CURATOR BEYOND PROTOCOL. THE EMERGING FIGURE OF CARE IN MEDICINE AND RESEARCH IN THE AGE OF AI

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Abstract: Curare: to care, to attend, to be responsible before any structure of rule or system takes form. From this root, two trajectories emerged: to cure, the impulse to restore and stabilise what is at risk, and curator, the one who selects and organises meaning within an overwhelming field of possibilities. From museums to archives, and now within knowledge systems shaped by computation, these trajectories start to converge.

As AI expands across medicine, research, and knowledge production, roles dissolve into automation. Protocols replace decision, while judgment is redistributed. Outcomes no longer arise from a single act but unfold across processes, where responsibility becomes less visible and more diffuse—the They (*das Man*).

If intervention diminishes, one might expect responsibility to recede. Instead, it intensifies. Care, in its phenomenological meaning, remains the integrative structure of being, although now mediated differently. What disappears is not work, but unreflected work. What returns is judgment. The future does not eliminate responsibility—it concentrates it.

You probably don't expect this. But here is my claim: Curator is the job of the future—a transversal role of the future.

The Curator does not simply process what systems produce, but selects, holds, and decides what matters within excess—with care. In medicine, this means the

patient is not reduced to a dataset. In research, that knowledge is not flattened into availability. In both, care ought not to vanish into the They. The Curator selects within abundance without reducing it, resisting the anonymity of what "one does".

Curare reappears thus as a unified gesture, where to cure and to curate draw together, and responsibility is re-situated without dispersal.

Keywords: AI, care, medicine, research, Heidegger, curator, resoluteness, disclosedness

1. PHENOMENOLOGICAL ETYMOLOGY

There is a Latin verb that has been quietly at work for two millennia, branching and bifurcating, sending one tendril into the whitewashed silence of the hospital ward and another into the hushed, temperature-controlled vaults of the museum. *Curare:* to care, to attend, to be responsible before any system, any protocol or institutional structure had yet closed around the gesture. That's one of those words that did not merely name a thing but held a posture toward the world.

From this root, two trajectories emerged:

The first gave us *cure*—curare entering medicine as the imperative of restoration: to attend the body that has failed, to bring it back across the threshold of breakdown. The physician who cures is mobilised by crisis. Illness calls, and the response is technical, urgent, and directed at a specific deviation that demands correction. The object is the patient; the goal is recovery; the arc is from disruption back to equilibrium. Cure is, in this sense, the trajectory between malfunction and restoration, between the lesion and its closure. It is intervention with a defined endpoint.

The second gave us *curator*—curare entering culture not as a response to breakdown but as a response to excess. The word migrates first through Roman law, where the curator was the legal

guardian assigned to one who could not effectively take charge of their own affairs—a minor, an estate whose owner had disappeared and left it to the mercy of circumstance. The curator, here, does not cure. He *oversees*. He is the one appointed to stand between a vulnerable entity and the chaos that would otherwise consume it. From legal guardianship, the word drifts further: into archives, into ecclesiastical collections, into the great cabinets of curiosity from which our modern museums descend. By the 19th century, the curator had become a figure of *selection*, of arrangement, of the imposition of meaning upon the bewildering surplus of accumulated things.

Where the physician faces scarcity—a body with too little function—the curator faces abundance: objects, artefacts, images, specimens, all demanding to be held, interpreted, and placed in relation to one another.

Here, then, is the fork in the road. And it's worth pausing for a moment, for here is the quiet provocation that will carry us forwards: both remain, beneath every divergence of method and context, *gestures of curare*. Both the physician and the curator are, at their core, figures who have accepted a particular kind of responsibility: the responsibility of standing between a vulnerable entity—a body, a collection, a body of knowledge—and the forces that, left unattended, would diminish or dissolve it. Both must, before they intervene or select, be present to what they face in a way that no protocol can fully prescribe.

Now, at the threshold of the Age of Artificial Intelligence, this common structure surfaces with unexpected urgency. For what AI is doing, among its many other operations, is disaggregating precisely these two figures: automating the cure, redistributing the curation, and in doing so, raising—more sharply than any previous technology has raised it—the question of what remains when the technical execution is handled elsewhere.

Before the curator curates, he must first care—care for the meaning of the objects, for the story of the archive, for the responsibility of selection. And before the doctor cures, he must first care for the person.

Care remains, thus, not as sentiment. Not as bedside manner. But as the integrative structure of human engagement with the world, the phenomenological root from which both trajectories sprang and to which both are now being returned.

The machine does not care in this sense; it calculates. It does not cure in the human sense; it predicts. It does not curate meaning; it sorts data. And so, the question that emerges is: can we imagine a curator beyond protocol? A figure who, in the age of AI, becomes the guardian of care, not merely of outcomes, but of meaning, responsibility, and judgment.

2. AI AND THE REDISTRIBUTION OF ACTION

Something has shifted in the room where decisions are made. It happened gradually, then—as Marx once said about revolution—all at once, though the same pattern applies to subtler shifts of different kinds. The room itself looks much the same: the desk, the screen, the notes, the patient file. But the sequence has changed. Where once a trained mind moved from observation to judgement, pausing at the threshold of uncertainty long enough to feel its weight, something now arrives before the judgement does. A recommendation. A score. A probability rendered in clean percentages and colour-coded confidence intervals. The algorithm has spoken, and the clinician—or the researcher, or the archivist of knowledge—must now decide not what to think, but whether to agree.

This is an inversion that deserves to be looked at steadily.

As artificial intelligence expands, roles begin to dissolve into automation. The clinician, the statistician, the editor, the archivist—each is slowly reconfigured, not by some violent rupture, but by a gentle, almost imperceptible drift: the tool becomes the task, the interface becomes the act, the algorithm becomes the agent.

Artificial intelligence enters medicine and research not as a tool in the older sense—the scalpel, the microscope, the statistical table—instruments that waited, inert, for a human hand to direct them toward a question. It enters as something closer to a prior voice: a system that has already processed the data, already detected the pattern, already generated the output before the practitioner has fully formed the question. The diagnostic imaging algorithm flags the anomaly before the radiologist has access to the image. The literature-mining model surfaces the relevant studies before the researcher has articulated the full task.

This is, in one register, extraordinary. The speed, the scale, the capacity to hold in simultaneous view what no individual mind could hold—these are genuine gifts for wellbeing, and it would be a form of sentimental conservatism to refuse them. Medicine has always incorporated technology that extended the physician's reach.

Now, consider what protocols do, at their best and their worst simultaneously. A protocol is a crystallised collective judgement—the accumulated wisdom of previous cases, previous errors, previous recoveries, rendered into a procedure that can be applied without reinvention at each new encounter. It is, in this sense, genuinely valuable. The protocol protects the patient from undertraining or inattentiveness. It standardises care across contexts where variation might prove fatal.

What protocol cannot do—what it was never designed to do—is attend to the singular. Every protocol addresses a category: patients presenting with these symptoms, studies exhibiting these characteristics, datasets of this type. The patient standing before,

however, is not a category. He is a specific man or woman with a specific history, a specific set of fears, a specific economy of meaning in which her illness is situated, a specific relationship to what the recovery might mean in his particular life.

AI amplifies this tension. Where the protocol was a document the practitioner could read, question, and consciously invoke, the algorithmic recommendation is often the output of a process that cannot be fully inspected—a pattern extracted from millions of prior cases by a model whose internal logic resists the kind of step-by-step justification that clinical reasoning requires. The recommendation arrives with authority; its genealogy is opaque. And here, at precisely this point, the redistribution of responsibility begins.

Outcomes, in AI-mediated medicine and research, no longer arise from a single legible act. They unfold across processes: the training data, the model architecture, the deployment context, the clinician's degree of trust or scepticism, and so on. Responsibility is distributed across this chain in a way that makes it, at each individual node, appear diminished. Each can point elsewhere, and each will be partly right.

This is what Heidegger recognised in his account of *das Man*—the They, the anonymous collective that acts without anyone acting: one does it this way, one follows the recommendation, one applies the protocol.

> The "who" is not this one, not that one, not oneself [man selbst], not some people [einige], and not the sum of them all. The 'who' is the neuter, the "they" [das Man]. (...)
>
> We take pleasure and enjoy ourselves as they [man] take pleasure; we read, see, and judge about literature and art as they see and judge; likewise we shrink back from the 'great mass' as they shrink back; we find 'shocking' what they find shocking.
>
> (Heidegger 1962, §27: 164)

In our case, however, responsibility does not disappear; it disperses. More precisely, what disperses is *unreflected responsibility*—the kind that hid inside routine, that sheltered in the procedural, that could excuse itself by pointing to the protocol already in place.

What remains, stripped of those shelters, is judgment in its purest and most demanding form.

The structures that currently govern education and training were designed, in large part, to prepare people for the work that is now being automated. The curriculum teaches the procedure; the examination tests the protocol; the residency builds the reflex. Very little of this prepares anyone for the specific difficulty of standing between an algorithmic recommendation and a singular human being, and deciding what care requires.

And so, the Curator of the future is not merely the one who sifts images in a museum or arranges objects in an archive. The Curator is the one who, in the age of AI, stands precisely at this threshold: between the anonymous "one does" and the specific "I". The Curator does not simply process what systems produce; he selects, holds, and decides what matters within excess—with care.

3. Care as Ontological Structure (M. Heidegger) / The Structure beneath the Structure

There is a passage in *Being and Time* that most readers of Heidegger encounter and then, somewhat uneasily, move past—as one moves past a window in a corridor that opens onto a view larger than one has time, just then, to absorb. The passage concerns *Sorge* (Care). Not care in the practical register—not the warm affect of the attentive nurse, not the compassionate disposition enshrined in hospital mission statements—but care as an ontological structure: the fundamental mode in which human existence is organised, prior to any particular emotion or any particular act.

> Because Being-in-the-world is essentially care, Being-alongside the ready-to-hand could be taken in our previous analyses as *concern*, and Being with the Dasein-with of Others as we encounter it within-the-world could be taken as *solicitude*. (Heidegger 1962, §41: 237)

Heidegger's claim is this: care is not something that human beings occasionally feel or practise. It is what humans are, at the level of their being. The "I", as living here and now, namely the beingness that is always already in a world, always already engaged with things and others, always already thrown into a situation it did not choose, is constituted, in its very structure, by *Sorge*. Humanly existing means to be ahead of oneself, already in a world, alongside things that matter. These three dimensions—projection, thrownness, falling—are not three separate phenomena but three aspects of a single structure, and that structure is *care*.

> Care, as a primordial structural totality, lies 'before' ["vor"] every factical 'attitude' and 'situation' of Dasein. (Heidegger 1962, §41: 238)

> Care as "the Being of Dasein" (Heidegger 1962, §42: 241)

Let us stay with this a moment.

Being-ahead-of-itself (*Sich-vorweg-sein*) is not to be anxious or ambitious. It is the ontological fact that human existence is always oriented toward its own possibilities, always already in relation to what it might become, what it might do, what it might fail to do.

> "Being-ahead-of-itself" means, if we grasp it more fully, "ahead-of-itself-in-already-being-in-a-world". (Heidegger 1962, §41: 236)

You do not first exist and then project possibilities onto yourself from outside; the projecting is the existing. This is why a human being in a hospital room is never merely a body presenting symptoms. He is someone with a life that extends behind and before, a life structured by possibilities he holds, consciously or not, as his own.

To be *already in the world* (*Schon-sein-in-der-Welt*) is to recognise that existence is never a blank slate encountering a neutral environment. *Dasein*—the human—is always already situated in a language, a culture, a body, a history of relationships, a specific set of vulnerabilities and capacities that were never chosen but are nevertheless constitutive. The physician is also already in a world—in a professional culture, an institutional structure, a tradition of practice, a set of habits and prejudices so thoroughly absorbed they have ceased to feel like prejudices at all. When an AI system is introduced into this world, it does not arrive in a vacuum. It arrives into these sedimentations, these inherited ways of seeing and not seeing, and it will be received—trusted, questioned, delegated to, resisted—through the lens of everything that already structures the practitioner's engagement with their work.

To pretend otherwise, to treat the integration of AI into medicine as a purely technical problem of optimisation and interface design, is to misunderstand, at a fundamental level, what is actually happening.

To be *alongside things* (*Sein-bei — being-with / being-alongside*) is to recognise that our world is not a collection of neutral objects to be processed but a field of significance: things matter, resist, call for attention, recede into the background, press forward with urgency. The patient is not data. The diagnosis is not an output. The research finding is not merely a result. Each is saturated with significance—ethical, existential, relational—that cannot be reduced.

Now here is where etymology and ontology converge in a way that is not merely elegant but philosophically significant.

We noted that *curare* branched into: *cure*, the restoration of what is broken, and *curator*, the stewardship of what must not be lost. We noted that each took its own path, developing its own institutional forms, its own professional identities, its own relationship to knowledge and responsibility. But beneath those divergent paths,

something persisted—a common root that was never merely linguistic. Curare names, in its pre-institutional, pre-specialised form, precisely what Heidegger identifies as *Sorge*: orientation.

This is not a sentimental objection to efficiency. It is a structural one. Care, as *Sorge*, is not a supplement to clinical or research practice; it is its foundation. Remove it, and what remains is technically competent but existentially hollow: procedures executed, protocols followed, outputs generated—and yet something essential has gone missing,

There is a further dimension of Heidegger's analysis that bears directly on the present moment. In his account of *das Man*—the anonymous *They* that disperses responsibility across the collective—he is not describing a failure of individual character but a structural tendency of existence itself. *Dasein* (the human in its concrete existence), he argues, tends naturally toward the They: it is easier, less demanding, less vertiginous to act as one acts, to follow what one follows, to delegate to the system what the system will readily accept.

Authenticity—*Eigentlichkeit*, being one's own, assuming one's ownmost possibilities—is not the default. "(...) authentic existence is not something which floats above falling everydayness" (Heidegger 1962, §38: 224). It is an achievement, won against the gravitational pull of the impersonal. Artificial intelligence, deployed without reflection, intensifies this gravitational pull enormously. When the recommendation arrives before the question, when the output precedes the judgement, when the system's authority is backed by millions of prior cases whilst the practitioner's authority is backed only by his individual training, the pull toward the They becomes nearly irresistible.

Against this type of situation, Heidegger's lens does not offer a romantic individualism—the heroic individual who trusts only his gut, who refuses the algorithm on principle, who mistakes

stubbornness for authenticity. What he offers, rather, is the concept of *resoluteness* (*Entschlossenheit*): the capacity to hold open the question of what a situation genuinely demands, to resist premature closure, to remain present to the specificity of what is actually here.

> *Resoluteness* (*Entschlossenheit*): This distinctive and authentic disclosedness (*Erschlossenheit*), which is attested in Dasein itself by its conscience. (Heidegger 1962, §60: 343).
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> Resoluteness brings the Self right into its current concernful Being-alongside what is ready-to-hand, and pushes it into solicitous Being with Others. (Heidegger 1962, §60: 344)
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> "Resoluteness" signifies letting oneself be summoned out of one's lostness in the "they". (Heidegger 1962, §60: 345).
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> Resoluteness, however, is only that authenticity which, in care, is the object of care [in der Sorge gesorgte], and which is possible as care—the authenticity of care itself. (Heidegger 1962, §60: 348).

It is attention—sustained, disciplined, responsible attention to the singular. And that, it turns out, is a very precise description of what the Curator does.

4. Conclusion

Let us think of a student, or a doctoral candidate here, at the University of Medicine, somewhere in the early years of a career that will unfold almost entirely within AI-mediated practice. He is learning right now how to read a scan, how to interpret a biopsy, how to navigate the literature of his field. He is also learning—though the curriculum does not yet name it explicitly—how to relate to systems that will, in many of the technical operations he is being trained to perform, outperform him. The question education has not yet fully faced is not whether AI will be present in his practice. It will. The question is what kind of human being he will be when he stands between the algorithm and the patient, and what that "standing between" actually requires.

And that is this capacity to hold such questions open—not indefinitely, not as paralysis, but as the ongoing background of responsible practice—which is precisely what Heidegger meant by resoluteness (*Entschlossenheit*): a mode of authentic existence.

In research, the implications unfold with the same underlying logic. The doctoral researcher, for instance, who uses AI to process literature, to generate hypotheses, to identify patterns across datasets that no individual mind could traverse—he is not doing something neutral. Every methodological choice embeds an assumption about what knowledge is, what counts as evidence, what kind of question is worth asking.

AI systems, trained on existing literature and existing data, tend, at present—structurally, not maliciously—to reproduce the questions that have already been asked, to surface the patterns that existing frameworks make visible. They are, in Heidegger's vocabulary, deeply *Verfallen*—falling, absorbed in the already-interpreted world, the world as it has already been organised, categorised, and made available for consumption. The researcher who does not know this will use these tools as if they were neutral amplifiers of his own thinking. The one who does know it will use them differently: as extraordinarily powerful instruments for traversing the known, combined with a sustained, self-conscious effort to ask what the known is not yet seeing.

This is curatorial work in the precise sense: the selection, within abundance, of what genuinely matters; the refusal to let availability determine significance; the insistence that the archive, however vast and well-organised, does not exhaust the real.

Here, the ethical dimension is not a separate layer applied on top of the methodological. It is constitutive. To *care* about knowledge—in the *Sorge* sense—is to be responsible for its integrity before any particular result arrives. It means asking, at the level of design and not merely of reporting, whether, for example, the training data is

representative of the populations whose health depends on the model's accuracy; whether the outcome metrics selected reflect what patients actually value or merely what is computationally convenient to measure; whether the speed of AI-assisted publication is serving the accumulation of genuine understanding or merely accelerating the accumulation of outputs that perform the appearance of understanding.

These are not exotic questions reserved for bioethics seminars. They are practical questions that arise—or should arise—at every stage of AI-mediated research. And they require, for their adequate handling, the capacity Heidegger calls authenticity: the readiness to take over one's own existence as one's own, to hold one's possibilities in clear view, and to resist absorption into the anonymous drift of "one proceeds as one proceeds".

In clinical practice, the convergence of cure and care—of curare in both its trajectories— becomes most visible, and most urgent, at the moments where the algorithm reaches its limit. Not its computational limit, though that exists too, but its existential limit: the point at which the pattern extracted from millions of prior cases encounters the irreducible singularity of the person in the room. This is what the curriculum shall introduce: how to attend better. How to be present to what the algorithm cannot see, not because the algorithm is deficient but because what it cannot see is constitutive of the human situation—the singular, the contextual, the existentially saturated.

There is also an institutional dimension that cannot be avoided. The risk, at this level, mirrors the risk at the individual level that the redistribution of technical work toward automation will be accompanied by the redistribution of responsibility. That the hospital will defer to the algorithm, the algorithm will defer to its training data, the training data will defer to the historical patterns it was assembled to reflect, and somewhere in this chain of deferrals,

the patient will find that no one, specifically, is answerable for what happened to him.

Against this, the concept of the Curator offers not merely a job, or a metaphor, but a structural principle. In the museum, the curator is the figure who cannot defer. He can consult the catalogue, engage the conservators, study the provenance records, commission new research—but at the end of this process, he must decide what goes on the wall. The decision is hers. Its consequences are visible, attributable, and open to questioning. He cannot point to the collection and say that the collection decided. He cannot point to the algorithm that analysed visitor engagement data and say that the algorithm selected. He is, in an authentic way of existence, the one who selected, and remains answerable for the selection.

The attentive examination, the laborious literature review, the slow accumulation of clinical judgement through years of practice are being progressively handed elsewhere. What cannot be handed elsewhere is the act of caring. What cannot be delegated to any model, however large, however accurate, however confidently recommended, is the moment of genuine encounter—the moment in which a human being stands before another human being, or before a body of knowledge, or before a decision whose consequences will fall on real lives, and chooses to be fully, responsibly, unreservedly present.

That moment—sustained, cultivated, practised as a discipline rather than left to temperament or sentiment—is what the future of medicine and research will require.

You probably do not expect a job advertisement. But here it is. The Curator is the job of the future—not a metaphor for it, not an analogy with it, but its most precise and demanding description. A transversal role, cutting across medicine and research and knowledge production and institutional life, defined not by a single discipline or a single set of technical competencies but by a capacity:

the capacity to select within excess without reducing it, to hold the singular in view within the general, to maintain responsibility at the point where systems are most aggressively trying to disperse it, and to do all of this with the full weight of *curare*—to cure and to curate and, beneath both, to *care*.

This word was there before the institutions. It will be there after the algorithms have been revised, retrained, and replaced by whatever comes next.

REFERENCES

Gadamer, H.-G. 2006. *Truth and Method*. London: Continuum.

Hegel, G. W. F. 1970. *Werke in 20 Bänden*. Frankfurt am Main: Suhrkamp Verlag.

Hegel, G. W. F. 1977. *Phenomenology of Spirit*. Trans. A. V. Miller. Oxford University Press.

Hegel, G. W. F. 2001. *The Philosophy of History*. Trans. J. Sibree. Kitchener: Batoche Books.

Heidegger, Martin. 1962. *Being and Time*. Translated by John Macquarrie and Edward Robinson. Oxford: Blackwell

Heidegger, Martin. 1972. *Sein und Zeit*. Tubingen Max Niemeyer Verlag.

Heidegger, Martin. 1999. *Ontology–The Hermeneutics of Facticity*. Bloomington: Indiana University Press.

Herder, Johann Gottfried. 1800. *Outlines of a Philosophy of the History of Man*. New York: Bergman Publishers.

Herder, Johann Gottfried. 1965. *Ideen zur Philosophie der Geschichte der Menschheit*, 2 Bände. Berlin und Weimar: Herausgegeben von Heinz Stolpe.