ETHICAL CONSIDERATIONS OF USING MACHINE LEARNING FOR DECISION SUPPORT IN OCCUPATIONAL PHYSICAL THERAPY: **A NARRATIVE LITERATURE STUDY AND ETHICAL DELIBERATION.**



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1. Introduction

Computer algorithms and Machine Learning (ML) will be integrated into clinical decision support within occupational health care. This w change the interaction between health care professionals and their clients, with unknown consequences.

2. Aim

To explore ethical considerations and potential consequences of using ML based decision support tools (ML-DSTs). We used an example i the context of occupational physical therapy.

3. Methods

Ethical deliberation supported by

- Narrative literature review
- Impact assessment of ML-DSTs according to frameworks from medical ethics and philosophy of technology.

 Reflection on biomedical ethical principles (Beauchamp and Childres, 2009) with a hypothetical clinical scenario from a Workers' Health Assessment.

Respect for autonomy	Beneficence	Non-maleficence	Justice
Uncertainty about what	The three elements of	Balance between group	More objective and
future consequences the	evidence-based practice are	level benefits and individual	impartial advice empower
worker is consenting to, due	affected, which influences	harm.	equal treatment when the
to the flexible nature of the	beneficent provision of		ML-DST is valid.
ML-DST	advice:	Vulnerability of the worker	
	1) evidence and data used	in the occupational context.	Potential risk of profiling
Available evidence for	by the ML-DST constantly		and discrimination by
validity of ML-DSTs in this	changes and a critical	Blurred custodianship and	excluding groups from tas
context is promising, but	stance towards validity is	ownership of data,	because of conflict of
weak. This affects the	required.	combined with privacy	interest between
validity of informing the	2) the occupational health	issues require cautiousness	employer's financial
worker well.	practitioner requires new	regarding possibility of	interest and worker's hea
	clinical and epistemological	function creep*.	interest.
	expertise to apply		
	recommendations from ML-		
	DSTs.		
	3) the patient (worker)'s		
	value towards the advice	*the gradual widening of the use of a	
	received depends on trust.	purpose for which it was intended.	
	Uncertainty about what future consequences the worker is consenting to, due to the flexible nature of the ML-DST Available evidence for validity of ML-DSTs in this context is promising, but weak. This affects the validity of informing the worker well.	Uncertainty about what future consequences the worker is consenting to, due to the flexible nature of the ML-DSTThe three elements of evidence-based practice are affected, which influences beneficent provision of advice: 1) evidence and data used by the ML-DST constantly changes and a critical stance towards validity is required. 2) the occupational health practitioner requires new clinical and epistemological expertise to apply recommendations from ML- DSTs. 3) the patient (worker)'s value towards the advice	Uncertainty about what future consequences the worker is consenting to, due to the flexible nature of the ML-DSTThe three elements of evidence-based practice are affected, which influences beneficent provision of advice: 1) evidence and data used by the ML-DST constantly validity of ML-DSTs in this context is promising, but weak. This affects the validity of informing the worker well.Balance between group level benefits and individual harm.Vulnerability of the worker in the occupational context.Vulnerability of the worker in the occupational context.Available evidence for validity of ML-DSTs in this context is promising, but worker well.Vulnerability of the worker in the occupational context.2) the occupational health practitioner requires new clinical and epistemological expertise to apply recommendations from ML- DSTs. 3) the patient (worker)'s value towards the advice tractioner on trutt*the gradual widening of the use of a technology or system beyond the

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5. Recommendations for socially responsible design

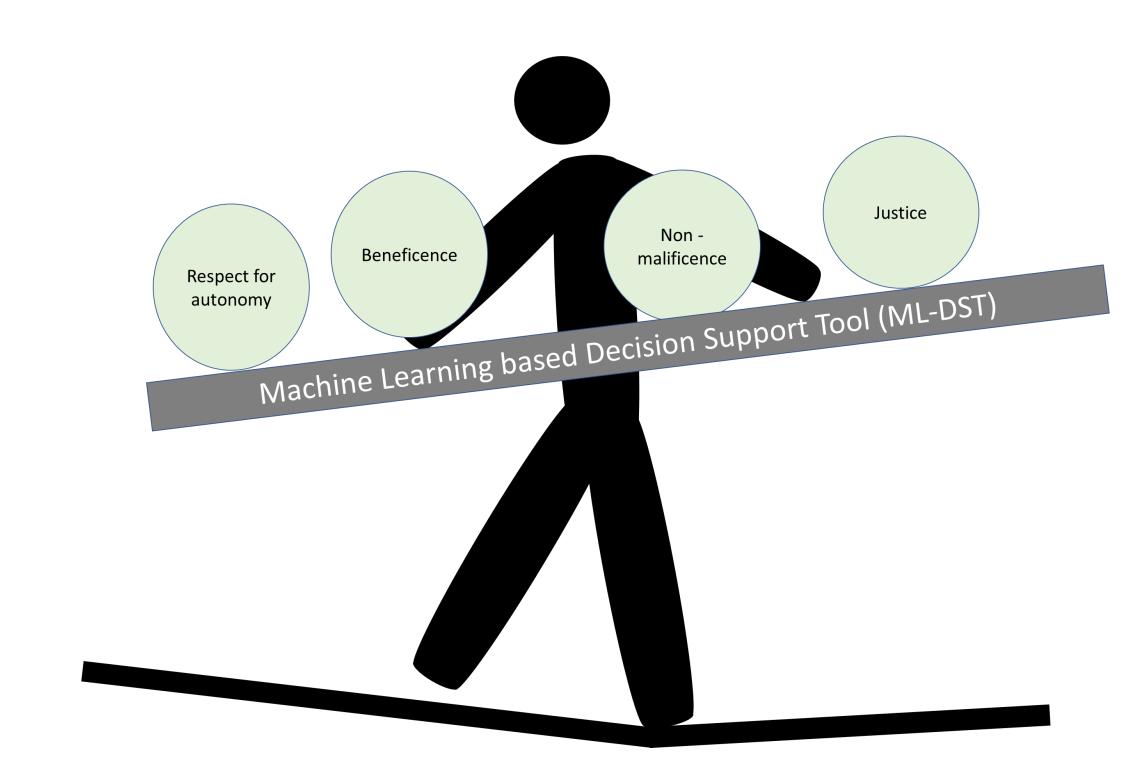
Recommendations to minimize undesirable adverse effects of the development and implementation of ML-DSTs:

- with minimized risks;
- issues as well as discrimination and function creep;
- train physiotherapists in methods, validity and scope of ML-DSTs to support evidence-based practice.

encourage multidisciplinary involvement in developing and training ML-DSTs for responsible and valid design

formal assessment by Health Research Ethical Committees for potential risks regarding privacy and custodian

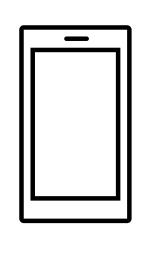




6. Conclusion and Discussion

Questions arose that affect both client and professional values, leading to important ethical dilemmas for this area of practice.

The deliberation process was transparent, but subjectivity could not be avoided because values are not consistent across all cultures and because we chose one framework for ethical principals.



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