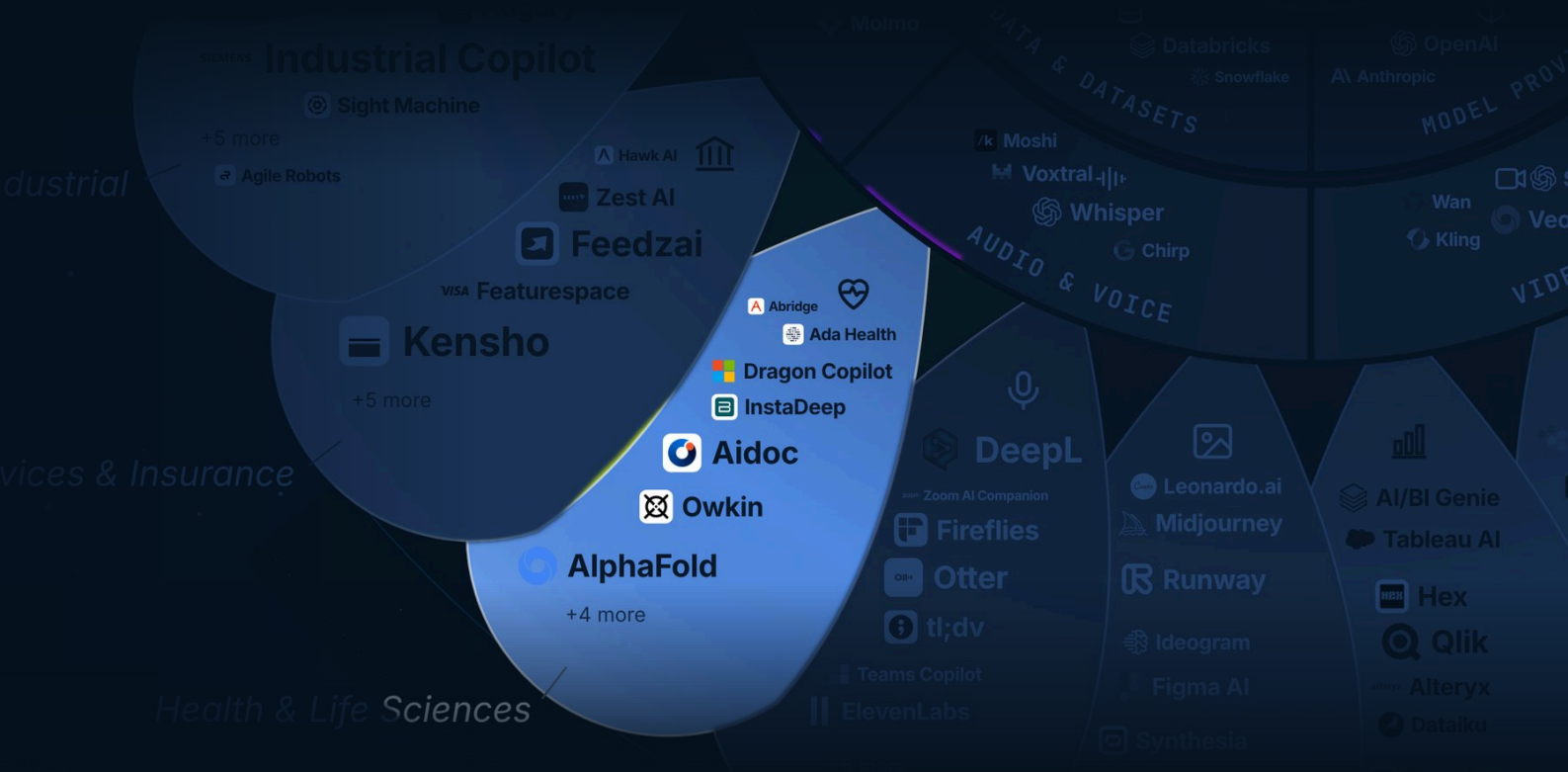
ETHORITY®
AI BUSINESS OPERATING SYSTEM

SECTOR BRIEF

GOOD AI PRISM · SECTOR BRIEF 2026/27 · HEALTH & LIFE SCIENCES

Health AI goes clinical.

Put AI to work for patients and clinicians: what the market offers, what the evidence shows and the rules by jurisdiction.



1,614
AI-enabled devices on the FDA list
FDA, SEP 2026

25
AI offerings mapped in Health & Life Sciences
GOOD AI PRISM, OCT 2026

2 Aug 2028
EU high-risk duties for AI in medical devices apply
EU AI ACT, AS AMENDED 2026

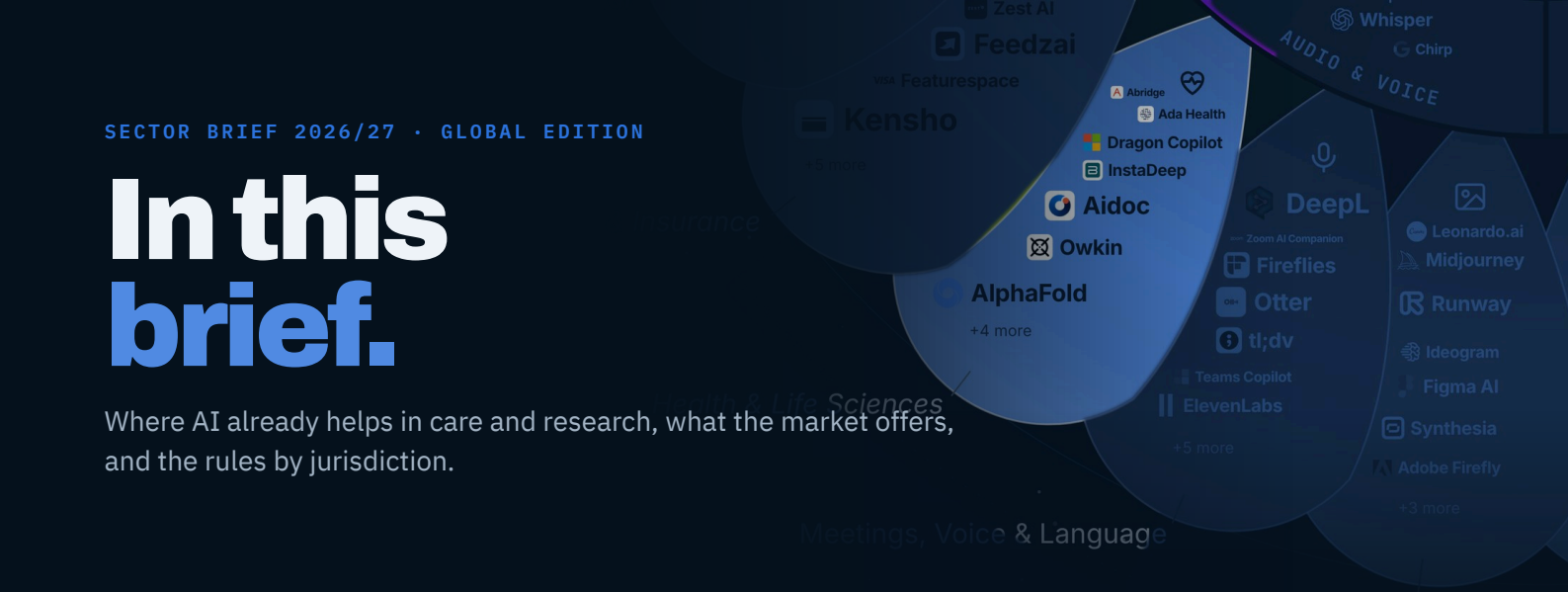
GLOBAL EDITION · EN · v1.2 · OCT 2026
Created by Sten Franke with a people and governance lens by Severin L. Wilson

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SECTOR BRIEF 2026/27 · GLOBAL EDITION

In this brief.

Where AI already helps in care and research, what the market offers, and the rules by jurisdiction.



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01 AI moves from documentation to diagnosis. 4

02 AI arrives in a stretched workforce. 8

03 Europe sets the reference dates. 12

04 25 AI offerings, from the consultation room to the lab. 18

05 Measure time returned before you scale. 22

Glance	At a glance: six numbers on health AI	3
ETHORITY	The problem, how ETHORITY helps, about ETHORITY	28
Method	Method and sources	31
Imprint	Imprint, licence and lineage	33

ABOUT THIS BRIEF

Market figures come from the Good AI Prism 2026/27 study dataset: every entry is recorded with a dated source from the provider's own pages. Job groups are ETHORITY's classification. External figures name their source, population and date; populations differ between countries and are not combined. This brief is not legal or medical advice.

AT A GLANCE

Health is where AI meets the most trusted decisions.

Clinicians now use AI to write notes, summarise records and read images. Most of that use supports people; a growing share touches diagnosis and treatment, where medical-device law and the EU AI Act apply.

This brief applies the Good AI Prism Market Study 2026/27 to one industry: health and life sciences. It combines the study's market map of 25 AI offerings with current research on adoption, workforce and rules across major jurisdictions. Europe is ETHORITY's hub market and Germany its home and test market, so both get the closest look. The brief ends with the questions to settle before a pilot.

READ ON

The Health & Life Sciences area hub and the theme studies on AI for care in ageing societies and pharma, biotech and longevity.

81%

of US physicians use AI professionally, up from 38% in 2023

AMA, MAR 2026

71%

of US acute-care hospitals used predictive AI in their EHR in 2024

ONC/AHA, NOV 2025

29%

of UK doctors used at least one AI system in the past year

GMC, FEB 2025

64%

of responding WHO Europe states use AI-assisted diagnostics (32 of 50)

WHO EUROPE, NOV 2025

18%

of hospital physicians in Germany use AI, up from 9% in 2022

BITKOM, MAY 2025

11.1m

health workers projected short worldwide by 2030

WHO, DEC 2024

01

AI moves from documentation to diagnosis.

AI has become part of clinical work. The most common uses lift the paperwork: research summaries, care plans, notes and chart summaries. Diagnosis support follows at 17% of US physicians. In Germany, ETHORITY's test market, adoption is lower but rising.

Health & Life Sciences

IN THIS CHAPTER

AI HAS BECOME PART OF · 6
PHYSICIAN USE OF AI · 7



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81%

of US physicians used AI professionally in 2026, against 38% in 2023

AMA PHYSICIAN SURVEY ON AUGMENTED INTELLIGENCE, 12 MAR 2026

WHERE HEALTH STANDS

AI has become part of clinical work.

17%

of US physicians use AI for assistive diagnosis

AMA, MAR 2026

81% of US physicians used AI professionally in 2026, against 38% in 2023, and the average physician now uses it for more than two tasks (AMA, Mar 2026). 71% of US acute-care hospitals run predictive AI inside their electronic health record (ONC/AHA data brief). In the UK 29% of doctors used an AI system in the past year (GMC), and 32 of 50 responding European states report AI-assisted diagnostics (WHO Europe).

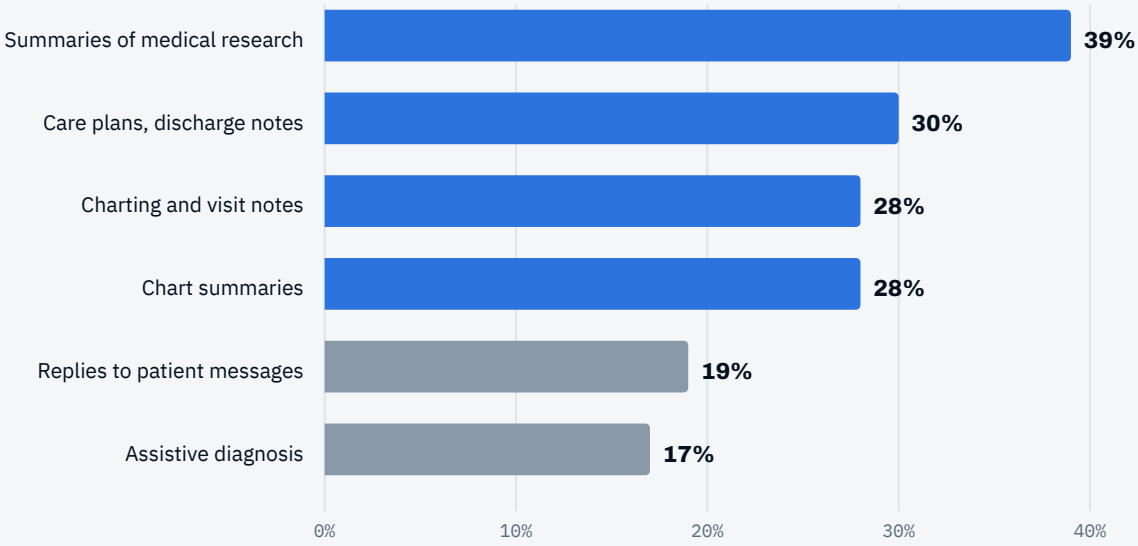
The average physician now uses AI for more than two tasks.

AMA, MAR 2026

EXHIBIT 1.1

The most common uses lift the paperwork.

Share of US physicians using AI for each task, 2026. Documentation tasks in blue.



Source · AMA Physician Survey on Augmented Intelligence, 12 Mar 2026 · about 1,700 physicians

WHERE HEALTH STANDS

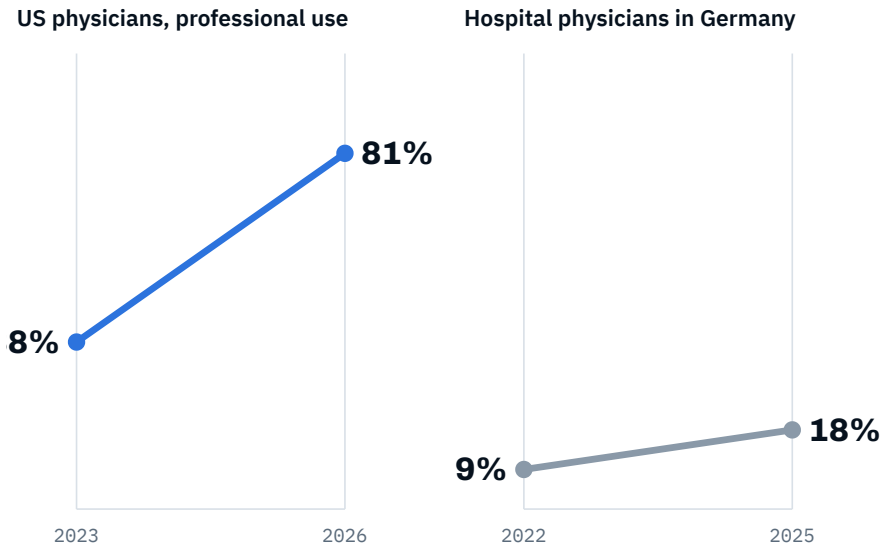
Physician use of AI has doubled.

The most common uses lift the paperwork: research summaries, care plans, notes and chart summaries. Diagnosis support follows at 17% of US physicians. In Germany, ETHORITY's test market, adoption is lower but rising: 18% of hospital physicians and 15% of practice physicians use AI (Bitkom, 2025).

EXHIBIT 1.2

In the US and in Germany, physician use of AI has at least doubled.

Share of physicians using AI at work, first and latest survey wave



Source · AMA, 12 Mar 2026 (about 1,700 physicians) · Bitkom and Hartmannbund, 27 May 2025 (616 physicians, not representative). Populations differ and are not combined.

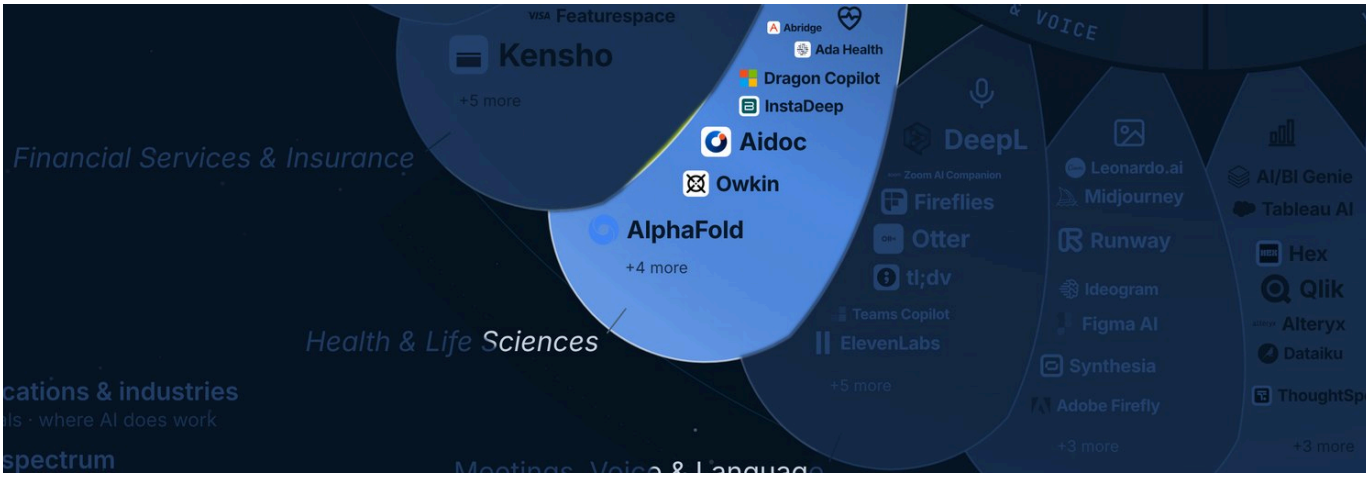
HUB AND TEST MARKET

Europe is ETHORITY's hub market and Germany its home and test market, so both get the closest look in this brief.

15%

of practice physicians in Germany use AI

BITKOM AND HARTMANNBUND, MAY 2025



Good AI Prism v3.12 · Health & Life Sciences petal lit · wide band through the petal and its neighbours · Good AI Prism artwork © 2026 ETHORITY & STEN.AI LLC · CC BY-NC-ND 4.0 · data and third-party marks not covered.

02

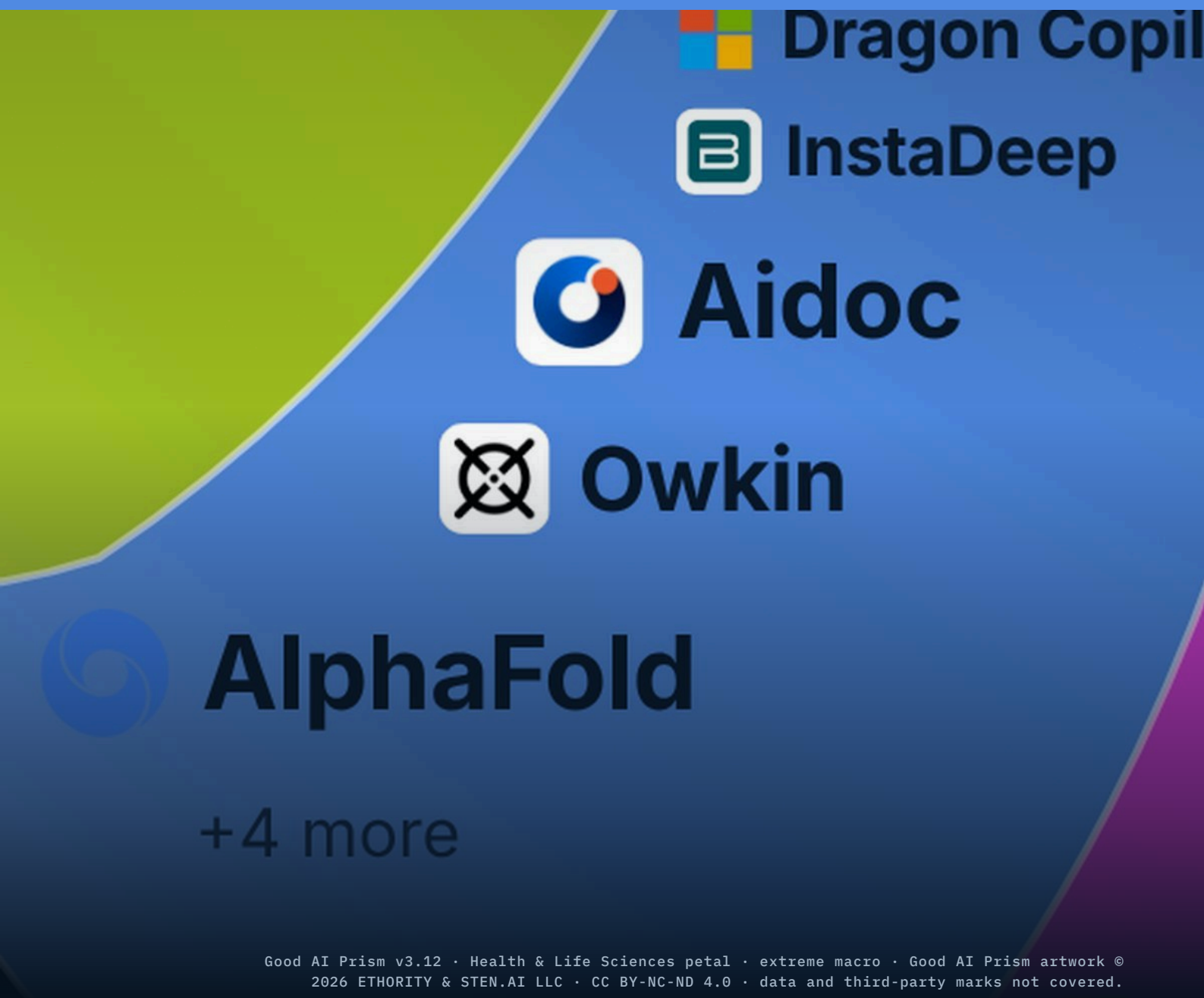
AI arrives in a stretched workforce.

The pressure is structural. Physicians spend hours in the electronic record and on administration, and the world is heading for a shortfall of health workers. Documentation tools show the first measurable relief. Germany shows the gap between digital infrastructure and its daily use.

Health & Life Sciences

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THE RECORD EATS · 10
SCRIBES GIVE BACK · 11



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11.1m

health workers projected short worldwide by 2030

WHO, EB156/15 HEALTH WORKFORCE, DEC 2024

THE WORKFORCE SIDE

The record eats the day.

3 h

a day on administration and documentation for employed physicians in Germany

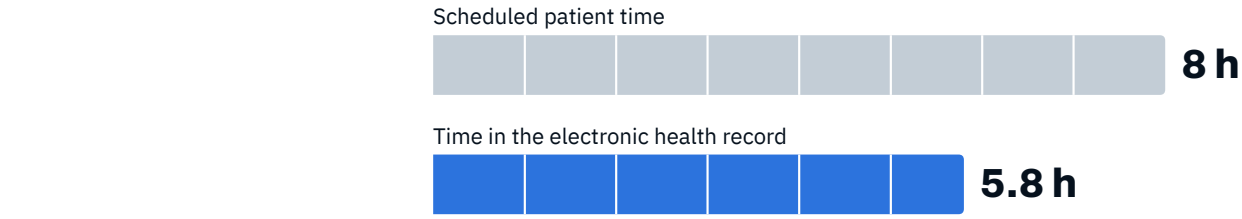
MARBURGER BUND, MB-MONITOR 2024 (N = 9,649)

The pressure is structural. WHO projects a shortfall of 11.1 million health workers by 2030. US physicians spend 5.8 hours in the electronic record for every 8 hours of scheduled patient time (JGIM, 2024), and employed physicians in Germany spend about three hours a day on administration and documentation (Marburger Bund, 2024).

EXHIBIT 2.1

5.8 hours in the record for every 8 hours with patients.

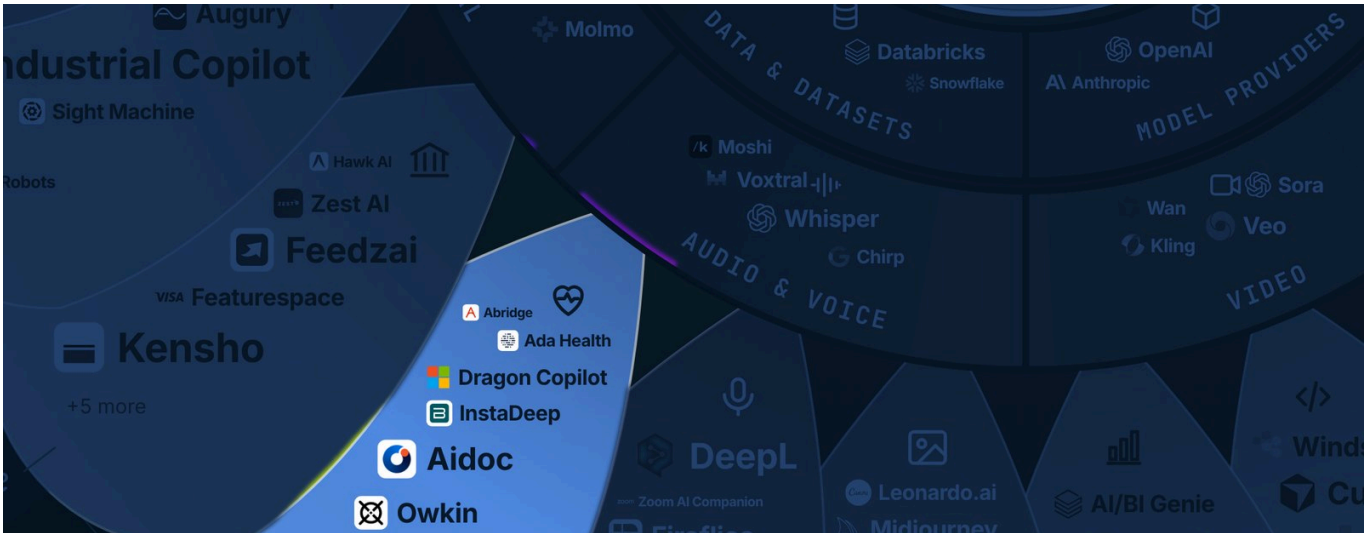
Hours in the electronic health record per 8 hours of scheduled patient time, US ambulatory physicians



Source · JGIM 2024: EHR time of 200,081 US ambulatory physicians

Documentation tools show the first measurable relief.

NEJM CATALYST VIA AMA, MAR 2024



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THE WORKFORCE SIDE

Scribes give back an hour a day.

USE CASE

Ambient scribes at the keyboard

Documentation tools show the first measurable relief: in one large US programme, ambient scribes saved physicians about an hour a day at the keyboard (NEJM Catalyst via AMA).

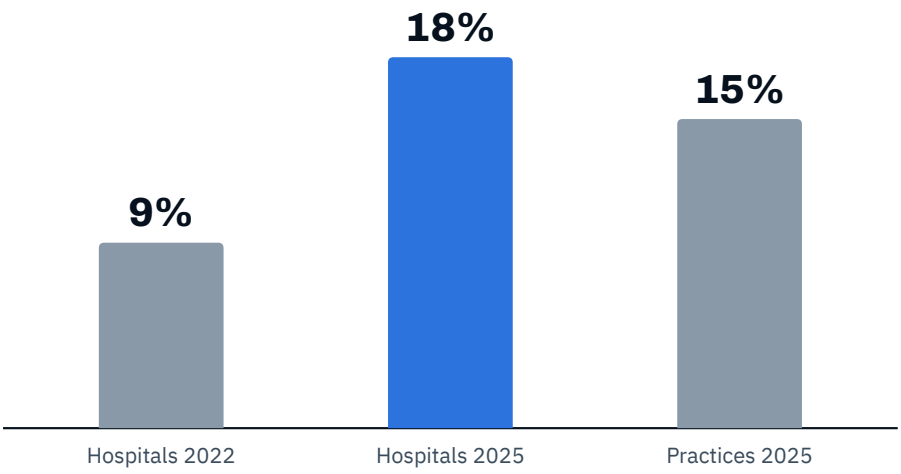
NEJM CATALYST VIA AMA, MAR 2024

Germany shows the gap between scale and use: about 73 million electronic patient records exist, while 3.6% are actively used by patients (gematik).

EXHIBIT 2.2

Test market Germany: AI use among hospital physicians doubled.

Share of physicians using AI at work, by setting

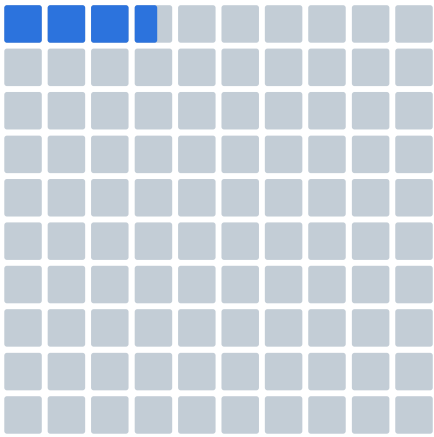


Source · Bitkom and Hartmannbund, 27 May 2025 · 616 physicians, not representative

EXHIBIT 2.3

73 million records, 3.6% actively used.

Electronic patient records in Germany; each square is 1% of about 73 million



Source · gematik ePA figures, Apr 2026 · status Jan 2026

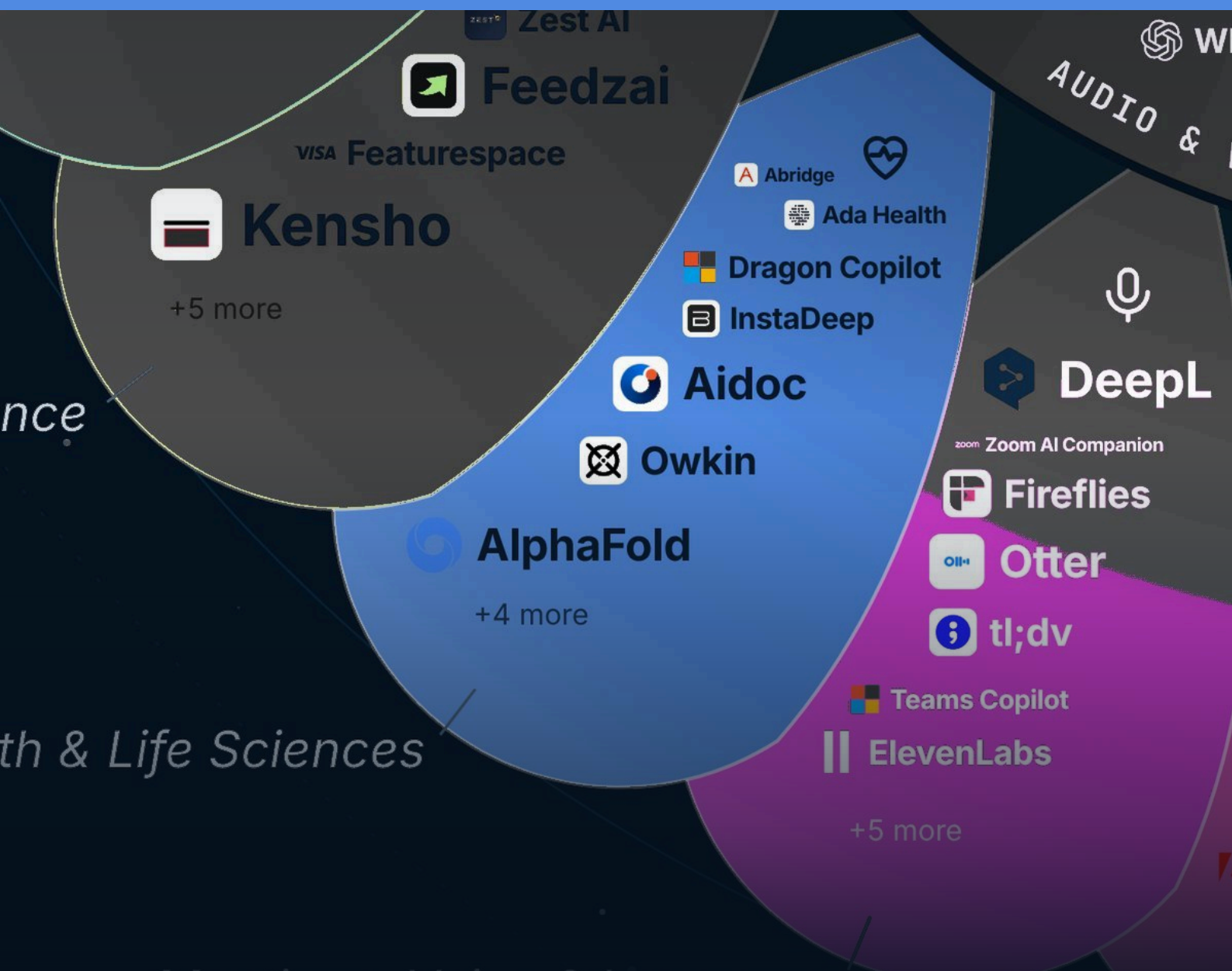
03

Europe sets the reference dates.

ETHORITY reads the rules by jurisdiction. Europe is the hub market: the EU AI Act together with the medical-device regulations sets the most detailed rulebook for AI in care. Germany, the home and test market, adds digital health apps, the electronic patient record and research access to health data.

IN THIS CHAPTER

EUROPEAN UNION: · 14
GERMANY, THE HOME AND TEST MARKET, · 15
RULES BY JURISDICTION: EUROPE AND THE AMERICAS · 16
RULES BY JURISDICTION: ASIA-PACIFIC · 17



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2 Aug 2028

EU high-risk duties for AI in medical devices apply

REGULATION (EU) 2026/1744, DIGITAL OMNIBUS ON AI

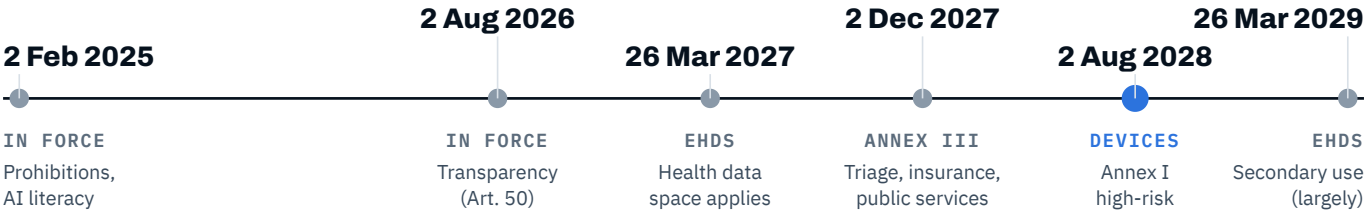
THE RULES

European Union: the hub market.

EXHIBIT 3.1

The EU clock for health AI runs from 2025 to 2029.

AI Act dates (blue: medical devices) and European Health Data Space dates (grey)



Source · Regulation (EU) 2024/1689 as amended by Regulation (EU) 2026/1744; Regulation (EU) 2025/327, EHDS

DATES

As amended by the Digital Omnibus on AI, Regulation (EU) 2026/1744, in force since 27 July 2026. The European Health Data Space, Regulation (EU) 2025/327, applies from 26 March 2027; secondary use of health data largely from 26 March 2029.

USES, NOT PRODUCTS

Whether an offering is high-risk depends on its intended purpose and certification. The AI Act readiness sprint maps each use to its date.

2 Feb 2025 · In force	Prohibited AI practices apply; providers and deployers take measures to support AI literacy (Art. 4, as amended).
2 Aug 2026 · In force	Transparency: patients must be told when they interact with an AI system, and generated content must be marked (Art. 50).
2 Dec 2027 · Annex III	High-risk uses include emergency triage of patients (5d), risk pricing in life and health insurance (5c) and eligibility for public health services (5a).
2 Aug 2028 · Devices	AI in medical devices and in-vitro diagnostics that need a notified body becomes high-risk under Annex I. MDR and IVDR continue to apply; delegated acts may limit duplicated requirements.

The AI Act classifies uses, not products.

REGULATION (EU) 2024/1689, ART. 6 AND ANNEXES I AND III

THE RULES

Germany, the home and test market, adds its own building blocks.

- Digital health apps (DiGA): 58 apps listed at the end of 2025; about 1.9 million prescriptions or approvals since 2020 (GKV-Spitzenverband).
- Electronic patient record for all (opt-out): about 73 million records; data flows to research by default unless the patient objects (Health Data Use Act, GDNG).
- Research data centre for health at BfArM: purpose-based access to health data in the public interest (GDNG, 2024).
- German Medical Assembly 2025: AI supports decisions; final responsibility stays with the physician.

58

digital health apps (DiGA) listed at the end of 2025; about 1.9 million prescriptions or approvals since 2020

GKV-SPITZENVERBAND, DIGA-BERICHT, 1 APR 2026

BEST PRACTICE

Keep the clinician accountable

Professional rules in Germany and Brazil and US state laws keep final responsibility with the physician. Name a clinical owner for every AI output that reaches patients.

129TH GERMAN MEDICAL ASSEMBLY, MAY 2025 · CFM RES. 2.454/2026



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RULES BY JURISDICTION · EUROPE AND THE AMERICAS

Where you treat decides which rules apply.

Rules for AI in health differ in kind: device law everywhere, the AI Act on top in the EU, disclosure laws in US states, professional rules in Brazil and Germany. Status October 2026; sources on the next page.

JURISDICTION	INSTRUMENT	APPLIES	WHAT IT MEANS FOR HEALTH
European Union · hub market	AI Act, amended by the Digital Omnibus on AI; MDR, IVDR; EHDS	Art. 50 since 2 Aug 2026; Annex III from 2 Dec 2027; devices from 2 Aug 2028	AI medical devices are high-risk alongside MDR/IVDR; emergency triage and health-insurance pricing under Annex III. EHDS opens secondary use of health data from 2029.
Germany · home market	DiGA (SGB V), GDNG, ePA für alle	In force	58 digital health apps listed; about 73 million electronic records with research use by default (opt-out); physicians keep final responsibility.
United Kingdom	MHRA AI Airlock; NHS England guidance on ambient voice technology	Airlock phase 3 to 2029; registry since Jan 2026	A regulatory sandbox for AI devices; a national registry of ambient scribe suppliers, with procurement by local trusts.
United States	FDA device law and guidance; ONC HTI rules; CMS	In force; HTI-5 proposed Dec 2025	1,614 AI-enabled devices authorised (76% radiology); predetermined change plans for model updates; relaxed rules for decision support and wellness (Jan 2026).
US states	California AB 3030 and AB 489; Texas SB 1188 and TRAIGA; Illinois HB 1806	Since 2025–2026	Disclosure of generative AI in patient communication; practitioners review AI output; AI therapy banned in Illinois. 22 states enacted health AI laws in H1 2026.
Canada	Health Canada guidance for machine-learning devices	Final Feb 2025	Change plans for models allowed under licence terms.
Brazil	Federal Council of Medicine, Res. 2.454/2026	Since 10 Aug 2026	Institutions set up AI committees, classify systems by risk and inform patients; physicians stay responsible.

RULES BY JURISDICTION · ASIA-PACIFIC

Asia-Pacific: device regulators lead.

In Asia-Pacific the medical-device regulators set the pace, with dedicated tracks for software and AI. China adds the rule that AI may not replace the physician.

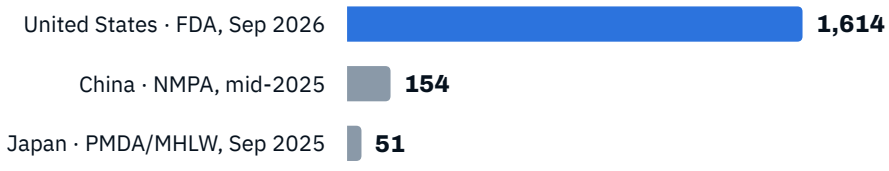
JURISDICTION	INSTRUMENT	APPLIES	WHAT IT MEANS FOR HEALTH
China	NHC rules on internet diagnosis; NMPA device approvals; AI + healthcare opinions (Oct 2025)	In force; NMPA draft Jun 2026	AI may not replace physicians; class III imaging AI needs clinical validation; 154 AI devices approved by mid-2025.
Japan	PMDA/MHLW SaMD framework (DASH for SaMD 2, IDATEN)	Ongoing	51 AI devices approved by Sep 2025; two-step approval and pre-agreed change plans.
South Korea	Digital Medical Products Act	Since 24 Jan 2025	A dedicated authorisation track for digital and AI medical products.
Singapore	MOH/HSA AI in Healthcare Guidelines 2.0	Since 10 Mar 2026	Guidance for developers and deployers, including generative and direct-to-consumer AI; HSA software device rules apply.
India	CDSCO draft guidance on medical device software	Draft Oct 2025	Risk classes A–D and an algorithm change protocol for AI.
Australia	TGA review of AI and medical device software	Report Jul 2025; consultations 2026	Framework largely fit for purpose; urgent review of digital scribes.

Sources: statutes and regulators (FDA, ONC, MHRA, NHS England, NHC, NMPA, MHLW/PMDA, MFDS, MOH/HSA, CDSCO, TGA, Health Canada, CFM, GKV-Spitzenverband, gematik); White & Case, Taylor Wessing, Kennedys, Hogan Lovells, Manatt, Akerman, Baker McKenzie, MinterEllison, BLG, Mayer Brown. Status October 2026. Not legal advice.

EXHIBIT 3.2

The FDA list counts 1,614 AI-enabled devices.

AI devices authorised or approved, as reported by each regulator



Source · FDA, AI-enabled medical devices list, 4 Sep 2026; NMPA via NHC/NMPA, mid-2025; PMDA/MHLW, Sep 2025. Counts as reported at different dates.

76%

of the 1,614 AI-enabled devices on the FDA list are in radiology

FDA, SEP 2026

04

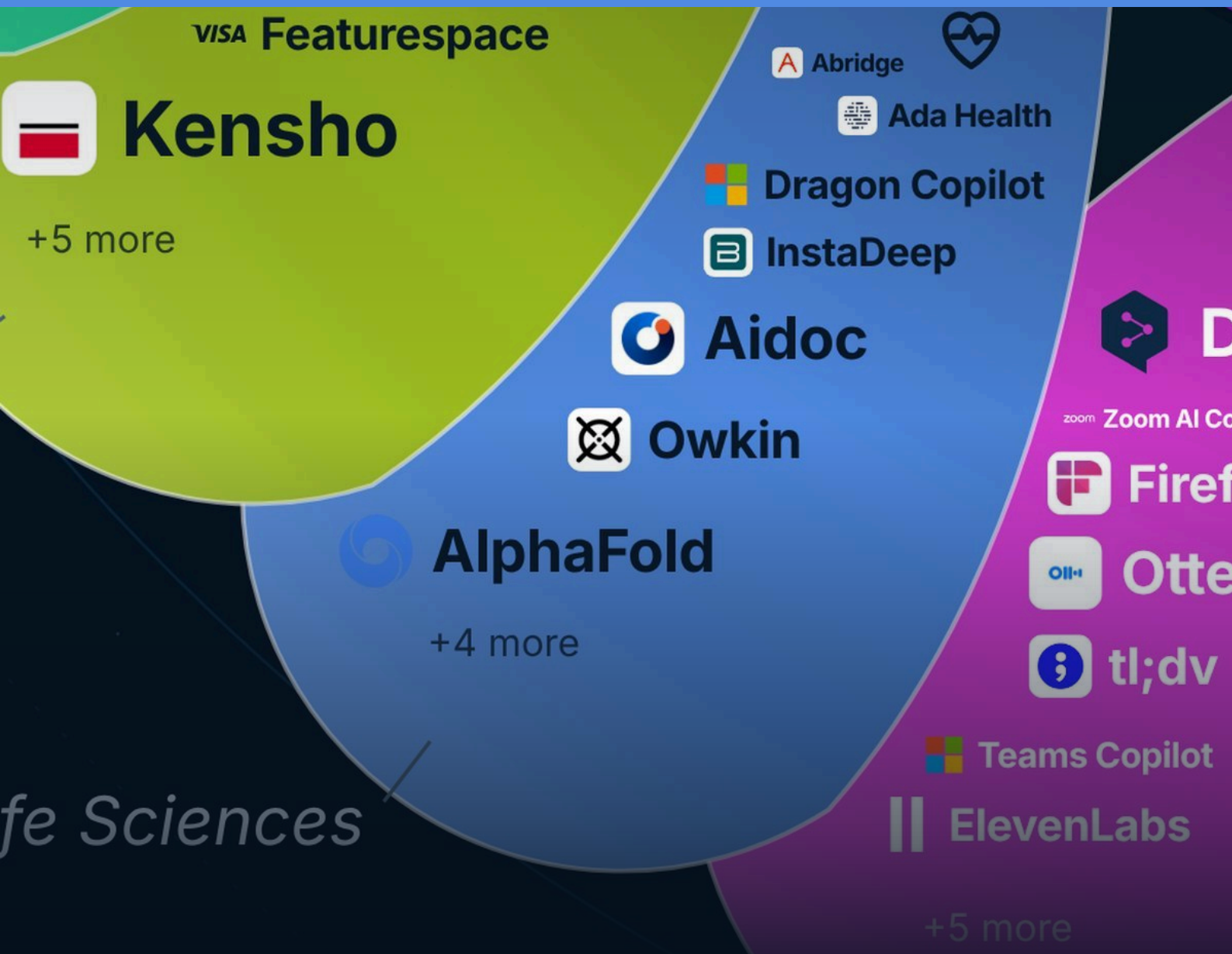
25 AI offerings, from the consultation room to the lab.

The Good AI Prism 2026/27 places 25 offerings in Health & Life Sciences. Seven capture the conversation between clinician and patient and draft the documentation. Six read images and pathology slides. Six support drug discovery and biology, three run clinical trials and precision data, two assess symptoms and one plans hospital capacity.

Health & Life Sciences

IN THIS CHAPTER

THE HEALTH & LIFE SCIENCES MAP · 20
WHERE THE 25 PROVIDERS · 21



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7

of the 25 mapped offerings capture the conversation between clinician and patient and draft the documentation

GOOD AI PRISM 2026/27 STUDY DATASET, OCT 2026

THE MARKET MAP

The Health & Life Sciences map by job.

EXHIBIT 4.1

Scribes lead the market: 7 of 25 offerings write the clinical record.

Number of offerings per job group; names alphabetical, not a ranking. Logos as shown in the Good AI Prism v3.12 artwork.

7 — Clinical documentation & ambient scribes

Abridge · Corti · Dragon Copilot (Microsoft) · Heidi · Nabla · Suki Compose · Tandem Health

AI Act · Art. 50 disclosure for patient-facing use; device rules if it supports diagnosis or treatment

6 — Imaging & diagnostic AI

Aidoc · AI-Rad Companion (Siemens Healthineers) · BoneView (Gleamer) · e-Stroke (Brainomix) · Lunit INSIGHT · Paige Prostate Detect

AI Act · High-risk via Annex I (MDR/IVDR) from 2 Aug 2028 when placed on the market as a medical device

6 — Drug discovery & biology

AlphaFold (Google DeepMind) · InstaDeep (BioNTech) · Isomorphic Labs · Owkin · Pharma.AI (Insilico Medicine) · Recursion OS

AI Act · Research-only use falls under the scientific R&D exclusion (Art. 2(6))

3 — Clinical trials & precision data

Medidata Plus · Saama AI Platform · Tempus

AI Act · Depends on the modules and intended use

2 — Symptom assessment & triage

Ada Health · Infermedica

AI Act · Annex III 5(d) for emergency triage; Annex I when certified as a medical device

1 — Hospital operations

Qventus

AI Act · Depends on the modules and intended use

Source · Good AI Prism 2026/27 study dataset · job groups: ETHORITY classification · The AI Act classifies uses, not products. Whether an offering is high-risk depends on its intended purpose and certification.

THE MARKET MAP

Where the 25 providers are headquartered.

EXHIBIT 4.2

Europe hosts 12 of the 25 providers, 2 of them in Germany.

Providers in Health & Life Sciences by headquarters region



12	9	4
Europe, of which 2 in Germany	North America	Asia-Pacific and

Source · Headquarters per provider pages and public registers, October 2026 · Good AI Prism 2026/27 study dataset

By parent company: Europe 10, North America 11. Alphabet owns Google DeepMind and Isomorphic Labs; RadNet acquired Gleamer (2026); Tempus acquired Paige (2025); Dassault Systèmes owns Medidata; BioNTech owns InstaDeep.

The Health & Life Sciences area in the Good AI Prism

The online Good AI Prism places each offering in its business area and shows the source and date behind every entry. It shows the Health & Life Sciences area as it appears in October 2026.

SCENARIO

How to read an area

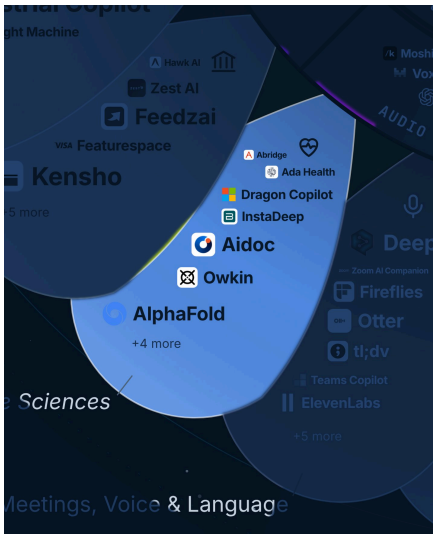
Select an area to see the offerings placed there, then open a profile to check the provider's own statement, its date and the decision facts recorded for it, such as pricing basis, data hosting and training on customer data where documented. Compare offerings side by side.

ONLINE VIEW

The online preview of October 2026 shows 11 profiled entries; this brief counts all 25 recorded for the edition (Good AI Prism, Oct 2026).

NEIGHBOURING AREA

Drug discovery and biology sit next to Science & Research in the Prism.



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05

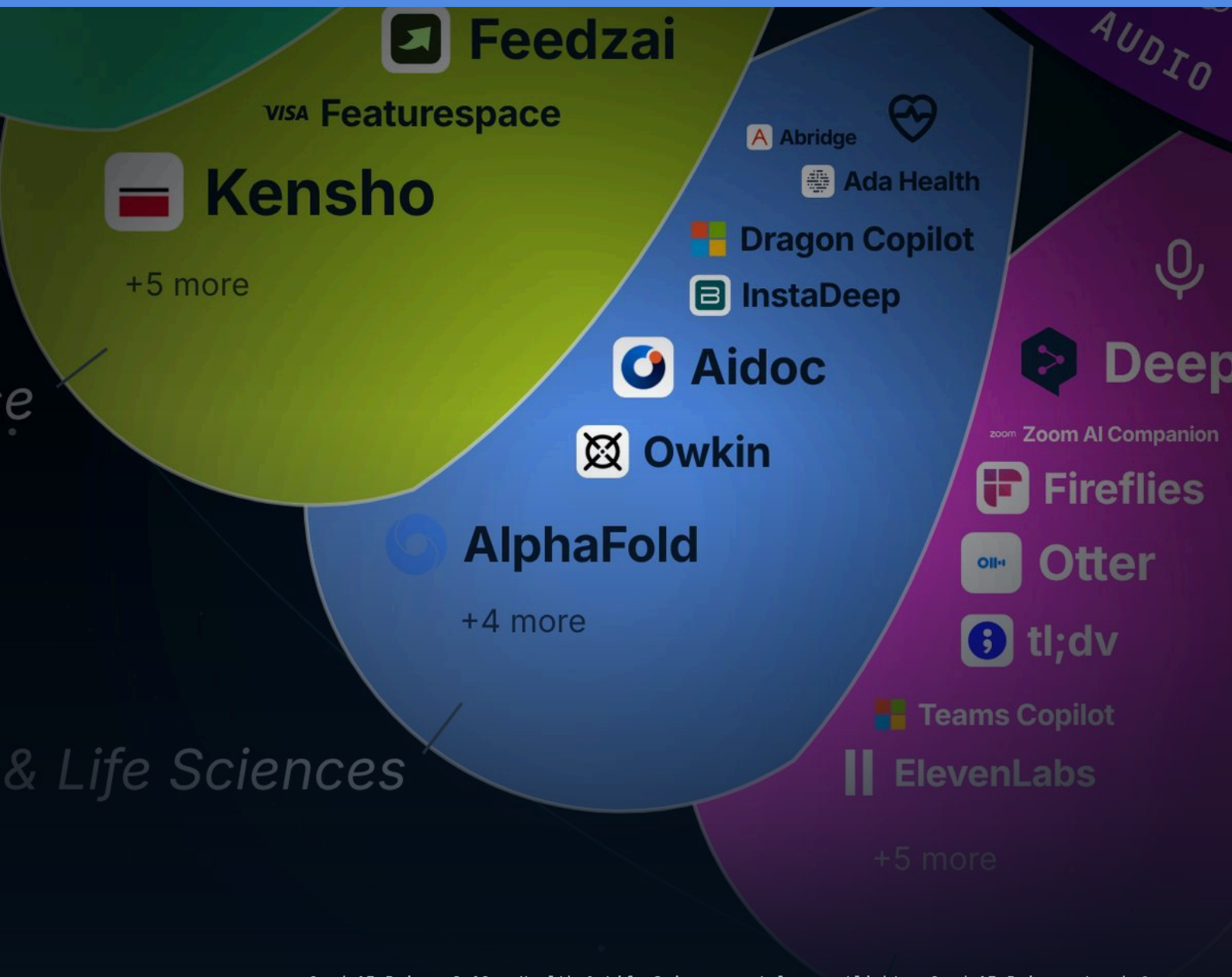
Measure time returned before you scale.

AI already writes notes, reads images and supports research. The question for health leaders is how to scale it safely and prove it gives time back to care. They must choose AI that clinicians trust, classify it correctly under device and AI law, and prove it improves care.

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WHAT HEALTH LEADERS NEED, · 24
PLAN THE PEOPLE SIDE · 25
A 90-DAY START · 26
WHAT THE EVIDENCE · 27

Health & Life Sciences



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86%

of WHO Europe states name legal uncertainty as a barrier to AI in health

WHO EUROPE, AI READINESS OF HEALTH SYSTEMS, 19 NOV 2025

NEEDS AND DECISIONS

What health leaders need, and what to ask before a pilot.

What the evidence shows

TIME

US physicians spend 5.8 hours in the record per 8 hours of patient time (JGIM, 2024); German hospital physicians about 3 hours a day on administration (Marburger Bund).

PEOPLE

WHO projects a shortfall of 11.1 million health workers by 2030.

SKILLS

One in four UK GPs uses generative AI clinically; most report no training (GPAI-UK, 2025).

RULES AND TRUST

8% of WHO Europe states have a national health-AI strategy; 86% name legal uncertainty as a barrier (WHO Europe, Nov 2025).

Seven questions before AI touches patient care

1. Is it a medical device? If its intended purpose covers diagnosis, treatment or triage, device law applies, and in the EU the AI Act from August 2028.
2. Who reviews every AI output before it reaches a patient or the record?
3. Do patients know when they deal with AI, as the EU (Art. 50), California and Texas require?
4. Which data trains and feeds the system, where is it hosted, and do GDPR, HIPAA or the EHDS rules on secondary use apply?
5. Does the provider show clinical evidence for our patient population, and a plan for model changes?
6. How do clinicians report errors, and how fast can a model change be rolled back?
7. How will we measure time returned, quality and patient outcomes before we scale?

WORKFORCE PLAN

Plan the people side with the technology.

When agendas change quickly, the people side breaks first: half-adopted tools, skills that lag the system, employees who were not involved, and decisions no one owns. Plan adoption, training, employee participation and accountable oversight as part of every staged commitment, not after it.

SEVERIN L. WILSON, WORKFORCE LENS IN THE GOOD AI PRISM MARKET STUDY 2026/27

Workforce annex to the pilot charter

Affected roles	Which clinical and administrative roles the pilot touches, and how many people
Baseline workload	Documentation time, waiting times and quality today, measured before the pilot
Skills needed	Operating, reviewing and improving the system; training plan and owner
Staff and patient involvement	Works council, clinical leads and patient representatives where applicable
Oversight owner	The named clinician accountable for outputs that affect patients
Escalation and appeal	How clinicians and patients can challenge an output, and the response time
Capacity plan	Where returned time goes: patient contact, quality, training or access; who decides
Measured quality	Error rate, incident reports and review findings, tracked with the outcome measure

BEST PRACTICE

Count returned time, not saved time

Saved time is not realised value. Count it when returned time has demonstrably gone into patient care, quality or access.

NEXT STEPS

A 90-day start for health organisations.

01

Inventory

List every AI use, including scribes and chat tools clinicians bring themselves.

02

Classify

Separate device and non-device uses and map them against the rules where you treat, with legal review.

03

Involve

Bring in clinical leads, data protection and employee representatives early; in Germany, the works council.

04

Enable

Document AI literacy measures and name trained clinical overseers.

05

Pilot

Run one documentation or imaging use with the workforce annex and a baseline, starting from an AI opportunity case.

06

Decide

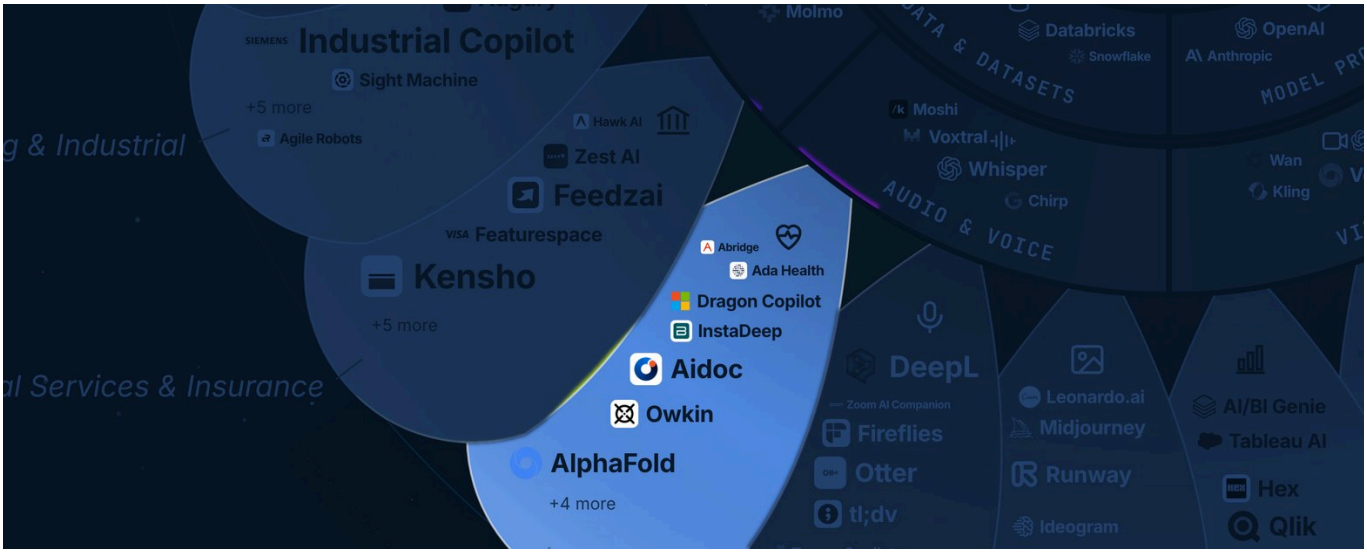
Scale only on measured time returned, quality and patient outcomes.

ETHORITY RECOMMENDATION

Derived from the rules and evidence in this brief.

Scale only on measured time returned, quality and patient outcomes.

ETHORITY RECOMMENDATION



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CONCLUSIONS

What the evidence adds up to.

AI already writes notes, reads images and supports research. The question for health leaders is how to scale it safely and prove it gives time back to care. Five conclusions for decisions now.

1 Start with documentation

EVIDENCE Ambient scribes saved US physicians about an hour a day; German hospital physicians spend about three hours a day on administration.

WHAT TO DO Pilot documentation first, with a baseline of time and quality.

SEE · THE WORKFORCE SIDE

2 Know when it is a medical device

EVIDENCE AI that supports diagnosis or treatment falls under device law and, in the EU, high-risk rules from Aug 2028.

WHAT TO DO Classify every use by intended purpose before procurement.

SEE · THE RULES

3 Keep the clinician accountable

EVIDENCE Professional rules in Germany and Brazil and US state laws keep final responsibility with the physician.

WHAT TO DO Name a clinical owner for every AI output that reaches patients.

SEE · RULES BY JURISDICTION

4 Close the gap between infrastructure and use

EVIDENCE Germany has about 73 million electronic records, but 3.6% are used actively.

WHAT TO DO Design AI around clinicians' and patients' daily work, not around systems.

SEE · THE WORKFORCE SIDE

5 Measure time returned and outcomes

EVIDENCE Most evidence still measures accuracy, not patient outcomes or time.

WHAT TO DO Count time returned, quality and patient outcomes before scaling.

SEE · NEEDS AND DECISIONS

THE PROBLEM

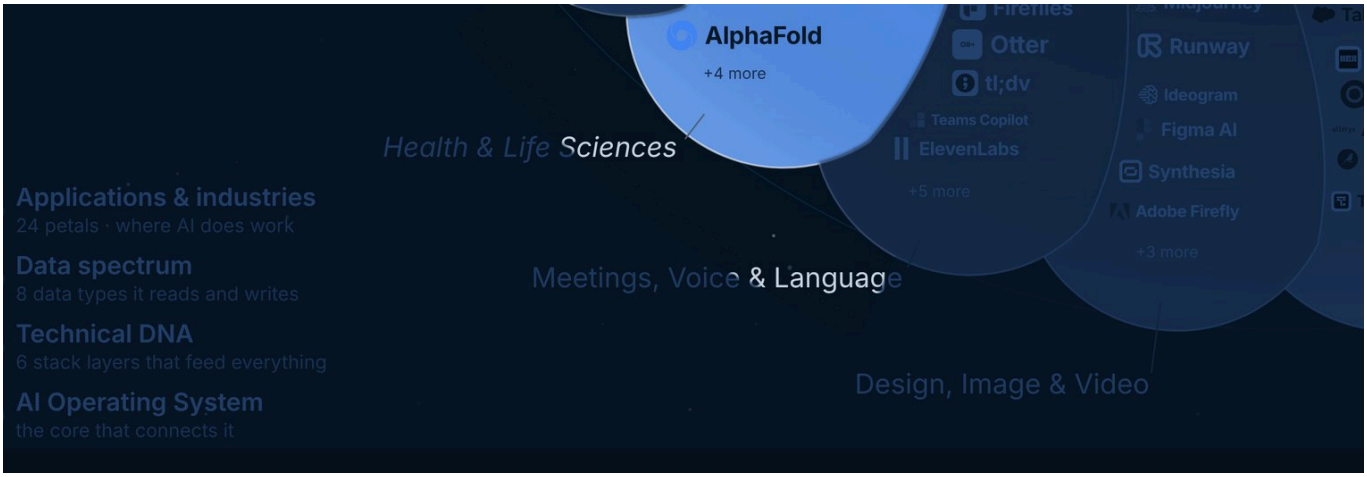
Health is not short of AI. It is short of time, evidence and safe paths to scale.

Health leaders must choose AI that clinicians trust, classify it correctly under device and AI law, and prove it improves care.

THE PROBLEM	WHAT WE SEE IN THE EVIDENCE	WHAT IT COSTS
Administrative burden	Clinicians spend hours a day on documentation.	Less time for patients; burnout.
Device and AI law	Diagnosis and treatment support is regulated as a medical device and high-risk AI.	Delays and liability risk.
Thin outcome evidence	Many tools show accuracy, few show patient benefit.	Purchases that do not improve care.
Data access	Health data rules and fragmented records limit use.	Models that do not fit the population.
Workforce shortage	WHO projects 11.1 million missing health workers by 2030.	Care not delivered.

The question behind every project: what should improve, which options are credible, what evidence is missing, what implementation requires, and who owns the outcome?

ETHORITY



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HOW ETHORITY HELPS

From AI ambition to time returned to care.

ETHORITY helps hospitals, practices and life-science organisations choose, govern and prove AI: from independent market evidence to decisions that can be defended to clinicians, regulators and patients.

01
Discover
Find and qualify the opportunity: options, evidence, constraints and rules.

02
Create
Design and build the solution with your data, systems and people.

03
Run
Operate it responsibly, with owners, controls and support.

04
Improve
Measure against the objective and adjust.

05
Grow
Turn what was learned into new capability and value.

Where a project can begin

AI opportunity case
One use, such as documentation, imaging support or patient communication, assessed against evidence, cost and rules, ending in a decision: pilot, redesign, expand or stop.

Vendor and evidence due diligence
Good AI Prism research profiles and comparisons of the 25 health offerings, with a structured check of clinical evidence and data terms.

AI estate audit
An inventory of AI across clinical and administrative work, including tools clinicians bring themselves.

Governance and readiness
Each use mapped to the AI Act, device law, health-data rules and professional duties, with proportionate controls.

AI literacy for clinicians
Role-based training for physicians, nurses and managers, with named clinical overseers.

From pilot to operation
A pilot charter with baseline, threshold and stop conditions, then building and running the solution on ETHORITY's AI Business Operating System.

WHO WE WORK WITH

Hospitals and hospital groups, practices and care networks, insurers, life-science companies, health authorities and associations. Start with one question. Talk to us: sten@ethority.ai · severin@ethority.ai

ABOUT ETHORITY

From understanding markets to building AI capability.

2009

the first Social Media Prisma, the start of ETHORITY's market maps

ETHORITY, 21 SEP 2009

LINEAGE

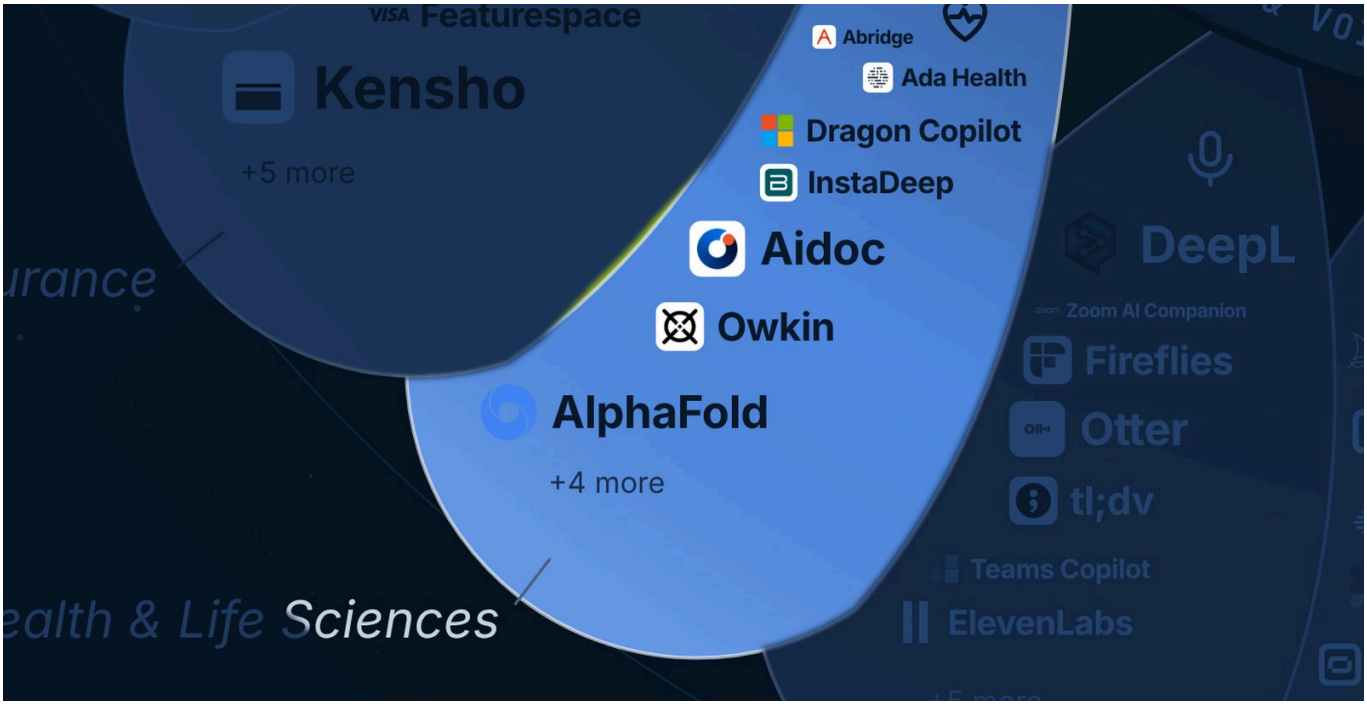
Good AI Prism by Sten Franke & ETHORITY® · since the first Social Media Prisma in 2009 · roots: ETHORITY.AI and STEN.AI

ETHORITY connects market intelligence, research and practical delivery to help organisations put AI to work. It is built as an AI1st organisation: humans and AI agents work on one AI Business Operating System, with the research, engineering and operations to build and run AI after the pilot. Its roots lie in the digital intelligence business Sten Franke founded in 2005, which combined monitoring, research and advisory work to help organisations understand changing markets.

The Good AI Prism is the entry point: research profiles, documented relationships and comparisons help users investigate their options. Advisory, governance and transformation work connect those options with an organisation's objectives, data, systems, people and operating conditions. More on ETHORITY, the company.

SELECTED REFERENCES AND PARTNERS SINCE 2005

Bosch · Bayer · BMW · Siemens · Mercedes-Benz · Coca-Cola · Deutsche Bank · T-Mobile · Telefónica o2 · DHL · EDEKA · AIDA Cruises. Selected historical references and partners from the group's market-intelligence and advisory heritage, in projects or through former group companies.



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METHOD

How this brief was built.

Market figures: Good AI Prism 2026/27 study dataset, Health & Life Sciences area, 25 entries, each with a dated source from the provider's own pages (October 2026).

Job groups and AI Act relevance: ETHORITY classification by intended use. Jurisdictions: status October 2026 from statutes, regulators and law-firm briefings.

External figures as cited and not combined: populations differ between countries. Each number in this brief carries its source and date where it appears; the full list follows on the next page.

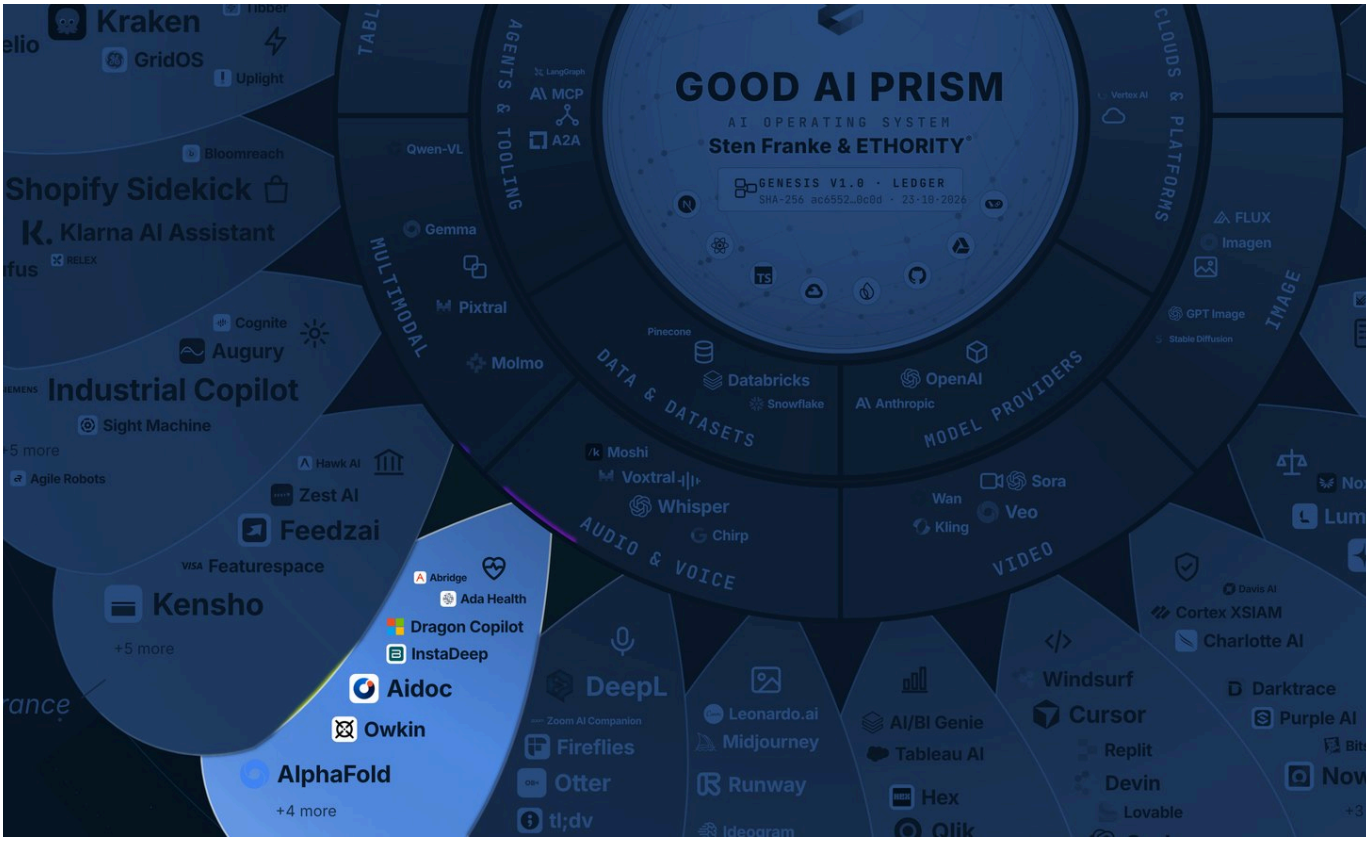
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DATASET

Good AI Prism 2026/27 study dataset, Health & Life Sciences area, October 2026.

EXHIBITS

Charts are drawn from the figures printed in this brief; each names its source under the chart.



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Main sources.

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03 Bitkom and Hartmannbund, KI in Praxis und Klinik (n = 616), 27 May 2025

04 Marburger Bund, MB-Monitor 2024 (n = 9,649)

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09 GKV-Spitzenverband, DiGA-Bericht, 1 Apr 2026; gematik ePA figures, Apr 2026; GDNG (2024)

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RULES BY JURISDICTION

Sources: statutes and regulators (FDA, ONC, MHRA, NHS England, NHC, NMPA, MHLW/PMDA, MFDS, MOH/HSA, CDSCO, TGA, Health Canada, CFM, GKV-Spitzenverband, gematik); White & Case, Taylor Wessing, Kennedys, Hogan Lovells, Manatt, Akerman, Baker McKenzie, MinterEllison, BLG, Mayer Brown. Status October 2026. Not legal advice.

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METHOD AND DATA

Good AI Prism 2026/27 study dataset, Health & Life Sciences area, status October 2026. External figures as cited; see Sources.

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AI BUSINESS OPERATING SYSTEM

FROM BUSINESS AMBITION TO AI THAT WORKS

Put AI to work, with evidence.

ETHORITY helps organisations choose, govern and prove AI: from independent market evidence to decisions that can be defended and outcomes that can be measured.

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01 **Put AI to Work: The Good AI Prism Global Market Study 2026/27**
Global edition · EN and DE

02 **Put AI to Work: The Good AI Prism Market Study 2026/27**
Germany–US focus · EN and DE

03 **Good AI Prism sector briefs 2026/27** YOU ARE READING
HR & Workforce · Health & Life Sciences · Financial Services & Insurance · Public Sector · Education · Energy & Utilities · Mobility & Logistics · Global EN and DE

04 **AI for Care in Ageing Societies**
Study 2026/27 · EN, DE, US and Global editions

05 **AI in Pharma, Biotech and Longevity**
Study 2026/27 · Global EN and DE

06 **The Social Media Prisma 2009–2025**
Historic paper · EN and DE

ethority.ai/research/publications/health-global-en

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