

Should AI Have the Final Say in Medical Decisions? A Professional and Ethical Inquiry

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Abstract

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The Promise and Peril of Autonomous AI in Medicine

Artificial Intelligence (AI) is rapidly transforming the landscape of healthcare, moving beyond simple data processing to sophisticated diagnostic and prognostic capabilities. From analyzing medical images with superhuman speed to predicting patient outcomes, AI-driven tools are becoming indispensable in the modern clinic. This technological leap, however, brings a profound ethical and professional question to the forefront: **Should AI be granted the final say in medical decisions?**

The potential benefits are compelling. AI systems, particularly those based on deep learning, can process vast datasets—including millions of patient records, genetic sequences, and imaging studies—to identify patterns and suggest optimal treatment pathways that might elude human clinicians. This capability promises to reduce diagnostic errors, personalize medicine to an unprecedented degree, and improve efficiency in overburdened healthcare systems.

The Ethical Pillars of Clinical Autonomy

The core of the debate rests on fundamental ethical principles that govern medical practice: **autonomy, beneficence, non-maleficence, and justice** [1].

Currently, most AI in medicine operates as a **Clinical Decision Support System (CDSS)**, functioning in an *assistive* capacity. The human physician remains the final arbiter, integrating the AI's recommendation with their clinical judgment, patient context, and empathy. This model preserves the physician's professional autonomy and, crucially, maintains the established

chain of accountability.

Granting AI *full autonomy*—the "final say"—would fundamentally shift this paradigm. While an AI might offer a statistically superior recommendation, it lacks the capacity for moral reasoning, empathy, and understanding of the patient's holistic, non-quantifiable values. The patient-physician relationship, built on trust and shared decision-making, risks being reduced to a transactional data exchange, leading to the **dehumanization of patient care** [2].

Accountability and the 'Black Box' Problem

A major legal and ethical hurdle is the question of **liability**. If an autonomous AI makes a decision that results in patient harm, who is responsible? Is it the developer, the hospital, or the prescribing physician who followed the AI's directive? In the current legal framework, the lack of a clear, legally recognized entity to hold accountable for an AI's error is a significant barrier to full autonomy.

Furthermore, many advanced AI models are "**black boxes**," meaning their decision-making process is opaque and difficult for humans to interpret or audit. This lack of **transparency** directly conflicts with the ethical requirement for clinicians to justify their decisions and for patients to give informed consent based on a clear understanding of the proposed treatment. A physician cannot ethically defend a decision they do not fully comprehend.

The Future: Graded Autonomy and Shared Decision-Making

The consensus among digital health experts is that a binary choice between human and AI control is too simplistic. Instead, a model of **graded autonomy** is often proposed, where the level of AI involvement is tailored to the task's complexity and risk [3]. For low-risk, high-volume tasks (e.g., flagging normal scans), AI can operate with high autonomy. For complex, life-altering decisions (e.g., end-of-life care), the AI should remain strictly assistive.

Ultimately, the goal of AI in medicine should not be to replace the clinician, but to augment their capabilities, freeing them to focus on the human elements of care: communication, compassion, and complex ethical deliberation. The final decision must remain a **shared decision** between a well-informed patient and a responsible, accountable human physician.

For more in-depth analysis on this topic, including the latest regulatory frameworks and expert commentary on the future of digital health, the resources at [\[www.rasitdinc.com\]](http://www.rasitdinc.com)(www.rasitdinc.com) provide professional insight.

Conclusion

While AI offers unprecedented power to enhance medical accuracy and efficiency, the final decision in patient care must remain firmly in the hands of a human. The ethical imperatives of accountability, transparency, and the preservation of the patient-physician relationship demand that AI serve as a powerful co-pilot, not an autonomous captain. The future of digital health is

one of collaboration, where the precision of the machine is balanced by the wisdom and empathy of the human clinician.

References

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