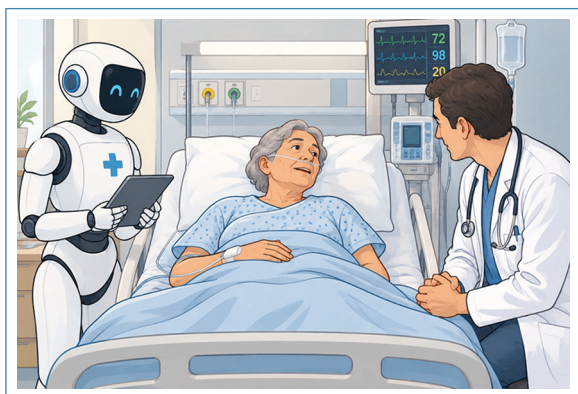


Will AI soon replace doctors?

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Two recent studies, one from OpenAI (GPT-4) and another from Google (IMAE), have suggested that new generative AI systems, using large language models, could outperform physicians in providing medical care (Goh *et al.*, *Nat Med* 2025; Tu *et al.*, *Nature* 2025). It is noteworthy that all major five clinical outcomes were assessed, including: (1) recording of significant clinical information; (2) differential diagnosis; (3) diagnostic tests recommended; (4) best treatment options; and (5) patient monitoring.

Although many doctors view these news cautiously, it was somewhat expected, as the field has moved very fast since the first application of AI in interpreting radiological images, dermatological lesions, or retinal illnesses. Further concerns have appeared following the arrival of autonomous AI platforms, known as agentic AI (Corpas *et al.*, *Cell Genom* 2026), and improvements in speech AI techniques, known as vibe coding. No doubt, next-generation AI systems are dramatically transforming human-AI interactions and could eventually challenge competition and/or replacement (Jones *N. Nature* 2026).

At least two caveats may keep the gap between algorithms and doctors in clinical medicine, preserving physician's role. The first is the value of human empathy, including imperfection, and a lack of immediacy when real doctors attend patients. It paradoxically reinforces the sense that personalized attention, instead of cool, customized or tailored AI feedback, is produced. The second threat for AI in providing medical care is responsibility. Who will assume the consequences of decisions, as even the best alternatives for some patients may be painful? It is clear that when a person is behind the proposal, and the patient has given his trust, any consequences are easily accepted. However, who will assume responsibility when an algorithm has recommended on your health care? In the real world, concerns about self-driving cars have prevented their widespread use. Would something similar happen with virtual doctors? (Khullar *D. N Eng J Med* 2026).

The steady decline in doctors' skills

"The doctor neither looked at me nor touched me." Expressions like this are often heard from people who attend visits with general practitioners or medical specialists. Two doctors in Chicago have warned about the progressive loss of diagnostic capacity among physicians, despite the widespread use of new technologies and a broader range of sophisticated diagnostic and imaging tests (Garibaldi and Russell. *N Engl J Med* 2025).

The authors attribute the decline in bedside clinical skills to suboptimal medical training. They propose six strategies to revitalize the clinical encounter in the 21st century. The central premise is clear: doctors must

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spend more time with patients. Otherwise, medical records are of lower quality, physical examinations are poorer, and diagnostic errors increase. As a consequence, costs increase, and patient dissatisfaction rises, as patients perceive a loss of empathy from their doctor. For the physician, the patient's withdrawal results in a loss of professional enthusiasm, that is, *burnout* (Guille and Sen. *N Engl J Med* 2024). Altogether, it leads to the destruction of the doctor-patient relationship.

The growing dependence on technology by most physicians – including the digital collection of clinical information (electronic medical records) – together with increasing administrative and healthcare barriers and pressures, has shifted medical decision-making toward complementary tests, generating the false impression that the physical examination is unreliable. When the patient is suspicious, we may hear: “If the doctor doesn't look at me, doesn't touch me and doesn't ask for tests, it's because he's not interested in me or doesn't know.” As perversive effect, more and more tests are ordered with little judgment.

Historically, clinical medicine grew out of direct learning with the patient, with figures such as William Osler in the United States, René Laënnec in France or Gregorio Marañón in Spain. Today, the direct interaction between the doctor and his patient has declined. After the COVID-19 pandemic, masks and isolation rooms have further increased the distance between patients and their doctors. Furthermore, there are psychological barriers derived from the doctor's insecurity in talking to patients and family members. Empathy is not taught in medical school. Finally, a false perception has spread that going to the patient's bedside is inefficient and a waste of time (Garibaldi and Russell. *N Engl J Med* 2025).

The result is a vicious circle: less proximity to the patient, less is known about what they suffer from, and their true needs are valued less. Ultimately, providing standard answers and solutions, not personalized for a given patient and by a doctor in charge, represents a degradation of the medical act. Ultimately, each patient entrusts the resolution of his health problem to his doctor (Soriano V. *Coloquios de Ética Médica*, Madrid 2026).

Strategies to restore the value of the patient

The NEJM article by Garibaldi and Russell mentioned above proposes six strategies to improve the doctor-patient relationship: (1) return to the foot of the bed and observe the patient. Observation is an

underutilized and essential skill. It provides diagnostic and prognostic information; (2) perform a complete, hypothesis-directed physical examination; (3) talk and resolve doubts on different occasions and periodically (visit pass, etc.); (4) use new technologies as allies and not as replacements or substitutes, (5) provide feedback, that is, information to the patient about the result of tests, prognosis and treatments; and (6) recognize the power of the clinical encounter, of the medical act. In itself, it has a great healing value. It helps the patient to manage uncertainty and place trust in a professional regarding the health problem. In return, it improves the doctor's satisfaction.

The authors conclude that “a well-performed physical examination conveys care and can have a therapeutic effect on the patient.” In short, medical care at the patient's bedside is a privileged and irreplaceable space. It is essential even (and especially) in the new AI era (Garibaldi and Russell. *N Engl J Med* 2025).



Care for patients in loneliness and in rural medicine

New technologies and AI provide a great opportunity to enrich the doctor-patient relationship. They can make medical care possible when distance or loneliness makes it difficult. Telemedicine can address many minor (and occasionally serious) health problems and provide the proximity and human warmth needed for effective disease management (Vlandes y cols. *N Engl J Med* 2025).

However, when screens are interposed, the doctor must strengthen the bond with his patients. Periodic phone calls or messages can help to maintain or establish a good personal relationship between the patient and his doctor. Unfortunately, because professionals do not follow patients after first visits, there is a high risk of reducing medicine to a mere health service or commodity (Soriano and Montero. *Linacre Q* 2024). As Edmund Pellegrino emphasized, only in the search for the patient's diagnosis and cure, the doctor's profession is really dimensioned properly.