ARTIFICIAL INTELLIGENCE

How can Wise General Practice streamline the inevitable rise of AI?

Welcome to the WiseGP newsletter, highlighting how research can help Wise General Practices address the top challenges facing primary care…

The Matrix is one of my favourite ever films. As time passes, some of the futuristic concepts it raised a quarter of a century ago, like intelligent machines and the prospect of downloading knowledge directly into your brain, seem ever more tangible.

Artificial intelligence (AI), a technology that aims to simulate human intelligence using machines, has swiftly strolled into our everyday lives and workplaces. Some have heralded it as a solution to managing the capacity crisis in the NHS. An array of possible applications are now being explored, with some examples in the word cloud below.[1-3]

For some, this is the cavalry arriving to address our capacity issues. For others, it's an overwhelming tide of change beyond our control.

So how does the hailed arrival of AI in general practice feel to you?

For us at WiseGP, this is a question about wisdom – specifically in clinical practice. We need to consider if and how AI could facilitate or disrupt the everyday complex solving (distinct knowledge work) of general practice that is integral to whole-person general practice.[4]

WiseGP Approach

A starting point- improving recognition of the resources we already have

There has been an explosion of new research into digital technologies in health care – interest from the research industry, government and wider partners is rapidly expanding.[5-7] It seems likely that some of these technologies could offer us and our patients some benefits, such as through improved clinical data sharing around complex NHS systems. However, these technologies have often been introduced without proper evaluation, leading some to encounter problems. Take the example of Babylon Health, the digital-first health service provider that combined an AI platform with virtual appointments- after its rapid expansion, it went into administration last year, due to technology and implementation challenges.

What seems to have been overlooked is that we already have evidence-informed resources for managing the complexity of everyday practice – human WISDOM.

Two clinical trials published last month have shown that critical conversations with patients have great therapeutic impact. [8,9] Not through empathy or relationships, but through helping people make sense of the problems they are experiencing and consequently manage them better.

Both trials were led by academic GPs. Prof Kendrick's study highlighted how improved withdrawal from antidepressants could be achieved through conversation - over 40% of people who were clinically stable on long-term antidepressants were able to stop their medication following advice from their GP.[8] Meanwhile, Prof Burton's work emphasised the value of generalist, whole person, expert conversations, with people living with persistent physical symptoms (PPS). An intervention, which was focused on explaining persistent symptoms to participants in order to support self-management, led to sustained symptomatic improvement.[9]

The common thread in these studies is the distinct knowledge work that human clinicians do with patients to help them make sense of their illness experience and so collectively find a way forward. We already have the skills for this work. What we lack is the capacity to use these skills – for many reasons, including the huge administrative burdens directed to general practice.

Consequently, WiseGP would advocate that in general practice, rather than exploring AI for decision-making, we need to focus on how technology could be used to reduce bureaucracy and administrative burdens. This would free-up the clinician time needed to apply our wisdom, which we know is effective.

Personal thoughts...

I initially tried to get AI to write this article, but what was produced included an image of a doctor in a white coat (the internet version of a GP) and text mainly focused on AI's applications in secondary care, despite me directing the focus to general practice. There's clearly potential, but the technology needs further development.

It actually feels strange to discuss integration of advanced technology into our everyday practice, when we haven't even got the basics right yet. I couldn't get my computer to work for an extended access shift last week, had to swap rooms then spent the rest of my evening trying to catch up!

AI is certainly an exciting area to watch, with potential applications to ease the administrative burdens on our practice. However, we'll need improved foundations of technology, with careful planning, informed by research evidence to support its use.

AI can't replace the complex decision-making skills of an expert generalist. It will always lack the essential aspects of a human interaction and rapport. For AI to be successful in healthcare, humans will need to be at the heart. It will be interesting to see "how deep the rabbit hole goes" in future!

Dr Annabelle Machin

We'll share news of our Wise Provocations Survey in our next newsletter!

Dr Annabelle Machin and Professor Joanne Reeve

References

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