

# Author Response to Comment on: “Benefit–Risk Assessment of ChatGPT Applications in the Field of Diabetes and Metabolic Illnesses: A Qualitative Study”

Clinical Medicine Insights:  
Endocrinology and Diabetes  
Volume 17: 1–2  
© The Author(s) 2024  
Article reuse guidelines:  
sagepub.com/journals-permissions  
DOI: 10.1177/11795514241260240



Ammar Abdulrahman Jairoun<sup>1,2</sup> , Sabaa Saleh Al-Hemyari<sup>1,3</sup>,  
Moyad Shahwan<sup>4,5</sup>, Tariq Al-Qirim<sup>6</sup> and Monzer Shahwan<sup>7</sup>

<sup>1</sup>Discipline of Clinical Pharmacy, School of Pharmaceutical Sciences, Universiti Sains Malaysia, Gelugor, Malaysia. <sup>2</sup>Health and Safety Department, Dubai Municipality, Dubai, UAE. <sup>3</sup>Pharmacy Department, Emirates Health Services, Dubai, UAE. <sup>4</sup>College of Pharmacy and Health Sciences, Ajman University, Ajman, UAE. <sup>5</sup>Centre of Medical and Bio-Allied Health Sciences Research, Ajman University, Ajman, UAE. <sup>6</sup>Faculty of Pharmacy, Al-Zaytoonah University of Jordan, Amman, Jordan. <sup>7</sup>Diabetes Clinic, AL-Swity Center for Dermatology and Chronic Diseases, Ramallah, Palestine.

RECEIVED: May 15, 2024. ACCEPTED: May 21, 2024.

TYPE: Letter to the Editor

FUNDING: The author(s) received no financial support for the research, authorship, and/or publication of this article.

COMPETING INTERESTS: The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

CORRESPONDING AUTHOR: Ammar Abdulrahman Jairoun, Discipline of Clinical Pharmacy, School of Pharmaceutical Sciences, Universiti Sains Malaysia, Gelugor, Pulau Pinang, Malaysia. Email: Dr\_ammarr\_91@hotmail.com

Dear Editor,

We would like to provide a rebuttal to the editorial comments concerning our published article<sup>1</sup> on ChatGPT applications in diabetes and metabolic illnesses.

## Methodology and Participant Information

The editorial raised some concerns about our study's methodology as well as the details of our participants. Acknowledging these concerns, we would like to reiterate that we clearly and thoroughly outlined our sampling technique in our article, including the inclusion and exclusion criteria and participant demographics. We realized that the use of convenience sampling may have introduced limitations, and we stated this clearly in the discussion. As we provide the pertinent information in our article, we feel that the editorial comments on this matter are not entirely accurate or fair.

## Participants' Backgrounds

We would like to highlight our clearly established inclusion and exclusion criteria used for selecting the participants in our study. Our study population comprised diabetologists and endocrinologists who had relevant experience based on specific criteria and who were registered with the applicable health authorities. Any individuals who did not express a willingness to participate or did not meet these criteria were excluded. Finally, Table 1 of our published articles provides detailed information on our participants' demographic backgrounds, such as gender, specialty, type of organization, and years of experience.

## Representation and Bias

We acknowledge the concern expressed in the editorial comments that our convenience sampling method may have introduced bias. Nonetheless, we would like to point out that our sampling methodology was purposeful and convenient, which has been established as appropriate for a qualitative study such as ours.<sup>2-8</sup> Through this method, we were able to choose participants who met the specific criteria set in line with the research question. Our

published article clearly acknowledged the limitations of this approach and also underlines the research's qualitative nature, which restricts the findings' generalization to other contexts. We believe that the editorial comment concerning our sampling technique's validity is not scientifically sound as it does not take our acknowledgment of this limitation into account.

## Discussion on Limitations

It is true that our study evaluates diabetologists' and endocrinologists' views on the usefulness of ChatGPT applications in disease management. We are aware that the perspectives on this matter may vary significantly, as we acknowledged in our published article. In particular, we underlined the importance of collaboration among healthcare providers, regulatory bodies, AI experts, and patients to tackle emerging challenges and ensure that any AI integration is both effective and ethical. Our article also thoroughly discusses the need to face the complexities and uncertainties inherent to using AI in the healthcare field.

## Suggested Actions and Discussion

The editorial highlights the crucial considerations of collaboration, ethical standards, patient confidentiality, and empathetic care, among other actions, in the adoption of AI in the healthcare field. Nonetheless, we would like to point out that we also make these suggestions in our discussion. Specifically, we cover potential barriers, workflow disruption, the cruciality of effective education and communication, and ongoing changes in the implementation of AI for healthcare. We also discuss how AI is likely to continue to advance and highlight the growing importance of ethical considerations, effective regulatory frameworks, and ensuring a balance between humans and AI in decision-making.

As our published article thoroughly covers these aspects in great detail, we feel that the editorial's comments on our study's validity are inaccurate and unfair as they add no scientific value to our work. We believe that there may have been a case of misinterpretation.



In sum, we contend that the editorial's concerns about our study are already addressed and clearly justified in our published article. Our work represents an initial assessment of how ChatGPT may play a role in the management of diabetes and other metabolic illnesses, pointing to areas that would be fruitful for further exploration and cross-disciplinary collaboration.

### Declarations

*Ethics approval and consent to participate*

None.

*Consent for publication*

None.

*Author contributions*

None.

*Acknowledgements*

None.

*Availability of data and materials*

None.

### ORCID iD

Ammar Abdulrahman Jairoun  <https://orcid.org/0000-0002-4471-0878>

### REFERENCES

1. Jairoun AA, Al-Hemyari SS, Shahwan M, Al-Qjrim T, Shahwan M. Benefit-risk assessment of chatgpt applications in the field of diabetes and metabolic illnesses: a qualitative study. *Clin Med Insights Endocrinol Diabetes*. 2024;17:11795514241235514.
2. Palinkas LA, Horwitz SM, Green CA, Wisdom JP, Duan N, Hoagwood K. Purposeful sampling for qualitative data collection and analysis in mixed method implementation research. *Adm Policy Ment Health*. 2015;42:533-544.
3. Masupe T, Onagbiye S, Puoane T, Pilvikki A, Alvesson HM, Delobelle P. Diabetes self-management: a qualitative study on challenges and solutions from the perspective of South African patients and health care providers. *Glob Health Action*. 2022;15:2090098.
4. Carrier MA, Beverly EA. Focus on the positive: a qualitative study of positive experiences living with type 1 or type 2 diabetes. *Clin Diabetes*. 2021;39:176-187.
5. Coningsby I, Ainsworth B, Dack C. A qualitative study exploring the barriers to attending structured education programmes among adults with type 2 diabetes. *BMC Health Serv Res*. 2022;22:584.
6. Bukhsh A, Goh BH, Zimbudzi E, et al. Type 2 diabetes patients' perspectives, experiences, and barriers toward diabetes-related self-care: a qualitative study from Pakistan. *Front Endocrinol*. 2020;11:534873.
7. Parry O, Peel E, Douglas M, Lawton J. Patients in waiting: a qualitative study of type 2 diabetes patients' perceptions of diagnosis. *Fam Pract*. 2004;21:131-136.
8. Romero-Castillo R, Pabón-Carrasco M, Jiménez-Picón N, Ponce-Blandón JA. Diabetes management after a therapeutic education program: a qualitative study. *Healthcare*. 2022;10:1375.