ETHICS · PRIVACY · GOVERNANCE

The Oath Meets the Machine

Ethics, Privacy and Institutional Governance

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YOU HAVE ALREADY TAKEN THE OATH

Confidentiality.

Consent.

First, do no harm.

AI does not change the duty. It makes it easier to break.

“I’m fine, doctor.”

Now imagine his file pasted into a **free public chatbot.**

Whose server? Which country? Seen by whom? Kept for how long?

Removing the name is not enough

~~Name~~

NIN

Health insurance no.

Hospital number

Phone number

Face in a scan

Voice

Only the expert knows what still points to the patient.

Three facts can name a person

87%

of Americans could be uniquely identified by just three details:

- **Address**
- **Date of birth**
- **Sex**

Latanya Sweeney, Carnegie Mellon University, 2000

Code people. Don’t name them.



This starts with how we keep records: digitised, coded, locked.

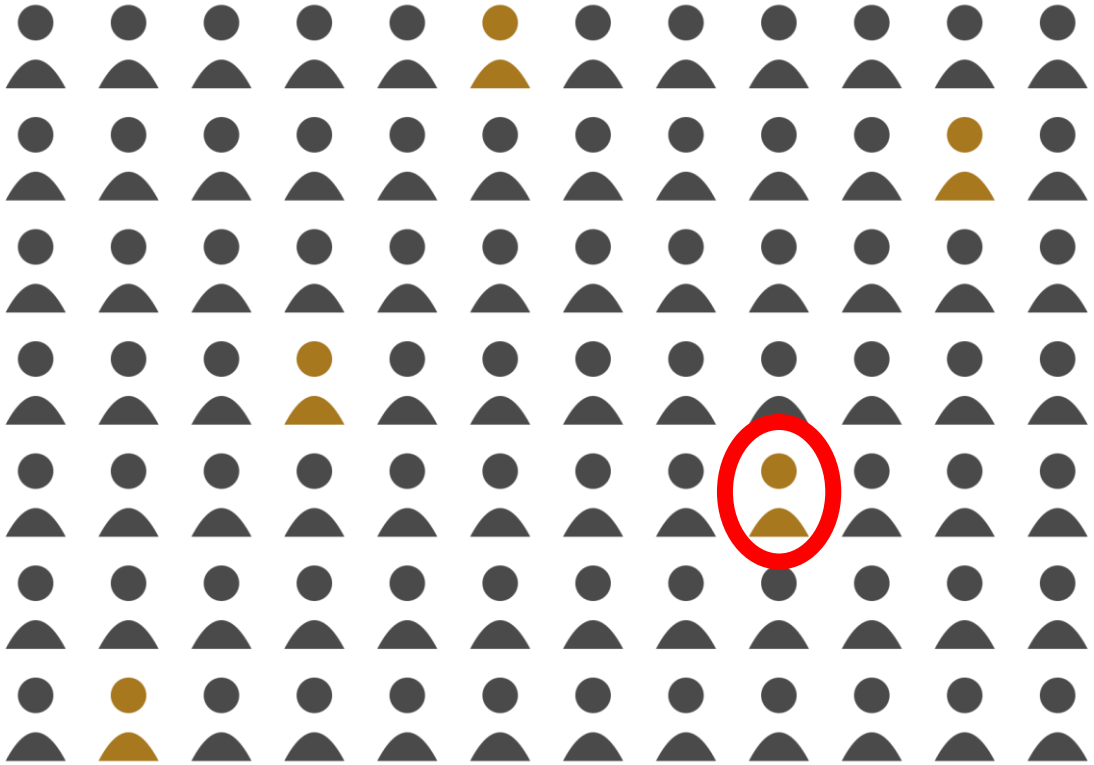
Your voice is a fingerprint



- Where is the recording kept?
- For how long, and by whom?
- Will the patient still speak freely?

AI scribes now listen to the consultation.

People see your training data



- Data annotators label, sort and check it
- Millions worldwide, paid per task
- Strangers can see what you sent

A machine does not gossip. A person might.

There is no un-send

Delete the chat

Removed from the provider over the following weeks

Turn off training

Future chats are not used to train

Already trained?

It cannot be taken back out

“Machine unlearning” is research, not a guarantee.

Already pasted patient data?

1. Delete those chats today
2. Switch off model training
3. Move to an institutional account
4. Never again with identifiers

CONSENT

The patient consented to a human. Not to an algorithm.

- AI is the assistant, never the doctor
- The human signs. The human is responsible.

For the practitioner, not the patient

The patient

May read for private research. Never as authority. Always back to the doctor.

The symptom

Is never just words. Diagnosis needs the examination and the laboratory.

When AI does the test, prove it



Malaria from a blood-smear photo

Validated on our slides, our parasites, our microscopes?



Blood pressure from a pattern

What makes it fail, and would anyone notice?



No human in the loop

A silent error repeats on every patient

Vet every medical AI before adoption



Consultation scribes



Symptom and treatment advisers



ECG, X-ray and mammogram readers

Ask first

- Tested on our population?
- Where does the data go?
- Who is accountable?
- Can we audit it?

Where does your data sleep?



Sovereign storage

Data held where our laws and our rules apply



Encryption everywhere

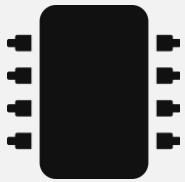
At rest and in transit, useless in the wrong hands



The law is already here

Nigeria Data Protection Act 2023: health and biometric data are sensitive

Compute is scarce. Be clever.



Edge AI

TinyML runs small models on cheap devices, offline



Transfer learning

Start from a pre-trained model, teach it our data



Offline models

Open-weight models run on our own servers

BUILD AND OWN

Off-the-shelf rents intelligence. Building owns it.

- Employ machine-learning developers
- Own the data pipelines and the models
- Govern the ethics locally

Two red lines

1 **No identifiable patient data in public AI.**

Not once. Not urgently. Ever.

2 **The human signs, and the human is responsible.**

AI advises. It never prescribes.

Four working rules

Approved tools

Institutional subscriptions, not whatever is free

Disclosure

Say when AI was used, in research and teaching

Competence first

Trained on the limits before real work

A living policy

A committee that reviews it every six months

Record everything. Learn locally.

What we thought

What AI thought

What happened



Our own evidence of where AI helps, and where it does not.

Applicability. Appropriateness. Suitability.

Who owns it?

- **The patient's data?**
- **The model trained on it?**
- **The knowledge it produces?**

Settle it before the project, not after the dispute.

PRIVACY IS NOT THE ENEMY OF SCIENCE

Honour the people who volunteer to be studied.

- Full, informed consent
- A whole life linked: treatments, habits, outcomes
- A community that helps science grow

Relate. Rely. Respond.

Protect.

Protect the patient. Protect the student. Protect the name of this institution.

Now, let us write our guidelines.

Two red lines. Four working rules. Your decision this afternoon.

Thank you.

Dr Olusola Ayoola · Robotics and Artificial Intelligence Nigeria (RAIN)