

Exploring the Ethical Implications of AI in Public Health Research: A Comprehensive Analysis

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ABSTRACT

In November 2022, OpenAI launched ChatGPT, a groundbreaking AI language model designed to simulate human conversation through deep learning techniques. AI technologies like ChatGPT have demonstrated broad applicability in areas such as customer service, content creation, and language translation. Despite their transformative potential, ethical concerns have emerged, particularly within public health research. The COVID-19 pandemic saw AI's widespread use in accelerating research; however, it also contributed to a spike in retractions due to issues such as biased data and improper model validations. The rapid adoption of AI in public health raised questions about transparency, bias, and accountability, with several studies being retracted for unethical practices. The ethical challenges surrounding AI in public health research underscore the need for stronger oversight, accountability, and ethical frameworks to ensure its responsible use. This paper explores the ethical implications of AI in public health by analyzing retracted studies during the pandemic and highlights the importance of governance, workforce training, and public engagement in mitigating these risks. Addressing these challenges will be key to leveraging AI's potential while ensuring it upholds the integrity and reliability of scientific research.

1. Introduction

In November 2022, OpenAI launched ChatGPT, which is an AI language model specifically designed for conversation [1]. By using deep learning techniques, ChatGPT can generate responses that are remarkably similar to human language by analyzing natural language inputs [2]. Through thorough training using a diverse range of texts, ChatGPT has demonstrated its exceptional ability to understand and generate content on a wide array of topics [3]. Its versatility makes it suitable for customer service, content creation, and language translation applications [4] [5].

The widespread adoption of artificial intelligence techniques across numerous fields is due to their ability to enhance efficiency and augment human capabilities [6][7]. Recent research has shown that the integration of artificial intelligence has resulted in remarkable advancements in various sectors, such as healthcare, education (particularly in the field of natural language processing), autonomous drones and vehicles, e-commerce, AI-powered home applications, finance, and others[8].

However, the transition to AI-enabled research comes with ethical challenges [9]. Concerns have arisen regarding inadvertent plagiarism, excessive reliance on AI-generated content, and the potential dilution of original scholarly contributions [10]. These ethical dilemmas highlight the need for a careful examination of the merits and ethical imperatives of AI integration, especially in light of recent retractions caused by ethical lapses in AI utilization [11].

The transformative potential of AI in scientific writing is significant, as it provides streamlined drafting processes, insightful content suggestions, and improved clarity for nonnative English speakers[12]. However, realizing this potential requires researchers to navigate ethical considerations with unwavering diligence. AI deployment must align seamlessly with the principles of transparency, fairness, responsibility, and academic integrity[13]. This paper aims to explore the impact of AI on scientific writing by reviewing contemporary ethical paradigms and examining a case study of retracted scholarly work. Through this comprehensive analysis, we emphasize the importance of ethical frameworks in maintaining the credibility of scholarly endeavors facilitated by AI technologies.

AI in Public Health Research

The availability of new health-related data has grown significantly over the past 20 years, offering insights into social, behavioral, and environmental factors affecting health that were previously impossible. For instance, data from social media, search engines, forums, news outlets, and mobile apps provide a more detailed understanding of social health determinants compared to traditional sources. The rapid production of research during the pandemic, often supported by AI-driven analytics and methodologies, has been accompanied by an unprecedented number of retractions, as shown Figure 1, particularly for papers with methodological flaws, data fabrication, or ethical concerns.

AI played a significant role in speeding up the research process, but it also contributed to some ethical issues related to the quality and reliability of the research produced. Many COVID-19 papers were retracted due to the inability of AI tools to adequately filter out bias in datasets or account for inaccuracies in the information processed. A comprehensive review published in PLOS ONE found that a substantial portion of COVID-19 research retractions were due to unethical practices, including false data and duplicate publications[14][15].

Additionally, in 2023, there was an observed spike in the retraction of COVID-19-related systematic reviews and meta-analyses, with key issues being fake peer reviews and incorrect data analysisa concern exacerbated by the improper use of AI tools for research validation[14]. This highlights the critical ethical concern regarding the over-reliance on AI without proper human oversight, which can lead to the proliferation of flawed or misleading research in public health.

The most common reason for manuscript retractions in the dataset is related to data issues, including problems with data analysis, misuse of data, and falsified data. Other prevalent causes include plagiarism, issues with peer review processes, and failure to disclose conflicts of interest. Additionally, some manuscripts were retracted due to reused images, lack of proper randomization, and violations of ethical standards such as informed consent or Institutional Review Board (IRB) approvals.

Thus, the current status of COVID-19 paper retractions serves as a vital case study for understanding the broader ethical implications of AI in public health research. The AI-driven rush to publish, without adequate checks for accuracy and ethical standards, raises important questions about how to ensure that AI supports, rather than undermines, the integrity of scientific research.

These considerations are crucial for framing your analysis on the ethical implications of AI in public health research. By investigating these retractions, one can gain insight into the balance between innovation and responsibility in the use of AI for advancing scientific knowledge.

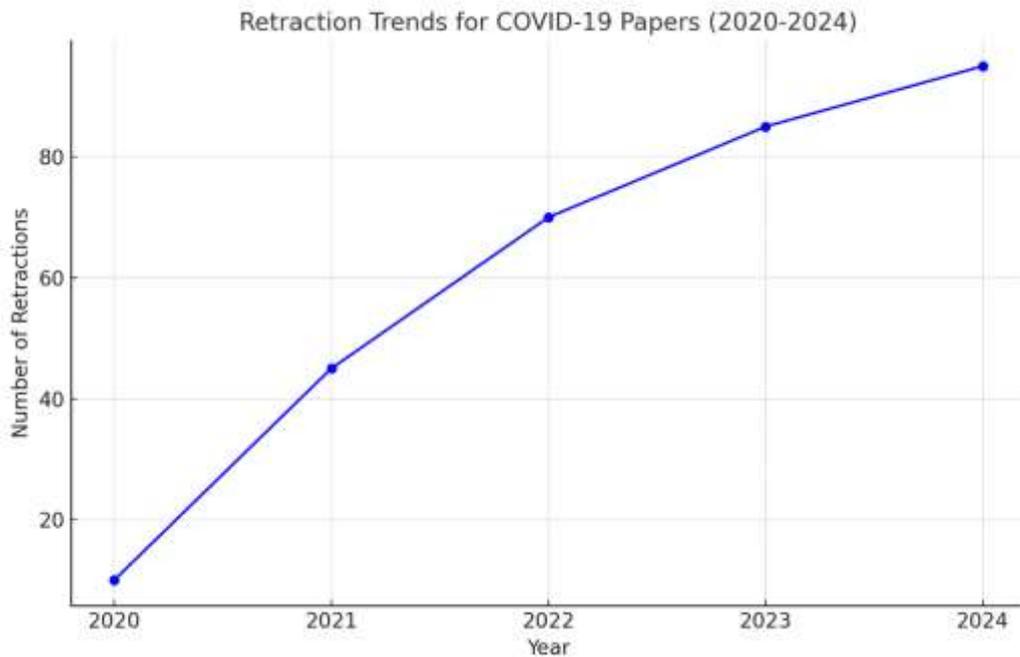


Figure 1: Retraction trends for Covid-19 papers (2020-2024)

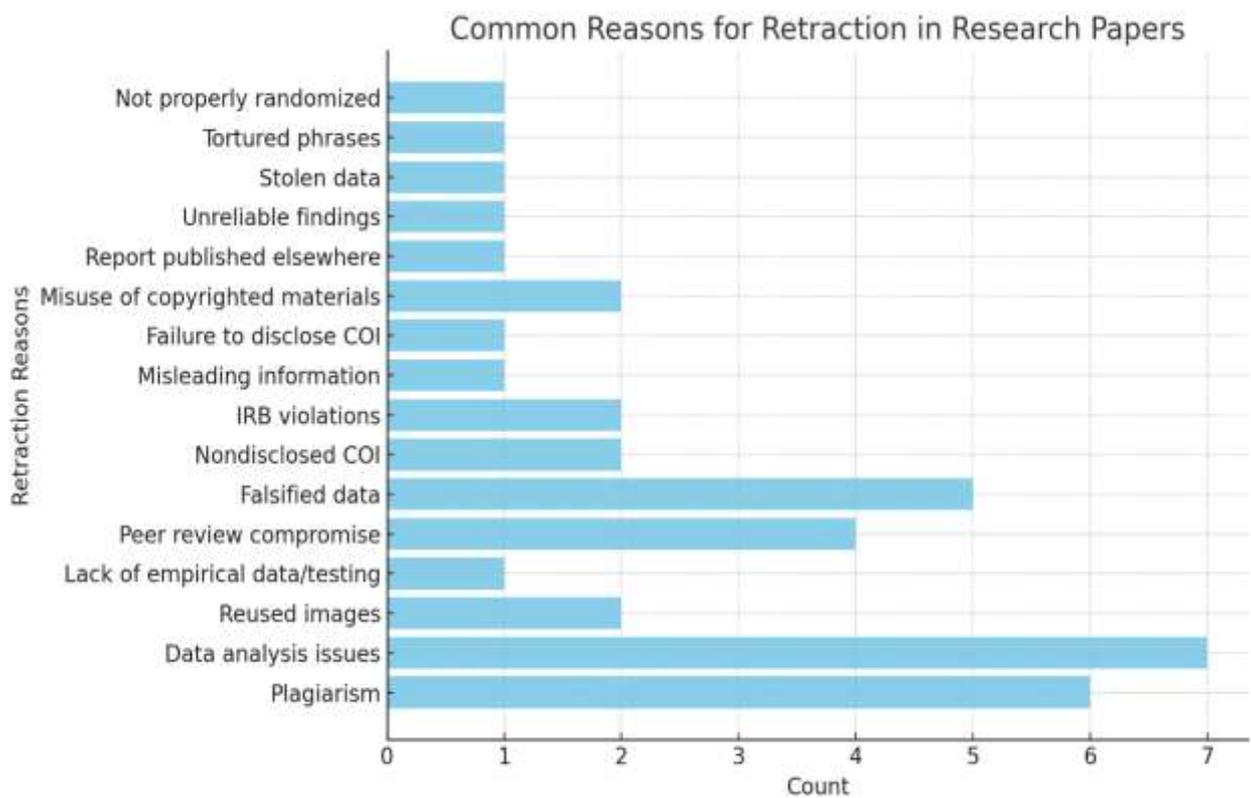


Figure 2: Common Reasons for Article Retraction Due to AI Misuse and Other Ethical Violations

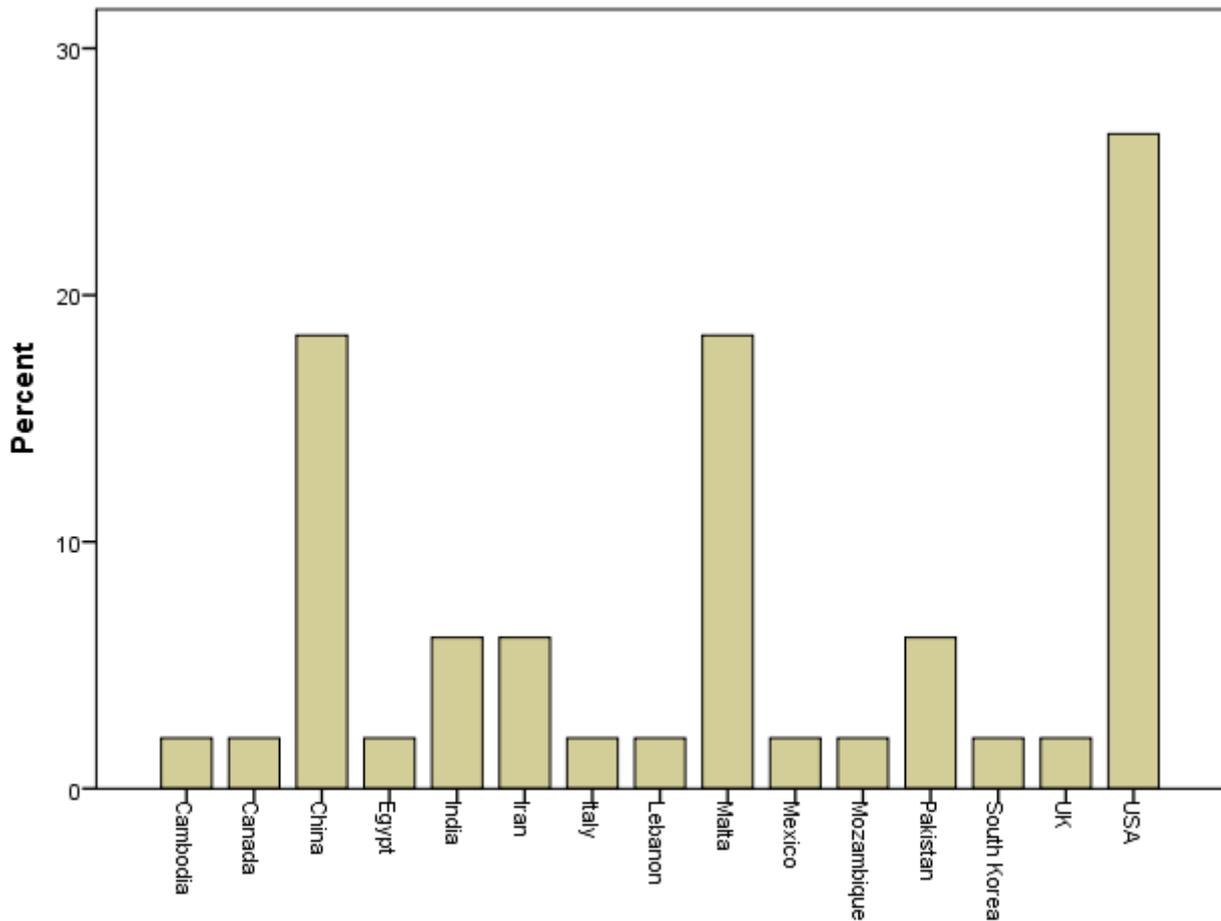


Figure 3: Distribution of Countries for Retracted COVID-19 Papers

Challenges of AI in Public Health Research

The ethical implications of AI in public health research have gained increasing attention, particularly with the rise of retracted articles during the COVID-19 pandemic [16]. AI's capabilities to rapidly process data and generate models were critical in the global response to COVID-19, but they also introduced significant challenges in terms of ethics, transparency, and accountability [17].

One of the key issues is the transparency of AI systems, particularly in machine learning models used for COVID-19 diagnosis and prediction. Many AI systems operate as "black boxes," where their decision-making processes are not fully understood even by their developers [18]. For example, during the pandemic, AI models used in analyzing radiographic images mistakenly flagged confounding factors such as a patient's positioning as key indicators for COVID-19 diagnosis. This error, rooted in the AI's inability to account for clinical realities, led to several retracted studies and raised questions about the validity of AI-generated findings [19].

Bias in AI models present another major ethical challenge [20]. AI systems rely on data to learn and make predictions, but if these datasets are incomplete or biased, the models will produce biased outcomes [21]. During the COVID-19 pandemic, many AI-driven studies used datasets that were not representative of the global population, often excluding marginalized groups. This led to biased conclusions, undermining the research and exacerbating health disparities [22]. In some cases, AI models performed poorly for underrepresented populations, perpetuating inequities in healthcare

delivery[23].

Moreover, the urgency of the pandemic led to inadequate ethical oversight in AI research [24]. In the rush to develop tools that could predict or manage COVID-19, many AI systems were implemented without thorough validation or ethical review [25]. This lack of scrutiny contributed to the publication of flawed research, much of which was later retracted. Ethical oversight is essential to ensure that AI models are both scientifically robust and ethically sound. Without such oversight, the risk of harm to patients and the broader public increases, as seen with some COVID-19 AI models.

Accountability is also a crucial concern, in AI-driven research, it can be difficult to determine who is responsible when an AI model produces erroneous or harmful results [26]. The retraction of AI-driven COVID-19 studies highlighted the challenges of establishing clear lines of accountability in AI research. This lack of accountability can erode public trust in AI and its applications in healthcare.

Another critical ethical issue involves the use of personal data[27]. AI systems require large datasets to function effectively, and during the pandemic, the need for data often outweighed concerns about privacy and informed consent. In some cases, AI models were trained on patient data without explicit consent, raising questions about the ethical use of such information[28]. The retracted studies also brought attention to the potential misuse of sensitive data, which could lead to privacy violations and undermine public confidence in AI systems[29].

In conclusion, while AI holds great promise for advancing public health research, the ethical challenges it presents especially as demonstrated by retracted COVID-19 articles must be carefully addressed [30]. These challenges include ensuring transparency in AI decision-making, preventing bias in data, improving ethical oversight, clarifying accountability, and protecting privacy. Moving forward, stronger ethical frameworks and more rigorous validation processes are needed to ensure that AI can be used responsibly and effectively in public health [31].

Opportunities

The use of Artificial Intelligence (AI) in public health research presents a range of promising opportunities. AI technologies can enhance data collection and analysis, enabling public health professionals to identify trends and make data-driven decisions with greater accuracy and speed[32]. AI-driven tools like predictive modeling and machine learning can improve disease surveillance by identifying patterns and predicting outbreaks before they escalate[33]. This proactive approach could significantly improve emergency preparedness and response, allowing for more timely interventions during health crises.

AI also has the potential to enhance health promotion efforts, and the tools that use natural language processing and sentiment analysis from social media platforms can provide real-time feedback on public sentiment regarding health issues, enabling more targeted and effective health campaigns[34]. This precision approach, sometimes referred to as "precision public health," allows interventions to be customized to the specific needs of populations or even individuals, thereby improving health outcomes [35].

AI can support the development of digital health assistants, as demonstrated by WHO's "Florence" for smoking cessation and COVID-19 misinformation management[36]. These tools are scalable and can be deployed to underserved populations, helping to bridge gaps in healthcare access, especially in low-resource settings.

Furthermore, AI's ability to process large datasets from diverse sources such as electronic health records, social media, environmental data, and mobile applications enables more comprehensive public health assessments [37]. This enhanced data integration can contribute to better decision-making in health policy and resource allocation, leading to more equitable health outcomes.

2. Conclusion and future scope

strategic actions that need to be taken. First, public health organizations must invest in modernizing

their data infrastructure, ensuring that data collection, storage, and analysis systems are capable of handling large volumes of complex data. This includes the integration of AI-driven platforms with existing health systems to allow seamless data sharing and real-time analysis.

Training and upskilling the workforce is also critical. Public health professionals need to develop competencies in AI and data science to understand, implement, and manage AI technologies effectively. Collaborative partnerships between public health institutions, AI experts, and educational institutions can support this skill development. Developing AI literacy across the workforce will also help mitigate concerns around trust, ethics, and transparency in AI applications.

Governance structures must also be strengthened to address ethical concerns associated with AI, such as bias, privacy, and equity. Clear guidelines for AI use in public health should be established, ensuring that the deployment of AI technologies is done in a way that protects individual rights and promotes fairness. Public health organizations should adopt frameworks that prioritize transparency, explainability, and accountability in AI systems, ensuring that AI tools are used responsibly and ethically.

Finally, public engagement is crucial. Public health organizations should work to involve communities in discussions about AI technologies, particularly in how their data is used and the implications of AI for their health and wellbeing. By fostering an inclusive approach, AI applications can be better tailored to the needs and values of diverse populations, ultimately leading to more equitable and effective public health outcomes.

This comprehensive approach will ensure that AI becomes a valuable tool for improving public health, while addressing the potential risks associated with its implementation.

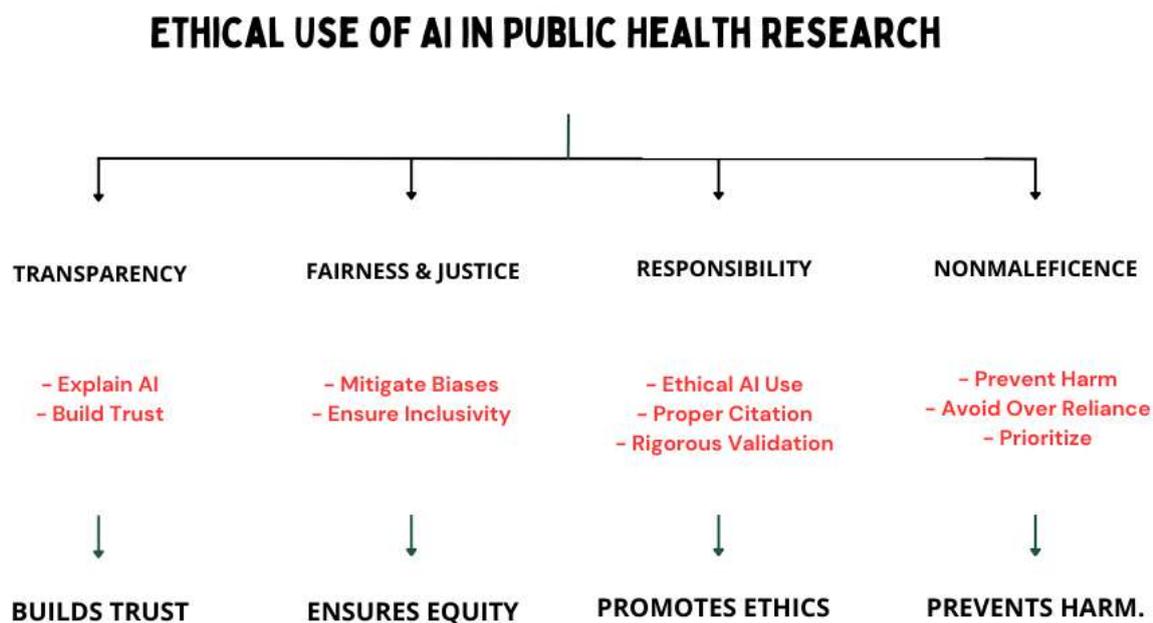


Figure 4: Framework for Ethical AI Use in Public Health Research

Reference

- [1] J. Li, A. Dada, B. Puladi, J. Kleesiek, and J. Egger, "ChatGPT in healthcare: A taxonomy and systematic review," *Comput. Methods Programs Biomed.*, vol. 245, no. June 2023, p. 108013, 2024, doi: 10.1016/j.cmpb.2024.108013.
- [2] V. Kumar, A. R. Ashraf, and W. Nadeem, "AI-powered marketing: What, where, and how?," *Int. J. Inf. Manage.*, vol. 77, no. March, p. 102783, 2024, doi: 10.1016/j.ijinfomgt.2024.102783.
- [3] M. Soliman, T. Fatnassi, I. Elgammal, and R. Figueiredo, "Exploring the Major Trends and Emerging Themes of Artificial Intelligence in the Scientific Leading Journals amidst the COVID-19 Era," *Big Data Cogn. Comput.*, vol. 7,

no. 1, 2023, doi: 10.3390/bdcc7010012.

- [4] G. Favara, M. Barchitta, A. Maugeri, R. Magnano San Lio, and A. Agodi, “The Research Interest in ChatGPT and Other Natural Language Processing Tools from a Public Health Perspective: A Bibliometric Analysis,” *Informatics*, vol. 11, no. 2, p. 13, 2024, doi: 10.3390/informatics11020013.
- [5] C. Chakraborty, S. Pal, M. Bhattacharya, S. Dash, and S. S. Lee, “Overview of Chatbots with special emphasis on artificial intelligence-enabled ChatGPT in medical science,” *Front. Artif. Intell.*, vol. 6, 2023, doi: 10.3389/frai.2023.1237704.
- [6] A. Bohr and K. Memarzadeh, *The rise of artificial intelligence in healthcare applications*, no. January. 2020. doi: 10.1016/B978-0-12-818438-7.00002-2.
- [7] S. Rawas, “AI: the future of humanity,” *Discov. Artif. Intell.*, vol. 4, no. 1, 2024, doi: 10.1007/s44163-024-00118-3.
- [8] V. D. Karalis, “The Integration of Artificial Intelligence into Clinical Practice,” *Appl. Biosci.*, vol. 3, no. 1, pp. 14–44, 2024, doi: 10.3390/applbiosci3010002.
- [9] B. C. Stahl and D. Eke, “The ethics of ChatGPT – Exploring the ethical issues of an emerging technology,” *Int. J. Inf. Manage.*, vol. 74, no. April 2023, p. 102700, 2024, doi: 10.1016/j.ijinfomgt.2023.102700.
- [10] J. Miao, C. Thongprayoon, S. Suppadungsook, O. A. Garcia Valencia, F. Qureshi, and W. Cheungpasitporn, “Ethical Dilemmas in Using AI for Academic Writing and an Example Framework for Peer Review in Nephrology Academia: A Narrative Review,” *Clin. Pract.*, vol. 14, no. 1, pp. 89–105, 2024, doi: 10.3390/clinpract14010008.
- [11] D. D. Farhud and S. Zokaei, “Ethical issues of artificial intelligence in medicine and healthcare,” *Iran. J. Public Health*, vol. 50, no. 11, pp. i–v, 2021, doi: 10.18502/ijph.v50i11.7600.
- [12] M. Khalifa and M. Albadawy, “Using artificial intelligence in academic writing and research: An essential productivity tool,” *Comput. Methods Programs Biomed. Updat.*, vol. 5, no. March, p. 100145, 2024, doi: 10.1016/j.cmpbup.2024.100145.
- [13] M. J. Drolet, E. Rose-Derouin, J. C. Leblanc, M. Ruest, and B. Williams-Jones, “Ethical Issues in Research: Perceptions of Researchers, Research Ethics Board Members and Research Ethics Experts,” *J. Acad. Ethics*, vol. 21, no. 2, pp. 269–292, 2023, doi: 10.1007/s10805-022-09455-3.
- [14] A. Shahraki-Mohammadi, L. Keikha, and R. Zahedi, “Investigate the relationship between the retraction reasons and the quality of methodology in non-Cochrane retracted systematic reviews: a systematic review,” *Syst. Rev.*, vol. 13, no. 1, pp. 1–9, 2024, doi: 10.1186/s13643-023-02439-3.
- [15] G. Frampton, L. Woods, and D. A. Scott, “Inconsistent and incomplete retraction of published research: A cross-sectional study on Covid-19 retractions and recommendations to mitigate risks for research, policy and practice,” *PLoS One*, vol. 16, no. 10 October, pp. 1–22, 2021, doi: 10.1371/journal.pone.0258935.
- [16] M. Anshari, M. Hamdan, N. Ahmad, E. Ali, and H. Haidi, “COVID-19, artificial intelligence, ethical challenges and policy implications,” *AI Soc.*, vol. 38, no. 2, pp. 707–720, 2023, doi: 10.1007/s00146-022-01471-6.
- [17] C. Lv et al., “Innovative applications of artificial intelligence during the COVID-19 pandemic,” *Infect. Med.*, vol. 3, no. 1, 2024, doi: 10.1016/j.imj.2024.100095.
- [18] C. Mennella, U. Maniscalco, G. De Pietro, and M. Esposito, “Ethical and regulatory challenges of AI technologies in healthcare: A narrative review,” *Heliyon*, vol. 10, no. 4, p. e26297, 2024, doi: 10.1016/j.heliyon.2024.e26297.
- [19] V. Hassija et al., “Interpreting Black-Box Models: A Review on Explainable Artificial Intelligence,” *Cognit. Comput.*, vol. 16, no. 1, pp. 45–74, 2024, doi: 10.1007/s12559-023-10179-8.
- [20] J. D. López-Cabrera, R. Orozco-Morales, J. A. Portal-Díaz, O. Lovelle-Enríquez, and M. Pérez-Díaz, “Current limitations to identify covid-19 using artificial intelligence with chest x-ray imaging (part ii). The shortcut learning problem,” *Health Technol. (Berl.)*, vol. 11, no. 6, pp. 1331–1345, 2021, doi: 10.1007/s12553-021-00609-8.
- [21] E. Ferrara, “Fairness and Bias in Artificial Intelligence: A Brief Survey of Sources, Impacts, and Mitigation Strategies,” *Sci*, vol. 6, no. 1, 2024, doi: 10.3390/sci6010003.
- [22] A. Aldoseri, K. N. Al-Khalifa, and A. M. Hamouda, “Re-Thinking Data Strategy and Integration for Artificial Intelligence: Concepts, Opportunities, and Challenges,” *Appl. Sci.*, vol. 13, no. 12, 2023, doi: 10.3390/app13127082.

- [23] E. Rössli, B. Rice, and T. Hernandez-Boussard, “Bias at warp speed: how AI may contribute to the disparities gap in the time of COVID-19,” *J. Am. Med. Informatics Assoc.*, vol. 28, no. 1, pp. 190–192, 2021, doi: 10.1093/jamia/ocaa210.
- [24] B. L. Green, A. Murphy, and E. Robinson, “Accelerating health disparities research with artificial intelligence,” *Front. Digit. Heal.*, vol. 6, no. January, pp. 1–4, 2024, doi: 10.3389/fgth.2024.1330160.
- [25] S. Bouhouita-Guermech, P. Gogognon, and J. C. Bélisle-Pipon, “Specific challenges posed by artificial intelligence in research ethics,” *Front. Artif. Intell.*, vol. 6, 2023, doi: 10.3389/frai.2023.1149082.
- [26] J. Chen and K. C. See, “Artificial Intelligence for COVID-19: Rapid Review.,” *J. Med. Internet Res.*, vol. 22, no. 10, p. e21476, Oct. 2020, doi: 10.2196/21476.
- [27] M. Bekbolatova, J. Mayer, C. W. Ong, and M. Toma, “Transformative Potential of AI in Healthcare: Definitions, Applications, and Navigating the Ethical Landscape and Public Perspectives,” *Healthc.*, vol. 12, no. 2, 2024, doi: 10.3390/healthcare12020125.
- [28] A. Choudhury and O. Asan, “Impact of accountability, training, and human factors on the use of artificial intelligence in healthcare: Exploring the perceptions of healthcare practitioners in the US,” *Hum. Factors Healthc.*, vol. 2, no. January, 2022, doi: 10.1016/j.hfh.2022.100021.
- [29] Z. Syed, F. Syed, L. Thabane, and M. Rodrigues, “COVID-19 retracted publications on retraction watch: A systematic survey of their pre-prints and citations,” *Heliyon*, vol. 9, no. 4, p. e15184, 2023, doi: 10.1016/j.heliyon.2023.e15184.
- [30] A. Braunack-Mayer, L. Carolan, J. Street, T. Ha, B. Fabrianesi, and S. Carter, “Ethical issues in big data: A qualitative study comparing responses in the health and higher education sectors,” *PLoS One*, vol. 18, no. 4 April, pp. 1–16, 2023, doi: 10.1371/journal.pone.0282285.
- [31] A. C. Timmons et al., “A Call to Action on Assessing and Mitigating Bias in Artificial Intelligence Applications for Mental Health,” *Perspect. Psychol. Sci.*, vol. 18, no. 5, pp. 1062–1096, 2023, doi: 10.1177/17456916221134490.
- [32] D. B. Olawade, O. J. Wada, A. C. David-Olawade, E. Kunonga, O. Abaire, and J. Ling, “Using artificial intelligence to improve public health: a narrative review,” *Front. Public Heal.*, vol. 11, no. October, pp. 1–9, 2023, doi: 10.3389/fpubh.2023.1196397.
- [33] S. C. Parija and A. Poddar, “Artificial intelligence in parasitic disease control: A paradigm shift in health care,” *Trop. Parasitol.*, vol. 14, no. 1, pp. 2–7, 2024, doi: 10.4103/tp.tp_66_23.
- [34] T. Saheb, M. Sidaoui, and B. Schmarzo, “Convergence of artificial intelligence with social media: A bibliometric & qualitative analysis,” *Telemat. Informatics Reports*, vol. 14, no. May, p. 100146, 2024, doi: 10.1016/j.teler.2024.100146.
- [35] M. J. Khoury, M. F. Iademarco, and W. T. Riley, “Precision Public Health for the Era of Precision Medicine,” *Am. J. Prev. Med.*, vol. 50, no. 3, pp. 398–401, 2016, doi: 10.1016/j.amepre.2015.08.031.
- [36] S. Fisher and L. C. Rosella, “Priorities for successful use of artificial intelligence by public health organizations: a literature review,” *BMC Public Health*, vol. 22, no. 1, pp. 1–14, 2022, doi: 10.1186/s12889-022-14422-z.
- [37] A. Salam and N. Abhinesh, “Revolutionizing dermatology: The role of artificial intelligence in clinical practice,” *IP Indian J. Clin. Exp. Dermatology*, vol. 10, no. 2, pp. 107–112, 2024, doi: 10.18231/j.ijced.2024.021..