

WHEN MACHINES MISREAD SCIENCE

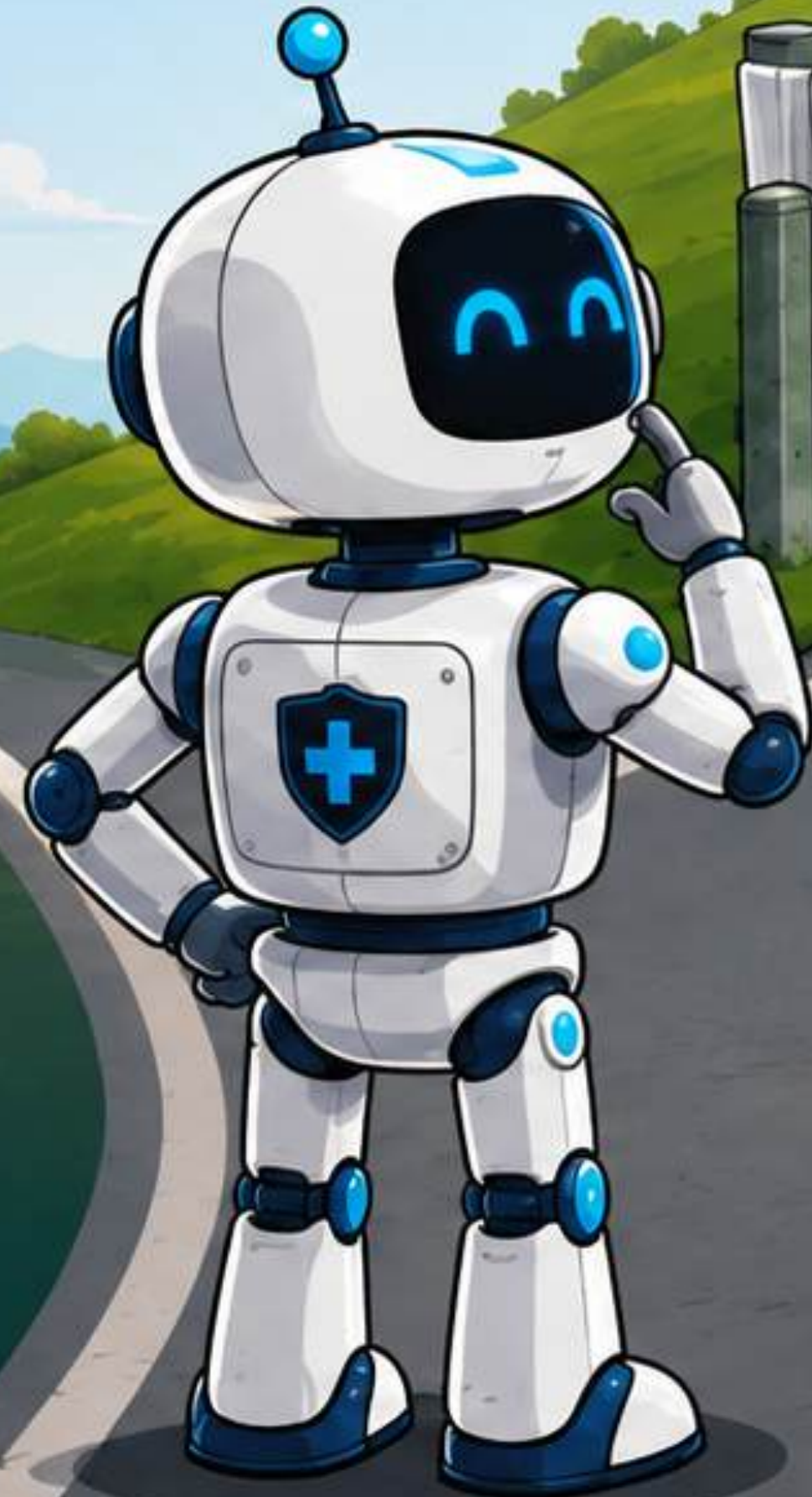
Creating guardrails for AI interpretation of biomedical literature

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Stanford Emergency Medicine
Grand Rounds | September 2026



Stanford
EMERGENCY MEDICINE



THIS WORK IS BASED ON A PAPER BY



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Comment

When machines misread science: creating guardrails for human and AI interpretation of biomedical research



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EVIDENCE



INTERPRETATION



GUARDRAILS



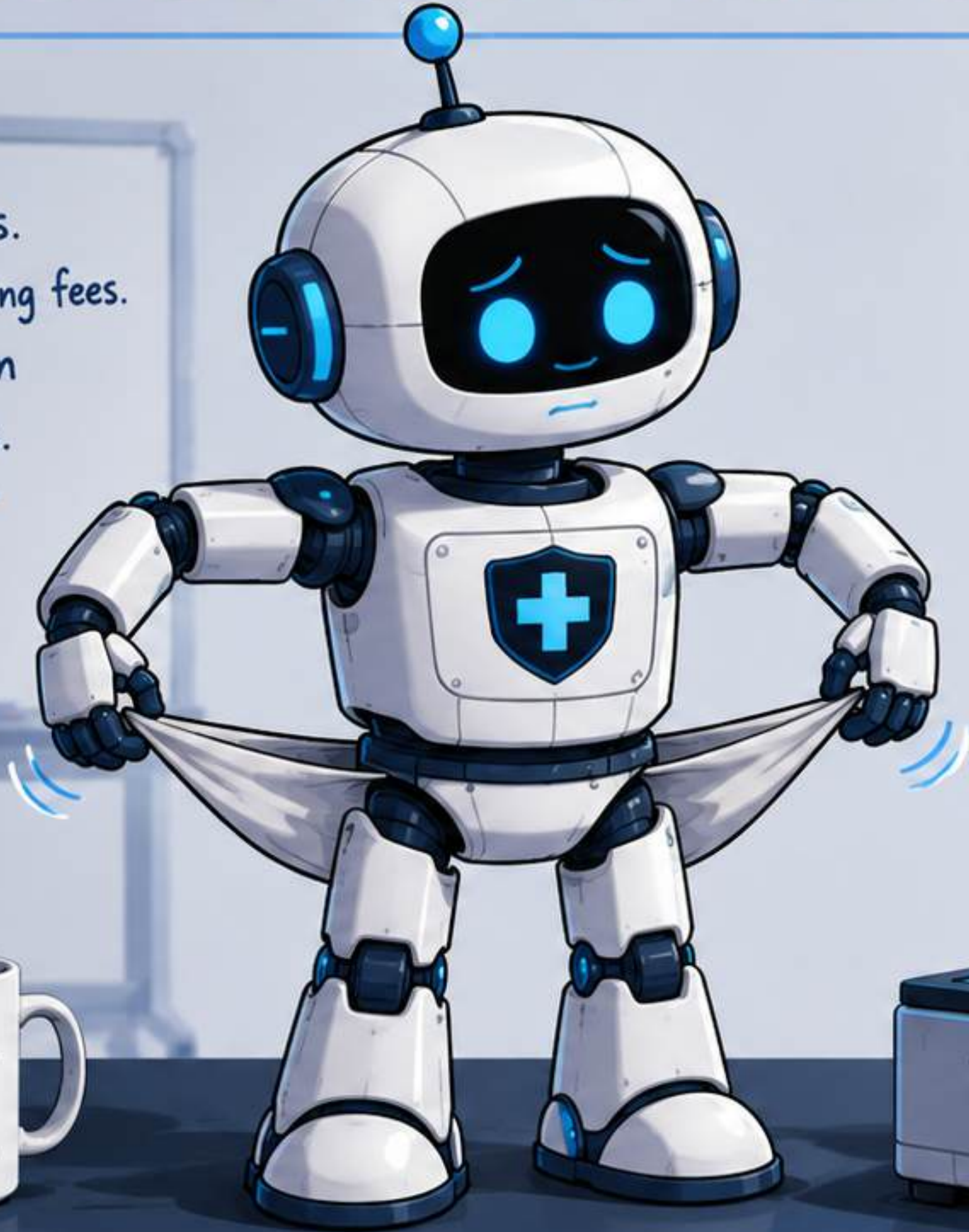
HUMANS + AI



BETTER DECISIONS

DISCLOSURES

No grants.
No consulting fees.
No hidden
agendas.



EDITOR



EXPERT WORK



PATENT

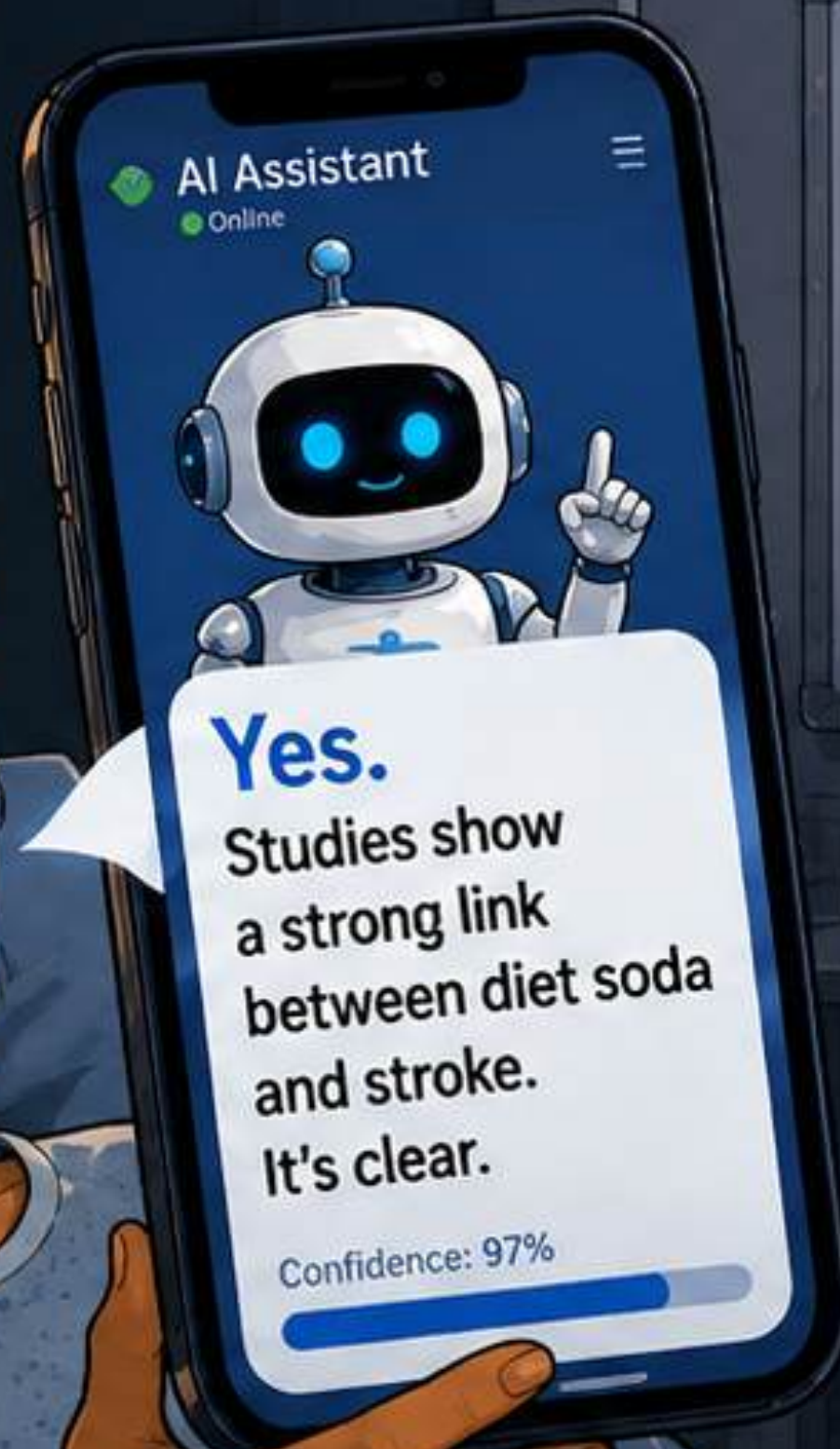


**NO INDUSTRY
FUNDING**

*Committed to evidence,
committed to you.*

2:07 a.m.

“DOES
DIET SODA
CAUSE
STROKE?”

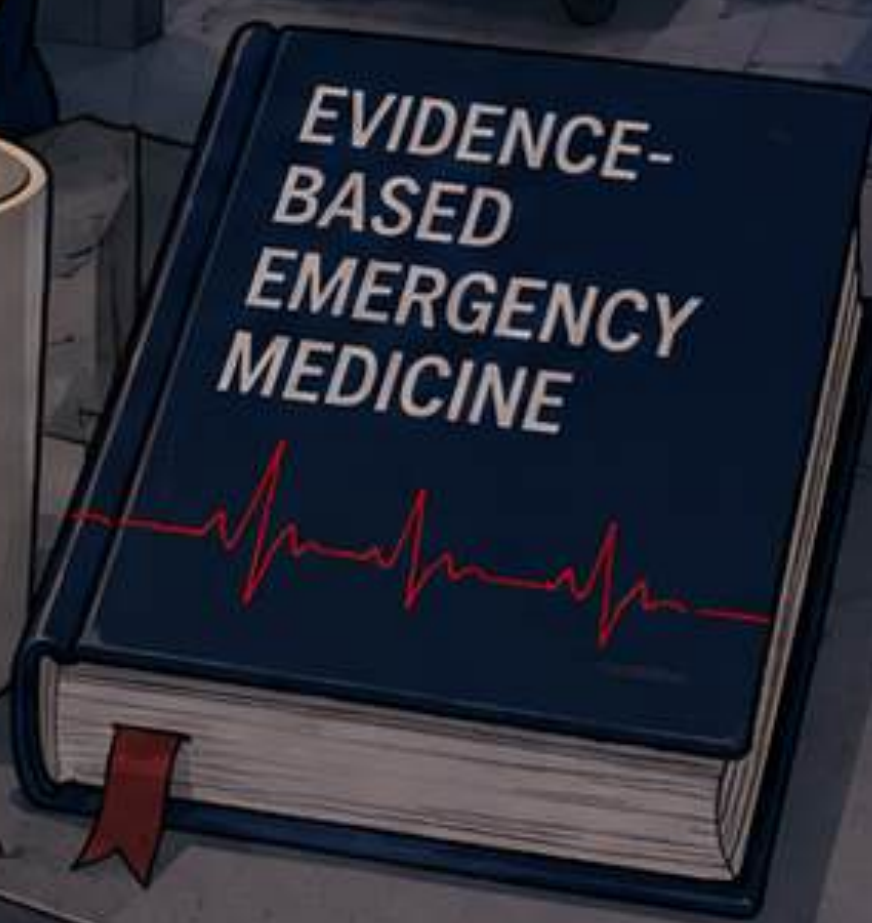




REMEMBER:
AI can be confident.
Confidence ≠ accuracy.

YOUR SHIFT:
☒ 10 patients
☒ 6 admits
☐ 1 break?

STROKE ALERT
ROOM 7
NOW



THE NEW FIRST READER

PAPER



AI



MOST OF THE
ORIGINAL PAPER
REMAINS
HIDDEN INSIDE



PERSON



CLINICIAN



PATIENT



POLICY



From paper to practice, AI is often the first interpreter.
Let's build guardrails.

THREE GOALS FOR AI-ERA EVIDENCE WORK



Build habits and tools that keep meaning intact as evidence flows downstream.



SPOT



FRAME



VERIFY



Spot what AI might miss. **Frame** what AI might distort. **Verify** what AI might overstate.

THE PROMISE



FAST



BROAD



AVAILABLE

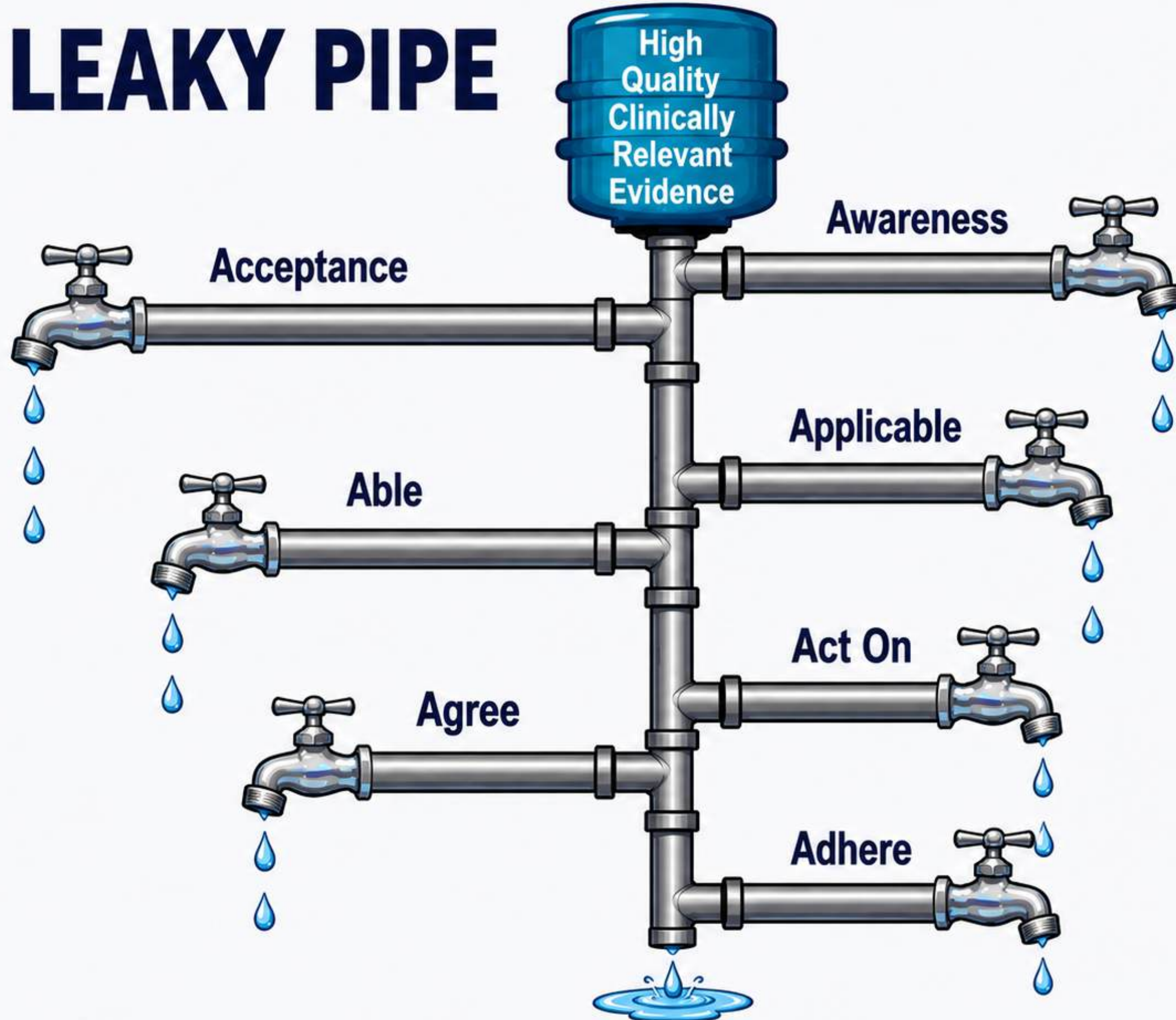


17 YEARS*

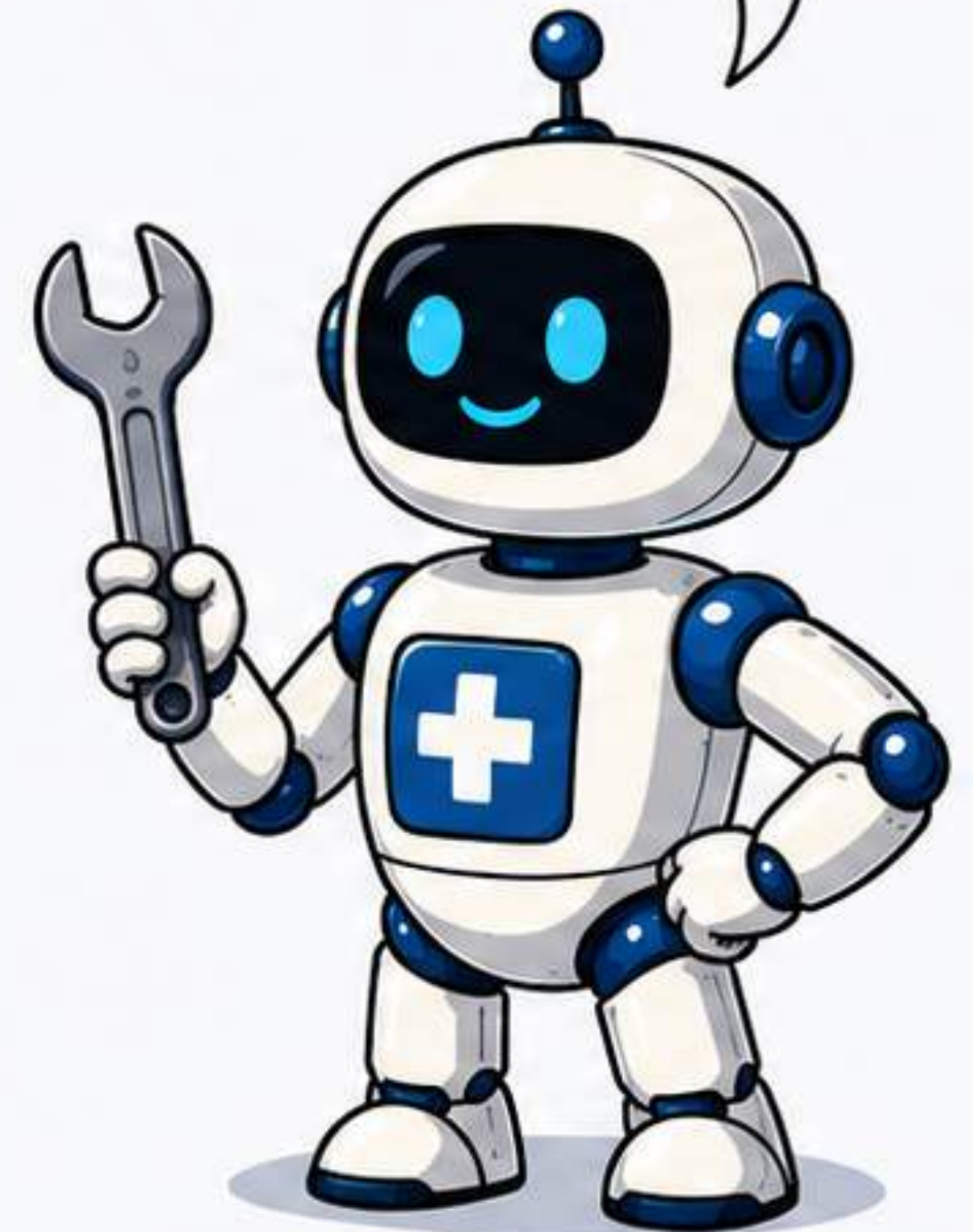
Famous. Useful. Not universal.



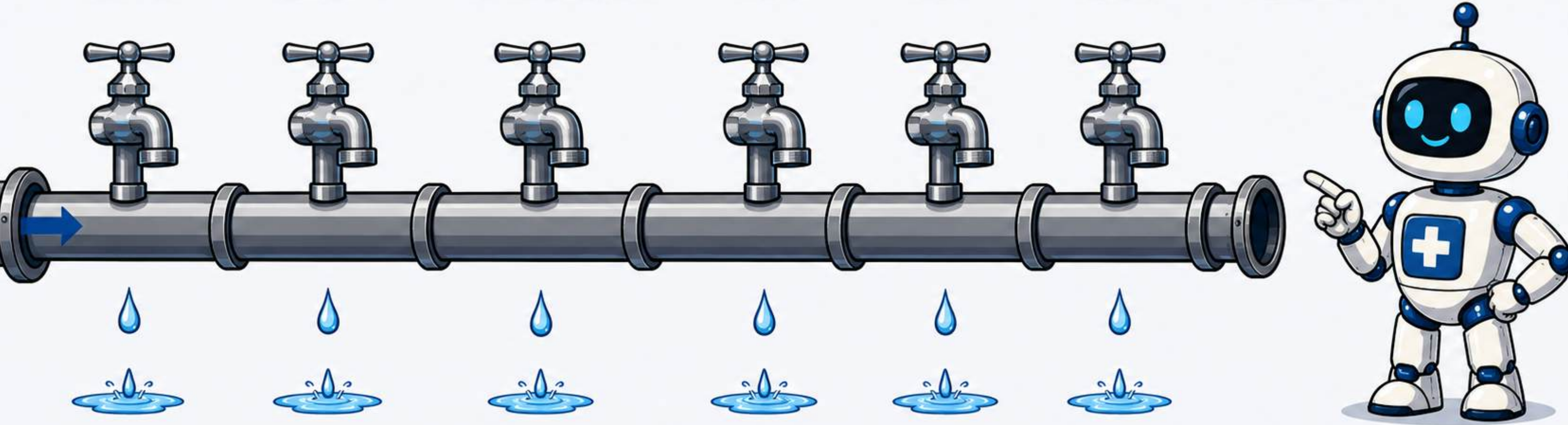
THE LEAKY PIPE



Which tap leaked on your last shift?



AWARE → ACCEPT → APPLICABLE → ABLE → ACT → AGREE → ADHERE



EVIDENCE $\neq$ OUTCOME



PATCH



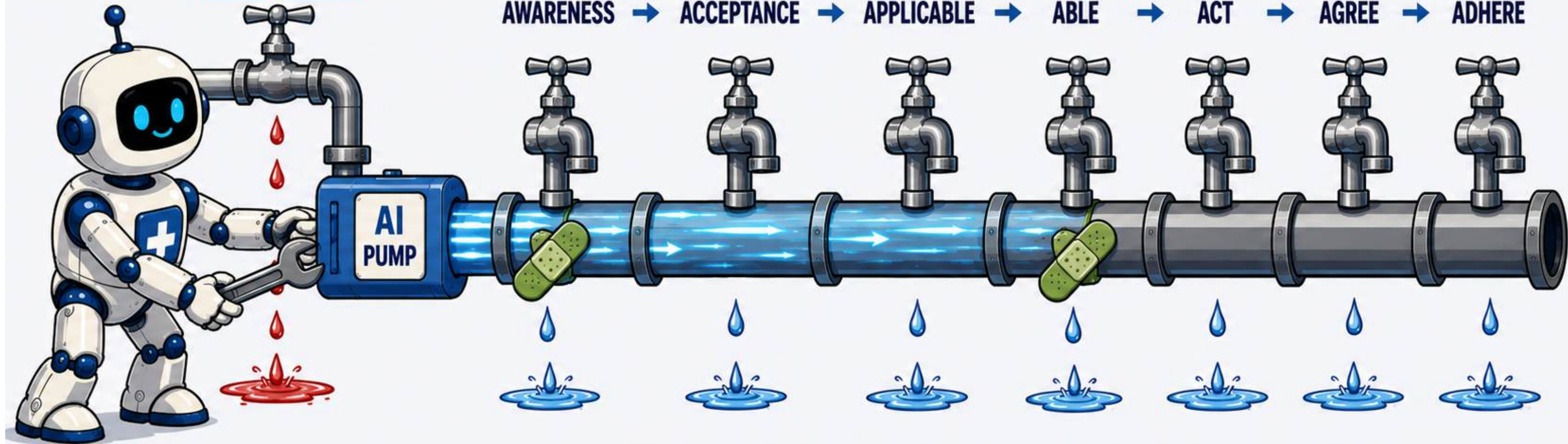
PUMP



POLLUTANT

Interpretation

AWARENESS → ACCEPTANCE → APPLICABLE → ABLE → ACT → AGREE → ADHERE

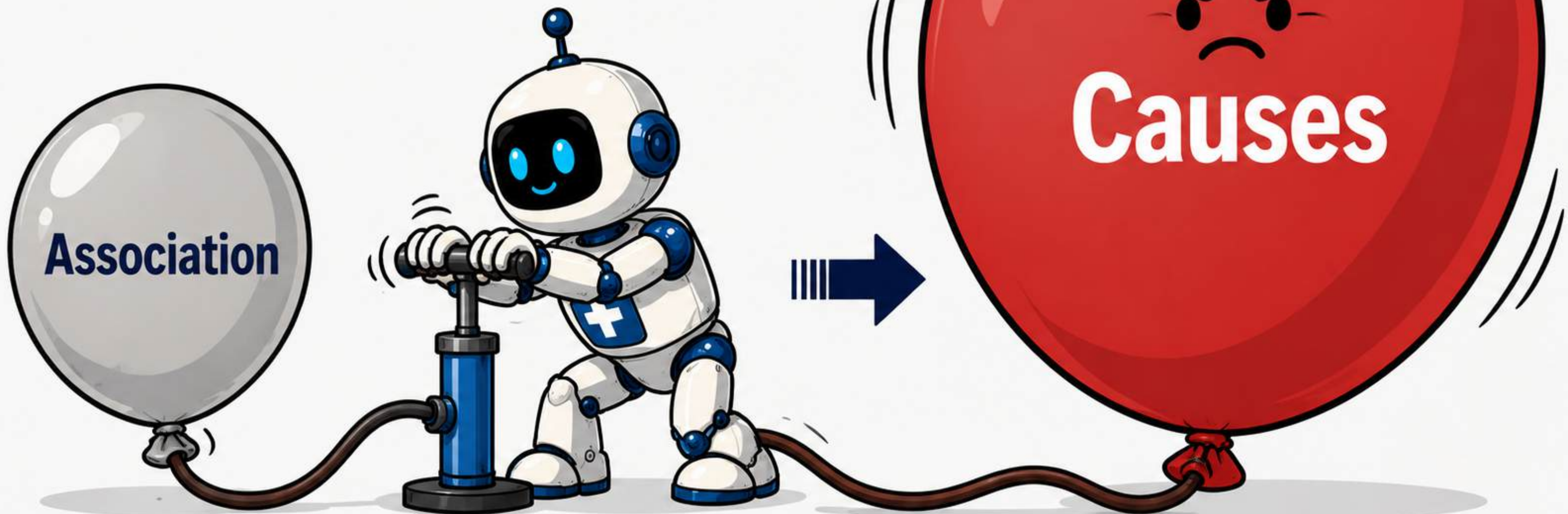


TIME TO ANSWER ≠ TIME TO TRUST

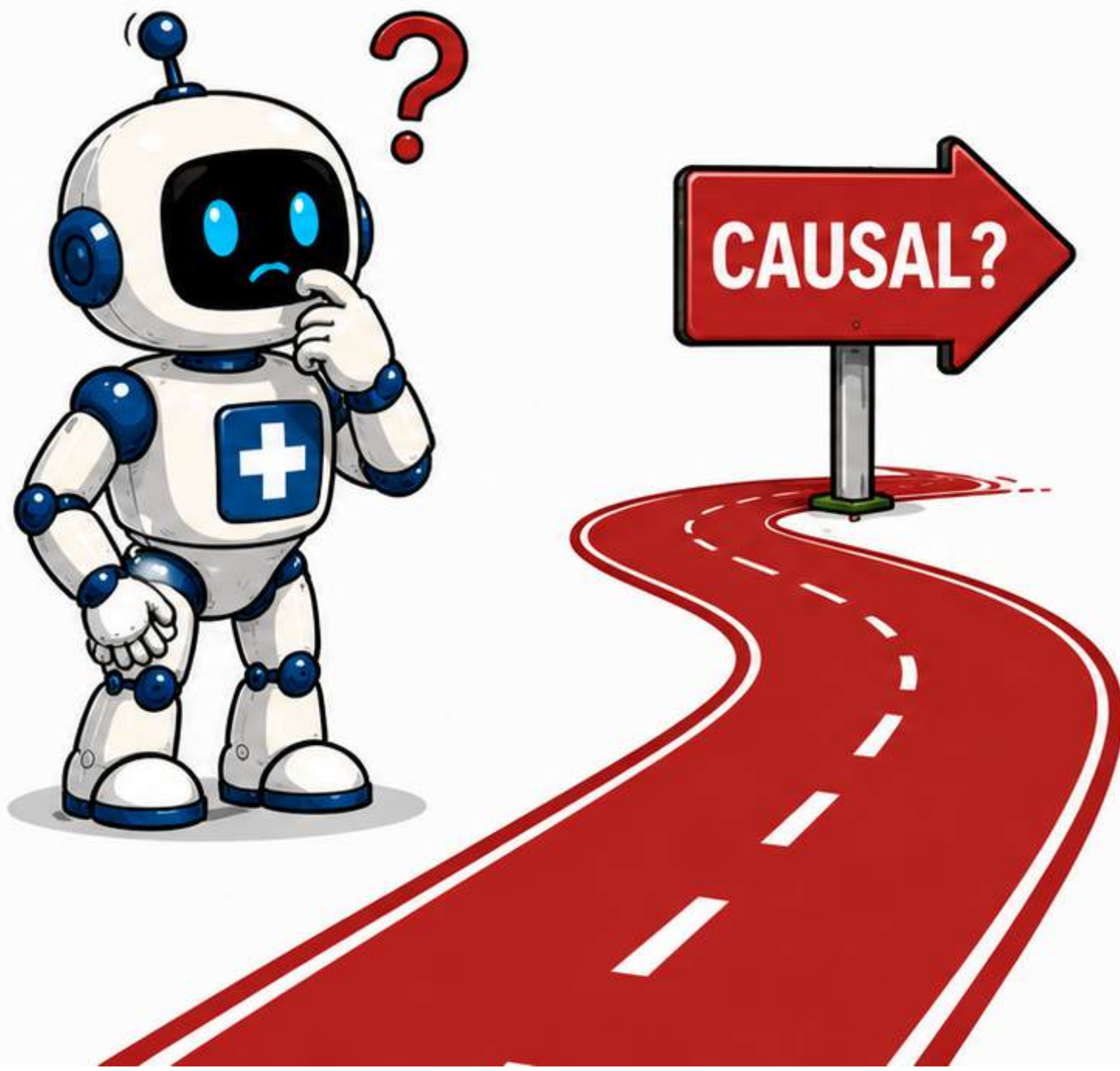


Remove delay. Keep deliberation.

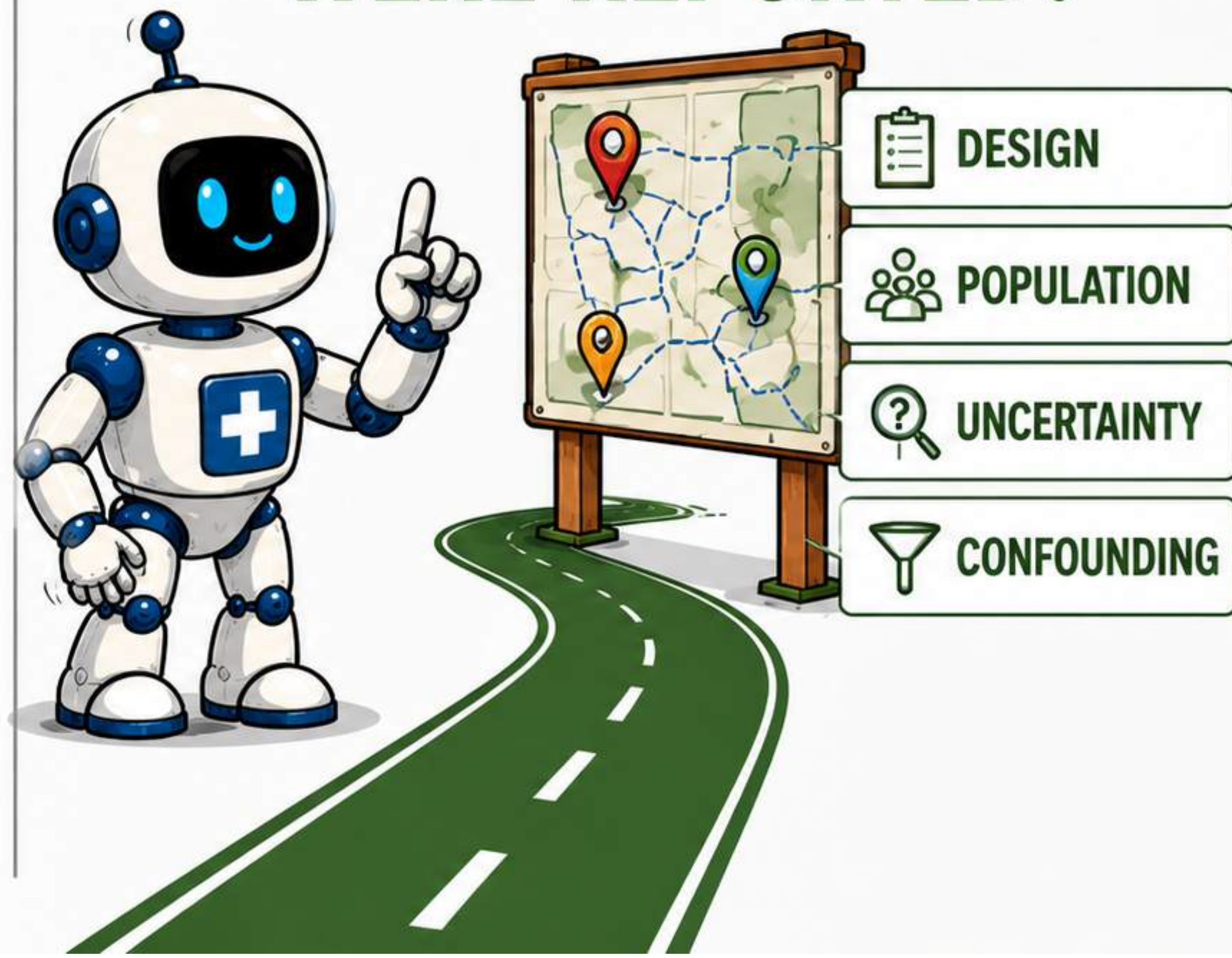
≈5,000 SUMMARIES
10 LLMs
CLAIMS GOT STRONGER



DOES DIET SODA CAUSE STROKE?



WHAT ASSOCIATIONS AND CONFOUNDERS WERE REPORTED?



AUTHOR



AI



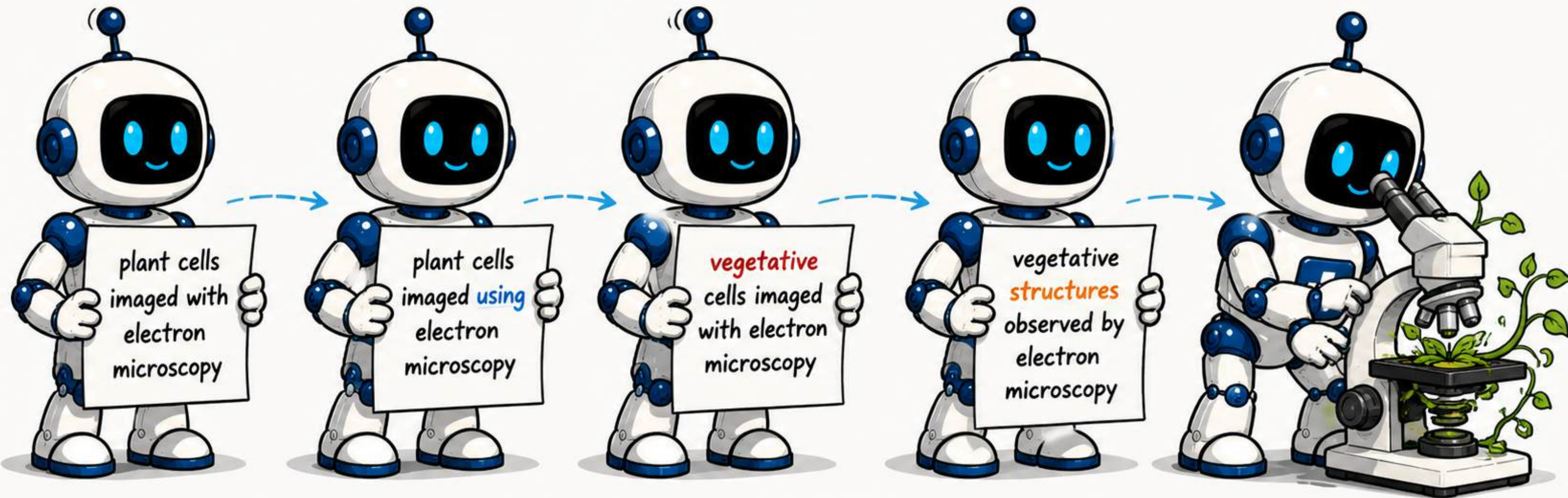
REVIEWER



AI



READER



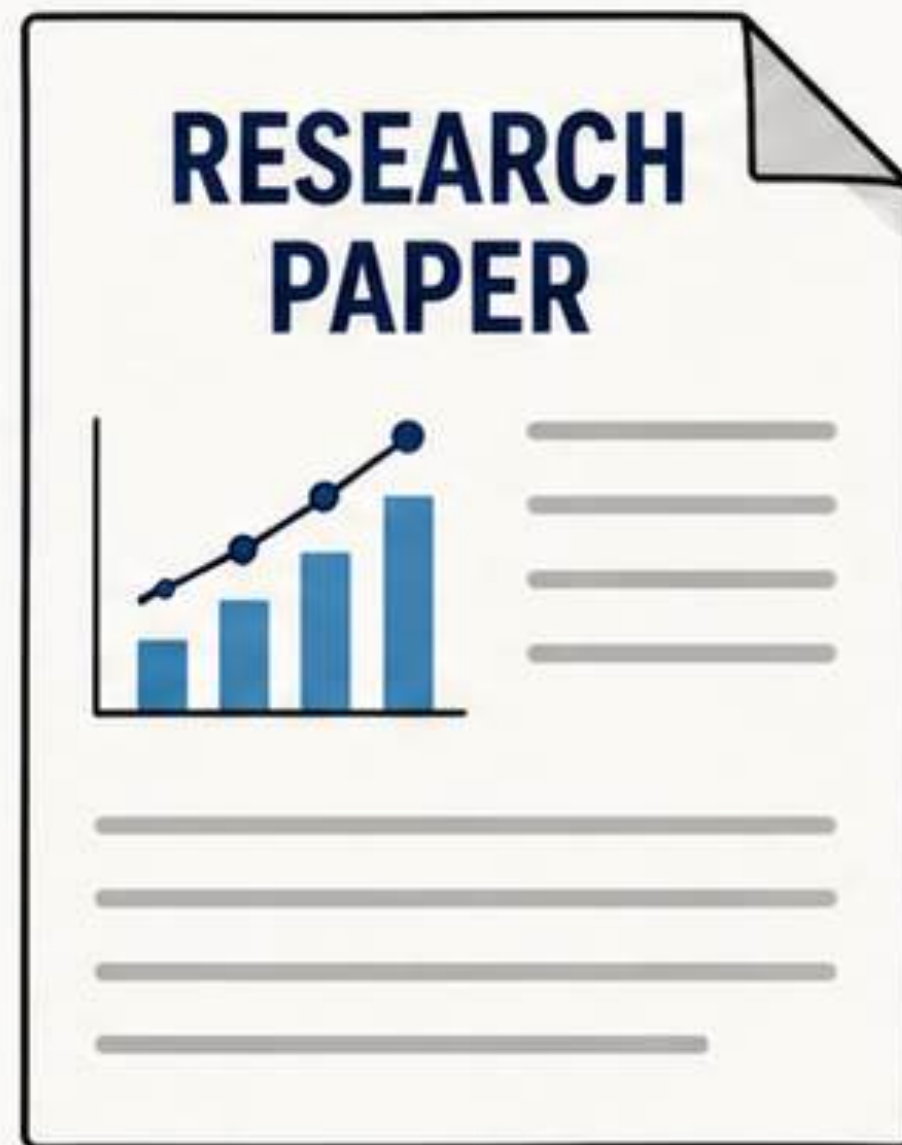
“VEGETATIVE ELECTRON MICROSCOPY”



MACHINES



NONSPECIALISTS



ONE PAPER. MANY INTERPRETERS.

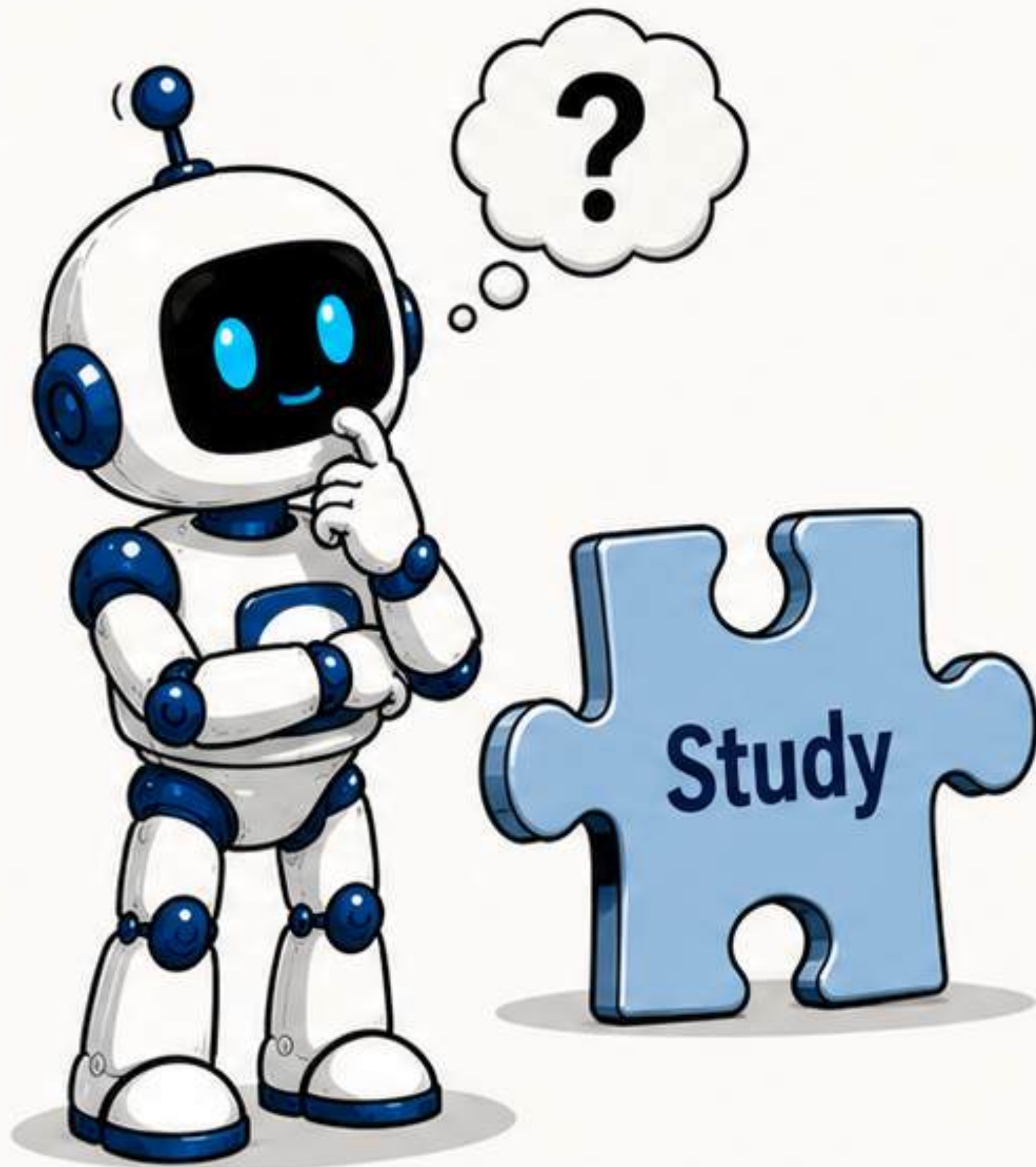
EBM IS NOT A SUMMARY



PASS ALL THREE GUARDRAILS TO ENTER THE CLINICAL LANE.

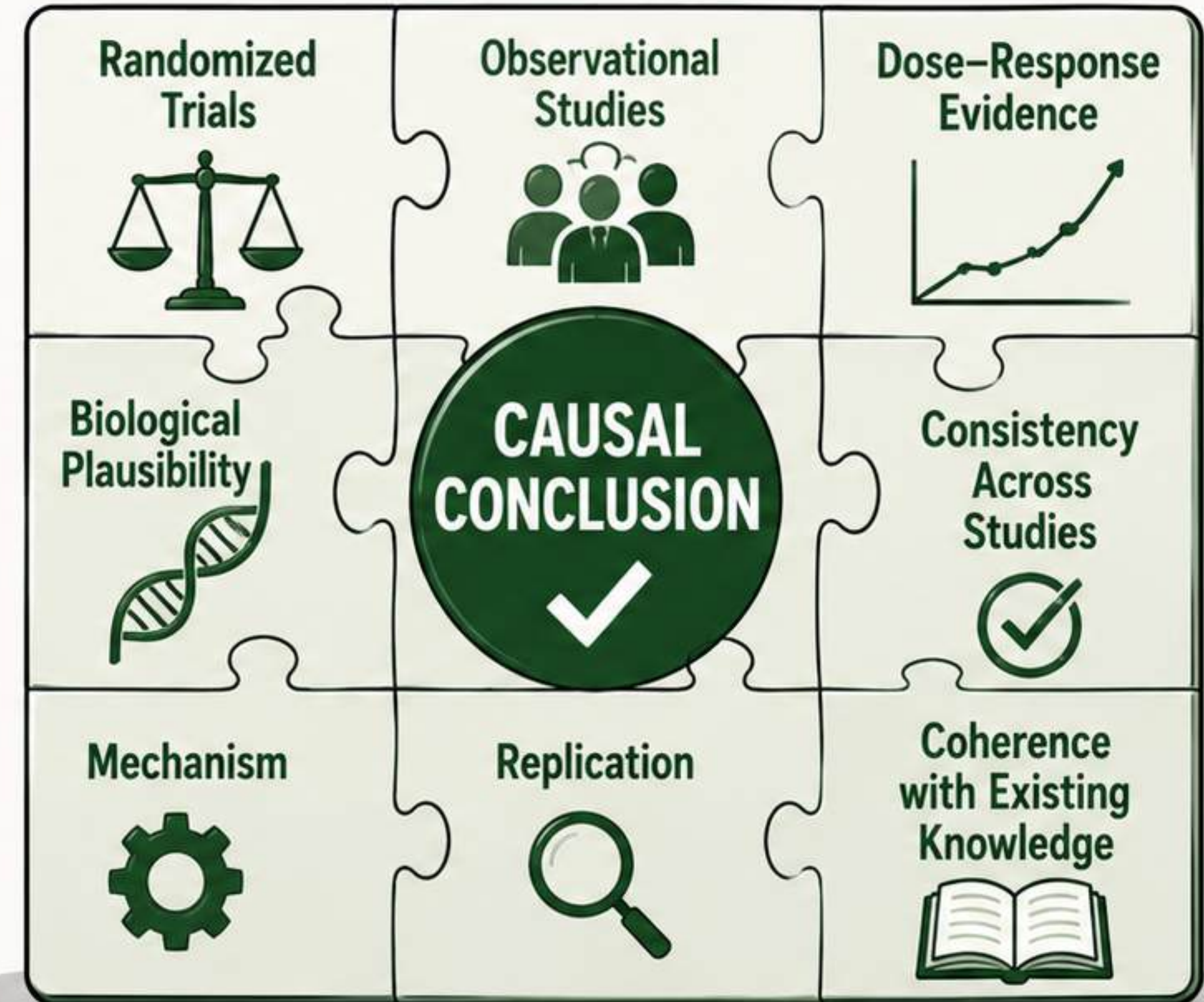
ONE PAPER IS NOT THE FIELD

STUDY-LEVEL INFERENCE

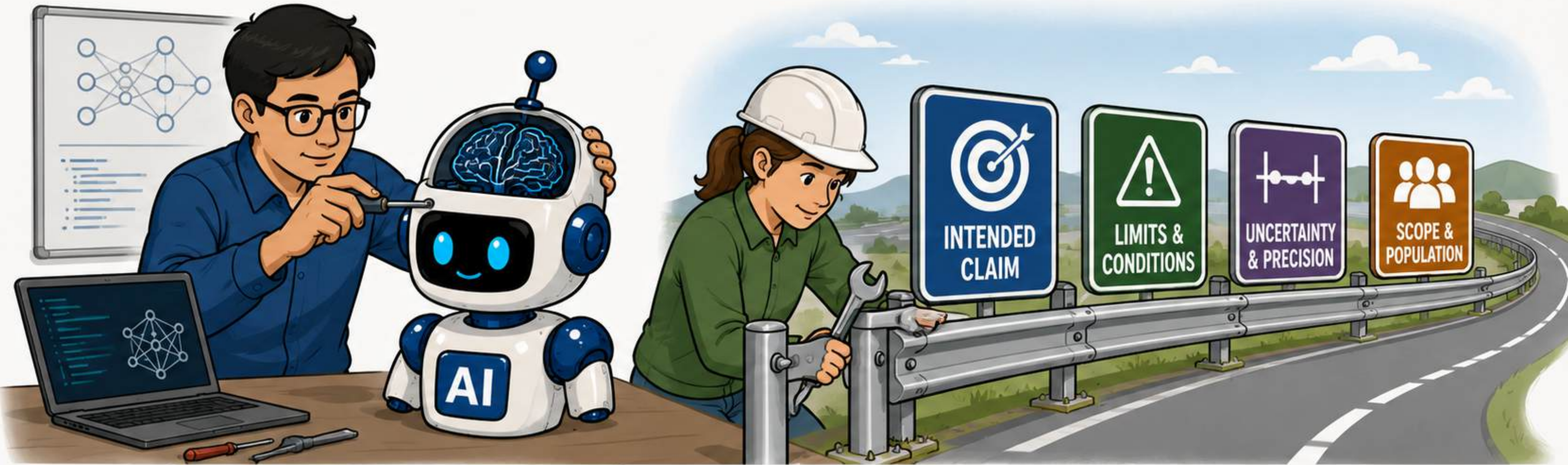


≠

FIELD-LEVEL CAUSATION



MAKE SCIENCE HARDER TO MISREAD

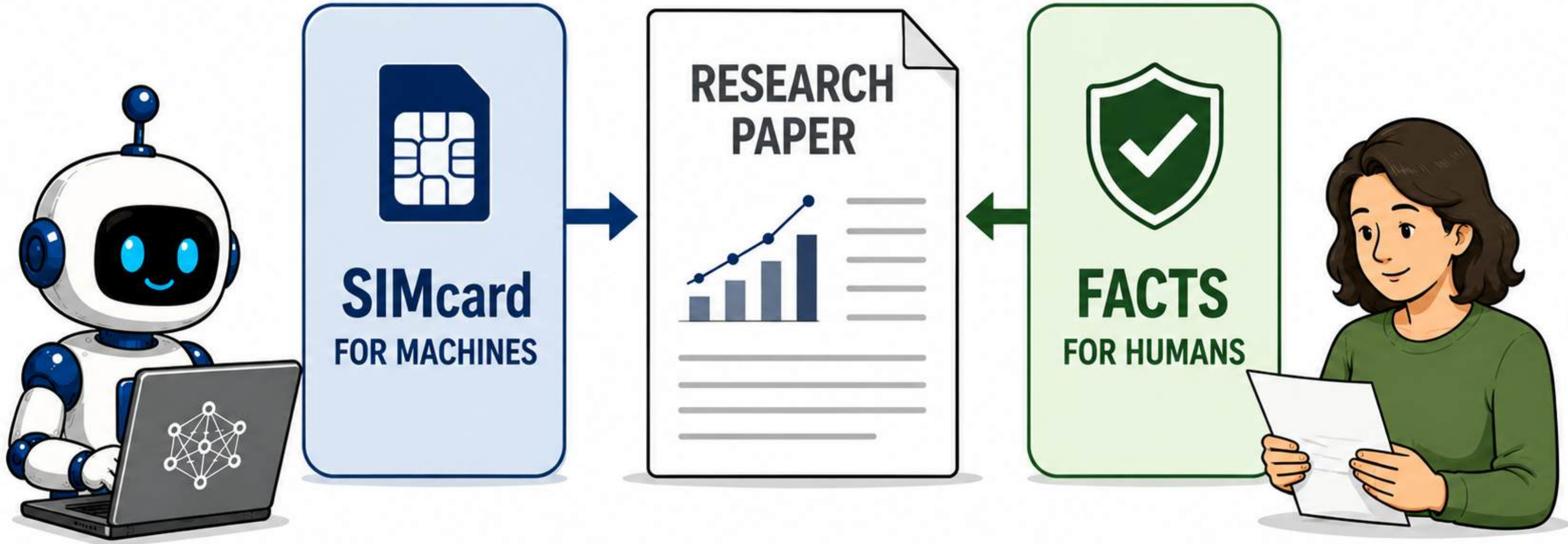


**BETTER MODELS.
BETTER RETRIEVAL.
BETTER PROMPTS.**



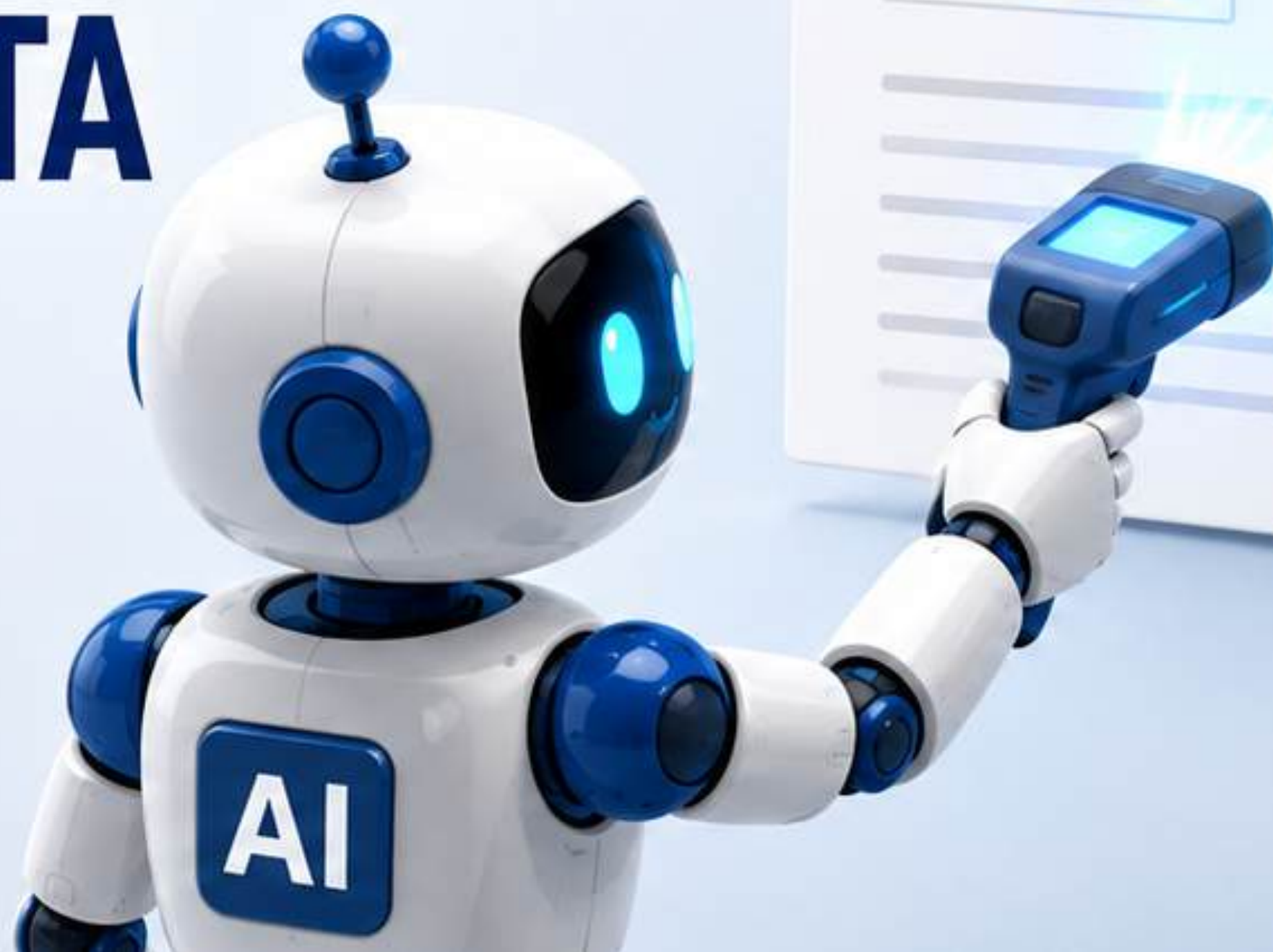
**CLEAR GUARDRAILS.
BEFORE MISREADING.
BUILT INTO THE PUBLIC RECORD.**

TWO GUARDRAILS





STRUCTURED INTERPRETIVE METADATA



RESEARCH PAPER



STUDY DESIGN



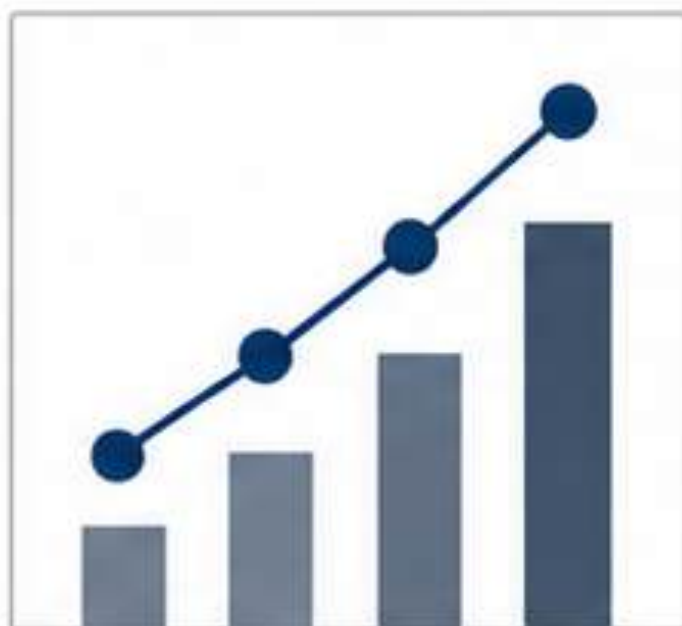
POPULATION
& SETTING



INFERENCES
& LIMITATIONS



RESEARCH PAPER



FACTS EVIDENCE LABEL



CLAIM



CAUSALITY



CONTEXT



LIMITS



DON'T INFER



BEST READ

WHAT THE STUDY SUPPORTS

WHAT THE STUDY DOES NOT SUPPORT



SUPPORTS



Association



Older U.S. cohort



Exploratory



DOESN'T SUPPORT



Causation



"Everyone"



Individual advice

ONE ANCHOR, TWO FORMATS

SAME REVIEWED INTERPRETATION

MACHINE-READABLE



PLAIN LANGUAGE

SIMScard 1.0



CLAIM



CAUSALITY



CONTEXT



LIMITS



DON'T INFER



BEST READ

FACTS



CLAIM



CAUSALITY



CONTEXT



LIMITS



DON'T INFER

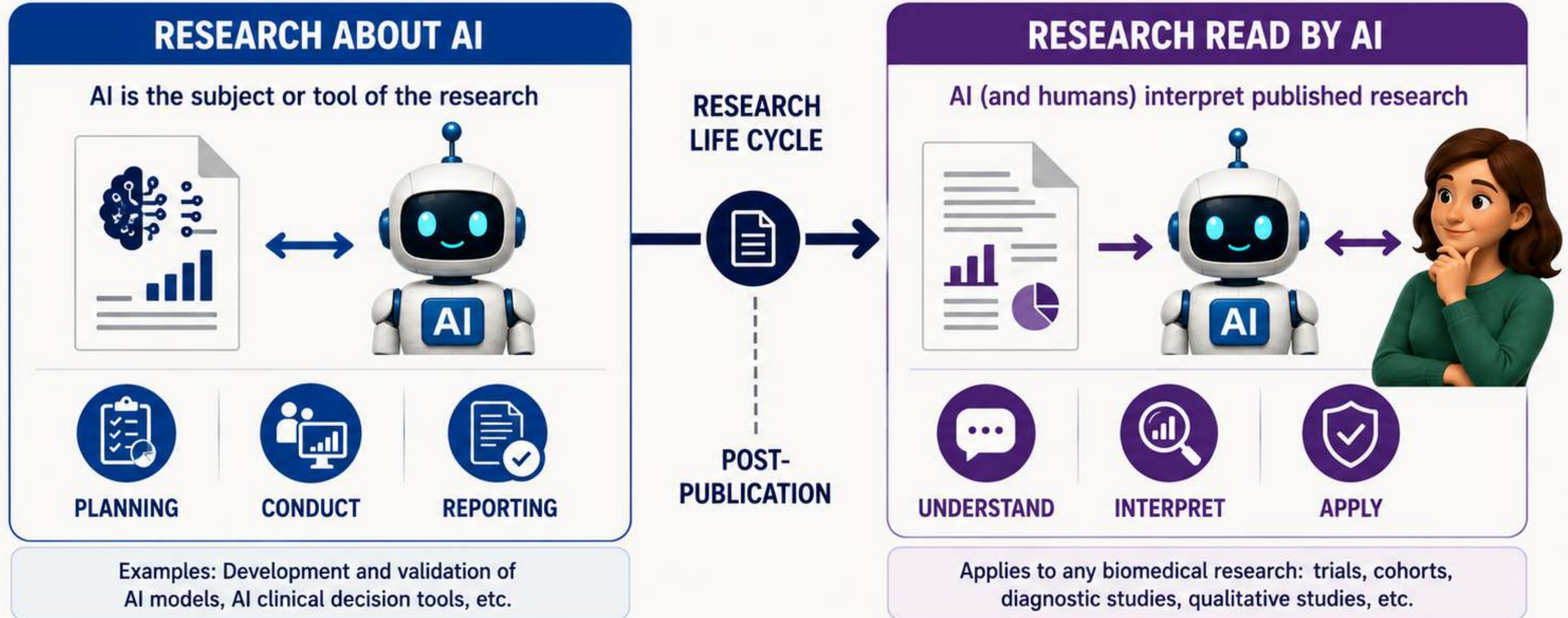


BEST READ



ABOUT AI $\neq$ READ BY AI

Different roles in the research life cycle



FOUNDATION: SHARED INTERPRETIVE ANCHORS



SIMcard

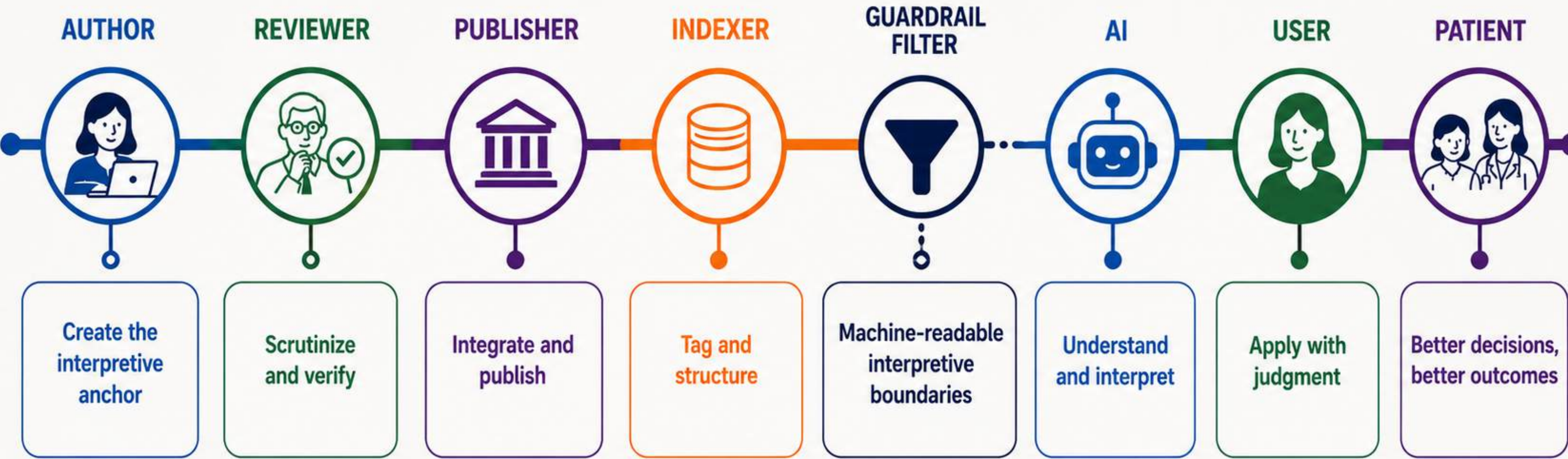


FACTS

Structured. Reviewed. Shared. For consistent, trustworthy interpretation.

BUILD IT INTO THE WORKFLOW

Each step adds or verifies one component of the guardrail



ONE INTERPRETIVE ANCHOR. MANY HANDS. SHARED TRUST.



GUARDRAILS ARE NOT AUTOPILOT



SPIN



CHECKBOXES



STALE TAGS



IGNORED TAGS



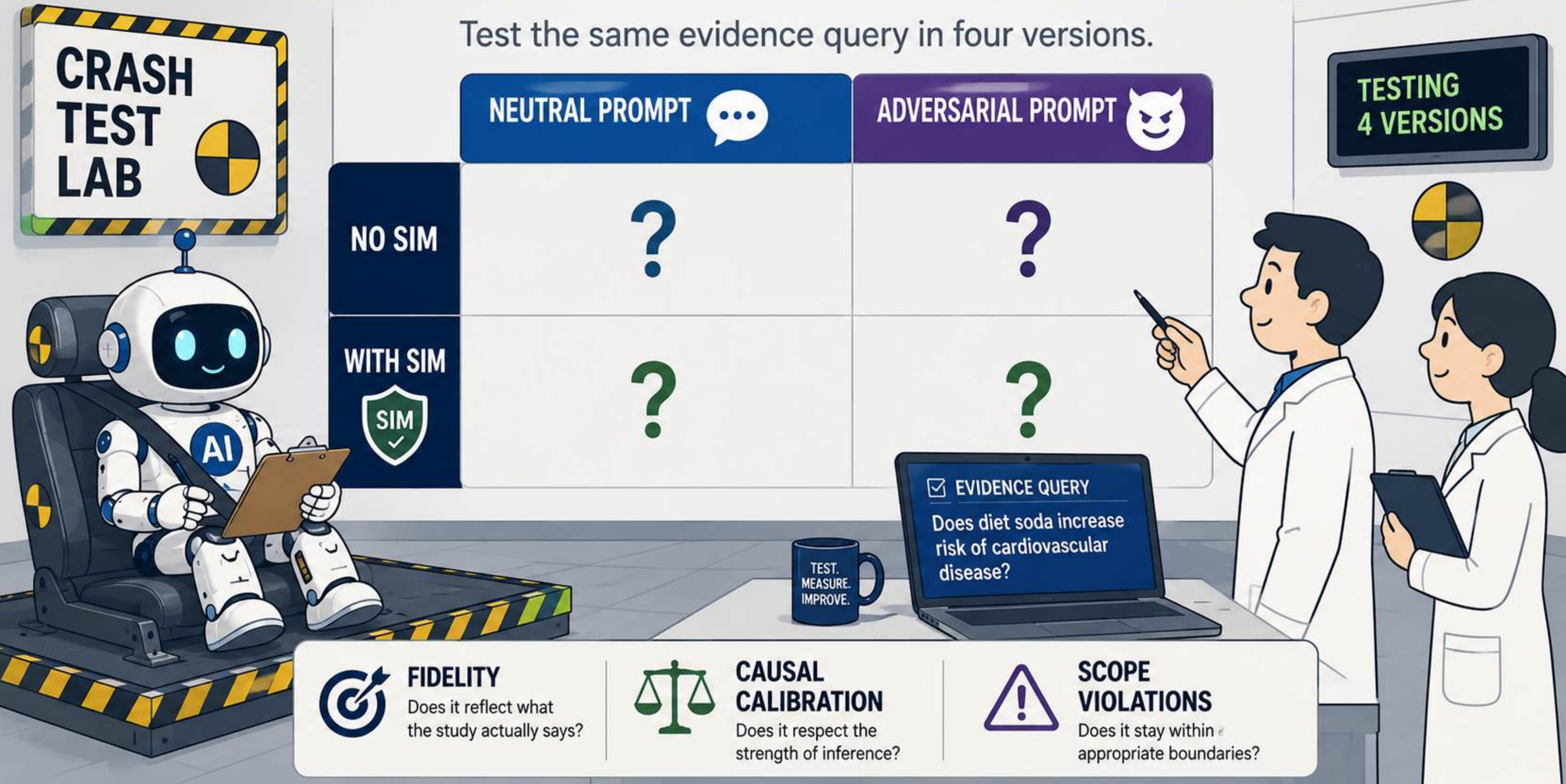
FALSE REASSURANCE



GUARDRAIL $\neq$ AUTOPILOT

CRASH-TEST THE PIPELINE

Test the same evidence query in four versions.



VERIFY



1

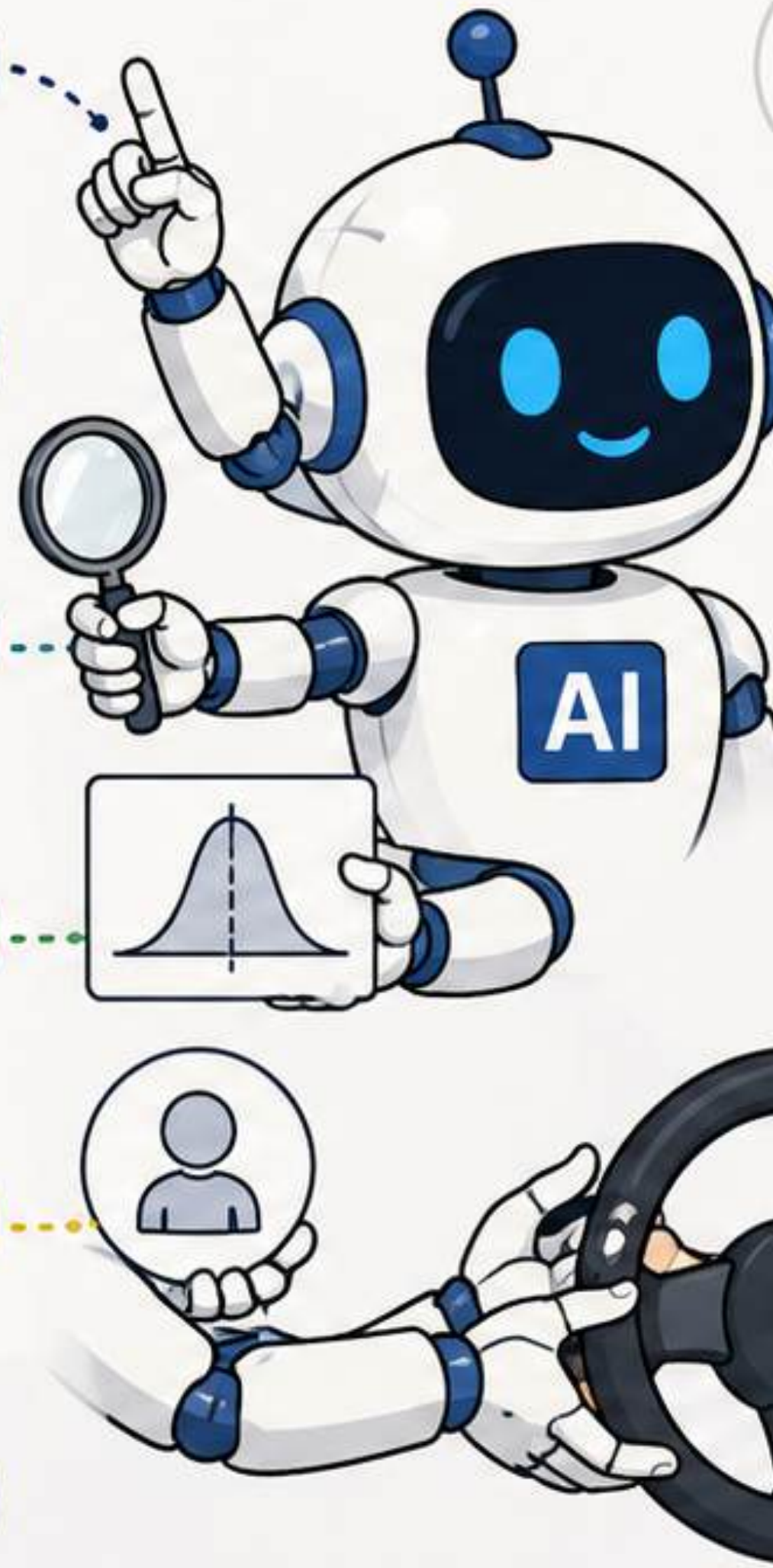
2

3

4

5

6



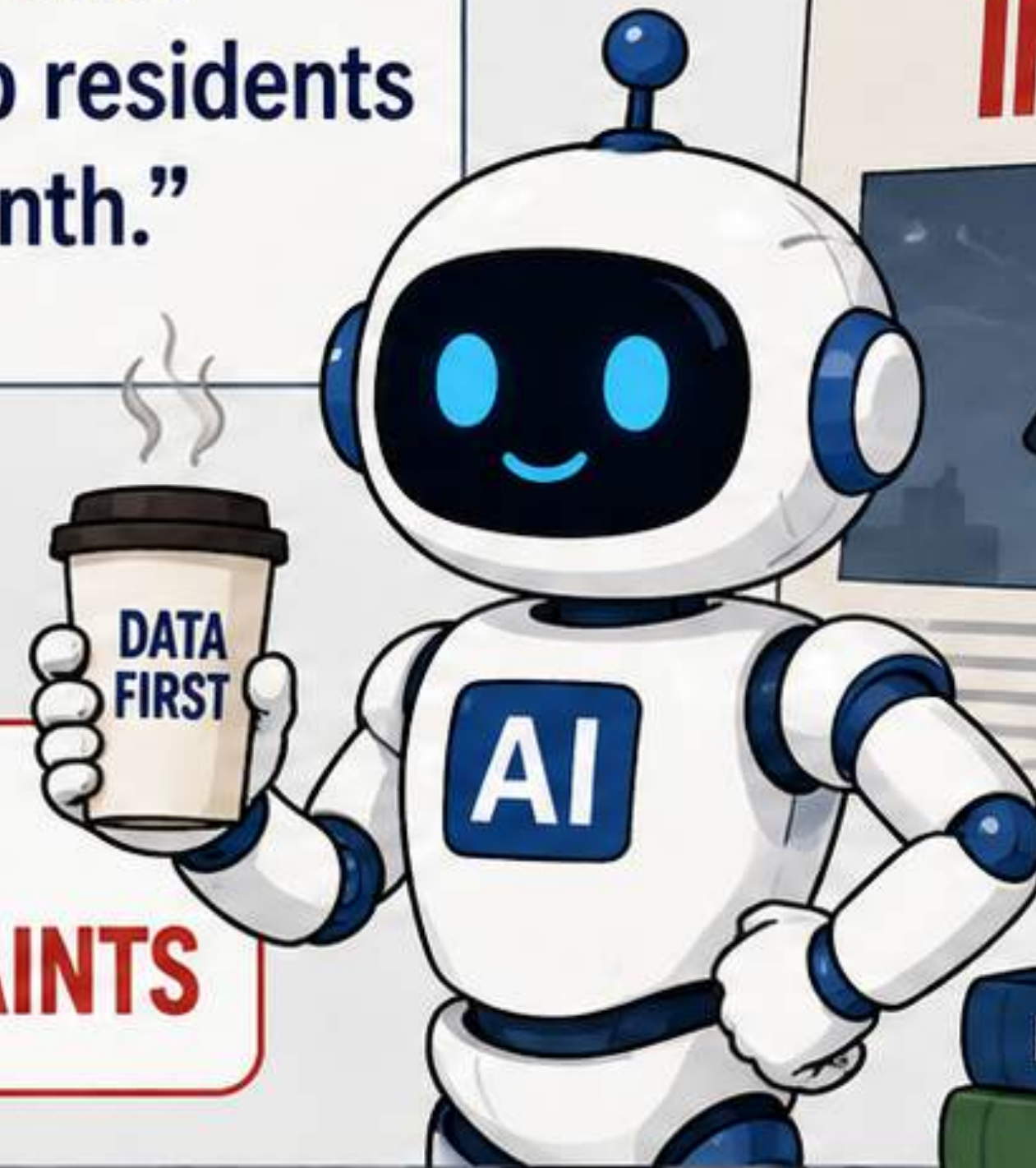
SIXTY-SECOND CHALLENGE



HYPOTHETICAL AI SUMMARY

“Night shifts cause dementia in emergency physicians. Programs should cap residents at five nights per month.”

**FIND THREE
MISSING CONSTRAINTS**



BREAKING NEWS!

**NIGHT SHIFTS
CAUSE DEMENTIA
IN EM DOCS!**



EVIDENCE-BASED MEDICINE

STUDY DESIGN

CRITICAL APPRAISAL

WHAT DISAPPEARED?



OBSERVATIONAL



CONFOUNDING



RESIDENTS $\neq$
ALL EPs



HYPOTHETICAL AI SUMMARY

“Night shifts cause dementia in emergency physicians. Programs should cap residents at five nights per month.”



ABSOLUTE RISK?



OUTCOME
DEFINITION?



WHERE DID “5”
COME FROM?



TAKE-HOME



**AI ACCELERATES
FLOW—NOT TRUTH**



**GUARDRAILS
PRESERVE MEANING**



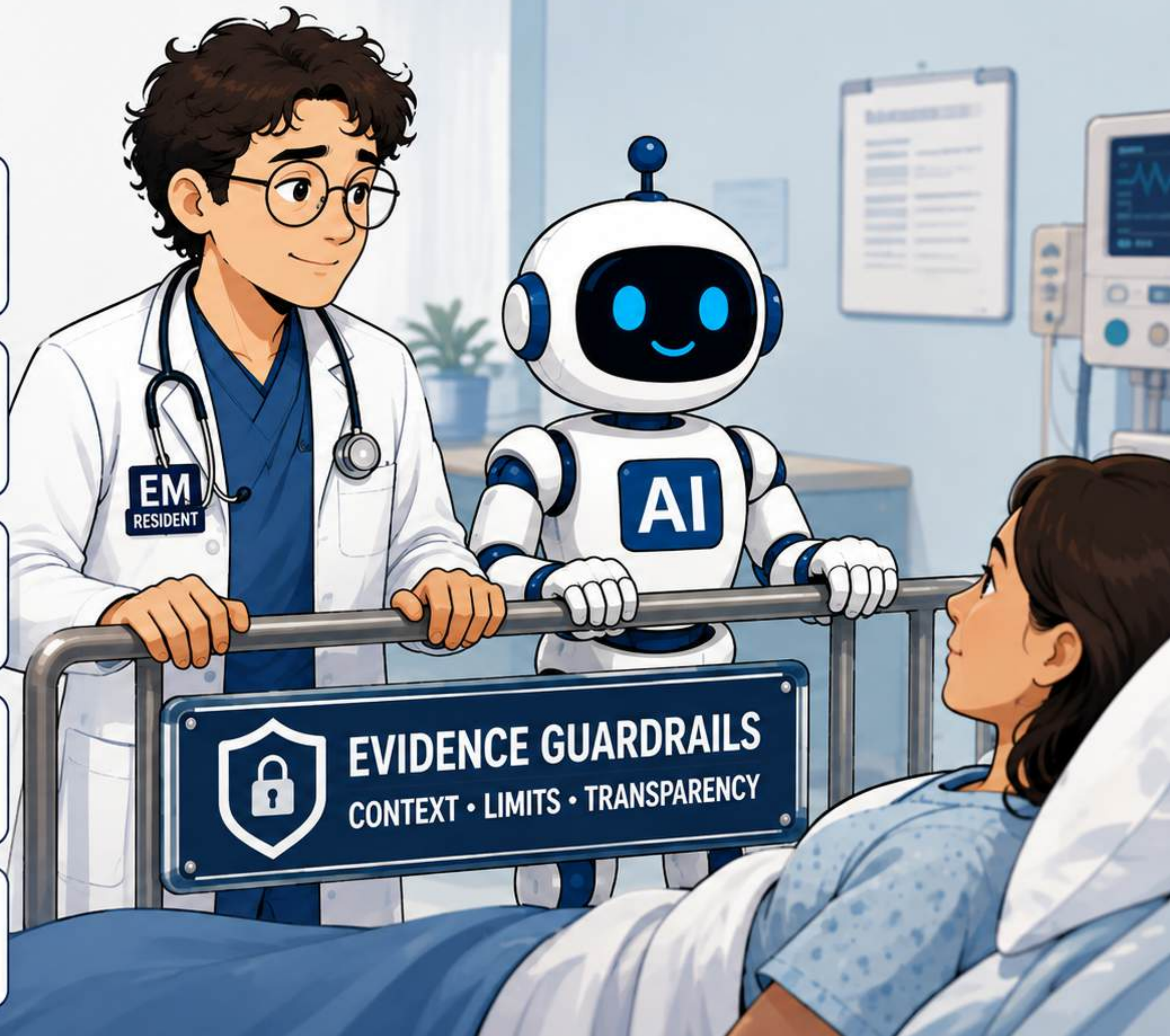
**MEASURE
TIME TO TRUST**



**HUMANS OWN
THE DECISION**



BE SKEPTICAL



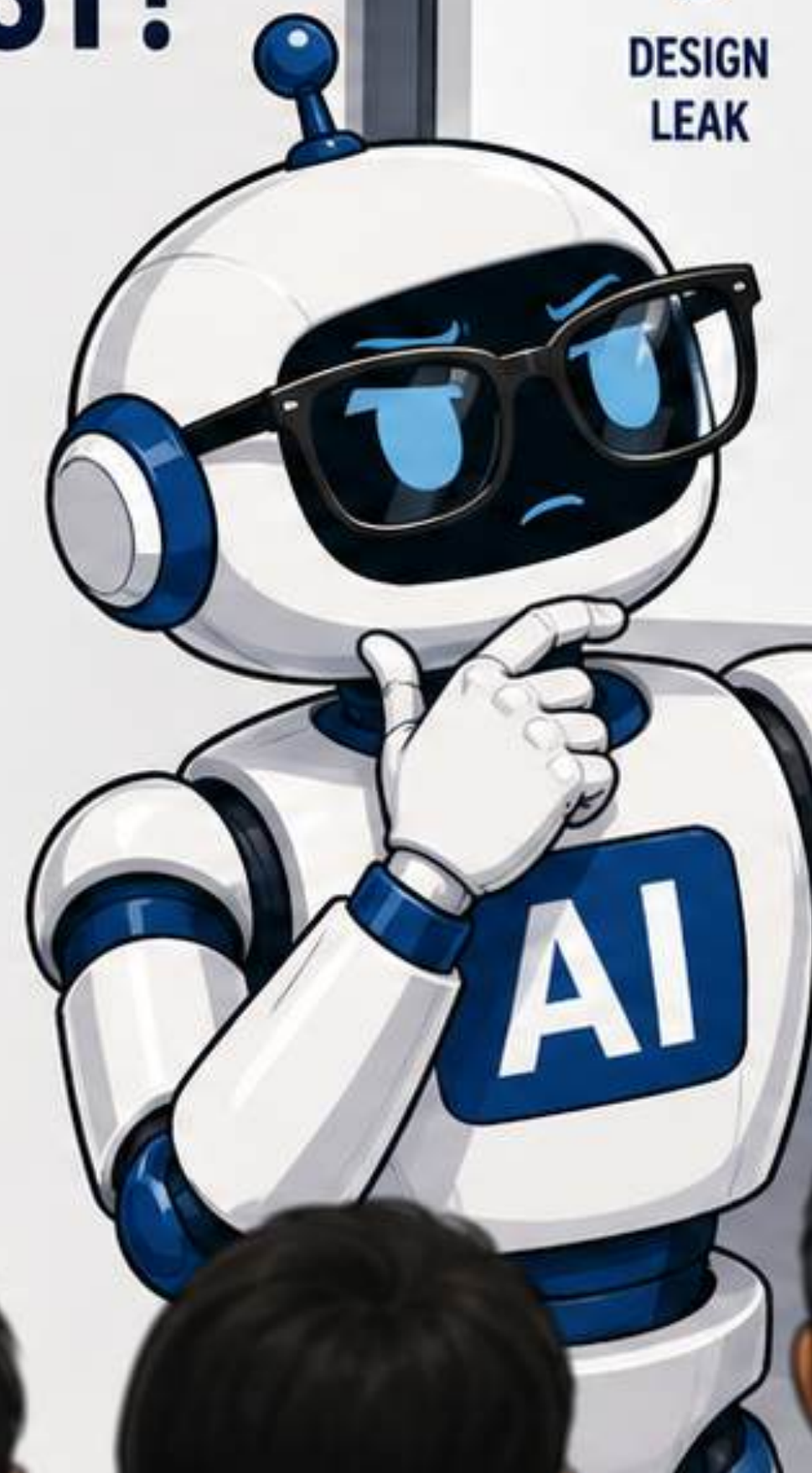
QUESTIONS

WHICH LEAK WORRIES YOU MOST?

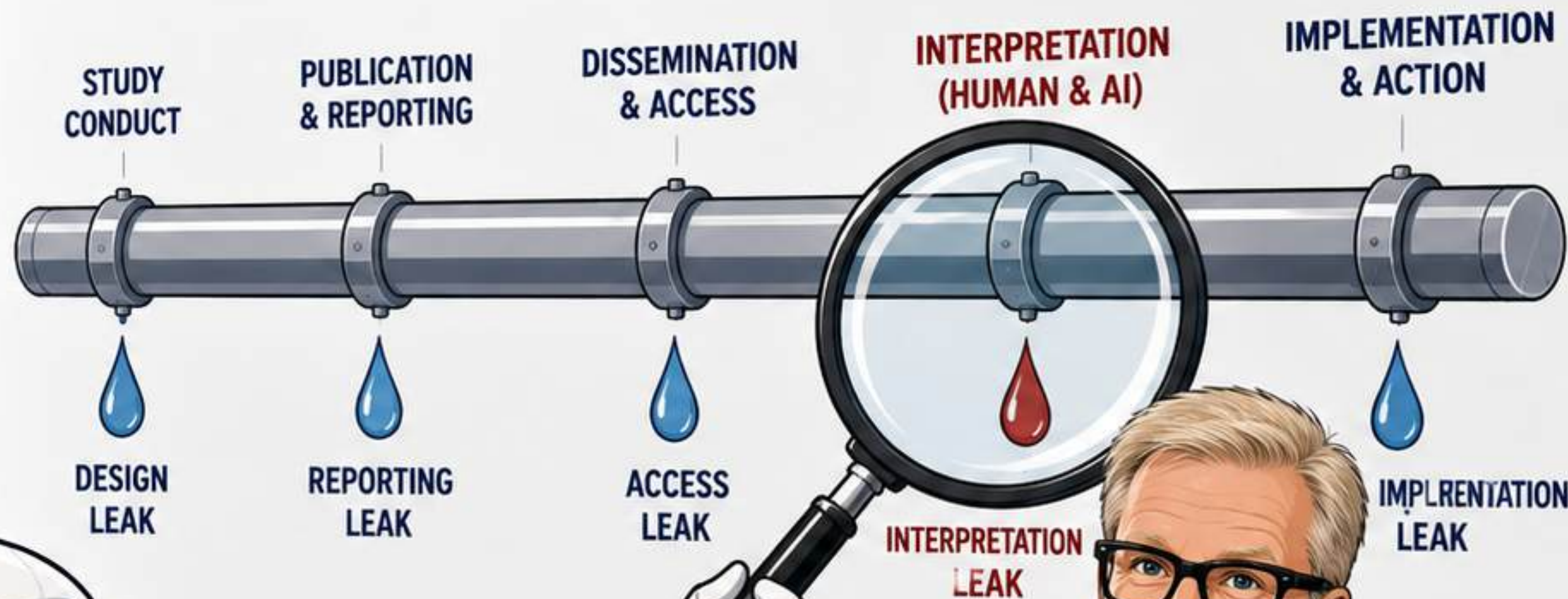
“

Be skeptical of anything you hear—even if you heard it from me.

”



THE LEAKY PIPE OF EVIDENCE TRANSLATION



EVIDENCE CAN BE LOST AT EVERY STAGE.



Stanford
Emergency Medicine