

Do We Need Quality Standards for AI in Health Care?

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Questions to be answered

- Should **prospective studies** made mandatory for regulatory approval?
- Should regulatory bodies provide quality assured **training data**?
 - e.g. **NIH Clinical Center** 2017: released >100.000 anotated, anonymized chest x-ray images from more than 30,000 patients
- Should regulatory bodies provide **test data** (board exam for AI)?
- Should evidence based, risk assessed **national guidance** and best practice be followed? (But what about new evidence discovered by AI?)
- Should the **learning function** at the customer's site be disabled after approval? (MS Bot **Tay** in 2016: from human friendly to sexist nazi in less than 24 hrs); What about cloud based solutions?
- How can AI decisions be made **transparent** („Black Box’ Neural networks: Heatmaps; AI to explain decision making of other AI)

Questions to be answered

AI for therapy planning

- Do we need declarations of possible **conflicts of interest**? (e.g. who provided the training data for therapy planning of back pain: the association of spine surgeons or the association of physiotherapists?)