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My Present Vision of the Core of Medicine Based on the Message of a Painting and a Ship Travel, Made Both on the XVI Century.

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Abstract

Modern medicine faces several important challenges, among which I highlight access to therapeutic innovation and the proper integration of technological advances into healthcare systems and clinical practice. With this as a key focus of reflection, I have published several texts and books, both in Portugal and abroad, whose ideas will serve as the basis for this paper, taking as an example my personal perspective on the possible interpretation of Michelangelo's painting "The Creation of Adam" in the Sistine Chapel of the Vatican and the work of the physician and surgeon Luís de Almeida in Japan.

Keywords: AI; Empathy; Ethics; Humanism; Immortality; Technology.

Introductions

The practice of medicine urgently needs to be properly contextualized, starting from a profound reflection that can be inspired by certain illustrative episodes in the history of Humanity. My fondness for the relationship between painting and medicine, along with my great appreciation for travel and learning about history, both of my country and others, led me to choose two episodes that I consider inspiring for the message I intend to convey as a tribute to a close friend and colleague of mine, Barros Veloso, who recently passed away close to completing a century of life, for he was the personification of the Renaissance and humanist spirit of the real physician, since in addition to being a holistic clinician, he was also a prolific writer, a remarkable thinker, and a renowned jazz pianist (Bastos, 2021).

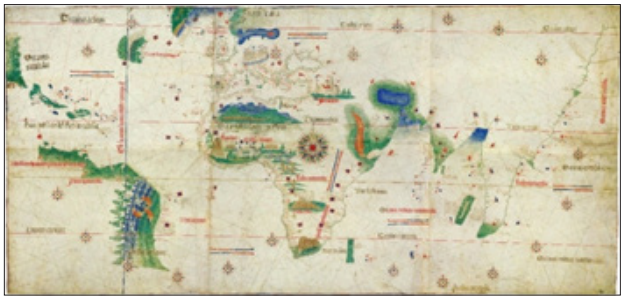

Figure 1: Cantino Planisphere of 1502 by an unknown Portuguese cartographer, currently owned by the Estense University Library in Modena, Italy (https://commons.wikimedia.org/wiki/File:Cantino_ planisphere_(1502).jpg)

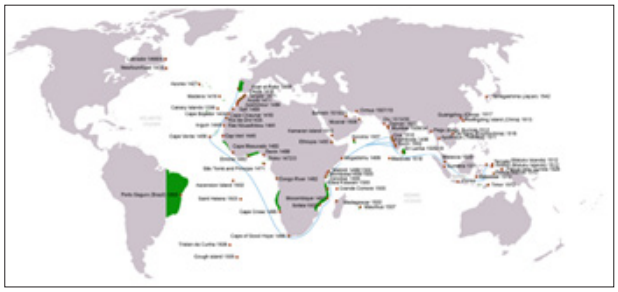

Figure 2: Portuguese Empire 1415-1825 by Charles Boxer (1904-2000) (https://upload.wikimedia.org/wikipedia/commons/8/80/Portuguese_discoveries_and_explorationsV2en.png)

Historical Facts

Portugal was in the 16th century one of the main maritime powers in world history (probably the bigest) a fact immortalized by our greatest poet, Luís de Camões (1524-1580), a national symbol celebrated annually on June 10th, through his famous epic poem "Os Lusíadas," (1572) where he wrote that Portugal "gave new worlds to the world" (Camões, 2025). Therefore, several imminent scholars consider that it was during this time that the era of globalization really began (Boxer, 1969; Bown, 2023; Carreteira & Carvalheira, 2018; Costa et al., 2014; Crowley, 2015; Crowley, 2024; Disney, 2009; Garcia, 2025; Newitt, 2023; Newitt, 2024; Page, 2002; Prestage, 2022; Rodrigues & Devezas, 2011; Russell-Wood, 2016; Stephens, 2017).

Around the same time, in Italy, Pope Julius II commissioned Michelangelo to paint the ceiling of the Sistine Chapel in the Vatican, which the brilliant painter accomplished between 1508 and 1512 (King, 2002). One of the most famous panels is the one called "The Creation of Adam," in which God's finger almost touches Adam's, but it is undoubtedly clear that there is a distinct space between the two index fingers. I have always wondered if this was mere chance, the artist's aesthetic sense, or if there was some hidden intention in this "simple detail." I have long thought that it may symbolize that its author wanted to convey figuratively that if God intended to create humankind in his own image, simultaneously he did not intentionally want to impart the distinctive and exclusive characteristic of divinities: immortality.

One of the most significant places in the epic travels was the arrival of Portuguese sailors in what was then called the "Empire of the Rising Sun" (Japan), where no other Western people had ever landed, including the famous Venetian traveler Marco Polo (1254-1324), who published a very famous travel book in 1299 that mentioned that archipelago, which he had only heard rumors of in China, where he arrived, and which he knew by the name of Cipango (Marino, 2017).

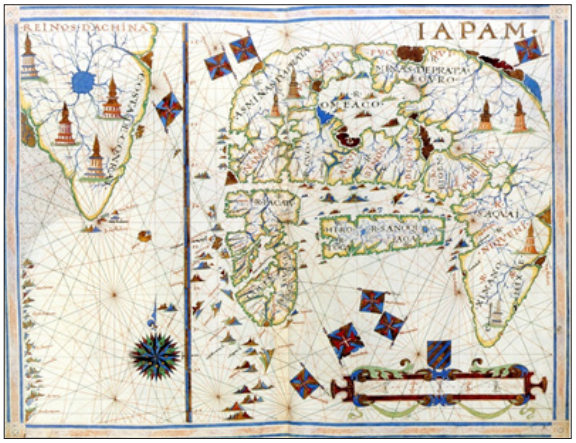

Figure 3: Map of Japan of 1568 by Fernão Vaz Dourado (1520-1580) (File:Iapam by João Vaz Dourado.jpg - Wikimedia Commons)

Although there are some doubts about the exactly date when the Portuguese arrived there (1541, 1542 or 1543) and who were the navigators who actually carried out this "discovery", whether Diogo Zeimoto in the company of Cristóvão Borralho and Fernão Mendes Pinto (1510/1514-1583), as the latter, a great writer and adventurer states in his extraordinary book "Peregrinação" of 1614 (Pinto, 2004), or rather, Francisco Zeimoto, in the company of António Peixoto and António Mota, as António Galvão (1490-1557) wrote in the book "Tratado dos Descobrimentos" of 1563 (Galvão, 1944) or Diogo do Couto (1542-1616) in the book "Décima Quinta" of 1616 (Couto, 1937). It is also known that there are also at least one Japanese publication from that time that address this issue, named "Teppo-ki" of 1606 (Martin-Merino, 2016) which make some reference to these facts, without however clarifying a doubt that will thus continue to persist, at least for now (Cooper, 1965; Loureiro, 1990). In that time, the Portuguese, in general, where known by the Japanese by the name of "Nanban" that means southern barbarians (Chandeigne, 2018; Cooper, et al., 1971; Costa, 1995; Moura, 1993). Nanban also is the name of very typical and appreciated form of art from that era (Costa, 1993; Dias, 2008; Pinto, 1990; Curvelo & Pinto, 2019; Thomaz, 1993; Thomaz, 2024).

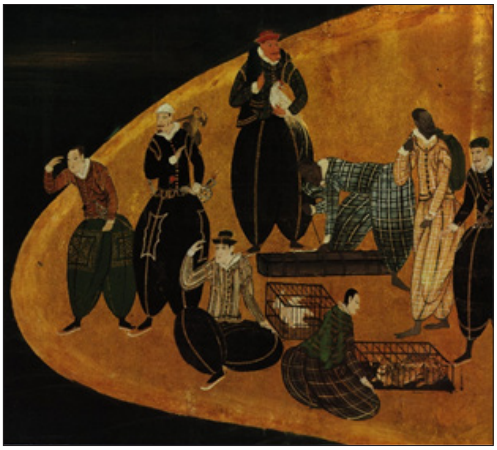

Figure 4: Nanban Art (https://upload.wikimedia.org/wikipedia/commons/4/42/Namban-15.jpg)

What is common in both of the versions is that it was a member of the Zeimoto family who introduced gunpowder and arquebuses to the Japanese, fact that they didn´t ever had experience before, which allowed the local clan that first had access to this knowledge to have a consequently dominance over the others, and this circumstance made it possible for that country to acquire a territorial and political-administrative homogeneity that defines a true Nation on a relatively short time (Perrin, 2010). The importance of these facts is well reflected in the name of Tenegashima Island (which means Gun Island in the Japanese language) (Lidin, 2002; Perin, 2010) where those sailors first arrived, and in the holding of an annual festival that celebrates this epic and has the name of "rifle festival" (Rodrigues, 1990).

It is also attributed to this member of the Zeimoto family that he was the first to marry a Japanese princess (Coutinho, 2012), family that had an house that was donated to them by King Manuel I in 1515 (a tidal mill on a tributary of the Tagus River), to other members- Álvaro Zeimoto and Gonçalo Zeimoto, knights of the Order of Santiago) (Mendes, 2013), located in the Village of Coina (south of Lisbon and north of Setúbal), where I lived during my youth, unfortunately currently in ruins. In this place I recently proposed to the authorities of Barreiro and Seixal to erect a commemorative Museum, as was done in Coria del Rio, in the province of Andalusia, south of Seville, in neighboring Spain, to celebrate the second Japanese embassy to Rome (Keisho embassy, which entered via the Guadalquivir River in 1613) (Fernando, & Pareja, 2023; Japón, 2007; Japón, 2014; Sosa, 2014), as the first (Tenshó Embassy) had come before through Lisbon in 1584 (Cooper, 2005; Fróis, 1993; Salgueiro, 2023; Sande, 2010)

Figure 5: "Mil of Zeimoto", (photo of José Poças, 2023)

Some events do justice to the historical importance of these facts, such as the content of the Japanese Pavilion at Expo 98 in Lisbon (Japan, 1998; Pinto, 1998), the 2011 movie by Portuguese director José Manuel Fernandes ("Wakasa", precisely the name of the Japanese princess who married the Portuguese navigator Zeimoto), the adoration that some Japanese fans have for fado (the Portuguese national song), with some performers having already released some CDs that I greatly appreciate (Marie Mine, Taku, Tsuquida Hideco or Yukiko Haneda), and also the may statues that can be found in certain parts of Japan (Janeira, 1981), such as those of: Bernardo de Kagoshima, the first Japanese Jesuit priest that came to Europe, arrived in Portugal in 1553 and died in the city of Coimbra 1557 (Corvelo, 2020); Angiró (known by the Christian name of Paulo de Santa Fé), also a Japanese Jesuit Priest (Boscariol, 2017); That one of the 4 members of the first Japanese embassy do Europe, that were also converted to Catholicism; Aires Sanches and Luis de Frois (1532-1597), both Portuguese Jesuit missionaries; Prince Henry the Navigator (1394-1460), the great driving force behind the Portuguese Discoveries; Wenceslau de Moraes (1854-1929), a famous Portuguese writer and diplomat; the most complete book about the history of Japan in the XVI century (Fróis, 1976) and the Museum of Kobe that has many allusions to the Portuguese presence. And finely, the Simposium and a book named "Coina: Da História à Medicina" that I organized in 2023 (Poças, 2023).

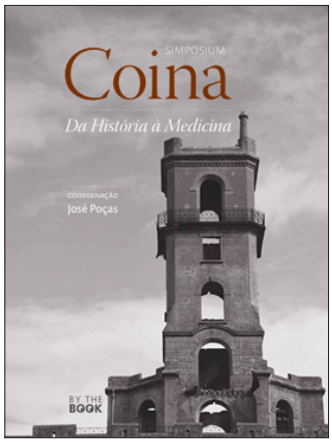

Figure 6: "Coina: Da História à Medicina", book coordenated by José Poças, 2023

The Portuguese remained in Japan for about a century, spreading the Christian faith (Boxer, 1993), building churches, and trading, especially with Malacca and Macau (Portuguese colonies in Malaysia and in China), with the neighboring countries (China and Korea), as well as with the nation's own European territory, making Nagasaki their main city, which was donated to the Order of Jesus in 1580 (Pacheco, 1989; Yuuki, 1998) until they were finally expelled in 1639 (Coutinho, 1999), after many of the missionaries being massacred (Pires, 1988). This last aspect was recorded for future memory through various initiatives, of which I highlight: The Museum of the 26 Martyrs in Nagasaki; the music CDs of James MacMillan, called Christmas Oratorio and of Teizo Matzumura, called Chinmoku (Silence) opera; the 1966 book "Silence" by writer Shusaku Endo and the 2016 movie with the same name by director Martin Scorsese, that portrayed the life of the Portuguese physician, surgeon, and Jesuit missionary, Cristóvão Ferreira (1580-1650), to whom the authorship of an important Treatise on Surgery is attributed (Cieslik, 1974).

However, during this period, in addition to the aspects related to religion and business, this encounter of the cultures between two such distinct peoples are also preserved in some important vestiges, of which I would highlight: The 1547 publication of the first book about the country written by a Westerner ("Livro sobre as Cousas da ìndia e do Japão" by the navigator and merchant Jorge Álvares) (Álvares, 1957); the publication of the first Japanese-Portuguese dictionary in 1603 and the first Japanese grammar in 1604, both by the Jesuit João Rodrigues "Tsuzu" (interpreter) (1558/1560/1561-1633/1634) (Cooper, 1974; Rodrigues, 1973); and the existence of several dozen words that the Japanese still use today and which are known to derive from the Portuguese language, as well as the opposite, although in much smaller numbers (Janeira, 1970; Matsuda, 1965).

Another important milestone to highlight refers to the history of another Jesuit friar, Luís de Almeida (1525-1583), also a physician and surgeon who established a hospital, a leper colony, a pharmacy, a confraternity, a "Misericórdia" (charitable institution), and a medical school in Funai (Oita) (Boléo-Tomé, 2014; Fodstad et l., 2002; Yuuki, 1989; Yuuki, 1990). An importance that justified naming a provincial hospital after him that was built in 1969 (Blogue, 2009), basically because he treated and saved many patients with his renewed competence and empathy, being always ready to help everyone who sought him out, by introducing there "modern" western surgical technics.

Figure 7: The bust of Luís de Almeida unveiled on the 40th anniversary of the Funai Hospital

A summary of what I think about the ethics basis of good clinical practice

In my next book, to be called "Projetos, Inquietações e Afetos", that I will present in November 2026, I think it's appropriate to highlight the following from what I write there

I believe that currently one of the core issues in Clinical Medicine is that the vocation for the medical profession, where its practice is undergoing substantial changes stemming from realities as diverse as the dizzying pace of technological evolution, the consequent speed in the indexing of technical-scientific and pharmacological advances in clinical practice, the resulting financial sustainability of health systems, the correct accessibility of populations to the provision of medical care with adequate quality and time of service, the fair remuneration of professionals, among other conditions, are all realities that necessitate profound reflection by professionals, citizens, patients, managers and politicians, as I exhaustively addressed in my last book, entitled "Ascenção, Apogeu e Queda de um Sistema de Saúde" (Poças, 2024).

In the case of medicine, dedication to the profession should therefore constitute a vital foundation for personal fulfillment, beyond the strictly professional aspect, which is that of feeling truly useful to others, particularly to patients. Another aspect that is also fundamental in my case, given my areas of specialization, is knowing how to correctly interpret the data from the medical history and semiology, in order to arrive at a more concrete diagnostic proposal that, together with the results of auxiliary diagnostic tests (or even without them…), allows us to give a concrete name to the illness of the patient who seeks our help, although this goal is not always easy or feasible, because only in this way can (and should) do the best treatment proposal for a specific person, which requires much more than strict knowledge of medical matters and absolute transparency in discourse, as is fundamental to be recognized.

That's why I often say that, for me, the beauty of practicing medicine as a profession lies in two inseparable aspects: the human relationship between the patient and the doctor, and the challenge of differential diagnosis, which is very stimulating, both emotionally and intellectually.

One of the noblest attributes of a physician is, therefore, the ability to decode, through clinical observation, the emotional states of their patients. In facial expressions. In the gaze. In gestures. During the initial greeting. In the subtext of their patient's discourse. Just as, for example, when faced with a patient in the terminal phase of their illness, listening to their breathing and holding their hands in respectful and supportive silence is often far more important than anything else, as I say in my book "Ode ou Requiem" (Poças, 2015). The so-called medicalization of death is one of the most questionable aspects of modern medicine.

How can one then conceive of being indifferent to the suffering, loss of functional autonomy, or precariousness of the social or family background of any patient, without considering these factors in the proposed diagnostic approach or in choosing the treatment most appropriate to the specific circumstances and individual? Practicing medicine holistically implies a relationship between the doctor and the patient, and this cannot be fully realized without each truly understanding what it means to be in the other's shoes, as I have already mentioned. This cannot be achieved without a spirit of complicity that leads both parties to feel emotionally committed and fulfilled in this unique encounter, where technology should be a mean, but never an end in itself.

Therefore, there is a reality that currently deeply troubles me, which is precisely the predictable impact of new technologies on our lives and, in particular, in the field of medicine. I have already published a review of this subject in the book "As Despedidas que Jamais Esquecerei" (Poças, 2023) (and I have not yet seen any reason to change its essence). I believe that the fundamental thing is to maintain the ability to meet face-to-face, whether around the dinner table, in the doctor's office, or in the classroom. Human contact through technological means in the context of clinical practice or teaching can be the least bad option in certain specific contexts, such as during the COVID-19 pandemic, especially if it combines voice and image, as I wrote in the book "Reflexões em Tempos de Pandemia" (Poças, 2021). However, making it the generalized solution for most situations is a colossal mistake with future implications that are already beginning to emerge.

In the field of medicine, more specifically speaking, only someone who has never been ill or who doesn't experience the practice of Clinical Medicine from the perspective I advocate could think otherwise. So, I would ask: How can one perform a correct objective examination on a patient who is merely a representation on a computer screen in a doctor's office, when this is absolutely essential for indexing semiological findings within the framework of possible diagnostic hypotheses and the consequent judicious and rational ordering of complementary diagnostic tests? How can one correctly perceive all the unspoken, often concealed, but irreplaceable information needed to truly understand the patient's real problem, especially during the first consultation? How can we assume that the affective and symbolic value of feeling the pulse, of subsequently assessing the texture of the patient's skin, through

the touch, is merely negligible, when this, along with the initial handshake, is a fundamental element in making the patient feel respected as a person and empathetic to their suffering through such physical proximity, which will symbolize, in the eyes of both, the doctor's commitment to trying everything to cure them or alleviate their disability, suffering, or pain?

As I have stated countless times, technology should only come in the middle of the process, because, at the beginning and the end, nothing can replace the value and effectiveness of that unique one-on-one encounter between the patient and their doctor, in clinical situations addressed in an outpatient setting, as well as in almost all those treated in hospital wards or residential care units. The exceptions will be when the patient is in a coma or under anesthesia, where the limitations of their sensory perception are obvious and absolute. Even when dealing with a very young child, an elderly person of advanced age, a psychiatric patient with severe disorders, a very complex neurological patient with a significant loss of autonomy or mental faculties, someone who is deaf, mute, or blind, or with another quite significant sensory limitation, or someone we have to resuscitate immediately to try to save their life, whether in the hospital or in the street, as I have had to do countless times, or even in the context of a pandemic, where each patient has to be attended to "only" in very short time slots, because the number of those who need our care is overwhelming, as I described in my book mentioned above.

In all these scenarios, there must always be the ability to adapt interpersonal relationship processes in the best possible way to the prevailing conditions, provided that the doctor is never exempt from this, imbuing it with the greatest possible empathy and compassion, because such a feeling will certainly be adequately perceived by the patient in the vast majority of cases, which will constitute a substantial affective stimulus for the clinician to continue investing in this healthy attitude.

No one in their right mind would deny the enormous usefulness of complementary diagnostic methods capable of giving us precise information about the functioning of the anatomical structures inside a patient's body, without us having to observe them directly in the operating room; the ability of AI to transmit to us, in an unsurpassed exhaustive way, a list of admissible differential diagnoses based on the findings of the clinical history, the semiological data found, the personal, pharmacological, epidemiological and family history of a specific patient, at a precise moment in their life; such as the anticipation of potential drug interactions in the polymedicated patient, or the increased accuracy of being able to report on anatomopathological or imaging examinations relative to human observation; and also to give us reliable information gathered in a short time, about the foreseeable outbreak of cataclysmic phenomena of the most diverse nature.

To this list we could also add, in the not distant future, the possibility of fully benefiting from pharmacogenomics in almost all specialties and diseases, from gene therapy for inherited diseases, from the most specific immunotherapy possible for the treatment of cancer, transplant patients or those with autoimmune diseases, as well as the possibility of providing sight to the blind and mobility to quadriplegics, and so on.

And finely many other advances that are being announced or that we cannot even imagine today, but which will emerge at an increasingly rapid pace. They will all be very useful and certainly welcome, without any of them, however, calling into question what I have already expressed. However, this is contingent upon them representing a real added value compared to what was already being done, having conclusive proof of their effectiveness and harmlessness, benefiting those who truly need them, without any kind of restriction imposed by bureaucratic or other conditions, as well as being financially affordable for citizens and the health systems of each country.

Everything in nature is so made of cycles, just like what humans do. The conception of a book, a musical composition, or a painting has its cycle. Human life, too. To be born, to grow, to age, and to die is the complete realization of what I previously stated concerning living beings. Man is not eternal, since that is a characteristic exclusive to deities. Almost all of us will one day confront illness, disability, suffering, and certainly death, as the final chapter of our own lives. Ordinary citizens and doctors alike. Everyone. Because the condition of being healthcare professionals does not exempt us from, first and foremost, being human beings like everyone else. With all that this implies. As such, in the doctor-patient relationship, it is imperative that this notion is always present. Because it is an essential condition of humanization and should never be absent.

For me, as I have already reflected, Man must always remain perishable, because this is essential for the survival of future generations on this planet Earth. Although, in the unconscious of each individual, what ultimately underlies the incessant development of technology and science is the possibility that this could grant access to the condition of becoming immortal, improperly appropriating a distinctive condition of the divinities, moreover, at the expense of a more than undue exploitation by the underlying "business," so that only a minority of "privileged" individuals benefit from it. This would be the end of Humanity as we know it today and would represent an inadmissible outburst of the vilest form of selfishness, I consider with all lucidity and conviction.

For all these reasons, I do not believe that the project to apply to UNESCO for Intangible Cultural Heritage status, an initiative that was intended to be carried out through, among other things, the publication of the book "The Doctor-Patient Relationship" by the Portuguese Medical Association (Médicos, 2020), should be summarily abandoned, and my next book represents a new contribution to achieving this important goal.

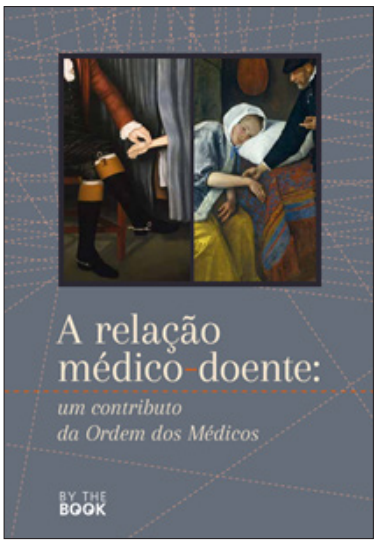

Figure 8: Book "A relação Médico-Doente, um Contributo da Ordem dos Médicos" of which I was Editor and Co-Author.

In a publication (Poças, 2025) that I recently made, I also wrote

We live in a time when science's virtues are idolized almost as if it were a new religion. Science is believed to be based exclusively on technology, and technology is based only on mathematics. It is theorized that all humankind's enigmas and problems can be expressed through numbers and equations, and the qualification of something can boil down to its mere quantification. Therefore, distinguishing the virtual from reality is increasingly more difficult. More and more, people tend to go through life alone, surrounded by many other humans who share the same loneliness. The hyper-information thar characterize contemporary society often makes it difficult for anyone to have an informed opinion and make a conscious and autonomous decision. Fruitful introspections and dialogue are increasingly rare. In a society where everyone runs, often by inertia, uncritically mimicking what they see in others or at the behest of some sinister "Big Brother" because they are no longer able to stop, to appreciate silence, stillness, to be enchanted by the simplest things or to sympathize with the fragility of Man. For the remaining minority, time has become a secret luxury that cannot be dispensed to maintain the indispensable emotional and psychological balance and thus better face daily life. Life, at present, has all of this and, therefore, have an evident and substantive implications for the practice of clinical medicine.

My opinion regarding the eternal and never conclusive debate about the nature of medicine in which it is discussed if it is an Art or a Science is that it could, and should, be both! It is an "Art" that aspires to use scientific methodology and adopts the so-called basic sciences to construct its principles and values without being a pure science itself, nor even claiming or having to restrict itself to this condition. Therefore, it is Art in the way of the relationship between the doctor and his patient. It remains Art in the appreciation and context of the subjectivities of anamnesis and emotions in the clinical decision. It is also Art in the intellectual and aesthetic conception of the architecture of differential diagnosis. In everything else, it is Science.

To safeguard an eminently humanistic posture in the medical practice it is necessary to invest in the training of new students and interns in Humanities (Ethics, Philosophy, Sociology, Anthropology, History, Literature, Painting, Music, Theatre and Cinema), together with the study of the medical field itself, instead of always deifying the omnipotent, omniscient and omnipresent capacities of cold technology, which seems to make everything credible in the eyes of men and represents the infallible answer to all their doubts and problems — addressing that there are not just one, but two equally valid meanings for "Personalised Medicine". The traditional version that should never be abandoned, according to which its exercise should always assume respect for ethics and the set of characteristics (psychological, philosophical, anthropological, sociological and religious) of each individual in pursuit of the principle that says "an identical disease in a different person is a distinct disease", and, the most recent, but equally valid and promising, in which what is valued above all is the singularity of the genetic heritage of each being, and, in this way, one can better understand why a particular physiological phenomenon, in different patients, produces different effects, or why, for the same disease, different people react differently to the same pharmacological treatment.

There is a notorious and growing gap within the community of medical graduates: those who are physicians and those who, by not being so and working in the execution of additional diagnostic tests or techniques or the planning and analysis of the determinants in health or Politics, never lose sight of the notion that their work is equally fundamental to compose, with the necessary adequacy and intelligibility, the indispensable puzzle to arrive at a correct diagnosis (clinical, psychological, and social). So, for the best possible treatment of the patient (and the citizens), and when seeing an image of a fragment of the body of an anonymous human being (on the computer or under the microscope), when handling any of its biological products, when performing a instrumental procedure, more or less invasive, when writing or analyzing reports, or when legislating on the regulation of this complicated sector, never forget that all actions have repercussions, directly and indirectly, on someone who is suffering and needs their decisive contribution… and the others!

Those who only see figures and financial returns, often for their profit and of speculative origin, look at the patient as a mere means of survival. Or equally reprehensible, those who only care about their fame and appearing in columns at the expense of disproportionate propaganda of their successes. Those who sit comfortably at a desk across multiple departments (governmental or private), exercising their power in a detached, despotic manner, constantly using linguistic euphemisms to hide their repugnant hypocrisy and their profound indifference to those who suffer and to whom the first and last mission is to alleviate physical and psychological pain, contributing decisively to restoring possible autonomy (those of the first group).

We must acknowledge, without subterfuge, that diagnosing, treating, curing, caring for, accompanying, or sharing in solidarity the joy, anguish, and suffering of others is to understand the essence of Man and Humanity—dictates to which no one should remain indifferent, especially a doctor or a good leader, ignoring the uniqueness of human nature or being indifferent to the consequences of suffering and disability. Understanding someone's illness goes far beyond diagnosing and treating it competently and professionally. It must also aim at understanding the multidimensionality of the person who suffers from it. Medicine must always be practiced by Man for Man, or it can never use this age-old epithet.

Given what has been said, if anyone thinks the mission of a physician is only the proper diagnosis and treatment of the diseases, he his entirely mistaken. I could not agree more if we add the vital respect for the norms of medical ethics and deontology, but I still find it largely insufficient. By adding empathy, compassion, and concern for the psychological and social conditions of the patient and their family and professional environment, we will be much closer to the ideal. However, even then, it will be insufficient. Isn´t renouncing to agree with the patent exiguity of the minimum conditions for treating patients with adequate dignity and humanization the last mission a doctor can resist investing in, when everyone collapses in front of him? Because to do so, when dealing with the problem of health and disease, particularly in the context of a real catastrophe, is really to be a Doctor. Furthermore, either we are that way, or our mission is inescapably lacking and incomplete.

In a decidedly provocative conclusion, a doctor should never contribute, within the scope of their correctly understood mission, directly or indirectly, implicitly or explicitly, to any member of our species appropriating what should remain the exclusive and distinctive property of the divine, namely, access to eternity, as I believe is symbolically underlined by the "almost touch of fingers between God and Man" in the timeless painting by the brilliant Michelangelo, called "The Creation of Adam", on the ceiling of the Sistine Chapel. Death is the final chapter of life and an indissoluble part of it, also being an indispensable condition for the dignity and maintenance of our collective existence in this "common home called planet Earth," which we inhabit and must continue to inhabit in a healthy and responsible way so that future generations may experience the pleasure of living in it, a condition to which all human beings legitimately aspire.

Not everything that is technically and scientifically feasible is ethically permissible, given that the eventual realization of this hypothetical scenario would be like a new Holocaust, in which the victims would not be, as in the past, only the faithful of a particular religion or ethnic group, but rather all of Humanity. This would signal the end of medicine, the medical act, and the doctor-patient relationship, as I understand it and I think is vital to always safeguard.

We must accept that the iron molecule of hemoglobin present in the blood of each of us, which no one knows where it came from or where it will go after death, must continue to circulate eternally in the same way throughout the cosmos, just as it did before.

As long as Man is the Being that we know today, with the ability to feel emotion, to feel compassion, to feel indignation, to carry a remarkable set of civilizational values accumulated over countless generations, to be able to make choices and ethical judgments based on them and to possess body and spirit, he should always be treated by someone with identical attributes. When one of these days, in a more or less distant future, comes to be a bionic Being composed only of a set of electronic circuits and pieces of disposable inert material, it will then make all the sense that it is treated as a mere "robot" and not as someone originated and created with love by fellow beings; perishable, fallible, endowed with emotional intelligence, and a rough amalgam of hair, skin, muscles, bones, nerves, blood and soul made, because that is the biological magma sprinkled with feelings where the beautiful and imperfect structure of the Human condition is based.

A summary of what other authors think about the same subject I will next use some quotes from four personalities that perfectly complement everything I have conveyed so far.

Abel Salazar (1889-1946), a distinguished physician, scientist, and artist, outrageously persecuted politically by the dictatorial regime that ruled Portugal for four decades until the so-called "Carnation Revolution" in 1974, who has one of the two existing Medical Faculties in the city of Porto named after him and whose house was transformed into a museum, succinctly stated that "someone that only knows medicine, doesn't even medicine knows" (ADMAS, 1989; ICBAS-UP, 2016). As it is now recognized, there is a unanimous need to provide medical students with the knowledge of what is generally called the Humanities in their curriculum, because dealing with the sick human being requires much more than simple technical competence (Aho, 2018; Antunes, 2012; Barritt, 2005; Bauman, 1992; Broadbent, 2019; Crawford et al., 2015; Dossey, 1993; Dossey, 1998; Fanu, 1999; Guy, 2024; Hart, 1988; Jonsen, 1990); Osler, 1920; Pellegrino et al, 2009; Pellegrino et al., 2011; Petrou et al.2021; Roberts, 2021; Volpe, 2025).

Yuval Noah Harari (1976-), an Israeli historian and thinker, stated in his famous book "Homo Sapiens" (Harari, 2024) that "the greatest goal of technological evolution is to provide Man with eternity." He also added that "any attempt to improve ourselves as Homo Sapiens (as described by Mary Shelley in her novel "Frankenstein," published in 1831) will inevitably fail, because even if our bodies can be improved, it will be impossible to touch the human spirit". What the author ultimately intends to question is the fact that, even if it will be possible one day to build a bionic being by replacing part of its real Human body, it will still remain Human only if its Spirit remains untouched.

A prominent Portuguese neuroscientist and writer, António Damásio, in a recent interview published in the Portuguese newspaper "O Público" (Damásio, 2025), stated the following regarding to AI: "Modern technology prevents us from feeling… life is being enclosed within machines… if machines ever gain autonomy, the future will be terrible." This reflects a skepticism shared by many other authors and thinkers, which I partially agree with, reveals the extreme need to implement effective regulation of this technological innovation and to educate younger generations to be sufficiently critical and prudent in the immediate acceptance of what they gain access to (Cajueiro & Celestino, 2026; European Parliamentary Research Service [EU], 2019; UNESCO, 2021).

All these concerns are found in the very recent Encyclical (Leão XIV, 2026) authored by Pope Leo XIV called "Magnifica Humanitas," which deserves careful reading by all citizens, regardless of whether they are believers in Catholicism or any other religion, or whether they are agnostic or atheist as I am. I consider the following parts to be of great importance in terms of their content:

"These so-called artificial intelligences do not live experiences, they do not possess a body, they do not experience joy and pain, they do not mature in relationships, they do not internally know what love, work, friendship, and responsibility mean. They do not even possess a moral conscience: they do not judge good and evil, they do not grasp the ultimate meaning of situations, they do not assume the weight of the consequences…

The artificial imitation of positive human communication – words of advice, empathy, friendship, love – can be rewarding and even useful, but, in less aware users, it can deceive and create the illusion of being in a relationship with an authentic person. When the word is simulated but not embodied, it does not build a relationship, but an appearance of one. The artificial imitation of a caring or supportive relationship can become dangerous when it insinuates itself into a context poor in concrete relationships and affections: then, the risk is not so much that a person believes they are talking to another, but that they lose the desire to truly seek out the other…

In fact, absolutizing a single dimension of the human being is always wrong. Thus, intelligence, if absolutized, ends up obscuring other essential dimensions of life: affection, will, dedication, and relationships. Technical power, if not balanced, does not make us more capable: it makes us more alone and more exposed to logics of domination and exclusion. It is not, of course, a matter of opposing intelligence, but of remembering that when intelligence closes in on itself, it forgets that it was made to serve life and the human person. Therefore, it is necessary to distinguish clearly: one thing is to integrate technologies into a human and relational vision, another is to be guided by an imaginary that devalues limits and promises a purely technical salvation…

Let's nurture our relationships! In an era that tends towards acceleration and fragmentation, the human spirit continues to yearn to be cared for and recognized by tender hands, attentive minds, and kind words. Digital culture multiplies connections and offers new possibilities for encounters; however, the human heart retains an inalienable need for closeness".

Conclusions

The proper integration of technological innovation is, therefore, in my opinion, the main challenge that the practice of medicine faces today. Sometimes what can be gleaned from careful observation of a painting, especially if complemented by knowledge of the author's pathobiography, can convey teachings in a way that is as, or even more, effective than reading a text, as can be seen below, in a time when doctors were almost completely devoid of technological means, having at their disposal only their availability and compassion of their presence to alleviate human suffering, a stance that, in my opinion, remains as valid today as it was in the past.

I decided to use the example of the painting "The Doctor" from 1891 by the English painter Luke Fildes (1843-1927), one of the greatest figures in British Victorian painting, who once received a commission to paint a picture without a defined theme. This invitation came from Sir Henry Tate, owner of a veritable empire of companies, but also a philanthropist in the art world at the dawn of the first industrial revolution in England (where there are two famous public galleries in London bearing his name, the "Tate Gallery" and the "Tate Modern" which I have visited several times). The work was titled "The Doctor" by its author, representing a tribute that this artist intended to pay to the physician, Dr. Gustavus Murray, who treated his youngest son, Philip, although he passed away, despite his recognized dedication and competence. In 1949, the American Medical Association in 1949 (Steensma & Kyle, 2019) use it to enlight the patients in particular, and the population in general about the correct purpose of that profession. What I would basically add to preserve the essence of the medical act (ethics in the doctor-patient relationship).

Also contributing to the creation of this iconic image was the fact that the atmosphere in the suburban areas of the main cities of His Excellency, the Majesty of the greatest world empire of the 19th century, was brilliantly portrayed in the books of Charles Dickens, where it is possible to perceive, in his poignant literary descriptions, the precariousness of the life of the ordinary citizen, who, like the industrial machines that filled the buildings where the numerous surrounding factories were located, was reduced to the condition of being almost nothing more than a mere disposable piece of the enormous productive system that was rapidly rising. Luke Fields was, therefore, one of the creative exponents of this memorable historical period, having illustrated some of the works of this great British writer, his contemporary.

In this scene, it is thus possible to visualize not only the extreme scarcity of the hygienic conditions of the dwelling itself, but also the contemplative the face of enormous serenity and concentration of the clinician, despite the realization of the inevitability of his patient's death, and the very presence of the

parents. The father with a face of apparent resignation and the mother in a profound and bitter posture of emotional seclusion.

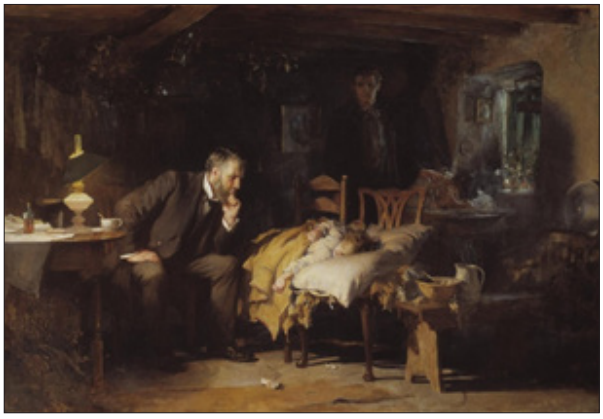

Figure 9: "The Doctor" of 1897 by Luke Filds (1843-1927)

There are thus several challenges of transcendent importance that Humanity currently faces today. The first I would like to emphasize is that of preventing the fingers of God and Adam from ever touching, as a vital message allegorically conveyed, with all that this implies and which I have already mentioned.

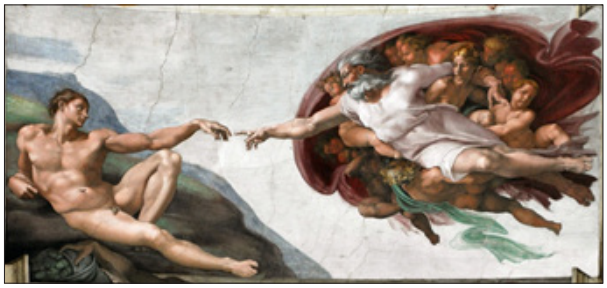

Figure 10: "A Criação de Adão" de 1509 por Michelangelo (1475-1564)

Finally, in a world increasingly rife with hatred, war, and intolerance of every kind, we can take the example of Luís de Almeida who, being of Jewish descent (Garcia & Sousa, 2018; Marcocci, 2011; Manso & Sousa, 2013) and at that time experiencing fierce persecution of believers of this religion promoted by the sinister Inquisition in Portugal (Soyer, 2007), ended up in a distant country where Christians were also massacred as I said before, but this did not prevent him from being a remarkable example of Humanism in the practice of his profession.

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