The Right Thing, The Realistic Way

A TOOLKIT TO BROADEN OUR CONVERSATIONS ON THE ETHICAL USE OF ARTIFICIAL INTELLIGENCE IN HEALTH & HEALTH RESEARCH

2024



This toolkit has been developed by the St John's Research Institute, Bengaluru (SJRI) and Quicksand Design Studio for a Fellowship granted by the Global Forum on Bioethics for Research (GFBR).





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Introduction

The Indian Council of Medical Research (ICMR) recently published its <u>Guidelines on</u> <u>the Ethical Use of AI in Health and Health</u> <u>Research (March 2023)</u>. The Guidelines need to appeal to a wide range of stakeholders because of the way in which our technology projects are conducted today. They rely on a complex interplay between design, technology, medicine, science, and public policy.

It can be a long and demanding process to ensure the Guidelines are understood and adopted by these disciplines because they all have their own value systems, and vocabulary. Many of them are entirely new to the world of bioethics and may find the existing discourse on beneficence, respect and justice too theoretical or abstract. They may also run into systemic, institutional, and social challenges when they try to practise these Principles in their day-to-day work.

We therefore decided to conduct a series of stakeholder engagements to discuss the implementation of ICMR Guidelines. How might we do the right thing the realistic way, and take others along?

The first workshop was held in Bengaluru to discuss the practice of bioethics in India. We were primarily interested in finding ways to **bridge the gap between policy intent and action.** (That is why we named the series The Right Thing, The Realistic Way).

This was followed by a virtual session on **the future of bioethics** to build on our findings from the first workshop. The session was attended by participants from Asia, Africa, Australia and Europe, and we used **speculative design** to ensure the conversations were imaginative yet action-oriented (not conceptual).

Both the workshops were designed for a heterogenous group of experts from health, technology, research, law, bioethics media and design to name a few.



How is the toolkit organised?

We have provided a step-wise description of the **activities** we conducted at our workshops with a special focus on the rationale for our design choices so that our readers can understand why we did what we did. This information is supported by tips, templates, and alternatives to our **tools** for anyone who wants to re-create our work in their context.

How to use it?

Has your country introduced a new policy on bioethics for Al? Do you want to engage with the policy in a concrete way with a wider circle of people?

Do you feel we need to break out of our rut and find a new way of looking at the question of ethical AI in health?

If your answer to any of these questions is yes, use **either of the activities** to engage with external experts like we did.

This toolkit is modular. You can also pick a specific **tool from the index on the next page** instead of doing the whole activity. For example, you can create character cards for your own project(s) to visualise the challenges and contributions of the people who may not directly work with you but are integral to your study or intervention.





You can click on any of the questions below to directly go to the tools that are relevant to your specific needs. Some of the tools can be applied to any participatory process even if your subject matter differs from ours.

How to develop a user-friendly introduction to AI and bioethics for an uninitiated audience?

How to write project stories with a collaborator to convey the messiness of practising bioethics in real life?

How to humanise your conversations on ethical AI?

How to encourage individual reflection on the ethical use of Al in one's practice?

How to set the scene for a futures discussion on AI in health and health research?

How to encourage an ecosystem approach to bioethics?

How to encourage bold thinking on the future of AI in health and health research?

How to encourage critical thought on the present and future of ethical Al in health and health research?

Index of Tools



General Principles of Engagement

You can do a few ways things to make everyone feel at ease during the activities –

Create a welcoming environment.

Because bioethics can feel intimidating to some. Set up the physical/virtual space to encourage participation, in a way that everyone feels comfortable to share their views individually or as part of a group. You can use a friendly ice-breaker to put your participants at ease when they arrive.

Encourage participation. Use open-ended questions, prompt quieter participants, but refrain from singling them out during an activity. You can also divide the participants into smaller groups for better engagement.

Practise active listening. Pay attention to what the participants are saying, ask clarifying questions, and playback their key points to convey engagement. Avoid interrupting them with questions and breaking their flow.

Manage time effectively. All participants should get a chance to share their views, and the discussions should stay aligned with the objectives of the activity. Schedule breaks in between the activity.

Stay neutral. Avoid expressing personal opinions or biases that may influence the discussion. Encourage the participants to share their experience instead.

Encourage respectful communication. And manage disagreements by helping the participants to find a common ground.

This activity was designed to discuss the implementation of ICMR Guidelines in a people- centred way.





This activity was designed to discuss the implementation of ICMR Guidelines in a people-centred way.

OUR PHILOSOPHY

Our approach was influenced by <u>this report</u> where the Digital Futures Lab explains how Al is a large socio-technical system with several actors contributing to the whole chain from design and testing to deployment. It is therefore important to not only evaluate the Al model for fairness but the relationships through which it is developed and implemented too.

STEP 1

We invited contributors from various fields to share their projects on Al for public health, diagnostics, behaviour change, and mental health respectively.

> <u>Tools</u> Pre-read Template for contributors

STEP 2

The participants were divided into smaller groups to discuss each project in greater detail. They explored the questions on ethical intent and action by putting themselves in others' shoes.

Activity board with character cards

STEP 3

We ended the activity with a prompt that helped them reflect on how the day's conversations applied to their work

> Tools Reflection cards

Time estimation: The total duration of the activity depends on the number of projects you want to cover. Give your participants approximately an hour to discuss the ethical dilemmas for each project. You can divide them into smaller groups if you have more than two or three projects to discuss.



Step 1

Our workshop was based on the value of interdisciplinary exchange. We therefore invited contributors from health, research, engineering, and design to present their practical experience of using Al in research and service delivery.

They did not have any prior experience in bioethics so we provided **a primer** on the ICMR Guidelines to get them started. But they were not expected to match their content exactly with the Guidelines. We encouraged our contributors to introspect on the moral dilemmas they encountered in their project. On real instances when their professional and societal values were challenged. Their output differed from case studies in that sense: it was more personal and non-prescriptive.

We also provided a **template** to ease the burden on their time and collaborate more effectively on the content they hoped to present.

STEP 1 Pre-read Template for contributors STEP 2 Activity board with character cards



Tool 1: Pre-read

How to develop a user-friendly introduction to AI and bioethics for an uninitiated audience?

It is so common to see people scurrying through the readings for a workshop. After work. On their phones. As the others settle in. What if we design for this behaviour instead of going against it?

We kept our material short and jargon-free. We didn't write a comprehensive summary or argument; the most interesting points from the ICMR Guidelines were merely juxtaposed with other literature, trusting that our readers would join the dots.

This was supported by links to the original document in case anyone wanted to refer to them in the future. We also provided a simple feature by which one could skip to the section they were most curious about. On the day of the workshop, we also kept a copy of the reading material on each table.

THINGS TO CONS

- The current process of informed consent has issues of understandability. The tex is often lengthy, jargon-heavy, and poorly translated into local languages.
- In the case of Al, there is the added challenge of determining how much information one should provide on the technology itself, and the manner in which it should be provided to be truly accessible.¹ Participants or patients may not understand how Al is influencing their care or the research project leading us to ask: how can their consent be properly informed?
- Many data users (i.e researchers and / or developers) rely on intermediaries to
 collect data for their projects. They are removed from the collection sites and
 can't know if their data subjects were properly briefed, and given a clear chance
 to provide consent.²
- People may provide their data without asking any questions if they trust the health workers in their community. In some cases, their consent is assumed – it is not explicitly taken.

Link: Pre-read

Alternative

You can use the <u>GFBR's background paper</u> and/or <u>their reading list</u> that has papers, videos, and other resources for anyone who is starting from scratch.

Think of your reader, and their reading behaviour. What can you do to help them better prepare for your workshop or meeting given the competing demands on their time? Can you think of any examples that you particularly appreciated when you were in their place?

STEP 2 Activity board with character cards



Tool 2: Template for contributors

How to write project stories with a collaborator to convey the messiness of practising bioethics in real life?

This template is context-neutral. You can use it with minor or no changes. Here are a few things to consider while working with your contributors on their content.

TELL PRICE OF CONTRIDUCIONS	
Please use this template to tell us more about the project you would like to share w	ith others. The
content needn't be lengthy. You can keep it to 2 pages in total if you are using a sta	ndard font like
Arial (size: 10.5). We have provided a few prompts under each information catego	ry to guide you
through the writing process but you can use them at your discretion. They are not o	ompulsory.
Your name, designation, institution, and location	
Title	
Brief description of your project	
Promote: What was the problem you were trying to solve or study? Can you briefly.	describe how Al
was used in your project? How is it more beneficial than any of the other alternative	s? Where, and
how was your project conducted? Please keep your responses simple and jargon-	free.

Link: Template for contributors

- Be clear in how your request differs from a conventional case study or presentation. Your contributors can focus on two or three ethical questions that emerged from their project to set the stage for Step 2.
- Help your contributors to frame the ethical issues if they are not from a health or research background. The main idea is to reflect on the actual experience of dilemmas, challenges, and conflicts, which could be individual, interpersonal, organisational, societal or political.
- Create a consent strategy to allay their concerns about sharing identifiable or confidential information from their projects.
- It can take more than one round of conversations to finalise the content for each project so it helps to share a broad work plan right at the start. When do you need the first draft by? How many rounds of feedback should they be prepared for?
- The first round of feedback on the content is crucial. It helps you judge how their project fits within the larger programme. You can also check if they have provided sufficient information on their project for the rest of the audience to meaningfully engage with the ethical questions.

Alternative

If you can't or don't want to develop new content, use <u>the case studies published by GFBR in 2022</u>. They are open source. You can also pick news or journal articles on AI if they have enough details.

STEP 1 Pre-read Template for contributors STEP 2 Activity board with character cards

The Right Thing, The Realistic Way Workshop 1 – Bengaluru, India November 2023









Step 2

On the day of the workshop, our contributors shared their project experience as presentations and the audience was given a few minutes to seek clarifications in plenary. Thereafter, they were divided into groups of four or five to discuss one project each.

The groups were given **an activity board with character cards** to guide their discussion. They could add more ethical challenges to the ones our contributors had already shared before picking a few pertinent ones to think with greater clarity on action and implementation. **How would they work on the challenges they had just raised, and what were the constraints inherent in doing so?**

STEP 1 Pre-read Template for contributors **STEP 2** Activity board with character cards



Tool 3: Activity board with character cards

How to humanise your conversations on ethical AI?

We designed <u>an activity board</u> with character cards for each project to visualise the contribution of those stakeholders who are otherwise overlooked in our discourse on Al. Nurses, non-medical workers, data analysts, lab technicians, funders and more.

These cards served as a nudge for our participants to step out of their comfort zone and review the questions of harm and benefit from various perspectives. In empathising with other stakeholders, they were also able to review the systemic and structural conditions within which Al projects operate.

Here is an example of how the cards worked.

To note: The character cards had high fidelity but were entirely fictional.

One of our contributors had spoken about the challenges of collecting and curating data during a health crisis like Covid-19. We created three characters for his project:



Arun, a young technician who sits in a stuffy PPE suit, entering people's health information into the system, as they pour into the lab for RT-PCRs



Asha, whose team goes from one neighbourhood to another, testing primary and secondary contacts for Covid



Sonali, a data analyst, who wades through 20000 data entries a day!

Imagine if the participants say the government should provide training to improve the quality of data at source. The facilitator can draw their attention to Arun or Sonali and urge the group to hone in. How can we upskill our frontline workers to improve our datasets without inadvertently adding to their burden, and harming them?

STEP 1 Pre-read Template for contributors STEP 2 Activity board with character cards

Data in the Time of COVID-19

The Right Thing, The Realistic Way



Lab Technician Name: Arun Age: 22

Add images and demographic details to make the character more realistic

Excel Labs is hiring more people to handle the surge in RT PCRs. Arun is a student. His college has shut since the pandemic and his scholarship money hasn't been disbursed this month. He needs to cover his expenses in the city because there is no way of going home. The recruitment criteria at Excel is low – he is sure to get selected – so he signs up.

Arun has to enter the details of all the people who come in for an RT PCR. He has to digitise the forms they fill up, and there are nearly 500 a dayl He can't take too much time because the queues are long. He has to wear a PPE suit at all times and sit at the store front with only a small fan to combat the heat. He can't understand people's handwriting easily and is scared of a catching an infection from the clients many of whom look unwell.



Ethical AI for Mental Wellness

The Right Thing, The Realistic Way

What affec Faith's abili tom practis bioethics



Ethicist Name : Faith Age: 48

Faith's role in the project

Faith's company has developed a new model to detect early signs of anxiety in adolescents, and they want to conduct an AlA (Algorithmic Impact Assessment) before deployment to meet international standards. Faith has suggested a template developed by Ada Lovelace Institute (UK) because there is no local equivalent. Her team agrees with her but the logistics aren't going to be easy.

I ney need to conduct a reflexive exercise with the product developers, legal advisors, and the senior leadership. But Faith knows that some of them think the ethics process is cumbersome. How will she earn their buy-in?

According to the template, they are also supposed to hold participatory workshops with their end users. How will they approach them, and how will they ensure meaningful engagement? Faith doesn't even know how to perfectly translate 'data' into the Indian languages.

Data in the Time of COVID-19



Data Analyst

Name: Sonali Age: 27 The Right Thing, The Realistic Way

Sonali is part of a large team that collates data from various sources including hospitals, testing centres, Covid Care Centres, and the ward health offices. Each of them have their own format for entering data, and she has to wade through nearly 20000 entries a day! Sonail only has a reasonable hold of MS Excel, and her computer stops responding when she tries to open a large file. It is of rustrating!

Today, Sonali was asked to provide testing data for the last five months to the Indian College of Science (ICS) but she already has a demanding workload. She needs to format the patient data and upload it on the ICMR portal. The same set has to be re-curated by evening for a meeting at the Commissioner's office. She knows the request from ICS is urgent but her work day is already going to stretch beyond ten hours.

Sonali's role in the project

Challenges she faces on the job Don't spell out the ethical challenges your characters are likely to face. Let your respondents

answer that

Annotated copies of the character cards we used in our workshop.

CLICK ON THE CARDS TO VIEW THEM

STEP 1 Pre-read Template for contributors STEP 2 Activity board with character cards



How to develop your own character cards?

Do this as a team. Create a long list of the stakeholders who are affected by and contribute to the project(s) you want to bring to this activity. You can quickly give each one of them a name and age to make your imagination more concrete.

Now, think at the intersections: who from this list is distinctly empowered or disadvantaged by their socio-economic background? Pick two or three of the total for each project and characterise them using the template on the right. We have also provided annotated copies of our cards on the previous page to give you a clearer idea on how the text was written.

	What role do they play in the project?
рното	
[Find image from the internet to show how your	
character looks and carries themselves]	What drives them? What challenges do they face in fulfilling their role?
Role: Name: Age:	What are the KEY factors that enable them or hold them back from
	practising bioethics? (Context)
	Total word count: 150 – 200

Link: Template for character cards

Get your copy checked by others for accuracy and understandability. The aim is to provide enough information to tickle people's imagination – not more.

We had also created a <u>facilitation guide</u> with scripts for the character cards because some of our team members were not familiar with the tool.

What are some of the small ways in which you can enhance the workshop experience for your colleagues and partners too in addition to the participants? It is worth considering if we want to be truly people-centred.



Step 3

It is a normal practice to end workshops with a summary of each group's discussions but we would encourage you to experiment and come up with new ways to close the experience for your participants. You can devise a prompt that helps them see how the activity relates to their work.

What stood out for you or what have you taken away from this workshop for your projects in AI x Health?

A lot of Qs have been raised

What stood out for you or settings under the construct what have you taken away and understanding of patie from this workshop for your projects in AI x Health?

Giving back to communities whose data you use to train your models or drive your research

What stood out for you or what have you taken away from this workshop for your projects in AI x Health?

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STEP 1 Pre-read Template for contributors STEP 2 Activity board with character cards



Tool 4: Reflection cards

How to encourage individual reflection on the ethical use of AI in one's practice?

Feel free to print our reflection cards and use them as they are or devise your own!



Link: Reflection cards

This activity was meant to broaden, humanise, and add imagination to our current discourse on bioethics. Who is responsible for responsible AI in our preferred futures and how might we get there?





This activity was meant to broaden, humanise, and add imagination to our current discourse on bioethics. Who is responsible for responsible AI in our preferred futures and how might we get there?

BACKGROUND

Most of the innovation in technology is led by big corporations today but they are not mandated to conduct ethical reviews, and they don't share information on their Al models in a transparent way, for public scrutiny. The smaller fish in the private sector may find the whole review process too slow and cumbersome because they need to hit the markets early if they want to get an edge over their competitors.

The academic infrastructure is relatively weak in LMICs and only a few institutions have enough experience to comment on and contribute to the current question of AI regulation. There are several papers and conference notes to show how their ethics committees (EC) struggle too.

They don't feel adequately equipped to scrutinise AI-ML because its development differs significantly from other technology. ECs are primarily regulatory driven and the challenges of big data on clouds; the accuracy of algorithm development and



validation, the possible violations of individual, institutional, and community privacy; and possibilities of harm to life and security and commercial exploitation are beyond the regular reviews and oversight they provide.

Besides, their power to approve or disapprove projects may be undermined by the institution's aspirations to support frontier research. There is pressure to show an inflow of grants, to publish or perish. And AI has its own allure and challenges that academia is struggling with.

OUR PHILOSOPHY

Our regulatory systems need to be updated and strengthened to leverage the current advancements in Al. We therefore used speculative design in this activity to answer a rather radical and hope-giving question: How should do we want to uphold our values as Al transforms health and health research?



The participants started by articulating their future-preferences for bioethics and worked backwards to analyse what needs to change in our present times to get there. We encouraged an ecosystem approach to bioethics using maps, stories, and provocations to show how several actors from funders to news reporters and patients themselves play a crucial role in governance. They have often got regulatory bodies to broaden their scope, and take action when there is a risk of malpractice. Where do they fit into our futures? How would they interact with formal regulation to ensure that AI truly serves us? How do we make the future of bioethics more grounded in new and evolving realities?

Time estimation: This activity can take approximately three hours if you are following all the steps. Keep enough time for Step 4 because it requires slow thinking and discussion; the rest can be modulated at your discretion.

STEP 1

We took our participants through a visual display of how AI is transforming health, and health research to spark their imagination after which we provided a short introduction to bioethics.

> <u>Tools</u> Visual gallery Stakeholder map

STEP 2

We asked the participants to think creatively and share scenarios of how the use of Al may evolve over time.

> Tools Futures timeline

STEP 3

They chose one scenario from the group-board to answer a few prompts on bioethics using their imagination. (The responses were supposed to be utopic.)

> Tools Prompt - Who can act, how

STEP 4

They reflected on what needs to change in our present times to get to the futures they articulated at Step 3.

> Tools Prompt – How do we get there



To note: We conducted this activity on <u>MIRO</u> but you can choose any platform that:

Supports sound, photos, videos and other media.

- Provides a large working space and is easy to navigate because your participants may need to move from one section to another as the activity progresses.
- Lets you invite several people to the workspace for free. Look up the terms and conditions of use before you set yourself up.
- Your audience is comfortable with.
- You can share <u>a short manual</u> like this, and help them during the activity if they fumble.

The tools in this section were designed for a virtual experience but you can print them with minor adjustments if you are hosting your meeting or workshop in-person.



STEP 1 Visual gallery Stakeholder map STEP 2 Futures Timeline

Step 1

We started the workshop by taking our participants through **a visual gallery** on the use of Al today. We selected a broad range of examples from DNA-based healthcare in Indonesia to click-work in Brazil to spur people's imagination and set the tone for the rest of the activity.

We also provided a short introduction to bioethics because many of our participants were not from a health background. Our commentary was anchored by a **stakeholder map** to convey that there are several actors in the larger universe of bioethics (regulators, researchers, private companies, publics, patients) who share a symbiotic relationship. But collective work and dialogue are difficult because they occupy different orbits (siloed).

Image: Visual gallery

STEP 3 Prompt - Who can act, how



Tool 1: Visual gallery

How to set the scene for a futures discussion on AI in health and health research?

You can customise <u>this visual</u> <u>gallery</u> for your own purposes by adding a few examples. Here are a few things to consider while drafting your content -

A large part of the gallery's success depends on how you take people through it. Let's go on tangent and see what we find.

Can you think of any teacher or tour guide from your childhood who presented information in a delightful way? What did they get right? What can you learn about storytelling from them? - Choose provocative examples that challenge the popular notions of AI, health, and health research. For example, most people think that data labelling is a highly exploitative job but we chose a story from Brazil that suggests otherwise. The click-workers in cities like Foz do lguaçu earn well and want to keep newcomers out of the industry. Imagine how the labour markets would change if this became the norm?

 Encourage your participants to think of the future in a non-judgmental way as you go through the gallery. Don't take their attention to the questions of ethical harm and benefit just yet. We developed a script for our facilitators to ensure they only gave a teaser, and didn't reveal much. Would something similar help your team?

Try to evoke curiosity with each example. For example, we wanted to share how the research on natural language processing (NLP) is progressing in India. We delivered our messaging with a short video from the popular sitcom, Big Bang Theory where a gifted physicist, Sheldon Cooper, can't understand sarcasm. But what if we get to a world where Al can?

STEP 1 **Visual gallery** Stakeholder map STEP 2 Futures timeline STEP 3 Prompt - Who can act, how

Tool 2: Stakeholder map

How to encourage an ecosystem approach to bioethics?

We used <u>this stakeholder map</u> to introduce our participants to the world of bioethics. This not only provided some grounding to those who were new to the subject but also set the stage for Step 3 when everybody had to think of bioethics in terms of the actors, and actions involved.



Link: Stakeholder map



STEP 1 Visual gallery **Stakeholder map** STEP 2 Futures timeline STEP 3 Prompt - Who can act, how

The facilitator zoomed into different sections of the map to share these key messages:

These key messages were designed for the Indian context. Think of your audience. How do they perceive bioethics? Which parts of their understanding do you want to dispel or reinforce? Write your own script for the map and include stories to support your key messages.

Alternative

You can also frame this as an open discussion. Show the stakeholder map to your participants and ask them to share experience of bioethics.

KEY MESSAGE 1

There are several stakeholders who contribute to the overarching cause of ensuring that technology, health, and research truly serve us. This is not the work of regulators alone. Take the women's movement in India for example. The problem of sex-selective abortions saw an uptick in the 1970s and 80s when ultrasound machines became more commonly available in the country. This triggered a protest from the Forum Against Oppression of Women in Mumbai. Their efforts paid off and Maharashtra became the first state in India to pass a law against sex determination tests in 1988. Bioethics therefore depends on a close interaction between the public and their representatives but there is a clear power asymmetry between them.

KEY MESSAGE 2

Lay people have the weakest voice in the ecosystem even though they are directly impacted by health and research as carers, patients, and participants. We need to invest in their health and digital literacy to strengthen advocacy. In the interim, decision-makers should learn to interpret lay voices because the issues they raise are pertinent even if they are not presented in the expected way. Some countries have explored alternative forms of review like the Community Advisory Boards in Ghana that give power back to the people.

KEY MESSAGE 3

The institutional ethics committees (IECs) in India are meant to be independent and syncretic but they face several challenges in delivering their mandate today. (Read Our Philosophy on Page 22 to know more).

STEP 1 Visual gallery **Stakeholder map** STEP 2 Futures timeline STEP 3 Prompt - Who can act, how





Step 2

We invited the participants to put on their creative hats and write fictional headlines on the future-use of Al in health and health research. They were encouraged to share freely without thinking much about the plausibility of their ideas, and they could share as many as they wanted. Their responses were added to a **timeline** that ran from the current year to 2065 and beyond. This provided fodder for Step 3, and got them accustomed to bold and unhindered thinking.

They could scroll back to the visual gallery on Al for inspiration if required.

STEP 1 Visual gallery Stakeholder map **STEP 2** Futures Timeline STEP 3 Prompt - Who can act, how



Tool 3: Futures timeline

You can allocate differently-coloured sticky notes for utopic, dystopic, plausible and implausible ideas and use the timeline as it is to gather responses to the following prompt.

How will the use of AI in health and health research evolve with time?

Write your responses as headlines from the future.

Here are a few things to consider while facilitating the exercise -



Link: Futures timeline

- Keep it rapid. Through this exercise, you are meant to generate as many imaginative ideas on Al as you can, and that is best done when your participants don't have the time to second-guess or edit their responses.
- Add a few examples to drive home the point home that they can be creative, We used these examples but devise your own? It is fun!

Sad, morose or depressed? Your therapist can read your emotions with Al glasses.

Bye, bye blues. The city council has decided to introduce Bot Buddy in Central Park to tackle loneliness.

People can't avail of the government's insurance scheme because AI has declared them 'dead'

- When they are halfway through, pick a few responses to discuss while the others can continue filling the timeline. This keeps the energy up.
- You can dedicate someone from your team to help those who are not comfortable with tech if you are conducting this activity virtually.

STEP 1 Visual gallery Stakeholder map STEP 2 Futures timeline STEP 3 Prompt - Who can act, how



Step 3

We divided the participants into smaller groups, and asked each group to pick a headline from the timeline to answer the following prompt.

What is the key benefit or harm if this future becomes our reality? Who can mitigate this harm or reinforce this benefit and how?

This was an individual exercise where the facilitator kept time and guided everyone to answer without worrying about plausibility.

STEP 2 Futures Timeline **STEP 3** Prompt - Who can act, how



Tool 4: Prompt – Who can act, how

<u>This prompt</u> is context neutral and can be used as it is. The main objective is to gather diverse responses on who can uphold bioethics if the future stated in the chosen headline comes true. So encourage people submit as many responses as they can for the same prompt.

RESPONSE1

There is a <u>risk to privacy</u> if the city council introduces Bot Buddy in New York's parks. The <u>youngsters who play in the park</u> can <u>demand</u> <u>for greater transparency on the council's data</u> <u>practises.</u>

RESPONSE2

The older community may **get addicted** to the Bot because they feel most lonely. <u>Technology</u> <u>providers</u> can prevent this from happening <u>by</u> <u>adding a few communal features to their product.</u> What if the Bot helps you start a conversation with others in the park and thereby make new friends? As mentioned for the timeline (Tool 3), it is helpful to provide the group with examples to get them started. If you observe that they are hesitant to think out of the box, you can also nudge them to revisit the stakeholder map to spark new ideas on how bioethics can be practised.

> What else can you do to help people feel more comfortable in a shared working space? Can you introduce any mood-shifting elements like music or humour to help them tap into their instinctive and imaginative side?

STEP 1 Visual gallery Stakeholder map STEP 2 Futures timeline STEP 3 Prompt – Who can act, how





Step 4

The participants were asked to pick three responses from the previous step (on who can uphold bioethics, and how) to discuss the real ways in which we can get to our preferred futures. For example, how can we encourage technology providers to develop more considerate products? Or how can we empower youngsters to hold their city councils accountable?



STEP 1 Visual gallery Stakeholder map STEP 2 **Futures Timeline** STEP 3 Prompt - Who can act, how



Tool 5: Prompt – How do we get there

How to encourage critical thought on the present and future of ethical AI in health and health research? Please use Tools 3, 4 and 5 together.

Use <u>this prompt</u> to hold the closing discussion.

What can we do to strengthen a given actor's capacity to perform the desired action, and thereby uphold bioethics? Ask the group to share concrete responses to the prompt. At this stage we aren't encouraging creative or blue sky thinking.

 It can be challenging to move from the future-scape to the here and now. So it is important for the facilitator to anchor and guide the conversation. It is not imperative but you can ask your participants to think about the changes to our current times in terms of improved infrastructure, norms, processes, and mindsets as depicted in the template.

You can return to the plenary and share a summary of what each group discussed (if you are conducting this the way we did). Or use the reflection cards on Page 20 to help your participants' reflect on how this activity applies to their work.

STEP 1 Visual gallery Stakeholder map STEP 2 Futures timeline STEP 3 Prompt - Who can act, how

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