Review of: "[Commentary] Artificial Intelligence, or Artifact Intelligence? Most AI Is Not Ready for Practice"

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Potential competing interests: No potential competing interests to declare.

The article provides for just concerns, albeit the rate at which AI is accelerating in the UK requires review. This does not take from the points made, which beckons for a nationally based system to predict health and precision care at scale through phenomics, images, and health determinants in trusted research environments. Resourcing the network assurances to predict health and precision care autonomously is achievable.

The writers may consider a system based on a government intelligence authority, although differing nations present different standards and regulations for data confidentiality, data security, AI governance, assurance, and training. Global weight for change has AI integrated into systems that improve healthcare and drive change in global warming. Viewing health AI in terms of scientific patient safety rather than augmenting clinical need has merit.

With any system that sets up bespoke AI, there will be massive challenges while the application of BS 30440, ISO IES JTC1 SC42 and another 20 IT/AI/ML/NAS ISO standards have specific arrangements for conformance which, if validated, verified and certified, provides a greater need for governments involvement in welfare healthcare. ISO 15189:2022 arranges for ANNEX A governance, training, and assurance in AI to be expedited at the points of care.

NAS benefits from XAI and back propagations while ML biases are adjusted for in a network that provides expert directorship in clear geographical policies that cut across hierarchical medical structures that accept the scientific-data science predictors and intercepts that clinicians cannot gain insight from in BIG Data. While the concerns are valid, the remedies given are also correct, and never more so in reducing clinical malpractice.

The challenge is clear as a scientist in genomics and quality systems with AI and a health and safety background. Medicine and AI vendors must return to ontology with images and phenomics and accept that medicine and AI have flaws. The solution is a standard approach to building architecture on a national scale that links the newborn and elderly comorbid care in a citizen registry to target pharma and nutrients openly and in a just culture.