



From Human Doctor to **AI-Enabled Healthcare:**

Rethinking Concepts of Trust,
Empathy, and Medical Authority.



——— Internship Report by ———

Sakshi Chandrawat

From Human Doctor to AI-Enabled Healthcare: Rethinking Concepts of Trust, Empathy, and Medical Authority

~Sakshi Chandrawat¹

One way to get the conversation going: Healthcare isn't just about the science or the medicine, it's about us humans. When you step into a doctor's office, you aren't just a string of symptoms; you're someone with worries, insecurities and history. The doctor-patient relationship has traditionally been based on more than just clinical knowledge, it's been rooted in the notions of trust, conversation, comfort and the idea that someone else can really understand what you're going through.

But here's the thing: That nearly century-long tale is beginning to change.

At present, Artificial Intelligence is starting to play its role in contemporary healthcare. It is applied to study medical pictures and recognize trends in clinical data, to support diagnosis and patient monitoring. An AI can process huge data sets in no time and may be helpful to doctors in recognising other trends.

But what about the human side of medicine? When the machines begin to take the decisions, what is left of human touch of medicine?

This question is such an important one to ask, because medicine is not just about data-it's not as if you walk into a hospital as a set of symptoms, figures, and medical notes. You have a story. And behind every question there might be fear, behind every silence there might be anxiety, behind every decision there might be an individual. Yes, computers can diagnose a disease, but medicine is also about understanding the disease from the patient's perspective.

So, how does AI come into the picture? Let's explore.

When the Doctor is No Longer the Only Way to Know about Medicine

The traditional custodians of medical authority have been the doctor. Given the specialised training, clinical experience and knowledge that professionals have, it has been patients' reliance on them to understand their condition and to participate in its treatment.

Enter AI.

Because when an AI system scans, detects a pattern or proposes a diagnosis, the doctor is no longer the sole source of medical information. That's when technology becomes part of the knowledge network.

Not to worry, doctors are not out of a job just yet. Instead, you might compare it to an extra tool in your decision-making toolbox. Doctors can look at the results from the algorithm, compare these

¹ Masters in English Literature, 2nd Year, Jaipur National University, Jaipur

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with a patient's history and symptoms, and then make a decision about what makes sense for that patient. Still, AI challenges the notion of authority in medicine.

Where Doctors Fit An artificial intelligence system that diagnoses a patient or recommends treatment may turn doctors from the primary source of medical knowledge into intermediaries. The doctors of tomorrow might need to understand not only the patient's condition, but also why an AI system arrived at a certain conclusion, the good and the bad.

So, the way this works now is that it becomes a three-way dance:

Patient → Doctor → AI

The patient still sees the doctor, but the doctor's choices may become more and more the choice of a tech system that is minding it from behind.

It's not just about the authority of AI, but the sharing of authority that we should be concerned with.

If the AI makes a diagnosis should the doctor accept it because it's high-tech? Or should they reject it if what's right for the patient appears to be at odds with it?

Ultimately, a doctor's accountability cannot simply evaporate into the cloud. Technology can provide us with knowledge and information, but human professionals need to stand behind how it is used.

The Problem of Trust

Trust, there is a substantial amount of trust between doctors and patients.

You tell your doctor intimate details about yourself because you know that he or she will keep your information confidential and will do what is best for you. Trust, frankly, is not only competence, but privacy, truthfulness, communication, and feeling truly heard.

Now, add AI to the mix.

Now, picture this: You're in the doctor's office and someone says an AI was part of your diagnosis. One person might believe that's a good thing. "The systems can be trained on a vast amount of data that someone trained on the medical field might not pick up."

Both feelings are valid.

Accuracy doesn't always equate to trust.

Even if an AI does its job well, you can have greater confidence if you know its application and there's a suitably qualified human at the wheel.

So, transparency is important. You don't want to feel like an unrecognised piece of tech has delivered your verdict. You want to know if AI have played a part and how that fits in with your clinician.

So, the relationship might shift to:

Patient → Doctor → Technology

And here, the doctor is the bridge between you and the tech.

Believe it or not, this might actually heighten the importance of the doctor in human-powered health care. Your doctor may not be the only one with medical info but she's the one who can interpret it, put it in context, and connect it to your own life.

Can a Machine Be Empathetic?

Now, let's go into empathy—a vital part of healthcare.

Sometimes you don't just need to know. You need to be heard. An anxious diagnosis might need comfort.

A frightened patient might just need patience, not directions.

A chronic patient might just need you to recognize their path, not define it.

The technology is improving at detecting when someone's distressed and comforting them. But here's the problem: there's a gulf between the kind of simulated empathy that machines offer and the real thing.

The AI can detect signs of anxiety and console you, but this is all coming from an algorithm, rather than real concern.

Was that the end of it? Not at all.

If AI makes things clearer for you or leads you in the right direction when seeking care, or even if it just nudges the doctor that you are having emotional issues, that's a good thing.

So, the real question isn't "can AI accurately replicate human empathy?" It's "can AI be designed and used in a way that leaves room for human empathy?"

Let's say AI increases efficiency by reducing administrative work and other daily tasks. This would free up more time for your doctor to have a conversation with you. In this instance, no, the doctor's not becoming less human – the opposite, really!

It all seems to work smoothly until you suggest that efficiency is the only thing that constitutes the best healthcare.

Of course, some hospitals have tech to get you in and out faster, but does that really mean that healthcare is working when you walk away feeling neglected, unheard, and counted as yet another data point?

The Patient as Data the Patient as a Person

Ever wondered how medicine, in its quest to help, can at times reduce complex human phenomena to bits of clinical data? Well, if you just said yes, you're getting the whole point of Medical Humanities.

The truth is, a patient's body can be measured. Symptoms, blood pressure and even scans can be expressed as numbers. However, surprised? Because you know what: illness can't be measured exclusively in numbers.

Think about two individuals who have the same diagnosis – but their stories couldn't be more different. One might be medically stable but a nervous wreck over their loved ones. The other might be at peace in a nurturing setting. So, why do these patient stories matter?

Related to this is the field of Narrative Medicine, or Medical Humanities, a discipline that reminds us to hear these narratives. It involves looking for the story lines that define an illness in a person's life, pointing to the suffering that never appears on a chart.

Yes, AI is awesome with data. But data is not enough; truly human-centric healthcare has to keep in mind that a patient is so much more than the data that gets produced about them. As the healthcare industry continues to go digital, we could end up viewing the patient as a set of data.

So, what's the goal?

Not the ditch the data, but put it in the story.

The Changing Role of the Doctor

With the rise of AI, does that mean less demand for physicians? Not quite. It may actually increase human interaction for physicians.

The Doctors of Tomorrow will probably perform two kinds of work at the same time: Using the new technology—tests, test results, which tests to use and so on; making calls on the basis of the data; integrating these new data into a decision tree; helping colleagues understand what the data mean; weeding out information that isn't accurate; and so forth. And... Doing deeply human work: Listening, comforting, explaining, interpreting, acting responsibly.

This development transforms what expertise means. In the old days of doctor know-it-all, expertise was about answers. In the age of AI-guided medical practice, expertise is about asking when and why we can trust those answers and how we explain what we've found to the patient.

A doctor just mindlessly following an algorithm isn't demonstrating clinical independence. But turning down a helpful technology that's made by a machine because it's made by a machine would deprive a patient of its advantages. The equilibrium is critical collaboration: the AI processes the data, the doctor counts, and the patient chimes in with accountability in the room.

When Technology Becomes an Authority

Now, let's talk about a second hot button: the technology as objective. AI may appear neutral, purely by mathematical and computational origin. However, keep in mind that AI is constructed by humans, trained on data, and used in organizations in the real world. And all of this can result in outputs that reflect bias.

But these biases can have practical implications in healthcare. When an AI-powered decision results in an error, it's a little fuzzy where accountability lies. Is it the doctor?

The hospital?

The programmer who built it? Or all the people who decided to implement it in the first place?

These various dilemmas underscore the reasons why AI must not be made a sacred oracle in medicine. It can, at most, just help the doctor, but not substitute for one. "The computer said so" can never be a legitimate argument for medical decisions

From Doctor-Patient to Doctor-AI-Patient

The relationship between doctor & patient itself is gradually becoming more complex; "Doctor - patient" is giving way to "Doctor - AI - Patient. The general perception of the increasing role of AI in medical treatment.

They are all in different, but complementary, roles: The computer provides computational and processing power. The doctor brings clinical interpretation, professional judgment and responsibility. The patient provides lived experience, value, preference and story.

It happens when one piece dominates others. Tech gets in the lead; patients get labelled as data. Power precedes patients' involvement; they become spectators.

If personal preferences outshine medical reasons, then patients may ignore the clinical logic.

Finding the middle path is the big issue.

So, the future of healthcare shouldn't be humans versus machines. Instead, let's think about ways that different types of knowledge can work together with the patient front and centre.

The Future of Human-Centred Healthcare

The rise of AI forces medicine to ask: What is it to care for the patient? Of course, the technology can help physicians see trends, organize data, and handle ordinary needs. But that's not why we go to a healthcare provider, and why we entrust our bodies to one.

A human-centred approach to AI-assisted medicine should uphold a few core values: Human oversight. Recommendations from AI should be followed up on, but ultimately be put in the hands of a qualified clinician. Transparency.

When it's appropriate, people should be told when AI has been a part of their diagnosis or care.

Autonomy. Patients should be able to make decisions about their own care. Empathy and communication. Not things we can skip just because we have tech.

And supporting, not replacing medicine.

So: the question isn't what proportion of healthcare can be automated. It's how it can be done without damaging the relationship that makes healthcare personal.

Conclusion

AI is transforming healthcare, but the greatest change could be not the technology but the way AI makes us challenge our preconceptions about doctors, patients and health care providers.

For centuries, doctors have been the repositories of knowledge, power and comfort. Now, another source of knowledge is being added to the mix with AI, forcing us to revisit trust, to rethink authority in medicine, and to think more about empathy.

AI could become better at reading medical data, identifying patterns and supporting clinical decisions. However, in this human disease experience, data is just not enough. We do not only want to know what is wrong with us but what it really means, what's likely to happen and whether somebody really understands what we're feeling.

This is where we need human doctors. The future of healthcare shouldn't be viewed as a future of human doctors to a world of machines. Instead, it's a future of AI-assisted human healthcare.

In this new model, AI provides computational intelligence, physicians provide their professional judgment and ethical compass, and patients still have a seat at the table. Patients continue to be people, not files, numbers and calculators.

In the end, AI has only succeeded in health care if it can do one thing health care by itself can't: Listen to us. Recognize our vulnerability. Treat us with dignity.

Technology may change the way medicine works. It should not make us forget why medicine exists in the first place.

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