AI on Friday

What to Know, Why It Matters

Issue 05, 18 September 2026

Pan American Health Organization
World Health Organization Americas Region
Information Systems and Digital Health Unit
Department of Evidence and Intelligence for Action in Health

This weekly email shares key developments, use cases and practical AI-in-health concepts in plain English, helping us apply AI in our technical cooperation and discuss emerging opportunities with Member States and partners.

DEVELOPMENT TO WATCH

Evidence has not kept pace with medical AI deployment

What happened: A 2026 study in *PLOS Digital Health* examined 1,357 AI-enabled medical devices cleared or approved by the US Food and Drug Administration.

What it found: Only 34 devices were linked to registered prospective clinical trials, and just three had been evaluated using patient-centered outcomes such as mortality, hospitalization or quality of life. **Why it matters:** Regulatory authorization should not be interpreted as proof that an AI tool will improve patient outcomes in every context. This is particularly important because automation bias may lead professionals to place undue confidence in an authorized technology. **Read more:** PLOS Digital Health study • News summary

AI reveals hidden signs of heart disease in routine ECGs

What happened: Researchers from Imperial College London developed an AI tool that analyzes a routine electrocardiogram in under two seconds and identifies patterns associated with heart failure and heart valve disease that may not be visible through conventional interpretation.

What the research found: The model was trained using millions of ECGs and tested with data from more than 65,000 patients in the United States. Results presented at the 2026 European Society of Cardiology Congress showed promising performance in identifying reduced heart function and aortic stenosis. **Important caution:** This is a screening and prioritization tool, not a definitive diagnosis. Its recommendations must be interpreted alongside clinical evidence and professional judgment. ***Read more:*** *British Heart Foundation* • *European Society of Cardiology*

AI IN PLAIN ENGLISH

Automation bias

Automation bias is the tendency to place too much trust in a recommendation simply because it was produced by an automated system, even when professional judgment suggests it may be wrong.

Health example: A clinician may accept an AI-generated triage recommendation without sufficiently reviewing the patient's symptoms, test results or inconsistencies because "the system has already analyzed it." - **Why it matters:** The problem is not only that AI can make mistakes; people may stop questioning its output. **Essential safeguard:** Treat AI recommendations as inputs, not decisions. Review the supporting evidence, consider why the recommendation could be wrong and ensure that a professional remains responsible for the final decision.

PRACTICAL IDEAS

Make your judgment before seeing the AI recommendation

When possible, review the available information and record your initial assessment before consulting the AI output. Then compare the two.

If they differ, do not automatically assume the system is correct. Pause and ask:

- What evidence supports the AI recommendation?
- What information might contradict it?
- What would be the consequence if it were wrong?
- Can the result be verified through another source or method?

For decisions with potential consequences for people, document who reviewed the recommendation and why it was accepted, modified or rejected. This simple practice helps preserve independent judgment and reduce automation bias.

Important reminder: AI-generated content may contain errors, outdated information or incorrect references. Always verify original sources, publication dates and links before using or sharing it, particularly for clinical, policy or technical decisions.

FROM THE AMERICAS

Chile evaluates AI to support cancer treatment decisions for older adults

What happened: Hospital Digital of Chile's Ministry of Health participated in the development and evaluation of PROTEGER, a machine-learning tool designed to support decisions about systemic cancer therapy for people aged 65 and older.

How it works: The model combines oncological information with a comprehensive geriatric assessment, including frailty, functional capacity, comorbidities and treatment-toxicity risk. It was trained using decisions from Chile's Oncogeriatric Telecommittee and externally validated with patients from two additional hospitals.

Why it matters: The approach could help extend specialized oncogeriatric knowledge to services where access to experts is limited. It also demonstrates the value of developing and validating AI with data from the health systems and populations where it may be used.

Important caution: The study was retrospective and prospective validation is underway. PROTEGER is intended to support multidisciplinary decision-making, while final responsibility remains with the treating team. **Read more:** Chile's Digital Health Department • Peer-reviewed article

WORTH READING 1

Meaningful oversight of medical AI beyond "human in the loop"

Published in 2026 in npj Digital Medicine, this open-access commentary challenges the assumption that simply placing a health professional "in the loop" guarantees effective oversight.

The authors identify four conditions for meaningful human oversight: professionals must understand the system, have sufficient time to assess its outputs, possess the authority to challenge its recommendations and be able to intervene before harm occurs. The article offers a concise and practical framework for addressing automation bias across the AI lifecycle.

Read the open-access article

WORTH READING 2

Divergent impacts of explainable AI for dermatological diagnosis on clinicians versus lay people

Published in 2026 in Nature Medicine, this open-access study examined how AI-generated explanations influence dermatological decisions made by the public, medical students and primary care physicians.

When the AI was correct, its explanations improved performance. When it was wrong, however, persuasive LLM explanations made nonexperts more likely to accept the incorrect recommendation. Experienced physicians were more resistant to this effect. The study also found that presenting the AI answer first increased anchoring and deference, supporting the use of "human-first" workflows. *Read the open-access article*

Additional resources (Co-authored by PAHO's staff)


PAN AMERICAN JOURNAL OF PUBLIC HEALTH

Editorial

Introducing the concept of digitally smart health facilities: a vision for the future

Jarbas Barbosa da Silva Jr.,[1] Rhonda Sealey-Thomas,[1] Ciro Ugarte,[1] Sebastian Garcia Saisó,[1] James Fitzgerald,[1] Ernesto Bascolo,[1] Amalia del Riego,[1] Ana Rivière Cinnamond,[1] Leah-Marie Richards,[1] Myrna Marti,[1] Ana Estela Haddad[2] and Marcelo D'Agostino[1]

Link


World Health Organization

Bulletin of the World Health Organization

1 January 2024

A digital transformation for primary health care

Jarbas Barbosa da Silva · Marcos Espinal · Sebastian Garcia-Saiso · James Fitzgerald · Myrna Marti · Ernesto Bascolo · Ana Estela Haddad · Marcelo D'Agostino

DOI: 10.2471/BLT.23.290726

Link

Important reminder: AI-generated content may contain errors, outdated information or incorrect references. Always verify original sources, publication dates and links before using or sharing it, particularly for clinical, policy or technical decisions.