development and implementation of GenAI in healthcare as the technology improves, its benefits expand, and its risks are managed. This study contributed to only one of those factors: the views of physicians.

Physicians will be a major user group and one that regularly engages with patients and caregivers, making them key to the success of the technology, including the rate at which it is adopted, the ease with which it is integrated into care, and the confidence it inspires in patients. As a result, the tension between their optimism (benefits) and concerns (risks and accountability) should not be minimized.

Physicians' significant concerns about patient safety and privacy, as well as weaknesses in regulatory oversight, unclear accountability frameworks, and gaps in ethical commitments, are problematic. They point toward the need for enhanced governance mechanisms beyond current approaches.

These findings are relevant to policymakers, healthcare organizations, and technology developers seeking to implement GenAI systems that align with physicians' professional values while maximizing patient benefit. The medical profession's readiness to embrace ethical commitments, including oath-taking, fills the void between current regulatory and governance frameworks, the cultural divide between the healthcare and technology sectors, and the rapid evolution of GenAI technology. Physicians say others should do likewise.

## Study Limitations

Several survey limitations should be noted.

- It represents results from a single time point during rapid GenAI technology evolution. Physician attitudes may change with more GenAI exposure, as the regulatory landscape evolves, and as professional societies and other collaborative groups evolve governance structures.

- Response bias may favor respondents with greater technology interest.
- The sample composition and response rate have not been validated against national physician demographics.
- It addresses the physicians' views about patient perceptions of GenAI and the opinions of professionals in healthcare about ethical matters without confirming those views with those groups themselves. The results should not be attributed to those groups without additional research.

## Recommendations for Future Research Directions

We recommend that future studies focus on six key areas to address these limitations, explore select issues in greater depth, and contribute to new insights in GenAI-relevant healthcare topics.

Track views **longitudinally** as GenAI is adopted with:

- Short, pulsed studies to track physician attitudes over time.
- Monitoring changes in regulatory confidence as oversight matures, professional societies self-regulate, or as notable patient harms result and become widely known.
- Analyzing factors physicians believe accelerate or inhibit adoption.

Dive deeper into **workforce displacement** with:

- Follow-up surveys with physicians with the most significant concerns about workforce displacement to determine the nature of the impact on the workforce and patient care.
- Surveys of nurses, technicians, and other professionals who may be vulnerable.
- Analyses of which roles are most vulnerable, which will be augmented, and which may be added to the healthcare workforce.

Explore **specialty-related** views with:

- Deep dives into pediatrician concerns and requirements to engage their support.
- Analyses of variations in adoption readiness across subspecialties.
- Studies of specialty-specific liability and safety concerns.

Reveal **generational physician** differences with:

- Comparisons of GenAI attitudes among medical students, residents, and established physicians.
- Analyses of physicians' views about how GenAI changes their professional identity, values, and quality of life.

Explore **patient and caregiver perspectives** with:

- Surveys to determine their acceptance, preferences, and concerns about GenAI.
- Studies of their reactions to GenAI disclosure scenarios.
- Analyses of their willingness to receive care when GenAI is used, including whether those vary based on demographics such as age, type of care, and type of condition.

## Implications for the Future of GenAI

Physician insights point the way to market segments and product development opportunities. They also suggest ways to enhance the benefits and mitigate the risks associated with this new technology.

Unfortunately, this new technology arrives at a time when trust in established institutions, including healthcare, seems to be at an all-time low, and when physicians' trust in other stakeholders is not optimal. Regulators, professional societies, and technology companies have an opportunity to enhance regulatory confidence, establish clear accountability frameworks, and support the development of professional standards. The strong physician support for ethical commitments and shared responsibility models provides a foundation for doing so.

Achieving success is important because the healthcare GenAI market represents an unprecedented collision between two fundamentally different cultures. Medicine has been intentionally cautious for over 2,500 years. Its conservative approach exists for a reason; a physician's job requires moral conduct and accountability. The "move fast and break things" ethos, which prioritizes rapid iteration, market disruption, and acceptable failure rates in consumer technology, becomes catastrophic in healthcare.

Medical errors affect patient lives, not just user experiences. Healthcare mistakes can be irreversible, unlike software bugs. Physician licenses and patient trust are at stake with each interaction. Physicians will face malpractice liability, professional reputation damage can extend to the entire profession, and regulatory responses to GenAI failures may restrict beneficial uses. Any failures will also damage the healthcare GenAI market, as it will receive massive media attention, especially if patients are harmed, and any enthusiasm physicians currently have may evaporate overnight.

Physicians hold themselves to one of the highest standards of any profession. The impending cultural collision creates both profound strategic risks for GenAI healthcare ventures and also robust opportunities for GenAI companies.

The winning GenAI healthcare companies will be those that position themselves as healthcare-native, with a deep understanding of the culture of medicine and the needs of the practicing community, rather than as technology companies entering a lucrative and growing new market in healthcare. They will lead with a sense of professional responsibility and ethical commitments, build transparency and explainability into their product architecture, and develop comprehensive physician-patient communication support tools. We see five robust targets.

### Physician Optimism: Where Market Opportunities Align

- **High-volume physicians will drive GenAI enthusiasm.** These physician practices represent the most receptive early adopter market. They face significant efficiency pressures and are most likely to appreciate the ROI from GenAI implementation.
- **Hospital and teaching settings already show premium readiness.** Academic medical centers and hospitals represent premium market segments, characterized by both a higher willingness to adopt and typically larger budgets for technology investment.
- **Mixed adult-pediatric practices are a sweet spot.** Mixed practices face the greatest complexity in care delivery and represent high-value targets for comprehensive GenAI solutions that can handle diverse patient populations.

## Benefits Hierarchy: Where Product Opportunities Align

- **Administrative Efficiency is an early universal win.** Technologies that create visit/discharge summaries or manage routine requests represent clear product-market fit opportunities.
- **Clinical decision support will be a premium opportunity.** Improving diagnostic speed and accuracy, as well as interpreting test results, will be valued primarily in hospital and teaching practices, as well as in practices that face diagnostic complexity, especially when also facing economic productivity pressures.

## Patient Relationships: How Transparency Can Create Competitive Advantage

- **The demand for transparency is universal.** Patient transparency is not optional; it is a market requirement. Companies that build transparency into their core value proposition, rather than treating it as compliance overhead, will gain a competitive advantage, especially among early adopters. This is especially true for high-volume practices, which are poised to drive early adoption and are the most committed to transparency but are also the most worried about losing patients.
- **Transparency requirements create new product and service opportunities:** Patient education and communication tools that physicians can share with patients will be an essential part of transparent GenAI platform implementation, especially if they help physicians position GenAI as enhancing rather than replacing their clinical judgment and decision-making.

## Physician Relationships: Addressing Risks is Essential

- **Ease regulatory lag worries.** Openly engaging with the FDA and other regulators, especially those in clinical societies developing self-governance principles, early in product development will help, as will developing comprehensive clinical validation programs, and positioning any product as a "responsibly developed GenAI solution."
- **Ease "black box" and training data bias worries.** Explainable AI, validated outcomes, and training data transparency are not nice-to-haves; they're

market requirements, especially for pediatric and lower-volume practice segments. Develop "glass box" AI with clear descriptions of training data and GenAI results rationale.

- **Ease GenAI "unearned trust" worries.** GenAI developers should ensure that the value of speed does not eclipse the value of accuracy in their applications. Regulatory frameworks, GenAI platforms, and market positioning should prioritize accuracy and clinical validation over mere efficiency gains.
- **Ease workforce displacement worries.** Regulatory frameworks, GenAI platforms, and market positioning should emphasize human-AI partnership, not replacement. GenAI, positioned as "augmenting physician capabilities" rather than "automating physician tasks," will face less resistance. Regulatory frameworks, GenAI platforms, and product features should enhance physician decision-making rather than bypass it, ensuring that physicians are in control.
- **Ease security and malicious actor worries.** Cybersecurity and privacy protection are core value propositions, not peripheral features. Regulators, GenAI platforms, and market positioning must lead with best-in-class cybersecurity and patient privacy protections.
- **Ease pediatricians' fears.** Given that pediatricians express greater concerns than other physicians on every GenAI potential risk, they represent a key partner in all regulatory, GenAI platform, and market positioning activities. Their protective instincts toward their patients may become the best way to protect all patients.

## Professional Ethics: Addressing the Trust Gap

- **Make ethical commitments.** Voluntarily adopting healthcare-specific ethical commitments will differentiate general-purpose AI companies from those entering the healthcare market. They may also create a first-mover advantage within the competitive GenAI healthcare field. The Oath for GenAI in Healthcare serves as a starting point for discussion and one of many options that developers and users can consider.
- **Bridge the culture gap.** Ensure that platforms are healthcare-native and designed from the ground up for healthcare workflows, enabling rather than replacing physician decision-making and valuing accuracy, not only efficiency.

Want to know more? Contact our [experts](#) to learn how.