



Canada: Regulation of Medical Devices with AI

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Problem

Patient deterioration & unanticipated deaths/ICU admissions on internal medicine units

AI Solution

What does it do? Algorithm that recognizes patterns of deterioration based on 100+ data points, pages clinician/nurse when patient at high risk

What is the outcome? Reduction in unanticipated deaths & ICU admissions by >20%

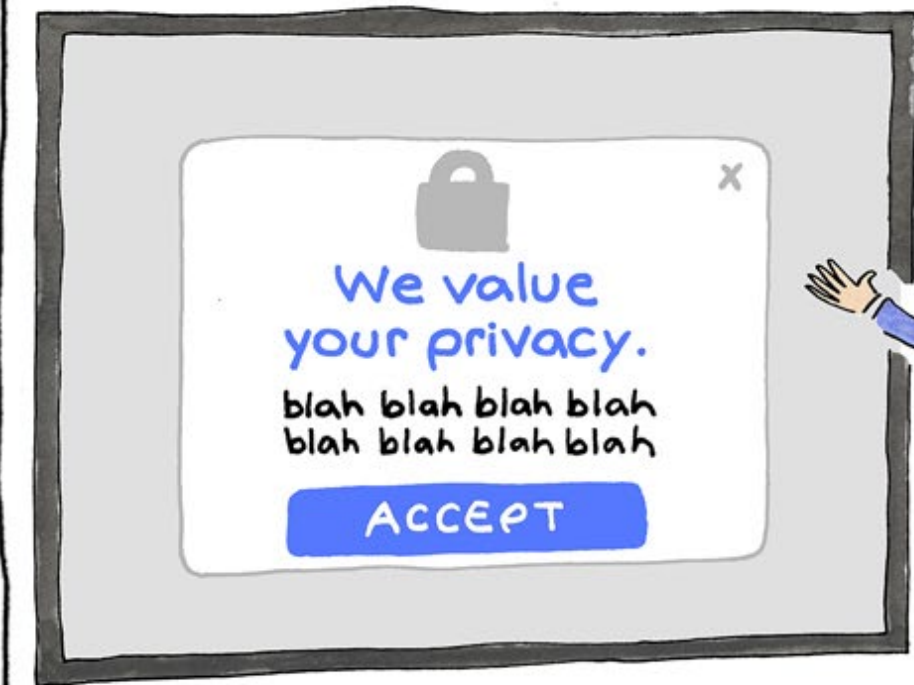


Garbage *in* Garbage **OUT**



Algorithmic Bias

The key is that AI tools must be trained on data reflecting the populations they are designed to serve. For instance, if an AI tool is for elderly, immunocompromised women, they must be well-represented in the training data. Pursuing "perfect" data is a folly; what matters is relevance.



THIS LETS US SNOOP ON
PEOPLE IN A **PRIVACY-
FIRST, OPT-IN, AND
CONSENT-BASED** WAY.

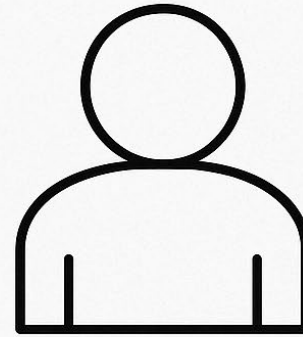
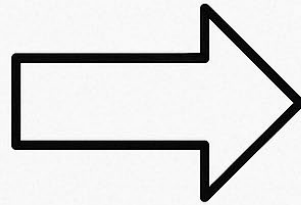
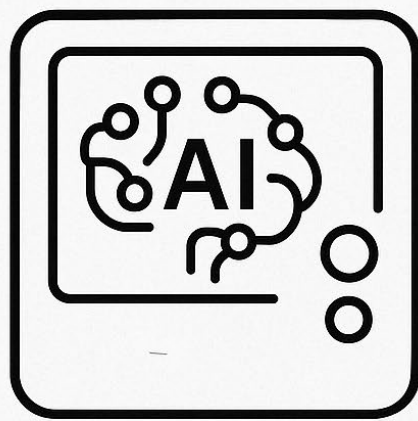


TOM
FISH
BURNE



Reliance on
Private Law to
Ensure
Quality/Safety?

Regulating AI in Medical Devices



PATIENT



LIFE CYCLE

AI evolves over time, posing challenges for regulation throughout the life cycle of medical devices

MIND THE GAP

An illustration featuring a foot in a brown leather shoe and blue trousers stepping onto a blue train track. The track has a white line and leads towards a stylized train with blue, white, and red sections. The background is split into orange and blue horizontal bands. Text is overlaid on the image in various colors and fonts.

**REGULATORS'
FOCUS ON
PRE-MARKET
APPROVAL**

**NEED
FOR
POST-MARKET
SURVEILLANCE**

**SAFETY /
EFFECTIVENESS
OF AI FOR
HEALTH CARE**

Health Canada's Authority under Food & Drugs Act

- “**device**” means an instrument, apparatus, contrivance or other similar article, or an *in vitro* reagent, including a component, part or accessory of any of them, that is manufactured, sold or represented for use in
- (a) diagnosing, treating, mitigating or preventing a disease, disorder or abnormal physical state, or any of their symptoms, in human beings or animals...



Gaps in Regulation

- Relies heavily on risk assessment by vendors
- Gaps in regulation (e.g. within hospitals)
- Insufficient attention to algorithmic bias
- Over-reliance on a 'human-in-the-loop'
- Post-market surveillance is critical but structures rely on self-reporting

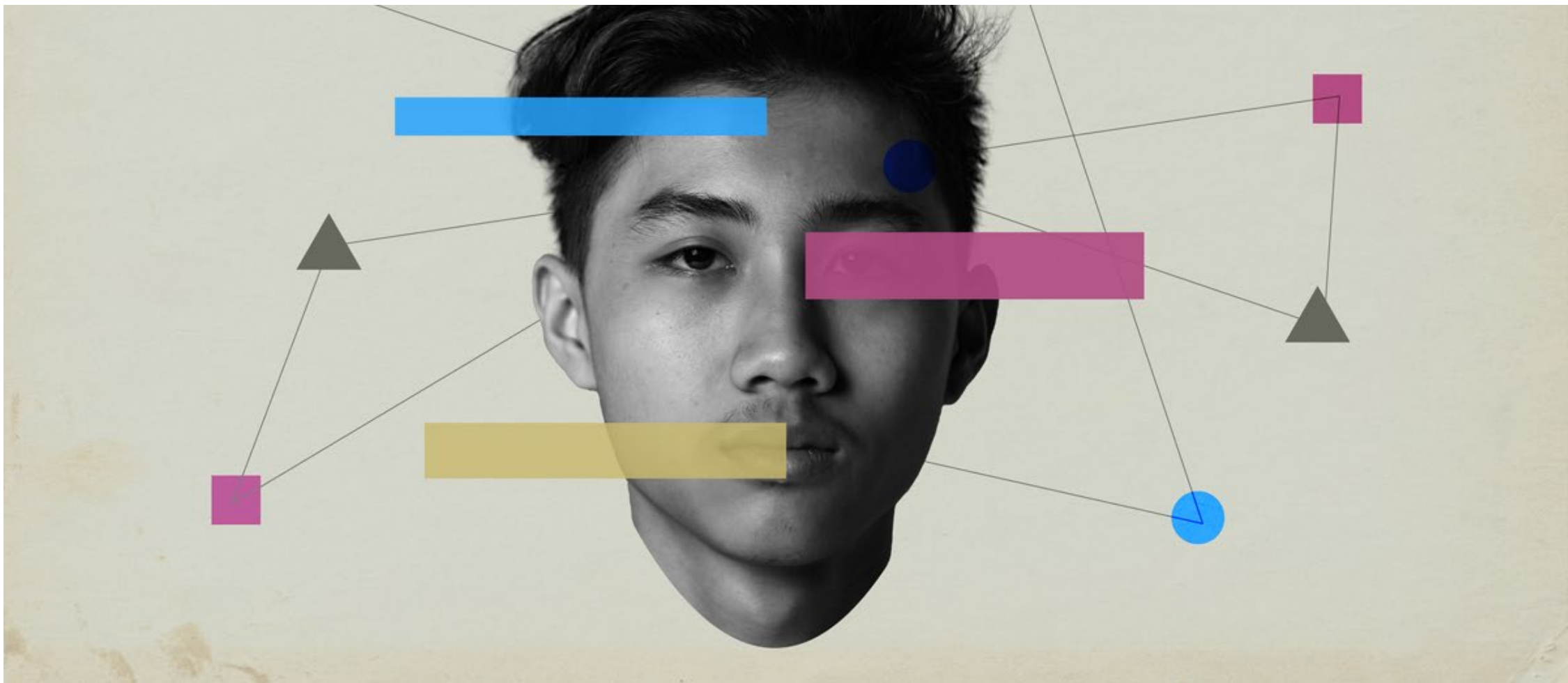
**Pre-market guidance for
machine learning-enabled
medical devices**



Canada



Flexible vs. Permissive

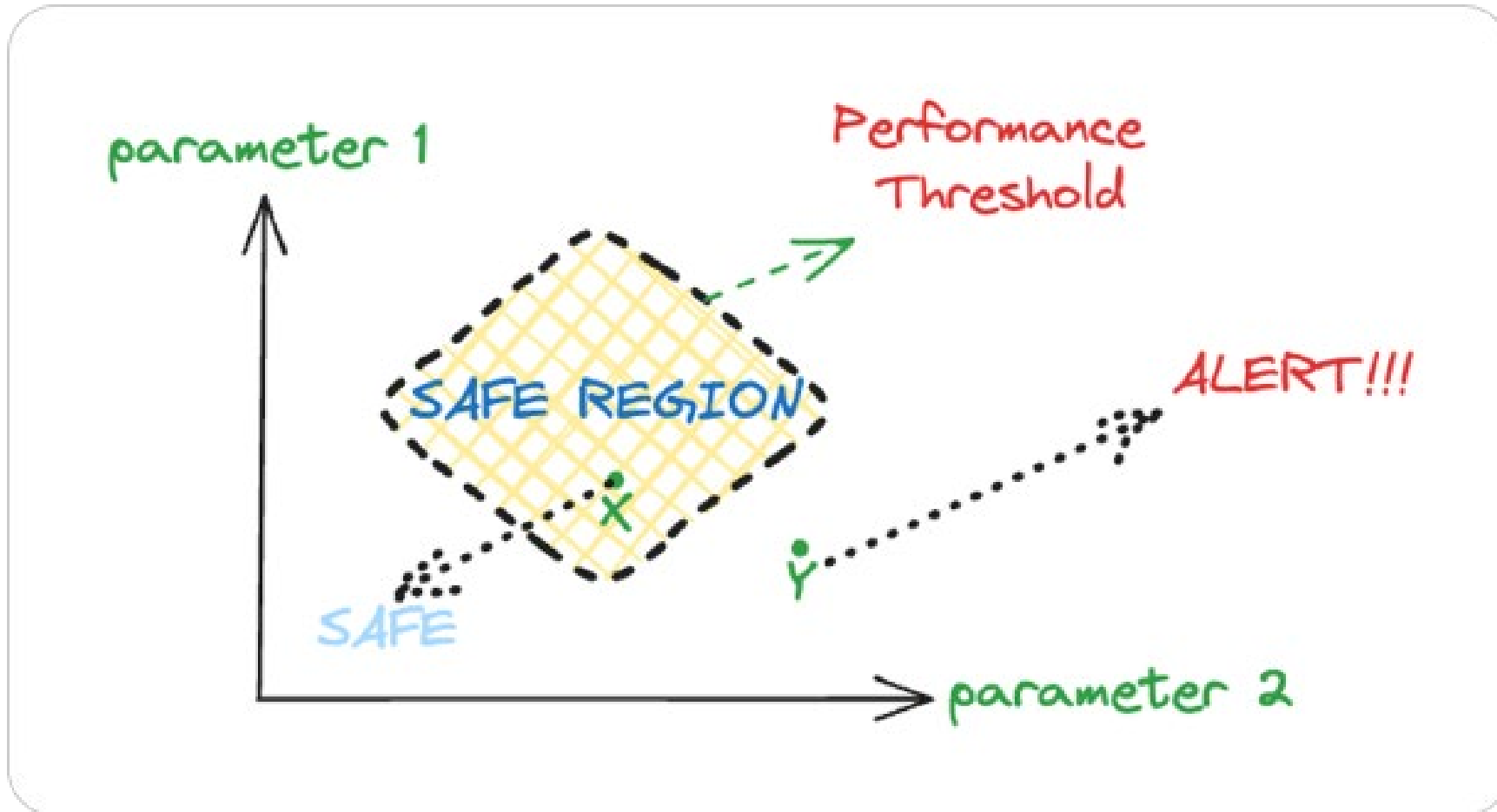


Algorithmic Bias

Transparency on Regulatory Standards



Mechanisms for Safety Monitoring





Thank you!

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CIHR IRSC
Canadian Institutes of Health Research
Instituts de recherche en santé du Canada