Large language model use for gastroenterology: Should we use it already, or is it too early given regulation and lacking data?

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Debate on large language models in gastroenterology practice highlighted potential efficiency gains but raised significant concerns about safety, regulation, and accountability before widespread clinical implementation.

KEY POINTS

- The speaker advocating for LLM use presented studies showing efficiency benefits including ambient scribes reducing appointment time by 20% and after-hours work by 30%, and a Stanford study reporting 60% physician adoption with significant reduction in burnout
- The opposing speaker presented evidence that commercial AI scribes produced omission errors that are invisible on review, nearly 60% of outputs were accepted without modification, and automation bias persisted even after 20 hours of AI literacy training
- A prospective primary care trial of an LLM integrated into electronic health records did not meet its primary outcome and showed no reduction in treatment failure within 14 days
- ChatGPT Health used for triage under-triaged patients in over 50% of cases including emergencies like diabetic ketoacidosis and impending respiratory failure
- Only three large language models have EU class 2A or above regulatory approval, the majority are self-declared class 1 devices, and general-purpose LLMs like ChatGPT are not considered medical devices and escape regulation
- There is currently no legal precedent for liability when harm occurs with large language models, meaning clinicians may be personally accountable if they use these tools and errors result

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