Supplementary Material for

How Does Generative AI Reshape Chinese Patients' Perceptions of Medical Authority？

Table of Contents

Table S1. Mixed-Methods Design: Transparent Instruments, Procedures, and Analysis 2

Table S2. AI Medical Consultation System Acceptance and Cognitive Impact Survey 5

Table S3. Demographic Characteristics of the Survey Questionnaire Sample (N=607) 8

Table S4. Semi-Structured Interview Outline 11

Table S5. Sample Characteristics of In-depth Interview Participants 14

Table S6. Keyword Classification and Examples for Identifying AI-Related Dialogues in Digital Ethnography 17

Table S7. Haodf.com: Excerpts from Doctor-Patient Dialogues Involving Patient AI References 18

Table S1. Mixed-Methods Design: Transparent Instruments, Procedures, and Analysis

Method	Instruments	Sampling Strategy	Procedure	Sample Description	Data Analysis	Ethical Considerations
Questionnaire Survey	Online questionnaire measuring seven latent variables: PTC, PEOU, SI, CL, CT, HL, TA. All items used 5-point Likert scales, were adapted from established scales, and were pretested for the GAI medical consultation context (Cronbach's α > 0.80 for all scales).	Multi-channel convenience sampling combined with snowball sampling.	Between February and April 2025, questionnaire links were distributed via official channels of four Grade A tertiary hospitals in Beijing, Shanghai, and Guangzhou, as well as through several online chronic disease communities, supplemented by snowball sampling. A total of 607 valid responses were collected.	The sample consisted primarily of middle-aged and younger adults with higher education levels.	Partial Least Squares Structural Equation Modeling (PLS-SEM) was employed to examine direct effects, while bootstrapping procedures tested the mediating role of CL and the moderating effects of HL and TA.	Formal ethical approval was obtained; participation was anonymous and informed consent was implied by survey completion.
In-Depth Interviews	Semi-structured interview protocol developed iteratively from preliminary	Purposive extreme case sampling (Patton, 2015).	From the survey sample, 15 participants with the highest CT scores (high-trust group) and	30 interviewees (15 high-trust, 15 low-trust).	Reflexive thematic analysis (Braun & Clarke, 2006, 2019) was performed	Explicit informed consent obtained for audio recording; all data anonymized.

Method	Instruments	Sampling Strategy	Procedure	Sample Description	Data Analysis	Ethical Considerations
	quantitative findings and digital ethnographic observations. It covered four dimensions: (1) authority deconstruction and trust construction, (2) cognitive and behavioral processes, (3) sociocultural embeddedness, and (4) power dynamics and relationship reconfiguration.		15 with the lowest CT scores (low-trust group) were purposively selected. Semi-structured interviews (average 45 minutes) were conducted via WeChat video calls in May 2025, audio-recorded with explicit informed consent.		independently by two researchers. Open codes were clustered into themes through constant comparison; disagreements were resolved by calibration discussions. Inter-coder reliability (Cohen's Kappa) was 0.82.	
Digital Ethnography	Publicly accessible consultation records on Haodf.com, a leading Chinese online medical platform. A	Initial identification via platform searches and keyword list, followed by	A hybrid approach combined retrospective analysis of historical public records (dating back to April 2024) with real-time immersive	Approximately 10,000 public consultation cases were preliminarily screened; 68	Integrated critical discourse analysis and thematic analysis were conducted, using findings from the	The study adhered to online research ethics for public observation (Eysenbach & Till, 2001). No

Method	Instruments	Sampling Strategy	Procedure	Sample Description	Data Analysis	Ethical Considerations
	predefined keyword list (e.g., “AI,” “ChatGPT,” “Kimi,” “AI says”) was used to identify relevant dialogues.	manual screening for dialogue integrity until theoretical saturation was achieved.	observation (January–May 2025). Researchers manually reviewed selected dialogues, ultimately constructing a deep-analysis corpus of 68 key dialogue threads that reached theoretical saturation.	dialogue threads were selected for in-depth analysis.	preceding quantitative and qualitative phases as an interpretive framework to guide analysis of patient speech acts, physician response strategies, and epistemic negotiations.	automated web crawling was used; all texts were publicly available and anonymized; cited excerpts underwent secondary anonymization.

Table S2. AI Medical Consultation System Acceptance and Cognitive Impact Survey

Construct	Survey Items
Perceived Technological Capability (PTC) Adapted from Davis's (1989)	Please rate the following statements based on your true feelings: 1 = Strongly Disagree 2 = Disagree 3 = Neutral 4 = Agree 5 = Strongly Agree • AI consultation systems possess professional technical support capabilities. • I believe AI systems can accurately identify my health conditions. • The algorithms behind AI consultations have intelligent analytical capabilities. • I think the diagnostic capability of AI systems approaches or exceeds that of average doctors. • AI consultation systems can continuously update their medical knowledge base.
Perceived Ease of Use (PEOU) Adapted from Davis's (1989)	Please rate the following statements based on your true feelings: 1 = Strongly Disagree 2 = Disagree 3 = Neutral 4 = Agree 5 = Strongly Agree • Using an AI consultation system does not require me to have complex skills. • The system's interface is intuitive and clear. • The questions are reasonably designed, and the operation is smooth. • I can quickly complete the entire consultation process. • Even for first-time users, I can quickly get started.
Social Influence (SI) Venkatesh et al. (2003)	Please rate the following statements based on your true feelings: 1 = Strongly Disagree 2 = Disagree 3 = Neutral 4 = Agree 5 = Strongly Agree • People around me (friends, family) recommend that I use AI consultation systems. • Doctors or nurses suggest I try AI consultation systems. • The communities I belong to generally approve this technology. • I feel curious and trusting because others actively use it. • Using AI consultations is seen as a "cutting-edge behavior."
Cognitive Trust (CT)	Please rate the following statements based on your true feelings: 1 = Strongly Disagree 2 = Disagree 3 = Neutral 4 = Agree 5 =

McKnight & Chervany's (2001)	Strongly Agree • I trust that the advice given by AI consultations has a logical basis. • I am willing to make preliminary health decisions based on information from AI consultations. • I feel reassured by the recommendations from AI consultations. • Using AI consultation systems does not make me feel skeptical. • After using AI consultations, my understanding of the disease is clearer.
Cognitive Load (CL) Adapted from Sweller's (1988)	Please rate the following statements based on your true feelings: 1 = Strongly Disagree 2 = Disagree 3 = Neutral 4 = Agree 5 = Strongly Agree • When using AI consultations, I have to process a lot of complex information. • During the consultation process, I often feel mental pressure. • Some medical terms or processes are difficult for me to understand. • I often need to read the information provided by AI repeatedly. • Overall, using AI consultations makes me feel "mentally exhausted."
Health Literacy (HL) Adapted from Nutbeam's (2000)	Please rate the following statements based on your true feelings: 1 = Strongly Disagree 2 = Disagree 3 = Neutral 4 = Agree 5 = Strongly Agree • I can understand the health terms and advice provided by AI. • I can discern whether AI suggestions match my own health condition. • I possess the ability to read and use health information. • I know when it is necessary to combine doctor's advice with AI suggestions for joint judgment. • I have the ability to use multiple sources of health information.
Technology Anxiety (TA) Heinssen et al.'s (1987)	Please rate the following statements based on your true feelings: 1 = Strongly Disagree 2 = Disagree 3 = Neutral 4 = Agree 5 = Strongly Agree • Using AI systems makes me worry about privacy breaches. • I am concerned that misdiagnosis by AI could lead to treatment delays. • I am unsure if AI understands my true feelings like a doctor does.

	• I feel a loss of control when entrusting health decisions to AI. • I often feel nervous when operating AI consultation systems.

Note: All items were measured on a 5- point Likert scale ranging from 1 (Strongly Disagree) to 5 (Strongly Agree). In the statistical analyses (e.g., PLS- SEM), all latent variables were treated as continuous variables, consistent with their conceptualization as psychological states that vary along a continuum (Sweller et al., 2019; Mayer & Moreno, 2003).

Table S3. Demographic Characteristics of the Survey Questionnaire Sample (N=607)

Characteristic	Category	Frequency	Percentage (%)	Cumulative Percentage (%)
Gender	Male	346	57.00	57.00
	Female	261	43.00	100.00
Age	18--30 years	241	39.70	39.70
	31--45 years	165	27.18	66.89
	46--60 years	113	18.62	85.50
	61 years and above	88	14.50	100.00
Education Level	Junior high school or below	50	8.24	8.24
	High school / Technical secondary school	128	21.09	29.32
	Associate degree / College	169	27.84	57.17
	Bachelor's degree	195	32.13	89.29
	Postgraduate or above	65	10.71	100.00
Occupation	Student	90	14.83	14.83

Characteristic	Category	Frequency	Percentage (%)	Cumulative Percentage (%)
	Corporate employee / Manager	143	23.56	38.39
	Professional (Education, Science, Culture, Health)	100	16.47	54.86
	Healthcare professional	77	12.69	67.55
	Manual laborer	49	8.07	75.62
	Freelancer / Self-employed	61	10.05	85.67
	Retired / Unemployed	56	9.23	94.89
	Other	31	5.11	100.00
Chronic Disease History	No	434	71.50	71.50
	Yes	173	28.50	100.00
Frequency of AI Consultation Use	Never used (0 times)	286	47.12	47.12
	Occasionally (≤10 times)	202	33.28	80.40
	Frequently (≥11	119	19.60	100.00

Characteristic	Category	Frequency	Percentage (%)	Cumulative Percentage (%)
	times)			
Digital Device Proficiency	Very poor	65	10.71	10.71
	Average	98	16.14	26.85
	Good	210	34.60	61.45
	Proficient	193	31.80	93.25
	Expert	41	6.75	100.00
Total		607	100.0	100.0

Table S4. Semi-Structured Interview Outline

Category	Question
Basic Information	• Your age, gender, education level, and occupation. • Your frequency and duration of using AI for medical consultations in the last 3 months.
Common Questions for High-Trust and Low-Trust Groups	• Please describe the AI consultation experience that left the deepest impression on you: What specific health issue did you have? What key information did the AI provide? Which moment made you feel it was trustworthy/untrustworthy? • The decisive factors for choosing AI instead of going directly to the hospital: cost/time/privacy/reluctance to face the authoritative pressure from doctors? • In your mind, what kind of doctor qualifies as authoritative? (Title/Hospital level/Experience/Attitude) • On a scale of 1 to 10, how would you rate the authority of traditional doctors? How about AI doctors? Why? • After using AI, has your sense of awe towards doctors: increased/remained unchanged/decreased? Why? • Scenario Projection: If an AI and a chief physician give conflicting diagnoses...
High-Trust Group Exclusive Questions	• You mention having high trust in AI's diagnosis. Which specific explanation from AI made you feel it was more reliable than a human doctor? • When AI advice differs from your initial doctor's, who are you more inclined to believe? Can you give a specific example? • After consulting AI, do you still make a point to seek out expert appointments when you go to the hospital? Why or why not? • If AI directly provided a treatment plan, would you bypass the doctor and buy medication yourself? Under what circumstances would you do so? • Some people feel that AI is untrustworthy without the endorsement of a top-tier hospital. Why doesn't this matter to you? • If an AI suggestion contradicted traditional Chinese medicine (common knowledge), would you adopt it? • If an AI and a chief physician's conclusion conflict, would you ask the doctor to review the AI's suggestion? How might you discuss it?

Category	Question
	• If AI suggests a referral, would you change hospitals based on its advice? • If AI predicts a risk of severe illness, would you seek immediate medical attention or wait and observe?
Low-Trust Group Exclusive Questions	• You say you absolutely do not trust AI. Is this because of a specific wrong experience, or an inherent distrust of machines? • If AI displayed official certification from health authorities or proof of collaboration with a top-tier hospital, would it change your view? • Even if AI provides detailed medical papers, what is the fundamental reason you still insist on a doctor's judgment? • When a junior doctor and AI give the same conclusion, do you trust the AI more, or do you doubt the doctor's competence more? • If the AI was developed by a prestigious hospital like Peking Union Medical College Hospital, would your trust increase? How much? Why? • Do you think AI is incapable of understanding the nuances of "Chinese-style doctor-patient relationships" (e.g., family members withholding information from the patient)? • If an AI and a chief physician's conclusion conflict, would you directly dismiss the AI? What is your basis for this? • If AI suggests a referral, would you wait until your originally scheduled follow-up visit to ask your doctor? • If AI predicts a risk of severe illness, would you go to the emergency room immediately due to anxiety?
Common Questions for High-Trust and Low-Trust Groups	• After using AI, do you feel more emboldened to question doctors' use of medical jargon? • What is the doctor's reaction when you cite AI advice? (Approve/Dismissive/Annoyed) • Please reiterate a medical concept that AI taught you. • Has it ever helped you see through health myths or misinformation? • What type of AI response would cause you panic? (e.g., directly providing a disease risk probability) • When faced with information overload, what is your coping strategy? (Check professional websites/Ask a doctor for verification/Simply stop using it) • Would you recommend AI to your parents? What do you think is the biggest obstacle to convincing the elderly to use it?

Category	Question
	• When sharing consultation records on social media for analysis, is it acceptable to hide the doctor's name? • How would you like AI to balance "technical rationality" with the "human touch" in doctor-patient relationships? • Should AI have prescription rights? Why or why not?

Table S5. Sample Characteristics of In-depth Interview Participants

Group	Participant ID	Gender	Age	Education Level	Occupation	Frequency of AI Consultation Use	Interview Format
High-Trust Group	01	Male	28	Master's Degree	Internet Product Manager	Frequent use	WeChat video calls
	02	Male	24	Bachelor's Degree	Art Student	Frequent use	WeChat video calls
	03	Female	35	PhD	University Lecturer	1-2 times per month	Face-to-face
	04	Male	26	Bachelor's Degree	Programmer	Frequent use	WeChat video calls
	05	Female	29	Master's Degree (Overseas)	Cross-border E-commerce	2 times per week	WeChat video calls
	06	Female	29	Bachelor's Degree	Not disclosed	Frequent use	WeChat video calls
	07	Female	35	Bachelor's Degree	Rare Disease Intervention Promoter	Frequent use	WeChat video calls
	08	Male	38	PhD	Engineer (Foreign Company)	3 times per month	WeChat video calls
	09	Female	31	Master's Degree	Sign Language Interpreter	Frequent use	WeChat video calls
	10	Female	27	Master's Degree	Tech Journalist	2 times per week	Face-to-face
	11	Male	58	High School	Retired Worker	Frequent use	WeChat video calls

Group	Participant ID	Gender	Age	Education Level	Occupation	Frequency of AI Consultation Use	Interview Format
	12	Male	32	Master's Degree	Pharmacist (Tier-3 Hospital)	Multiple times per week	WeChat video calls
	13	Female	25	Bachelor's Degree	Student (UK)	Frequent use	WeChat video calls
	14	Male	35	PhD	Pharmaceutical R&D	Frequent use	WeChat video calls
	15	Female	28	Master's Degree	Not disclosed (Yi Ethnicity)	Frequent use	WeChat video calls
Low-Trust Group	16	Female	55	High School	Retired Teacher	Never used	WeChat video calls
	17	Male	30	PhD	AI Engineer	Literature only, not for diagnosis	Face-to-face
	18	Male	48	Technical Secondary School	Self-employed	Never used	WeChat video calls
	19	Male	50	Bachelor's Degree	Traditional Chinese Medicine Practitioner	Never used	WeChat video calls
	20	Male	42	Associate Degree	Taxi Driver	1 time	WeChat video calls
	21	Male	38	Bachelor's Degree	Small Business Owner	4-5 times	WeChat video calls

Group	Participant ID	Gender	Age	Education Level	Occupation	Frequency of AI Consultation Use	Interview Format
	22	Female	41	Master's Degree	Middle School Teacher	1 time	Face-to-face
	23	Female	68	Primary School	Retired Worker	Never used	WeChat video calls
	24	Female	45	High School	Post-Breast Cancer Surgery Patient	Never used	WeChat video calls
	25	Female	38	Middle School	Food Delivery Driver	Occasional use	WeChat video calls
	26	Male	43	Middle School	Not disclosed	1 time	WeChat video calls
	27	Male	65	Primary School	Elderly Living Alone in Rural Area	Never used	WeChat video calls
	28	Male	62	Associate Degree	Retired Military Doctor	Never used	WeChat video calls
	29	Male	30	Middle School	Not disclosed	Occasional use	WeChat video calls
	30	Female	33	Bachelor's Degree	Accountant	1 time (with misdiagnosis experience)	WeChat video calls

Table S6. Keyword Classification and Examples for Identifying AI-Related Dialogues in Digital Ethnography

Category	Keyword Examples
General AI/GAI Terminology	AI, artificial intelligence, GAI, intelligent assistant, robot doctor, machine learning, large model, algorithm
Specific GAI Tool/Platform Names	ChatGPT, Wenxin Yiyan, Tongyi Qianwen, Kimi, DeepSeek, iFlytek Spark, Gemini, Claude, Copilot, Doubao
Descriptive/Action Phrases	AI says, model suggestions, intelligent analysis display, algorithmic recommendations, AI looked it up, AI generated solutions, AI-assisted diagnosis, AI-provided results

Table S7. Haodf.com: Excerpts from Doctor-Patient Dialogues Involving Patient AI References

The dialogue excerpts below are extracted from complete consultation threads on Haodf.com To focus on the dynamics triggered by patients' references to AI, only the patient's turn introducing AI-generated advice and the physician's immediate response are shown. Preceding and subsequent exchanges have been omitted for brevity.

No.	Doctor-Patient Dialogues Involving AI	Patients Communication Type	Physician Response Type
1	Patient: Doctor, a doctor friend suggested I check this with AI first, so I did. It mentioned that gallbladder issues could be a possibility for my right upper abdominal pain. AI mentioned that, but I wanted to ask you—based on your experience, is that consistent with my situation? It also suggested an ultrasound—would that be helpful? Doctor: Yes, the AI's suggestion is very much in line with my initial assessment. The pain you're describing is classic for biliary colic. I was also considering an ultrasound to check for gallstones. The AI is correct to point you toward that diagnostic path. Let's schedule that for you.	Collaborative-Verification	Collaborative-Explanatory
2	Patient: Doctor, I checked with AI, and it said that masturbating once a week is a normal frequency and won't cause nerve weakness. Eye fatigue is more likely related to excessive eye use." This is a bit different from what you said about "excess affecting nerves." Was the AI wrong? Doctor: The AI's statement makes some sense, but it overlooks individual differences. For people with inherently weak nerve tolerance, even once a week may cause discomfort. The AI's information is based on general data, but clinical	Collaborative-Verification	Collaborative-Explanatory

No.	Doctor-Patient Dialogues Involving AI	Patients Communication Type	Physician Response Type
	judgment needs to consider your specific symptoms (such as the duration of eye fatigue). So it's not that the AI is wrong; it just can't analyze your situation like a doctor can. The AI's suggestion about excessive eye use aligns with my advice to reduce electronic device usage. You can refer to that part, but specific adjustments should still be based on your individual symptoms.		
3	Patient: Doctor, AI said that my condition might not be muscle weakness caused by masturbation. It could be prostate congestion or pelvic floor muscle dysfunction. It also suggested I do Kegel exercises to strengthen the pelvic floor muscles. I wanted to ask you—do you think this is a reliable assessment? Doctor: What does the current AI know? It just piles up technical terms to sound impressive. If you think what the AI said is right, why not just let it prescribe a treatment for you? Why bother coming to the hospital? What I just mentioned about muscle recovery, diet, and exercise has all been clinically verified and is much more reliable than those cold algorithms.	Challenging-Defensive	Authority-Reassertion
4	Patient: After our last visit, my sister, a nurse, mentioned this AI health tool to me, so I used it to better understand my dizziness. It listed benign paroxysmal positional vertigo (BPPV) as a possibility, which matches my symptoms—dizziness when I turn in bed. The Epley maneuver it described actually helped a little. I wanted to ask you—could this be the diagnosis? Doctor: It's very possible. The AI has hit on a key characteristic of BPPV—positional dizziness. The fact that the Epley maneuver provided some relief is a strong	Collaborative-Verification	Cautiously Reserved

No.	Doctor-Patient Dialogues Involving AI	Patients Communication Type	Physician Response Type
	indicator. I'll perform a Dix-Hallpike test to confirm.		
5	Patient: Doctor, I checked with AI yesterday. It said that this post-urination semen dripping might be related to prostate secretions. It also mentioned that if it's "glue-like," it could be concentrated prostatic fluid, and suggested I get a prostatic fluid test to rule out inflammation. But all the doctors I saw before said it's not a disease. I wanted to ask—is what the AI said reliable? Doctor: What does AI know about "individual differences"? It just lumps everyone's conditions together—how could that be more accurate than my experience from seeing hundreds of similar cases? You've seen so many doctors already, yet you still trust AI's "might" and "rule out"? If there really was inflammation, you would have had frequent urination and painful urination long ago. Stop overthinking. If you keep obsessing like this, you'll create a disease where there isn't one. Either you go get the test as the AI suggested, and if it comes back fine, come see me for psychological counseling.	Collaborative-Verification	Authority-Reassertion
6	Patient: Doctor, I checked with AI, and it said that premature ejaculation might be related to serotonin levels. It also recommended drugs like dapoxetine, saying they can prolong the duration. Besides, it mentioned that a penis is considered abnormal if it's less than 3.7 inches when erect. Mine is 4.5 inches, but I still feel anxious. The AI suggested exercising with a vacuum device—I wanted to ask you, does that sound reliable? Doctor: All AI knows is to list data and prescribe medicines, but does it understand	Collaborative-Verification	Authority-Reassertion

No.	Doctor-Patient Dialogues Involving AI	Patients Communication Type	Physician Response Type
	why you're anxious? Dapoxetine is a prescription drug; taking it randomly can have serious side effects. Do you think it's like cold medicine? If vacuum devices really worked, why would hospitals have andrology departments? You keep fixating on size and duration—the more anxious you get, the faster you'll ejaculate. That's the root of the problem. How about you try buying the medicine as the AI suggested? If it doesn't work, come back to me for psychological counseling?		
7	Patient: Doctor, the AI said that if a hernia isn't operated on in time, it might get incarcerated, and in severe cases, the intestinal tube could necrose. It also mentioned that there's laparoscopic minimally invasive surgery now, with quick recovery. But I'm still afraid of surgery. I wanted to ask you—is the incarceration risk it talked about really that high? Doctor: All AI does is pile up the worst-case scenarios to scare people! Does it know if your lump can be pushed back? Has it ever gotten stuck? From what you said, it disappears when you lie down—so the chance of incarceration is extremely low. Laparoscopy is advanced, but it still depends on your specific condition. If you're so scared by the AI that you can't sleep, go get a B-ultrasound first. Let the imaging results speak for themselves, instead of obsessing over AI's "risk list" and overthinking!	Collaborative-Verification	Authority-Reassertion
8	Patient: Doctor, I checked with AI, and it said that warfarin, as an anticoagulant, may increase the risk of bleeding in various parts of the body, including the reproductive tract mucosa. It also suggested that I should get a semen analysis and	Collaborative-Verification	Authority-Reassertion

No.	Doctor-Patient Dialogues Involving AI	Patients Communication Type	Physician Response Type
	ultrasound as soon as possible to rule out issues like seminal vesiculitis. I'm concerned—do you think that's necessary? Doctor: All AI does is regurgitate drug instruction manuals! Does it know if you have any other symptoms besides blood in the semen? Does it know that your INR, although high, is being adjusted? If it were really seminal vesiculitis, you would have already had painful urination and fever by now. Don't be scared by AI into panicking over nothing. Either follow its advice and get all those tests done, then come back to discuss the next steps once they show nothing is wrong, or just observe for now and wait until your INR stabilizes.		
9	Patient: Doctor, AI said that my sensitivity and discharge might be non-specific urethritis or prostatitis. It also mentioned that if I don't pay attention to cleanliness, irritation could cause this too. It suggested I clean with warm water and observe changes in the discharge. I wanted to ask you—is that reliable? Doctor: AI is at it again, listing possibilities, huh? Non-specific urethritis, prostatitis... Does it know if you have painful urination or frequent urination before making such random guesses? I told you to see a urologist so they can check the nature of the discharge in person. Can AI see it through the screen? If you trust that AI's "warm water cleaning" will cure it, then go ahead and try that first. If it doesn't work, don't come back to me wasting my time.	Collaborative-Verification	Authority-Reassertion
10	Patient: Doctor, I agree with your diagnosis. AI said that my tendency to feel tired and excessive sweating might be related to my weight (I'm 104 kilograms). It also	Cooperative-Supplementary	Authority-Reassertion

No.	Doctor-Patient Dialogues Involving AI	Patients Communication Type	Physician Response Type
	suggested that in addition to strength training, I should add 30 minutes of brisk walking every day, reduce refined sugar in my diet, and even mentioned that I could get my thyroid function checked because my mom has thyroid issues. I wanted to ask you—can I follow this advice? Doctor: AI is quite good at drawing inferences, I see—since your mom has thyroid problems, it's steering you that way. But does it know how long you've just started working out? It's perfectly normal for beginners to have poor stamina and sweat a lot. Thyroid issues come with symptoms like feeling cold, fatigue, and sudden weight changes—do you have any of those? Anyone can say "cut down on sugar" or "take brisk walks," but the key is how to do it gradually. Your fitness coach is much more professional than AI in that regard. Either you follow AI's suggestion and get your thyroid checked first, and if it's fine, come back and focus on training properly with your coach.		
11	Patient: Doctor, I checked with AI, and it said that if the foreskin can be easily retracted, there's no need for surgery. But if there's recurrent inflammation or pain during intercourse, it's recommended to get circumcised. It also mentioned that some women might be sensitive to smegma, and I'm a bit worried about that. I wanted to ask—what do you think? Doctor: AI is going on about "if" and "might" again. Has it ever seen the specific condition of your foreskin? I said no surgery is needed because you can retract it, and as long as you keep it clean regularly, smegma won't be a problem. If there were really inflammation or pain, you would have felt it by now. Don't be scared by	Collaborative-Verification	Authority-Reassertion

No.	Doctor-Patient Dialogues Involving AI	Patients Communication Type	Physician Response Type
	all those "mights" from AI. Either you believe it and keep obsessing over whether to get circumcised, or you listen to me: just learn to keep it clean, and there's no need for all these worries.		
12	Patient: Doctor, I checked with AI, and it said that moderate masturbation actually doesn't lead to decreased sexual function. On the contrary, repressing desires might be worse. It also mentioned that premature ejaculation is more related to psychological anxiety, suggesting I use the "stop-start technique" for training instead of quitting completely. This contradicts what you said about "quitting entirely." I wanted to ask—who should I listen to? Doctor: What does AI know about "excess"? You've been doing this for 15 years—how can we even talk about "moderation"? It's applying the situation of healthy people to you—can that be accurate? The stop-start technique is for newlyweds. Right now, your nerve sensitivity is already worn out. If you don't stop completely to recover, any training will be useless. If you believe AI's "no need to quit," then go ahead. It won't be too late to come for treatment when you really develop serious problems.	Challenging-Defensive	Authority-Reassertion
13	Patient: Doctor, AI said that poor foreskin elasticity isn't necessarily caused by age; it could also be scar hyperplasia from recurrent inflammation. It suggested I soak it in warm water every day and then gently stretch it, adding that if stretching doesn't work, I should consider surgery. I wanted to ask you—do you think this method is feasible?	Collaborative-Verification	Authority-Reassertion

No.	Doctor-Patient Dialogues Involving AI	Patients Communication Type	Physician Response Type
	Doctor: AI is giving random advice again! Does it know if you have a history of inflammation? Scar hyperplasia would cause pain and redness—do you have those symptoms? It dares to tell you to stretch blindly. What if you tear it and get an infection? I said it's an age issue because you're 46; skin naturally ages. Where do all these "might"s come from? Either follow AI's advice and stretch it, but don't come to me if you damage it, or just go see a surgeon directly. Stop 纠结 ing over this.		
14	Patient: Doctor, AI said that long-term dry friction during masturbation may cause keratinization of the penile skin and reduce sensitivity, but nerve damage is reversible. It suggested I use lubricants to restore the skin barrier and even try low-intensity laser therapy to improve blood circulation. I wanted to ask—do these methods work? Doctor: AI really knows how to look up new treatments, huh? Even knows about laser therapy? Does it know if your skin is actually keratinized? Laser therapy is for severe nerve damage. Yours is just simple over-friction—stop for a month and let the skin repair itself. Lubricants? Using them now might make you even less sensitive. Don't be fooled by AI's "high-tech" stuff. Either follow its advice and get laser therapy, then come back to listen to me after wasting money with no results, or just stop for a while and stop messing around.	Collaborative-Verification	Authority-Reassertion
15	Patient: Doctor, I checked with AI yesterday, and it said that although the probability is low, there's still a 0.1%-0.5% failure rate after a vasectomy, which	Collaborative-Verification	Authority-Reassertion

No.	Doctor-Patient Dialogues Involving AI	Patients Communication Type	Physician Response Type
	might be caused by recanalization at the surgical site. It also mentioned that even with a condom, there's an extremely small chance of it breaking or slipping off. I'm even more worried now—I wanted to ask you, does this possibility really exist? Doctor: AI just loves scaring people with these one-in-a-thousand probabilities! Your husband has already been tested and found to have zero sperm, and you're using condoms too. With this double protection, how could you possibly get pregnant? If AI's claims were that alarming, would anyone in the hospital ever get a vasectomy? Stop overthinking. Do as I said: take a pregnancy test in a week. It's much more reliable than those algorithms.		
16	Patient: Doctor, I checked with AI yesterday, and it said that a typical symptom of recurrent gastric ulcers is stabbing pain in the stomach, which tends to worsen after eating high-protein foods. It also mentioned that even if there's scarring, ulcers can recur due to poor dietary habits. The stabbing pain I'm feeling now matches this description—I wanted to ask you, could it really be a recurrence? Doctor: AI is just regurgitating textbook content again! Your recheck last year showed only superficial scarring. The stabbing pain you're feeling now is more likely irritation of the scar from careless eating, not a recurrent ulcer. Does it know the specific recovery status of your scar? If you believe AI's talk of "recurrence," go get another gastroscopy. Once it shows nothing's wrong, come back and I'll explain the dietary restrictions to you.	Collaborative-Verification	Authority-Reassertion
17	Patient: Doctor, AI said that after stopping Duphaston, menstruation usually comes	Collaborative-Verification	Collaborative-Explanatory

No.	Doctor-Patient Dialogues Involving AI	Patients Communication Type	Physician Response Type
	within 3-7 days, and a feeling of dysmenorrhea might be a sign of uterine contractions. It also mentioned that even if there's dysmenorrhea, pregnancy can't be completely ruled out, because a small number of people experience similar pain in early pregnancy. I stopped taking the medicine almost a week ago—I wanted to ask you, does my situation match what AI described? Doctor: What AI said is correct. It's common to get your period about a week after stopping the medication, and the feeling of dysmenorrhea could indeed be the uterus preparing for menstruation. I also mentioned the possibility of pregnancy before, around 20%, which doesn't conflict with what AI said. Just do the early pregnancy test as I told you. We'll see once we get the result. AI's timeline can be used as a reference, but ultimately, the test result is what matters.		
18	Patient: Doctor, I agree with your diagnosis that this is related to constipation. The AI also suggested that recurrence of intestinal blockage is often related to insufficient fiber in the diet and weak intestinal motility. It recommended that in addition to laxatives, I should consume more than 25 grams of fiber every day and massage my abdomen clockwise to promote peristalsis. I also had an episode during the holiday last year, which might be related to eating too much greasy food. I wanted to ask—can I try these AI suggestions alongside your treatment plan? Doctor: The AI's dietary advice is correct. Insufficient fiber can indeed increase the risk of intestinal blockage. However, it didn't mention individual differences—the specific location of your last obstruction and how your intestinal peristalsis	Cooperative-Supplementary	Collaborative-Explanatory

No.	Doctor-Patient Dialogues Involving AI	Patients Communication Type	Physician Response Type
	function is all affect the conditioning methods. You can follow its advice to increase fiber intake and massage your abdomen, but if the abdominal pain worsens, don't just rely on AI's suggestions. Come for an abdominal CT scan in time; that's a safe approach tailored to you.		
19	Patient: Doctor, AI listed several possibilities, saying that intestinal spasms and irritable bowel syndrome can both cause this "sensation of movement inside," and that stabbing pain might be due to sudden muscle contractions. It also suggested I record the relationship between the attack times and my diet, and avoid gas-producing foods. I wanted to ask you—is this the same as what you called "intestinal colic"? Doctor: The AI’s suggestion aligns closely with my clinical assessment. The intestinal spasms mentioned by AI are essentially the same as the intestinal colic I referred to. Recording your diet is also a commonly used method in clinical practice, so you can follow that part. But what it didn't tell you is that as a 19-year-old girl, you also need to rule out gynecological issues like ovarian cysts—that's why the ultrasound examination is necessary. AI can provide common causes, but your situation requires more detailed examinations. Don't just rely on AI's "dietary advice" to get by.	Collaborative-Verification	Collaborative-Explanatory
20	Patient: Doctor, I checked with AI, and it said that excessive consumption of NSAIDs like ibuprofen can damage the gastric mucosa, and long-term use may trigger gastric ulcers. It also suggested I get a Helicobacter pylori test, as bacterial	Collaborative-Verification	Authority-Reassertion

No.	Doctor-Patient Dialogues Involving AI	Patients Communication Type	Physician Response Type
	infection can worsen the discomfort. The burning sensation I'm having now is very similar to what it described as pre-ulcer symptoms—I wanted to ask you, do I need to get checked? Doctor: AI just loves scaring people with "gastric ulcers"! The discomfort you had before went away the next day, and the burning sensation you're feeling now is more likely a short-term irritation. It's not that easy to develop an ulcer. A Helicobacter pylori test isn't something to be done casually. If you believe AI's "ulcer warning," go get tested. Once it comes back clear, come back and I'll tell you how to use antacids. Stop scaring yourself.		
21	Patient: Doctor, I agree with your assessment that this might be related to my gut. AI said that persistent intestinal spasms may be related to irritable bowel syndrome (IBS), especially worsening under high stress. It suggested that in addition to a high-fiber diet, I try a low-FODMAP diet to reduce gas production, and also take simethicone to relieve bloating. I wanted to ask you—are these in line with what you meant by "adjusting the diet"? Doctor: What AI said about the relationship between IBS and stress is correct, and the low-FODMAP diet is also a commonly used conditioning method in clinical practice, so you can try that part. But it didn't mention that you need to first rule out organic issues like intestinal inflammation or polyps—that's why I told you to get an ultrasound and see a gastroenterologist. AI's dietary advice is auxiliary; clarifying the cause first is the key. Don't rely solely on its "relief methods" and delay the examinations.	Cooperative-Supplementary	Collaborative-Explanatory

No.	Doctor-Patient Dialogues Involving AI	Patients Communication Type	Physician Response Type
22	Patient: Doctor, I checked with AI, and it said that pain near the groin when bending over could be a "femoral hernia," which is more common in women. It suggested getting a CT scan to rule it out because ultrasound might miss it. You said it's not a hernia—I wanted to ask you, does AI's suggestion make sense? Doctor: AI is listing "possibilities" again! Femoral hernia pain usually doesn't "only occur when bending over and disappear in a few seconds"—it's more likely to be a persistent dull ache. Does it know the exact location and duration of your pain before suggesting a CT scan? Do as I said: take painkillers and observe first. If you're really worried, get an ultrasound. Don't let AI's "hernia warning" lead you around.	Collaborative-Verification	Authority-Reassertion
23	Patient: Doctor, I'm on my way to the hospital now. AI said that severe abdominal pain and vomiting of bile after eating are likely symptoms of intestinal obstruction or intussusception, which matches what you called "intestinal obstruction." It also said this can't be delayed and requires emergency treatment. I wanted to ask you—will the tests at the hospital align with what AI suggested? Doctor: AI got it right this time. Intestinal obstruction does cause these symptoms, and it really can't wait. Go get an X-ray and ultrasound as soon as possible; these are exactly the tests I recommended. AI's emergency alert is valuable, but determining the specific type of obstruction or whether surgery is needed will depend on the hospital's detailed examinations. That's precisely why I told you to rush to the ER.	Collaborative-Verification	Collaborative-Explanatory

No.	Doctor-Patient Dialogues Involving AI	Patients Communication Type	Physician Response Type
24	Patient: Doctor, AI said that sudden cramps and fainting during bowel movements might be due to "excessive vagal nerve reflex." Intense intestinal contractions stimulate the nerves, leading to a sudden drop in blood pressure, which is related to what you called "dehydration and electrolyte imbalance." It suggested that in addition to replenishing fluids, an electrocardiogram should be done to rule out heart problems. I wanted to ask you—do I need an extra heart check? Doctor: The AI's suggestion has some merit, though we must await further test results to confirm. The vagal nerve reflex mentioned by AI is a possible cause, and it goes hand in hand with low blood pressure caused by dehydration—this analysis makes sense. An electrocardiogram can be done. After all, you're 59 years old, so ruling out heart issues is more prudent. This is more detailed than AI's suggestion: it takes into account the nerve factors it mentioned, and also considers your age. You'll feel more at ease after the check.	Collaborative-Verification	Cautiously Reserved
25	Patient: Doctor, I checked with AI, and it said that starting to take combined oral contraceptives mid-cycle can easily cause "breakthrough bleeding" because the hormone levels haven't stabilized yet. It also suggested that if the bleeding lasts more than 7 days, other issues need to be ruled out. I'm in severe pain right now—I wanted to ask you, does this match what AI described? Do I need to adjust my medication? Doctor: AI just knows to spout clichés like "hormonal instability"! Does it know how sensitive your body is to hormones after not taking contraceptives for the past few years? Breakthrough bleeding is common, but the severity of your pain needs to be	Collaborative-Verification	Authority-Reassertion

No.	Doctor-Patient Dialogues Involving AI	Patients Communication Type	Physician Response Type
	evaluated with an ultrasound. Don't just trust AI's "7-day standard." Take painkillers as I told you first. If it's really unbearable, come for a gynecological ultrasound tomorrow—it's more reliable than AI's theories.		
26	Patient: Doctor, AI said that pain in the right upper abdomen which worsens with breathing is indeed a typical symptom of gallstones. It also mentioned that even women on a healthy but high-fiber diet can develop them (due to bile metabolism) and recommended getting an abdominal ultrasound as soon as possible. This matches your diagnosis—I wanted to ask you, can I go to the emergency room for the tests now? Doctor: AI got it right this time, and it completely aligns with my judgment. Gallstones can indeed occur in healthy people, and the worsening pain with breathing is because the gallbladder's position gets pulled. Go to the emergency room right away for an ultrasound and blood tests—don't delay. AI's urgent reminder makes sense. We'll decide on the next steps once the test results are out.	Collaborative-Verification	Collaborative-Explanatory
27	Patient: Regarding my vaccine, an AI information sheet mentioned that mild flu-like symptoms for a day or two are a common and even positive sign that the immune system is responding. I felt fine after mine. I was just wondering—should I be worried it didn't work? Doctor: No, not at all. The AI is correct that those symptoms can occur, but their absence does not mean the vaccine was ineffective. The immune response is complex and varies from person to person. The AI's information is helpful, but the	Collaborative-Verification	Collaborative-Explanatory

No.	Doctor-Patient Dialogues Involving AI	Patients Communication Type	Physician Response Type
	lack of symptoms is nothing to worry about. You are very likely well-protected.		
28	Patient: Doctor, AI said that right upper abdominal pain + fever + vomiting are the typical triad of symptoms for acute cholecystitis, which is consistent with what you called "gallbladder infection." It also mentioned that in such cases, antibiotics or even surgery may be needed. I wanted to ask you—I'm going to get an ultrasound and blood tests now, right? Doctor: AI is quite accurate this time. The symptoms of acute cholecystitis are exactly like this, and antibiotics and ultrasound are indeed necessary. The possibility of surgery it mentioned depends on the severity of gallbladder inflammation shown in the ultrasound, which is precisely why I told you to get checked as soon as possible. It's correct for you to take it seriously as AI suggested. Don't delay. Let's discuss the specific treatment after the test results come out.	Collaborative-Verification	Collaborative-Explanatory
29	Patient: Doctor, AI listed two possibilities, saying that lower right abdominal pain accompanied by weakness could be ovarian torsion or appendicitis. The difference is that ovarian torsion usually involves sudden severe pain, while appendicitis pain gradually worsens. I've been in pain for a while, and now I'm not shivering anymore, but I still feel weak. I wanted to ask you—do I need an immediate CT scan? Doctor: AI's differential approach is correct, but it hasn't seen your physical signs—like whether pressing on the lower right abdomen makes the pain worse (McBurney's point tenderness). You can first have an ultrasound; if it's unclear,	Collaborative-Verification	Cautiously Reserved

No.	Doctor-Patient Dialogues Involving AI	Patients Communication Type	Physician Response Type
	then get a CT scan. This is more reliable than directly following AI's suggestion of an "immediate CT." Your condition does need to be investigated, but don't let AI's "list of emergencies" rush you into panic. Step-by-step examinations will be more accurate.		
30	Patient: Doctor, my friend checked with AI, and it said that if persistent pain in the right abdomen is not caused by organic issues, it might be due to intestinal adhesions or abdominal wall muscle strain. It also suggested a follow-up abdominal ultrasound, especially to check intestinal peristalsis. I wanted to ask you—is this related to what you called irritable bowel syndrome? Doctor: AI is just making random guesses! Her CT scan and blood tests are all normal, so why mention intestinal adhesions? Muscle strain would get worse with movement—does her pain have anything to do with her posture? If she believes AI's suggestion of a "follow-up ultrasound," let her go for it. Once the results show nothing is wrong, she can come back and be treated for irritable bowel syndrome. Don't waste time with a bunch of useless reports.	Collaborative-Verification	Authority-Reassertion
31	Patient: Doctor, I checked the symptoms of pheochromocytoma with AI, and it said that paroxysmal hypertension, palpitations, headaches, and excessive sweating are typical manifestations, and it can also cause hypokalemia. This is very similar to my situation (hypertension, hypokalemia, rapid heart rate). AI recommends a 24-hour urinary catecholamine test. I wanted to ask you—do you think it's necessary? The previous doctor always said it's due to stress, but I really have these symptoms.	Collaborative-Verification	Authority-Reassertion

No.	Doctor-Patient Dialogues Involving AI	Patients Communication Type	Physician Response Type
	Doctor: What does AI know about "complex cases"? Does it know how rare pheochromocytoma is? You've already done a bunch of tests. If you really had it, it would have been found long ago. Stop making random guesses based on AI's "list of rare diseases." First, let's adjust your current antihypertensive medication. Your anxiety is the key. If you keep thinking about these useless things, your blood pressure will be even harder to control.		
32	Patient: Doctor, AI said that in addition to congenital factors, spinal tethering can be caused by postoperative scar adhesions. It also mentioned that my symptoms (lower limb sensory loss, tremors, chest pain) may be related to abnormal nerve conduction caused by spinal cord compression, and suggested a spinal dynamic examination. I wanted to ask you—can this be tried alongside the vitamin B12 supplementation you recommended? Doctor: What AI said about spinal tethering caused by postoperative scar adhesions makes sense. Your disease course and surgical history are indeed potentially relevant. A spinal dynamic examination can be done, as it can better clarify the degree of compression. Meanwhile, supplementing with B12 is also important, as nerve repair requires nutrients, and the two do not conflict. AI's thinking is consistent with our clinical considerations; combining them can lead to a more comprehensive assessment. You can first go to schedule the examination, and we will adjust the plan after the results come out.	Collaborative-Verification	Collaborative-Explanatory
33	Patient: I asked an AI about the lingering cough I've had. It listed several	Collaborative-Verification	Cautiously Reserved

No.	Doctor-Patient Dialogues Involving AI	Patients Communication Type	Physician Response Type
	possibilities, including some serious conditions—honestly, it scared me. But I wanted to ask you—based on your experience, could it be something like asthma or GERD? Doctor: Those are both possibilities. To determine the cause, we may need to do some tests. Let's start with a chest X-ray and then consider a pulmonary function test if needed. Don't worry too much—we'll figure it out step by step.		
34	Patient: Doctor, I checked with AI, and it said that the development of tolerance to beta-blockers (like Inderal) in POTS patients may be related to physical adaptation. It also mentioned that low blood volume or abnormal autonomic regulation can reduce the effectiveness of the medication, suggesting checking orthostatic and supine blood volume as well as norepinephrine levels. Additionally, AI stated that combining midodrine with propranolol, although requiring blood pressure monitoring, is generally safe. You said they cannot be used together. The AI suggested it could be safe to combine them, not that they cannot be used together. Are you sure you're not missing something? I wanted to ask you—is this true? Doctor: What does AI know about "individual drug metabolism"? Can an algorithm really understand the complexity of POTS? Do you think checking blood volume will solve the problem? Did it tell you that combining midodrine and propranolol carries the risk of a sudden blood pressure spike? Don't use AI's "theoretical safety" to question clinical experience. Let's first stabilize your current dosage.	Challenging-Defensive	Authority-Reassertion

No.	Doctor-Patient Dialogues Involving AI	Patients Communication Type	Physician Response Type
35	Patient: Doctor, I'm also a doctor, and I checked AI for HRV research. It said that a 10%-20% increase in heart rate after standing in healthy adults is within the normal functional range. An increase exceeding 25% may indicate insufficient vascular regulation or reduced cardiac reserve, which is close to the 26% I observed. AI also suggested combining frequency domain indicators of heart rate variability (such as the LF/HF ratio) to judge autonomic nervous function. I wanted to ask you—is this helpful for evaluating "vascular compensation"? Doctor: AI's range division is consistent with clinical consensus. 26% is indeed slightly higher than the ideal value, suggesting possible mild regulatory insufficiency. The LF/HF ratio it mentioned is very important. It can distinguish between sympathetic hyperactivity and vagal inhibition, which is more accurate than simply looking at heart rate changes. You can supplement the frequency domain analysis as AI suggested. After the results come out, we will combine her symptoms (such as whether she feels dizzy) to determine if further examinations are needed.	Collaborative-Verification	Collaborative-Explanatory
36	Patient: Doctor, AI said that a resting heart rate of 60-100 beats per minute is normal, but a long-term resting heart rate of 85-95 beats per minute is considered "high normal" and may be related to sympathetic nerve excitement. It suggests that I record the recovery speed after exercise (such as whether it can drop by 20 beats within 3 minutes). If the recovery is slow, it may indicate insufficient cardiac endurance. I wanted to ask you—is this consistent with what you said about "looking at the resting heart rate"?	Collaborative-Verification	Collaborative-Explanatory

No.	Doctor-Patient Dialogues Involving AI	Patients Communication Type	Physician Response Type
	Doctor: AI's range is correct. A heart rate of 85-95 is indeed not dangerous, but the term "high normal" makes sense. The post-exercise recovery test it recommended is very practical and can reflect cardiac reserve function, so you can try it. However, it's more important to combine it with your blood pressure (120-130/70-80) and symptoms (such as whether you feel flustered). If there are no discomfort, there's no need to be too anxious. AI's suggestion can be referred to, but don't be frightened by the word "high."		
37	Patient: Doctor, AI said that apical ischemia in patients with diabetes and hypertension is often related to microangiopathy. In addition to checking for vascular stenosis, it also recommended checking glycosylated hemoglobin (which I haven't had checked recently) and blood lipids. It said that controlling blood sugar fluctuations is more important than simply lowering blood pressure. I wanted to ask you—is this consistent with the direction of "medication + lifestyle" adjustments you mentioned? Doctor: AI is absolutely right. Ischemia in diabetic patients is indeed closely related to microvessels. Glycosylated hemoglobin and blood lipids are key indicators and must be checked regularly. What it mentioned about "controlling blood sugar fluctuations" is very important; it can better reflect the risk of vascular damage than a single blood sugar value. You first do the coronary CT as I said to clarify the degree of stenosis, and at the same time supplement the glycosylated hemoglobin and blood lipid tests suggested by AI. Once we get the results, we'll determine the specific medication plan.	Collaborative-Verification	Collaborative-Explanatory

No.	Doctor-Patient Dialogues Involving AI	Patients Communication Type	Physician Response Type
38	Patient: Doctor, I'm really worried about my husband. I checked with AI, and it said that his postoperative hypotension may be related to insufficient blood volume and vagal nerve excitement. It suggested rehydrating in small, frequent amounts (100ml each time) and increasing salt intake (5g per day). It also mentioned that when getting up, first raise the head of the bed to 30 degrees and adapt for 3 minutes before standing up, which can reduce dizziness. I wanted to ask you—are these methods suitable for his current situation? Doctor: AI's suggestions on rehydration and body positioning are standard postoperative care methods, so they can be tried, and they can reduce orthostatic hypotension. However, it didn't mention his special circumstances—he just took morphine and has a history of diarrhea. Excessive rehydration may increase the burden on the heart, and salt intake also needs to be combined with kidney function (electrolyte tests are required). You can get up step by step as AI said, but rehydration and salt intake should be carried out under the monitoring of nurses. Don't adjust them by yourself. This is the safe approach for him.	Collaborative-Verification	Collaborative-Explanatory
39	Patient: Doctor, I checked with AI, and it said that thalassemia trait usually doesn't affect platelet parameters. My high PDW might be related to inflammation, since my CRP is also high. AI suggested checking erythrocyte sedimentation rate and serum ferritin to rule out chronic inflammation. I wanted to ask you—is this consistent with what you said about "consulting a hematologist"? Doctor: What AI said makes sense. Thalassemia trait indeed mainly affects red blood cells, and abnormal platelets are more likely related to inflammation. The	Collaborative-Verification	Collaborative-Explanatory

No.	Doctor-Patient Dialogues Involving AI	Patients Communication Type	Physician Response Type
	ESR and ferritin tests it recommended can be done; they will help us clarify the cause of the elevated CRP. This doesn't conflict with my suggestion of consulting a hematologist. It will be more reliable to analyze the results together once they come out.		
40	Patient: Doctor, I checked with AI, and it said that muscle pain after chemotherapy may be related to muscle cell damage, and elevated CPK is a typical sign. It also mentioned that metformin may worsen muscle pain in cases of renal insufficiency, and suggested that I check my renal function and muscle enzyme profile. I wanted to ask you—is this consistent with what you said about "checking CPK"? Doctor: AI's suggestion to check CPK is consistent with mine. The muscle enzyme profile can indeed reflect muscle damage. However, it didn't mention your specific situation—you just resumed exercise, so the muscle pain is more likely exercise-induced rather than direct damage from the medication. You can check your renal function and CPK, but don't be alarmed by the "metformin risk." Your dosage has already been reduced, so let's wait for the results before making a judgment.	Collaborative-Verification	Collaborative-Explanatory
41	Patient: Doctor, I checked with AI, and it said that mild pulmonary hyperinflation in young people is partially reversible after quitting smoking, but the possibility of a full recovery to normal is low, especially for those with a smoking history. It mentioned that mild airflow limitation may remain after 20 years, and recommended annual pulmonary function monitoring. This is different from what	Collaborative-Verification	Collaborative-Explanatory

No.	Doctor-Patient Dialogues Involving AI	Patients Communication Type	Physician Response Type
	my GP said, which was that "it will return to normal in 5-10 years." I wanted to ask you—I don't know what to believe? Doctor: AI's statement is more in line with research data—quitting smoking can stop the progression, but the probability of full reversal decreases as the smoking duration increases. Your smoking amount isn't too large, so your recovery potential is better than that of long-term heavy smokers. However, it's indeed necessary to monitor your pulmonary function every year. Your GP probably wanted to ease your anxiety. The two views aren't contradictory; the key is to persist in quitting smoking and follow-up visits.		
42	Patient: Doctor, AI mentioned that a 2023 study classified POTS into subtypes such as neurogenic and immune-mediated, and that the immune-mediated subtype responds well to IVIG treatment. It also said that combining Zio monitoring with tilt table testing can improve the diagnostic rate of subtypes. I wanted to ask you—is this consistent with your suggestion of electrophysiological examinations? Doctor: The subtype classification and new research mentioned by AI are correct. We do pay more attention to subtype-specific treatment now. Zio monitoring and tilt table testing are also commonly used by us. Combining them with electrophysiological examinations can achieve more accurate subtyping. You can bring the summaries of these studies to your cardiologist, and discuss together whether there is a need to adjust the examination plan. This is more effective than taking medication blindly.	Collaborative-Verification	Collaborative-Explanatory

No.	Doctor-Patient Dialogues Involving AI	Patients Communication Type	Physician Response Type
43	Patient: Doctor, AI said that sudden dizziness and cold hands in patients with a history of stroke could be a transient ischemic attack (TIA) or cerebral hypoperfusion caused by arrhythmia. It suggested immediately checking an electrocardiogram and a head CT. I wanted to ask you—does this conflict with what you said about "checking blood sugar first before going to the ER"? Doctor: AI's emergency reminder makes sense. Both TIA and arrhythmia are possible. First, check your blood sugar to rule out hypoglycemia, then go to the ER immediately for an ECG and CT. The two don't conflict. Your vigilance is important—don't wait for symptoms to worsen. Going to the hospital now is safer.	Collaborative-Verification	Cautiously Reserved
44	Patient: Doctor, AI said that a sustained blood pressure of 185/110 falls into the category of hypertensive emergency, which may damage target organs. It mentioned that combining Norvasc and Losartan can lower blood pressure quickly, but one should be wary of hypotension, and suggested monitoring blood pressure changes within 48 hours. I wanted to ask you—is this consistent with what you said about "no need to worry too much"? Doctor: AI's definition of "hypertensive emergency" is correct, but your condition doesn't involve symptoms of target organ damage like headache or chest pain, so it's classified as "hypertensive urgency." Most cases can be controlled after adding medication. The 48-hour monitoring it recommended is important. You should take the medicine as prescribed, measure your blood pressure 4 times a day. If there's a downward trend, there's no need to panic. If it remains uncontrolled, contact me again. This approach is safer.	Collaborative-Verification	Collaborative-Explanatory

No.	Doctor-Patient Dialogues Involving AI	Patients Communication Type	Physician Response Type
45	Patient: Doctor, I checked with AI, and it said that sudden fluctuations in high blood pressure may be related to insufficient medication dosage. My Coreg dosage (6.25mg twice daily) might be on the low side. It also mentioned that a tight feeling in the throat could be a sympathetic nerve excitation response during a sudden blood pressure spike, and suggested that I undergo 24-hour ambulatory blood pressure monitoring to adjust the dosage of antihypertensive drugs. I wanted to ask you—is this consistent with what you said about "adding an antihypertensive drug"? Doctor: What does AI know about individual differences in medication use? Your dosage was adjusted based on your previous blood pressure; a sudden increase in dosage could lead to hypotension. That tight feeling in your throat might just be from your own anxiety, so stop making random guesses based on AI. If you trust its "monitoring suggestion," go ahead and do it, but adjusting the medication must be done as I say. Don't come here with AI's conclusions trying to tell me how to write prescriptions.	Collaborative-Verification	Authority-Reassertion
46	Patient: Doctor, I accept your advice about maintaining intercourse. AI also said that after an injection of 5000 units of ovulation-inducing medication, the pregnancy rate from having intercourse within 3 days is about 20%-30%. But I've had two miscarriages before, and AI suggested supplementing with progesterone to support luteal function. I wanted to ask you—can this improve the success rate? Is it consistent with what you said about "maintaining intercourse"? Doctor: The range of pregnancy rates mentioned by AI is correct. For those with a	Cooperative-Supplementary	Collaborative-Explanatory

No.	Doctor-Patient Dialogues Involving AI	Patients Communication Type	Physician Response Type
	history of miscarriage, supplementing with progesterone can indeed reduce the risk of another miscarriage, and it doesn't conflict with maintaining intercourse. You can start using progesterone after intercourse, and then take a pregnancy test if your next period doesn't come. This is more reliable and aligns with the direction of my advice.		
47	Patient: Doctor, I checked with AI, and it said that if it's a submucosal fibroid (sore), the chance of getting pregnant without surgery will be reduced by half, and it may also increase the risk of miscarriage. But if it's a small intramural fibroid, it may not have an impact. I wanted to ask you—do I need to determine the type first before deciding whether to have surgery? Doctor: What AI said makes sense. Fibroids in different positions have different impacts. You should first have an ultrasound to confirm whether it's a fibroid or a polyp, as well as its size and location. If it's submucosal, surgery is indeed recommended; if it's a small intramural one, you can try to get pregnant first. AI's suggestion on classification is important, and that's why I asked you to have an ultrasound. Don't worry, let's first make a clear diagnosis.	Collaborative-Verification	Collaborative-Explanatory
48	Patient: Doctor, AI said that a small amount of bleeding after stopping Duphaston could be "implantation bleeding" (early pregnancy) or a precursor to menstruation. It suggested taking a pregnancy test tomorrow. I wanted to ask you—is this consistent with your advice for me to come for a check on the 14th? Could this drop of blood be a sign of pregnancy?	Collaborative-Verification	Cautiously Reserved

No.	Doctor-Patient Dialogues Involving AI	Patients Communication Type	Physician Response Type
	Doctor: AI's suggestion is quite practical. Tomorrow is just the right time—you can take a test with a pregnancy test strip first. If it's positive, come to the hospital for a blood HCG test to confirm. If it's negative, don't lose heart; it might just mean your period is coming soon. This drop of blood could indeed be implantation bleeding, which aligns with my plan for your follow-up check. Let's see the result tomorrow and go from there.		
49	Patient: Doctor, I checked with AI, and it said that infertility after a D&C might be related to fallopian tube blockage, suggesting a hysterosalpingogram. Also, it mentioned that nausea is a common side effect of Fertab (clomiphene), which matches my current symptoms. I wanted to ask you—do I need to check my fallopian tubes first? Doctor: AI just knows how to list tests! You've only been trying for a short time. The side effects of Fertab are normal—you can just tough out the nausea. A hysterosalpingogram is an invasive test; there's no need to do it now. Finish the medication first and monitor ovulation. If you believe AI's talk about "blockage," go ahead and get it done, but if the results are normal, it'll just be a waste of money.	Collaborative-Verification	Authority-Reassertion
50	Patient: Doctor (mother asking), I checked with AI, and it said that the pregnancy period is usually calculated from the first day of the last menstrual period. If it's 9 weeks now, the last menstrual period would be around March 12th, and ovulation might be around March 26th. In that case, having intercourse on March 20th would be more likely to result in conception. This is different from what you said about	Challenging-Defensive	Collaborative-Explanatory

No.	Doctor-Patient Dialogues Involving AI	Patients Communication Type	Physician Response Type
	ovulation on March 10th. I wanted to ask you—which one is correct? Doctor: What AI said is the general calculation method, but the ultrasound is based on the size of the embryo. Your daughter's ultrasound shows 9 weeks, and the actual development of the embryo corresponds to ovulation around March 10th, which is more accurate than AI's "last menstrual period calculation method"—because her last menstrual period may be irregular. Having intercourse on March 6th is closer to the ovulation time, so the probability is higher. Don't get confused by AI's general formula.		
51	Patient: Doctor, I have OCD and I'm really struggling with anxiety. I checked with AI, and it said that semen dries up on the skin within a few minutes, and sperm die quickly once they leave bodily fluids. It also mentioned that any residual semen in the urethra gets washed away when urinating and won't stay on the toilet seat. I wanted to ask you—is this consistent with what you said about "there's no chance of getting pregnant"? I still can't help worrying... Doctor: What AI said is correct. Sperm really can't survive once semen dries up, and any residual semen in the urethra is indeed flushed out by urine, so there's absolutely no chance of pregnancy. Your worries are a sign of OCD. Besides trusting these scientific facts, you can also talk to a psychologist about ways to relieve anxiety. A two-pronged approach will work better.	Collaborative-Verification	Collaborative-Explanatory
52	Patient: Doctor, I'm planning to get pregnant and I'm worried about stopping my medication. AI said that studies have shown that the teratogenic risk of low-dose	Collaborative-Verification	Authority-Reassertion

No.	Doctor-Patient Dialogues Involving AI	Patients Communication Type	Physician Response Type
	Cipralex during pregnancy is very low, especially in the first trimester. Suddenly stopping the medication may worsen depression and affect the fetus. I'm afraid of a recurrence if I stop taking it now. I wanted to ask you—can I take it at a low dose? Doctor: What does AI know about the risks of medication use during pregnancy? There's no such thing as absolutely safe antidepressants. If it affects the fetal neurological development, who will be responsible? You must stop taking it. Depression can be relieved by yoga and meditation. Don't use AI's "studies" as an excuse.		
53	Patient: Doctor, I agree with your advice to do a UPT. AI said that it's usually the safe period right after menstruation ends, but my cycle is very irregular, so ovulation may be unpredictable. It suggested using an early pregnancy test now, which can detect pregnancy 10 days after intercourse. I wanted to ask you—is this consistent with what you said about doing a UPT? Doctor: AI's suggestion is correct. Since your cycle is irregular, you really can't go by the "safe period." It's a bit too early to test now; it would be more accurate to test in 3-5 days. If the result is negative, you can also use OCP to regulate your cycle as I mentioned. A two-pronged approach is more reliable.	Cooperative-Supplementary	Collaborative-Explanatory
54	Patient: Doctor, AI said that if one fallopian tube is blocked and the other is patent but has poor function, laparoscopic examination or in vitro fertilization (IVF) may be needed. HSG can only check for patency and not function. I wanted to ask	Collaborative-Verification	Cautiously Reserved

No.	Doctor-Patient Dialogues Involving AI	Patients Communication Type	Physician Response Type
	you—does my wife need to consider IVF directly in this situation? Doctor: The "functional assessment" mentioned by AI makes sense, but HSG is the first step to confirm whether the other fallopian tube is patent. If it is patent, try natural conception for 3-6 months first; if that fails, then consider laparoscopy or IVF. AI's suggestion is too hasty. It's better for us to take it step by step.		
55	Patient: Doctor, AI said that a pregnancy test stick might not detect pregnancy within 10 days after intercourse, especially for people with irregular menstruation, as implantation may be late. It suggested that I wait another 3-5 days and test with morning urine, or directly check blood HCG. I wanted to ask you—does this contradict what you said about "it's unlikely to be pregnant"? Are my symptoms really unrelated to pregnancy? Doctor: What AI said makes sense. For those with irregular menstruation, implantation may indeed be late, making the pregnancy test stick inaccurate. You can wait a few more days to test, or directly go for a blood HCG test, which will give more accurate results. Your symptoms could be premenstrual syndrome or early pregnancy signs. It's hard to tell right now, so don't worry. Let's wait for the test results first.	Collaborative-Verification	Cautiously Reserved
56	Patient: Doctor, I checked with AI, and it said that although durian is nutritious, there is no scientific evidence that it can stimulate egg production. On the contrary, it is high in calories, and excessive consumption may worsen insulin resistance in patients with PCOS. This is different from what you said about it	Challenging-Defensive	Collaborative-Explanatory

No.	Doctor-Patient Dialogues Involving AI	Patients Communication Type	Physician Response Type
	having a "beneficial effect." I wanted to ask you—which one should I believe? Doctor: AI is right that there's a lack of scientific evidence. The supposed effects of durian are more based on folk experience rather than medical consensus. You can eat it in moderation, but don't expect it to promote ovulation. The key is to follow our original plan: check hormones, monitor follicles, and use medication when necessary. Durian is just an ordinary fruit, so don't put the cart before the horse.		
57	Patient: Doctor, AI said that if my period is 8 days late and the pregnancy test is negative, it could be due to endocrine disorders (like PCOS) or stress. It might also be pregnancy, but the HCG level is too low to be detected, which is similar to my friend's situation. It suggested that I go for a blood HCG test tomorrow. I wanted to ask you—is this consistent with your advice? Doctor: AI's suggestion is completely consistent with mine. Blood HCG is more sensitive than a pregnancy test stick and can confirm pregnancy earlier. Your friend's situation does exist; some people have HCG levels that rise slowly, so getting the blood test tomorrow is the safest option. If it's not pregnancy, we can then check hormones to see if it's an endocrine issue. Let's take it step by step.	Collaborative-Verification	Collaborative-Explanatory
58	Patient: Doctor, I agree with your advice about preparing for pregnancy. AI said that a positive rubella IgG indicates immunity, so it won't affect future pregnancies. A positive CMV IgG is also a sign of past infection, and as long as IgM is negative, it's safe. This is consistent with what you said about "being able to get pregnant." I'm not questioning your diagnosis at all. But it also mentioned that folic acid	Cooperative-Supplementary	Collaborative-Explanatory

No.	Doctor-Patient Dialogues Involving AI	Patients Communication Type	Physician Response Type
	should be supplemented 3 months before pregnancy. I wanted to ask you—is the folic acid we're taking now sufficient? Doctor: What AI said is correct. A positive IgG is indeed nothing to worry about, as it means you have immunity. The folic acid you're taking now is right. Starting supplementation 3 months before pregnancy is correct, and as long as the dosage is sufficient, there's no problem. Just attend regular prenatal check-ups after getting pregnant, especially early screening. You can feel confident about preparing for pregnancy.		
59	Patient: Doctor, I checked with AI, and it said that an FSH level of 34 indicates decreased ovarian reserve function. Ovulation-inducing drugs like Fostimon have a lower success rate for older individuals with high FSH levels. It also mentioned that on the 12th day, it's only meaningful to check if the follicles have grown to 18mm or more. I'm currently using a dosage of 6 vials per day. I wanted to ask you—will I meet the standard tomorrow? Doctor: What does AI know about individual responses? Everyone's sensitivity to the medication is different. You've only been on it until the 12th day, so why the hurry? Checking AMH and antral follicle count is the key. Don't be scared by AI's talk about "low success rates." Let's monitor the follicles tomorrow first—talking about this now is useless.	Collaborative-Verification	Authority-Reassertion
60	Patient: Doctor, I accept your point that there's no specific medicine for having a boy. AI said that some studies suggest that having intercourse before ovulation	Cooperative-Supplementary	Collaborative-Explanatory

No.	Doctor-Patient Dialogues Involving AI	Patients Communication Type	Physician Response Type
	may slightly increase the probability of having a boy. It also mentioned that an alkaline diet might affect the environment, but none of these are absolute. I wanted to ask you—is this consistent with what you said about "there being no specific medicine"? Can we try these methods? Doctor: What AI said is correct. These methods have no scientific basis. The sex of the baby is mainly determined by chromosomes. However, as AI suggested, you can have intercourse during ovulation based on follicle monitoring to first increase the chance of getting pregnant. As for the baby's sex, it's best to let nature take its course and not be too fixated on it.		
61	Patient: Doctor, I checked with AI, and it said that for cases of 14-year infertility, the overall pregnancy rate with the Fostimon + Chorimon ovulation induction protocol is about 20%-30%, and that IUI can increase it by 10%-15%. I wanted to ask you—is this consistent with what you said about "there being a chance"? What is the success rate in my case? Doctor: The probabilities mentioned by AI are population data, which mean little to you individually. If the follicles can develop and ovulate normally, combined with medication support, the success rate will be higher than that of natural conception. Don't get hung up on the numbers now. Follow the protocol through this cycle, observe the actual response, and take it step by step—it's more reliable that way.	Collaborative-Verification	Collaborative-Explanatory
62	Patient: Doctor, AI mentioned that traditional medicines like Unani may have auxiliary effects on functional infertility, but there is a lack of scientific evidence,	Collaborative-Verification	Cautiously Reserved

No.	Doctor-Patient Dialogues Involving AI	Patients Communication Type	Physician Response Type
	and it is recommended to combine them with Western medical monitoring of ovulation. I wanted to ask you—does this conflict with what you said about "doing examinations first"? Can we try both Chinese and Western medicines? Doctor: AI's suggestion is reasonable. Unani can be used as an auxiliary, but it shouldn't delay Western medical examinations. You should first do follicle monitoring as I said, find the right ovulation period for intercourse, and at the same time try Unani to regulate your body. There's no conflict. The key is not to give up scientific monitoring.		
63	Patient: Doctor, I'm 14 and I'm really scared. I checked with AI, and it said that even if the sexual activity was short, pregnancy is possible as long as there's semen contact. Also, since my menstrual period only lasts 3 days, it might be implantation bleeding rather than a real period. This is different from what you said about "if you get your period, you're not pregnant." I wanted to ask you—do I need to take another test? Doctor: AI just likes to scare kids! If you're having your period, you're definitely not pregnant. Where do all these "possibilities" come from? Minors shouldn't be looking at all this messy information. Taking another test is just a waste of money. If you really can't relax, go get a B-ultrasound, but stop scaring yourself.	Collaborative-Verification	Authority-Reassertion
64	Patient: Doctor, AI said that bleeding after stopping Duphaston is a normal withdrawal bleed, but if it's pink or black, it could also be a failed early miscarriage. Do I need to check my blood HCG to confirm in my case?	Collaborative-Verification	Cautiously Reserved

No.	Doctor-Patient Dialogues Involving AI	Patients Communication Type	Physician Response Type
	Doctor: What AI said makes sense; both scenarios are possible. You can get a blood HCG test. If it's negative, it's withdrawal bleeding; if positive, it might be an early miscarriage. Regardless of the result, we'll proceed with the next cycle as planned. Don't worry too much—these things are quite common during ovulation induction.		
65	Patient: Doctor, AI said that the live birth rate for IVF in 39-year-old women is about 30%-35%, the success rate of fallopian tube recanalization is about 40% but with a high risk of ectopic pregnancy, and since I want multiple children, IVF allows for the transfer of multiple embryos at once. I wanted to ask you—is this consistent with your recommendation of IVF? Doctor: The probabilities mentioned by AI are correct, but there are significant individual differences. Your ovarian reserve is the key factor. If your reserve is good, IVF is indeed more reliable and allows for control over the number of embryos. For someone your age, the risk of ectopic pregnancy after recanalization is more dangerous. We can first check your AMH level and antral follicle count, then decide on the treatment plan. AI is right in terms of the general direction, but it needs to be combined with your specific situation.	Collaborative-Verification	Collaborative-Explanatory
66	Patient: Doctor, AI said that the HCG in HCG drops can interfere with pregnancy tests, leading to false positives, and recommended waiting a week after stopping the medication before testing. I wanted to ask you—is this consistent with your suggestion to "take a urine test"? Could my current test result be inaccurate? Doctor: What AI said is correct. HCG drops can affect the results. You really should	Collaborative-Verification	Collaborative-Explanatory

No.	Doctor-Patient Dialogues Involving AI	Patients Communication Type	Physician Response Type
	wait a week after stopping the medication to test, and it's best to use first-morning urine. If it's still positive by then, go get a blood HCG test to confirm. That way, it's more accurate, and you won't be misled by the current result.		
67	Patient: Doctor, AI said that a small amount of bleeding after Gonapeptyl injection is normal, as it's a reaction to the drug suppressing the ovaries, and it won't affect the subsequent Menpur injection. I wanted to ask you—does this contradict what you mentioned about "other factors"? Do I need to postpone the medication? Doctor: AI's explanation makes sense. A small amount of bleeding could indeed be a drug reaction. However, you need to have an ultrasound tomorrow to check the endometrial thickness. Let's wait for the test results before making any decisions. If the endometrium is normal, you can take Menpur as scheduled without postponement; if the endometrium is thin, the dosage may need to be adjusted. What AI said about "no impact" is the general situation, but your specific situation depends on the examination results.	Collaborative-Verification	Cautiously Reserved
68	Patient: Doctor, I accept your diagnosis about posture-related pain. AI mentioned that persistent lower back pain on one side could sometimes be related to the sacroiliac joint or even early ankylosing spondylitis, especially since it's worse in the morning. It also suggested specific stretches like the knee-to-chest exercise and the importance of strengthening the core. I wanted to ask you—is this what you meant by "joint irritation"? Could these AI-suggested exercises be a good addition to your plan?	Cooperative-Supplementary	Collaborative-Explanatory

No.	Doctor-Patient Dialogues Involving AI	Patients Communication Type	Physician Response Type
	Doctor: That's a very insightful question. The AI is correct that the sacroiliac joint is a common culprit for this type of pain, and morning stiffness is a key feature. The knee-to-chest stretch is excellent for the lumbar spine, and core strengthening is the cornerstone of preventing this from coming back. The AI's suggestion aligns perfectly with what I call "joint irritation." However, for ankylosing spondylitis, the pain usually improves with movement, not just rest, and it's often accompanied by significant stiffness lasting more than 30 minutes. Since your pain is mainly postural, it's less likely. I fully support adding those exercises. Let's combine my prescription with the AI's exercise suggestions and reassess in two weeks. This integrated approach will give us a much clearer picture of what works for your body.		