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Family Medicine

NARRATIVE ESSAY

What AI Still Misses in Family Medicine

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"Medicine is often about what isn't said." Dr Rubino offered that line early in my training, and it returned to me during my first clinical rotation. I followed a family physician into an exam room to see an older woman scheduled for "fatigue." The note was brief. I expected a quick review of labs and medications. Instead, the physician simply sat. We waited.

After a long silence, the woman whispered, "I haven't spoken to anyone in three days."

I was struck by the pause, the patience, and the way the room held that heavy truth. No prompt in the electronic record flagged loneliness, and no AI-generated suggestion appeared to guide the interaction. In that quiet moment, I saw what family medicine could offer: deep, attentive presence. Family medicine is uniquely built for this kind of care. It is longitudinal, rooted in relationships, and attentive to the contexts of patients' lives, not just their symptoms. This continuity creates space for what is unspoken to emerge and be explored.

As a medical student training at a time when AI and digital tools shape nearly every corner of my life, I often feel pulled in two directions. I see both the promise and the risk. AI can support documentation, identify patterns, and flag gaps in care. But it can also pull attention away from the slower moments where meaning often emerges.

One of my mentors, Dr Rubino, has practiced family medicine for over 30 years. She has seen the shift from paper charts to computers and from solo practice to team-based care. Yet what she values most remains unchanged: knowing her patients' stories. Over time, I've found that my instincts are beginning to mirror hers. Where I once looked for answers in prompts and checklists, I now find myself paying closer attention to what is missing.

She once described caring for a woman who came in with headaches. The exam revealed little, but the conversation revealed everything: the patient had been evicted, her life suddenly upended. She reminded me that what matters most is often what goes unspoken.

Dr Rubino is not opposed to AI. She sees AI's potential for clinical decision support, reminders, and tools that flag high-risk patients.

Her concern is subtler, observing the slow erosion of connection, the tendency to reduce people to patterns. What I am beginning to understand is that these concerns are connected. When we reduce patients to patterns, we risk eroding the very connections that allow us to know their stories. And without those stories, clinical care becomes efficient, but incomplete.

For many of her patients, the exam room is one of the few places they feel truly seen. As screens multiply and algorithms nudge us toward the next task, she worries we may forget how to sit with discomfort and listen for the unscripted needs that no model can detect.

AI is embedded in nearly every part of my training—scheduling, charting, clinical prompts—shaping how I think and move through the day. Early on, I relied heavily on digital guidance. But the more time I spent with patients, the clearer it became that the elements of care that stay with people are rarely the ones that can be coded.

I saw this again in smaller ways—with patients whose concerns only surfaced after silence, not after questioning. These moments taught me more than any algorithm. Presence—real, human presence—cannot be automated. If AI is to be useful, it should create more room for these moments, not compete with them.

Dr Rubino and I often talk about the future of medicine. We share hopes that AI will relieve some of the burdens that crowd out connection: documentation, busywork, the ticking clock. But we are wary. Models trained on limited data can miss the full story or widen disparities for those already marginalized.

We both believe the art of medicine is not in the algorithm but in the relationship. AI can highlight trends, suggest diagnoses, and support logistics, but it cannot know the quiet courage of a patient or the meaning of a physician's presence in moments of fear.

My mentor offers the wisdom of experience; I bring questions from a world saturated with technology. In the space between these perspectives, I find hope for where family medicine can go.

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