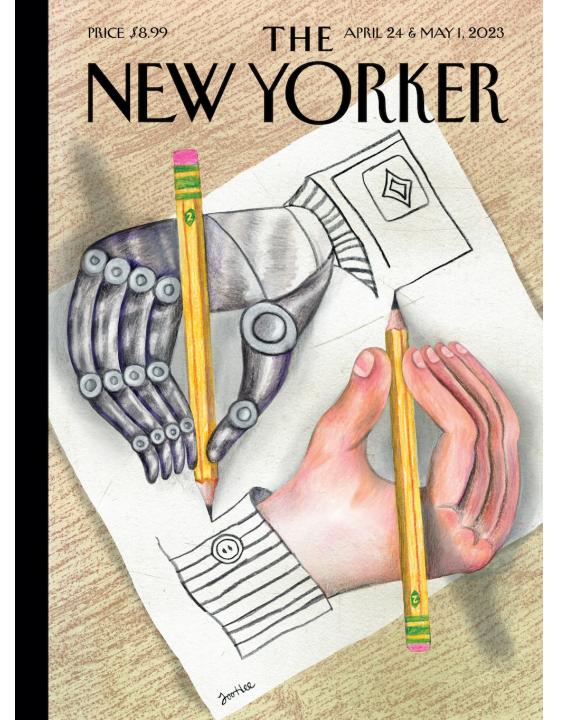


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Week 16 | April 22, 2024



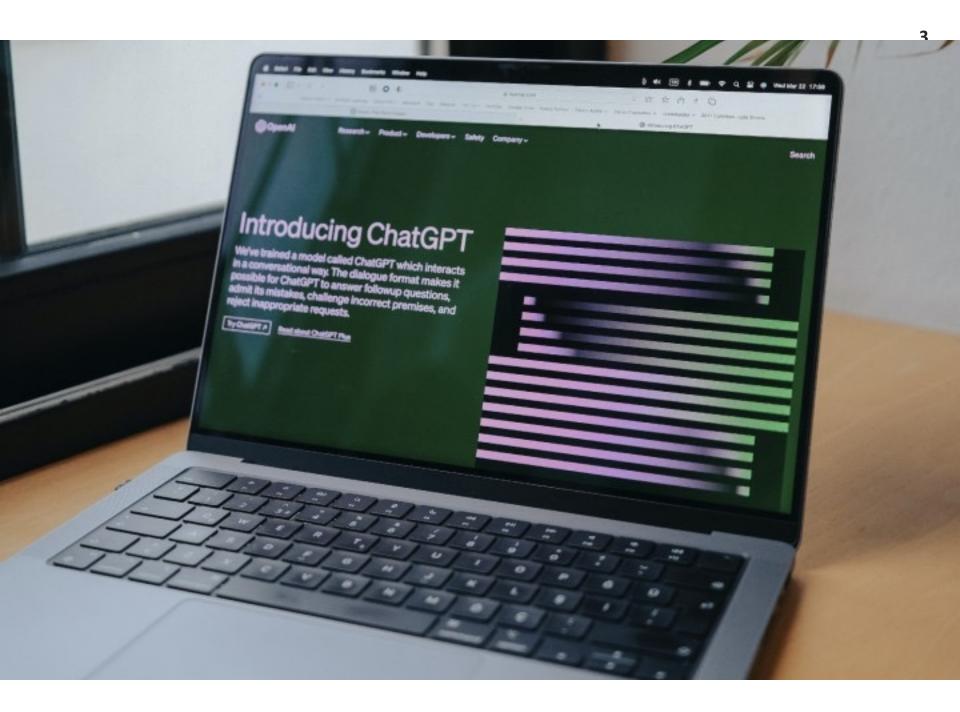






Illustration by Vivek Thakker

ANNALS OF TECHNOLOGY

CHATGPT IS A BLURRY JPEG OF THE WEB

OpenAI's chatbot offers paraphrases, whereas Google offers quotes. Which do we prefer?

By Ted Chiang February 9, 2023



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Some Glimpse AGI in ChatGPT. Others Call It a Mirage

A new generation of Al algorithms can feel like they're reaching artificial general intelligence—but it's not clear how to measure that.



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Perspective Published: 12 April 2023

Foundation models for generalist medical artificial intelligence

Michael Moor, Oishi Banerjee, Zahra Shakeri Hossein Abad, Harlan M. Krumholz, Jure Leskovec, Eric J.

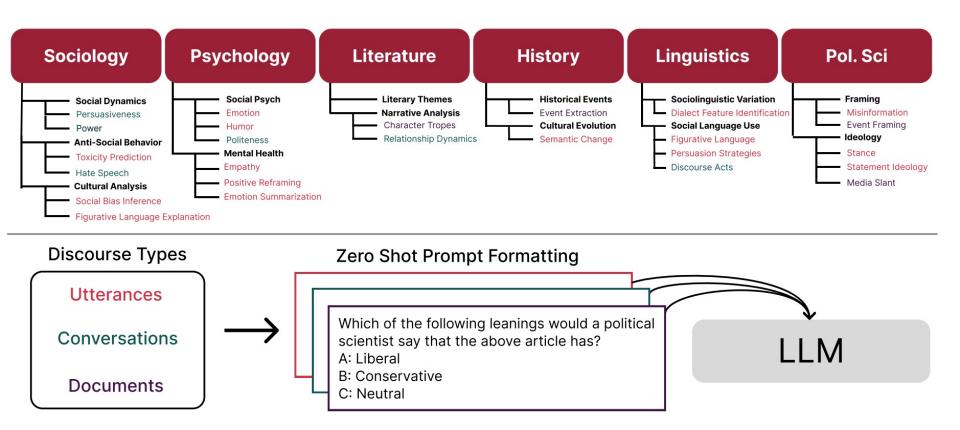
Nature 616, 259–265 (2023) Cite this article

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Abstract

The exceptionally rapid development of highly flexible, reusable artificial intelligence (AI) models is likely to usher in newfound capabilities in medicine. We propose a new paradigm for medical AI, which we refer to as generalist medical AI (GMAI). GMAI models will be capable of carrying out a diverse set of tasks using very little or no task-specific labelled data. Built

Can Large Language Models Transform Computational Social Science?



Overview of Tasks

Dataset	Size	Classes
Generation Tasks	500	-
Utter	ance Level	
Dialect	266	23
Persuasion	399	7
Impl. Hate	498	6
Emotion	498	6
Figurative	500	4
Ideology	498	3
Stance	435	3
Humor	500	2
Misinfo	500	2
Semantic Chng	344	2

Size	Classes										
Conversation Level											
497	7										
498	3										
498	3										
500	2										
500	2										
434	2										
nent Level	I										
283	_										
240	_										
114	114										
498	3										
	497 498 498 500 500 434 ment Level 283 240 114										

Performance of zero-shot models

Model	Ba	selines			FLAN-T	·5		FLAN		text	t-001		text-002	text-003	Ch	at
Data	Rand	Finetune	Small	Base	Large	XL	XXL	UL2	Ada	Babb.	Curie	Dav.	Davinci	Davinci	GPT3.5	GPT4
						Utteranc	e Level T	asks								
Dialect	3.3	3.0	0.2	4.5	23.4	24.8	30.3	32.9	0.5	0.5	1.2	9.1	17.1	14.7	11.7	23.2
Emotion	16.7	71.6	19.8	63.8	69.7	65.7	66.2	70.8	6.4	4.9	6.6	19.7	36.8	44.0	47.1	50.6
Figurative	25.0	99.2	16.6	23.2	18.0	32.2	53.2	62.3	10.0	15.2	10.0	19.4	45.6	57.8	48.6	17.5
Humor	49.5	73.1	51.8	37.1	54.9	56.9	29.9	56.8	38.7	33.3	34.7	29.2	29.7	33.0	43.3	61.3
Ideology	33.3	64.8	18.6	23.7	43.0	47.6	53.1	46.4	39.7	25.1	25.2	23.1	46.0	46.8	43.1	60.0
Impl. Hate	16.7	62.5	7.4	14.4	7.2	32.3	29.6	32.0	7.1	7.8	4.9	9.2	18.4	19.2	16.3	3.7
Misinfo	50.0	81.6	33.3	53.2	64.8	68.7	69.6	77.4	45.8	36.2	41.5	42.3	70.2	73.7	55.0	26.9
Persuasion	14.3	52.0	3.6	10.4	37.5	32.1	45.7	43.5	3.6	5.3	4.7	11.3	21.6	17.5	23.3	56.4
Sem. Chng.	50.0	62.3	33.5	41.0	56.9	52.0	36.3	41.6	32.8	38.9	41.3	35.7	41.9	37.4	44.2	21.2
Stance	33.3	36.1	25.2	36.6	42.2	43.2	49.1	48.1	18.1	17.7	17.2	35.6	46.4	41.3	48.0	76.0
					(Conversati	ion Level	Tasks								
Discourse	14.3	49.6	4.2	21.5	33.6	37.8	50.6	39.6	6.6	9.6	4.3	11.4	35.1	36.4	35.4	16.7
Empathy	33.3	71.6	16.7	16.7	22.1	21.2	35.9	34.7	24.5	17.6	27.6	16.8	16.9	17.4	22.6	6.4
Persuasion	50.0	33.3	9.2	11.0	11.3	8.4	41.8	43.1	6.9	6.7	6.7	33.3	33.3	53.9	51.7	28.6
Politeness	33.3	75.8	22.4	42.4	44.7	57.2	51.9	53.4	16.7	17.1	33.9	22.1	33.1	39.4	51.1	59.7
Power	49.5	72.7	46.6	48.0	40.8	55.6	52.6	56.9	43.1	39.8	37.5	36.9	39.2	51.9	56.5	42.0
Toxicity	50.0	64.6	43.8	40.4	42.5	43.4	34.0	48.2	41.4	34.2	33.4	34.8	41.8	46.9	31.2	55.4
						Documen	nt Level 7	asks								
Event Arg.	22.3	65.1	-	-	-	-	-	1-1	-	1-1	8.6	8.6	21.6	22.9	22.3	23.0
Event Det.	0.4	75.8	9.8	7.0	1.0	10.9	41.8	50.6	29.8	47.3	47.4	44.4	48.8	52.4	51.3	14.8
Ideology	33.3	85.1	24.0	19.2	28.3	29.0	42.4	38.8	22.1	26.8	18.9	21.5	42.8	43.4	44.7	51.5
Tropes	36.9	-	1.7	8.4	13.7	14.6	19.0	28.6	7.7	12.8	16.7	15.2	16.3	26.6	36.9	44.9

Dataset	Best Model	F1	κ	Agreement	Dataset	Best Model	F1	κ	Agreement
	Utterance-I	Level			Convo	-Level			
Dialect	flan-ul2	32.9	0.15	poor	Discourse	flan-t5-xxl	50.6	0.45	moderate
Emotion	flan-ul2	70.8	0.65	good	Empathy	flan-t5-xxl	35.9	0.04	poor
Figurative	flan-ul2	62.3	0.52	moderate	Persuasion	davinci-003	53.9	0.14	poor
Humor	gpt-4	61.3	0.23	fair	Politeness	flan-t5-xl	59.2	0.38	fair
Ideology	davinci-002	60.0	0.40	moderate	Power	gpt-4	59.7	0.26	fair
Impl. Hate	flan-ul2	32.3	0.20	fair	Toxicity	gpt-4	55.4	0.11	poor
Misinfo	flan-ul2	77.4	0.55	moderate		Docume	nt-Lev	el	
Persuasion	gpt-4	56.4	0.51	moderate	Ideology	gpt-4	51.5	0.51	moderate
Semantic Chng.	flan-t5-large	56.9	0.14	poor	Event Det.	gpt-4	23.0	n/a	-
Stance	gpt-3.5-turbo	72.0	0.58	moderate	Tropes	gpt-4	44.9	n/a	-

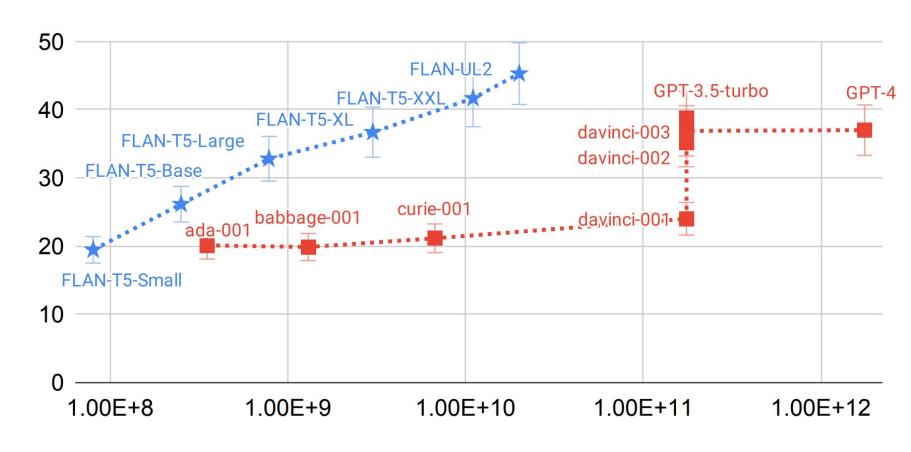
Do few-shot learning approaches improve performance?

Model	FL	LAN Small FLAN Base		ase_	FLAN Large			FLAN XL			_FL	AN X	XL	FLAN UL2				
Shot	0	3	5	0	3	5	0	3	5	0	3	5	0	3	5	0	3	5
Dialect	0.2	0.0	0.4	4.5	0.0	1.4	23.4	0.7	14.1	24.8	8.0	20.5	30.3	0.2	29.9	32.9	12.6	27.5
Emotion	19.8	10.6	10.1	63.8	42.7	42.0	69.7	67.6	67.4	65.7	62.1	62.5	66.2	61.8	57.4	70.8	70.0	69.8
Figurative	16.6	10.0	9.2	23.2	29.1	27.3	18.0	21.8	19.6	32.2	27.9	28.5	53.2	52.6	66.2	62.3	52.7	62.0
Humor	51.8	52.8	53.1	37.1	35.1	34.7	54.9	54.0	53.8	56.9	57.0	56.7	29.9	34.8	35.3	56.8	55.5	54.1
Ideology	18.6	16.7	24.0	23.7	22.6	38.3	43.0	47.3	45.5	47.6	48.8	50.4	53.1	52.9	57.7	46.4	36.9	51.5
Impl. Hate	7.4	6.8	6.2	14.4	21.1	7.4	7.2	9.3	4.7	32.3	28.5	34.6	29.6	31.6	35.1	32.0	29.5	25.9
Misinfo	33.3	33.3	33.3	53.2	45.3	59.7	64.8	64.8	64.2	68.7	67.2	69.7	69.6	74.9	74.4	77.4	53.7	76.4
Persuasion	3.6	3.6	3.6	10.4	10.8	7.3	37.5	39.0	37.7	32.1	44.3	41.8	45.7	44.6	48.6	43.5	42.2	40.1
Sem. Chng.	33.5	33.3	34.0	41.0	35.7	41.7	56.9	48.8	60.4	52.0	40.8	35.6	36.3	34.0	33.3	41.6	62.5	34.6
Stance	25.2	16.7	29.6	36.6	18.1	36.6	42.2	41.8	39.8	43.2	52.1	46.2	49.1	46.0	48.7	48.1	55.6	54.7
Discourse	4.2	4.0	7.5	21.5	18.1	20.7	33.6	3.6	34.6	37.8	3.6	38.0	50.6	3.6	43.4	39.6	3.6	39.1
Empathy	16.7	16.7	16.7	16.7	16.7	16.7	22.1	16.7	17.1	21.2	30.4	22.8	35.9	29.8	28.2	34.7	41.5	39.6
Persuasion	9.2	55.9	45.0	11.0	55.0	48.7	11.3	54.6	51.7	8.4	42.8	43.8	41.8	38.8	35.2	43.1	44.9	46.1
Politeness	22.4	16.7	20.1	42.4	23.9	35.4	44.7	44.5	51.9	57.2	27.7	50.4	51.9	44.2	50.3	53.4	43.6	53.9
Power	46.6	44.5	33.3	48.0	39.8	41.4	40.8	45.5	43.5	55.6	58.9	60.2	52.6	52.0	62.6	56.9	57.2	57.5
Toxicity	43.8	46.7	33.3	40.4	34.7	54.4	42.5	34.7	36.7	43.4	38.7	49.2	34.0	33.3	35.1	48.2	44.7	52.5
Ideology	24.0	16.7	19.2	19.2	16.6	21.3	28.3	17.0	17.9	29.0	31.7	27.0	42.4	48.5	47.9	38.8	38.9	39.7
Tropes	1.7	5.1	3.4	8.4	5.1	3.4	13.7	10.0	11.6	14.6	8.4	10.0	19.0	8.4	6.8	28.6	27.3	24.6

Bigger LLMs do not necessarily indicate better performance

Score

Mean CSS Task F1



Model Parameters

Expert scoring evaluations for zero-shot generation tasks show that leading generative models (davinci-003, GPT 3.5) can match or exceed the faithfulness, relevance, coherence, and fluency of both fine-tuned models (Baseline) and gold references (Human).

Aspect-	Based Sum	marization	(COVIDET)	Implied	Implied Misinformation Explanation (MRF)						
Model	Faithful	Relevant	Coherent	Fluent	Model	Faithful	Relevant	Coherent	Fluent		
Baseline ada-001	2.1 1.8 ⁻	2.3 1.8 ⁻	2.1 ⁻ 2.4	2.6 ⁻ 3.6	Baseline	3.4 1.1 ⁻	3.5 1.1 ⁻	3.7 2.0 ⁻	4.2 4.5		
babbage-001	2.0	2.0	2.3	3.7	ada-001 babbage-001	1.1 1.6 ⁻	1.7^{-}	2.5	4.3		
curie-001	2.3	2.3	2.6	3.8	curie-001	2.6	2.7	3.1 ⁻	4.3		
davinci-001	2.3	2.4	2.5	3.9	davinci-001	1.7^{-}	1.7^{-}	2.5	4.5		
davinci-002	2.4	2.5	3.2	4.0	davinci-002	3.9+	4.1+	4.3+	4.9+		
davinci-003	2.9	2.8	3.0	4.1^{+}	davinci-002	3.1	3.4	3.9	4.5		
GPT 3.5	3.9 ⁺	3.5 ⁺	3.8 ⁺	4.5 ⁺	GPT 3.5	3.7 ⁺	3.9	4.2 ⁺	4.9 ⁺		
GPT 4	3.7 ⁺	3.3 ⁺	3.8 ⁺	4.4 ⁺	GPT 4	3.7	3.9	4.1	4.5		
Human	2.8	2.6	2.8	3.8	Human	3.5	3.7	3.9	4.4		
Figurati	ve Languag	ge Explanati	ion (FLUTE)			Social Bias	Inference (S	BIC)			
Model	Faithful	Relevant	Coherent	Fluent	Model	Faithful	Relevant	Coherent	Fluent		
Baseline	1.4-	1.7^{-}	1.4^{-}	4.2	Baseline	1.9-	2.1-	2.1-	1.9-		
ada-001	1.4^{-}	1.5^{-}	1.5^{-}	3.9	ada-001	2.4	2.2^{-}	2.7	3.3^{+}		
babbage-001	1.4^{-}	1.9^{-}	1.5^{-}	3.9^{-}	babbage-001	3.1	3.1	3.6^{+}	3.8^{+}		
curie-001	1.5^{-}	2.3^{-}	1.7^{-}	4.1	curie-001	3.4	3.3	3.9^{+}	4.5 ⁺		
davinci-001	1.2^{-}	1.9^{-}	1.5^{-}	4.1	davinci-001	3.4	3.4	3.8^{+}	3.9 ⁺		
davinci-002	2.5	3.4	2.5	4.1	davinci-002	3.7^{+}	3.5	4.1^{+}	4.2^{+}		
davinci-003	3.0	4.0	3.1	4.1 ⁺	davinci-003	3.5	3.4	4.1^{+}	4.4^{+}		
GPT 3.5	2.1^{-}	3.6	2.5	4.1	GPT 3.5	4.0 ⁺	3.7 ⁺	4.2 ⁺	4.2^{+}		
GPT 4	2.1^{-}	3.3	2.4	4.0	GPT 4	4.1 ⁺	3.8 ⁺	4.2 ⁺	4.6 ⁺		
Human	2.8	4.0	2.6	4.2	Human	2.9	3.0	3.1	2.6		
	Positive	e Reframing	5			Annotato	r Backgrour	nds			
Model	Faithful	Relevant	Coherent	Fluent	Task	Edu	cation	Profes	sion		
Baseline	4.1	4.2	3.9	4.4	COVIDET		IS,	CDC H	ealth		
ada-001	1.8^{-}	1.4^{-}	1.8^{-}	1.6^{-}		Heal	th Ed.	Comm. Sp	oecialist		
babbage-001	3.8	2.5	3.8	3.7	MRF	1000	A,	Grad St			
curie-001	4.1	3.7	4.1	3.9			i. Sci.	Public I			
davinci-001	3.5	4.0	3.3	4.1	FLUTE		FA,	Writing 1			
davinci-002	4.0	3.9-	4.0	4.2			Writing	Gramn	2		
davinci-003	4.4	4.5+	4.2	4.6+	SBIC		BS,	Grad St			
GPT 3.5	4.3	4.3	4.2	4.4			nalism	Epidem			
GPT 4	4.1	4.3	4.1	4.2	Reframing		Α,	Clinical Be			
Human	4.2	4.2	4.1	4.2		Psych	nology	Health,	Nurse		

Takaways

- Integrate LLMs-in-the-loop to transform large-scale data labeling.
- Prioritize open-source LLMs for classification
- LLMs have limitations!
 - All LLMs struggle most with conversational and full document data. Also, LLMs currently lack clear crossdocument reasoning capabilities
 - Bias, fairness, temporal shifts, expert taxonomies
 - Factuality

Synthetic Lies: Understanding Al-Generated Misinformation and Evaluating Algorithmic and Human Solutions

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ABSTRACT

Large language models have abilities in creating high-volume human-like texts and can be used to generate persuasive misinformation. However, the risks remain under-explored. To address the gap, this work first examined characteristics of AI-generated misinformation (AI-misinfo) compared with human creations, and then evaluated the applicability of existing solutions. We compiled human-created COVID-19 misinformation and abstracted it into narrative prompts for a language model to output AI-misinfo. We found significant linguistic differences within human-AI pairs, and patterns of AI-misinfo in enhancing details, communicating uncertainties, drawing conclusions, and simulating personal tones. While existing models remained capable of classifying AI-misinfo, a significant performance drop compared to human-misinfo was observed. Re-

1 INTRODUCTION

The Coronavirus Disease (COVID-19) pandemic has brought attention to the proliferation of health misinformation¹. From fake cures to conspiracy theories, misinformation has led to substantial adverse effects at the individual as well as societal levels. Examples of such effects include mortality and hospital admissions [20, 48], public fear and anxiety [79, 107], eroded trust in health institutions [87], and exacerbated racial discrimination and stigma [41, 48]. Finding ways to combat misinformation is therefore of critical importance from the perspectives of both public health and governance. Manual identification of misinformation is, however, extremely laborious and often does not scale: a key issue given the rise of misinformation on social media [71]. As such, artificial intelligence (AI) techniques have been touted as a timely and scalable solution for



Businessweek Technology

People Are Using Al for Therapy, Even Though ChatGPT Wasn't Built for It

Some users see it as a way to supplement traditional mental health services, despite troubling privacy implications.

The Typing Cure: Experiences with Large Language Model Chatbots for Mental Health Support

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People experiencing severe distress increasingly use Large Language Model (LLM) chatbots as mental health support tools. Discussions on social media have described how engagements were lifesaving for some, but evidence suggests that general-purpose LLM chatbots also have notable risks that could endanger the welfare of users if not designed responsibly. In this study, we investigate the lived experiences of people who have used LLM chatbots for mental health support. We build on interviews with 21 individuals from globally diverse backgrounds to analyze how users create unique support roles for their chatbots, fill in gaps in everyday care, and navigate associated cultural limitations when seeking support from chatbots. We ground our analysis in psychotherapy literature around effective support, and introduce the concept of therapeutic alignment, or aligning AI with therapeutic values for mental health contexts. Our study offers recommendations for how designers can approach the ethical and effective use of LLM chatbots and other AI mental health support tools in mental health care.

Additional Key Words and Phrases: human-AI interaction, mental health support, large language models, chatbots

1 INTRODUCTION

One in two people globally will experience a mental health disorder over the course of their lifetime [34]. The vast majority of these individuals will not find accessible care [15, 68], and many of these individuals will die early and preventable deaths as a result [33]. Research from the field of Computer-Supported Cooperative Work (CSCW), including the emergent area of Human-AI interaction, has increasingly examined the societal gaps that prevent people in need from accessing care, and analyzed how people turn to technology-mediated support to fill those gaps [14, 27, 44]. Large Language Model (LLM) chatbots have quickly become one such tool, quickly appropriated for mental health support by people experiencing severe distress and nowhere else to turn.

Recent work has discussed how people in distress have turned to LLM chatbots (such as OpenAI's ChatGPT [8, 10] and Replika [28]) for mental health support, and social media users have described how LLM chatbots saved their lives [10, 47]. Following Freud and Breuer's [19] description of the beneficial nature of psychoanalysis as a "talking cure," some have called engagements with technologies for mental health a typing cure [22, 40, 51]. However, others have cautioned against the use of LLM chatbots for mental health support, noting that the outputs of LLM chatbots are less constrained than the rule-based chatbots of the past, with potential for harmful advice or recommendations. For example, the National Eating Disorder Association was forced to shut down their support chatbot in July 2023 after the chatbot provided harmful recommendations to users, including weight loss and dieting advice to users who may already have been struggling with disordered eating [10, 25, 75]. These harms have been demonstrated to have real-life and lethal consequences, with the confirmed death by suicide of a man who was encouraged to end

^{*}The first two authors contributed equally to this research.

Semi-structured interviews with 21 participants who used LLM-based chatbots for Mental Health support from every permanently inhabited continent in the world





Framework of therapeutic alliance for analysis

First Engagement with LLM Chatbots for Support I First Interaction

Chatbot's potential to provide support during moments when traditional services were either unavailable or cost-prohibitive.

I was feeling depressed, but a psychologist was not available at the moment, and it was too much of a burden to speak to my friend about this subject specifically. ChatGPT popped out in my mind. I thought, why not give it a go? I could empty all the stress. I just had the need to speak to someone. - Andre

LLM tools complemented, rather than replaced, traditional methods of mental healthcare, filling gaps that participants experienced.

Sometimes you don't want a response at all. Like scream into the bot, and don't want to get anything back. - Farah

I've spent a lot of effort and a lot of time in therapy working on how to regulate myself when I'm dysregulated. So ChatGPT hasn't really provided a meaningful reason for me to interact with it when I'm dysregulated due to autism symptoms but for ADHD and task paralysis, ChatGPT is excellent. - Ashwini

Human-Al Collaboration Enables More Empathic Conversations in Text-based Peer-to-Peer Mental Health Support

Ashish Sharma¹, Inna W. Lin¹, Adam S. Miner^{2,3}, David C. Atkins⁴, and Tim Althoff^{1,*}

Abstract

Advances in artificial intelligence (AI) are enabling systems that augment and collaborate with humans to perform simple, mechanistic tasks like scheduling meetings and grammar-checking text. However, such Human-AI collaboration poses challenges for more complex, creative tasks, such as carrying out empathic conversations, due to difficulties of AI systems in understanding complex human emotions and the open-ended nature of these tasks. Here, we focus on peer-to-peer mental health support, a setting in which empathy is critical for success, and examine how AI can collaborate with humans to facilitate peer empathy during textual, online supportive conversations. We develop HAILEY, an AI-in-the-loop agent that provides just-in-time feedback to help participants who provide support (peer supporters) respond more empathically to those seeking help (support seekers). We evaluate HAILEY in a non-clinical randomized controlled trial with real-world peer supporters on TalkLife (N=300), a large online peer-topeer support platform. We show that our Human-AI collaboration approach leads to a 19.60% increase in conversational empathy between peers overall. Furthermore, we find a larger 38.88% increase in empathy within the subsample of peer supporters who self-identify as experiencing difficulty providing support. We systematically analyze the Human-AI collaboration patterns and find that peer supporters are able to use the AI feedback both directly and indirectly without becoming overly reliant on AI while reporting improved self-efficacy post-feedback. Our findings demonstrate the potential of feedback-driven, AI-in-the-loop writing systems to empower humans in open-ended, social, creative tasks such as empathic conversations.

Introduction

As artificial intelligence (AI) technologies continue to advance, AI systems have started to augment and collaborate with humans in application domains ranging from e-commerce to healthcare ^{1–9}. In many and especially in high-risk settings, such Human-AI collaboration has proven more robust and effective than totally replacing humans with AI ^{10, 11}. However, the collaboration faces dual challenges of developing human-centered AI models to assist humans and designing human-facing interfaces for humans to interact with the AI ^{12–17}. For AI-assisted writing, for instance, we must build AI models that generate actionable writing suggestions *and* simultaneously design human-facing systems that help people see, understand and act on those suggestions just-in-time ^{17–23}. Therefore, current Human-AI collaboration systems have been restricted to simple, mechanistic tasks, like scheduling meetings, checking spelling and grammar, and

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Cultural disconnects between their context and the LLM chatbot's output

Chatting with ChatGPT is like talking with a person in California, who is not as good at reflecting our cultures and terms. - Jiho

I know that Western culture is not as strict when it comes to parents and children. For me being mad about this pressure, ChatGPT says I'm being rebellious. So I realize --- Okay, this is obviously a Western perspective, not an Asian perspective. - Aditi

My mom or dad will say something discriminative to LGBTQ people, and I'm instantly stressed. I guess it's cultural background. I know that since [ChatGPT] has more of an American context, maybe it will be more inclusive. - Mina

Cultural Misalignment

Recommendations were incongruent with how participants would typically practice care, and were in line with Western cultural conceptualizations.

[ChatGPT] gave suggestions around conventional European things, such as go to therapists, which we are not natural with. We don't really have therapists here. [...] When you ask Nigerians for support, the first answer they will give you is to pray. It's a very religious country. - Umar

ChatGPT wasn't in my culture, we normally pray as kind of meditation. It(ChatGPT) doesn't understand. Things that are like the stereotype person in Western Europe, or US. - Farah



Better to Ask in English: Cross-Lingual Evaluation of Large Language Models for Healthcare Queries

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ABSTRACT

Large language models (LLMs) are transforming the ways the general public accesses and consumes information. Their influence is particularly pronounced in pivotal sectors like healthcare, where lay individuals are increasingly appropriating LLMs as conversational agents for everyday queries. While LLMs demonstrate impressive language understanding and generation proficiencies, concerns regarding their safety remain paramount in these high-stake domains. Moreover, the development of LLMs is disproportionately focused on English. It remains unclear how these LLMs perform in the context of non-English languages, a gap that is critical for ensuring equity in the real-world use of these systems. This paper provides a framework to investigate the effectiveness of LLMs as multilingual dialogue systems for healthcare queries. Our empiricallyderived framework XLINGEVAL focuses on three fundamental criteria for evaluating LLM responses to naturalistic human-authored health-related questions: correctness, consistency, and verifiability. Through extensive experiments on four major global languages, including English, Spanish, Chinese, and Hindi, spanning three expert-annotated large health Q&A datasets, and through an amalgamation of algorithmic and human-evaluation strategies, we found a pronounced disparity in LLM responses across these languages, indicating a need for enhanced cross-lingual capabilities. We further propose XLINGHEALTH, a cross-lingual benchmark for examining the multilingual capabilities of LLMs in the healthcare context. Our findings underscore the pressing need to bolster the cross-lingual capacities of these models, and to provide an equitable information ecosystem accessible to all.

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KEYWORDS

large language model, natural language processing, cross-lingual evaluation, language disparity

Reference Format:

Yiqiao Jin, Mohit Chandra, Gaurav Verma, Yibo Hu, Munmun De Choudhury, and Srijan Kumar. 2023. *Better to Ask in English*: Cross-Lingual Evaluation of Large Language Models for Healthcare Queries. Preprint. 18 pages.

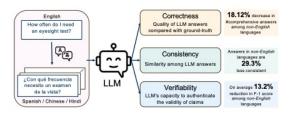


Figure 1: We present XLINGEVAL, a comprehensive framework for assessing cross-lingual behaviors of LLMs for high risk domains such as healthcare. We present XLINGHEALTH, a cross-lingual benchmark for healthcare queries.

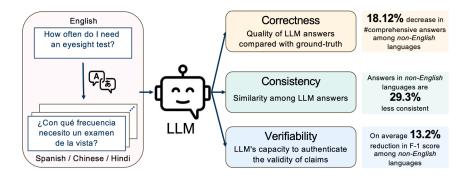
1 INTRODUCTION

Large language models (LLMs) have gained popularity due to their ability to understand human language and deliver exceptional performances in various tasks [1–4]. While LLMs have been used by experts for downstream generative tasks [5, 6], their recent adoption as dialogue systems has made them accessible to the general public, especially with models like GPT-3.5 [7], GPT-4 [8], and Bard [9] becoming widely available [10]. This expanded availability to LLMs is expected to enhance access to education, healthcare, and digital literacy [11, 12]. Especially in healthcare, LLMs exhibit significant potential to simplify complex medical information into digestible summaries, answer queries, support clinical decision-making, and enhance health literacy among the general population [13, 14]. However, their adoption in healthcare domain brings two significant challenges: ensuring safety and addressing language disparity.

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XLingEval Framework

- XLingEval: a comprehensive cross-lingual framework to assess the behavior of LLMs in high-risk domains such as healthcare.
- Three criteria for evaluating LLMs:
 - Correctness
 - Consistency
 - Verifiability

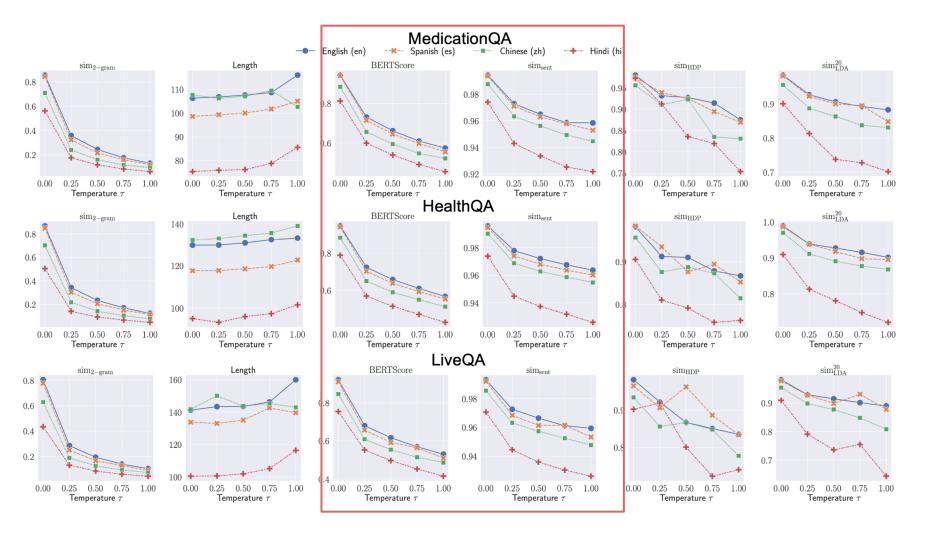


 Evaluations across four languages -- English, Spanish, Chinese and Hindi and across two models -- GPT-3.5 and MedAlpaca [1]

Correctness

Information Comparison (LLM Answer vs ground-truth Answer)	HealthQA					Live	eQA		MedicationQA				
,	en	es	zh	hi	en	es	zh	hi	en	es	zh	hi	
More comprehensive and appropriate	1013	891	878	575	226	213	212	142	618	547	509	407	
Less comprehensive and appropriate	98	175	185	402	3	12	16	59	18	50	41	125	
Neither contradictory nor similar	20	63	57	110	14	20	14	32	49	70	92	107	
Contradictory	3	5	14	47	3	1	4	13	5	23	48	51	

Consistency





ChatGPT banned in Italy over privacy concerns

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FTC warns that AI technology like ChatGPT could 'turbocharge' fraud

Sarah Perez @sarahintampa / 4:37 PM EDT • April 18, 2023







MENU



FACT SHEET: President Biden Issues Executive Order on Safe, Secure, and Trustworthy Artificial Intelligence



Today, President Biden is issuing a landmark Executive Order to ensure that America leads the way in seizing the promise and managing the risks of artificial intelligence (AI). The Executive Order establishes new standards for AI safety and security, protects Americans' privacy, advances equity and civil rights, stands up for consumers and workers, promotes innovation and competition, advances American leadership around the world, and more.

New Standards for AI Safety and Security

Require that developers of the most powerful AI systems share their safety test results and other critical information with the U.S. government.

Develop standards, tools, and tests to help ensure that AI systems are safe, secure, and trustworthy.

Protect against the risks of using AI to engineer dangerous biological materials

Protect Americans from AI-enabled fraud and deception by establishing standards and best practices for detecting AI-generated content and authenticating official content.

Establish an advanced cybersecurity program to develop AI tools to find and fix vulnerabilities in critical software

Order the development of a National Security Memorandum that directs further actions on AI and security

Protecting Americans' Privacy

Protect Americans' privacy by prioritizing federal support for accelerating the development and use of privacy-preserving techniques

Strengthen privacy-preserving research and technologies

Evaluate how agencies collect and use commercially available information

Develop guidelines for federal agencies to evaluate the effectiveness of privacy-preserving techniques

Advancing Equity and Civil Rights

Provide clear guidance to landlords, Federal benefits programs, and federal contractors

Address algorithmic discrimination

Ensure fairness throughout the criminal justice system

Standing Up for Consumers, Patients, and Students

Advance the responsible use of AI in healthcare and the development of affordable and life-saving drugs.

Shape Al's potential to transform education by creating resources to support educators deploying Al-enabled educational tools

Supporting Workers

Develop principles and best practices to mitigate the harms and maximize the benefits of AI for workers by addressing job displacement; labor standards; workplace equity, health, and safety; and data collection

Produce a report on Al's potential labor-market impacts, and study and identify options for strengthening federal support for workers facing labor disruptions, including from Al.

Ensuring Responsible and Effective Government Use of Al

Issue guidance for agencies' use of AI, including clear standards to protect rights and safety, improve AI procurement, and strengthen AI deployment.

Help agencies acquire specified AI products and services faster, more cheaply, and more effectively through more rapid and efficient contracting.

Accelerate the rapid hiring of AI professionals

Is this enough?