

Beyond the Algorithm: Citizens – Professionals Dialogue on the Use of Generative AI in Healthcare

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Abstract.

Generative artificial intelligence (GAI) offers new opportunities to improve healthcare efficiency and quality, yet its adoption raises ethical and societal questions. Questions about transparency, equitability, accountability, data privacy, and the impact on professional–patient relationships from both healthcare professionals as well as citizens and patients need to be addressed and discussed. This study aims to facilitate dialogue between Dutch citizens and various healthcare professionals on the desirability and responsible use of GAI in healthcare. Using a structured qualitative dialogue session which will take place on November 7th 2025, the study explores how both groups perceive the benefits, risks, and conditions for the responsible implementation of GAI. A total of approximately 20 participants will be included—10 citizens and 10 healthcare professionals and the dialogue meeting will last for approximately four hours. The program will combine short expert presentations, small-group and individual reflection exercises and discussions. Presentations will introduce participants to the concept of GAI, ethical and legal implications, and examples of its application in healthcare. Experts include a representative from the Dutch Ministry of Health, GAI developers and researchers. The dialogue session is expected to yield a nuanced understanding of how citizens and healthcare professionals perceive the role of GAI in healthcare. Rather than seeking a unified view, the study aims to capture the diversity of opinions and underlying reasoning. Anticipated outcomes include: identification of key themes regarding benefits, risks, and ethical boundaries of using GAI in healthcare; insights into areas of convergence and divergence between citizens and professionals; practical recommendations for policymakers on facilitating responsible adoption of GAI and enhanced public and professional awareness of societal implications of AI technologies. Ultimately, fostering open dialogue about GAI can strengthen trust and accountability in the digital transformation of healthcare. It provides an opportunity to talk, share and learn from each other in a constructive way. Understanding what citizens and professionals find desirable—or unacceptable—will be essential to ensure that generative AI serves human well-being rather than merely technological progress.

Keywords. Generative AI, dialogue, ethical, societal views

1. Introduction

Healthcare systems across Europe face growing challenges such as staff shortages, administrative burdens, and increasing care demands [1]. Generative artificial intelligence (GAI) is emerging as a potentially transformative tool to address these issues. GAI systems can for instance support clinical decision-making, automate documentation in electronic health records via ambient listening, and enhance communication between patients and healthcare professionals via automated draft email and chat replies [2-4].

Despite these opportunities, an EU study shows a clear contrast between the number of available GAI systems and their uptake into clinical practice [5]. This contrast is also related to ethical and societal concerns [6]. Questions about transparency, equitability, accountability, data privacy, and the impact on professional–patient relationships from both healthcare professionals as well as citizens and patients need to be addressed and discussed [7]. These dialogues should be facilitated regularly as the use of GAI might introduce new concerns and risks along the way.

This study responds to that call by facilitating a structured dialogue between citizens and healthcare professionals in the Netherlands. By doing so, it aims to explore how these groups perceive the desirability of using GAI in healthcare and under what conditions it should or should not be implemented. Rather than seeking consensus, the study emphasizes diversity of perspectives as a basis for responsible innovation and evidence-informed policymaking.

2. Methods

Study Design

The study employs a qualitative design, following Nivel’s Method Citizen Platform [8]. This method encourages in-depth discussions between different stakeholder groups to promote mutual understanding on complex health policy issues. A dialogue session will be conducted to elicit a range of perspectives on using GAI in healthcare on 7th November 2025.

Participants

A total of approximately 20 participants will be included—10 citizens and 10 healthcare professionals. Citizens will be recruited through the Nivel Dutch Health Care Consumer Panel, which comprises about 10,500 members of the Dutch adult population [9]. Invitations will be sent to a sample of 2,000 members representative of the adult Dutch population regarding gender and age, from which a diverse group of 10 will be selected based on demographic variation and experience with GAI. Healthcare professionals will be recruited through social media, and networks of the authors, aiming for diversity in professional groups (e.g., nurses, physicians, therapists), gender, and region. All participants will receive written information on the purpose of the study and provide written informed consent prior to participation.

Procedure

The dialogue session will take place at Nivel and last approximately four hours. The program will combine short expert presentations, small-group and individual reflection

exercises and discussions. Presentations will introduce participants to the concept of GAI, ethical and legal implications, and examples of its application in healthcare. Experts include a representative from the Dutch Ministry of Health, GAI developers and researchers. Discussion and reflection exercises will focus on topics such as: desirable and undesirable use of GAI, conditions for responsible implementation, transparency and communication about GAI use, effects on patient–professional relationships. Data sources will include observation notes, transcripts, and participant-generated materials.

3. Expected results

The dialogue session is expected to yield a nuanced understanding of how citizens and healthcare professionals perceive the role of GAI in healthcare. Rather than seeking a unified view, the study aims to capture the diversity of opinions and underlying reasoning. Anticipated outcomes include: identification of key themes regarding benefits, risks, and ethical boundaries of using GAI in healthcare; insights into areas of convergence and divergence between citizens and professionals; practical recommendations for policymakers on facilitating responsible adoption of GAI and enhanced public and professional awareness of societal implications of AI technologies. While findings will not be generalizable, they will provide a valuable foundation for future dialogues, research, and to shape policy regarding GAI in healthcare. Important topics that will be discussed are privacy protection, notification of use of GAI and influence on communication between healthcare professional and patient.

4. Discussion

By facilitating a structured dialogue, this study contributes to a participatory approach to technology governance in healthcare. Engaging both citizens and healthcare professionals helps ensure that the adoption of GAI aligns with societal values, professional ethics, and mutual expectations. The qualitative nature of the study prioritizes depth and reflexivity over representativeness. Nonetheless, this approach offers rich insights into how GAI is perceived across key stakeholder groups. The insights as well as the study methods can be used across borders to facilitate dialogues across the globe and to aid the policymaking process in other countries as well.

Ultimately, fostering open dialogue about GAI can strengthen trust and accountability in the digital transformation of healthcare. It provides an opportunity to talk, share and learn from each other in a constructive way. Understanding what citizens and professionals find desirable—or unacceptable—will be essential to ensure that generative AI serves human well-being rather than merely technological progress.

References

- [1] OECD. Health at a Glance: Europe 2024. OECD Publishing [cited 2025 Oct 23]. Available from: https://www.oecd.org/en/publications/health-at-a-glance-europe-2024_b3704e14-en/full-report.html

- [2] Kanaparthi NS, Villuendas-Rey Y, Bakare T, Diao Z, Iscoe M, Loza A, Wright D, Safranek C, Faustino IV, Brackett A, Melnick ER, Taylor RA. Real-World Evidence Synthesis of Digital Scribes Using Ambient Listening and Generative Artificial Intelligence for Clinician Documentation Workflows: Rapid Review. *JMIR AI*. 2025 Oct 10;4:e76743. doi: 10.2196/76743.
- [3] Mandal S, Wiesenfeld BM, Szerencsy AC, Small WR, Major V, Richardson S, Schoenthaler A, Mann D, Nov O. Utilization of Generative AI-drafted Responses for Managing Patient-Provider Communication. *npj Digit. Med*. 2025;8(591). doi: 10.1038/s41746-025-01972-w
- [4] Garcia P, Ma SP, Shah S, Smith M, Jeong Y, Devon-Sand A, Tai-Seale M, Takazawa K, Clutter D, Vogt K, Lugtu C, Rojo M, Lin S, Shanafelt T, Pfeffer MA, Sharp C. Artificial Intelligence-Generated Draft Replies to Patient Inbox Messages. *JAMA Netw Open*. 2024 Mar 4;7(3):e243201. doi: 10.1001/jamanetworkopen.2024.3201
- [5] European Commission, Directorate-General for Health and Food Safety. (2025). Study on the deployment of artificial intelligence in healthcare: Final report. Publications Office of the European Union. <https://op.europa.eu/en/publication-detail/-/publication/9ddf7bf8-62bf-11f0-bf4e-01aa75ed71a1/language-en>
- [6] Poon EG, Lemak CH, Rojas JC, Guptill J, Classen D. Adoption of artificial intelligence in healthcare: survey of health system priorities, successes, and challenges. *J Am Med Inform Assoc*. 2025 Jul 1;32(7):1093-1100. doi: 10.1093/jamia/ocaf065.
- [7] Badawy W, Zinhom H, Shaban M. Navigating ethical considerations in the use of artificial intelligence for patient care: A systematic review. *International Nursing Review*. 2024 Nov 15;72(3):e13059. doi: 10.1111/inr.13059
- [8] Damen LJ, De Jong JD, Van Tuyl LHD, Korevaar JC. Citizens' perspectives on relocating healthcare. *PLOS ONE* 19(8): e0309382. doi.org/10.1371/journal.pone.0309382
- [9] Brabers AEM, De Jong JD. Nivel Consumentenpanel Gezondheidszorg. Nivel [cited 2025 Oct 23]. Available from: <https://www.nivel.nl/sites/default/files/bestanden/1004136.pdf>