

AI in Health Care: Trust, Use, and Public Permission

Research package for Fall 2026 Monitor conversations



The story in one page

Health care is the proof point: AI use is real, permission is conditional, and risk concerns are specific enough to track.

47%

rate access to a family doctor or clinic as poor

46%

have used an AI chatbot for medical advice

42%

are comfortable with AI screening before a doctor

13%

are comfortable with autonomous diagnosis and prescribing

78%

worry AI will make visits cold or less personal

50%

hold the AI company responsible for an AI medical error



This is why the national monitor exists

Health care shows the larger AI market: acceptance depends on use case, institution, risk, and audience segment.

Not one AI market

The same person may accept AI screening, reject AI diagnosis, and worry about data sharing.

Segments matter

Age, region, household status, education, and politics change the size of the permission market.

Tracking matters

A static poll is useful. A recurring monitor becomes infrastructure for executive and policy decisions.

The Canadian AI Trust & Adoption Monitor launches in fall 2026 to track where Canadians permit AI to act, and under what conditions.



About the May 2026 wave

A national public opinion survey measured attitudes toward AI use in Canadian health care.

n=1,526

Canadian adults reached through random digit dialling across landline and cellular phone networks.

IVR / RDD

Fielded May 4-16, 2026 using Interactive Voice Response technology.

Representative sample

Weighted to ensure a representative national sample; dedicated Quebec oversample included.

Margin of error

±2.51 percentage points for the total sample, 19 times out of 20.



Nobody's perfect.

But you can trust Liaison polls because our methodologies have been tested against real-world outcomes.

Ontario Poll Accuracy

- 1st **Liaison**
- 2nd **Mainstreet**
- 3rd **Innovative**
- 4th **Research Co.**
- 5th **Forum**
- 6th **Abacus**
- 7th **Pallas**
- 8th **Leger**
- 9th **Nanos**
- 10th **Ipsos**

Federal Poll Accuracy

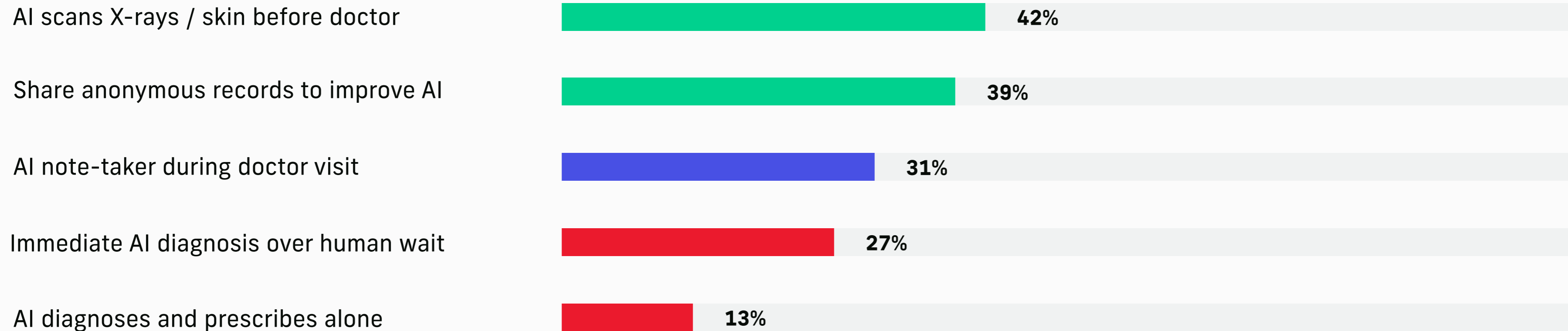
- | | |
|-------------------------|---------------------|
| 1st Mainstreet | 11th Abacus |
| 2nd Liaison | 12th MQO |
| 3rd Angus Reid | 13th EKOS |
| 4th Cardinal | 14th Pollara |
| 5th Nanos | 15th IRG |
| 6th Research Co. | |
| 7th Pallas | |
| 8th Leger | |
| 9th Forum | |
| 10th Ipsos | |

There's no tougher race than an election campaign. Shifting headlines, commentary on leadership debates, and millions of voters changing their minds right up to the last minute. In the most recent 2025 elections, the accuracy of Liaison's polls ranked 1st provincially and 2nd federally. Next race, who knows? There's always room to improve. **Even at Liaison.**



Assistance is easier to accept than authority

The story is the distance between practical clinical support and autonomous medical decision-making.

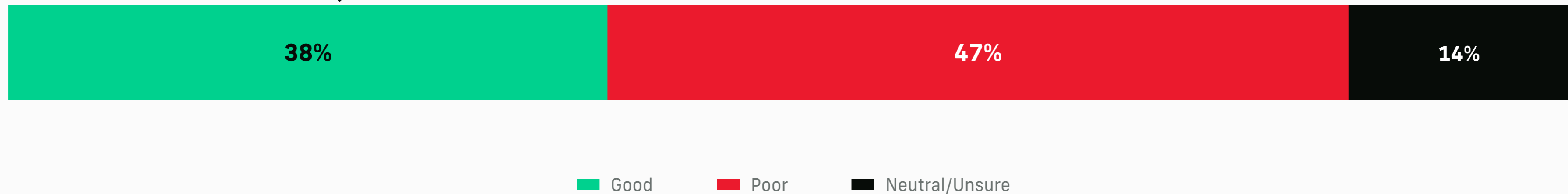




Poor access creates demand, but not unconditional consent

Nearly half rate access to a family doctor or clinic as poor.

Current access to a family doctor or clinic



Access pressure creates the opening. Trust, accountability, and role clarity determine whether AI can walk through it.



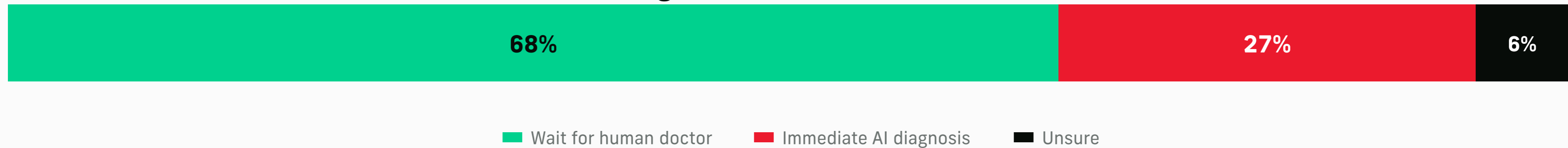
Canadians are using AI for advice, but still choose human care

Nearly half have used AI for medical advice; more than two-thirds would still wait two weeks for a human doctor.

Used an AI chatbot for medical advice in the past 12 months



Two-week human doctor wait vs immediate AI diagnosis



The blockers are large, specific, and measurable

Usage is no longer the only story; the barrier is whether institutions can earn permission on privacy, accountability, security, and human care.



Source: Liaison Strategies Canadian AI in Health Care Survey, May 4-16, 2026.



Canadians are splitting into distinct AI permission markets

The national number hides distinct markets: younger Canadians are already experimenting, while older Canadians define the trust test.

	Used AI advice	Immediate diagnosis	Screening comfort	Autonomous diagnosis	AI scribe comfort
18-34	65%	36%	46%	16%	37%
35-49	50%	27%	48%	15%	34%
50-64	41%	26%	43%	12%	26%
65+	26%	18%	32%	9%	24%

The value of the fall Monitor is the ability to show adoption and permission by customer, voter, region, and risk profile.



AI permission opens unevenly across Canada

AI permission opens first where need, familiarity, and trust line up.

	Used AI advice	Immediate diagnosis	Screening comfort	Autonomous diagnosis	AI scribe comfort
ATL	48%	30%	35%	20%	34%
QC	43%	25%	45%	12%	29%
ON	49%	26%	39%	13%	28%
MB/SK	40%	14%	38%	10%	34%
AB	46%	39%	44%	16%	35%
BC	43%	26%	49%	11%	34%

Source: Liaison Strategies Canadian AI in Health Care Survey, May 4-16, 2026. Unweighted n: ATL=70; QC=750; ON=382; MB/SK=70; AB=110; BC=144.



Screening is the strongest clinical use case

AI assistance is acceptable to a plurality when a doctor remains in the chain.

Comfort with AI scanning X-rays or skin for cancer before a doctor

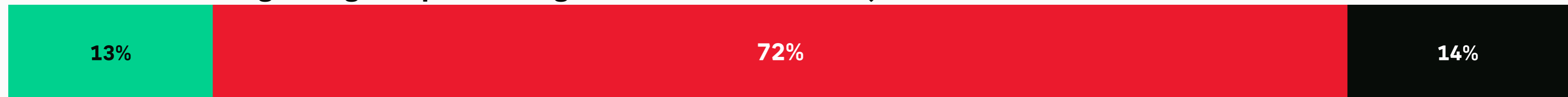




Autonomous diagnosis is a hard public boundary

Three quarters are uncomfortable with AI diagnosing and prescribing medication without any doctor.

Comfort with AI diagnosing and prescribing medication without any doctor



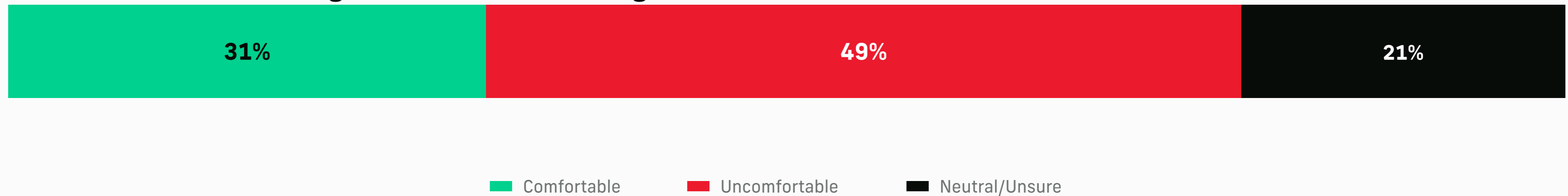
■ Comfortable ■ Uncomfortable ■ Neutral/Unsure



AI note-takers are not yet a free pass

Even low-friction administrative AI faces meaningful concern inside the doctor-patient interaction.

Comfort with doctor using an AI note-taker during a visit

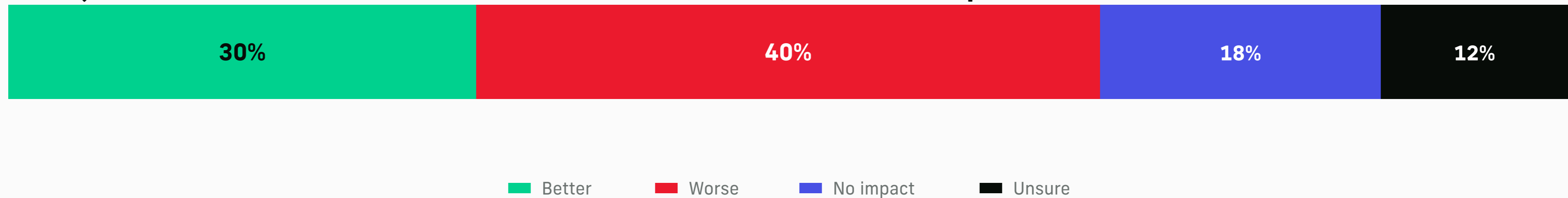




Pessimism edges optimism on AI's health care impact

More Canadians say AI will make health care worse than better over the next decade.

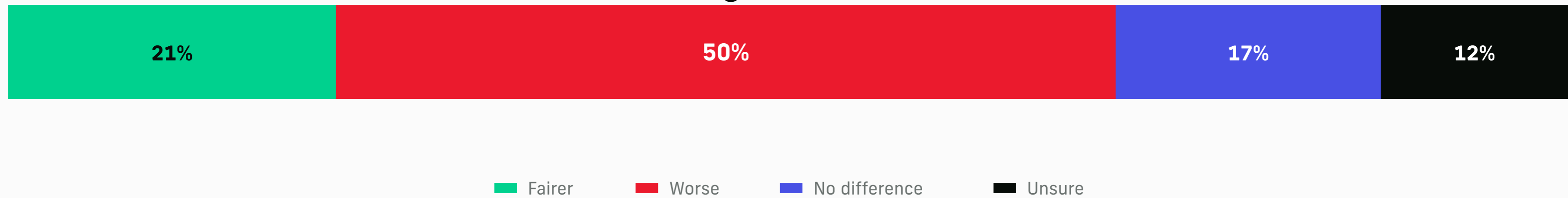
In 10 years, will AI make Canadian health care better, worse, or have no impact?



Bias is a core barrier to permission

Half of Canadians say AI will make existing biases worse.

Will AI make treatment decisions fairer, or make existing biases worse?

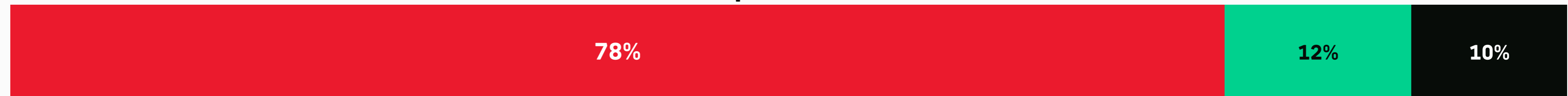




The emotional risk is bigger than the technical story

Nearly eight in ten are concerned AI will make medical visits feel cold or less personal.

Concern that AI will make medical visits feel cold or less personal



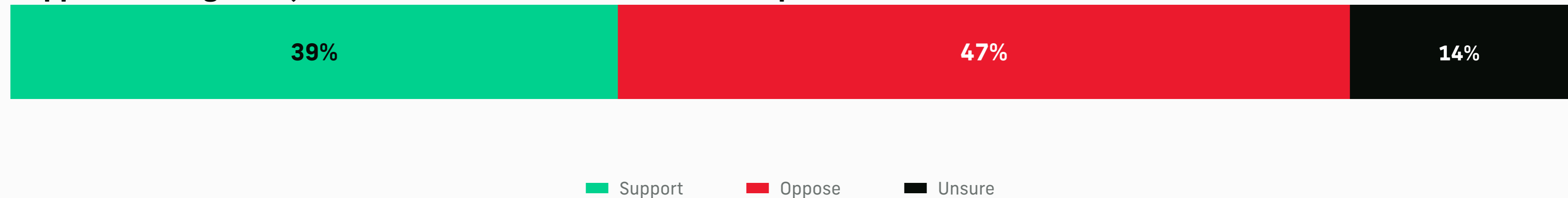
■ Yes ■ No ■ Unsure



Anonymous health records still face a consent barrier

Canadians are divided on sharing anonymous records to improve AI tools.

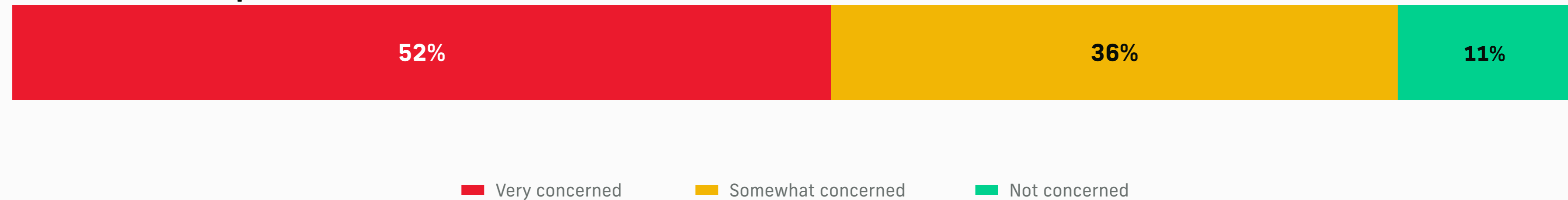
Support sharing anonymous records with researchers to improve AI tools



Hospital AI will be judged through a cybersecurity lens

A majority are very concerned, and nearly nine in ten are at least somewhat concerned.

Concern that hospital AI will make records more vulnerable to hackers





The public puts liability pressure on AI companies

If AI causes a medical error, Canadians are most likely to hold the AI company responsible.

If AI causes a medical error, who should be held most responsible?





Public-system AI has a private-profit problem

Concern about private tech corporations profiting from the public system is overwhelming.

Concern that private tech corporations will profit too much from the public system



Yes No Unsure



Young Canadians are the adoption beachhead; older Canadians are the trust test

Age changes both usage and anxiety, which is why the Monitor needs recurring segment cuts.

	Used AI advice	Immediate diagnosis	Screening comfort	Autonomous diagnosis	AI scribe comfort	Bias worse	Cold/less personal	Profit concern
18-34	65%	36%	46%	16%	37%	45%	76%	87%
35-49	50%	27%	48%	15%	34%	46%	75%	83%
50-64	41%	26%	43%	12%	26%	52%	82%	75%
65+	26%	18%	32%	9%	24%	56%	80%	88%



Caregiving proximity changes the market

Household composition and health exposure change the shape of practical AI permission.

	Used AI advice	Immediate diagnosis	Screening comfort	Autonomous diagnosis	AI scribe comfort	Bias worse
Chronic illness HH	43%	23%	40%	12%	28%	51%
No chronic illness HH	48%	30%	45%	15%	33%	48%
Parents	55%	30%	49%	13%	33%	47%
Non-parents	42%	26%	39%	13%	30%	51%

Source: Liaison Strategies Canadian AI in Health Care Survey, May 4-16, 2026. Unweighted n: chronic illness HH=696; no chronic illness HH=830; parents=428; non-parents=1,098.



The persuasion problem changes by audience

Education changes data-sharing permission; rural respondents are more open to immediate AI diagnosis than urban respondents.

	Used AI advice	Immediate diagnosis	Screening comfort	Autonomous diagnosis	AI scribe comfort
High school or less	42%	24%	39%	10%	28%
College / trade / some university	46%	25%	42%	15%	32%
University degree+	49%	31%	46%	14%	32%
	Used AI advice	Immediate diagnosis	Screening comfort	Autonomous diagnosis	AI scribe comfort
City	46%	24%	41%	14%	31%
Suburb	44%	27%	44%	12%	28%
Rural / small town	47%	32%	42%	12%	35%



Ethnicity adds an adoption signal, not a trust exception

Racialized respondents are more likely to have used AI advice and more comfortable with AI screening, but the core trust blockers remain high across groups.

	Used AI advice	Immediate diagnosis	Screening comfort	Autonomous diagnosis	AI scribe comfort
White	42%	26%	40%	13%	31%
Racialized	54%	30%	47%	13%	31%
Indigenous*	42%	26%	32%	11%	29%

	Bias worse	Cold / less personal	Data sharing support	Cyber very concerned	Profit concern
White	50%	79%	41%	51%	84%
Racialized	51%	77%	37%	53%	83%
Indigenous*	37%	83%	32%	62%	87%

Source: Liaison Strategies Canadian AI in Health Care Survey, May 4-16, 2026. Unweighted n: White=1,016; racialized=424; Indigenous=62. Indigenous results are directional.



Experience creates openness, not permission

People who have used AI for medical advice are more open to AI in care, but they still carry the same governance anxieties.

	Immediate dx	Screening	Autonomous dx	AI scribe	Wait human	Data sharing	Cyber very	Profit concern
Used AI advice	35%	45%	18%	35%	61%	40%	52%	84%
No AI advice	20%	39%	9%	27%	74%	38%	53%	83%
Gap	+15pp	+6pp	+9pp	+8pp	-13pp	+2pp	-1pp	+1pp



Poor access creates substitution pressure

Poor access to care increases willingness to accept AI as a substitute, especially for immediate diagnosis and autonomous care.

	Immediate dx	Autonomous dx	Wait human	Screening	Used AI advice	Data sharing	Cyber very	Profit concern
Poor access	33%	17%	62%	41%	47%	38%	53%	84%
Good access	21%	9%	74%	44%	45%	40%	51%	82%
Gap	+12pp	+8pp	-12pp	-3pp	+2pp	-2pp	+2pp	+2pp



Quebec is not one market

Within Quebec, non-French respondents show a stronger adoption signal, while the data-sharing and risk story remains similar.

	Used AI advice	Immediate dx	Screening	Autonomous dx	AI scribe	Data sharing	Cyber very	Profit concern
Non-French QC	60%	31%	50%	14%	34%	38%	56%	85%
French QC	39%	24%	44%	11%	28%	37%	51%	84%
Gap	+21pp	+7pp	+6pp	+3pp	+6pp	+1pp	+5pp	+1pp



Education shapes data-sharing permission

The education gradient is clearest on anonymous health-record sharing, making it one of the cleaner governance crosstabs.

	Data sharing	Used AI advice	Immediate dx	Screening	AI scribe	Cyber very	Bias worse	Profit concern
High school or less	32%	42%	24%	39%	28%	55%	50%	85%
College / trade	38%	46%	25%	42%	32%	51%	48%	84%
University degree+	47%	49%	31%	46%	32%	52%	52%	82%



Composite segments show the real market architecture

Overlapping behavioural groups separate adoption, permission, trust exposure, and product-relevant risk.

	Size	Immediate dx	Data sharing	Cyber very	Profit concern
Practical adopters	21%	36%	44%	50%	82%
Cautious adopters	25%	35%	38%	54%	85%
Trust blockers	19%	17%	33%	51%	86%
High-anxiety majority	36%	26%	42%	100%	100%
Permission market	18%	28%	100%	54%	82%
Clinical ceiling	30%	26%	44%	52%	82%



The trust surface is not purely partisan

Public-sector buyers need to know where support is broad and where risk could become politically exposed.

	Used AI advice	Immediate dx	Screening	Autonomous dx	AI scribe	Bias worse
Bloc Québécois	50%	21%	42%	12%	27%	49%
Conservative	42%	26%	43%	10%	29%	51%
Liberal	47%	28%	44%	16%	32%	50%
NDP	41%	26%	40%	13%	26%	52%
Undecided	51%	31%	40%	15%	30%	47%



The 2026 national monitor

Liaison Strategies is rolling out a two-wave national AI trust and adoption monitor in 2026, conducted through live-caller telephone fieldwork.

01

Ontario Pilot

Baseline wave using general population and SME leader samples.

02

National Wave 1

Live-caller telephone fieldwork July 20-August 3, 2026. Release September 2026.

03

National Wave 2

Live-caller telephone fieldwork November 2-16, 2026. Release December 2026.

04

Subscriber Modules

Financial services, public sector, SME adoption, privacy, fraud, procurement, and regional modules.



What a complete monitor readout includes

The product should feel like an executive deck, research appendix, and briefing kit in one package.

Executive narrative

A tight, chart-first readout of what changed and why it matters.

Toplines and crosstabs

Question-level tables by demographics, region, and priority segments.

Sector chapters

Use-case modules for subscriber categories without losing the national baseline.

Briefing assets

Media-ready findings, spokesperson notes, and audience-specific extracts.



The Canadian AI Trust & Adoption Monitor

Health care is the proof point. The fall 2026 Monitor will track AI trust, adoption, acceptable use, and institutional permission across the Canadian market.

May 2026 health care baseline

Random sample of 1,526 Canadians

Fall 2026 national Monitor

Two-wave national readout with live-caller telephone fieldwork.

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Topline results: Q1-Q7

Question-level topline results are included so the deck functions as a complete research package.

	Response 1	Response 2	Response 3	Response 4
Q1 Access to family doctor / clinic	Good: 38%	Poor: 47%	Neutral/Unsure: 14%	
Q2 Used AI chatbot for medical advice	Yes: 46%	No: 51%	Unsure: 3%	
Q3 Human doctor wait vs immediate AI	Wait human: 68%	Immediate AI: 27%	Unsure: 6%	
Q4 AI scans X-rays / skin before doctor	Comfortable: 42%	Uncomfortable: 34%	Neutral/Unsure: 24%	
Q5 AI diagnoses and prescribes alone	Comfortable: 13%	Uncomfortable: 72%	Neutral/Unsure: 14%	
Q6 AI note-taker during visit	Comfortable: 31%	Uncomfortable: 49%	Neutral/Unsure: 21%	
Q7 10-year health care impact	Better: 30%	Worse: 40%	No impact: 18%	Unsure: 12%



Topline results: Q8-Q13

Question-level topline results are included so the deck functions as a complete research package.

	Response 1	Response 2	Response 3	Response 4
Q8 AI and treatment fairness	Fairer: 21%	Worse: 50%	No difference: 17%	Unsure: 12%
Q9 Cold / less personal visits	Yes: 78%	No: 12%	Unsure: 10%	
Q10 Share anonymous records	Support: 39%	Oppose: 47%	Unsure: 14%	
Q11 Hospital AI cyber risk	Very concerned: 52%	Somewhat: 36%	Not concerned: 11%	
Q12 Responsible for AI medical error	AI company: 50%	Hospital/authority: 22%	Doctor: 17%	Unsure: 12%
Q13 Private tech profit concern	Yes: 83%	No: 7%	Unsure: 10%	



Question wording: Q1-Q7

Full wording from the questionnaire.

Question wording

- | | |
|----|--|
| Q1 | How would you rate your current access to a family doctor or clinic? |
| Q2 | In the past 12 months, have you used an AI chatbot, like ChatGPT, for medical advice? |
| Q3 | Would you rather wait two weeks for a human doctor or get an AI diagnosis immediately? |
| Q4 | How comfortable are you with AI scanning your X-rays or skin for cancer before a doctor? |
| Q5 | How comfortable are you with AI diagnosing you and prescribing meds without any doctor? |
| Q6 | How comfortable are you with your doctor using an AI note-taker during your visit? |
| Q7 | In 10 years, will AI make Canadian health care better, worse, or have no impact? |



Question wording: Q8-Q13

Full wording from the questionnaire.

Question wording

Q8

Will AI make treatment decisions fairer, or will it make existing biases worse?

Q9

Are you concerned AI will make medical visits feel cold or less personal?

Q10

Would you support sharing anonymous records with researchers to improve AI tools?

Q11

How concerned are you that hospital AI will make records more vulnerable to hackers?

Q12

If AI causes a medical error, who should be held most responsible?

Q13

Are you concerned private tech corporations will profit too much from the public system?



Age crosstab

Key AI trust and adoption metrics by segment.

	Used AI advice	Immediate dx	Screening	Autonomous dx	AI scribe	Bias worse	Cold/less	Profit concern
18-34	65%	36%	46%	16%	37%	45%	76%	87%
35-49	50%	27%	48%	15%	34%	46%	75%	83%
50-64	41%	26%	43%	12%	26%	52%	82%	75%
65+	26%	18%	32%	9%	24%	56%	80%	88%



Regional crosstab

Key AI trust and adoption metrics by segment.

	Used AI advice	Immediate dx	Screening	Autonomous dx	AI scribe	Bias worse	Cold/less	Profit concern
ATL	48%	30%	35%	20%	34%	53%	82%	81%
QC	43%	25%	45%	12%	29%	48%	78%	84%
ON	49%	26%	39%	13%	28%	51%	76%	82%
MB/SK	40%	14%	38%	10%	34%	46%	82%	87%
AB	46%	39%	44%	16%	35%	51%	82%	85%
BC	43%	26%	49%	11%	34%	48%	78%	85%

Unweighted n: ATL=70; QC=750; ON=382; MB/SK=70; AB=110; BC=144.



Gender crosstab

Key AI trust and adoption metrics by segment.

	Used AI advice	Immediate dx	Screening	Autonomous dx	AI scribe	Bias worse	Cold/less	Profit concern
Female	44%	24%	42%	11%	28%	50%	81%	85%
Male	48%	30%	42%	16%	33%	49%	75%	81%
Other	42%	28%	46%	10%	38%	61%	81%	86%



Education and household crosstabs

Selected segment tables for the monitor package.

	Used AI advice	Immediate dx	Screening	Autonomous dx	AI scribe
High school or less	42%	24%	39%	10%	28%
College / trade / some university	46%	25%	42%	15%	32%
University degree+	49%	31%	46%	14%	32%

	Used AI advice	Immediate dx	Screening	Autonomous dx	AI scribe
Chronic illness HH	43%	23%	40%	12%	28%
No chronic illness HH	48%	30%	45%	15%	33%
Parents	55%	30%	49%	13%	33%
Non-parents	42%	26%	39%	13%	30%



Methodology note

National IVR/RDD survey fielded May 4-16, 2026.

Sample

Random sample of 1,526
Canadians aged 18+.

Mode

Interactive Voice Response
technology using landline and
cellular random digit dialling.

Weighting

Weighted to ensure a
representative national
sample; dedicated Quebec
oversample included.

MoE

± 2.51 percentage points for
the total sample, 19 times out
of 20.