RESOLUTION

Subject: Augmented Intelligence (AI) in Medical Practice

Submitted by: Lexington Medical Society

Referred to: Reference Committee

WHEREAS, Augmented intelligence (AI) algorithms analyze medical data, predict outcomes, and suggest treatment plans at unprecedented speed; and

WHEREAS, AI models trained on historically biased data sets, risk perpetuating health disparities in underserved populations; and

WHEREAS, The American Medical Association (AMA) and the Kentucky Medical Association (KMA) explicitly prefer the term "augmented intelligence" to affirm that technology must enhance, not replace, human clinical judgment; now, therefore, be it

RESOLVED, that KMA advocates to parties implementing augmented intelligence (AI) tools for rigorous, continuous clinical validation of all clinically applied AI tools prior to and during deployment in patient care; and be it further

RESOLVED, that the treating physician retains ultimate authority over all AI-generated recommendations, consistent with the following AMA policies H-480.940, H-480.939, Resolution 007.A-23 and the 2019 AMA Principles for AI Development and Deployment:

- AMA Policy H-480.940 - “Augmented Intelligence in Health Care": Establishes that AI must be designed to enhance physician decision-making and that the term "augmented intelligence" is preferred to emphasize human-centered design.
- AMA Resolution 007.A-23 - "Regulation of Augmented Intelligence in Health Care": Calls for regulatory oversight, transparency, and accountability in the development and deployment of AI tools in medicine.
- AMA Policy H-480.939 - "Augmented Intelligence in Medical Education": Supports the integration of AI literacy into medical training while preserving the centrality of physician judgment.
- AMA Principles for Augmented Intelligence Development and Deployment (2019) - A foundational framework outlining that AI in health care should (1) be designed to enhance clinical decision-making, (2) be transparent and explainable, (3) protect patient privacy, (4) mitigate bias, and (5) safeguard the physician's role in clinical care.