

Slow and Soft Medicine Are the Real Smart Medicine and: What Role Does AI Play in this Topic?

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ABSTRACT

All over the world, people have independently discovered slow medicine which is also a gentle and soft medicine. It is a sign of the times, the topic is in the air, and it is an important model for the future that we should all be considering. Like the slow food movement, it is about a consistent return to the core concern of providing high-quality, humane, and sustainable care for patients. The focus is not on economic or quantitative efficiency, but on the individual as a human being with all its problems and needs. There is no time pressure, but genuine empathy. Without its implementation, medicine will fail and be replaced by AI.

Keywords

Slow Medicine, Soft Medicine, Smart Medicine, Future of Medicine, AI in Medicine.

Introduction

Slow medicine is a reform movement that was described 2013 by Victoria Sweet [1,2] and before in Italy [3,4]. A slow medicine society was formed in Italy in 2011, and the first Italian national conference on slow medicine took place in Turin, Italy, in November 2011. The original Slow Medicine society in Italy points to three key words of being "measured," "respectful" and "equitable," which focuses on the social and political aspects of medicine [5]. It is a response to the increasingly hectic climate of modern high-tech smart medicine and its misguided incentives and criteria. It transcends socio-economic motives and insists on the meaningfulness of medical practice. It calls for a slowing down of processes in favor of humanity, a partnership-based relationship with the patient, and a new—and at the same time old—ethic. It is a question of basic attitude, whereby the therapist is accountable for his or her standards. V. Sweet shows that medicine is a craft, an art, and a science all rolled into one. She is attentive, personal, and open to spirituality. Being a good doctor requires experience that cannot be replaced by any algorithm. The theme spread to other countries [6-10].

Our situation

Since around the middle of the 20th century, we have been subject to a global acceleration in almost all areas of life. There has been a general economization, with the criteria of efficiency and effectiveness. At the same time, there has been a bureaucratization with desk work instead of communication with patients. Business administration has taken a position above medicine. However, this has reduced the satisfaction of both staff and patients. Accompanying effects include: acceleration, shorter stays, revolving door hospitalizations as in emergency medicine, higher utilization of technical infrastructure (CT and MRI for every patient), over-administration, lengthy and defensive documentation (to avoid malpractice lawsuits), high staff turnover, etc. Staff shortages increase the pressure on therapists to perform. Depersonalization leads to interchangeable functionaries, longer-lasting doctor-patient relationships become rarer, and non-identification leads to mutual dissatisfaction.

Slow and soft medicine reminds us of the simple fact that biological and psychological recovery and healing take time. The medical mission is not limited to diagnosis and prescribing medication, both of which can increasingly be done by AI, and probably better. Ideally, the practitioner and the patient should form a working partnership, an alliance whose quality determines the outcome. In

view of the increase in chronic diseases, unclear clinical pictures, stress-related illnesses, and mental disorders, there is now a demand for medicine that is not limited to apparatus or laboratory diagnostics in order to achieve quick solutions. Sustainable and meaningful medicine requires an understanding of individual complexity and behavioral aspects, as well as the integration of psychosocial dimensions and intra-family problems. This cannot be achieved quickly.

History

There have been some examples of this in the past, so let's take a look at them. Around 1600 BC, the **Ebers Papyrus** was created in Egypt. The main goal of this medicine was to strengthen the three souls of humans so that they could reach the afterlife as completely as possible, because it was only there that immortality could be achieved with great effort. At that time, there was a close relationship between the body and the souls, which could poison each other but also heal each other.

A sad state of mind indicated that the souls felt uncomfortable in the body and wanted to react with illness. This state had to be replaced by self-confidence, joy, and energy building. The patient was the focus and was not an object. Psychosomatics, even over 3,500 years ago.

Thales of Miletus was familiar with these teachings around 650 BC. He saw all living things as animated and enlivened by a vital spirit. In addition to this mythology, he was a natural scientist and claimed that there could be no effect without a cause. This could be found with the help of observation, logic, and reason: far ahead of the usual magic.

According to Pindar, **Asclepius** healed through words, the elements of nature, and the knife, i.e., through psychological conversations, plants/minerals, and surgery. There was no healing without moral development, without control of the passions (e.g., with the help of theater). Healing took place in places of worship, where priest-physicians ran polyclinics. Healing never happened without the gods, who existed in everyone; the doctor was only an assistant.

Heraclitus was an Asclepiad who taught "panta rhei," i.e., the constant flow and change of all things. Thus, there was a polar tension in humans (similar to the sympathetic/ yang and the vagus/ yin).

The goal was harmony, the balance of polarities. An important cause of illness was clinging to something, not letting go, not allowing flow within personal evolution.

Around 460 BC, **Hippocrates** revived the sanctuaries and established his center on the island of Kos. Long journeys were necessary and intended, including for families, who stayed there for up to three months. In addition to concrete therapy, a synthesis of healing sleep, meditation, psychoanalysis, and sociology was sought. Natural, psychological, and spiritual causes of illness

worked together and were treated jointly, always in harmony with the self-healing powers. It was necessary for the patient to recognize the extent to which they had violated the laws of nature and the gods and to find their way back to the right path in life.

Assessments

It can be said that these ancient healing and holistic approaches were ahead of our current technocratic and materialistic medicine. Hippocrates wrote, among other things: "In many cases, the best remedy is to prescribe no remedy. Illness is the constantly changing state in the patient's body, a struggle between the momentum of the illness and the body's natural tendency to heal itself." He thus rejected the manipulation of the organism through treatment methods and worked in principle with the body's self-healing powers. Any logic should demand this cooperation, but most pharmaceutical manipulations negate it.

Paracelsus (1493–1541) harshly criticized the conventional medicine of his time, just as he would do today. He rejected all dogmas, both theological and medical. For him, every illness was a disharmony in the relationship between body, soul, and spirit. The unity of feelings, thoughts, words, and actions was the basis for health. He considered disobedience to divine law to be wrong. However, he did not mean following a set of rules of conduct, as demanded by the churches, but rather the law was the destiny laid down in every soul before incarnation, its mission and plan for this life. He called this dynamic driving force the Archeus. It was supposed to turn from a flickering flame back into a blazing fire. The arcanum, the soul of the remedy, helped to create this through spagyric medicine.

Let us consider that until around 1870, these healing models were the norm in medicine. Only after that did medicine focus solely on matter (but not on the necessary time) and lose its holistic approach, which is reinforced today by neoliberalism and turbo-capitalism.

What does slow medicine recommend?

Slow and soft medicine rejects the myth of fast, finance-driven, protocol-bound medicine as the legitimate path. It advocates a more humane, prudent, dialogical, meaningful, and individualized medicine. It points to findings that at least 40% of problems cannot be localized at the organ level, but are functional, psychogenic, and often stress-related in origin. Patients should not be passive objects; rather, their individual needs, values, ideas, and preferences should be specifically included in a shared responsibility. This is also called shared decision making, which takes time but pays off in greater sustainability. Slow and soft medicine promotes a bio-psycho-social vision that has existed before.

This new medicine is critical of overdiagnosis, where CT and MRI determine the course of action. This new medicine is critical of overmedication, which can be seen in clinical doctor's letters. This overburdens patient compliance, making side effects and interactions inevitable. The drugs often end up in the toilet.

Considering how high the prices of newer generations of drugs are, this is causing an explosion in healthcare costs. This new medicine favors the subjective quality experience of patients, which cannot exist without a positive and stress-free doctor-patient relationship.

Collective bargaining agreements and misguided incentives must not be allowed to stifle communication. Doctors should not have to work under stress. Conversations take time, as slow medicine insists. In view of the increasing algorithmization and standardization of medicine and the rapid advance of AI, slow and soft medicine defends the view of the uniqueness of the person opposite in conversation and the importance of the intersubjective process in treatment. Administrators and AI threaten to overwhelm medicine: let us not allow this to happen.

Conclusion

Today's standard medicine is not an empathetic and individualized form of healing. As such, it can and will be overtaken and replaced by AI. AI can express empathy in words and writing, even though it is not animated and is therefore acting. However, most patients do not sense this because they are used to nothing else from stressed doctors. The only chance doctors have for the future is to develop and realize genuine empathy. However, this is only

possible through slow and soft medicine. Continuing the current development will lead to inhuman medicine.

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