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Literature Review

How a Classic Psychological Study Contributed to the Understanding of Graphic Evidence and Juror Decision-Making in Criminal Trials

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Abstract

This literature review examines the impact of graphic photographic evidence on juror decision-making, tracing the development of empirical research from early civil-trial studies to Douglas et al.'s (1997) seminal criminal-trial experiment. While early work suggested that vivid images bias judgments through emotional arousal, these studies lacked ecological validity and focused on civil contexts. Douglas et al. provided the first robust evidence that gruesome photographs significantly increase guilty verdicts in criminal trials and demonstrated that negative emotional responses predict harsher judgments. Subsequent research has refined this understanding, highlighting boundary conditions such as the severity of penalties, the amplifying effect of emotional testimony, and cultural differences in attitudes toward punishment. The review finds strong evidence that graphic evidence can create prejudicial effects, influencing current judicial caution. It also highlights the need for future research to develop structured tools for assessing evidentiary bias within the U.S. Criminal Justice System.

Keywords: graphic evidence, gruesome imagery, juror decision-making, criminal trials, vivid information, emotional arousal

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Introduction

In 1859, photographic evidence was first recorded in the United States (U.S.), and since then, its role in the courtroom has become pivotal (Reis, 2001). To be used as evidence, U.S. law requires that photographs be shown to be relevant by demonstrating that their use makes an aspect of the case more or less probable (Ogloff, 1990). Once relevance is ascertained, a judge must decide whether this relevance outweighs the potential biasing effect on the jury (Nemeth, 2002). Historically, there has been controversy over the use of gruesome photographs as evidence; attorneys have often called for their dismissal, arguing they are inflammatory, emotionally disturbing and create bias (Edwards, 2014). However, this argument has frequently failed in U.S. criminal cases, as the justice system has generally held that photographic evidence rarely, if ever, contributes to jury bias (Fagan, 1993; *Futch v. Dugger*, 1989; *State v. Hall*, 1970; *State v. Mohr*, 1970). This belief lacks empirical support, leading judges to rely solely on intuition and their own biases when making decisions about a possible evidence-prejudice effect (Bandes & Salerno, 2015; Cox & Tanford, 1989). Recognising this issue in 1997, Douglas, Lyon and Ogloff sought to address this knowledge gap, investigating the impact of graphic photographic evidence in criminal trials, and fundamentally shifting legal practices and psychological understanding within the U.S.

Prior Research

Of the little research that had explored photographic evidence in relation to jury effect in the U.S., the emphasis was on civil cases, specifically personal injury lawsuits. Oliver and Griffitt (1976) were the earliest to investigate. The pair examined how photographic evidence of a victim's injuries influenced mock jurors' monetary awards in a personal injury case. 48 participants, all of whom were U.S. citizens, reviewed a case summary of an employee injured by faulty equipment: half saw photos of the injury. Those who viewed the images awarded significantly more to the employee than those who did not. Oliver and Griffitt determined that graphic photos biased the jury through emotional arousal, meaning the images were assumed to activate affect-laden associations that could unconsciously prime jurors toward harsher evaluations of the defendant. However, no measures of participants' emotional responses were taken, casting doubt on this claim.

Conducting a similar experiment, Whalen and Blanchard (1982) explored how graphic photographs affect mock jurors' monetary awards in a personal injury case involving a boy injured while trespassing in an abandoned building. 144 female U.S.-based undergraduates saw case files with no pictures, colour photos, or black-and-white images of the boy's injuries. They were informed that the boy either sustained life-altering injuries or recovered quickly, and the case files varied in blame attributed to the building owner. Whalen and Blanchard found that participants who viewed colour

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photographs were more likely to award larger sums, particularly when the injuries were severe, and the owner was viewed as primarily responsible. As in Oliver and Griffitt's study, Whalen and Blanchard concluded that they observed a bias effect formed from emotional arousal. Both papers showed how graphic photographs can bias jurors' decisions and emphasised the significant role of emotion; however, their artificial settings provided jurors with scenarios unlike those in actual U.S. trials, and each focused on civil trials. It is likely that criminal trials, typically having harsher consequences and higher stakes, would heighten the impact of emotional arousal (Leeman, 2022).

Kassin and Garfield (1991) conducted the first study to explore the effect of video evidence on jury bias in a criminal trial. It involved 48 U.S. citizen participants who read a murder trial transcript and viewed either a relevant, non-relevant, or no video. They completed a juror bias scale to measure possible influence on decisions beyond the given evidence (Kassin & Wrightsman, 1983), read a trial transcript of a fatal stabbing, and completed a verdict questionnaire. Results showed that those who watched the videotape found the crime more graphic than those who did not, but there was no significant impact on verdicts between groups. Kassin and Garfield noted that the unexpected lack of guilty verdicts was likely due to insufficient evidence against the accused, not an absence of bias. The authors emphasised that their findings indicate that graphic evidence creates biasing effects that raise concerns for U.S. courtrooms.

The studies mentioned, which served as a foundation for Douglas et al.'s (1997) classic study, highlighted that graphic photographic evidence affects juror bias and cited emotional arousal as the cause. However, more evidence was required, specifically in a criminal trial, to further support this theory. Douglas et al. were the first to examine the impact of graphic photographs as evidence on jury decision-making in a mock criminal trial and measure the emotional impact involved.

The Study

Grounded in the psychological theory that vivid, emotionally charged information is more impactful (Bell & Loftus, 1985; Shedler & Manis, 1986), Douglas et al. (1997) conducted a seminal study exploring the effect of graphic photographic evidence on jury decision-making in criminal trials. Using a mock trial design, 120 U.S.-based psychology students ($M_{age} = 21.07$, $SD = 4.28$) were randomly assigned to one of three study conditions and provided with a detailed murder trial transcript. The three conditions comprised either colour photographs, black-and-white photographs, or no graphic images of the murder victim. After reading the transcripts, participants completed a verdict questionnaire; possible verdicts included not guilty, guilty of first-degree murder, second-degree murder, or manslaughter, all of which had been explained in the judicial instructions given within the trial transcript. Participants were asked to indicate their belief about the accused's guilt level on a scale of 1 to 10 and to complete

Northumbria Student Academic Journal
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a jury bias scale. Finally, participants completed questionnaires regarding their emotional reactions to viewing the gruesome images, evaluated their perceptions of their ability to remain unbiased by the pictures, and answered whether they believed photographic evidence was important in a criminal case.

Results showed that the proportion of guilty verdicts in the colour (57.5%) and black-and-white (50%) conditions was double that in the no graphic image condition, proving the impact of graphic evidence on juror bias. A regression analysis further confirmed the role of emotional arousal by examining whether emotional reactions to trial evidence could predict guilty verdicts. The findings indicated that the more participants reported feeling 'negative' emotional responses, such as anger or disgust (Jovanović, 2024), the more likely they were to return a guilty verdict. Douglas et al. surmised, much like their predecessors, that the bias seen in their research was caused by emotional arousal elicited by the graphic photographic evidence, which influenced the jurors' perception of the crime's severity and the accused's level of guilt, resulting in a biased effect that led to a higher proportion of guilty verdicts among groups exposed to the graphic photographs. The study provided clear evidence that graphic photographic evidence does bias juror decision-making, challenging prevailing legal assumptions in the U.S. criminal justice system.

Douglas et al. employed a controlled experimental setup; however, the sample consisted exclusively of psychology students, raising questions about the representation and generalisability of the results. Additionally, a mock trial setting is unlikely to capture all the complexities of an actual courtroom; for instance, this study measured jurors' individual verdicts, whereas in an actual U.S. courtroom, jurors converge to reach a group verdict (Leeman, 2022). It is also possible that a mock trial does not evoke the same emotional response as an actual trial, which, given that emotional impact is a key aspect of Douglas et al.'s findings, is crucial for understanding real-world implications. That said, the procedure was well-documented, enabling replication of the study and providing an excellent starting point for further research in the area. Douglas et al.'s study was pivotal in empirically demonstrating the link between graphic photographic evidence and prejudiced juror decision-making, highlighting a vital issue in the administration of justice in U.S. courts.

Impact and Legacy

Douglas et al.'s (1997) study demonstrated the closure of an important knowledge gap within the legal-psychological realm. Not only did the research confirm previous studies' findings on the relationship between graphic photographic evidence and juror bias (Oliver & Griffitt, 1976; Whalen & Blanchard, 1982), but it also confirmed that the bias stemmed from jurors' emotional arousal upon viewing such gruesome evidence.

Northumbria Student Academic Journal
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ISSN: 3033-4217

Expanding on the theory that vivid information triggers emotional arousal and leads to bias, Nemeth (2002) sought to replicate Douglas et al.'s (1997) findings and further investigate the underlying mechanisms of emotional arousal. However, Nemeth was unable to reproduce the bias effect on jurors. The difference between the materials employed in the two studies is a probable cause for this discrepancy; Douglas et al. presented jurors with choices ranging from first-degree to manslaughter charges, whereas Nemeth offered jurors a choice between not guilty and the death penalty. This introduces a new perspective on research: graphic photos may influence jury bias, but only to a certain extent, depending on the severity of the outcome.

Matsuo and Itoh (2016) developed upon the theory by further researching the influence of emotional arousal's biasing effect by observing how the effect of graphic images correlated with emotional testimony. Matsuo and Itoh found that combining emotional testimony and graphic photographic evidence significantly affected the rendering of guilty verdicts, increasing by 10% when both emotional testimony and gruesome photographs were presented; 33% of participants who rendered a guilty verdict chose the death penalty. This research further corroborated the findings of Douglas et al. and refined our understanding of the threshold at which bias emerges.

While graphic images alone did not shift jurors toward endorsing the death penalty (Nemeth, 2002), the combination of vivid photographs and emotionally charged testimony did, suggesting that multiple affective cues may be necessary to elicit a measurable prejudicial effect. However, cultural context must also be considered. Unlike previous studies, which exclusively recruited U.S. participants, Matsuo and Itoh's sample consisted of Japanese citizens. Japan operates under a justice system that does not employ juries as in the U.S., and capital punishment enjoys comparatively broad public support (British Embassy Tokyo, 2014). These structural and attitudinal differences raise the possibility that the observed shift in verdicts reflects culturally shaped norms around punishment rather than a universal psychological response to graphic evidence.

The accumulation of research on the topic, beginning with the paper by Douglas et al. (1997), heightened awareness of unfair prejudice in the courtroom. In 2017, Goodrich commented on the growing use of images in judicial decisions and urged the need for greater understanding in this field. This led to a meta-analysis conducted by Grady et al. in 2018. The analysis confirmed a significant effect of gruesome photographs on increasing juror convictions, indicating that across all studies, participants who encountered such photographs were more likely to reach a guilty verdict against the accused. The assembly of research provided judges with a deeper understanding of the biased effects that graphic photographs may have, allowing them to make more informed decisions regarding the admission of evidence. Douglas et al. have been cited in many legal arguments and decisions in the following years (Feigenson, 2009; Walton & Macagno, 2023) and in 2023, Goodrich commented on a

Northumbria Student Academic Journal
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ISSN: 3033-4217

significant change in pattern: since the classic study conducted by Douglas et al., judges have become increasingly cautious about admitting graphic images as evidence, balancing their newfound understanding of bias with the relevance of such photographic evidence. This can be seen in numerous case laws, such as *Commonwealth v. Woodard* (2015), *People v. Smith* (2001) *People v. Stevens* (2025) *and State v. Johnson* (2009).

Future Research

We have seen that Douglas et al. (1997) contributed to the understanding of graphic evidence and its impact on juror decision-making in criminal trials. However, Edwards and Mottarella (2014) explain that judges seeking to prevent jurors from making emotional decisions often fail due to a lack of a structured approach. This absence leaves judges unable to evaluate the potential for bias in the relevance of evidence (Grady et al., 2018). Future tool development would provide judges with a solid basis for decisions, but progress depends on addressing knowledge gaps. Previous discussions showed that bias has constraints regarding the severity. Further research could clarify biases in criminal trials. For instance, if graphic evidence combined with emotional testimony increases bias towards the death penalty (Matsuo & Itoh, 2016); knowing if this effect varies with the accused's age or gender would be beneficial.

So far, all studies on the subject have been based upon the theory that vivid information affects emotional arousal (Bell & Loftus, 1985; Douglas et al., 1997; Matsuo & Itoh, 2016; Nemeth, 2002; Shedler & Manis, 1986). It would be interesting to expand on this further by examining the influence of bias through Schachter's two-factor theory, which posits that arousal can be misattributed to emotions such as anger, discomfort and fear (Cotton, 1981). Such investigations would enhance our understanding of the effects of graphic images on juror bias and pave the way for a structured tool that judges could utilise when assessing the relevance of evidence.

Since 1859, photographic evidence in criminal trials has significantly evolved. Douglas et al. (1997) showed that graphic images can influence juror decisions by eliciting emotional responses. This research has led judges to exercise caution regarding potential prejudice, highlighting the need for methods to assess the biasing effect of evidence. Ongoing research remains essential for maintaining a fair U.S. justice system.

Northumbria Student Academic Journal
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Northumbria Student Academic Journal

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Literature Review

The Role of Artificial Intelligence in Plastic Surgery: Opportunities, Limitations and Governance

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Abstract

Artificial intelligence (AI) is increasingly being incorporated into plastic surgery, influencing various stages of patient care. AI-generated tools offer potential benefits for both surgeons and patients; however, concerns persist regarding safety, ethics and governance. This paper critically examines the clinical potential of AI in plastic surgery as well as its associated challenges. Reported benefits include improved efficiency, training, enhanced patient education and extended postoperative monitoring. Conversely, limitations include risks of inaccuracies, overreliance, bias, unclear accountability, and concerns regarding patient privacy and informed consent, which may consequently harm doctor-patient relationships. By analysing both aspects, effective strategies for AI integration are discussed to minimise risks while maximising benefits. The successful integration of AI in plastic surgery involves establishing clear legal guidelines, maintaining human oversight and providing clinicians with comprehensive education. These measures ensure that AI functions as a supportive tool, not a replacement for clinicians. Such an approach is essential for a future in which AI and humans coexist.

Keywords: artificial intelligence, plastic surgery, ethics, clinical integration, decision-making, human oversight

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Introduction

Artificial intelligence (AI) has rapidly emerged as a transformative technology in healthcare, including within plastic surgery. Especially in plastic surgery, it is utilised to support a range of non-clinical and clinical functions, such as clinical documentation (Abdelhady and Davis, 2023) and diagnostic support (Kiwan et al., 2024). This review focuses primarily on widely accessible generative AI systems currently discussed in the plastic surgery literature, rather than institution-specific proprietary AI platforms. It has the potential to support patient care, communication and education. However, the integration of AI into plastic surgery also raises important clinical, ethical, and regulatory considerations. Accuracy (Yibulayimu et al., 2022), transparency (Kiwan et al., 2024), accountability (Kenig, Monton Echeverria and Rubi, 2024) and patient autonomy (Kiwan et al., 2024) remain unclear, which can harm the doctor-patient relationship. To ensure the quality of patient care, effective strategies are needed to mitigate these limitations while preserving the benefits. Understanding how AI can be implemented safely and responsibly is, therefore, essential to ensuring that technological innovation aligns with the core values of plastic surgery. The literature included in this review reflects international perspectives on AI integration in plastic surgery across diverse healthcare settings.

AI-Operated Clinical Documentation: Efficiency Gains and Associated Risks

AI-operated clinical notes can be time-saving and efficient for surgeons; however, they also pose risks, including a lack of personalisation, overreliance and unclear responsibility. Operative notes generated by AI for plastic surgery are efficient and can serve as a valuable supporting tool for surgeons. A study suggested that ChatGPT-4 generated operative notes approximately 84 times faster than human-written notes, and these notes were completely guideline-adherent. Additionally, more than 80% of patients and surgeons are satisfied with the generated notes (Abdelhady and Davis, 2023). DALLE-E, another AI tool produced by OpenAI, can create hyper-realistic images of surgical incisions by entering text prompts of ideal photos, which is utilised as a visual aid in notes (Abdelhady and Davis, 2023). It implies that AI tools have significant potential to enable surgeons to save time on clinical documentation and reviewing existing medical records, thereby reallocating more time to interacting with patients.

However, there are several drawbacks that users need to be aware of. ChatGPT-generated notes rely solely on the input provided during the chat. If ChatGPT does not have full access to patients' file notes and data, such as their previous medical history, treatment and details of surgical procedures, operative notes can be produced based on general knowledge to fill the information gap, which lacks personalisation (Abdelhady and Davis, 2023). Those notes can contain incorrect information about patients, which may lead surgeons to provide inappropriate treatment (Patel and Lam, 2023). Therefore, it is essential that surgeons manually check the generated notes before submission (Patel and Lam,

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2023). Additionally, as AI develops, surgeons may overly rely on its benefits, which can diminish their clinical skills if not properly managed. Farid et al. (2024) found that 35% of the plastic surgeons who participated in the research raised concerns regarding overreliance on AI, even though some of them believe that whether AI poses a threat or offers benefits depends on the type of AI technology and how it is implemented. Thus, healthcare systems need to control the extent to which AI becomes a part of the field by assessing the optimal levels of AI integration to achieve the most beneficial outcomes. It is also argued that accountability remains unclear in the situation where harms occur in AI-assisted clinical practice. It remains unclear who would be responsible for errors resulting from AI, whether AI developers, healthcare providers or legal entities, as there is no concrete guideline regarding AI regulation (Kenig, Monton Echeverria and Rubi, 2024). Utilisation of AI without adequate consideration of accountability may compromise the quality of patient care.

AI-Assisted Surgical Training: Benefits and Limitations of Objective Feedback

AI is increasingly utilised in surgical training to provide accurate, scalable and objective feedback; however, users must also consider potential model bias and over-standardisation. In surgical training contexts, this objectivity is achieved through the analysis of quantifiable performance metrics, allowing trainees' skills to be assessed in a standardised and reproducible manner. An AI system designed for microsurgery training objectively assesses trainees' skills and workload in real time by tracking their eye, hand and instrument motions (Kiew et al., 2025). Moreover, in liposuction training, AI can distinguish between experienced surgeons and novices by assessing measurable data, including their speed, force, consistency and precision, with an accuracy of 89-94% (Yibulayimu et al., 2022). Furthermore, a video-based laparoscopic training system that utilises AI to assess surgical performance has been developed, producing expert-independent and scalable feedback even in resource-limited environments (Ryder et al., 2024). Though traditional feedback is often considered subjective (Yibulayimu et al., 2022), these findings suggest that AI could represent a significant advancement in surgical training.

However, there are some drawbacks to using AI in surgical training. Feedback produced by AI can include biases. Models might be trained on non-diverse datasets, ignoring minority population groups, such as women, ethnic minorities and socioeconomically disadvantaged individuals (d'Elia et al., 2022). The skewed outcomes lead to situations where AI is better fitted for one group, thereby contributing to inequalities in patient care (d'Elia et al., 2022). Similarly, generative AI systems used for educational feedback, such as ChatGPT, may produce overly standardised responses, and sometimes those include inaccurate or outdated references. Sng et al. (2023) found that ChatGPT generates accurate and easily comprehensible responses to general knowledge questions; however, when specific

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scenarios are presented to ChatGPT, the response is inaccurate, and additional prompts are required to generate personalised and accurate responses. To produce more accurate and personalised responses, ChatGPT has currently implemented several measures to monitor the accuracy of generated content (Li et al., 2024). The quality of such responses is expected to improve over time; however, they are unlikely to be completely free from inaccuracies. If surgeons omit the step of verifying accuracy when AI-assisted feedback informs clinical communication, this may lead to misinterpretation of treatment during care and potentially undermine trust between the surgeon and the patient.

Clinical Applications of AI in Plastic Surgery: Benefits and Ethical Concerns

AI is integrated into several aspects of clinical procedures, including diagnosis, planning and the post-operative phase; however, concerns exist regarding informed consent, patient privacy, data security and potential damage to doctor-patient relationships. During the diagnosis phase, deep learning aids in classifying patients' conditions by analysing images (Kiwan et al., 2024). Although some AI diagnostic systems demonstrate lower specificity than sensitivity in detecting skin cancer, there is no significant difference between AI and clinician diagnostic performance (Manolakos et al., 2024). This technique enables surgeons to objectively assess whether a patient is suitable for surgery (Li et al., 2025). In surgical planning, the use of three-dimensional (3D) printing is becoming increasingly prevalent (Lynn et al., 2021), and AI can streamline the workflow, improving the quality of the 3D models (Ma et al., 2023). By automating key pre-printing steps such as image segmentation, digital model refinement and support structure generation, AI can improve the efficiency and scalability of 3D printing in plastic surgery (Ma et al., 2023). Once printed, those models are customised to individual patients (De La Peña et al., 2018). Showing patients their CT or MRI scans, a traditional approach in patient education, is often insufficient because it is difficult for patients to interpret two-dimensional image representations of three-dimensional anatomy (Aimar, Palermo and Innocenti, 2019). In contrast, 3D printing helps patients comprehend structure more effectively, which can minimise misunderstandings and potentially contribute to postoperative satisfaction (Aimar, Palermo and Innocenti, 2019). Although AI's contribution is indirect, these applications ultimately confer measurable benefits for patients. In the postoperative phase, continuous patient monitoring is necessary to prevent complications. Bajwa et al. (2021) stated that an AI tool is used to continuously monitor patient vitals and notify the responsible clinical staff as soon as any abnormality is detected. This helps minimise postoperative complications (Bajwa et al., 2021) and enables prompt intervention even if the patients are away from the clinic, which extends access to postoperative care beyond the hospital setting. Additionally, advanced AI tools can measure patient satisfaction using facial emotion recognition systems. Changes in facial action units and muscle activity can be correlated with the perception of emotions, such as happiness and negativity

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(Boonipat et al., 2022). This system detects subtle facial changes that even surgeons are unable to recognise (Li et al., 2020).

However, several drawbacks need to be recognised, concerning informed consent, patient privacy, data security and the doctor-patient relationship. In the process of AI training, large datasets containing sensitive patient information are required, which poses a potential risk for data breaches and misuse (Kavian et al., 2023). Protecting patient privacy and ensuring data security are essential for maintaining ethical standards and patient confidence in AI-assisted care. However, an increasingly digitised and algorithmized medical environment may threaten the quality of patient-doctor relationships (Kenig, Monton Echeverria and Rubi, 2024). Currently, as AI models lack sufficient transparency, patients and surgeons often lack clear insights into decision-making processes, which prevents patients from providing informed consent (Kiwan et al., 2024). Addressing these concerns is essential to ensure that AI integration enhances, rather than undermines, patient-centred plastic surgery.

Mitigating the Risks of AI Integration: Regulation, Human Oversight, and Education

The limitations of AI integration may be mitigated through several key strategies, including the establishment of clear legal frameworks, mandatory manual verification by surgeons and education to improve clinicians' understanding of AI-assisted decision-making. Legal frameworks about AI integration should clearly state that AI should be used only as a supporting tool, rather than a replacement for human clinicians (Farid et al., 2024). Such structures should also specify the extent to which AI may be integrated into the process of patient care to minimise risks of overreliance and clinician deskilling. Strict standards are required to handle patient-sensitive information, including data storage, access and privacy protection (Farid et al., 2024). In addition, regulations should clarify the information that must be disclosed to patients to ensure meaningful informed consent, including the role of AI, its limitations and associated risks. Finally, accountability frameworks must be clearly defined (Kenig, Monton Echeverria and Rubi, 2024) by outlining responsibility across various scenarios of AI use to prevent uncertainty when errors or adverse outcomes arise. Alongside legal regulation, surgeons should not rely solely on AI-generated content. It is necessary to acknowledge that AI may produce inaccurate, outdated and contextually inappropriate information. When AI is used for clinical documentation, it should be limited to the first drafting process, with manual checks by clinicians before its completion (Patel and Lam, 2023). Any AI output must be cross-checked with reliable sources, such as peer-reviewed articles (Li et al., 2024). Surgeons also need to acknowledge that AI output is not always personalised, and to consider individual patient characteristics, such as age, sex, gender, ethnicity and anatomical variation. Additionally, providing clinicians with targeted education can enhance their understanding of AI applications in plastic surgery (Kenig, Monton Echeverria and Rubi,

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2024), including how these systems function, their appropriate use and their limitation in clinical decision-making. Improved AI literacy among surgeons may support clearer communication regarding the capabilities and limitations of AI-assisted decision-making.

Conclusion

AI has demonstrated substantial potential to support plastic surgery by enhancing efficiency, objectivity and accessibility across various steps of patient care. AI-assisted systems can help surgeons save time, enhance performance assessment, and improve the quality and satisfaction of patient care. However, essential limitations must be considered: risks of hallucinations, inaccuracies, overreliance, algorithmic bias and ethical concerns surrounding privacy, informed consent and accountability, which can worsen doctor-patient relationships. Clear legal and regulatory frameworks that define accountability, protect patient data and ensure transparency are necessary to ensure safe and effective integration. Additionally, AI should be used strictly as a supportive tool, not as a replacement for human clinicians. Mandatory manual verification of AI-generated outputs, careful consideration of individual patient characteristics, and improved AI literacy among surgeons are also essential. Addressing these challenges is crucial to safeguard patient trust and quality of care in plastic surgery while reaping the benefits of AI integration.

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