American Medical Association | Center for Digital Health and AI

2026 Physician Survey on Augmented Intelligence

March 2026

Introduction

AMA's 2026 Physician AI Survey was fielded from January 15th to February 2nd, 2026. A total of 1,692 physicians were surveyed across specialties, practice settings, and career stages to assess adoption, perceptions, and anticipated impacts of AI in medical practice. The survey builds on prior waves conducted in 2023 and 2024. The 2026 analysis includes both full completes and qualified partial responses. Results are based on self-reported data, and percentages reflect respondents answering each question. For further information, please see methodology details on page 14.

Respondent profile

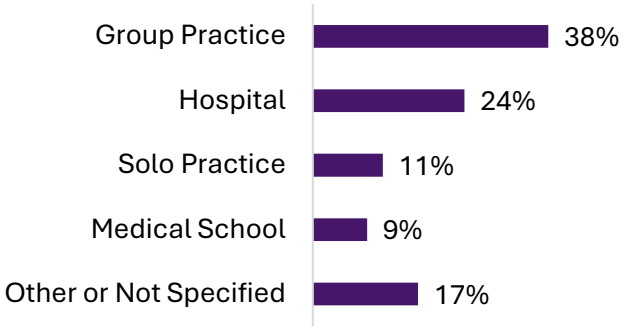
20 Years in practice excluding residency / fellowship (median)

35 Direct patient care hours per week (median)

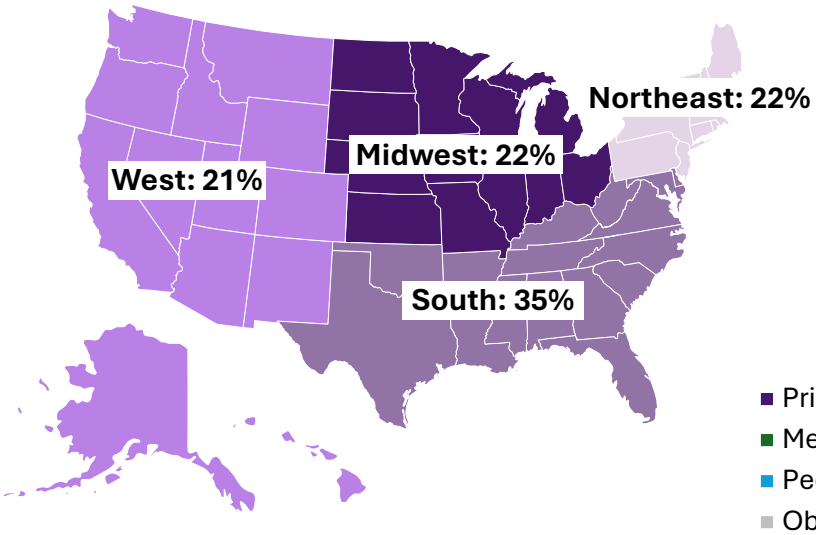
26 Number of physicians in practice (median)

23% Are full or part-time owners of their practice

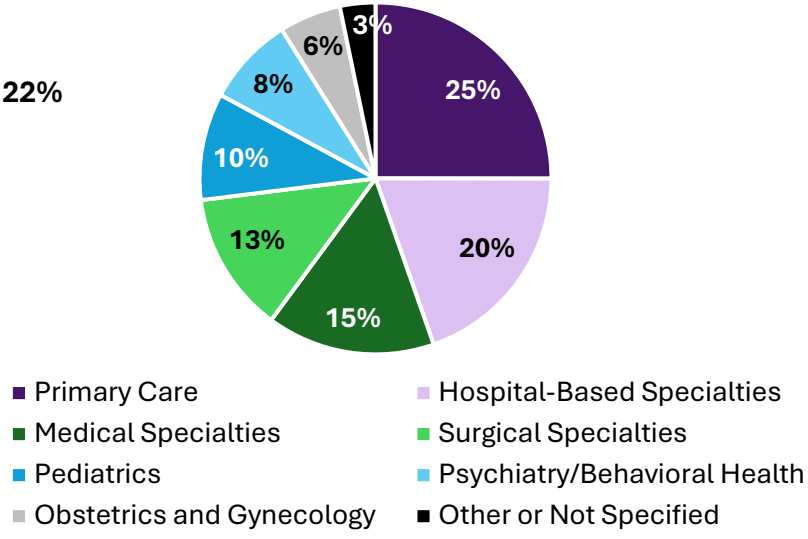
Practice setting



Regional distribution



Specialty distribution



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Executive Summary of Survey Findings

Physician use of AI

1. Over 80% of physician respondents currently use AI in a professional context – double the share reported in 2023. The number of use cases has also grown, with respondents now utilizing 2.3 use cases, up from 1.1 in 2023.
2. Most current use and excitement is centered on documentation and summarization applications. Use of AI for summaries of research and standards of care has increased in use dramatically since AMA's last survey, with nearly 40% of respondents using it within workflows–26 percentage points higher than 2024.

Perception on AI's impact

3. Physician sentiment toward AI continues to trend positive. Over three-quarters say AI provides an advantage in the ability to care for patients, an increase from 65% in 2023. Physicians expect the greatest benefits in diagnostic ability and work efficiency.
4. A substantial share (40%) remain equally excited and concerned about AI. Respondents expressed the most concern about AI's impact on patient privacy and the patient-physician relationship.
5. Seven in ten respondents see opportunities for AI to automate clinical and administrative tasks contributing to burnout. This recognition exists alongside concerns about skill loss – 88% say they are very, somewhat, or mildly concerned. Concerns are more pronounced among physicians early in their career (<10 years in practice).

Physician views on patient AI use

6. Physicians assume patients are using AI for health questions, and most think that is okay (within bounds). They see AI use for general questions about health and medications as beneficial, but many prefer that patients avoid AI for tasks requiring clinical judgement. Nearly half say they would never want patients using AI for interpretation of radiology or pathology results.

Accelerants and barriers to further incorporation of AI

7. The top two factors physicians say would facilitate the adoption of AI into practice include data privacy assurances (86% say important) and validation of safety / efficacy (88% say important). Clear liability frameworks for errors and post-market surveillance to monitor performance over time are top regulatory priorities.
8. Most physicians (85%) want to be consulted or be responsible for adoption of AI into their practice. The desire for involvement in AI decisions is further supported by 92% saying they want more education and training on AI. Clinical evidence and implementation guides were cited most frequently as helpful in the assessment and implementation of AI tools.

Physician Use of AI

AI use in clinical practice continues to climb and uncertainty decreases.

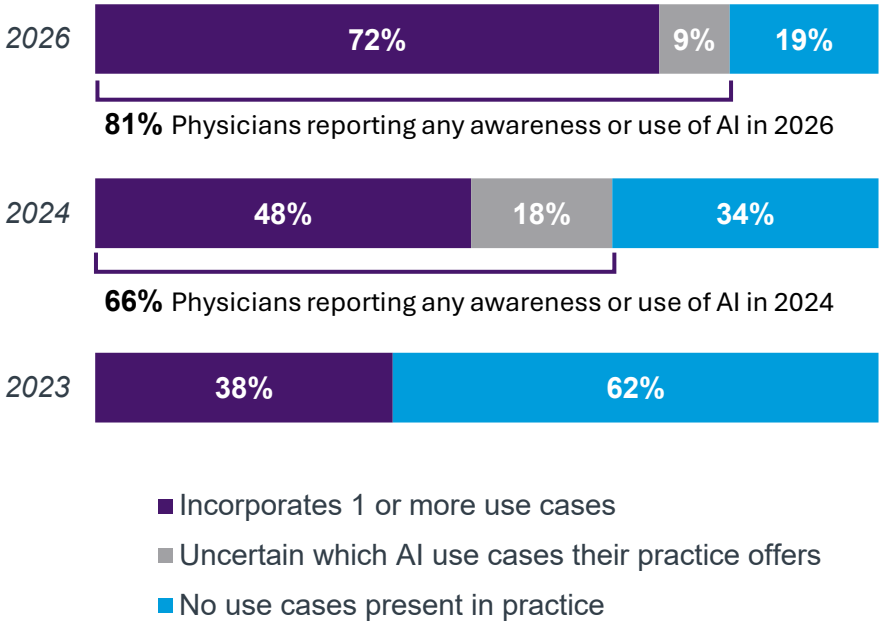
Physicians reporting awareness or use of AI in their practice increased to 81% in 2026, reflecting continued growth. At the same time, uncertainty about available AI tools fell from 18% in 2024 to 9% in 2026, while "no reported AI use" fell from 34% to 19% over the same period.

Physicians also report incorporating a broader range of applications, with the average number of use cases increasing from 1.1 (2023) to 2.3 (2026).

Reported AI use in practice increases

Q: Which, if any, of these AI use cases do you currently incorporate into your practice? (choice of 17 use cases)

n = 1,342 (2026); n=1,183 (2024) n=1,081 (2023)



Question updates:

- The survey instrument now differentiates between physicians who are not using any AI use cases and those who are uncertain about which tools their practice offers.
- The list of evaluated AI use cases expanded from 15 to 17 in 2026 to reflect emerging technologies.

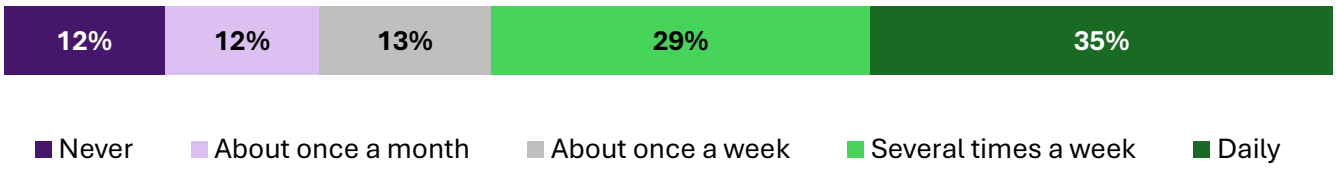
Physicians' professional adoption of AI mirrors their expanded personal use.

Over three-quarters of physicians use an AI system at least once a week for personal activities, with a third using it daily, another indication that routine AI use is deeply embedded in physicians' day-to-day lives.

Reported use of AI for personal use high for physicians

Q: How often do you use any AI system outside of work for your own personal use (including AI-assisted internet search, customer service chatbots, image generators and/or AI chatbots like ChatGPT)?

n = 1,685



Summaries of research and standards of care used by nearly 40% of physicians.

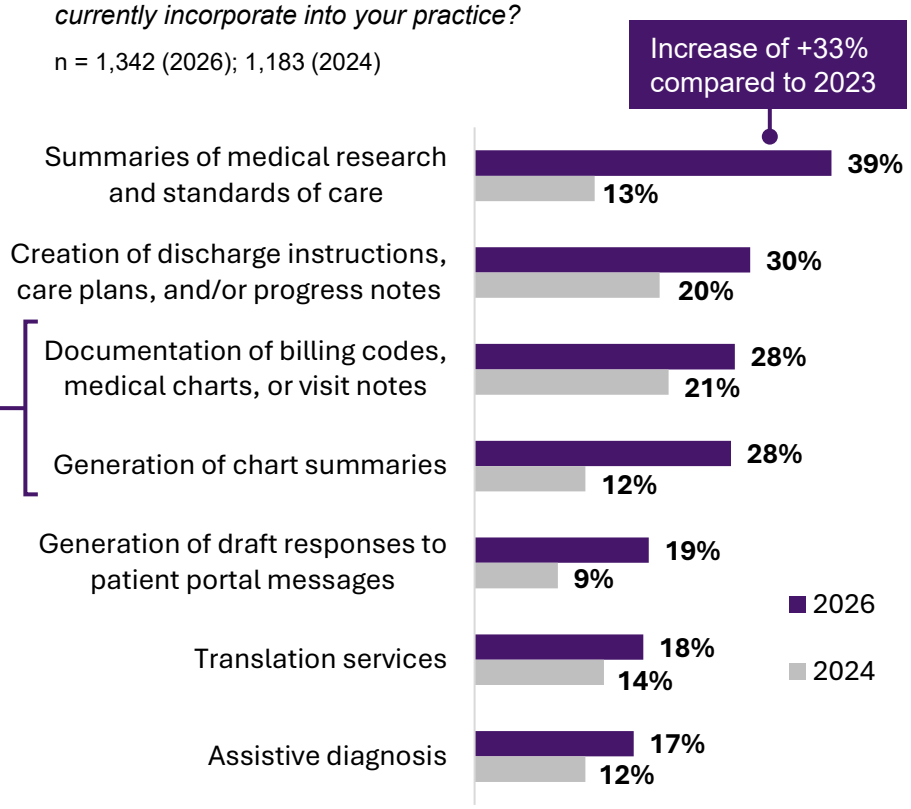
Summaries of medical research and standards of care has quickly become the most common AI use case incorporated into practice by physicians, with nearly four in ten physicians already using these tools in their workflows. Importantly, documentation related tools (though used by a smaller share today) generate similarly high enthusiasm from physicians, signaling broad readiness to adopt these applications as they become more feasible.

57% - 58% are enthusiastic about the use case although only 28% currently incorporating into practice

Use cases live in physician workflows

Q: Which, if any, of these AI use cases do you currently incorporate into your practice?

n = 1,342 (2026); 1,183 (2024)



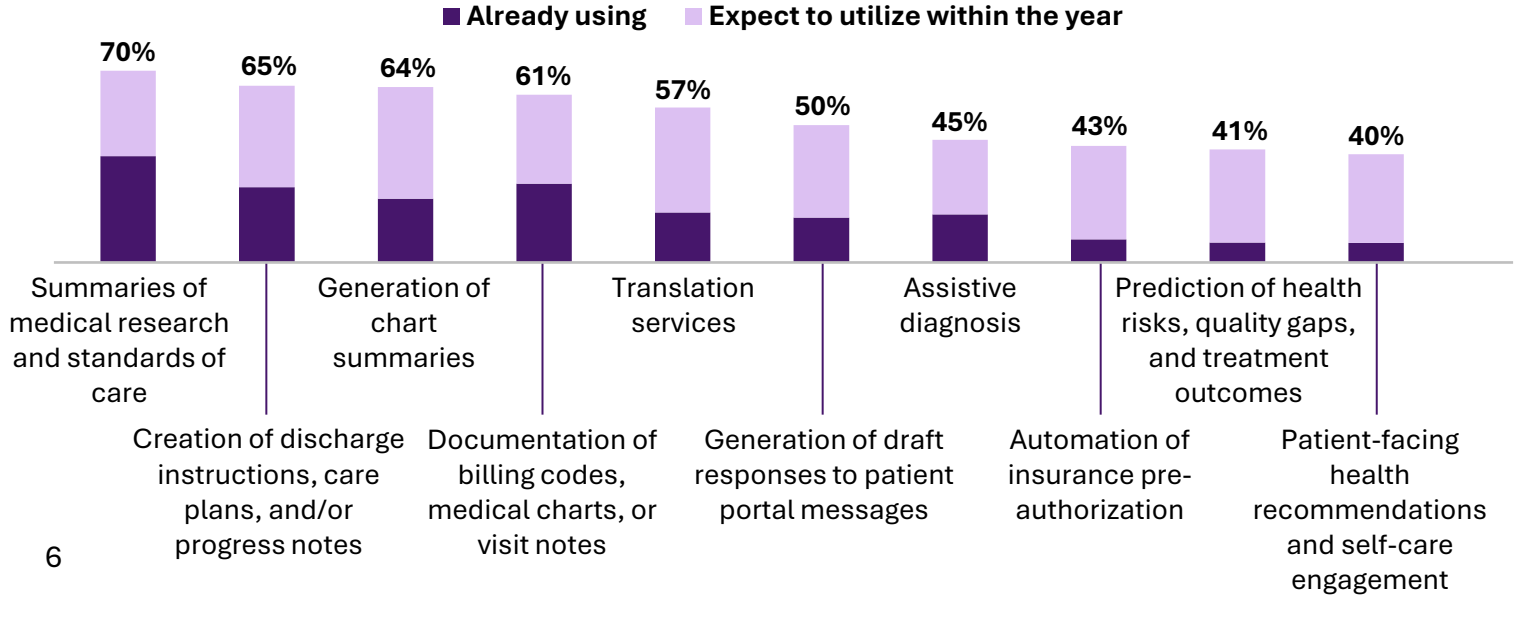
Physicians expect rapid expansion in AI use over the next year, led by documentation and summarization applications.

Among physicians who considered each use case relevant to their practice, a large share expect to begin incorporating these tools within the next year. Documentation-focused applications, such as generating discharge instructions and care plans, producing chart summaries, supporting clinical documentation, and providing translation services, show the highest anticipated near-term adoption.

Expected incorporation of each use case by the end of 2026 (top 10)

Q: When would you expect to start incorporating this AI use case into your own practice? (asked only to those respondents who said the use case would be 3, 4, or 5 on a scale of not all relevant to highly relevant)

n = 1,040



Perception of AI's Impact

Overall sentiment toward AI continues to trend positive.

Optimism toward AI has continued to grow compared with prior survey years. A rising share of physicians report that AI provides a clear advantage to their ability to care for patients.

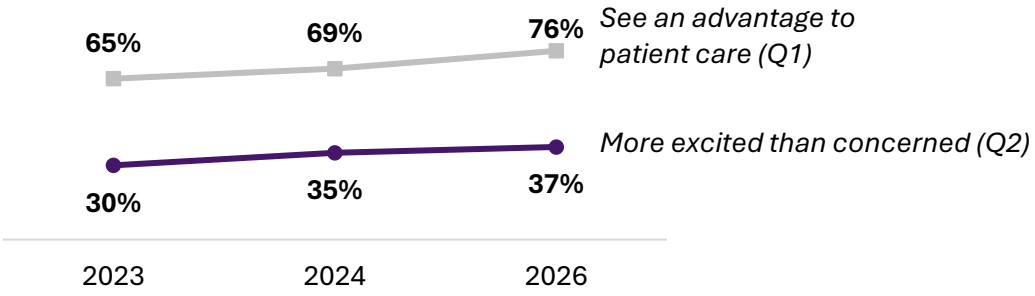
Although the share who are more concerned than excited has declined, 40% remain equally excited and concerned about AI's impact on clinical practice.

Views on AI trend positive, 2023 to 2026

Q1: Considering the overall impact, how much of an advantage do tools using AI give to your ability to care for your patients?

Q2: Overall, would you say the potential increased use of AI in your professional life makes you feel…

n = 1,692; 1,689



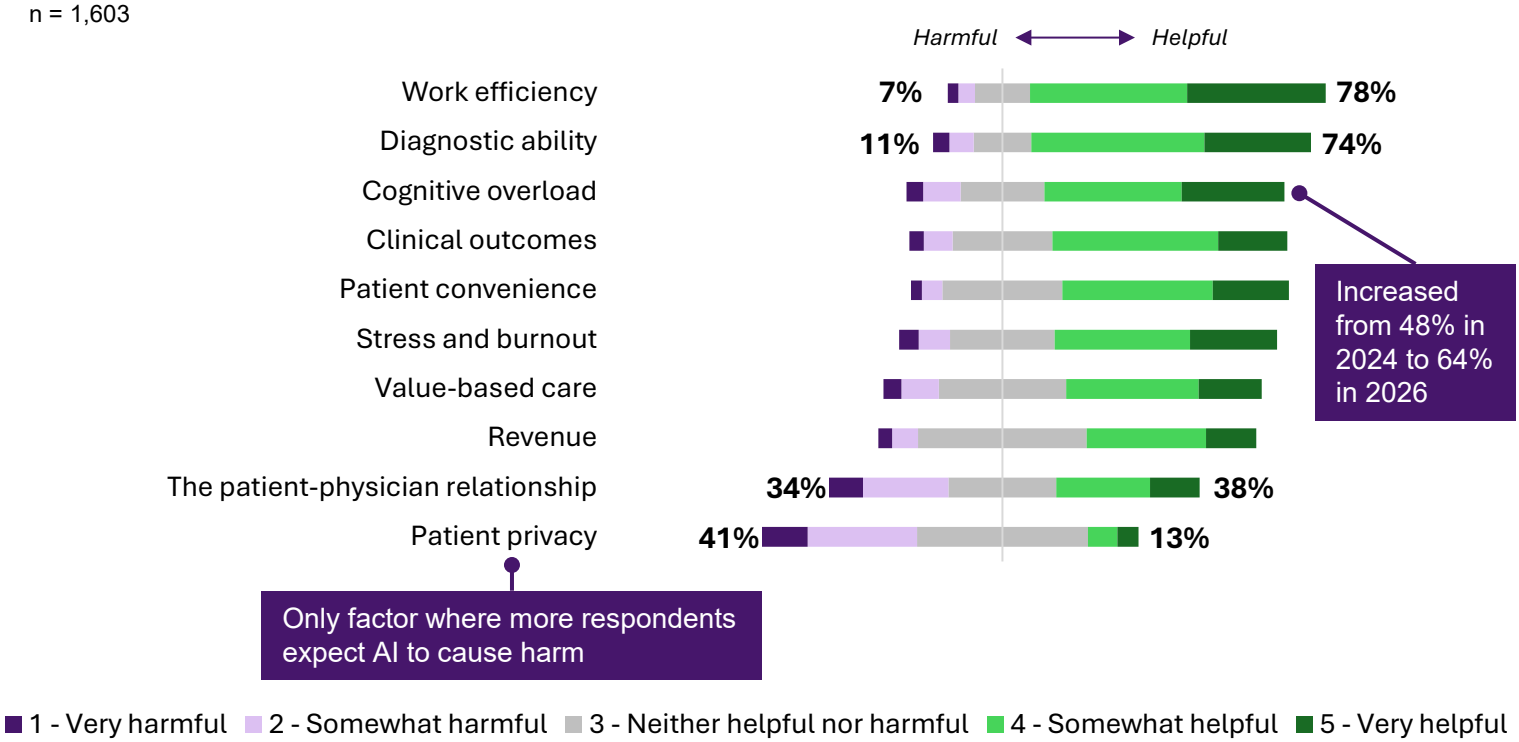
AI is expected to provide benefits across most dimensions, with patient privacy emerging as the only net-negative area.

Physicians anticipate that AI will positively impact work efficiency, diagnostic ability, clinical outcomes, patient convenience, cognitive load, and other factors. While the patient–physician relationship is among the lowest-rated dimensions, it still skews net positive. Patient privacy stands out as the only area where more physicians expect harm than help.

AI is anticipated to help across nearly every measurement dimension

Q: How do you anticipate tools using AI will impact the following factors?

n = 1,603



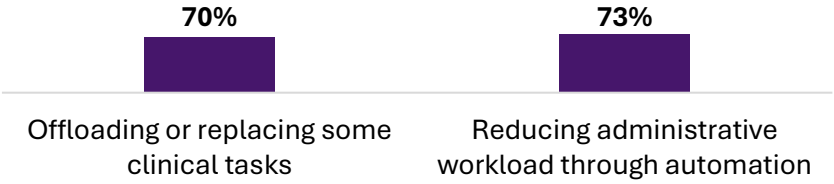
Physicians see AI easing burnout by automating clinical and administrative tasks.

Concern about AI harming stress or burnout is low (13%), and the majority see clear benefits: 70% expect AI to automate clinical tasks and 73% anticipate automation of administrative duties. These anticipated shifts reflect strong expectations that AI can relieve key drivers of burnout.

Expectation that shifting clinical and administrative tasks to AI will improve wellbeing and burnout

Q: In which ways, if any, do you think AI could affect physician wellbeing and burnout? Please select all that apply.

n = 1,262



Skill loss is a clearly recognized risk, especially among early career physicians.

Nearly nine in ten physicians express some concern about skill loss, but worry is concentrated on trainees: 70% are very or somewhat concerned about loss of skills in current medical school students and residents. Personal skill-loss concern is lower (28%), yet early-career physicians (35%) and primary care physicians (34%) report notably higher levels of worry.

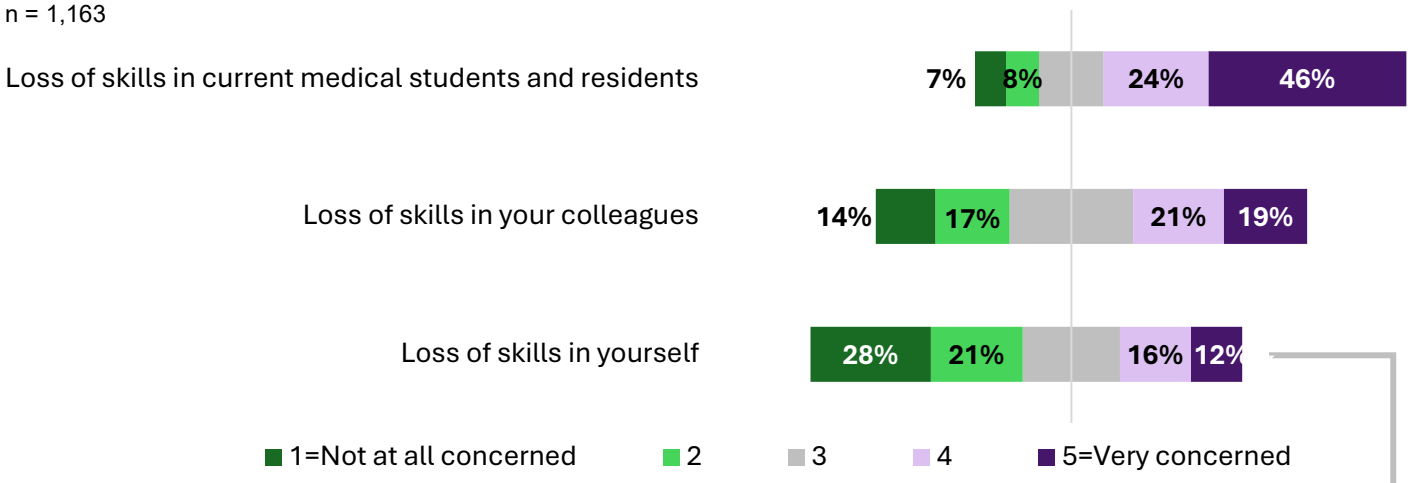
88%

Say they are very, somewhat, or mildly concerned about skill loss

Physicians most concerned about loss of skills in medical training

Q: How concerned are you that the use of AI tools will lead to loss of skills in:

n = 1,163



Respondents ranking personal skill loss a 4 or 5 concern

24%	Surgical specialties	21%	Late career (>30 years in practice)
25%	Medical specialties	35%	Early career (<10 years in practice)
34%	Primary care		

Physician Views on Patient AI Usage

Physicians think many patients are using AI, even if disclosure is limited.

Physicians report limited disclosure from patients about AI use: 29% have not had a single patient disclose it, and only 8% say that most of their patients (>50%) openly acknowledge using AI. Yet 30% believe most of their patients are likely using AI, indicating substantial unreported activity. Despite limited visibility, 70% of physicians view patient use of general-purpose AI for health information as positive or neutral when used appropriately.

8%

Of physicians say a majority (>50%) of their patients are disclosing AI use

30%

Of physicians say a majority (>50%) of their patients are probably using AI

70%

Say use of general-purpose AI chatbots for health information or decision-making is positive or has no impact

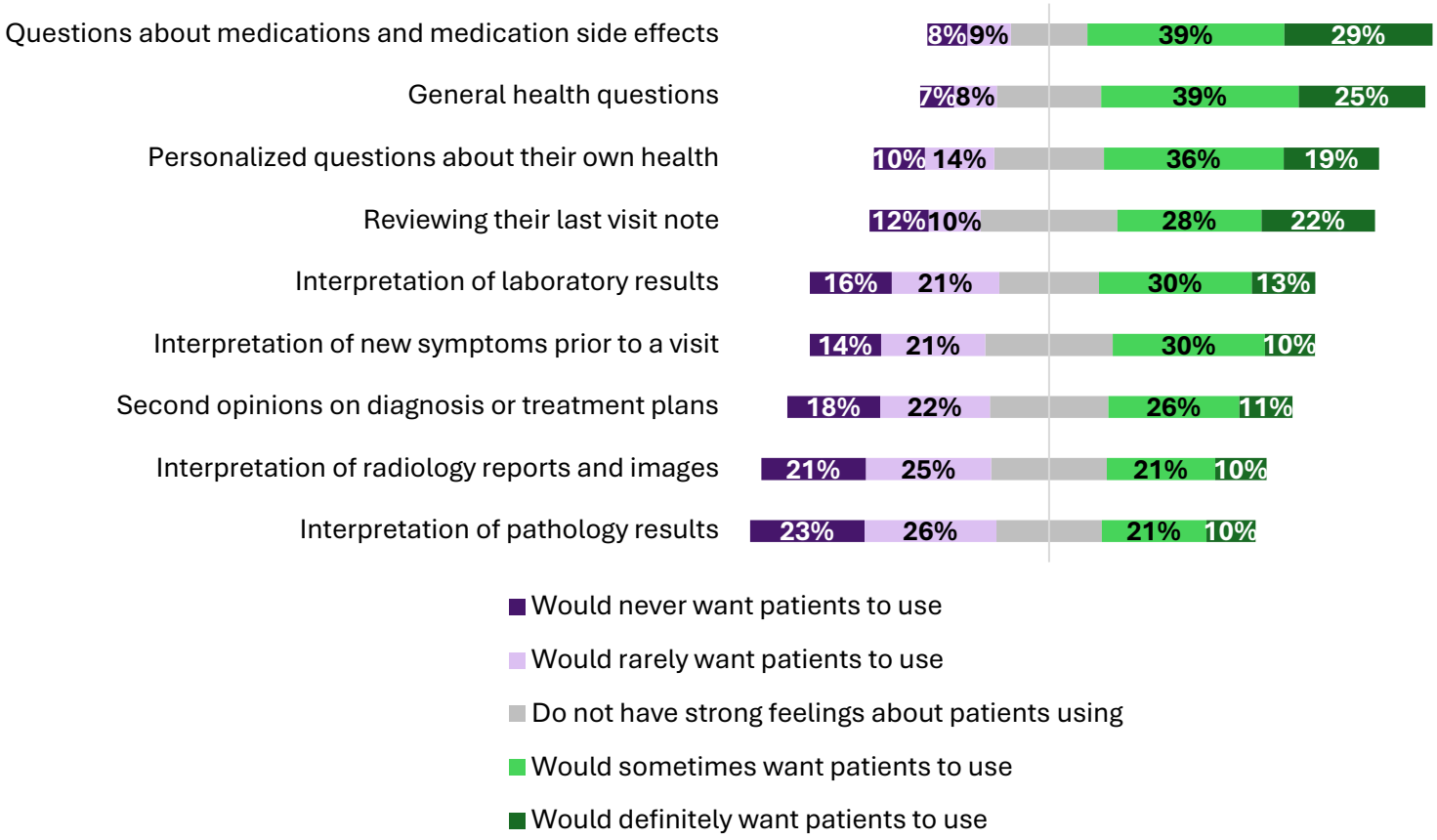
Comfort with patient AI use is highest for routine questions and lowest for diagnostic interpretation.

Respondents are most comfortable with patients using AI for questions about medications and side effects (68% definitely or sometimes) and for general health questions (64% definitely or sometimes). However, nearly half would never or rarely want patients using AI to interpret pathology (49%) or radiology results (46%).

Physicians want patients to use AI for routine health and medicine questions

Q: Please rate how much you want your patients using AI for the following tasks:

n = 1,180



Accelerants and Barriers

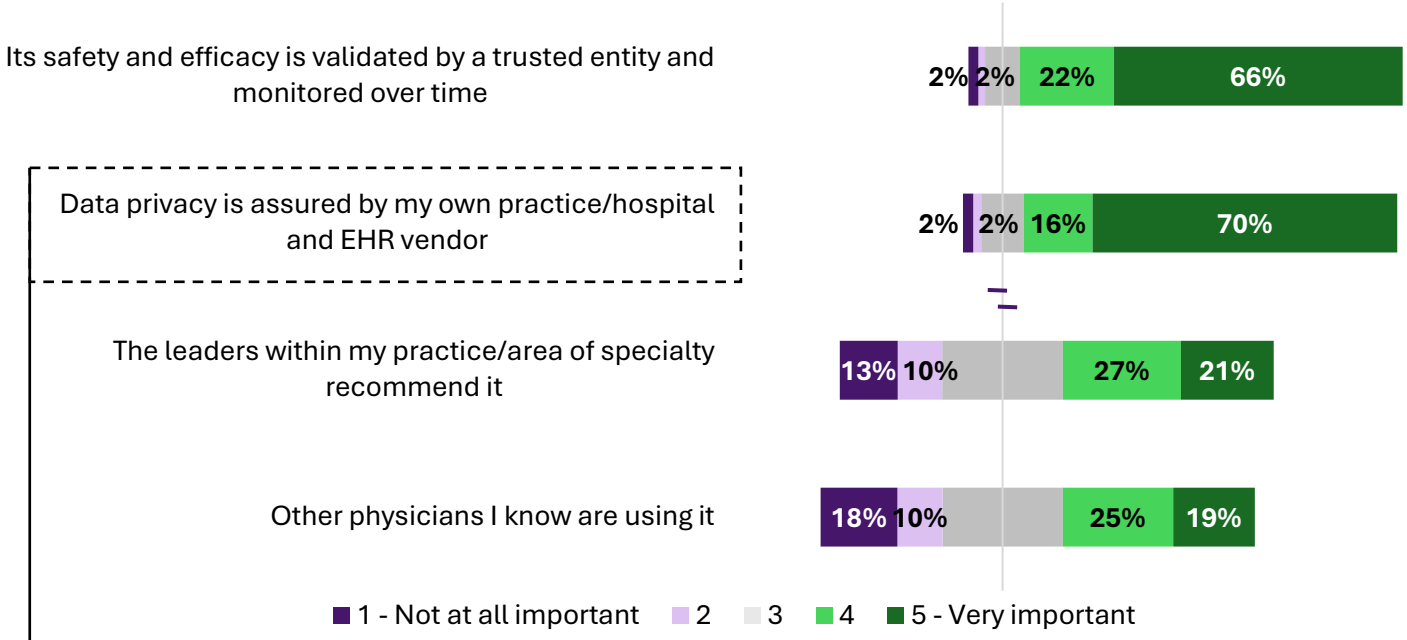
Validation of safety, efficacy, and privacy are top prerequisites for AI adoption.

Physicians prioritize a broad range of attributes when considering adoption of AI tools. All but two of the 21 factors tested were rated as important (rating of 4 or 5) by a majority of respondents. The top requirements include validated safety and efficacy from a trusted entity, strong data privacy protections, a designated feedback channel when issues arise, coverage under standard malpractice insurance, and seamless EHR integration. Compared with these requirements, recommendations from peers or leaders are less influential.

Assurances of privacy, safety, and efficacy are most effective in building trust

Q: How important are each of the attributes below in facilitating the adoption of tools using AI into your practice?

n = 1,490



DATA SPOTLIGHT

Concerns about patient privacy are more pronounced for AI tools not provided or sponsored by one's institution

Q: How would you describe your level of concern about patient privacy when using AI tools? (percentage reporting somewhat concerned or very concerned)

Institutional tools

42%

Non-institutional tools

71%

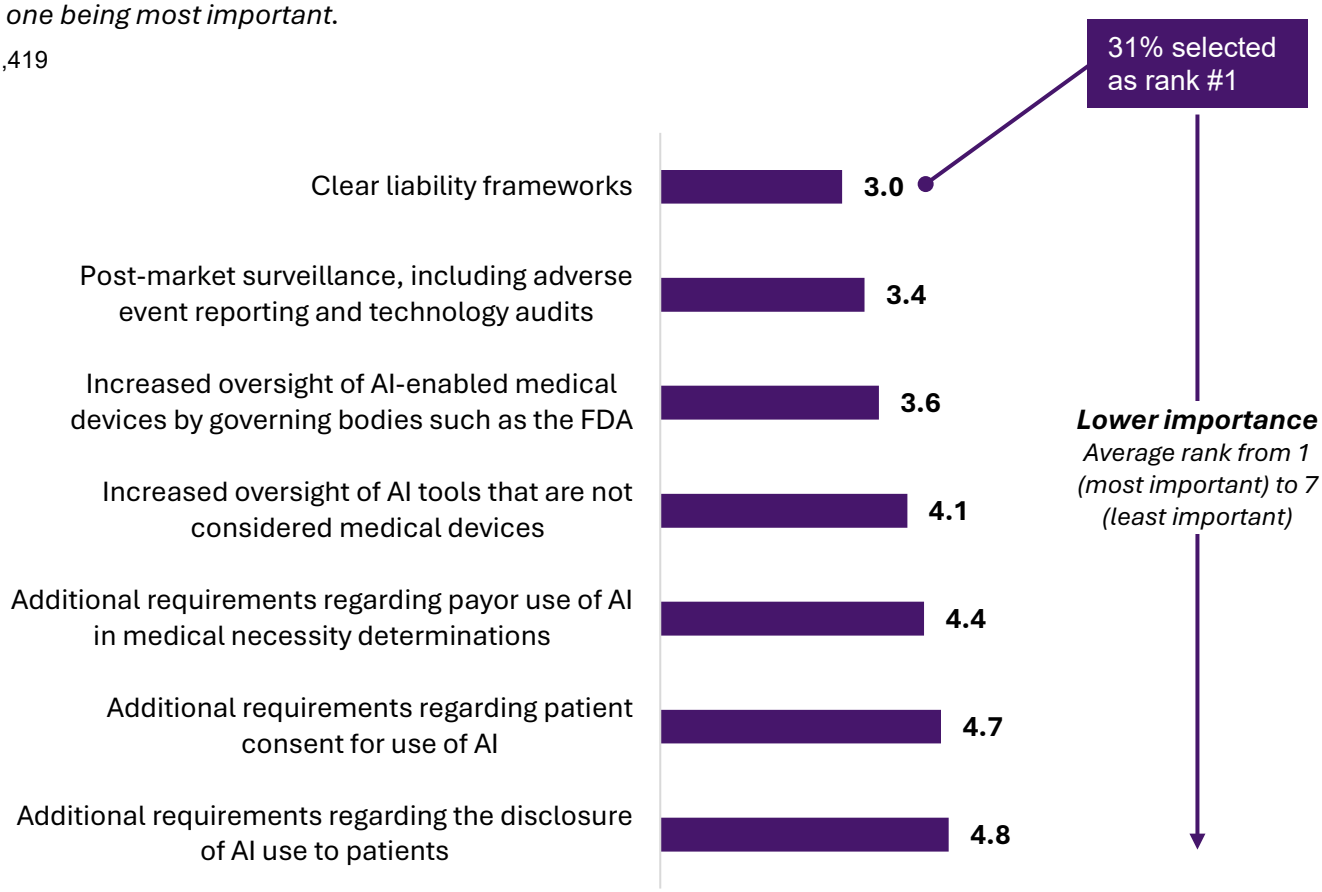
Clear liability frameworks would increase trust in- and adoption of- AI.

In cases where patient privacy, safety, or clinical efficacy are compromised, respondents want to know who holds legal responsibility and accountability. Establishing clear liability frameworks was most frequently selected as the most important regulatory action that would increase trust and likelihood of adoption of AI tools. Post-market surveillance, adverse event reporting, and general oversight by governing bodies are additional actions that would build confidence in AI tools.

Liability frameworks ranks highest on average across regulatory priorities

Q: Which of the following regulatory actions would increase trust in AI and the likelihood that you adopt AI tools? Please rank each of the following in order of importance to you, with one being most important.

n = 1,419



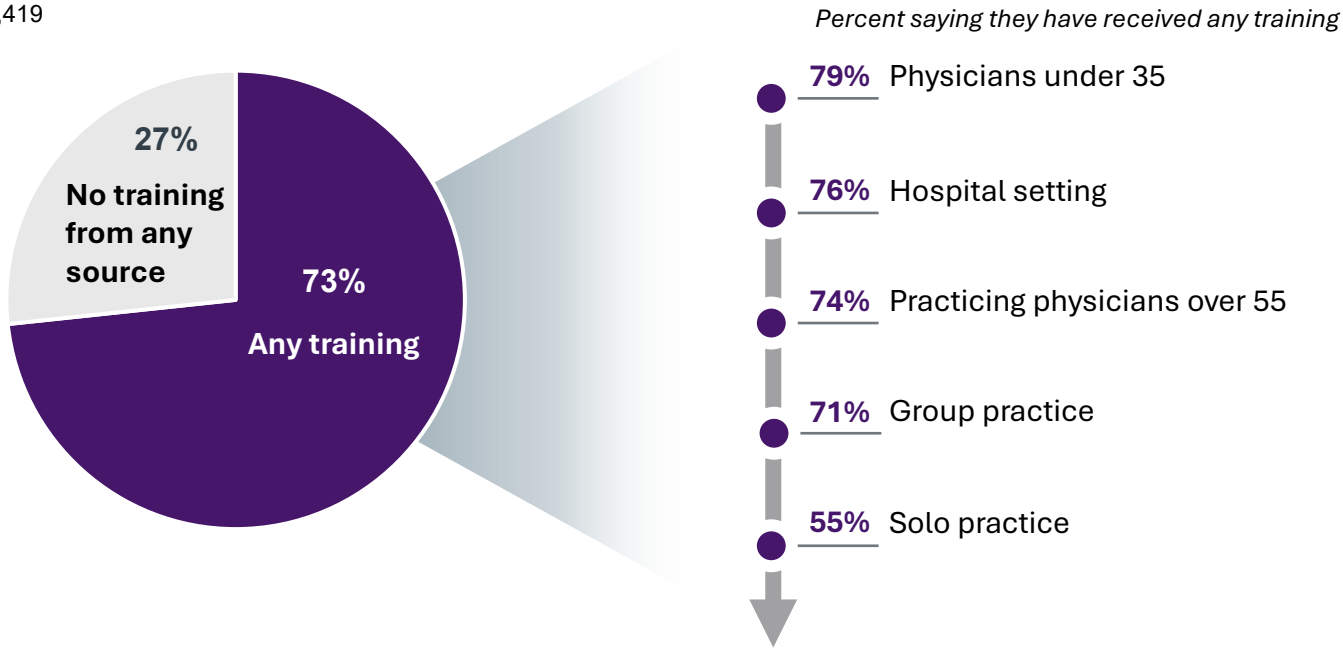
Most physicians have received some AI training, with wider differences in training exposure existing across practice settings, rather than age groups.

Nearly three-quarters of respondents have received some level of training on AI, most often from their employer. Training levels vary by practice setting, indicating that organizational support may depend on employer priorities and resource availability. In comparison, a physician's age appears to play a smaller role in predicting exposure.

One-quarter have received no AI training from any source

Q: Please rate how much training you have had in AI from various sources. (Medical school; Residency; Continuing medical education course; Professional society; Employer; AI company; Undergraduate training; Other masters or PhD training)

n = 1,419



Education and training hasn't been extensive—respondents want more.

Of those receiving any training, only 11% report receiving "a lot of" training from any source. This indicates that current education and training on AI has not been extensive despite some level of prior exposure.

⚠ Physicians want more training

92% Of physicians express interest in more training being delivered

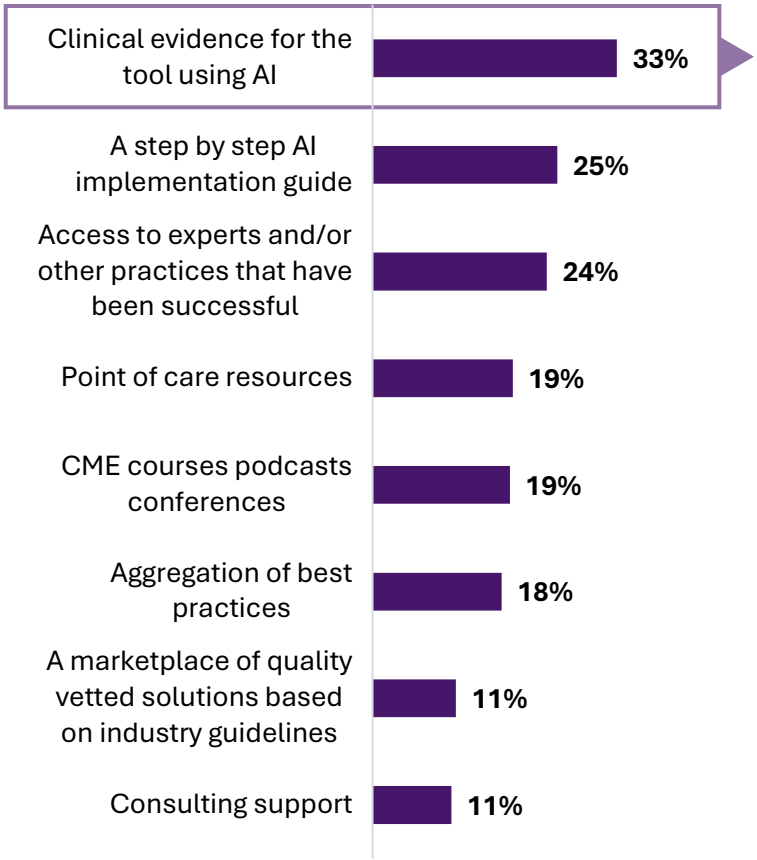
Physicians seek active involvement in AI adoption and depend on strong evidence and practical guidance.

Most physicians want a direct role in AI decisions—55% prefer to be consulted and 30% want responsibility for implementation. They also prioritize clinical evidence, clear implementation guides, expert access, and best-practice summaries to support evaluation and adoption.

Traditional peer-reviewed research is gold-standard

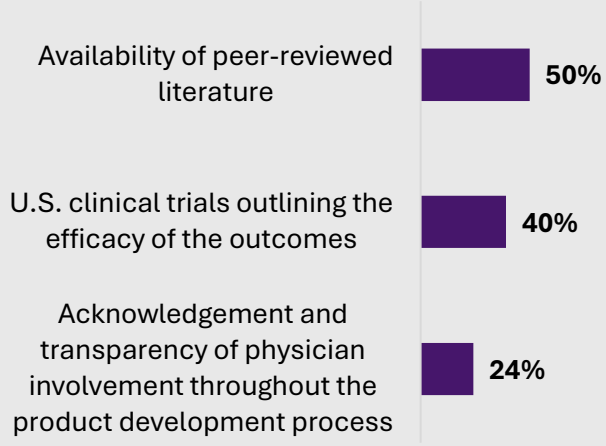
Q: What would be most helpful when evaluating or implementing tools using AI in your practice?

n = 1,262 (respondents selected top two)



*Q: What level or type of **evidence** do you look for in deciding whether and when to use a tool with AI?*

n = 422 (respondents selected top two)



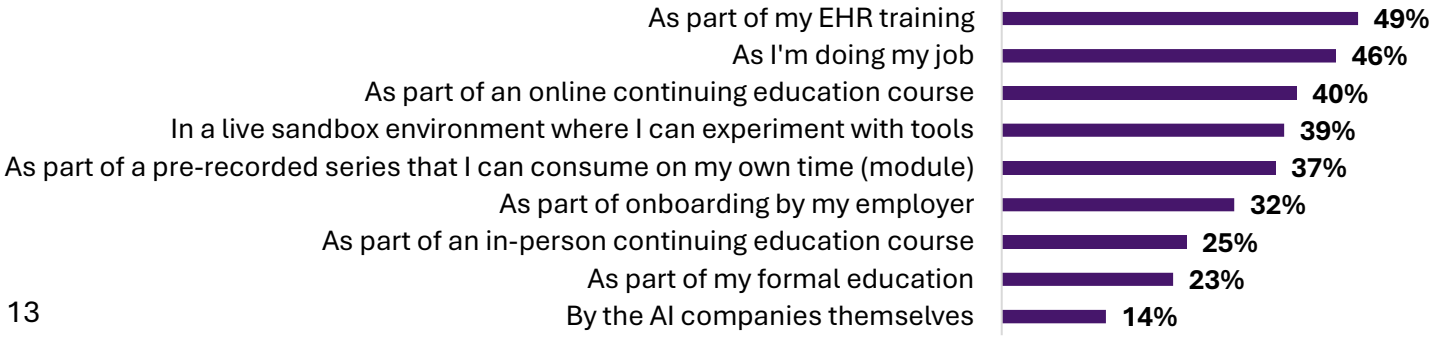
Training embedded in clinical workflows and CE formats is most preferred

Respondents prefer training delivered within their existing workflows or alongside related training. Two-thirds selected continuing-education formats such as pre-recorded modules, online courses, or in-person sessions. Many also value hands-on sandbox environments and flexible self-paced modules. Training from AI companies themselves is the least preferred option.

Preferred delivery methods for AI training

Q: How would you like that training to be delivered? (check all that apply)

n = 1,262



Detailed methodology

Study Design and Objectives

The 2026 Physician AI Survey was conducted to assess U.S. physicians' adoption, awareness, perceptions, and anticipated impact of augmented intelligence (AI) across clinical, administrative, operational, educational, and patient-facing domains. The study examines how physicians interact with AI technologies, their readiness for adoption, trust considerations, training needs, and perceptions of patient use of AI tools for health-related purposes.
The survey builds upon prior waves conducted in 2023 (n=1,081) and 2024 (n=1,183) to monitor the evolving role of AI in medical practice.

Sample and Fielding

A total of 1,692 U.S. physicians participated in the 2026 survey. Respondents represented a broad range of specialties, geographic regions, career stages, and practice settings. Physicians were instructed to answer questions based on their primary practice environment.

Demographic and professional characteristics collected included age, gender identity, state of practice, specialty, ownership status, practice type, years in practice, weekly patient care hours, and trainee supervision responsibilities.

Participation was voluntary and confidential. All results are reported in aggregate.

Response Inclusion and Base Sizes

Survey results are based on respondents who met eligibility criteria and provided sufficient responses for analysis.
In the 2026 survey, both full completes and qualified partial responses were included to maximize representation while maintaining analytic quality.

Prior survey waves (2023 and 2024) reported results based on full completes only. Consequently, sample sizes may vary across questions and survey years. Percentages shown throughout the report are calculated using the number of respondents who answered each individual question (question-level base sizes).

Survey Instrument Overview

The survey instrument included multiple domains addressing physician interaction with AI:

- Perceived impact of AI on clinical care, outcomes, efficiency, equity, and physician wellbeing
- Awareness of AI-enabled tools for administrative and clinical applications
- Familiarity, relevance, enthusiasm, and incorporation of specific AI use cases
- Expected timelines for adoption
- Governance, liability, and regulatory trust factors
- Influence over technology decision-making
- Professional orientation toward innovation adoption
- AI's potential effects on physician burnout and workflow
- Training exposure and preferred learning formats
- Physician perceptions of patient use of AI tools
- Privacy concerns and anticipated skill impacts

Measurement of AI Adoption

AI adoption was assessed using a multi-select question:
"Which, if any, of these AI use cases do you currently incorporate into your practice?" Respondents selected from a list of AI applications spanning administrative, clinical, operational, patient-facing, and training-related uses, along with options indicating no use or uncertainty regarding available AI tools.

For reporting purposes:

- Explicit AI use is defined as selecting one or more named AI use cases.
- "None of the above" indicates no reported use.
- Responses indicating uncertainty about available AI use cases are reported separately as a measure of awareness and visibility.
- Adoption reflects physician self-reported incorporation of AI tools and does not independently verify organizational deployment.

Detailed methodology (continued)

Evolution of the Survey Instrument and Trend Considerations

Augmented intelligence capabilities and physician familiarity with AI have evolved rapidly during the study period. Accordingly, the survey instrument has been refined across waves to better capture real-world practice environments.

- **2024 Update:** A response option was added allowing physicians to indicate uncertainty regarding which AI use cases were available in their practice. This captured awareness-related uncertainty not measured in 2023.
- **2026 Update:** Additional AI applications were introduced to reflect emerging areas of adoption, including patient-facing clinical chatbots and virtual patient simulations used for training and education.

These updates improve measurement precision and reflect expansion of AI applications in healthcare; however, they limit strict comparability across all survey waves.

Patient Use of AI

New measures introduced in 2026 assessed physician perceptions of patient use of AI tools for health-related purposes, including estimated disclosure rates, perceived prevalence, attitudes toward patient use across different AI categories, and privacy concerns associated with institutionally supported versus external tools.

These measures capture the growing interaction between patient-driven AI use and clinical care delivery.

Training and Professional Development

The 2026 survey added questions examining physician exposure to AI training across educational stages, preferred methods of future training delivery, and concerns regarding potential skill erosion among physicians, colleagues, and trainees. These additions reflect increasing emphasis on AI literacy and workforce preparedness.

Data Interpretation

All findings are based on physician self-report at the time of survey participation. Observed differences across survey years may reflect both changes in AI adoption and improvements in physician awareness and recognition of AI-enabled tools as technologies mature.

Percentages are calculated using respondents who answered each question. Due to rounding, totals may not equal 100%. Statistical testing was conducted where indicated to identify significant differences between survey years.

Ongoing Measurement

Given the rapid pace of technological change, the survey instrument will continue to evolve to ensure accurate representation of physician experiences with AI in clinical practice.