

A Clinician First

AI Decision Support Charter

Preamble

This organization recognizes that artificial intelligence clinical decision support systems create both opportunities and risks for patient care. We adopt this Charter to establish governance principles that protect clinical judgment, distribute accountability appropriately, and ensure that AI serves rather than supplants the clinician-patient relationship.

Article I: Decision Rights

- i. Clinical decisions remain the responsibility and authority of licensed healthcare professionals. AI systems provide recommendations; clinicians make decisions.
- ii. No AI recommendation shall automatically trigger clinical action without human evaluation and authorization.
- iii. Clinicians retain the authority to override, modify, or reject AI recommendations based on professional judgment without penalty or adverse employment action.

Article II: Override Protection

- i. Override of AI recommendations based on clinical judgment is a legitimate exercise of professional authority.
- ii. Documentation requirements for override shall not exceed documentation requirements for other clinical decisions of comparable significance.

- iii. Performance evaluations shall not penalize clinicians for override rates or create incentives favoring algorithmic compliance over clinical judgment.
- iv. Override data shall be used for organizational learning, not individual discipline, except in cases of demonstrated negligence or misconduct.

Article III: Documentation and Transparency

- i. Clinicians shall document clinical reasoning when their judgment differs from AI recommendations, preserving the epistemic contribution of professional expertise.
- ii. AI-generated recommendations shall be clearly identified in clinical documentation, distinguishing algorithmic output from clinical assessment.
- iii. Patients shall be informed when AI systems significantly influence recommendations about their care and shall have the right to request a human-only evaluation.

Article IV: Stop Rules and Escalation

- i. Each clinical AI system shall have documented stop rules specifying conditions under which recommendations should be rejected regardless of statistical confidence.
- ii. Escalation pathways shall be established for situations where AI recommendations raise safety concerns exceeding individual clinician authority.
- iii. Clinicians shall not be required to follow AI recommendations that conflict with patient values, informed consent, or professional ethics.

Article V: Accountability

- i. Accountability for AI-influenced clinical decisions shall be distributed among developers, the organization, and clinicians according to their respective contributions and control.
- ii. Clinicians shall not bear sole liability for algorithmic failures they could not have reasonably anticipated or evaluated.
- iii. The organization shall maintain appropriate insurance coverage for AI-related clinical risks and shall clarify coverage with carriers in writing.
- iv. Vendor contracts shall include provisions for shared accountability and indemnification for algorithmic failures.

Article VI: Competence Maintenance

- i. The organization shall provide training on critical evaluation of AI recommendations as a component of clinical competence.
- ii. Practice environments shall maintain opportunities for independent clinical judgment to prevent skill erosion through automation dependency.
- iii. Medical education programs shall include simulation of AI failures to prepare trainees for situations where algorithmic support is unavailable or unreliable.

Article VII: Continuous Improvement

- i. Override data shall be analyzed to identify patterns of clinician-algorithm disagreement and improve system performance.
- ii. This Charter shall be reviewed annually and updated to address emerging challenges in clinical AI governance.
- iii. Clinician feedback on AI system performance shall be systematically collected and addressed.