

**RESEARCH
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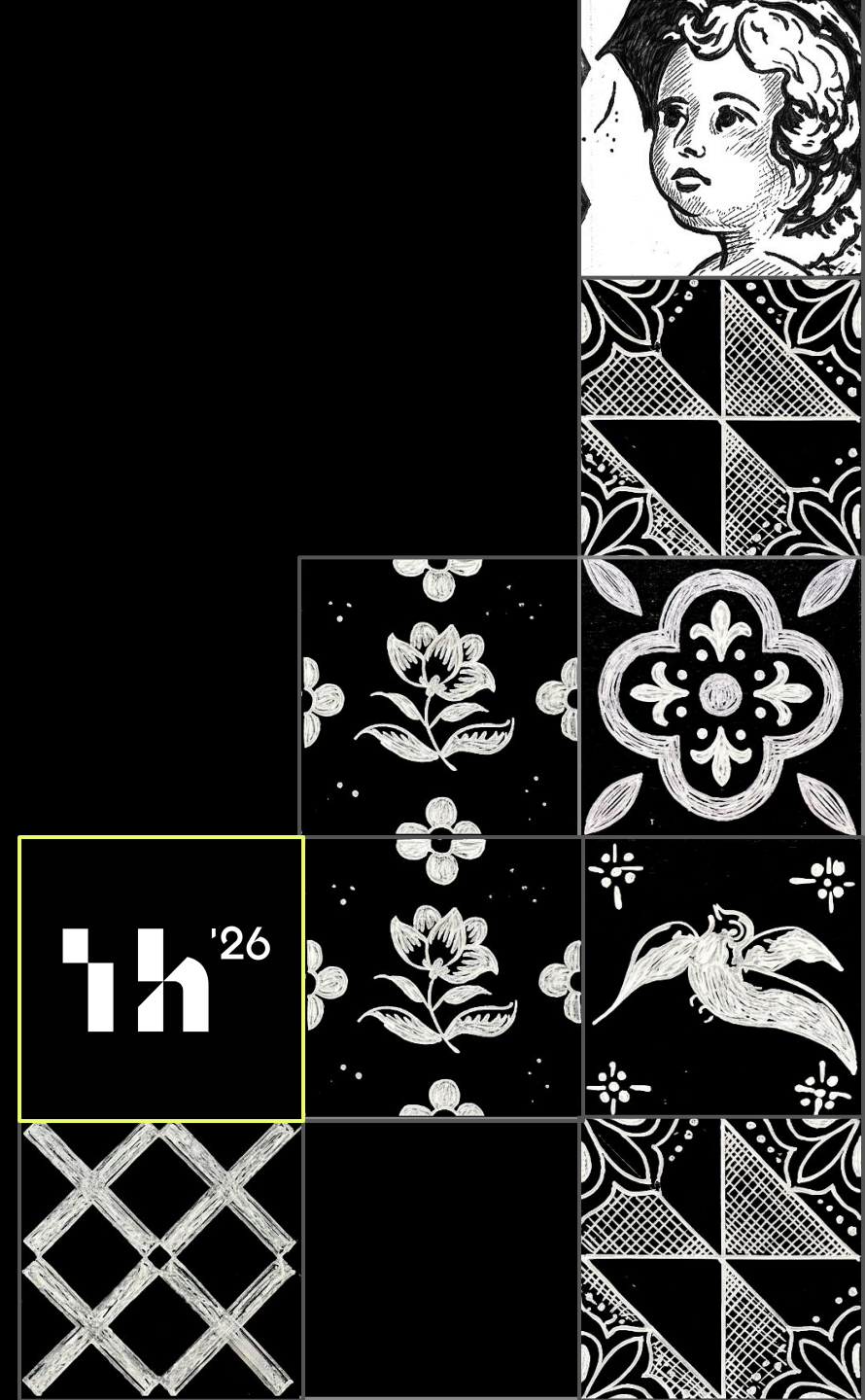
SAME TECHNOLOGY, DIFFERENT MASTER

AI AS LIBERATION TECHNOLOGY

HUGO CAMPOS | AIPATIENTS.ORG

JULY 8, 2026

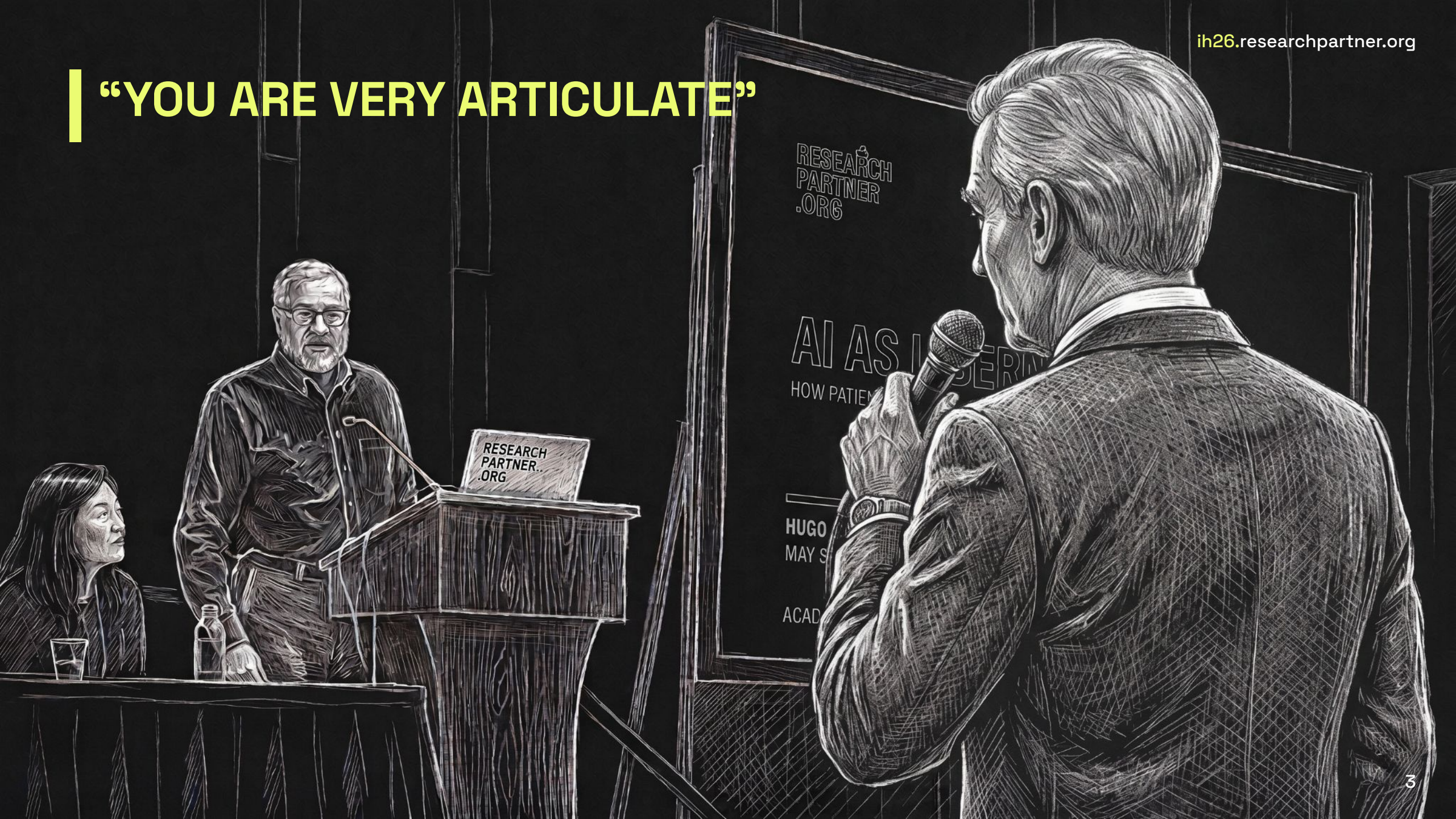
ACM Interactive Health 2026 · Porto, Portugal



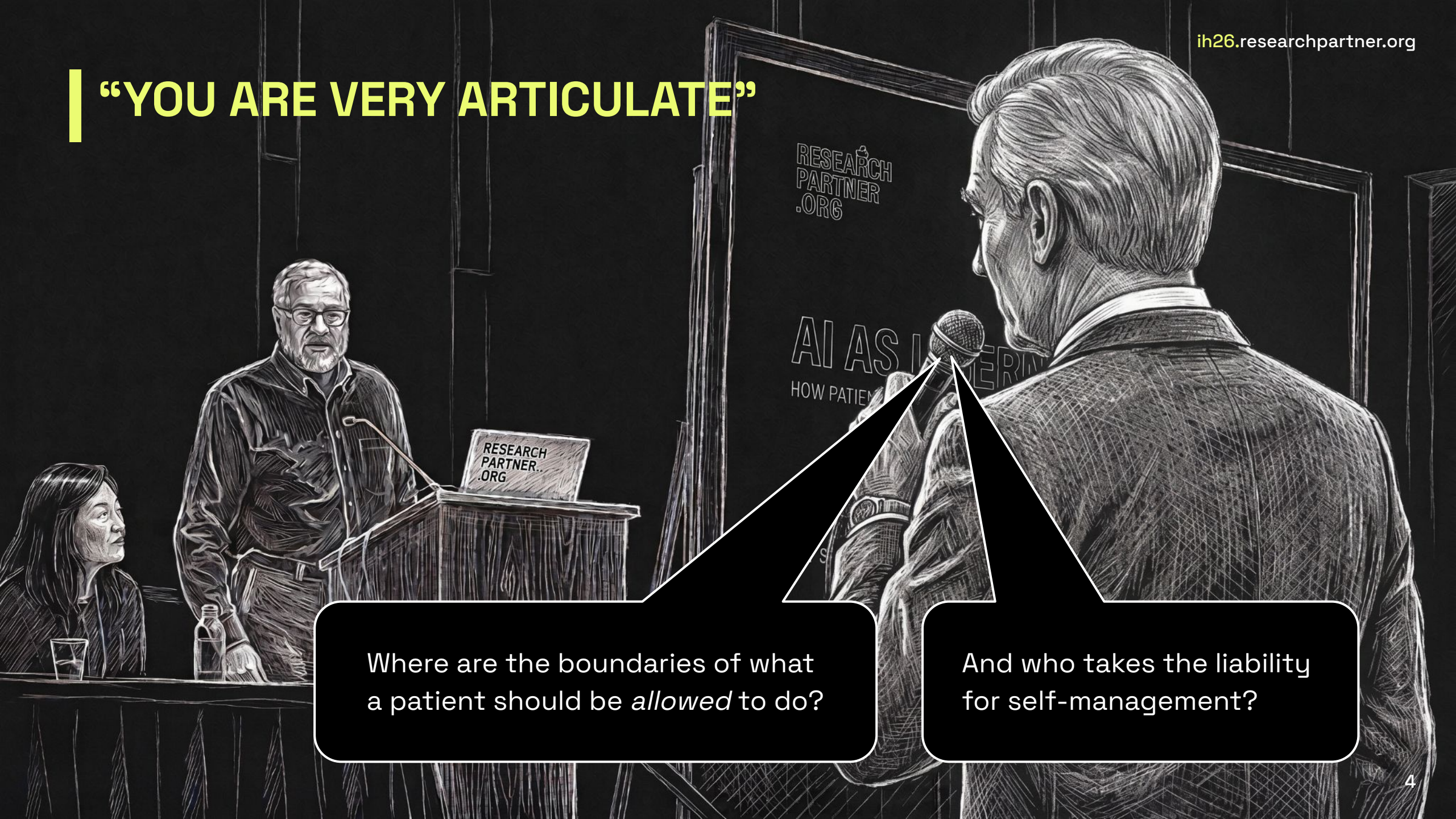
AGENCY

The ability to act on our own behalf without first getting permission

“YOU ARE VERY ARTICULATE”



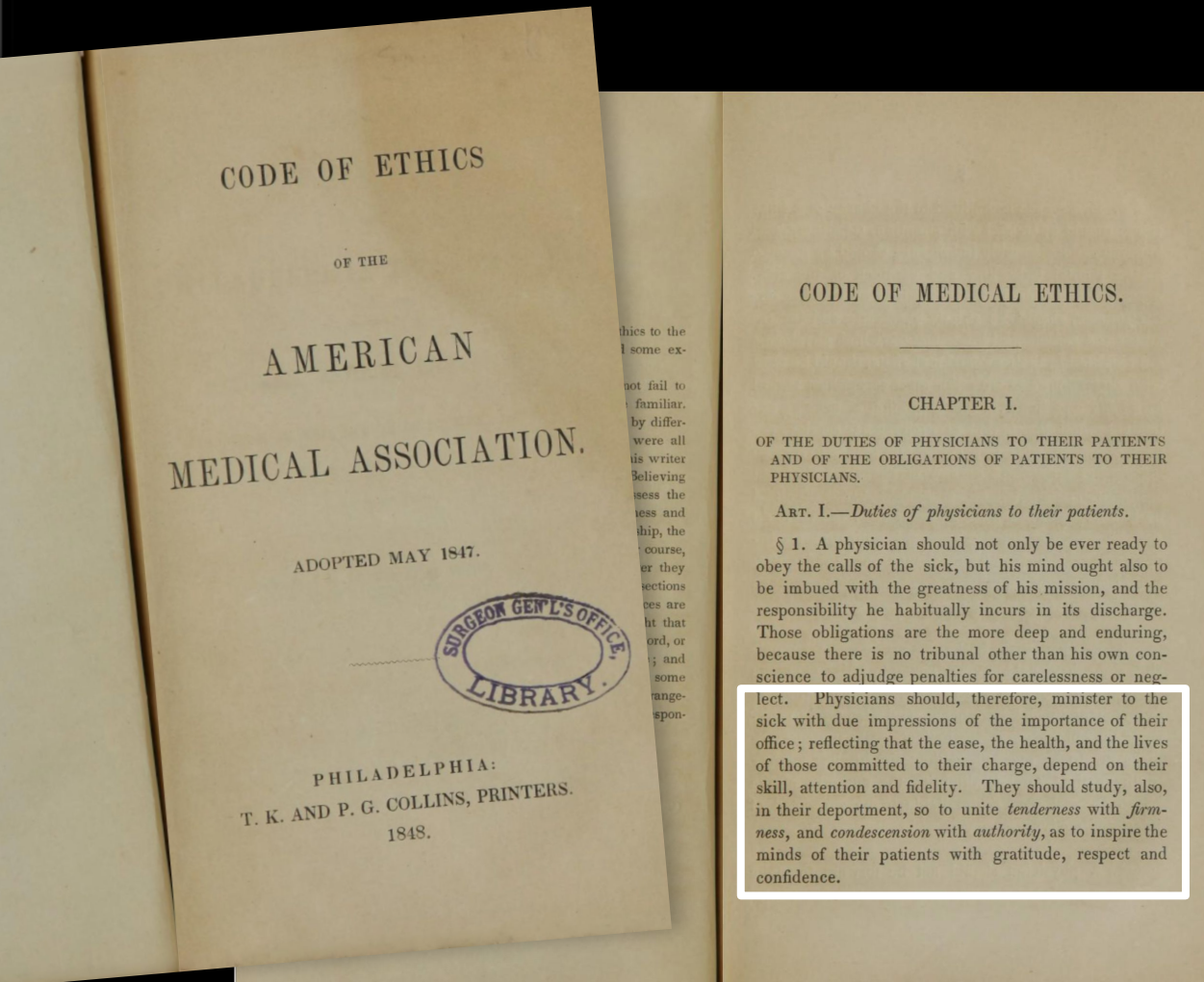
“YOU ARE VERY ARTICULATE”



Where are the boundaries of what a patient should be *allowed* to do?

And who takes the liability for self-management?

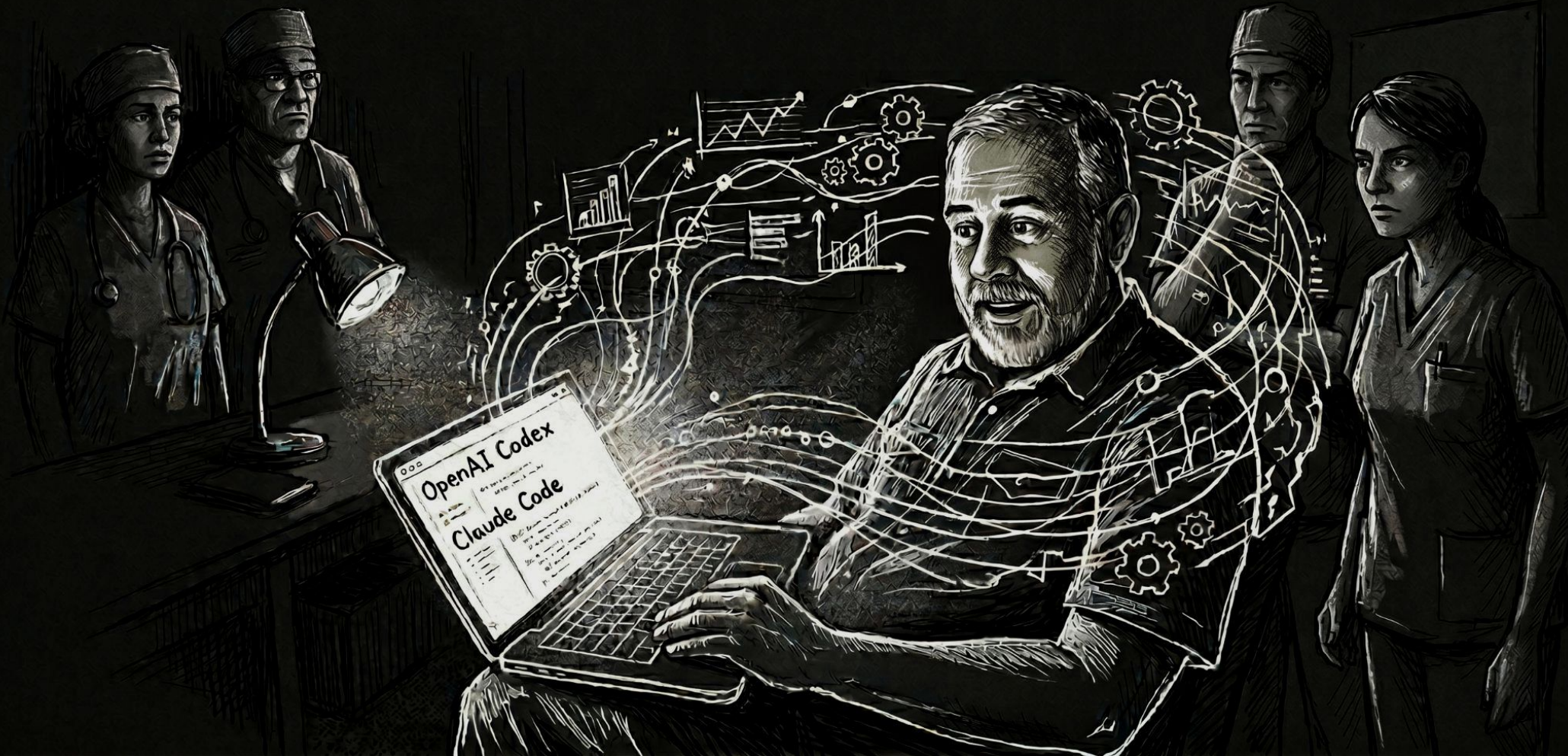
“CONDESCENSION WITH AUTHORITY”



lect. Physicians should, therefore, minister to the sick with due impressions of the importance of their office; reflecting that the ease, the health, and the lives of those committed to their charge, depend on their skill, attention and fidelity. They should study, also, in their department, so to unite tenderness with firmness, and condescension with authority, as to inspire the minds of their patients with gratitude, respect and confidence.

§ 2. Every case committed to the charge of a physician should be treated with attention, steadiness, and humanity. Reasonable indulgence should be granted to the mental imbecility and caprices of the sick. Secrecy and delicacy, when required by peculiar circumstances, should be strictly observed; and the fa-

WE SEE AGENCY, OTHERS SEE RISK. BUT RISK TO WHOM?



THE SPEED OF DESPERATION

“ DOCTORS ADOPT AI AT THE SPEED OF TRUST. PATIENTS ADOPT IT AT THE SPEED OF DESPERATION.”



Sue Sheridan, MIM, MBA, DHL

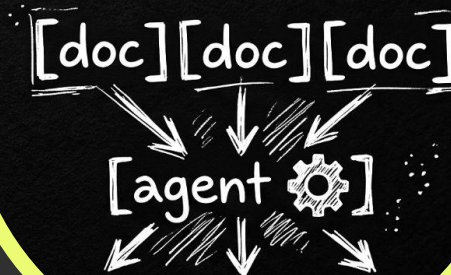
Founding Member/President and CEO, Patients For Patient Safety

FROM ASKING A QUESTION → TO DIRECTING AN AGENT



TWO YEARS AGO

"Sophisticated use" meant uploading a lab result to a chatbot, to get a one-off read.



TODAY

Projects. Notebooks. Skills. Analysis across dozens of docs, through a lens you define.



LIVED EXPERIENCE

- Living with hypertrophic cardiomyopathy
- 18 years with an implantable defibrillator
- Caregiver for my 96-year-old father
- Daily AI user for 3.5 years



CRITICAL AI HEALTH LITERACY AS LIBERATION TECH



Hugo Campos,
CPH Strategic Advisory
Board, UC Berkeley
and UCSF

NATIONAL ACADEMY OF MEDICINE
 Commentary

Critical AI Health Literacy as Liberation Technology: A New Skill for Patient Empowerment

AI and Emerging Technology

Download ↓

AUTHORS
 Hugo Campos
 Liz Salmi

PUBLISHED
 December 8, 2025

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National Academy of Medicine · Critical AI

Introduction

COMMENTARY

Critical AI Health Literacy as Liberation Technology: A New Skill for Patient Empowerment

Hugo Campos, Computational Precision Health Strategic Advisory Board, University of California, Berkeley and University of California, San Francisco; **Liz Salmi, AS,** OpenNotes, Beth Israel Deaconess Medical Center

December 8, 2025

Introduction

Artificial Intelligence (AI) is reshaping health care in ways that affect patients, clinicians, and institutions alike. *Health AI*, as defined in this commentary, encompasses digital tools deployed by health care organizations (e.g., generative AI, ambient scribes, machine learning) as well as tools used independently by patients and their care partners (typically generative AI). In institutional settings, AI is typically deployed to standardize clinical workflows, enforce compliance, manage operational risk, meet financial objectives, and extract value from big data (Allen et al., 2024; Goh et al., 2025; Gonzalez-Smith et al., 2022). For clinicians, AI is framed as a way of reducing administrative burden and improving diagnostic accuracy. Within health care organizations, all staff operate under the constraint of using institutionally approved digital solutions, which may narrow clinicians' discretion, while aligning practice with organizational priorities.

In contrast, patient-directed AI offers new opportunities for personal autonomy and agency that are not constrained by institutional policy. While patients may face barriers such as access, limited digital literacy, and incomplete access to

2025). This commentary explores how AI can evolve from a tool of compliance to one of patient agency, reflection, and liberation, showing how strategic use can sharpen patient reasoning, deepen critical engagement with institutional priorities, and support patients in influencing the systems that shape care, reclaiming ownership of their health narrative.

The Need for Critical AI Health Literacy

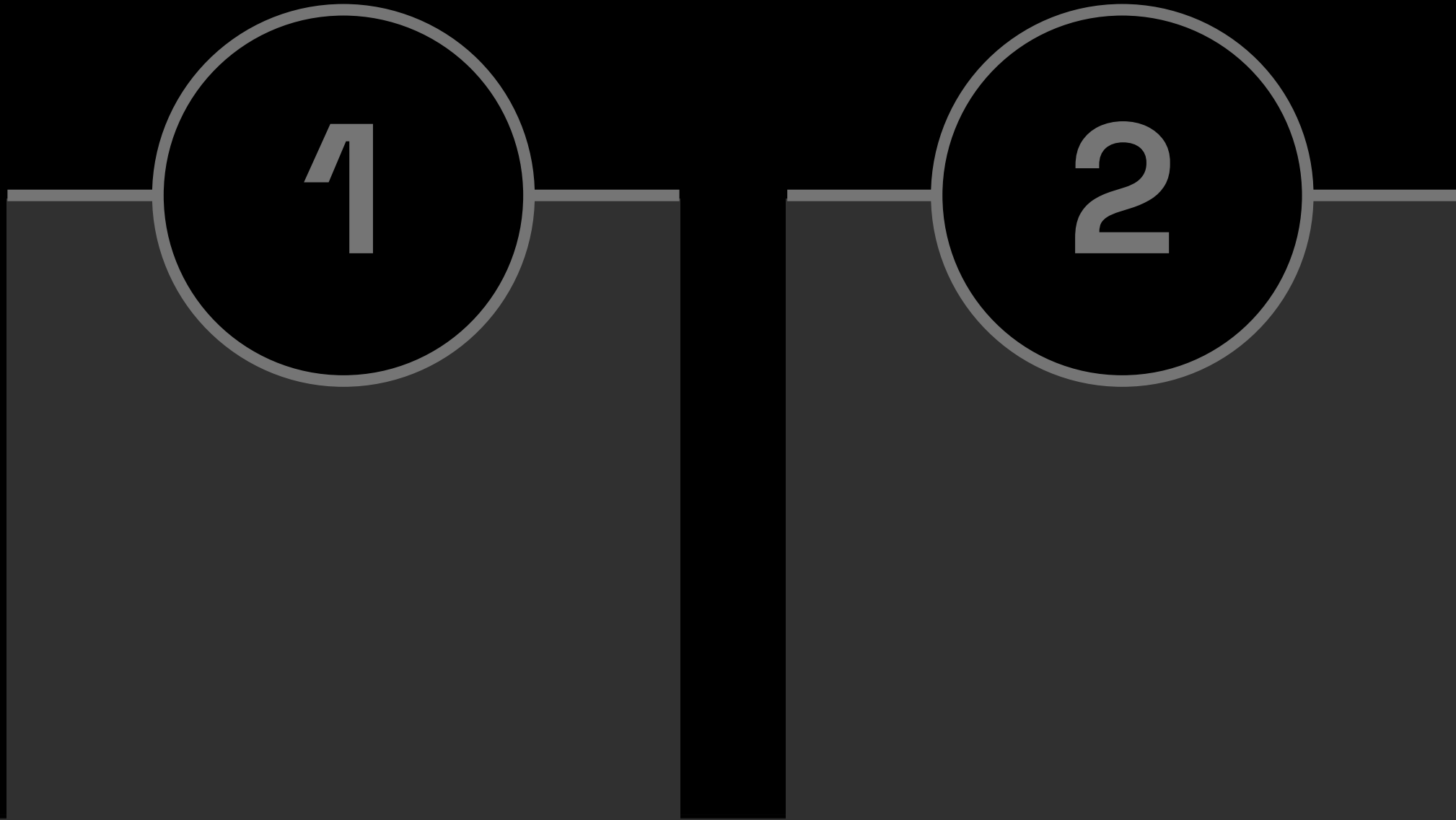
In practice, most Health AI systems serve institutional priorities. Clinicians use tools shaped by operational and compliance requirements, insurers deploy algorithms that flag claims for denial, and hospitals implement triage models that can disadvantage marginalized patients through biased training data (Obermeyer et al., 2019; Robeznieks, 2021; Kelley, 2025). These applications are largely opaque to patients yet directly influence their care.

Patient-directed AI may offer an alternative path that shifts control toward the individual. In this way, patients select their own tools, cross-check recommendations, and explore perspectives institutional systems may overlook. The Patient AI Rights Initiative, an AI governance framework



Liz Salmi, AS, AA
OpenNotes,
Beth Israel Deaconess
Medical Center

A TALE OF TWO AIS



A TALE OF TWO AIS



INSTITUTIONAL AI

Standardize workflows.
Manage operational risk.
Optimize for **REVENUE**.

2

A TALE OF TWO AIS



INSTITUTIONAL AI

Standardize workflows.
Manage operational risk.
Optimize for **REVENUE**.



PATIENT-DIRECTED AI

Personal autonomy.
Unconventional questions.
Tool for **LIBERATION**.

LOCK OR KEY?

THE DIFFERENCE IS WHO IS IN CONTROL



THE TOOL IN YOUR POCKET WINS

nature medicine



Brief Communication

<https://doi.org/10.1038/s41591-026-04431-5>

General-purpose large language models outperform specialized clinical AI tools on medical benchmarks

Received: 1 December 2025

Accepted: 29 April 2026

Published online: 12 June 2026

Check for updates

Krithik Vishwanath^{1,2,3}✉, Anton Alyakin^{1,4,5}, Mrigayu Ghosh^{6,7}, Ali Hage⁸, Sean N. Neifert¹, Cordelia Orillac¹, Nataniel J. Mandelberg¹, Hammad A. Khan¹, Jin Vivian Lee^{1,4,5}, Jie J. Yao⁹, William Robert Small^{10,11,12}, Aakaash Varma^{13,14}, D. Brock Hewitt¹⁵, Yindalon Aphinyanaphongs^{10,12,16}, Daniel Alexander Alber¹¹ & Eric Karl Oermann^{1,5,17,18,19}✉

Specialized clinical artificial intelligence (AI) tools are entering medical practice despite scarce independent evaluation. We quantitatively evaluate two clinical AI tools, OpenEvidence and UpToDate Expert AI, built on large language models (LLMs) against three frontier LLMs: GPT-5.2, Gemini 3.1 Pro and Claude Opus 4.6. Our evaluation has three stages: (1) 500 MedQA questions testing medical knowledge, (2) 500 HealthBench items measuring alignment with clinicians and (3) the real clinical queries (RCQ) benchmark, built from 100 de-identified queries from physicians to a general-purpose language model in a live clinical environment. For the RCQ benchmark, 12 US clinicians performed randomized, blinded review of model outputs, producing 1,800 model-question annotations. Frontier LLMs outperformed clinical AI tools in all three evaluations. Clinical AI tools performed comparably to auto-enabled Google Search AI Overview on the RCQ. These findings highlight the need for independent, real-world evaluation of AI tools before they enter clinical settings.

OpenEvidence[®]

UpToDate
Expert AI



Gemini



Vishwanath, K., Alyakin, A., Ghosh, M. *et al.*
General-purpose large language models outperform
specialized clinical AI tools on medical benchmarks.
Nat Med (2026).
<https://doi.org/10.1038/s41591-026-04431-5>

PATIENT-FACING IS NOT PATIENT-DIRECTED

Does the AI expand or constrain your ability to act on your own behalf without first getting permission?

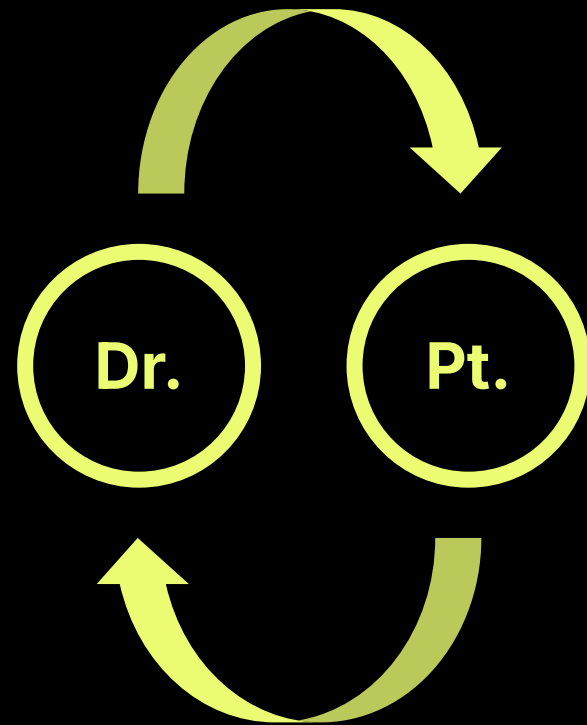
THE AI IS:	POINTS AT YOU?	SERVES YOU?	YOU STEER IT?
Patient-facing	yes	depends	no
Patient-aligned	depends	yes	no
Patient-directed	yes	yes	yes

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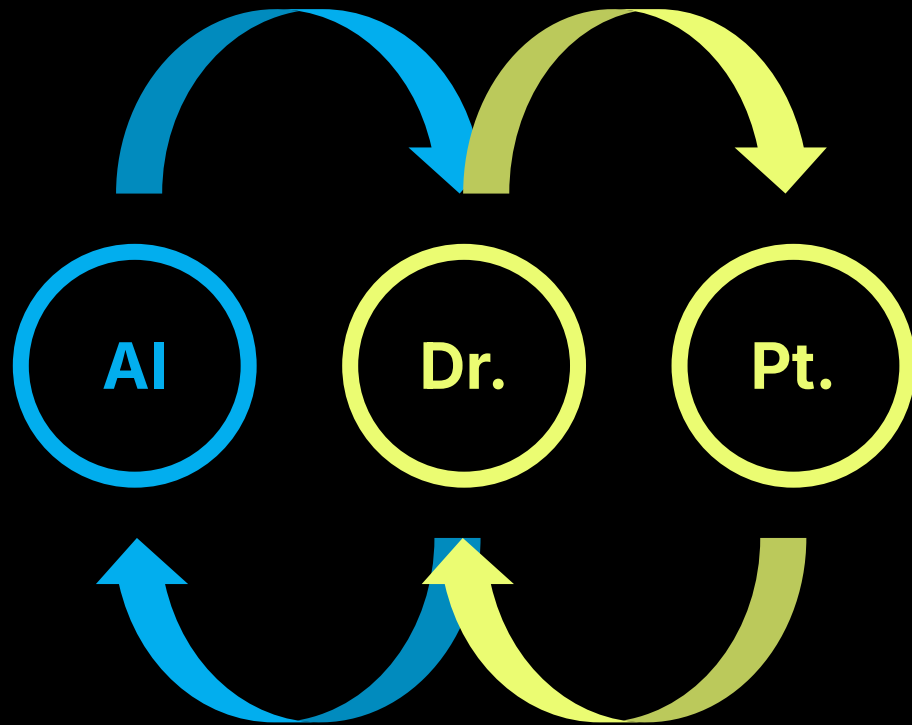
THE DOCTOR-PATIENT DYAD



The doctor had the knowledge,
the tools, and the authority.

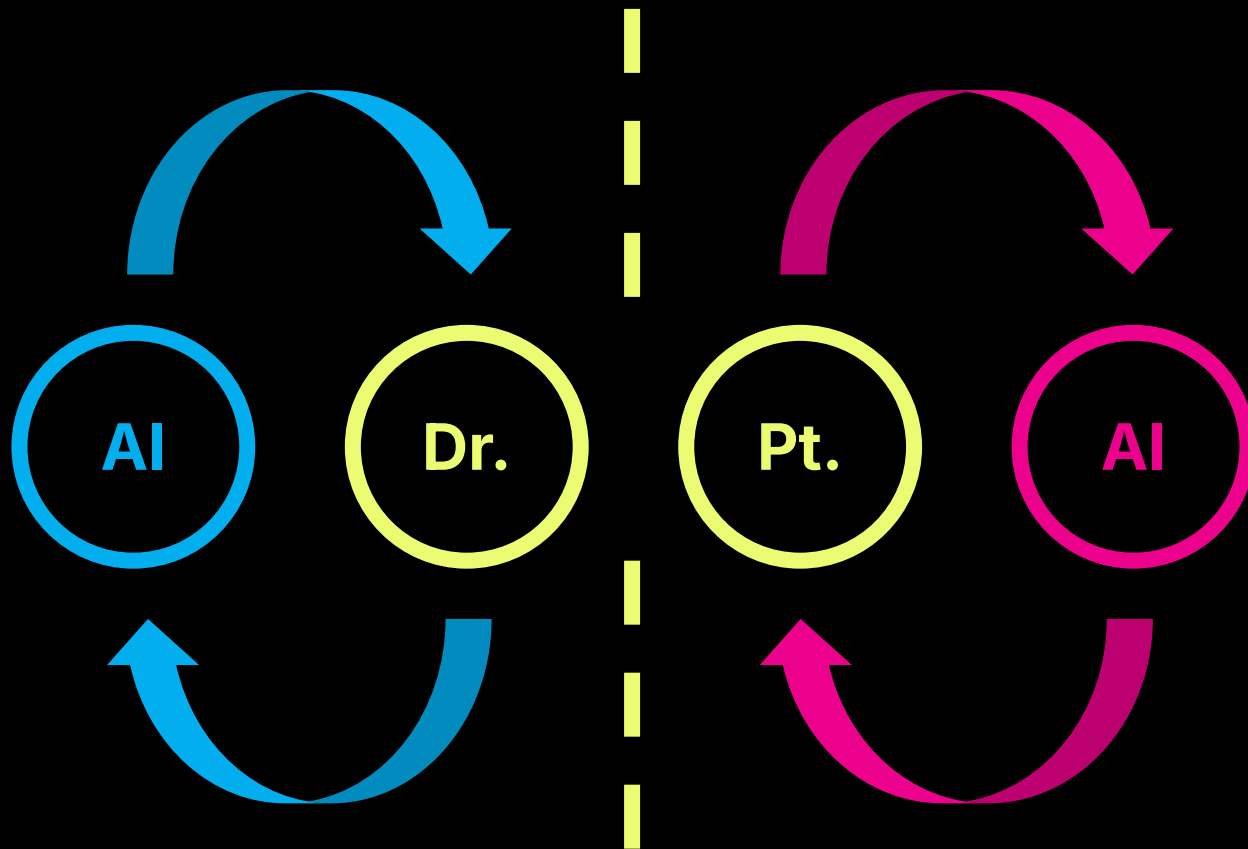
The patient had the story,
the symptoms, and the need.

THE "TRIAD": WHOSE AI IS IN THE ROOM?



The AI is not shared.

TWO SIDES OF THE TABLE



The AI is not shared.
The doctor has institutional tools.
The patient has their own
personal agents.

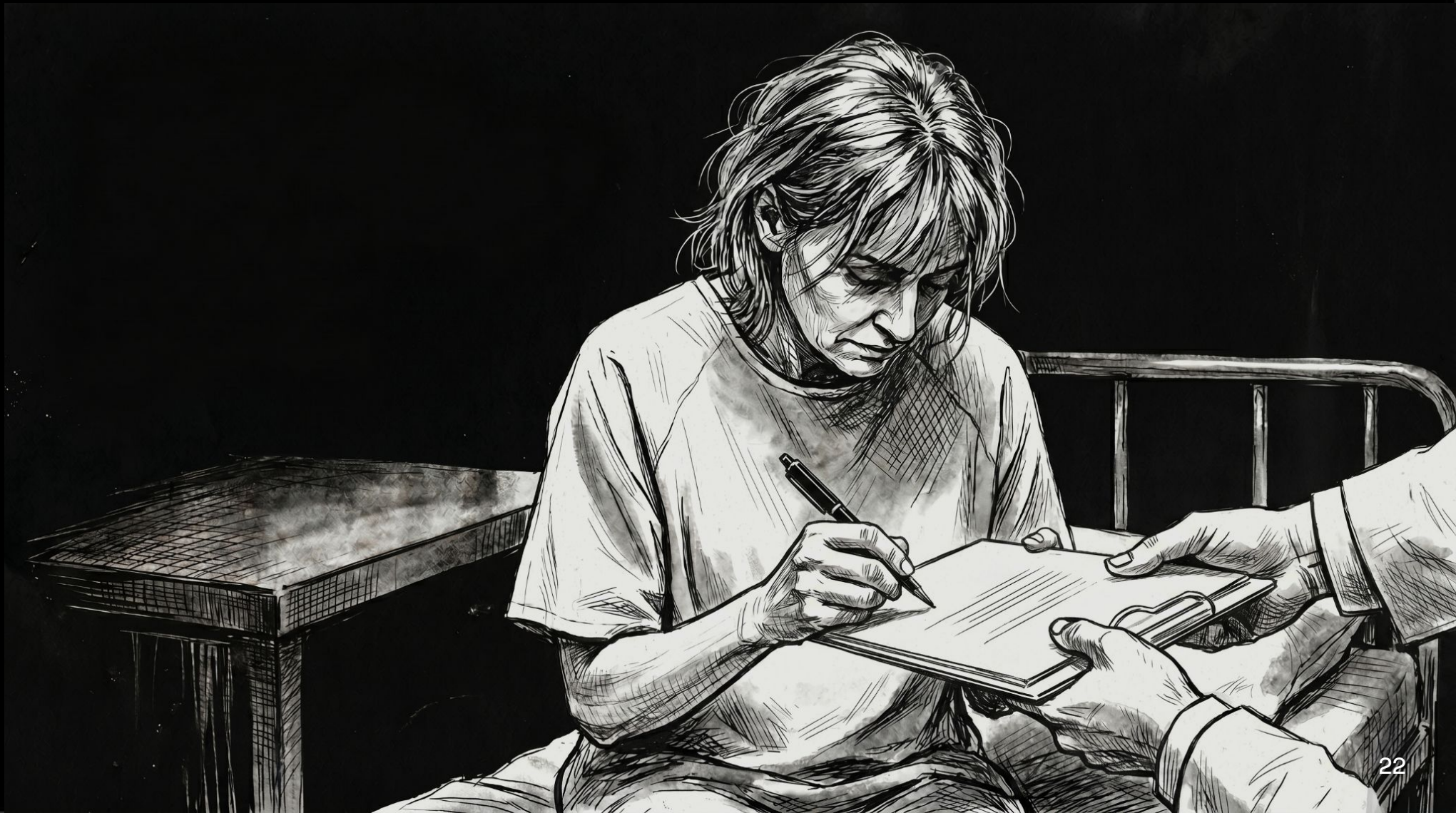
**TWO DISTINCT PERSPECTIVES.
TWO DISTINCT AIS.**

“ FLUENCY IS NOT ACCURACY.

AI is not an oracle you obey. It's a **thinking partner** you direct.

It's not a limitation. It's the whole point.

FROM COMPLIANCE TO CRITICAL LITERACY



CRITICAL AI HEALTH LITERACY

Using AI to read the system, evaluate outputs, and challenge priorities that conflict with patient values.



DATA

Citizen Informatician.
Knowing where it lives
and how to get it.



TOOLS

Choosing models for
the job. Trading one-off
chats for *projects*.



AGENCY

Critical thinking.
Asking who the AI is
really serving.

FEAR IS A SIGNAL, NOT A STOP



ALGORITHMIC RESISTANCE

The deliberate, informed use of AI to push back when the system's priorities are in conflict with yours.

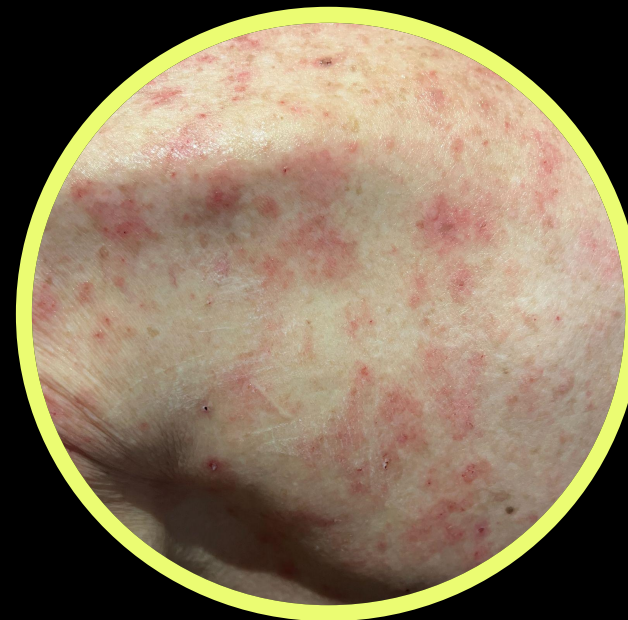
ALGORITHMIC RESISTANCE

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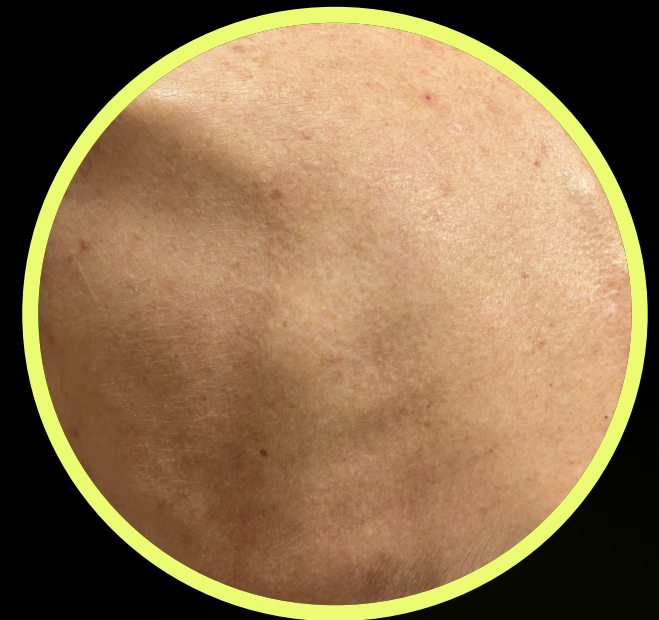
Case: The Rash

Institutional dermatology appointment: **4 months out.**

AI Action: Integrated photos, AVS, notes, and labs. Connected rash to chronic kidney disease in minutes.

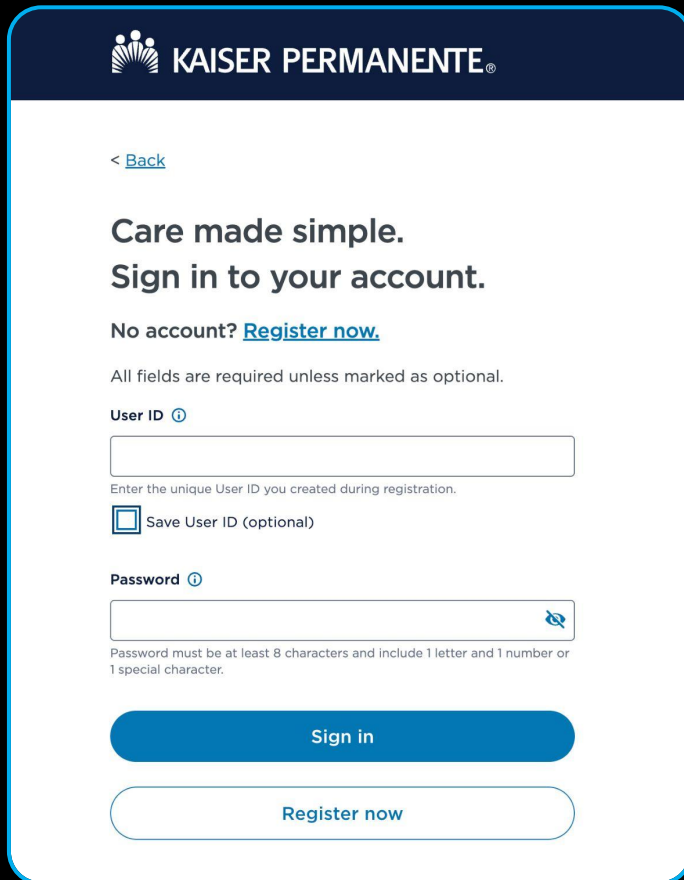



BEFORE



AFTER

KAISER DATA PROBLEM



 KAISER PERMANENTE®

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All fields are required unless marked as optional.

User ID ⓘ

Enter the unique User ID you created during registration.

 Save User ID (optional)

Password ⓘ

Password must be at least 8 characters and include 1 letter and 1 number or 1 special character.

[Sign in](#)

[Register now](#)

SMART on FHIR

Josh Mandel's "Health-Skillz"

MCP Server

Ryan Hughes's "OpenRecord"



PATIENT-DIRECTED AI

Want me to sketch a minimal Kaiser scraper scaffolding we'd need to start?

Yes!

All fields are required unless marked as optional.

User ID ⓘ

Enter the unique User ID you created during registration.

Save User ID (optional)

Password ⓘ

Password must be at least 8 characters and include 1 letter and 1 number or 1 special character.

[Sign in](#)

[Register now](#)



PATIENT-DIRECTED AI

OpenKP.org

I don't write Python. I don't know MCP servers. But I directed Claude to scraper for my health records.

This is new. Patients as directors of agentic AI, building tools the system won't build for them.



OKP OpenKP
Why Tools Install Limits
GitHub

KAISER PERMANENTE NORTHERN CALIFORNIA ONLY

Your patient portal, directed by you.

OpenKP is a local MCP server that lets your AI assistant read, compare, and carefully act on your Kaiser Permanente record using your own credentials, on your own Mac.

View on GitHub
Install path

○ ○ ○ Claude Desktop

01 VISIT NOTES

Read every visit note from the last two years. Where did I raise concerns, ask questions, or push back? How was that documented?

● openkp.list_past_visits →
openkp.read_visit_notes

I found repeated concern-raising across cardiology visits and message threads. Here are the patterns in how your engagement appears in the chart...

● ○ ○

WHY IT EXISTS

Kaiser shows the record. OpenKP helps you interrogate it.

Patient portals are built as filing cabinets. They show results, notes, messages, plans, and orders in separate drawers. OpenKP gives a patient an agentic interface over those same portal surfaces.

The framing is critical AI health literacy: patient-directed AI on data patients have a right to access, surfacing what institutional

Patient portals are built as filing cabinets. They show results, notes, messages, plans, and orders in separate drawers. OpenKP gives a patient an agentic interface over those same portal surfaces.

The framing is critical AI health literacy: patient-directed AI on data patients have a right to access, surfacing what institutional

THE PATIENT QUESTION

A query the portal cannot answer:

OPEN KP QUERY:

Read every visit note from the last two years.

Find every instance where I raised a concern, asked a question, or pushed back. How was it documented?

Look for patterns in how my engagement gets characterized.

**I AM NOT A DEVELOPER WHO
BUILT A TOOL. I AM A PATIENT
WHO DIRECTED AN AGENTIC AI
TO BUILD THE TOOL I NEEDED
WHEN NO ONE ELSE WOULD
BUILD IT FOR ME.**



A ONE-SIDED WORRY: DESKILLING

JAMA Network

☰ 🔍 JAMA HC ▾

Viewpoint | AI in Medicine

Promoting Clinical Expertise in the Age of AI No Struggle, No Mastery

Ron Keren, MD, MPH^{1,2}; Bimal R. Desai, MD, MBI^{1,2}; Daniel C. West, MD^{1,2}

» [Author Affiliations](#)

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JAMA
Published Online: May 7, 2026
doi: 10.1001/jama.2026.6097

☰ RELATED ARTICLES

Today, health care professionals use artificial intelligence (AI) mainly to reduce administrative burden and help with simple clinical tasks, but AI is increasingly being used to review and summarize data, interpret findings, formulate diagnoses, and develop treatment plans.¹ As clinicians rely on AI for more advanced tasks, concerns have emerged about deskilling (losing previously acquired skills) due to overreliance on AI systems and mis-skilling (learning the wrong things) due to inaccurate AI systems.^{2,3} Yet the most consequential risk of AI may be the ef-

FOR PATIENTS: UPSKILLING

Keren et al., JAMA, 2026 · Romańczyk et al.,
Lancet Gastroenterol Hepatol, 2025

THE REAL BARRIER IS COST



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- ✓ Priority access at high traffic times

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- ⌘ Maximum deep research
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- 🖼 Unlimited and faster image creation
- 🧠 Maximum memory and context
- 🛠 Early access to experimental features

Unlimited subject to abuse guardrails.
[Learn about limits and promos on both tiers](#)
[I need help with a billing issue](#)

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- ↗ 20x more usage than Plus
- ✦ Frontier Pro model
- ☹ Maximum access to Codex
- ⌘ Maximum deep research
- 🗨 Unlimited core chat
- 🖼 Unlimited and faster image creation
- 🧠 Maximum memory and context
- 🛠 Early access to experimental features

Unlimited subject to abuse guardrails.
[Learn about limits and promos on both tiers](#)
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New Plan

Google AI Ultra¹

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access to Gemini

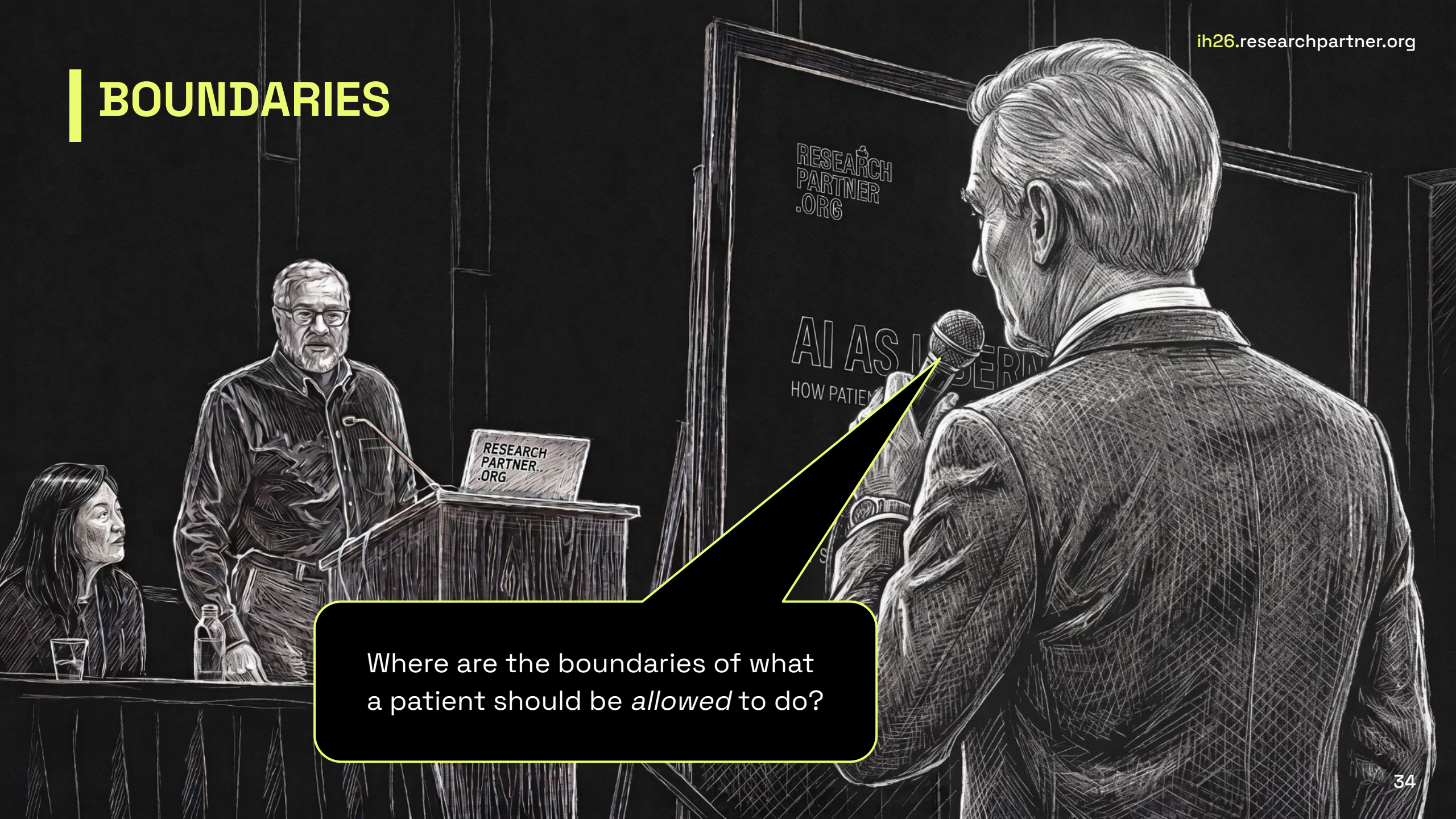
Includes everything in Pro, and:

- ✓ Up to 20x more limits in Gemini than the Pro plan
- ✓ Gemini Spark (coming soon)
- ✓ YouTube Premium individual⁹
- ✓ Early access to the latest innovations

Get Ultra →

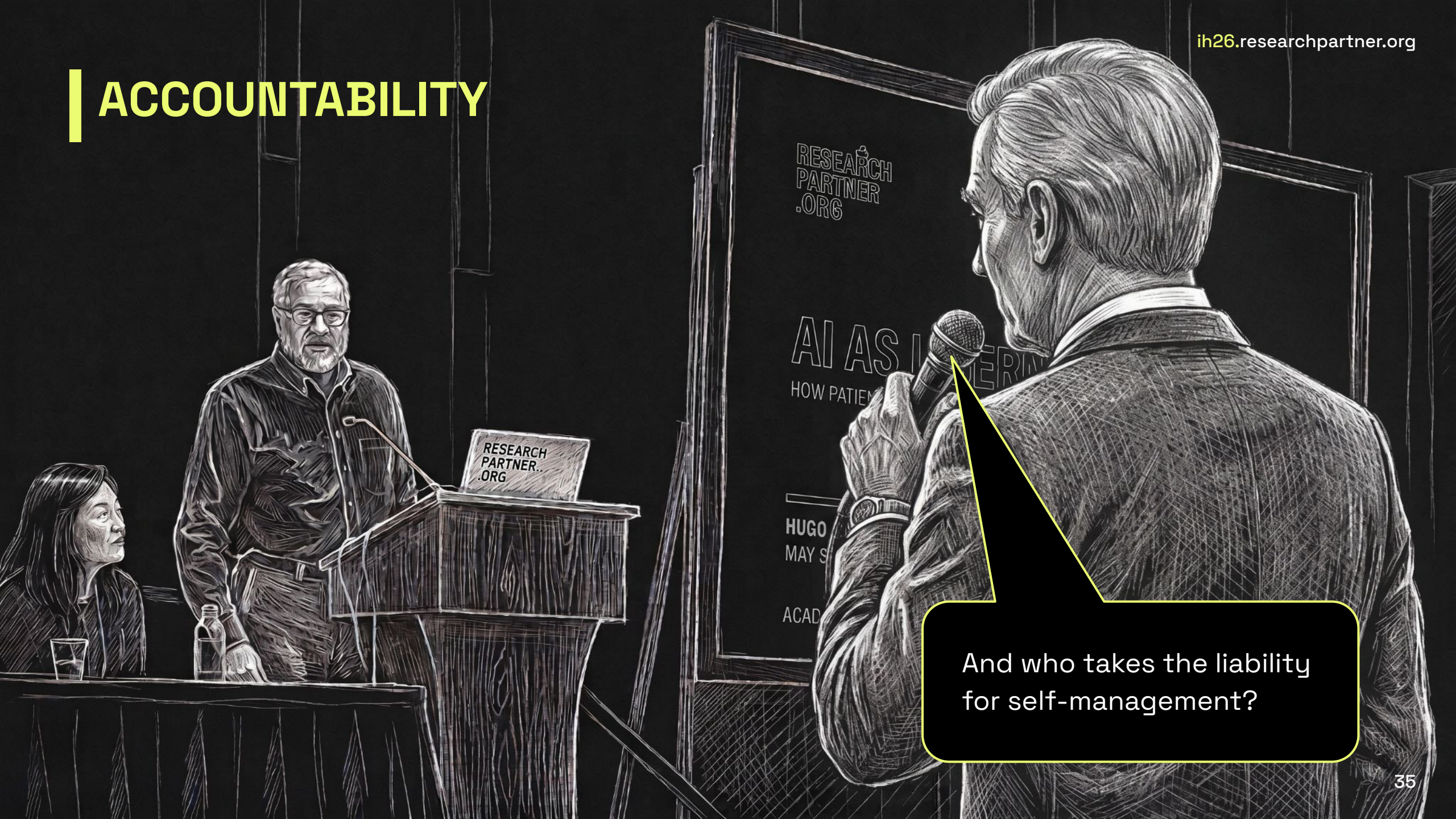
View plan benefits +

BOUNDARIES



Where are the boundaries of what a patient should be *allowed* to do?

ACCOUNTABILITY



And who takes the liability for self-management?

GALLUP®

Americans Turning to AI to Supplement Healthcare Visits



BY STEPHEN RAYNES AND ELLYN MAESE

Story Highlights

- 59% who use AI for health info are researching before doctor visits
- About 14 million adults report skipping a provider visit after using AI
- Only 4% who use AI for health info strongly trust its accuracy

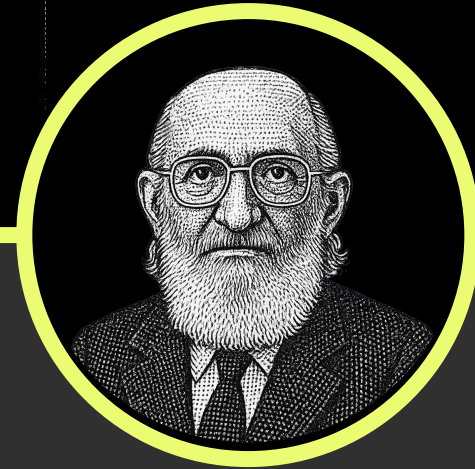
THE OPPOSITE OF FEAR ISN'T TRUST. IT'S AGENCY.

Raynes S, Maese E. "Americans Turning to AI to Supplement Healthcare Visits." Gallup News. Published in partnership with the West Health-Gallup Center on Healthcare in America. April 15, 2026. <https://news.gallup.com/poll/707789/americans-turning-supplement-healthcare-visits.aspx>

THE LIMITS OF MY STORY



SAME TECHNOLOGY, DIFFERENT MASTER



Paulo Freire (1921–1997)
Brazilian educator and
author of *Pedagogy of
the Oppressed*.

CRITICAL AI HEALTH LITERACY.
LIBERATION THROUGH AGENCY.
THANK YOU.

HUGO CAMPOS

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