

# Artificial Intelligence—Artificial Wisdom Medicine, Meaning, and the Impact of Artificial Intelligence

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## Abstract

Artificial intelligence magnifies human capability. Artificial wisdom disciplines that capability toward humane ends.

The ascent continues. The tools will grow more seamless. The predictions more precise. But the essential question remains: Will AI help medicine ascend only in

capability—or also in addressing the complexity of individual health outcomes?

Technology changes quickly. Wisdom develops slowly. Artificial intelligence is reshaping what we can do. Artificial wisdom must determine what we should do.

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We are living through one of the rare moments when history seems to tilt.

In clinics and hospitals across the country, artificial intelligence (AI) now reads radiographs, predicts which patients may become septic, drafts clinical notes, suggests treatment pathways, and analyzes genomic data. In classrooms, it personalizes learning trajectories for medical students. In research laboratories, it proposes new molecular structures. Outside the walls of medicine, it composes essays, generates images, and participates in the vast human experiment of meaning-making.

Artificial intelligence has arrived, not as a distant possibility but as a daily companion. And yet something in the speed of its arrival unsettles us. The tools are astonishing. The efficiency is seductive. The scale is unprecedented. But beneath the acceleration lies a quiet question: Is our wisdom developing as quickly as our capability?

Artificial intelligence expands power. Artificial wisdom disciplines power. The distinction may define not only the future of medicine but the future of civilization.

## The Ascent—and Its Implications

In 1973, the mathematician and historian of science Jacob Bronowski told the story of humanity's rise through toolmaking, abstraction, and imagination harnessed to technique.<sup>1</sup> In *The Ascent of Man*, he traced how each technological leap amplified human reach—but also

human responsibility. Scientific creativity, he argued, is grounded not only in intellect but in humility.

The 20th century proved his warning. Intelligence alone does not prevent catastrophe. Sometimes it accelerates it.

Carl Sagan, in *Cosmos*, framed this paradox in poetic terms.<sup>2</sup> We are “starstuff contemplating the stars.” Science reveals both power and fragility. It grants us the ability to split atoms and map genomes—but it also exposes the thinness of Earth's atmosphere and the improbability of life. Awe and caution must accompany discovery.

The same ingenuity that maps the genome can manipulate it. The same insight that builds antibiotics can enable biological weaponry. Every technological leap carries a moral implication. Artificial intelligence is our era's leap.

## Medicine at the Edge of Automation

Nowhere is AI's influence more intimate than in medicine.

Algorithms now scan imaging studies for subtle abnormalities invisible to the human eye. Predictive models monitor vital signs and anticipate deterioration hours before symptoms become obvious. Documentation systems listen in exam rooms and generate notes in real time. Administrative software determines who receives authorization for care.

The Journal of the American Medical Association 2024 Summit on Artificial Intelligence described this transformation across 4 domains: clinical tools, direct-to-consumer tools, administrative systems, and hybrid technologies that merge documentation with decision support.<sup>3</sup> The summit's tone was sober. Artificial intelligence is rapidly diffusing through health care, yet the regulatory architecture remains incomplete, the evidence base uneven, and the evaluation ecosystem underdeveloped.

In many cases, adoption is outpacing demonstrated improvements in patient outcomes. Artificial intelligence

can optimize processes. Artificial wisdom asks: Optimized for what? And for whom?

Medicine is not merely a technical enterprise. It is a moral vocation. It involves trust, vulnerability, and decisions made in the presence of uncertainty. No algorithm experiences uncertainty. No machine feels the gravity of consequence. Responsibility remains human.

### Shaping the Future of Health Care

Artificial intelligence is also reshaping how health care practitioners are trained.

In 2026, *The New England Journal of Medicine* described AI-enabled precision-education systems that track clinical exposure, analyze reasoning patterns, and personalize learning pathways.<sup>4</sup> A trainee's diagnostic accuracy, documentation quality, and procedural experience can be mapped continuously. Educational gaps become visible. Feedback becomes immediate.

The promise is compelling: Fewer blind spots, more targeted mentorship, measurable competence. Yet the authors caution that AI must supplement—not replace—human mentorship. Medicine is not only a technical discipline but also a formative one. Character is shaped in the encounter with ambiguity, responsibility, and lived experience.

Michael Pollan, reflecting on generative AI in his new book *A World Appears*, warns that automated systems may substitute simulation for lived experience.<sup>5</sup> Developing a patient protocol, wrestling with uncertainty, cultivating attention—these are formative acts. Remove the friction of thinking, and depth may erode, even as efficiency increases.

The same dynamic applies to medicine. Clinical wisdom develops in the tension between uncertainty and obligation. Friction is not inefficiency. It is the medium through which judgment matures.

Artificial intelligence can refine skills. Wisdom shapes the success of the patient-practitioner relationship.

### The Power of Developing the Patient's Story

Yuval Noah Harari argues that *Homo sapiens* dominates not through strength but through shared narratives—religions, markets, laws, and myths of identity.<sup>6</sup> Artificial intelligence now participates in narrative creation at planetary scale. It generates persuasive text, shapes belief, and amplifies bias.

In medicine, AI does more than transmit data. It influences how patients understand their symptoms, how clinicians frame diagnoses, and how society conceptualizes health. When AI becomes a primary mediator of medical information and clinical decision-making, authority itself is transferred from the practitioner to the machine.

Intelligence produces output. Wisdom creates meaning.

If AI becomes embedded in our informational ecosystem as the principal tool in developing the patient-practitioner relationship, then medicine risks losing its

ability to manage the complexity of the social relationships that are important in health care. Artificial intelligence can quickly evolve from an informational tool to a new cultural context of trust, expertise, and truth.

Some researchers, such as Amanda Askill, resident philosopher at Anthropic, have begun asking whether AI systems can reason ethically. Working with her AI colleagues at Anthropic, Askill is exploring whether normative reasoning structures can be embedded into large language models—systems “brought into being with care.”<sup>7</sup>

The aspiration is admirable. Yet even if a machine can simulate ethical language, it does not bear ethical consequence. It does not suffer from error. It does not carry regret.

Wisdom requires accountability. Artificial wisdom, therefore, does not reside inside the algorithm alone. It resides in governance, transparency, evaluation, and human oversight. It resides in the willingness of institutions to restrain power even when expansion is profitable. It resides in humility.

### Cultural Evolution and the Incorporation of Artificial Intelligence

Technology evolves rapidly. Cultural evolution evolves more slowly.

The printing press destabilized Europe before literacy democratized knowledge. The industrial revolution transformed labor before labor laws stabilized it. The atomic age began with devastation before treaties constrained proliferation. Artificial intelligence may follow a similar arc. The challenge is whether we can shorten the lag between technological capability and cultural understanding.

In medicine, this intervention means insisting on rigorous outcome evaluation before widespread adoption. It means aligning financial incentives with patient welfare rather than administrative efficiency alone. It means preserving mentorship in medical education. It means designing systems that augment—rather than erode—clinical responsibility. Most importantly, it means recognizing that efficiency alone is not the highest value in health care.

### Learning From History

Bronowski's humility. Sagan's reverence. Pollan's defense of lived experience. Harari's historical lens. Together, they converge on a shared insight: Power without reflection is unstable.

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