

Ethical AI Implementation in Indian Hospitals

A Practical Governance Framework

Dr. Enosh A. Paulson

BDS | PGDM AI & Data Science (Healthcare) | IIHMR Bangalore
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From policy aspiration to operational reality.

\$4.16B

India AI Healthcare
Market by 2033

92%

Hospitals at POC
no governance

68%

Hospital AI
adoption rate

30.78%

CAGR India
healthcare AI

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THE PROBLEM

India does not have an AI ethics problem at the policy level.

We have an implementation problem.

POLICY FOUNDATION EXISTS

- DPDPA 2023
- ABDM Digital Health Standards
- NITI Aayog Responsible AI
- WHO AI Ethics + EU AI Act + NHS

WHAT HAS NOT BEEN BUILT

- No hospital-level processes
- Algorithmic bias undetected
- No vendor accountability
- Deployment treated as a project

This is not a policy gap — it is an implementation gap.



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WHY THIS MATTERS

The cost of ungoverned AI adoption is not theoretical.

21.82%

of all cyberattacks in India (2024)
targeted healthcare

92%

of hospitals with AI remain
in proof-of-concept phase

761

cyberattack attempts per
minute on Indian hospitals

\$333M

2024 India AI Health Market
→ \$4.16B by 2033

Algorithmic Bias = Clinical Risk

- Built on Western datasets
- South Asian populations excluded

Data Privacy Failures

- No DPDPA-compliant data access policy

No Post-Deployment Oversight

- Deployment treated as an end date

Vendor Black-Box Systems

- No breach liability contracts
- No update governance clauses

Missing Accountability Layer

- No named body for AI decisions
- No incident escalation pathway
- No one responsible when AI fails

AI without governance is a patient safety risk.



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THE SOLUTION

Five governance pillars — each closing a specific AI lifecycle failure point.



Procurement → Deployment → Continuous Monitoring



THE FIVE GOVERNANCE PILLARS

Each pillar closes a specific governance failure point.

1

IAGC

Named, empowered body

Real procurement authority

Incident accountability

Not merely advisory

2

DATA PROTECTION

Role-based access controls

Purpose-limitation controls

DPDPA 2023 compliant

Consent workflows

3

BIAS AUDIT

Training data demographics

Subgroup perf. metrics

Explainability required

Procurement gate

4

VENDOR CONTROLS

Breach liability contracts

Update governance clauses

Integration security

Pre-deployment DPIA

5

MONITORING

Pharmacovigilance-style

Drift tracking systems

Adverse event escalation

Periodic performance review



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The framework scales without losing its core structure.

Bias Audit Is Critical

Algorithmic Bias Risk

- Built on Western datasets
- South Asian data excluded
- Subgroup gaps go undetected

Require at Procurement

- Training data demographics
- Subgroup performance metrics
- Explainability documentation

AI Governance = A Lifecycle

Not a One-Time Project

- Performance shifts over time
- Populations and workflows change

Apply Pharma Logic

- Periodic AI performance reviews
- Adverse event escalation path
- Model drift detection thresholds

Scales District to Tertiary

District Hospital

- Name an IAGC lead
- Require vendor documentation
- Maintain an incident log

Tertiary Hospital

- Full cross-functional IAGC
- Formal AIA + DPIA before deploy
- Continuous drift monitoring

Governance is not a barrier to AI adoption — it is the enabler of responsible adoption.



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AI governance in Indian hospitals is not a future problem.

It is a present one.

Five pillars. One framework. Built to scale.

Why It Matters:

- Vendor leverage
- Medico-legal defensibility
- Patient trust earned through accountability

Sources: DPDPA 2023 | ABDM | NITI Aayog | WHO | EU AI Act | NHS

Five Pillars

- 1 Institutional AI Governance Committee**
Named, empowered — procurement authority
- 2 Data Protection Architecture**
DPDPA 2023 consent & access controls
- 3 Algorithm Validation & Bias Audit**
Subgroup performance at procurement
- 4 Cybersecurity & Vendor Accountability**
Breach liability + update governance
- 5 Continuous Monitoring & Reporting**
Pharmacovigilance-style drift detection

The future of AI in healthcare depends not just on innovation, but on trust!



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