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Editor's Introduction

It was recently announced that China has launched the world's first AI-powered hospital, the "Agent Hospital", designed and developed by Tsinghua University in Beijing. The facility has 14 AI doctors and four virtual nurses capable of providing the most advanced healthcare solutions. In fact, it is expected that AI doctors will be able to diagnose and treat a very large number of patients in a much shorter time than human doctors: it is estimated that they can treat up to 3,000 patients per day. This is a real step forward in medical technology, leading to greater efficiency in the healthcare sector and even greater precision in the prevention and treatment of diseases, as AI doctors have already demonstrated an accuracy rate of over 93% in medical examinations, raising the standards of success.

Faced with these figures, one can only be stunned and speechless: such performance in diagnostics and improvements in care, both in terms of speed of intervention and reduced margins of error – at least according to the figures touted – cannot fail to impress those who face the daily inconveniences of a healthcare system that is unable to cover even the most basic emergencies and is struggling to keep up with an ever-increasing number of patients with chronic or incurable diseases, including a growing segment of the population that is increasingly elderly and alone, and therefore in need of specialized care and assistance. Care that is up to the task and not just entrusted to the "good hearts" of family members, who are often exhausted by a task that should also require adequate training and, above all, a virtuous exercise in patience and closeness.

And, ultimately, in the face of greater efficiency and speed, we may also accept giving up something, such as doctors and nurses, who are sometimes irritated and tired from their enormous workload, or caregivers, who are often foreigners and have to improvise in dealing with a burden of suffering that is difficult to bear and a cultural and linguistic gap that cannot always be overcome.

Yet, despite these considerations, one cannot help but wonder what remains of care when contact, closeness, and trusting relationships between two or more people, or the weaving of bonds through patience and slowness, especially between caregivers and the elderly, are considered outdated or eliminable in the name of excellent "smart" performance. Even if asking this question runs the risk of making us seem anachronistic and out of touch.

Having lived for some time in a digital environment, such as that constituted by the network of information and communication technologies (ICT) and artificial intelligence (AI), in which we now move with a certain naturalness, we have not realized how deeply we have been shaped by it, to the point of becoming agitated if we are not online or accepting that every interpersonal relationship and interaction passes through these systems, including the particular and delicate ones that are established in caregiving relationships.

Of course, it is difficult to deny the advantages that every advance and innovation brings, especially in the healthcare sector, where life expectancy and therapeutic success have increased significantly over time. In fact, without considering the futuristic aspects that China presents us with, it is true that digital technology offers new advantages, even if it eliminates some established practices: for example, it allows doctors to visit patients remotely, even if it prevents patients from being in physical contact with their doctors; it allows continuous monitoring of patients' vital signs, even if it sometimes becomes complicated to share these parameters with other

doctors or with the patients themselves; or when, in the near future, the use of social robots or care robots may prevent family or foreign caregivers from suffering from burnout caused by overwork with frail patients, even if it could in fact make these people increasingly lonely. This sector of social robotics is increasingly in turmoil, allowing on the one hand the possibility of having assistants who are always available and never tired, always smiling, but who over time could make patients, especially the elderly, less and less independent, if it is true that in order to maintain a degree of independence in people who are so advanced in years, or disabled people, stimulation that comes from a "human touch" is needed.

This means that, although the range of knowledge is increasing, along with intervention capabilities and treatment tools, this does not mean supporting an "irrelevance in the presence" of those who are called upon to know how to use that knowledge and those tools well.

The philosopher Karl Jaspers observed, following his psychiatric experience, that "only the doctor who relates to individual patients fulfills the authentic medical profession. The others practice an honest trade, but they are not doctors. [...]" (Jaspers 1991: 50). In other words, only those doctors who take the time to interact with their patients can fulfill their duty, which is to build a relationship in order to find together the tools necessary to cope with suffering.

Jaspers' words serve as a warning even today, reminding us that being in a caring relationship for doctors, nurses, and caregivers means devoting attention and listening to those who first and foremost need to overcome loneliness and feelings of abandonment, because the exponential increase in digital tools and technologies corresponds to a progressive decrease in communication skills – as in the virtual world in which we happen to live – and in that tool, empathy, which Jaspers argued was indispensable in caregiving relationships. Empathy with which to relate to the experience of fear, suffering,

helplessness, and loneliness that one feels when ill; empathy with which to acknowledge the limits of one's role as a doctor, called to treat but not always to heal, as a caregiver called to alleviate suffering that cannot be avoided, as a nurse called to support relationships in an increasingly congested healthcare system.

Of course, this does not mean criticizing the technology we are immersed in, but simply evaluating and considering what we are willing to lose – irretrievably – in order to achieve greater efficiency, or how much the world of work is moving toward an excessive emphasis on performance and performance standards at the expense of the quality of human relationships, as we are reminded by what is happening in China.

If it is true that care involves the possibility of healing, but also the suffering of a body that experiences limits and passivity, it is clear that technology helps and supports, because it makes us feel less alone in the face of an art, that of healing, which continually has to deal with its own limitations and possible failures. That is why reflecting on how technology and the digital revolution are changing us is also an opportunity to reflect on how this is changing our relationship with the sense of limitation and fragility. While on the one hand it makes it seem less gloomy and dark, on the other hand it sometimes also slows down our perception of who we are.

Of course, this does not mean that change is inherently negative: technological development is neither positive nor negative in itself, but this does not mean that it is neutral.

Like all innovations, it opens up and enables new possibilities, and it is precisely in relation to these new possibilities that we must continually subject it to the scrutiny of "our humanity", i.e., evaluate the use and application of technology, knowing that a certain "character of technology" always changes us, not only by enhancing our skills and abilities, but sometimes by weakening others. Technology

structures new ways of relating and new forms of organizing our existence, changing relationships in care environments.

In short, the introduction of new technologies is not neutral in terms of the changes it causes, the changing human condition, which is increasingly techno-human, and the innovations in healthcare structures and care relationships, thanks to digitalization and new forms of care, diagnosis, and treatment, which ultimately also change the perception that patients have of their illness, their health, and their changing bodies. Understanding this is essential, not to demonize, but to ask ourselves how, by using new technological tools, we can and must remain authentically human.

Perhaps one of these ways is that, in the face of epochal changes – caused by the fourth revolution, as Floridi defines it, in which we are immersed – new and radical questions arise: what remains of a care relationship when it is increasingly entrusted to a machine that is almost human in its ways and ability to adapt to the interlocutor? What happens to the doctor when he or she renounces the proximity of touch? What happens to all of us when we allow ourselves to be transformed by what is happening? What are the anthropological changes?

The contributions presented here attempt to answer these questions, providing opportunities to reflect on how the concept of care is changing with care robots (Maria Caterina Salvini); how the figure of the surgeon changes when the "touch" is renounced thanks to increasingly sophisticated technologies (Denis Chiriac); or what happens to the traditional concept of soul and body within the new digital contexts and the "virtual world" produced by Artificial Intelligence (Michele Sità).

These reflections are prompted by philosophical tension, when we train ourselves to ask questions, to raise issues in order to resist and counteract those typically human habits which are: addiction to

what happens, apathy that sets in when we give up thinking differently about the structure in which we move, abdication from seeking meaningful relationships in all the environments in which we happen to live, especially if those places are ones that welcome pain and suffering.

In short, resisting those habits that do not encourage us to reflect on the greatness of human beings, when they constantly create new and amazing technological tools, but also on their inherent finitude, thanks to which they not only ponder the possible experience of limitation but also the way in which not to "shipwreck" because of this limitation, cultivating curiosity towards the unthinkable, tension towards those around us and care for all those good practices that continually restore the "meaning" of humanity, also and in collaboration with autonomous artificial agents and increasingly sophisticated technological tools.

Giovanna Costanzo

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