Health care in the metaverse

To The Editor: The metaverse is a virtual environment merging physical and digital realities.¹ Once the thing of movies, metaverses are tipped to be worth \$800 billion by 2024.² They have potential to revolutionise digital health care delivery, access, education, and patient outcomes.³ Artificial intelligence (AI)-enabled health care, with metaverse enhancement, could create virtual hospitals,⁴ transform clinical workflows and accelerate the diagnosis and treatment of conditions relating to mental health,⁵ cardiology,^{6,7} ophthalmology,⁸ and oral health,⁹ for example.

AI-enabled technology demonstrated potential during the pandemic by predicting the incidence of coronavirus disease 2019 (COVID-19)¹⁰ and helping to identify sites for vaccine trials.¹¹ Yet in the absence of strong national and global health governance and accountability mechanisms, digital health ecosystems create risk for medical confidentiality and privacy breaches¹² resulting in data sharing¹³ and use/reuse by corporations or governments outside its intended purpose and the bounds of patient consent.¹⁴ For example, a National Health Service (NHS) Foundation Trust in the United Kingdom established patient data sharing with the international technology company DeepMind to develop machine learning-based management tools,¹⁵ but British patient data moved to the United States when Google acquired DeepMind.¹⁴ Repurposing health-related biometric and genomic data that cannot be altered is similarly concerning, and can result in racial profiling¹⁶ and privacy violations in the absence of appropriate legislation.

Metaverses also have potential to accelerate discriminatory practices. Bias may be embedded in data used to train AI models through lack of community representation or participation.¹⁷ Structural inequalities may be reflected in health care datasets, creating risk for discriminatory outcomes.¹⁸ For instance, racial bias in a health care therapy algorithm resulted in the discriminatory underestimation of health risk for millions of American citizens, precluding access to vital treatments.¹⁹

Prioritising protections for underserved populations and their right to access safe virtual health care is crucial,²⁰ especially for Australians at the intersection of inequities driven by poverty, disability, gender, homelessness, Indigeneity, and for the 11% highly excluded from accessing digital technologies.²¹ We recommend that the Department of Health and the Australian Digital Health Agency partner with the Australian eSafety Commissioner's work examining metaverse deployment,² to ensure the highest ethical standards are upheld as planning moves forward and regulatory frameworks are developed.

Caitlin Curtis^{1,2} Claire E Brolan^{1,2}

1 Centre for Policy Futures, University of Queensland, Brisbane, QLD.

2 University of Queensland, Brisbane, QLD.

c.curtis@uq.edu.au

Open access: Open access publishing facilitated by The University of Queensland, as part of the Wiley - The University of Queensland agreement via the Council of Australian University Librarians.

Competing interests: No relevant disclosures.

doi: 10.5694/mja2.51793.

© 2022 The Authors. *Medical Journal of Australia* published by John Wiley & Sons Australia, Ltd on behalf of AMPCo Pty Ltd.

This is an open access article under the terms of the Creative Commons Attribution-NonCommercial License, which permits use, distribution and reproduction in any medium, provided the original work is properly cited and is not used for commercial purposes.

- 1 Lee LH, Braud T, Zhou P, et al. All one needs to know about metaverse: a complete survey on technological singularity, virtual ecosystem, and research agenda [website]. arXiv [cs.CY], 2021. http://arxiv.org/abs/2110.05352 (viewed Aug 2022).
- 2 eSafety Commissioner. Will the peril outweigh the promise of the Metaverse? [website]. https://www.esafety.gov.au/newsroom/blogs/ will-peril-outweigh-promise-metaverse (viewed Aug 2022).
- 3 Chen D, Zhang R. Exploring research trends of emerging technologies in health metaverse: A bibliometric analysis. SSRN Journal 2022; https://doi.org/10.2139/ssrn.3998068.
- 4 Marr B. The amazing possibilities of healthcare in the metaverse. *Forbes* 2022; 23 Feb. https://www.forbes.com/sites/bernardmar r/2022/02/23/the-amazing-possibilities-of-healt hcare-in-the-metaverse/?sh=3127d1d19e5c (viewed Aug 2022).
- 5 Usmani SS, Sharath M, Mehendale M. Future of mental health in the metaverse. *Gen Psych* 2022; 35: e100825.

- 6 Mesko B. The promise of the metaverse in cardiovascular health. *Eur Heart* J 2022; 43: 2647-2649.
- 7 Skalidis I, Muller O, Fournier S. CardioVerse: the cardiovascular medicine in the era of metaverse. *Trends Cardiovasc Med* 2022; https://doi.org/ 10.1016/j.tcm.2022.05.004 [Epub ahead of print].
- 8 Tan TF, Li Y, Lim JS, et al. Metaverse and virtual health care in ophthalmology: opportunities and challenges. *Asia Pac J Ophthalmol (Phila)* 2022; 11: 237-246.
- 9 Albujeer A, Khoshnevisan M. Metaverse and oral health promotion. *Br Dent* / 2022; 232: 587.
- 10 McCormick J. How AI spotted and tracked the coronavirus outbreak. Wall Street Journal 2020; 6 Feb. https://www.wsj.com/articles/how-aispotted-and-tracked-the-coronavirus-outbr eak-11580985001 (viewed Aug 2022).
- 11 Castellanos S. How AI played a role in Pfizer's COVID-19 vaccine rollout. *Wall Street Journal* 2021; 1 Apr. https://www.wsj.com/articles/ how-ai-played-a-role-in-pfizers-covid-19-vacci ne-rollout-11617313126 (viewed Aug 2022).
- 12 Murdoch B. Privacy and artificial intelligence: challenges for protecting health information in a new era. *BMC Med Ethics* 2021; 22: 122.
- 13 Oxford E. Hundreds of patient data breaches are left unpunished. *BMJ* 2022; 377: o1126.
- 14 Vincent J. Privacy advocates sound the alarm after Google grabs DeepMind UK health app. *The Verge* 2018; 14 Nov. https://www.theve rge.com/2018/11/14/18094874/google-deepm ind-health-app-privacy-concerns-uk-nhs-medic al-data (viewed Aug 2022).
- **15** lacobucci G. Patient data were shared with Google on an "inappropriate legal basis," says NHS data guardian. *BMJ* 2017; 357: j2439.
- 16 Hvistendahl M. Mass resignations at scientific journal over ethically fraught China genetics papers. *The Intercept* 2021; 5 Aug. https://thein tercept.com/2021/08/04/dna-profiling-foren sic-genetics-journal-resignations-china/ (viewed Aug 2022).
- 17 Ibrahim H, Liu X, Zariffa N, Morris AD, Denniston AK. Health data poverty: an assailable barrier to equitable digital health care. *Lancet Digit Health* 2021; 3: e260-e265.
- 18 Leslie D, Mazumder A, Peppin A, et al. Does "AI" stand for augmenting inequality in the era of COVID-19 healthcare? *BMJ* 2021; 372: n304.
- 19 Obermeyer Z, Powers B, Vogeli C, Mullainathan S. Dissecting racial bias in an algorithm used to manage the health of populations. *Science* 2019; 366: 447-453.
- **20** Beaunoyer E, Dupéré S, Guitton MJ. COVID-19 and digital inequalities: reciprocal impacts and mitigation strategies. *Comput Human Behav* 2020; 111: 106424.
- 21 Thomas J, Barraket J, Parkinson S, et al. Australian Digital Inclusion Index: 2021 [website]. Melbourne: RMIT, Swinburne University of Technology, and Telstra; 2021. https://doi.org/10.25916/phgw-b725 (viewed Aug 2022).