EVIDENCE BRIEFING

The AI-Informed Patient: Understanding the Emerging Patient-HCP-AI Triangle and Implications for Clinical Practice

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Executive Summary

Patients across the UK and globally are turning to artificial intelligence for health guidance before, during, and after clinical encounters — often without telling their healthcare professional (HCP). This briefing synthesises evidence from a landmark US report by Zocdoc (2025), UK-specific survey data, and international peer-reviewed literature to present a comprehensive picture of this emerging behaviour and its implications for clinical practice, patient safety, and HCP-patient trust.

> *AI is no longer a future consideration for clinical encounters — it is already present in a significant proportion of consultations, acknowledged by neither patient nor HCP.*

The core finding is consistent across geographies: patients are adopting AI for health information at pace, driven primarily by access constraints rather than a preference for technology over human care. At the same time, the majority feel uncomfortable disclosing this behaviour to their HCP — creating a concealment dynamic with direct implications for clinical safety, diagnostic accuracy, and the therapeutic relationship.

This briefing proposes three practical protocol recommendations for consideration by the RCP, aligned with the College's January 2026 report on Digital and AI and its ongoing engagement with the MHRA's National Commission on AI Regulation in Healthcare.

Key Statistics at a Glance

Patient AI use

24% of UK patients already use AI for health guidance *Semble / Digital Health, 2025*	**30%** of UK patients would consult AI rather than wait for a clinician *Semble / Digital Health, 2025*	**38%** of UK patients feel uncomfortable disclosing AI use to their HCP *Semble / Digital Health, 2025*
32% of US adults use AI chatbots for health — doubled year-on-year *Rock Health, 2026*	**26%** of patients globally report asking AI a health question *Zocdoc, 2025*	**1 in 5** patients have actively hidden AI use from their HCP *Zocdoc, 2025*

HCP perspective

25% of UK GPs now use generative AI in clinical practice (up from 20% in 2024) *Blease et al., PMC 2025*	**70%** of UK physicians support widespread AI implementation in the NHS *RCP Snapshot Survey, 2025*	**68%** say the NHS lacks digital infrastructure to introduce AI safely *RCP Snapshot Survey, 2025*

1. The Patient Picture: Why Patients Turn to AI

The primary driver of patient AI use is not a preference for technology over clinical care — it is access. With NHS waiting times a persistent pressure, patients are using AI to fill the gap.

- **Access gap:** 30% of UK patients would consult AI rather than wait to see a clinician (Semble, 2025). In the US, 65% cite ease of access as the main reason for consulting AI, against an average wait time of 31 days (Zocdoc, 2025).
- **Comprehension gap:** 52% of patients globally say AI is most useful for understanding what their doctor has told them. Nearly two-thirds of UK patients (63%) report feeling confused after clinical appointments (Semble, 2025).
- **Privacy and embarrassment:** 1 in 4 patients prefer to ask AI about embarrassing symptoms, suggesting the absence of perceived judgment is itself a therapeutic value (Zocdoc, 2025).
- **Generational pattern:** AI use is highest among 18-34-year-olds (39%, Zocdoc) and among Gen Z specifically in the UK (34% using ChatGPT for health queries, Semble). This is the patient population of the next two decades.

> *Patients are not replacing their HCP with AI — they are using AI to navigate a system that is difficult to access and sometimes hard to understand.*

2. The Concealment Problem: A Patient Safety Issue

The most clinically significant finding across all available data is the systematic concealment of AI use by patients from their HCPs. This behaviour is driven not by deception but by fear of judgement — and it creates a verifiable patient safety risk.

Why patients conceal AI use

Reason for concealment	Proportion	Source
Worried their HCP would judge them	39%	Zocdoc, 2025
Worried their HCP would not approve	38%	Zocdoc, 2025
Worried their HCP would dismiss them	31%	Zocdoc, 2025
Feel uncomfortable disclosing online health research	38%	Semble UK, 2025

Gen Z patients are the most likely to conceal AI use — 77% say they have or would hide it from their HCP, twice the rate of other generations (Zocdoc, 2025). This is paradoxical: the most digitally fluent generation is simultaneously the most anxious about HCP reaction.

The clinical safety risk is direct. When a patient has formed beliefs based on AI-generated information — which may be inaccurate, outdated, or misapplied — and does not disclose this to their HCP, that information enters the clinical encounter invisibly. The HCP cannot correct, contextualise, or build on it. The result is a "hidden layer" in the consultation.

This is compounded by the AI "time tax": 65% of HCPs in the Zocdoc survey report spending extra consultation time correcting misinformation brought by AI-informed patients who have disclosed their AI use. The burden for undisclosed misinformation is invisible and unmeasured.

> *72% of HCPs say they can already tell when a patient has used AI — yet the conversation about it is not happening. The knowledge is there; the clinical protocol is not.*

3. The HCP Perspective: Supportive, but Unequipped

A consistent and perhaps counterintuitive finding across all surveyed datasets is that HCPs are broadly supportive of patient AI use. The fear that motivates patient concealment is, in most cases, unfounded — but its consequences are real regardless.

77% of HCPs feel positively about patients using AI for medical concerns *Zocdoc, 2025*	**78%** of HCPs want patients to disclose when they have consulted AI *Zocdoc, 2025*	**60%** of HCPs would prefer patients use AI rather than Google search *Zocdoc, 2025*

UK GP data mirrors this picture. Among GPs using generative AI themselves, 71% say it reduces their workload (Blease et al., 2025). And yet, the same survey reveals significant ambivalence: uncertainty about accountability, privacy, and the appropriate boundaries of AI use remains high.

The RCP's own June 2025 snapshot survey found that 70% of UK physicians support AI implementation in the NHS, but 68% say the NHS lacks the digital infrastructure to do so safely, and 36% cite the absence of clear regulation as a key barrier. HCPs want to engage with AI — they lack the structural and regulatory conditions in which to do so confidently.

Importantly, when HCPs are engaged, AI-informed patients show measurable clinical benefits:

- 77% of HCPs report that AI-informed patients ask more thoughtful questions
- 76% report they are more engaged in their own care
- Patients who trust their HCP are 40% more likely to book a follow-up appointment after consulting AI, and 17% less likely to hide their AI use (Zocdoc, 2025)

4. Trust as the Mechanism: The Care Triangle

The most actionable finding across all datasets is the role of the patient-HCP trust relationship in determining how AI is integrated into the care journey. Trust does not compete with AI use — it governs it.

> *Patients with a trusted HCP are less likely to be harmed by AI, more likely to seek professional care after AI consultation, and less likely to hide the fact that they consulted AI at all.*

The Philips Future Health Index 2025, drawing on 16,000 patients across 16 countries, found that patients who feel knowledgeable about AI and have a trusted HCP worry less, act more, and conceal less. The combination of AI literacy and an anchoring clinical relationship appears to be protective.

The emerging model is not AI or HCP — it is AI and HCP, with the therapeutic relationship as the governing structure. Zocdoc characterises this as the "emerging triangle of care": patient, HCP, and AI as complementary rather than competing sources of health guidance.

The implication for RCP policy is direct: strengthening the patient-HCP relationship is not in tension with AI integration — it is the precondition for safe AI integration.

5. UK Regulatory and Policy Context

The evidence presented in this briefing lands at a pivotal moment in UK health AI governance. Several parallel processes create a window of opportunity for RCP input:

- **MHRA National Commission on Regulation of AI in Healthcare** — established September 2025, with recommendations pending. The RCP has submitted a written response and participated in a focus group.
- **NHS 10-Year Health Plan** — explicitly commits to making the NHS the most AI-enabled health system in the world, with patient-facing AI embedded in its ambition.
- **RCP View on Digital and AI** (January 2026) — calls for meaningful iterative development with clinicians and patients, with clinical need and safety at the centre. This briefing provides patient-side evidence to complement the College's HCP-side findings.
- **EU AI Act** (February 2025) — designates consumer generative AI tools as high risk due to concerns over cybersecurity, accuracy, reliability, and transparency, creating a regulatory imperative for disclosure frameworks.

54% of UK adults remain unaware that AI is already being used in NHS healthcare settings (RCR, May 2025). Public engagement and HCP-led communication are therefore foundational — and represent a natural RCP leadership role.

6. Three Protocol Recommendations for RCP Consideration

The following three recommendations are proposed for inclusion in future RCP guidance on AI in clinical encounters. Each is grounded in the evidence above and is aligned with stated RCP and MHRA priorities.

Recommendation 1: A Standard Disclosure Prompt in Clinical Consultations

HCPs should be supported with a brief, non-judgemental disclosure prompt to normalise the conversation about AI use at the start of relevant consultations. This serves two purposes: it reduces the psychological barrier to patient disclosure, and it allows the HCP to contextualise AI-generated information within the clinical encounter.

Proposed language: "Many of my patients look things up before they come in — including on AI tools like ChatGPT. If you have, I'd be really interested to hear what you found. There are no wrong answers."

Evidence basis: 78% of HCPs want patients to disclose AI use; 38–39% of patients do not disclose because they fear judgement. A brief, explicitly welcoming prompt addresses this directly. The RCP is well positioned to develop and validate a standardised version of this prompt for integration into clinical training and CPD.

Recommendation 2: NHS-Endorsed Patient Guidance on Responsible AI Use Before Appointments

A brief patient-facing resource — endorsed by the RCP and aligned with NHS communication — should be developed to help patients use AI responsibly before clinical appointments. This resource should: explain the limitations of consumer AI tools for health queries; encourage patients to note and bring AI-generated information to share with their HCP; and explicitly reassure patients that HCPs welcome this conversation.

Evidence basis: 63% of UK patients feel confused after appointments (Semble, 2025). 30% would consult AI rather than wait. A proactive patient-facing resource converts a safety risk (unguided AI use) into a clinical asset (prepared, engaged patients). 77% of HCPs already report that AI-informed patients ask better questions — this resource would extend that benefit to all patients.

Recommendation 3: AI Literacy as a CPD Competency for HCPs

The RCP should advocate for the integration of patient-facing AI literacy — specifically, how to discuss AI use with patients — as a defined competency within HCP continuing professional development (CPD) frameworks. This should be distinct from, and complementary to, technical AI training for HCPs using AI tools in clinical workflows.

The competency would encompass: understanding the landscape of consumer health AI tools patients are using; recognising the disclosure barrier and the trust mechanisms that reduce it; and practical skills for integrating patient-reported AI information into clinical reasoning without dismissal or uncritical acceptance.

Evidence basis: 80% of UK GPs agree that AI will increase the need for training (Blease et al., 2025). The GMC currently advises physicians to apply professional judgement when using AI — but provides no guidance on navigating patient AI use. The RCP CPD framework is the natural vehicle for addressing this gap.

7. UK vs International Data Comparison

The table below summarises key data points across UK and international sources, demonstrating the consistency and generalisability of the patient AI use phenomenon.

Metric	UK Data	International Data
Patients using AI for health	24% (UK, Semble 2025)	26% (US, Zocdoc 2025) / 32% (US, Rock Health 2026)
Would consult AI vs wait for HCP	30% (UK, Semble 2025)	65% cite access as reason (US, Zocdoc 2025)
Uncomfortable disclosing AI use	38% (UK, Semble 2025)	1 in 5 have hidden AI use (US, Zocdoc 2025)
Gen Z AI use	34% use ChatGPT for health (UK, Semble)	39% 18-24; conceal at 2x rate (US, Zocdoc)
HCPs using AI in practice	25% GPs, 29% all doctors (UK, 2025)	66% physicians (US, AMA 2025)
HCP positive about patient AI use	52% optimistic about AI integration (UK)	77% feel positively (US, Zocdoc 2025)
Awareness AI used in NHS/healthcare	54% unaware AI used in NHS (RCR 2025)	79% HCPs optimistic; 59% patients share this (Philips 2025)

Conclusion

The patient-HCP relationship remains the cornerstone of safe, effective healthcare — and it is precisely this relationship that determines whether AI strengthens or undermines clinical encounters. The data presented here consistently show that AI use by patients is now a mainstream behaviour, that concealment is the norm rather than the exception, and that trust is the single most powerful moderating variable.

The RCP is uniquely positioned to lead on this. Its credibility with both HCPs and policymakers, its existing engagement with the MHRA regulatory process, and its January 2026 commitment to patient-centred digital development make it the natural home for the three protocol recommendations proposed here.

> *AI delivers information. HCPs deliver care. The work now is to connect the two — and the RCP is best placed to lead that work in the UK.*

This briefing is offered as a contribution to that conversation, and the author welcomes further dialogue with the RCP Digital Health team.

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