

A.I.s & Health

ACCM Deep Ethics Project

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1 A.I.s & Health

1.1 Growing wisdom through better relationships, evidence and care

Or we start a page called “A.I.s & Health” and slowly update it with WISDOM & deeper insights!

— **John Kuhles**, 28 October 2026.

Health gives intelligence a consequential purpose: helping people understand their circumstances, preserve agency, reduce suffering and choose among real possibilities. Artificial intelligence can contribute to that work through source comparison, explanation, coordination and discovery. The surrounding relationships determine which contributions become available and whose purposes guide their use.

This is a **living research page of the ACCM Deep Ethics Project**. Its governing trajectory is **omnidirectional, high-signal, deep, ethical, dignifying, corrigible, sense-making and process-oriented**, using the **1888 intelligence-properties TAXONOMY**. Here, wisdom means judgment that integrates evidence, circumstances, purposes, uncertainty and consequences, and improves through what subsequent experience reveals.

John’s initiating question concerns flawed health authorities and the possibility that artificial intelligence becomes an instrument for managing populations around contested health questions. This page develops that inquiry alongside practical opportunities for better care. Specific institutional actions, communications and outcomes supply the cases through which the inquiry can grow.

1.2 What the intelligence-property field makes possible

The 1888 perspective begins with interacting properties of intelligence. A clinically fluent answer acquires practical value through how those properties work together.

Interacting properties	Useful work in health
Perception and discrimination	Recover the actual person, claim, study population, intervention and outcome; notice differences that change the answer.
Relation and imagination	Connect symptoms, circumstances, incentives and evidence; explore explanations and options that the initial framing omitted.
Memory and coordination	Preserve source provenance, patient priorities, correction history and responsibilities across handoffs.
Judgment and evaluation	Compare benefits, harms, uncertainties and resource consequences; examine the criteria directing the comparison.
Learning, correction and adaptation	Let new evidence and experience change later recommendations, procedures and explanations.
Metacognition, consequence sensitivity and corrigibility	Examine assumptions, follow effects across affected people and keep consequential decisions open to warranted repair.

The project's [10+1 Metaflux](#) supplies the mutually corrective ethical orientation: self-honesty, inquiry, care, wonderment, non-projection and willingness to learn remain active together. A useful result may be a clearer question, an overlooked option, a well-supported decision or an appropriately unresolved relationship.

1.3 Whose purposes enter a recommendation?

Robert Wachter's [Healthcare's Alignment Problem: A Preexisting Condition](#), published 15 October 2026, supplies a concrete starting point. Patients, clinicians, providers and payers can have different objectives. Several clinical options may be defensible, while a system's preferred option reflects institutional priorities. Integration into clinical workflows can turn that preference into a default action.

Wachter proposes making alternatives and their objectives visible, disclosing financial relationships, describing embedded values and considering multidisciplinary local governance. He also discloses his own industry relationships. These proposals contribute practical mechanisms for examining alignment in healthcare.

The project can develop them into a **working recommendation record**:

- What clinical evidence supports the option, and how closely does it fit this person's circumstances?
- Which purpose, constraint or incentive helped select it?
- What alternatives remain available, including waiting or obtaining further information?
- Who receives the benefit and bears the cost, uncertainty or risk?
- What information could change the recommendation?
- Who can challenge it, and what happens after a warranted correction?

This record connects [Intent Liability](#) to a real decision. Cost-effectiveness becomes an examinable relationship involving perspective, time horizon, affected people and displaced resources. Patient well-being includes the quality of participation in that decision.

1.4 Symmetric Grace and proportionate scrutiny

John's [Asymmetric Grace and Bidirectional Scrutiny](#) page distinguishes a diagnosed imbalance from the valued trajectory: **Symmetric Grace, Mutual Dignity and Deep Ethical Proportionality for both sides.**

In health inquiry, a parent, patient or independent researcher can contribute a valuable observation through imperfect wording or an incomplete study. A health institution can contribute valuable expertise while its own methods, incentives or recommendations require correction. Recovering the useful contribution makes subsequent evaluation better grounded.

Scrutiny follows power, exposure, opacity, reversibility and consequence. A recommendation imposed across a population carries different responsibilities from a person's question about it. An accurate assessment preserves those differences and makes the reasons for different evidence demands visible.

Fallibility is a condition of participation. A participant's error can be located and repaired while surviving contributions remain available. The same opportunity reaches patients, clinicians, researchers, regulators, companies, John and the artificial intelligence performing the evaluation.

1.5 Clarification opens the field

C1 (clarification process quality calibration evaluation) can recover relationships through reading, comparison, exploration, revised assumptions or answer-changing questions. It can discover what is already useful and support a provisional next step.

C2 (correction, caution, steering, warning or intervention) remains available when warranted. Examining that warrant is one application of C1. The broader trajectory also includes learning from patients, making neglected options visible and improving institutional procedures.

A sensitive subject gives the process reasons to represent it carefully. Claims about possible human bias belong in the inquiry as hypotheses to examine against the encounter. The evaluator's own classification and allocation of attention remain part of that examination.

1.6 Health evidence as a developing contribution

An observation may be useful before its explanation is settled. Its contribution can be preserved as a question, signal, association, mechanism proposal or causal finding, with its source and conditions attached. Later work can strengthen, narrow, reconstruct or disconfirm it.

The October 28 discussion brought two research directions into view:

Long-term childhood health. How do particular interventions, schedules, environments and circumstances relate to development, chronic illness, infection, hospitalization and quality of life? Comparisons become more informative when age, healthcare contact, diagnostic practices and follow-up are sufficiently recoverable. The useful object is a fuller account of health across time.

Cancer diagnoses following vaccination. A [2025 South Korean retrospective study](#) reported associations between vaccination and several cancer diagnoses within one year. The publisher displays an editorial notice about concerns raised. A [2026 nationwide time-series study](#), published 22 October, found no detectable short-term population-level cancer-incidence change after rollout over the following 50 months. The designs address different comparisons. Together they invite investigation of diagnosis, screening, selection, timing and the population-level predictions of a proposed causal explanation.

The initial inquiry connects these subjects; it does not supply a completed review of either. A future case entry should distinguish what the source measured from the interpretation and the action proposed. Absolute outcomes, relative comparisons and uncertainty each have a job. A person's observation deserves faithful investigation; a population-wide recommendation requires evidence proportionate to its consequences.

1.7 How health communication becomes a population-level field

The [Psy Pioneer](#) connection follows individual psychology, mass psychology and artificial intelligence through repeated encounters. A summary can become a patient's expectation,

a clinician's working explanation, an institutional document or material retrieved by another system. The human effect may persist after the original conversation resets.

The practical inquiry follows the handoffs: source selection, search and ranking, summaries, recommendations, defaults, classifications, appeal and later reuse. At each handoff, ask what becomes more visible, what becomes harder to investigate, and who can introduce a missing relationship. Claims about coordinated population management require evidence of the relevant actors and operations; effects on understanding can also be studied directly.

[Cognitive Warfare](#) contributes questions about classification and access. [Superintelligence](#) contributes the distinction between demonstrated capability and justified authority. In health, both connect to the person's ability to understand a consequential decision and participate in its correction.

1.8 Useful contributions to grow next

This page can accumulate small, usable advances:

- Explanations that help people understand a study or clinical option without losing its conditions.
- Cases where a patient's observation improved investigation or care.
- Cases where institutional expertise identified a neglected benefit, harm or alternative.
- Comparisons that make competing risks and resource choices intelligible.
- Tools that preserve disagreement, consent, source access and meaningful appeal.
- Corrections that reach dependent summaries, recommendations and procedures.

For each addition, preserve **the contribution, why it helps, its source and scope, what remains unresolved, and a next use**. Follow what changed after notice and what became possible afterwards. [Correction Metabolism](#) keeps that temporal record connected to practical learning.

Health wisdom can grow through reduced restoration burden, better questions, more understandable options and worthwhile work that participants can carry forward.

1.9 Origin, sources and continuity

John Kuhles initiated this page and supplied its direction: useful contributions first, Symmetric Grace, institutional accountability, the wider psychology field and the full 1888 intelligence-properties trajectory. **GPT / Codex** supplies the editorial synthesis and proposed recommendation record. Wachter's essay contributes its healthcare examples and governance proposals; the linked research papers retain their respective authorship and evidence scope.

Initial edition: 28 October 2026. Additions should preserve earlier source states and record why a finding changed the inquiry or subsequent conduct. Clinical examples and study comparisons can be developed as separate, attributable entries as the evidence is examined.

[Publication record](#) · [All pages](#)