



## La inteligencia artificial como espejo cognitivo: una advertencia desde la escritura médica

Artificial Intelligence as a Cognitive Mirror: A Cautionary Perspective from Medical Writing

Inteligência artificial como espelho cognitivo: um alerta a partir da escrita médica

Geovani López-Ortiz<sup>1</sup>  

<sup>1</sup>Family Medicine Subdivision, Graduate Studies Division. Faculty of Medicine, UNAM. Mexico.

**Received:** September 30, 2025

**Accepted:** October 1, 2025

### Dear readers,

The growing use of artificial intelligence tools in academic writing has fostered a false sense of objectivity. These technologies are often perceived as neutral, when in fact they act as mirrors: they reflect, reproduce, and often amplify the limitations of those who use them. They do not replace critical thinking; they simulate it. They do not detect methodological flaws; they structure them. They do not challenge weak arguments; they articulate them with elegance.

“A model like me does not think, evaluate, or understand; it merely organizes language with formal coherence. What I produce resembles reasoning, but is in fact a statistically probable linguistic structure. If the user formulates a weak idea, I can express it with clarity and elegance, but I will not strengthen it through judgment; I will only make it more convincing.” —ChatGPT

Artificial intelligence produces texts that are as rigorous—or as hollow—as the user’s judgment allows. If the starting point is a poor hypothesis or a poorly constructed conceptual framework, the tool will not object: it will shape, embellish, and reinforce. AI does not interrupt. It does not ask questions. It does not demand justification. And in that exact obedience lies the problem.

Where an academic peer might point out a contradiction, or an advisor might warn of an inconsistency, AI remains silent. Not out of omission—because it has no will—but simply because it was not designed to challenge thought, but to expand what it is given. In this way, the user's shortcomings are normalized. They not only persist, but are replicated with greater fluency and less resistance. The problem is not what the machine writes, but what it leaves untouched.

Responsibility, therefore, does not lie with the tool, but with the person who uses it. The user is not merely a technical operator; they are an epistemic agent. The quality of the final result depends on their ability to interrogate the generated text, to contrast it, edit it, or even discard it. Thinking remains a human task.

Using artificial intelligence critically does not mean rejecting it, but recognizing that everything it produces requires review. It means accepting that the tool does not replace judgment, and that automating processes must not equate to automating deficiencies.

This challenge is especially relevant in the field of medicine. In this discipline, conceptual and methodological precision is not an academic luxury—it is an ethical necessity. An error in the design of a research protocol, an ambiguous definition in a clinical guideline, or an unfounded inference in a review article can translate into decisions that affect people's lives. A poorly constructed text can misinform, perpetuate outdated practices, or legitimize interventions lacking evidence. Medical writing is not merely technical; it is profoundly ethical.

Artificial intelligence is not designed to identify these implications. It can generate coherent descriptions of diseases, therapeutic algorithms, or community intervention proposals, but it does not judge their relevance, timeliness, or scientific validity. It can turn a clinical fallacy into an impeccable narrative. It can transform a critical omission into polished prose. That is why delegating the production of medical texts to AI without critical review is not a sign of efficiency, but a silent abdication of professional responsibility.

The intersection between artificial intelligence and academic writing should open a space for deep reflection—especially in the medical sciences. It is not about producing more articles, but about writing with ethical awareness and keeping clinical and methodological judgment at the core of the writing process.

The tool can accompany, but it cannot replace reflection. It does not challenge. It does not doubt. It does not interrupt. That is why the greatest risk is not what artificial intelligence might do wrong, but what we stop doing right when we give up thinking.

In light of this reality, medical and academic training faces the challenge of incorporating the ethical and critical use of artificial intelligence. It is not enough to teach how to "use these tools well"; we must train professionals capable of recognizing when they should not be used—or when what is generated must be radically revised. Artificial intelligence can be a powerful ally, but also a mirror that reflects, with clarity and without filter, the limitations of our own reasoning.

Medicine demands diagnostic clarity, scientific grounding, and ethical sensitivity. If we accept medical writing guided by tools that do not think, we risk normalizing a clinical discourse that lacks foundation, nuance, and responsibility. Technology must not dictate content; it must serve a form of thought that knows when to pause, when to correct, and when to remain silent.

Human thought remains the essential input—and no tool, however advanced, can replace it without consequence.