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Artificial intelligence and emotional response: impact on decision making, communication, and relationships that affect health care outcomes

Abstract

Optimizing patient outcomes of care is dependent upon a combination of factors that include symptom assessment, information analysis, decision making, and delivery. Assessment comes from listening, inquiring, and clinical knowledge. Analysis comes from clinical experience and information support (literature, algorithms, artificial intelligence). Effective delivery depends upon empathy, communication, discussion, and trust and comfort that drive the healthcare relationship. There are two key forces that influence this paradigm. At one end is physician attitudes and behaviors toward patients which may be influenced by a number of different implicit (hidden) biases that may shape their approach and decisions about health care recommendations. On the other end is the influence of artificial intelligence and patient's direct access to medical information. Understanding the nature and significance of these forces and their positives and negatives will help prepare health care providers to better address some of these issues.

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Introduction

Physician perspective

The goal of any health care intervention is to improve outcomes of care. From the physician's perspective they need to gain a thorough understanding of the problem, evaluate the patient's history, order appropriate testing, and when needed, review the literature or recommend specialty consultation. Utilizing their instincts, experience, and supporting resources they come up with a list of diagnostic impressions and treatment recommendations. In a perfect world this process should lead to high quality, safe, satisfying medical care. Unfortunately, there are several potential areas where this process does not achieve optimal results.

In a previous article published in this journal we discussed the impact of implicit (hidden) biases that may unknowingly interfere with the physician's assessment of the patient's needs. Implicit biases occur in the subconscious state, influencing thought and decision making outside of a person's awareness. Common subconscious biases and stereotypes exist based on the patient's age, race, culture, ethnicity, sexual/ gender identity, socioeconomic status (income, education, language, surroundings), motivation, and physical appearance. These implicit biases may promote values, perceptions, and conclusions that hamper the assessment process which may alter diagnosis and treatment options leading to inequities in care.[1] Unfortunately, many of these biases are also ingrained in many of the algorithms used to guide medical decisions. Any AI program will inherently have the biases of whomever created it, so it's important to not think AI is more objective than a person just because it's a computer program.[2,3] Efforts to make the physician more aware of the influence of these factors with a goal to improve health care relationships include training in Emotional Intelligence (E.I.), training in Mindfulness techniques, Diversity and Cultural Competence training, improving communication skills, and training in harassment, conflict, and/ or stress management.[4] Personalized coaching provides a more extensive individualized approach to relationship management. Unfortunately, many of these programs have lost their vitality as the current administration has curtailed many DEI (Diversity/ Equity/ Inclusion) programs.[5]

The recent growth of patient on-line access to medical information has further accentuated the problem. Many patients come into the office with a preconceived medical condition based on what they have found on social media or through the use of on-line medical advice chat boxes. Once the patient has formed their own idea of their medical condition, this idea is anchored in their minds, making it more difficult for the idea to be influenced or changed by the physician's own expert knowledge. The physician has to take on the responsibility of discussing these issues and if necessary, steer the conversation in the right direction. Of note this issue is more germane to the Generation X, Z, and Millenium populations who are more tech savvy. For the 25% of the adult population greater than age 65, they are less likely to utilize on-line resources and depend upon the physician for primary input. Communication and relationship building is a key part of this process. The advantages and disadvantages of Artificial Intelligence will be discussed in the next session.

Patient perspective and artificial intelligence

Patients are becoming more assertive in trying to diagnose and manage their own medical conditions. This comes from easy access to on-line medical information, discussions in a variety of social media tools, or through interactive artificial intelligence (A.I.) sites such as CHAT GPT or Claude. There are definite advantages and disadvantages of this approach (Table 1).[6]

Table 1 Advantages and disadvantages of patient use of A.I. tools

Advantages	Disadvantages
Easy Access/ no or low cost	Input liability
"Empathetic"/ agreeable/ comfortable	Affirmation/ Confirmation bias
Data driven/ Responsive/ Reminders	Applicability/ Relationship support?

On the positive side A.I. offers easy access to information. No delays in getting an appointment, no long wait times to see the

physician, no time restrictions on the visit. The advice is for free or at low cost. The second advantage is that it's empathetic. It listens to what you input and provides information and advice that meets your concerns. The third advantage is that it has a massive database and provides structured recommendations for what to do next. The major disadvantages are that the A.I. bot will only respond to what you input. People who have difficulty in describing their symptoms, who leave out critical information that they may not be aware of or deem unimportant, or suffer from Confirmation bias or Anchoring bias where they rely only on opinions that support their suspicions and unconsciously ignore any other information or evidence that would disconfirm their initial suspicions, may in fact not provide a comprehensive description of their situation which limits the accuracy and validity of the response by telling consumers what they want to hear. Another disadvantage of using A.I. is the common assumption that it can provide more objective information than a human physician. While any information provided by another source, whether it be a human physician or an on-line program created by a human, is subject to implicit bias, a human physician is able to be aware of their biases and actively work to understand and lessen their influence. An A.I. program will automatically assume the information it provides is inherently true and objective, which may negatively influence a patient by having them think less critically or use less of their own judgement when analyzing the information provided. There is also the issue of applicability and not providing additional relational support beyond analysis of medical data. True medical care extends beyond just pattern watch. The human element must supersede basic functional knowledge.[7] All these factors support the importance of the physician patient relationship. The physician can ask questions that may be relevant to diagnosis and treatment that the patient was not consciously aware of. A physician can listen to a list of specific symptoms and combine their assessment into a cohesive narrative whereas the A.I. bot may just respond to each symptom as an isolated piece of data. Another issue is that many of the patient's symptoms may be psychosomatic. The symptoms are real but there is no conclusive diagnosis to be made. Back and forth discussions with a physician can provide greater insight, treatment options, and reassurance.

Physician perspective of artificial intelligence

Given the stresses of being aware of the latest medical research and the frustrations of chart documentation in the electronic medical record, A.I tools can provide a significant benefit to practice efficiency (Table 2). It can provide quick access to the latest medical literature and guidelines and provide recommendations for diagnostic considerations and treatment. It can also help to provide templates to improve documentation and workflow continuity and efficiency which can help reduce physician administrative burden and burnout. Automated operational protocols may also help reduce the impact of growing staff shortages and secondary workflow barriers.

Table 2 Advantages and disadvantages of physician use of A.I. tools

Advantages	Disadvantages
Access to information/ facilitate planning	Patient information overload
Documentation, task efficiency	Misinformation/ Over reliance
Reduce the impact of staff shortages	Care relationship

Some of the potential disadvantages include time spent by the physcian in dealing with patient information overload which may not necessarily be the best path to diagnosis and treatment. Many physicians have expressed concern about the impact of misinformation and how it impedes their ability to provide high quality care. A recent report published by The Physician's Foundation revealed that 57% of physicians felt that misinformation and "falsehoods" may potentially result in a negative impact on patient care was a major concern.[8] A recent Medscape Report reported that more than 75% of physicians reported that they had meaningful concerns that patients could get faulty medical information from AI sources[9] A. I. is based on research of written materials, but a lot of what clinicians do is based on past experience and intuition which is not recorded in the literature. Enhancing the patient- physician relationship can help address some of these issues by allowing for a more efficient back and forth discussion flow and setting more appropriate care needs and expectations.

Implications for practice

Practice outcomes are dependent upon a combination of factors related to having the appropriate information to make an informed decision, and then effectively communicating this information in a manner that enhances the doctor- patient relationship so that patients trust and understand what their options and expectations should be. With the advent of AI online resources patients have easy access to a plethora of medical information. It is estimated that more than 40 million people worldwide use ChatGPT daily to obtain health care information.[10]

There are different views on AI effectiveness. Most patients are strong advocates of AI data and readily use this information as their primary medical resource.[11,12] On the negative side there are reported issues about accuracy of medical advice (hallucinations") and the potential to cause medical harm[13–16] Physicians worry about these shortcomings. The 2025 Medscape Report showed that nearly 80% of the doctors surveyed worried that their patients will follow AI before them.[9]

How can physicians better prepare for AI interventions?[17,18] The first recommendation is to embrace its virtues. Ai provides ready access to important medical data. Use this to enhance your decision making and follow up recommendations. AI provides advantages in operation improvement though workflow and documentation efficiencies. Use these assets to free time in the physician's workday and hopefully reduce reliance on completing administrative tasks that lead to stress and burnout. But AI can be a disruptive force to the status quo. Recognize that there are times where AI can lead to a wrong diagnosis or recommendation, but there are also times where physcian error can lead to similar unwanted results. ([19]) In this regard, there are calls for more internal diligence on the use of AI resources.[20] Never underestimate the advantage of the patient-physician relationship. Whereas AI can propagate strong moment to moment relationships, a long-lasting face to face patient- physcian relationship can over time build trust and comfort which eventually lead to more satisfactory long-term outcomes. Train physicians in AI techniques but at the same time make sure you enhance their social, communication, and emotional relationship skills and help them address underlying implicit biases that may impede equitable care. Help physicians evolve through their role as clinical experts to that of a care adjudicator being better able to connect all the dots through the full spectrum of medical care.

Conclusion

Improving health care outcomes comes from a combination of listening to the patient's complaints, asking the right questions, using clinical acumen, hands on experience, and research support to enhance diagnostic impressions. When empathy, complexity, or emotion enter the conversation, patients still prefer to talk to humans (Table 3). In contrast to AI alone, physicians can learn a lot by just looking at and

interacting with the patient. Discussing the situation in an empathetic give and take manner with the patient will enhance understanding and discourse that will help set expectations of what needs to be done. Addressing the potential negative impact of implicit biases that affect the physician's thoughts and behaviors can alter their assessment, decision making, management recommendations, and follow through which is an important part of this process. Providing resources to help physicians improve their emotional intelligence skills will enhance communication efficiency that will enhance patient relationships which will lead to improved outcomes of care. Be sensitive to the role of A.I.'s influence on the health care relationship and be prepared to embrace A.I. as a collaborative tool. Better informed patients can lead to more meaningful conversations, but the risk of unidirectional information overload may cloud the playing field and derail productive conversations with the physician who is ultimately responsible for diagnosis and treatment. Physicians are there to help put things into perspective.

Table 3 Using A.I. and E.I. to enhance health care relationships

1.	Observe/ Listen/ Inquire/ Investigate/ Discuss
2.	Express empathy/ Develop trust/ Set expectations
3.	Heighten awareness of the impact of Implicit Bias
4.	Address Emotional Intelligence
5.	Enhance communication and patient understanding
6.	Discuss the positives and negatives of A.I. assistance
7.	Use A.I. as an adjunct to decision making

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Conflicts of interest

The author declares that there is no conflicts of interest.

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