GETTING ON THE FRONT FOOT

he term 'artificial intelligence' (AI) was first mooted as a concept by John McCarthy in the mid 1950s as a way to describe the merging of science and engineering to create 'intelligent machines'. **Michelle Pitman** investigates the future role that AI will play in the work of health librarians.

The interest in AI for healthcare is ramping up as 5G and ever-increasing computer power now enables its application across all domains of society and everyday life, especially through the Internet of Things (IoT). Questions around whether physicians and medical specialists will be replaced by AI machines are gathering pace. As Abhimanyu Ahuja has identified (bit.ly/3eFhsag), AI will augment the physician-patient relationship and cannot replace them. I think this also applies to librarianship. Al will augment and compliment the work we do but it should not replace us. I also doubt that AI will be purely the domain of the IT and ICT departments. Librarianship has a place in the development, management, access and facilitation of AI technologies.

Libraries in science fiction film and literature tend to be portrayed as embedded data in a machine which can be accessed by a human, who never appears to be a formally trained librarian - how do they always know the right questions to ask? In Star Trek: The Next Generation, for example, the medical doctor can ask the computer a complex medical question and receive an impressive analysis in moments; but it still seems up to Dr Crusher to interpret that information in the context of her alien or human

patient on the gurney. In Star Trek

at least, the technology augments the human, always.

Health librarians will need to understand how AI will impact the work they do in meeting the resource needs of their medical teams. In a spot of future-gazing: perhaps we will facilitate access to a suite of approved IoT wearables, apps and algorithms, which healthcare teams prescribe to their patients, enabling the team to capture and analyse real-time, specific and personalised data about that person's recovery. Perhaps health librarians will alert physicians to 'dodgy' AI which merely harvests sensitive data without actual health benefits - just as we advise on predatory journals now. Perhaps we will apply machine-learning algorithms to analysis at the behest of busy physicians using very large datasets, including text from thousands of clinical research papers, that can identify critical data for time-sensitive,

quality and safety decision-making for patient care.

Al is coming now, to every aspect of our daily lives, including medical practice. It will require health librarians to get on the front foot in understanding what it might do, will do and cannot do. We shall need to train the library profession to understand, manage and facilitate impeccably researched IoT health technologies inside which, seamless Al exists.

Just as Dr Crusher is never replaced by the computer, so too will librarians be essential to the safe and effective use of Al and IoT technologies in healthcare.

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