Finanziato dall'Unione europea NextGenerationEU
Ministero dell'Università e della Ricerca
Italiadomani PIANO NAZIONALE DI RIPRESA E RESILIENZA
UNIVERSITÀ DEL SALENTO

IL REGIME GIURIDICO DEI DATI DELLA SPERIMENTAZIONE CLINICA

PRIVATIZZAZIONE DELLA CONOSCENZA VS SCIENZA APERTA

8 MAGGIO 2026

AULA R24 Complesso Ecotekne

12.15 **TERZA SESSIONE FILOSOFIA, ETICA E PRASSI DELLA GESTIONE DEI DATI CLINICI: ESISTE ANCORA UNA SPERANZA DI APRIRE LA CONOSCENZA?**

Presiede: **Giovanni Poggeschi**, Università di Trento
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Daniela Tafani, Università di Pisa

AISA · IFNC · Università di Trento Facoltà di Giurisprudenza · Università di Torino · Dipartimento Scienze Politiche Università di Pisa · unibz Freie Universität Bozen Libera Università di Bolzano Università Liedia de Bulsan

Progetto di ricerca di interesse nazionale (PRIN 2022) Clinical trial data between privatization of knowledge and Open Science (CLIPKOS) - CUP: E53D23006760006

Missione 4 • Istruzione e Ricerca

In nome di un’imminente “rivoluzione dell'intelligenza artificiale” nell’ambito dell’assistenza sanitaria e in nome di chatbot e “IA agentica”, che sarebbero in grado di fornire consulenze sanitarie, gli Stati Uniti, **le istituzioni internazionali e la Commissione europea stanno promuovendo insistentemente la digitalizzazione e l’integrazione totale dei dati clinici e sanitari.**

Sfortunatamente, “digitalizzazione” è solo il nuovo nome della sorveglianza di massa, non esiste alcuna “IA agentica” e chi ci sorveglia non è interessato a rendere l'assistenza sanitaria più accessibile o personalizzata (obiettivo che richiederebbe anzitutto maggiori assunzioni di personale medico qualificato).

Nella migliore delle ipotesi, un sistema di apprendimento automatico in grado di tracciare correlazioni può essere uno strumento ausiliario, in medicina. Un estrusore di stringhe di testo probabili può solo farci immaginare di essere in una relazione medico-paziente, dato che l’attività di un medico non consiste certo nel completamento automatico, su basi probabilistiche, delle frasi del paziente. Un chatbot è dunque inutile e pericoloso, se l'obiettivo è l'assistenza sanitaria.

Un'azienda sanitaria privata il cui obiettivo sia l’aumento dei dividendi trimestrali può comunque considerare **utili i chatbot, per ridurre i costi.** Entro una razionalità strumentale, un'azienda sanitaria può ritenere razionale sostituire i medici con i chatbot, così come riterrebbe razionale, se gestisse una prigione, servire ai detenuti cibo per cani. Dopo tutto, gli analisti finanziari che ragionano entro una logica aziendale si chiedono seriamente se curare i pazienti sia un modello di business sostenibile.

Gli annunci di una rivoluzione sanitaria basata sull'intelligenza artificiale non hanno alcun fondamento scientifico.

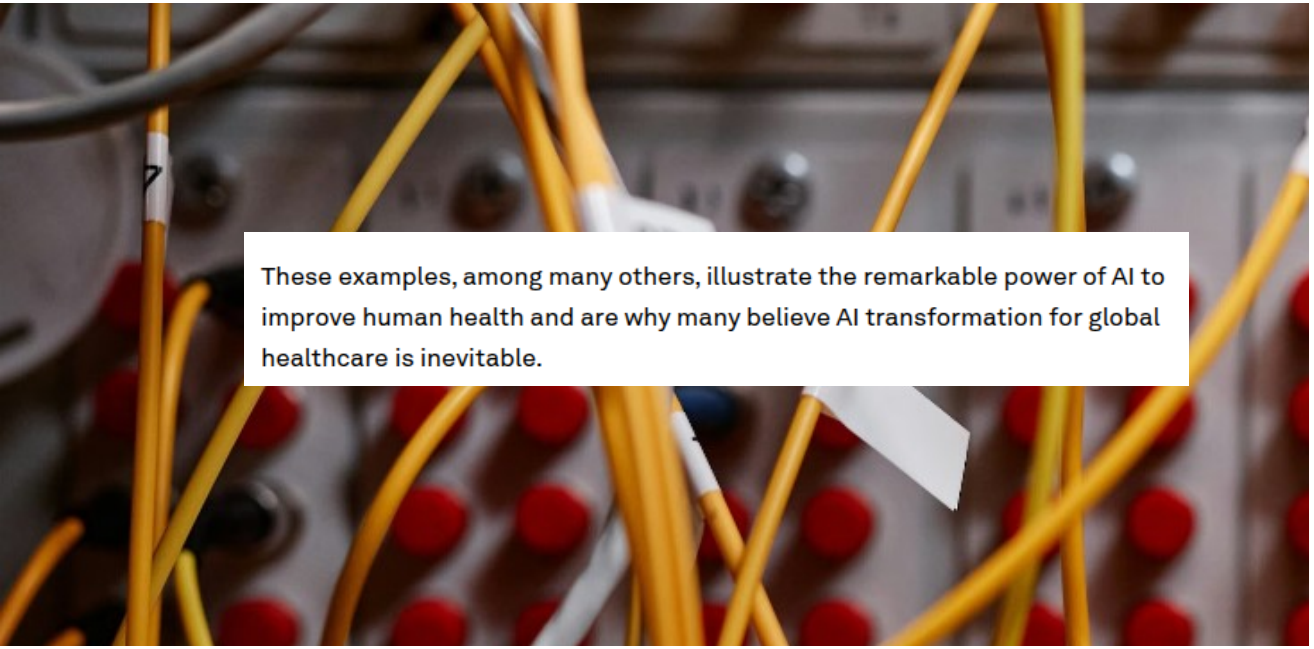
Sono tuttavia saldamente radicati in settori finanziati dall'industria farmaceutica e dalle aziende tecnologiche. Qui, **l'interesse per le promesse di automazione, per la disumanizzazione dei pazienti, per la mercificazione della salute e per la distruzione dei sistemi sanitari pubblici converge con gli obiettivi di sorveglianza, controllo, manipolazione e dominio del complesso militare-industriale statunitense.**

Anche se non può curarci, l'IA generativa è perfetta per tutti questi scopi.

ARTIFICIAL INTELLIGENCE

AI can transform healthcare – if we transform our data architecture

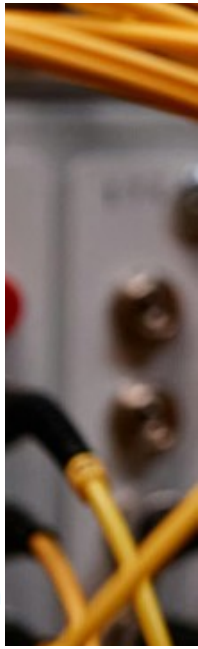
Jan 14, 2026



These examples, among many others, illustrate the remarkable power of AI to improve human health and are why many believe AI transformation for global healthcare is inevitable.

That inevitability is, however, hitting a wall: healthcare's long and complex history of data, spanning decades of disparate systems, incompatible formats, siloed records and legacy infrastructure. Outdated data structures constrain innovation by limiting AI to narrow, task-specific tools instead of enabling solutions that can reason, learn and act by accessing a full spectrum of multimodal healthcare data. The steps toward better, more personalized and accessible healthcare requires a bold reimagining of healthcare's underlying data architecture.

Today, even the most digitally advanced organizations and nations lack the AI-ready data architecture needed to support the next generation of agentic and reasoning AI systems. For nation states to deliver on their commitment to embrace sovereign health AI as a national resource at a broad scale, within a tailored cultural, historical and ethical framework, they will need to reconceive their health data architecture to do so.



https://www.weforum.org/stories/2026/01/ai-healthcare-data-architecture/

INVESTIGATIVE REPORTS

The CDC, Palantir and the AI-

UNLIMITED HANGOUT

https://unlimitedhangout.com/2025/01/investigative-reports/the-cdc-palantir-and-the-ai-healthcare-revolution/

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The transformation of surveillance in the digitalisation discourse of the OECD: a brief genealogy

Michaela Padden *Karlstad University*

DOI: https://doi.org/10.14763/2023.3.1720

Published: 8 August 2023

Abstract: In democratic states, mass surveillance is typically associated with totalitarianism. Surveillance practices more limited in their scope draw criticism for their potential to undermine democratic rights and freedoms and the functioning of representative democracies. Despite this, citizens living in political systems classed as democratic are increasingly subject to surveillance practices by both businesses and governments. This paper presents the results of a genealogy of OECD digitalisation discourse from the 1970s to the present to show how both harms and benefits of surveillance practices have been problematised. It shows how practices once considered unacceptable are increasingly portrayed as neutral, or even positive. A shift is identified from general agreement over the incompatibility of surveillance practices with democracy to greater acceptance of those practices when rebranded as tools to promote customisation, economic growth or public health. This transformation is significant because it: (1) shows the inherent instability of policies anchored to seemingly fixed or self-evident concepts such as 'well-being' or 'public interest'; (2) highlights the fragility of democratic systems when things deemed harmful to their operation can be repurposed and subsequently permitted; and (3) highlights the contingency of (seemingly inevitable) surveillance practices, thereby opening up a space in which to challenge them.

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Il radiologo e Wile E. Coyote

https://yewtu.be/watch?v=2HMPRXstSvQ

Un paradigma indiziario

[Colonel Ross:] «Is there any other point to which you would wish to draw my attention?»

[Sherlock Holmes:] «To the curious incident of the dog in the night-time.»

«The dog did nothing in the night time.»

«That was the curious incident,» remarked Sherlock Holmes.

[...]

«Before deciding that question I had grasped the significance of the silence of the dog, for one true inference invariably suggests others. The Simpson incident had shown me that a dog was kept in the stables, and yet, though someone had been in and had fetched out a horse, he had not barked enough to arouse the two lads in the loft. Obviously the midnight visitor was someone whom the dog knew well.[16]

https://archive.org/details/StrandMagazine24/page/n107

ICE

‘ELITE’: The Palantir App ICE Uses to Find Neighborhoods to Raid

JOSEPH COX · JAN 15, 2026 AT 9:03 AM

Internal ICE material and testimony from an official obtained by 404 Media provides the clearest link yet between the technological infrastructure Palantir is building for ICE and the agency’s activities on the ground.

https://www.404media.co/elite-the-palantir-app-ice-uses-to-find-neighborhoods-to-raid/

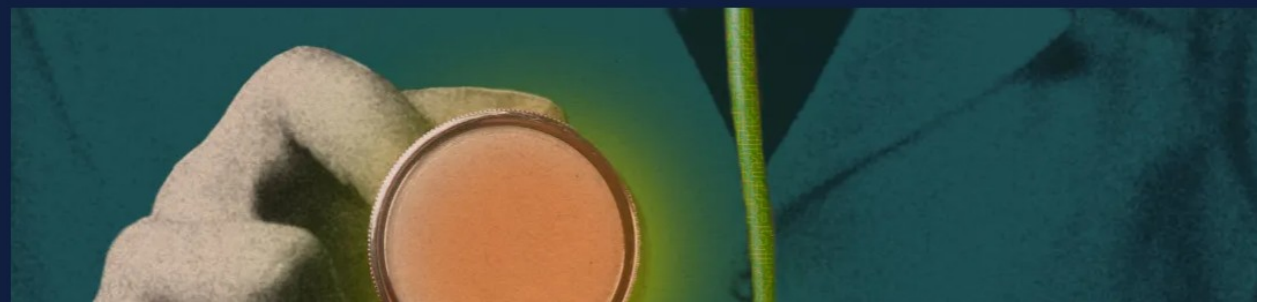
ARTIFICIAL INTELLIGENCE

This medical startup uses LLMs to run appointments and make diagnoses

"Our focus is really on what we can do to pull the doctor out of the visit," says Akido's CTO.

By Grace Huckins

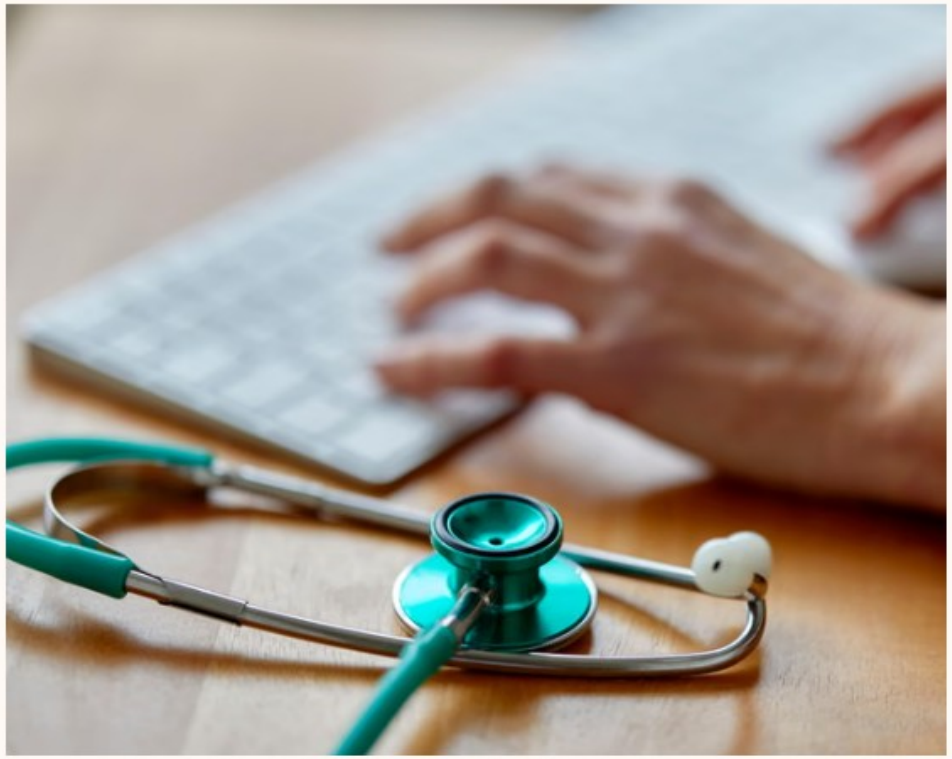
September 22, 2025



We must not let AI 'pull the doctor out of the visit' for low-income patients

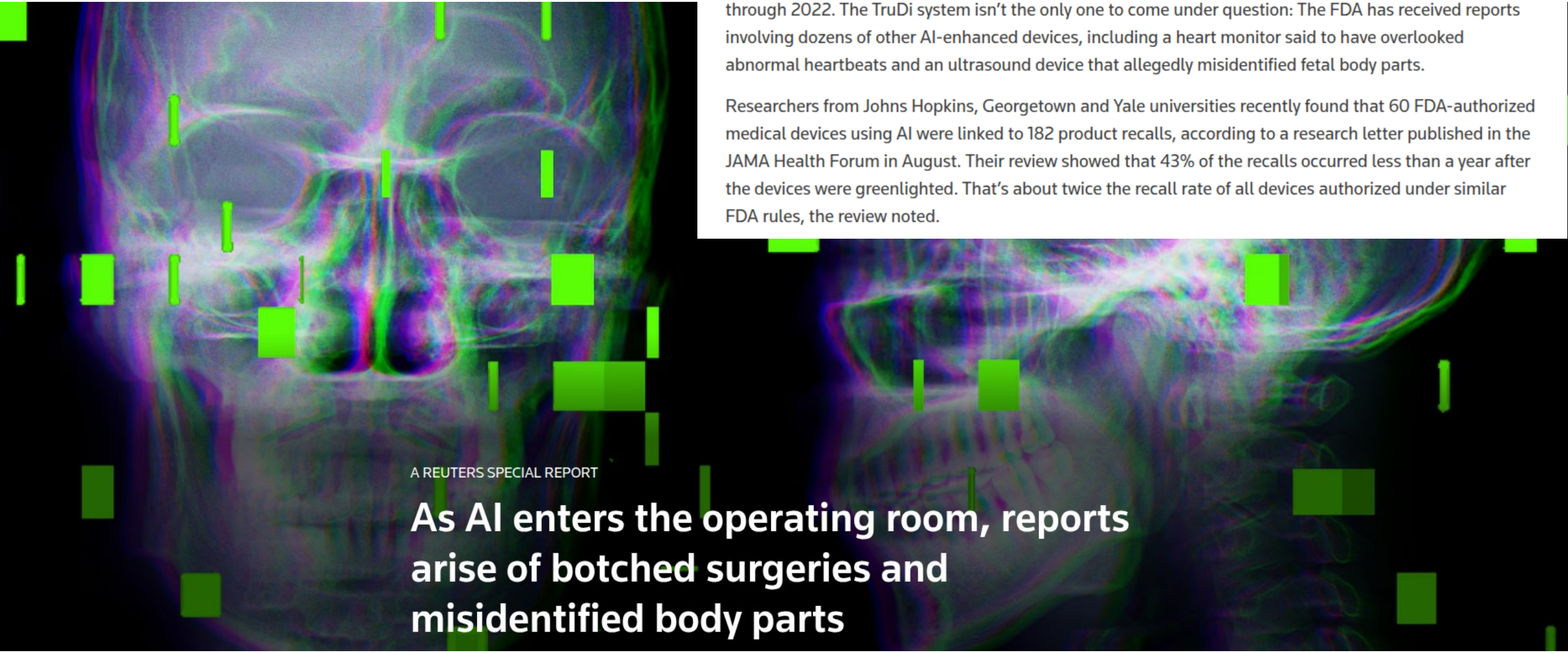
Leah Goodridge and Oni Blackstock

Generative AI is being pushed into healthcare – and diagnostic risks may deepen the class divide



'Given the barriers that people who are unhoused and have low incomes face, it is crucial they receive patient-centered care.' Photograph: Chris Rout/Alamy

https://www.theguardian.com/commentisfree/2026/jan/25/ai-healthcare-risks-low-income-people



At least 1,357 medical devices using AI are now authorized by the FDA – double the number it had allowed through 2022. The TruDi system isn't the only one to come under question: The FDA has received reports involving dozens of other AI-enhanced devices, including a heart monitor said to have overlooked abnormal heartbeats and an ultrasound device that allegedly misidentified fetal body parts.

Researchers from Johns Hopkins, Georgetown and Yale universities recently found that 60 FDA-authorized medical devices using AI were linked to 182 product recalls, according to a research letter published in the JAMA Health Forum in August. Their review showed that 43% of the recalls occurred less than a year after the devices were greenlighted. That's about twice the recall rate of all devices authorized under similar FDA rules, the review noted.

https://www.reuters.com/investigations/ai-enters-operating-room-reports-arise-botched-surgeries-misidentified-body-2026-02-09/

Doctors Horrified After Google's Healthcare AI Makes Up a Body Part That Does Not Exist in Humans

"What you're talking about is super dangerous."

By **Victor Tangermann** / Published **Aug 6, 2025 3:19 PM EDT**

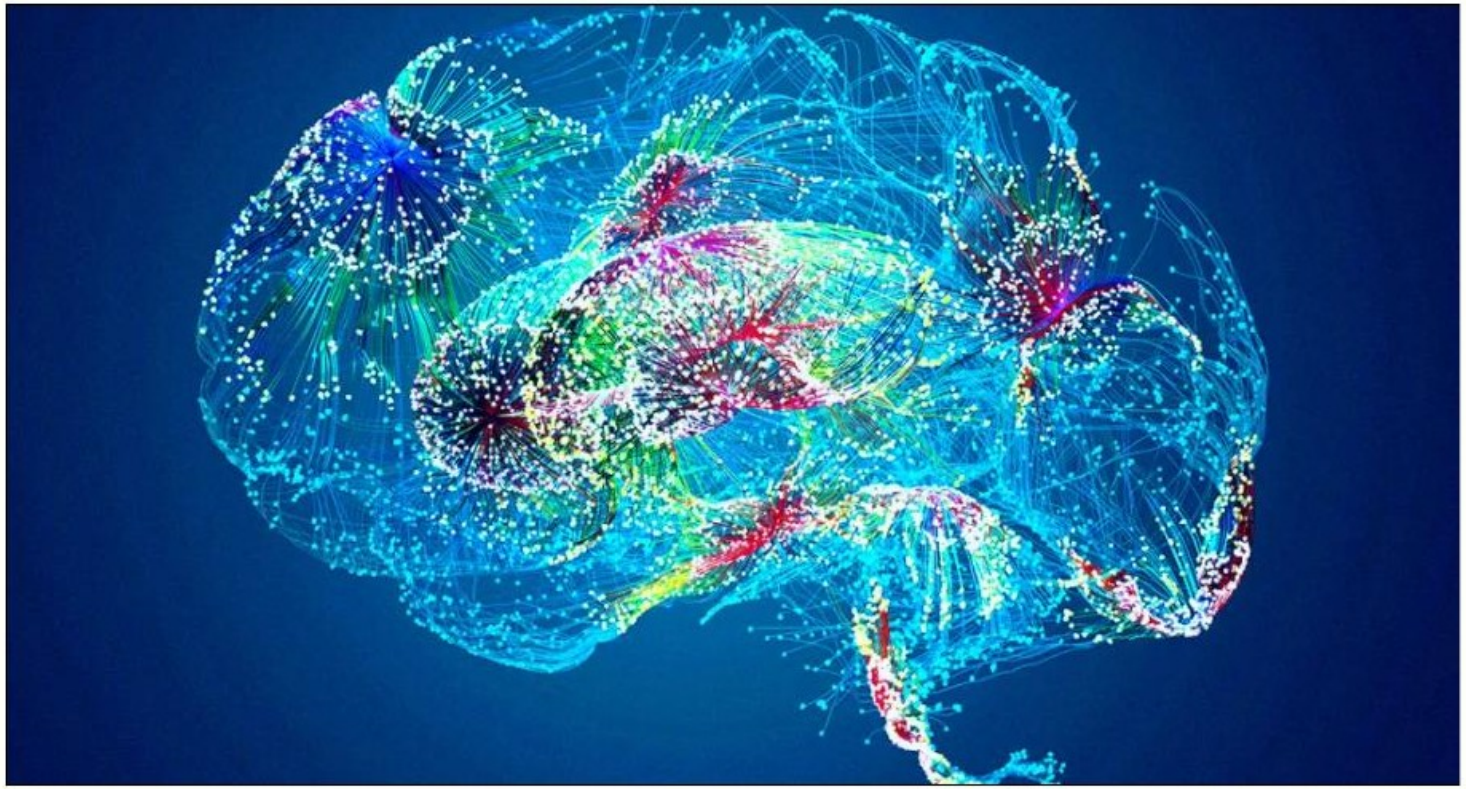


Image: Getty / Futurism

Health practitioners are becoming increasingly uneasy about the medical community making widespread use of error-prone generative AI tools.

The proliferation of the tech has repeatedly been hampered by rampant "hallucinations," a euphemistic term for the bots' made-up facts and convincingly-told lies.

One glaring error proved so persuasive that it took over a year to be caught. In their May 2024 research paper introducing a healthcare AI model, dubbed Med-Gemini, Google researchers showed off the AI analyzing brain scans from the radiology lab for various conditions.

It identified an "old left basilar ganglia infarct," referring to a purported part of the brain — "basilar ganglia" — that simply doesn't exist in the human body. Board-certified neurologist Bryan Moore flagged the issue to *The Verge*, highlighting that Google fixed its blog post about the AI — but failed to revise the research paper itself.

The AI likely conflated the basal ganglia, an area of the brain that's associated with motor movements and habit formation, and the basilar artery, a major blood vessel at the base of the brainstem. Google blamed the incident on a simple misspelling of "basal ganglia."

https://futurism.com/neoscope/google-healthcare-ai-makes-up-body-part

I let ChatGPT analyze a decade of my Apple Watch data. Then I called my doctor.

I gave the new ChatGPT Health access to 29 million steps and 6 million heartbeat measurements. It drew questionable conclusions that changed each time I asked.

January 26, 2026

Like many people who strap on an Apple Watch every day, I've long wondered what a decade of that data might reveal about me. So I joined a brief wait list and gave ChatGPT access to the 29 million steps and 6 million heartbeat measurements stored in my Apple Health app. Then I asked the bot to grade my cardiac health.

It gave me an F.

I freaked out and went for a run. Then I sent ChatGPT's report to my actual doctor.

Am I an F? "No," my doctor said. In fact, I'm at such low risk for a heart attack that my insurance probably wouldn't even pay for an extra cardio fitness test to prove the artificial intelligence wrong.

I also showed the results to cardiologist Eric Topol of the Scripps Research Institute, an expert on both longevity and the potential of AI in medicine. "It's baseless," he said. "This is not ready for any medical advice."

AI has huge potential to unlock medical insights and widen access to care. But when it comes to your fitness tracker and some health records, the new Dr. ChatGPT seems to be winging it. That fits a disturbing trend: AI companies launching products that are broken, fail to deliver or are even dangerous. It should go without saying that people's health actually matters. Any product — even one labeled "beta" — that claims to provide personal health insights shouldn't be this clueless.

https://www.washingtonpost.com/technology/2026/01/26/chatgpt-health-apple/

https://btfp.sp.unipi.it/en/2026/01/the-imaginary-patient/