

# Towards acceptable AI

Perspectives from across the healthcare ecosystem

January 2026





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# Trust is not built alone: it requires an entire ecosystem

**Artificial intelligence in healthcare: the technology is evolving at breakneck speed, and the possibilities are impressive. Yet many healthcare professionals remain hesitant for now. Sometimes deliberately, but often simply because they lack the time or the right tools to get started.**

We have been delivering high-quality healthcare for decades. How bad can it be if we don't embrace AI right away?

It is a legitimate question. And yet, anyone who takes comfort in that thought feels a nagging unease. The added value that some AI applications already offer is immense. Those who see what AI can already do today also realise that this is something we cannot withhold from our patients.

We often think that others are already much further ahead. And those "others" usually think exactly the same. That uncertainty is everywhere: among healthcare professionals, researchers and policymakers. But also within our own sector. Yes, many medtech companies are already developing AI solutions. But that does not mean adoption will happen automatically. Nor does it mean there are no longer questions about the impact of those solutions on care relationships, financing, responsibilities and trust.

Against this backdrop, we chose acceptable AI in healthcare as the central theme for the non-statutory part of our general assembly at the end of last year, the third "new style" edition. Not to provide ready-made answers, but to ask the right questions. Not with medtech in the leading role, but with patients, healthcare professionals and policymakers, and medtech as an enabler.

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**"Trust in AI doesn't grow on its own. It emerges where people unite around shared care values."**

—Sabrina Suetens

What became clear that day in the keynote, the debate, and the conversations during and after, was that many stakeholders are grappling with similar questions. The need for clarity and guidance is significant. That need has been felt acutely and will be a key focus for us in 2026.

AI can and will transform healthcare. If we want that transformation to be broadly supported, we must bring the different stakeholders in the ecosystem together to build trust. Trust in the technology, but also in one another and in our shared ability to shape healthcare with AI.

At beMedTech, we are pleased to play our part in this.

**Sabrina Suetens**  
**Managing director beMedTech**



# AI in healthcare: trust is key



An algorithm that detects precursor cells of cancer in smear tests, enabling the pathologist to immediately examine the suspicious cells.

A connected tool that monitors patients with heart disease through telemonitoring and automatically alerts healthcare providers when there is a risk of heart failure.

Software that analyses MRI and CT brain images to improve the diagnosis of multiple sclerosis and dementia.

These are just three of the dozens of AI applications already being used in healthcare in our country today. And that number continues to grow, as the technology continues to advance rapidly.

Yet many healthcare professionals and patients remain sceptical about fully embracing artificial intelligence. Are the algorithms truly reliable? Will healthcare professionals soon be out of a job? And won't we lose the human dimension of care if AI ends up taking on a substantial part of the work?

According to **Tom Braekeleirs**, author of *Acceptable AI. The 7 dimensions of a human-centred AI evolution*, visiting professor of digital medical technology at Ghent University and keynote speaker at our general assembly in November 2025, these are important and entirely understandable questions.

**"If we can create acceptable AI in healthcare, we will also succeed in other sectors."**

"The fundamental prerequisite is trust. And to build that trust, we need 'acceptable' AI: artificial intelligence that is fair, accessible, objective, responsible and equitable. If we can achieve that in healthcare, we will also succeed in other domains, because no other sector is both so highly regulated and so deeply human. The banking sector is also governed by many rules, but it is not about human lives."

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## AI is, and remains, a machine

AI will radically transform healthcare and the jobs of those who work in it, but it will not eliminate the human aspect, Braekeleirs argues, provided we continue to think critically. "That critical thinking is what makes us human and what keeps healthcare human."

"New technologies always provoke resistance at first, and sometimes even panic, because they push people out of their comfort zone. But the disruptive nature of AI does not lie in the technology itself. It lies in its impact. For the first time, we have a technology that could potentially behave like a human being."

"Still, we must not forget that AI is, and remains, a machine. It may reason, learn, plan or design in a human-like way, but it is not human. That is why I am cautiously optimistic that AI will empower both patients and healthcare professionals. The right digital technologies will support them. As invisibly as possible, and as present as necessary."

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## Stakeholders and their perspectives

Who is involved in this transition? A broad range of stakeholders: patients and healthcare professionals, but also policymakers, health administrations and industry. Bringing their perspectives and experiences together is essential to building the trust that AI applications require. Today and tomorrow.

AI also affects the patient–caregiver relationship, says **Valerie Storms**. Through her work at Daiichi Sankyo and her role as an expert by experience – she lives with a rare chronic condition – she is committed to improving patients' access to healthcare innovation.

"AI supports shared decision-making between patients and healthcare providers. Thanks to data and the insights AI derives from it, I understand my condition better and am less dependent on my healthcare provider," Valerie explains. "Because truly shared decisions require patients to have access to the right information."

## "AI supports shared decision-making between patients and healthcare providers."

Digital technology has dramatically improved Valerie's quality of life. "It enables me to keep working and contributing to society. When assessing technology, we should

therefore not only look at purely medical outcomes but also include PROMs and PREMs: patient-reported outcome and experience measures. In other words, how patients experience their care and their quality of life."

Although concerns remain, doctors and other healthcare professionals are increasingly requesting AI applications themselves, says **Christophe Mouton**, CEO of Maria Middelares. "I am convinced that the future belongs to doctors who use AI. Not just any AI, but reliable AI."

## "AI today requires investment from healthcare actors, without any immediate return."

"For a hospital like ours, this represents a significant financial challenge: we invest in software and tools and hire data experts, without seeing an immediate return. I am also thinking of preventive and predictive care, where AI is likely to play a very important role."

## Avoiding 'pilotitis'

Healthcare professionals primarily focus on added clinical value, notes **Dokus Mertens**, CEO of Siemens Healthineers BeLux. "That added value is what ultimately determines whether AI is used or no, alongside regulation."

"You need sufficient trust before you can get started. That doesn't have to be 100% trust, but it does need to be

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a solid foundation. That trust is also essential to reducing the resistance healthcare professionals feel, out of fear that AI will take over their jobs."

**Mikah Edwin Nulondea** (PwC Belgium) agrees: "AI is not a 'technology-first' issue, but a 'human-first' one. To facilitate adoption, you need proper change management, so that proof-of-concepts become pilots, and pilots evolve into scalable solutions."

That, however, is often where things still get stuck, says **Pedro Facon**, administrator-general of RIZIV-INAMI since this year. "We need to be more ambitious. We are on the right track when it comes to data registration and data sharing, but there is still a lot of work ahead."

"Too often, we remain stuck in *pilotitis*. More pilot projects need to be scaled up. Our healthcare system is essentially one large business model, which means that new technologies also affect healthcare providers' income. But we shouldn't be overly diplomatic about issues such as status and income. AI and other technologies will primarily replace doctors we simply do not have today and will make it possible to significantly improve the quality of time spent between doctor and patient."

### The quintuple aim and role of AI

**Nick Marly**, advisor to federal minister of health Frank Vandenbroucke, brings together the perspectives of the various stakeholders. "Critical thinking will keep healthcare human.

Digital medicine can help patients take greater ownership of their health and care, but that also requires everyone to have access to the technology and the knowledge to use it."

"AI identifies far more patterns than humans ever could, so we cannot fully understand it. And perhaps we don't need to, as long as we use validated technologies that function properly in all known cases."

"When AI enters the picture as a third party, it raises questions around liability and reimbursement. Today, we operate within a fee-for-service model. Hopefully, we are not too late to move towards a new reimbursement framework."

Marly concludes by referring to the quintuple aim, five pillars for improving healthcare:

- better health
- better patient experience
- more efficient use of resources
- improved well-being of healthcare professionals
- greater equity in healthcare

"AI can play a positive role in each of these pillars."



**“Data and AI help me understand my condition better. They make medical knowledge more accessible, allowing me as a patient to feel more in control and to become a true partner in my care”**

—Valerie Storms, patient expert

**“AI will play a strongly enabling role in preventive, predictive, precision, personalised and participatory medicine.”**

—Christophe Mouton, CEO Maria Middelares



**“It may sound contradictory, but I hope AI will help make healthcare more human, with patients' needs placed more centrally.”**

—Dokus Mertens, CEO Siemens Healthineers BeLux

**“To scale, a new AI solution must also pass the CFO test: does it create value for shareholders?”**

—Mikah Edwin Nulondea, consultant PwC Belgium



**“Yes, technology affects the income of healthcare providers. But let's also look at the situation realistically: AI will mainly replace doctors we simply do not have today.”**

—Pedro Facon, administrator-general RIZIV-INAMI

**“Evidence-based implementation of AI must remain our compass. That requires not only investment in tools, but also in trust, in systems that are safe, inclusive and responsible.”**

—Nick Marly, advisor to minister of public health  
Frank Vandenbroucke



# Our general assembly, reimagined: towards healthcare without blind spots



Medical technology is an enabler of high-quality, patient-centred care. As the Belgian federation for medical technologies, we carry that enabling role through into the way we organise our general assemblies. Naturally, these meetings address the challenges and opportunities faced by our member companies. But those challenges cannot be separated from the broader context: healthcare as it exists today, and how we want to improve it together.

That is why, at the end of 2024, we introduced the new style general assembly: a renewed format that combines the statutory, members-only session with an open, non-statutory part.

The objective is clear: to bring together all actors in Belgian healthcare around a theme that concerns the entire sector. Policymakers, healthcare professionals, patients, administrations and industry.

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Because good healthcare is built together.

By convening the full ecosystem, mutual understanding grows. That shared understanding strengthens the trust and the willingness needed to work together on sustainable solutions, with as few blind spots as possible. And to stand shoulder to shoulder in pursuit of shared healthcare goals.

The first new style general assembly took place at the end of 2024 at Deloitte, and featured, among others, a powerful personal testimony by Aisling D'Hooghe: former goalkeeper of the national hockey team, physiotherapist, mother and partner, politician, and person living with multiple sclerosis (MS).

In spring 2025, we gathered at the Orsi Academy to discuss health and healthcare objectives as a compass for our sector. We closed the year with a general assembly dedicated to acceptable AI in healthcare, hosted by PwC Belgium.

What do we take away from these first three editions?

Across all areas of healthcare, there is a strong willingness to jointly explore what our healthcare system needs, today and tomorrow.

That is a hopeful signal.

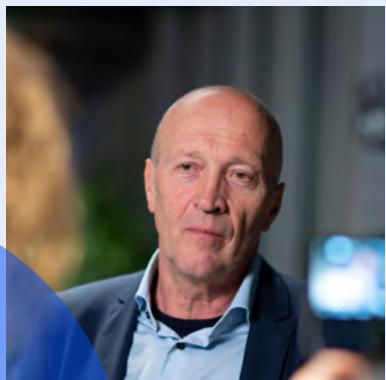
The challenges we face are complex. Collaboration, therefore, is not an option, but a prerequisite for progress.

**#StrongerTogether**



**“You can’t bring the right innovative care to patients on your own. That’s why it’s fantastic that beMedTech brings a wide range of stakeholders together at its general assemblies to discuss shared needs and define a joint strategy.”**

—An Vandervelpen, country manager Abbott



**“beMedTech is the glue between patients, the healthcare sector, policymakers, administrations, sickness funds and industry. By bringing all these partners together, we can ensure that innovation reaches patients efficiently and affordably.”**

—Alex Lefevre, government, access & patient affairs lead Roche

**“A complex issue such as AI in healthcare cannot be addressed by anyone alone. That is why organisations like beMedTech, which bring all stakeholders together, are so important.”**

—Tom Braekelaers, visiting professor of digital medical technology, Ghent University





**“If we want to change something in the healthcare system, we need to speak with one voice and pursue a single strategy. I believe beMedTech plays a very important role in bringing actors together and organising dialogue. That is the foundation for successful outcomes.”**

— Pedro Facon, administrator-general RIZIV-INAMI

**“Patient value alone is often not enough to sustainably integrate a technology into the system. We also need to create value for other stakeholders, because that provides incentives to work together on implementation. beMedTech demonstrates that it can bring all those stakeholders together for debate and meaningful discussions.”**

—Valerie Storms, patient expert



“The future belongs to those who  
can imagine it, design it, and  
execute it. It isn't something  
you await, but rather create.

