

Clinical bioethics, rheumatology and artificial intelligence

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Editorial

Medical practice has undergone extraordinary changes in recent decades. The communications revolution, which began in the 1990s, brought about a paradigm shift in the doctor-patient relationship. Rheumatology is one of the most recent medical specialties, the practice of which began with the discovery of the LE cell, rheumatoid factor, and the use of corticosteroids in autoimmune diseases in the late 1950s.

In clinical medicine, and particularly in rheumatology, an appropriate and caring doctor-patient relationship has an enormous impact on the quality of care for people who are currently ill. The spread and use of Artificial Intelligence (AI)—and, in particular, the launch of the ChatGPT platform in 2023—demonstrate that technological innovations are likely to occur at an unimaginable pace in the coming years and must be urgently subjected to broad discussion and reflection; in my view, this must necessarily be done in light of bioethics.

In a recent publication, Gracia¹ philosophically discusses the concept of intelligence and asks: “Is the term ‘Artificial Intelligence’ correct? What exactly does it mean? Do we know exactly what we’re talking about?”

The Spanish bioethicist explains that the concept of intelligence has traditionally been based on Greek philosophy. Aristotle defined human beings—unlike other living animals—as animals endowed with logos, that is, with reason and speech, which distinguishes them from all other animals.

A few decades ago, the science that studies animal behavior began to speak of “animal intelligence,” a concept that was incomprehensible in light of traditional Aristotelian concepts. Even more recent is the term “artificial intelligence,” which has been used since the emergence and development of computing.

And ever since Turing², there has been a fundamental question that has sparked countless debates: “Is it possible to speak of intelligence in relation to machines?”

According to the Greek concept, obviously not. But considering current concepts that define intelligence as the “ability to process information,” the answer is clearly yes.

Furthermore, according to Gracia¹, it is quite clear that machines are not aware of what they do, nor can they be held responsible for their actions. It does not appear that machines have a sense of duty. Might they acquire it at some point? We do not know, but we also cannot completely rule out that possibility.

What seems certain is that AI promises to be one of the greatest technological revolutions in the entire history of humanity and that it will profoundly transform the life of our society.

In the pragmatic context of AI use, Paulo Neto³ argues that:

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“The development of cognitive technologies and the use of robots in medical care may widen the relational gap between healthcare professionals and patients. In light of this, bioethical reflection is essential to finding the most appropriate path for integrating the benefits of digital technologies into healthcare, ensuring ethical care.”

In times of uncertainty and cognitive technological evolution, Bobbio⁴ reflects on a fundamental aspect of current medical practice:

“In recent decades, medicine, swept along by technological development, has embarked on the path of science, renouncing its original artistic vocation under the illusion that by measuring, calculating, executing complex statistical algorithms, and exploring the smallest parts of the organism, it would be possible to understand the essence of the human body and alter the fate of each individual.”

Clinical Bioethics, which first emerged in the early 1970s at Georgetown University (USA), is a powerful tool and practice that has gained ground in rheumatology over the past few decades. Given the rapid growth of platforms using AI in medicine, the development and effective implementation of Clinical Bioethics seems to us to be the best path for physicians to effectively carry out what machines will never be able to do: care for human beings through both science and art.⁵

In the field of clinical bioethics, Gracia's⁶ methodology of deliberation should be further discussed and effectively implemented in medical practice.

Gracia⁶ defines deliberation as a rational process of analyzing the reasons for and against a clinical decision. This deliberation is grounded in arguments and data, with the aim of reaching a decision that—while it can never be completely certain—must always be prudent. Prudence is characterized by rational decision-making under conditions of uncertainty. In this context, only a competent human being and professional possesses this capacity.

The development of AI applied to medical practice is an irreversible process, and it seems to us that bioethical reflection is the surest path to addressing the extraordinary technological advances underway at the beginning of this century. More fundamentally, the advent of AI platforms in medical practice should be understood as an excellent tool—perhaps the most revolutionary in the history of medicine—but nothing more than that.

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Conflicts of interest

The authors declare that there are no conflicts of interest.

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