The Editors' Musings

DR TINA TAN
Editor

Dr Tan is a psychiatrist in private practice and an alumnus of Duke-NUS Medical School. She treats mental health conditions in all age groups but has a special interest in caring for the elderly. With a love for the written word, she makes time for reading, writing and self-publishing on top of caring for her patients and loved ones.

None of us at *SMA News* wanted to miss out on the hot topic discussion that is the subject of artificial intelligence (AI), and its relevance and usage in healthcare. It should not surprise anyone that AI has and will continue to creep into our daily lives. The question is how we use it, how we regulate it and what AI's capabilities and limitations are (at this point, at least). I cannot predict if we will someday live in some sort of AI-assisted utopia or an AI-controlled dystopia, and so will leave that speculation to the realm of science fiction. The question of how long that will all stay science fiction, however, is quite unsettling to consider, given the rapid rise of AI in recent years.

In this issue, we have invited authors to share their thoughts on this topic. Dr Charlene Liew's insightful and informative article includes a brief history of AI and her hopes for the future of AI in medicine. A/Prof Tan Cher Heng and Prof Benjamin Seet write about how AI will continue to change medicine. To illustrate this point in a specialty-specific manner, Prof Carolyn Lam and her team has contributed an article on how AI has transformed the landscape or cardiology. Dr Alex Cheng provides his views on the ethics and medico-legal aspects, including a summary of the current international stance on the ethics and governance of AI for healthcare-related purposes.

At the end of the day, AI cannot replace the human touch (case in point, please refer to Dr Selene Tan's illustration on page 23). AI might be able to mimic it to an eerie level of precision, but once you switch off the screen or device, what do you have left? The interaction between the doctor and the patient. The stethoscope. The scalpel. The five senses. Perhaps things may not be as disconcerting (or complex) as we think. Perhaps all that is required is for us to remember that AI is a tool. We just have to learn how to wield it effectively.

DR CLIVE TAN
Guest Editor

Dr Tan is a member of the *SMA News* Editorial Board and a public health specialist working in the public sector. He recently went on a diet and lost five kilograms in four months.

"Crystal-balling", "foresighting" and predicting the future is never easy. The future is shaped by bold technological leaps, interspersed with periods of incremental change. Henry Ford once said, "If I had asked my customers what they wanted, they would have said 'a faster horse'." Steve Jobs also said that "our job is to figure out what [the customers] are going to want before they do". 2023 seems to be the year that AI takes the spotlight, emerging from the COVID-19 pandemic where people recognised the value of large sets of shared health data. Coupled with the technological advances from large language models and how ChatGPT popularised and brought the technology into mainstream media and into every households' lexicon, it is timely that we have this issue to get our leading voices and medical perspectives on the rise of AI.

Acknowledging that "change is the only constant", and much more so in fast-paced Singapore, we may find ourselves in a difficult position when we find that our "cheese has moved". Will AI make our job easier or will it take over our jobs? These are valid concerns. My humble thoughts are that in the past century, the practice of medicine has shifted towards being a knowledge and service industry. With the Healthier SG initiative and the increasing democratisation of medical knowledge, I believe that the practice of medicine will experience a renaissance where the patient-doctor relationship will once again take centre stage. And in such a world, I believe that AI will play a helpful role in reducing the time needed for knowledge tasks, giving us more time to build relationships between the patient and the clinician. As a current and future patient, that is a future that I can look forward to. ◆