medicina *intensiva*

LETTER TO THE EDITOR

Intensivist should lead artificial intelligence implementation in the ICU

El intensivista debe dirigir la implementación de la inteligencia artificial en la UCI

Dear Editor:

In response to the letter by González-Castro,[1] it is true that artificial intelligence, in very primitive forms, has been present in the ICU setting since the 1970s. However, the results have not been truly disruptive until recently.[2] It is therefore reasonable to think that the transformation of clinical practice and management is going to experience very powerful and rapid changes.

I also agree that it is highly appropriate and very relevant for health care professionals—intensivists in this case—to lead the incorporation of new AI tools into their professional practice, in collaboration with engineering profiles. Only in this way will they be the ones to determine which priorities should prevail, such as maintaining or evolving the humanization of patient care.

I would like to add, finally, that technology neither provides nor removes empathy from the user. Its focus during implementation will depend on both the designer and the user. And, sadly, the business models that make the enormous investments necessary for the development of AI possible do not have end users as their main priority. Nevertheless, at the same time, nothing prevents those same clinicians from taking advantage of all this technological development to prioritize what is essential for them, both with open-source tools and with low-cost commercial products. Thus, I see two different lines of development: large technology companies whose central focus is often on the exploitation of personal data for targeted advertising—thanks to which we have extremely powerful tools—and local implementations that could be led by hybrid teams (clinical staff plus engineering technicians) who design the implementation of technical solutions with a focus on what they consider to be a priority. In the end, tools are neither good nor bad, human nor inhuman. It all depends on the objectives of those who develop and apply them. In any case, I believe that a new era in clinical practice in intensive care is beginning,[3] and that the training of intensivists to be able to lead these developments, along with the creation of technical support structures within health care systems, are urgent needs.

Declaration of competing interest

None declared.

References

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Juan-Jose Beunza[a,b,c]

a Research and Doctorate School, Universidad Europea de Madrid, Villaviciosa de Odón, Madrid, Spain
b Department of Medicine, Universidad Europea de Madrid, Villaviciosa de Odón, Madrid, Spain
c Hospital La Paz Institute for Health Research (IdiPAZ), Universidad Europea de Madrid, Madrid, Spain
E-mail address: juanjose.beunza@universidadeuropea.es