Panel ABSTRACT

Panel 46: Sociality with/through ai in health and medicine: current figurations, imagined futures

Organizer: Bernhard Hadolt, Sofie Kronberger

Abstract: The integration of artificial intelligence (AI) into health and medicine has the potential to fundamentally reshape the way how sociality is constituted, experienced, and imagined. AI systems — whether as diagnostic tools, virtual caregivers, or administrative agents — transform interactions between patients, healthcare professionals, objects, as well as institutions. At the same time, these technologies are claimed to carry both promises and perils for the futures of health and well-being, reflecting a “colonization of the future” that is shaped by, among other things, power relations that predefine whose voices are legitimized and recognized, by socioeconomic inequalities, as well as by postcolonial histories of biomedical knowledge production.
This panel critically examines the ethical, sociocultural, political, and material-practical stakes of imagining AI-driven current transformations and futures in medicine. Whose voices and perspectives are represented in these imaginaries, and whose are excluded? How do AI systems mediate people’s relationships with their selves and their bodies, (social) environments, and institutions in ways that reproduce or challenge global inequalities? Moreover, the panel explores how anthropologists may critically engage in shaping the futures of AI in health and medicine, working alongside technology developers, policy makers, and affected communities to envision alternative, more equitable futures.
Drawing on ethnographic and theoretical insights, this panel seeks to illuminate how AI-technologies reconfigure notions of care, trust, and authority while stimulating discussions about how anthropological practice can critically and collaboratively engage with other stakeholders to address power dynamics and advance equity-oriented transformations in health and medicine.

SESSION SCHEDULE

18.09.2025 | Slot 1| 4-0-2

Tanja Ahlin, Anna Mann: Ambivalent Socialities: Resistance, Relationality, and Care

Robots in Clinical Settings

Jorge Castillo-Sepúlveda: Time re-configured: five shifts in the configuration of medical temporality mediated by Artificial Intelligence. A multi-sited case study in Chile.

Hannah Piehl: Reconfiguring Trust: A Cartography of Trustworthiness of AI Systems in Healthcare

Meiting Wang: Designing Care: Investigating Care Ethics and Developer Responsibility in AI Mental Health Applications

SESSION PAPERS

Ambivalent Socialities: Resistance, Relationality, and Care Robots in Clinical Settings

Tanja Ahlin, Anna Mann

Despite substantial investments in social robots for healthcare, their implementation remains limited. Resistance from healthcare staff is often cited as a key barrier. Drawing on ethnographic fieldwork in a dialysis unit of an Austrian hospital using the therapeutic seal robot Paro, this paper offers a more nuanced account by foregrounding ambiguity rather than opposition. We argue that the ontological ambiguity of Paro—an animal-like machine that blurs species, emotional, and technological boundaries—elicits conflicting responses among carers. These ambivalent reactions are not merely individual or psychological but are shaped by professional norms, institutional hierarchies, and tacit notions of what constitutes 'good care' and who should do which part of it.

We show how Paro's deployment disrupts existing care relations, leading to tensions not only between humans and machines, but among staff members whose care practices and professional identities are unequally affected. Furthermore, we introduce the concept of "arbitrary care collectives" to account for the often-overlooked influence of non-significant others, such as fellow patients, whose reactions shape the robot's perceived legitimacy and use. In doing so, the paper contributes to anthropological debates about AI by theorizing resistance to new technologies not as refusal, but as a productive site of negotiation over the meaning, boundaries, and sociality of care. Our analysis invites reflection on how emerging technologies mediate care ecologies and foregrounds the importance of attending to ambivalence in shaping more equitable and inclusive imaginaries of AI in healthcare.

Time re-configured: five shifts in the configuration of medical temporality mediated by Artificial Intelligence. A multi-sited case study in Chile.

Jorge Castillo-Sepúlveda

The configuration of time dynamics in healthcare is a central issue for Western governments, historically addressed through cost-efficiency analyses and procedural standardisation. In recent years, however, the prominence of these approaches has shifted with the introduction of Artificial Intelligence (AI) as a technological alternative. This study analyses the implications of AI in shaping medical temporality, examining emerging transitions that juxtapose and mobilise epistemic and practical planes. Based on a case study in the Metropolitan Region of Chile, the research draws from focused ethnographies in expert workspaces and AI-guided clinical practices, using participant observation, interviews, and document analysis. The study employs abductive analysis to integrate empirical material with bibliographic elaboration. Findings reveal five key transitions: (a) from regulatory to algorithmic logics; (b) from inductive to iterative reasoning; (c) from sedentary to itinerant practices; (d) from stratified to interstitial sensibilities; and (e) from mechanical-digital to organismic frameworks. These transitions reshape how information is perceived and processed, impacting both medical practices and their temporal configurations. Medical temporality no longer unfolds linearly but emerges as a sensitive and dynamic framework in which past, present, and future become operative variables within iterative flows. This reconceptualisation challenges conventional notions of time in medicine. The paper concludes by discussing the epistemological implications of these shifts, particularly concerning how objectivity is defined in both specialised and routine healthcare procedures. AI thus not only reconfigures practical dimensions but also prompts deeper transformations in the very understanding of temporality within health systems.

Reconfiguring Trust: A Cartography of Trustworthiness of AI Systems in Healthcare

Hannah Piehl

Trust affects how artificial intelligence, a technology most cannot understand nor explain, travels through clinical development and practice. Limited validation, potential for errors, and uncertainty in handling its usage raise doubts about its reliability which in turn influence the implementation of AI technologies.

The trustworthiness of AI systems has received growing attention from multiple disciplines but research on AI trustworthiness itself has not yet been cohesively examined. This paper explores how different communities engage with trust in and trustworthiness of AI systems in healthcare, diving into how trustworthiness is constructed, contested, and critiqued. Rooted in an interdisciplinary scoping review, theoretical considerations, and expanded with empirical studies of AI-in-practice, it investigates from which communities, and with which approaches, narratives and imaginaries of trust – as well as entangled concepts, such as explainability and transparency – are dealt with.

By looking at the performative use of the term trustworthiness and reviewing the lack of deeper engagement in different strands of literature, I question which perspectives are heard, understood and missing in the research landscape. This allows a study of trust beyond a technical challenge to be solved but conceptualized as a relational and contested process involving negotiation among diverse actors. The paper marks the start of a comprehensive set of studies, centering the concepts distrust and mistrust and proposes a sociopolitical, participatory, reflexive and inherently critical approach to further investigate (research on) AI trust and trustworthiness.

Designing Care: Investigating Care Ethics and Developer Responsibility in AI Mental Health Applications

Meiting Wang

This study investigates how AI mental health application developers understand and practice care ethics in their work. As these technologies increasingly mediate psychological support for millions, developers' ethical responsibilities remain underexamined. I integrate Tronto's five-phase care ethics framework with Actor-Network Theory to develop a novel socio-technical analysis of care responsibility distribution in digital mental health ecosystems. Through in-depth interviews with 20 developers across diverse organizational contexts and analysis of product documentation, I examine the tension between scalable technology and personalized care, introducing two breakthrough concepts: "developers as care practitioners" and "care imagination"—how developers anticipate and respond to users' vulnerabilities under conditions of uncertainty. This research is expected to reveal how developers navigate competing responsibilities, identify potential "care gaps" where responsibility becomes diffused across human-technical networks, and document innovative "decorrelative ethics" strategies developers employ to balance algorithmic efficiency with empathetic responsiveness. Findings will challenge traditional boundaries between technical work and care work, potentially transforming how we conceptualize responsible AI development. The theoretical framework developed here offers a new paradigm for analyzing care ethics in technological contexts, while practical outcomes include concrete guidelines for embedding care considerations throughout the development lifecycle. This work represents a significant advancement in bridging abstract AI ethics principles with concrete development practices in technologies directly impacting psychological wellbeing.