The Social Responsibility of Clinicians
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Ladies and gentlemen, I am humbled to be with you today to accept the Fundacion Donabedian International award. Though I studied literature, philosophy and history as a young man, I chose medicine as a profession after traveling across Eurasia and witnessing vast oceans of human need.

I practiced cardiology in the rarified halls of Harvard as well as in the wards of a community hospital and in both places, I cherished the privilege of helping another human being with my knowledge, training, and experience. My work promoting Right Care and the social responsibility of hospitals arises naturally out that career, so it is very gratifying to receive this award today and I thank you for the honor.

Avedis Donabedian said: "Healthcare is a sacred mission, a moral enterprise and a scientific enterprise, but not fundamentally a commercial one". And of course, most famously, he said: "ultimately the secret of quality is love".

Across the millennia a shaman accompanied us whenever we had an illness, whether serious or minor, reminding us of our frailty and transience in this world. Healers have always been honored – for healing if successful, but mostly for being present as a trusted companion on an unwelcome journey.

It is no wonder then, that ancient hospitals in Egypt, India, Greece, and Rome were associated with temples. Throughout our history as a species, we have been accompanied by our inventions and tools. The invention of the modern hospital with its teaching rounds, specialty clinics and certification examinations happened in Baghdad in the 9th century before spreading over a thousand years later to Europe, and now to the entire world.   In the 20th Century even as the number of hospitals and beds declined, there was more and more intensification of technology, complexity, and cost.

The division of labor that Max Weber celebrated for bringing rationality to society has been, for health care, both a blessing and a curse. Though we benefit from innovation and focused expertise, specialization leads us to know more and more about less and less, and has led to a cult of scientism where technology too easily substitutes for caring and eclipses the human being seeking the care.

About a decade ago, it became clear to me and a band of other doctors, nurses and patients in the Right Care Alliance that the health care system was failing far too many people. Care has become transactional and the relationships at its heart feel corrupted.

On its face, I have to admit that Right Care is a utopian vision and a challenge. Achieving it requires us to do everything everywhere all at once. In more technical terms, it requires mapping multiple probability distributions in a multidimensional space.

For example, defining the appropriate care requires the clinician to identify -- for the specific patient in front of them -- the optimal point on the probability curve of net benefit or harm. That, in turn, requires knowledge of the evidence and its limits. Today, checklists of inappropriate tests and procedures have mushroomed beyond any ability to remember them. But that is merely the beginning. Patient preferences and life situations vary greatly and have their own population distribution. If we add the distributions of

various treatment options and their costs and carbon footprints, the calculus of the Right Care for just a single patient can be difficult indeed.

Similarly, social responsibility requires hospitals to excel in many areas -- not just mortality or readmissions but also in things that matter to patients, such as a return to work and family, to sports and leisure. That's why the Lown Hospitals Index measures community investments, patient safety, unnecessary care, inclusion of marginalized people, and income inequality within hospitals.

Providing the Right Care for all in a socially responsible system requires a reconciliation of technical methods with the central human responsibility of caring. Of course, trade-offs are unavoidable, but currently, mechanisms for setting priorities rely largely on technocratic decision-making while democratic inputs are weak and risk political alienation. Whether we are ready or not, today many streams are swirling together into a powerful current that is carrying us towards a decisive precipice.

In the past few months, the world has become aware that we are entering a new age of artificial intelligence which will disrupt everything. It poses existential risks for human survival, but it also enables us to reimagine society, including the architecture of caring.

Intelligent machines could unburden us of the tedious calculations of clinical effectiveness and cost utilities. More than that, they could democratize expertise and radically reduce the division of labor between knowledge workers and manual ones. Most importantly, they offer the promise of democratizing healthcare policy itself by helping non-specialists understand complex issues, set priorities and make trade-offs.

But the barriers are enormous. AI models trained on backward-looking datasets will reproduce biases and reinforce obsolete paradigms. The massive capital required increases the risk of monopolies of the few. Critically, machines have no values; they do not care about people. It is therefore urgent that all of us engage in a debate on the role of AI in reshaping health care.

That debate is crucial, because out of massive technical complexities the simplicity of the human moral compass could yet re-emerge. There is a yearning worldwide for this because people want to escape the cul-de-sac of a sterile modernity and return to a geography of connection and of solidarity -- solidarity with each other and with the natural world.

If we fail, we may become the tools of our tools and turn machine intelligence into the enemy of human freedom. If we succeed, we may create the space for all health workers to focus their energies on Right Care for their patients. Freed from the burden of repetition, we could enjoy a future of radical fulfilment and a democracy of knowledge that enables a democracy of health.

If we can imagine such a future we can create it -- a world that allows us to return to our roles as shamans in a digital village, free to focus on the things that matter most: warmth, empathy, and profound human presence that can overcome the angst of the clinical moment.

Once again, I thank you very much for this award!