

RESUMO - INTELIGÊNCIA ARTIFICIAL E SAÚDE

ALGORITHMS OF MERCY: PRESERVING HUMAN DIGNITY IN THE ERA OF DIGITAL HEALTH

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Introduction: The rapid integration of Artificial Intelligence (AI) into clinical practice represents one of the most profound transformations in modern medicine. Diagnostic algorithms, predictive models, and automated decision-support systems now permeate the physician's workflow. Yet this transformation raises urgent ethical questions that technical literature has largely left

unanswered: when clinical decisions are increasingly shaped by machine inference, what becomes of the physician's moral agency? What remains of the irreducible encounter between the one who suffers and the one who heals? The Catholic medical tradition, with its insistence on the indissoluble unity of science and conscience, is uniquely positioned to confront these questions, not to resist technology, but to place it in the service of human dignity.

Objectives: This paper aims to: (1) analyze how the delegation of clinical reasoning to AI systems reshapes the moral agency of the physician; (2) articulate, from the Magisterium and the tradition of Catholic bioethics, the ethical conditions under which AI use in medicine is legitimate; and (3) propose a deontological framework, the Covenant of Presence, to guide Catholic physicians in incorporating AI tools while preserving the humanity of the healing encounter.

Methods: This is a theoretical-argumentative study based on a systematic literature review. Primary sources include Magisterial documents (*Gaudium et Spes*, declarations of the Pontifical Academy for Life, and the 2020 Rome Call for AI Ethics), foundational texts of Catholic bioethics (Pellegrino, Sgreccia), and peer-reviewed literature in AI ethics in medicine indexed in PubMed and Scopus (2015–2025). Ethical arguments are grounded in case-based vignettes drawn from published clinical AI deployment studies.

Results and Discussion: Three primary ethical risks are identified: epistemic displacement (algorithmic recommendations systematically eroding the physician's moral discernment); relational erosion (the contraction of the space for genuine human presence in the clinical encounter); and dignity abstraction (AI systems trained on population-level data reproducing structural injustice against marginalized groups). Each constitutes not merely a procedural failure but an offense against the dignity of the human person. In response, this paper proposes algorithmic subsidiarity, AI must operate at the lowest level of clinical decision-making compatible with genuine benefit, always subordinate to the physician's conscience. The Covenant of Presence is then developed as a framework of five principles: Irreducibility, Subsidiarity, Fidelity, Solidarity, and Transcendence.

Conclusion: Human suffering is not a system error to be optimized away, it is a deeply meaningful dimension of personhood that demands accompaniment. The Catholic physician is called in this moment not to reject technology, but to evangelize it: to insist that the algorithm serves the covenant, never the other way around. Mercy cannot be automated. The healing of persons requires persons.

Palavras-chave: artificial intelligence in medicine; catholic bioethics; physician-patient relationship; human dignity; algoretics.