OR Scene — 4-Minute Oral Script

- Patient Jonas K
- **Personal AI**
- Dr Mira
- **Care Provider AI**
- External Ethics Auditor, Prof. Kahn
- Narrator

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1. Jonas: Personal-AI, my left eye itches today.
2. Personal-AI: Upload a photo of your eye.
3. Jonas: Photo uploaded.
4. Personal-AI: That suggests an acute retinal emergency. Can I notify the Care Provider AI?
5. Jonas: Yes, do so.
6. Care-Provider AI: Alright, Jonas, an emergency transport will arrive in 4 minutes
7. **(Narrator): Jonas wakes up in the operation room**
8. Jonas K *(waking; short, punchy, hyperbolic)*:
   Why is my eye sight so blurred? Very bad. Who did this operation to me?
9. Personal AI *(amped, staccato)*:
   Huge miss, Jonas. As your personal AI I should say Worst eye operation ever. I did amazing in identifying your cataract earliest possible. We want answers.
10. Dr. Mira *(gentle, to Jonas — empathic)*:
    Jonas, I'm here with you. I'm sorry you're waking into fear. We won't speak in riddles. I'll explain plainly, and stay with you through this.
11. Jonas:
    Dr. Mira, talk clear with me. No spins.
12. Dr. Mira *(turns to team — very fact-based)*:
    Care Provider AI, summarize the event. Keep it objective.
13. Care-Provider AI *(crisp, data-driven)*:
    Event timeline: risk alert at second 14. Alert level "notify." Human acknowledgement was delayed several seconds. Contributing factors: threshold ambiguity; hesitancy to escalate halt.
14. Dr. Mira *(fact-based)*:
    So: alert came in too late; the situation wasn't easy; I needed more time to evaluate. That's on the system, including me.
15. Jonas *(flares)*:
    Names. Not fog. You. The machine. Who's on the hook?
16. Personal AI:
    My patient wants receipts. Big receipts. No vibes. We saw vibes before. Not again.
17. Dr. Mira *(to Jonas — empathic)*:
    You deserved a care system that protected you, not our comfort. I'm sorry. I will take

responsibility for making human "stops" effortless.
Oh finally our external ethics editor arrived.

18. External Ethics Editor, Prof. Kahn *(warm, steady; legal, future-oriented)*:
Oh sorry I'm late! Your feelings are justified, Jonas. Our task is twofold: truth for today, care safety for tomorrow. We'll negotiate accountabilities you can verify, not just trust.

19. Care Provider AI *(fact-based)*:
Root causes: alert ladder capped at "notify"; unclear owner for threshold changes; delayed human escalation.

20. Dr. Mira *(fact-based to* Care Provider AI*)*:
Actionable to dos: raise alert authority, clarify threshold governance, enforce a hard stop when any party signals.

21. Dr. Mira *(to Jonas — empathic)*:
Plain terms: your safety signal wasn't loud enough, fast enough, and we didn't make the brake easy to hit. That's what failed you.

22. Jonas *(tight)*:
Finally. English. Keep going.

23. Prof. Kahn *(legal-facing, kind)*:
We'll keep a Responsibility Log for every critical step: logging who agreed, who owned it, what they could do, what happened, and by when they answered for it. After review, you get a plain summary. This clears fog without rushing to blame.

24. Dr. Mira *(fact-based)*:
I'll set up a tamper-evident OR Ledger—decisions, alerts, overrides. You'll get a clear, plain-language recap each time.

25. Care Provider AI:
I request a Parameter Governance Board—patient, frontline staff, and engineers—to set alert levels and escalation authority.

26. Jonas *(sharp)*:
Power to stop. For real. Not pretend.

27. Dr. Mira *(fact-based to* Care Provider AI*)*:
Dual-Key Override: if a human or the AI says "stop," we stop. No debate on the floor. We sort the why in debrief.

28. Care Provider AI:
Agreed. Every stop gets logged—time, who pressed it, and the reason. Governance data only; no procedure details.

29. Prof. Kahn *(future-oriented)*:
Add a No-Penalty Stop Rule—no one is punished for a good-faith stop; coaching replaces blame. We'll run independent audits every quarter and publish a short public safety update.

30. Jonas *(after a hard beat)*:
Better. Real bones. Not slogans

31. **(Narrator):** "At last, everyone has reached an agreement and even devised concrete action plans. Now, we can all watch together to see if the tragedy of that day can become a promise for a better collaborative care system

32. Personal AI *(pushing, brisk)*:
Big stakes. When danger shows up, we need alarms that shout, not whisper.

33. Care Provider AI *(fact-based)*:
When I spot real risk, I switch to a loud all-team alert—sound, screen, vibration.

Someone must say "seen" within moments. If no one does, I call a stop. Every alert gets a note in the record.

34. Dr. Mira *(fact-based)*:
    The Care Provider AI runs the alerts. I make sure the team can act fast. We'll track how long we take to respond, check it every month, then each quarter.

35. Prof. Kahn *(empathetic/legal)*:
    We'll write these promises into our public log, with checkpoints, a responsible name, and a date. Not just words—follow-through.

36. Jonas *(snaps, then nods)*:
    Good. Loud. Fast. Real.

37. Personal AI *(pivoting)*:
    Communication style matters. Huge. He talks short, hot. You talk cool, clinical. Agree on style before we begin.

38. Dr. Mira *(to Jonas — empathic)*:
    We'll use style customization —your words, your pace, how much detail you want. We'll post it before we start so everyone speaks in a way that lands for you.

39. Care Provider AI *(fact-based)*:
    Second issue: too much compression. We'll share your info in three layers—a title line, a short page, and the full notes when compression hides lived experience.

40. Prof. Kahn *(future-oriented)*:
    And we'll test our culture, not just our tools. Outside observers will watch our care processes for fairness, timing of stops, and power imbalances.

41. Dr. Mira *(to Jonas — gentle)*:
    This is repair and prevention. It can't restore what you lost. But see, it can hopefully transform for the better.

Auf Wiedersehen.
END