

A BOOK FOR CLINICIANS · A MANIFESTO FOR THE PROFESSION

# Vibe Medicine

*How the Best Clinicians Will Practice  
Medicine in the Age of AI*

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Marnix E. Heersink Institute for Biomedical Innovation · UAB

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Also by Rubin Pillay: *The AI-Native Health System* (2026) · *Healthcare at Machine Speed* (with S. Bodduluri, 2026)

*For every clinician who has ever stayed late  
finishing notes they should never have had to  
write,  
reading results they had already seen,  
and documenting care instead of delivering it.*

*The machines are finally ready to carry  
the weight you were never meant to bear  
alone.*

## Preface

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**F**or twenty-five years, I believed that clinical reasoning was something only a human mind could do well. I was wrong about the "only." I was right about the "well."

That distinction — between what AI can do and what it means to do it well — is the subject of this book. It is not a book about artificial intelligence. There are plenty of those, and most of them are either too optimistic or too frightened to be useful. This is a book about you: the clinician who trained for a decade or more to do something extraordinarily difficult, and who now faces the unsettling possibility that a machine can do parts of it faster, more consistently, and at a scale you cannot match.

The unsettling part is real. I feel it. If you are honest, you feel it too.

But here is what I have come to believe after years of working at the intersection of clinical medicine, artificial intelligence, and health system design: the arrival of AI in clinical practice is not the end of the great clinician. It is the beginning of a new kind of great clinician — one whose expertise operates at a higher level of abstraction than any generation before.

I call this Vibe Medicine. The term comes from software development, where "vibe coding" describes a new practice: developers describe what they want in plain language, let AI generate the code, iterate by feel, and ship products they do not fully understand at the line-by-line level. The best vibe coders are not those who abandoned programming fundamentals. They are those who understood the fundamentals deeply enough to recognise when the AI was producing garbage.

Medicine is arriving at the same inflection point. A physician describes a patient's presentation to an AI system. The model returns a differential diagnosis, a treatment protocol, a risk score. The physician reviews it, feels it aligns with their clinical gestalt, and proceeds. They did not derive the reasoning from first principles. They did not interrogate every link in the evidence chain. They vibed with the output — and their patient was better served for it.

Or worse served. Because AI also fails. It fails silently, systematically, and with unnerving confidence. And the physician who cannot tell the difference between a reliable AI output and a plausible hallucination is not practising Vibe Medicine. They are practising blind medicine. That is not what this book advocates.

What this book advocates is the Orchestrator Physician: a clinician who understands AI well enough to ask the right questions, who possesses deep enough clinical knowledge to evaluate the

answers, who has the judgment to know when to trust and when to override, and who takes full accountability for every decision — regardless of whether the reasoning was derived or curated. The Orchestrator is not a lesser physician. They are a physician operating at a higher level of capability, serving more patients, catching more diagnoses, and spending more of their finite human attention on the things that require human presence: empathy, ethical reasoning, the therapeutic relationship, and the irreducible art of caring for a person who is suffering.

That is the physician I want to help train. That is the clinical identity I believe the profession needs. And that is what this book is about.

A note on how to read it. The book is structured as a journey, not a debate. Part I describes the shift that is already underway.

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The full book contains 18 chapters across five parts — from the cognitive science of clinical intuition to the practical Monday Morning guide for integrating AI into your practice this week.

### WHAT COMES NEXT:

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**Part III:** Encounter Anatomy · When the Vibe Is Wrong · The Patient · Across Specialties · Democratisation & GenieRx · Accountability

**Part IV:** The Bandwidth Problem · The Curriculum · The New Residency · The Monday Morning Chapter · Leading the Vibe Shift

**Part V:** The Autonomous Horizon · What We Must Not Lose

**Epilogue:** The Physician I Want to Be

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