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# From Vibe Coding to Vibe Caring : What Clinicians Can Learn from Programmers

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Generative AI has spawned "vibe coders": individuals who sketch software in everyday language, letting large language models (LLMs) turn words into code. A San Francisco developer exemplifies this phenomenon, winning over 200 hackathons without writing code, relying entirely on ChatGPT prompts (1).

A parallel trend may emerge in medicine: what we call "vibe caring." As generative AI grows more fluent and persuasive, clinicians may accept its recommendations without probing the underlying clinical reasoning. Though we cannot claim this happens systematically, conditions are ripening. An American Medical Association survey reports that two-thirds of US physicians use generative AI daily, nearly double the previous year. Many consult chatbots for differential diagnoses, discharge letters, and research synthesis (2). For time-pressed clinicians drowning in medical literature, AI's value proposition proves compelling.

Yet acceleration brings risk. Are we drifting toward "vibe diagnosis", uncritical adoption of polished AI outputs in clinical settings? While many physicians maintain healthy skepticism, the potential for over-reliance grows daily.

Superficial competence proves dangerous across domains. Nearly half of AI-generated code contains exploitable security vulnerabilities inherited from unsafe training patterns (3). Medical LLMs demonstrate comparable weaknesses: fabricating drug dosages, inventing citations, and producing spurious clinical correlations. One study found 91% of surveyed physicians encountered AI-generated medical errors in practice (4). OpenAI's Whisper speech recognition hallucinated in 1% of transcriptions, with 38% containing clinically harmful content, such as fictional medications (5).

These are not minor bugs but fundamental limitations in how current systems process, synthesize, and present information. But safeguards are possible.

Firstly, transparent reasoning. AI tools should expose the chain-of-thought behind recommendations, including cited evidence and logical steps, so clinicians can judge credibility and coherence.

Secondly, systematic red-teaming. Healthcare institutions can commission adversarial evaluations before and after deployment to probe for bias, hallucinations, and context-specific vulnerabilities.

Thirdly, reinforced human accountability. No AI suggestion, diagnostic or therapeutic, should enter the record until a named professional has reviewed, verified, and assumed responsibility.

Finally, use within medical device regulation. It is a common misconception that EU and US regulators have not yet caught up with AI, when actually robust frameworks already allow classification and governance by risk.

Speed without understanding is a false economy. Just as a “vibe coder” can ship brittle, insecure software, a “vibe diagnostician” armed with fluent but unverified output may jeopardize patient safety. By emphasizing transparent reasoning, rigorous testing, regulatory compliance, and human oversight, we can ensure that AI augments, rather than erodes, clinical excellence.



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## **CONFLICT OF INTEREST STATEMENT**

**Anmol Arora** reports no financial conflicts of interest. He has an honorary research affiliation with Moorfields Eye Hospital and serves as an academic panel and committee member for Health Data Research UK and the National Institute for Health and Care Research.

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Writing – review & editing: all authors.

All authors reviewed and approved the final manuscript.

G.A. and A.A. directly accessed and verified the cited literature and references.