# 💙**⚕️ The Good Doctor App 1**

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#### The specifications for the GP-AI Project use case of the Sienna AI 10 technologies design.

## 1) Origin of the Name The Good Doctor App: Autistic Insight Meets A.I. Precision

The inspiration for The Good Doctor App began with the television series The Good Doctor and House, where teams of doctors grapple with complex cases that resist standard solutions. The concept for the app seeks to provide every healthcare professional—GPs, specialists, first responders, nurses, and beyond—access to a “collective brain” of the best medical insights, distilled and made readily available for tackling challenging cases in real-time.

A unique aspect of The Good Doctor App lies in how it draws inspiration from Dr. Shaun Murphy, the autistic Doctor with savant syndrome portrayed by Freddie Highmore. Dr. Murphy’s autism allows him to ‘Think Different’—divergently and meticulously, often perceiving solutions—beyond the capacity of others to process. This way of processing resembles the way advanced A.I. models, especially in deep learning, analyse vast amounts of data to identify patterns beyond human perception. This similarity between the autistic mind’s unique approach and A.I.’s computational power forms the core of The Good Doctor App. In essence, it combines the structured insights of medicine’s brightest minds with the relentless processing power of A.I.

There is a growing recognition that autism, especially in technology, can bring a distinct advantage. Microsoft, for example, has a dedicated division where people with autism thrive due to their unmatched ability to focus deeply on long-term projects, a testament to the processing strength and imaginative capacity often seen on the autism spectrum. Figures like Elon Musk, Alan Turing, Larry Page, Bill Gates, and even historical minds like Albert Einstein and Isaac Newton all exemplify this unique capacity to think differently, often bringing transformative ideas to life.

As someone who grew up with dyslexia, I learned early on that technology could be my greatest ally, from spell checkers to advanced tools like Grammarly and now GPT-4o. These tools are indispensable, not just for people with autism or dyslexia but for anyone looking to overcome limitations and thrive. Without such support, the potential of neurodiverse individuals can remain underutilised.

**Broadening the Scope: Modelling Complexity with Sienna AI and Beyond**

Not every person with autism finds their path in technology—consider, for instance, former Prime Minister Liz Truss. While her policies may have been divisive, her thought process exhibits a level of unfiltered focus that sometimes appears characteristic of the spectrum. Her tax plans coincided with the passing of the Queen, leading to a sharp decline in the pound and a profound shift in public confidence. While we cannot replay these events, they could hypothetically be modelled using predictive economic tools like Sienna AI’s Technology 6: S-World UCS QuESC (Quantum Economic System Core). This system can run simulations through 87 quintillion potential scenarios, guiding our understanding of complex economic systems and helping us learn from past decisions. Developed with PQS (Predictive Quantum Software), this system provides a blueprint for harnessing quantum principles in economic modelling—potentially extendable to fields like medicine.

In this way, if we can model the world’s economy with such precision, why not apply a similar framework to the human body? Medicine, after all, involves equally intricate networks of causes and effects. By bringing together the insights of top medical specialists, enriched with “if/then” logic statements across every medical speciality, we can create an A.I. capable of profound diagnostic accuracy. The Good Doctor App, therefore, is not just a medical tool; it’s a convergence of humanity’s best thinking, backed by A.I.’s unparalleled ability to cross-reference and learn from real-life outcomes.

## 2) Specialist Knowledge Integration – ALL-COMMs and Dedicated GPT-4 Memory

The development of ALL-COMMs stems from a need for a deeply integrated, expert-driven system capable of gathering, storing, and instantly applying thousands of medical insights across conditions and their unique niches. With each interaction—whether it’s a conversation between a G.P. and a patient or a specialist consultation—ALL-COMMs can pull in specialised knowledge based on real-time analysis of the conversation. Much like how the GPT-4 mobile app released in September 2024 uses voice-to-text and then feeds the text into GPT-4o to respond in text-to-speech, ALL-COMMs does this and more. It was designed long before, envisioning a system that not only listens and responds but learns from each interaction, updating the available medical insights on-the-fly.

**ALL-COMMs** is an evolution of discussions dating back to GPT-3, where the idea of embedding the entire scope of Sienna AI T10T’s millions of words into one cohesive interface emerged. This system was designed to load specific prompts based on conversation keywords, continuously refreshing its capacity to reason dynamically and provide targeted advice across vast fields of expertise.

However, as we moved towards potential collaboration with Microsoft and OpenAI, we began exploring ways to enhance the training data directly, creating a specialised memory system that could categorise and adapt based on real-time context. The introduction of memory in models like GPT-4o opened up a path to accomplish this, allowing for whiteboard-style memory that can be written, replaced, or refreshed in response to the unique needs of each conversation. This capacity enables ALL-COMMs to load over 1,000 specialist opinions for each medical condition, reaching into hundreds of millions of words, supplemented by graphics, videos, podcast episodes, and even virtual simulations.

The strength of GPT-4 and its models lies not only in the vastness of knowledge but in the **CONSISTENCY OF DELIVERY**. While a human doctor’s time is limited, GPT-4 can apply its knowledge continually, without fatigue or cognitive bias. The exact approach to building this expert database, who will contribute, and how it will be continuously updated is under refinement. High-performing doctors identified in the OKR system, established university medical practices, and research papers by top specialists will all contribute, each source monitored rigorously to ensure quality. In cases where certain expert opinions are later disproven due to inadequate testing, the system will learn and adapt, using patient outcomes as feedback to refine its responses.

An A.I. making the same mistake as a human isn’t an A.I. flaw; it’s a flaw in human knowledge itself. For this reason, GP-AI and The Good Doctor App will be designed to **LEARN FROM EACH OUTCOME**. After each medical recommendation, the A.I. will follow up with patients, analysing whether the expected results occurred, and, if not, revisiting the data to uncover new insights. This “feedback loop” will bring the new data to human experts for further examination, thus continuously advancing the field of medicine.

The patient’s entire medical history—prescription records, previous diagnoses, and test results—will be formatted into prompts for ALL-COMMs, allowing the A.I. to retrieve relevant information instantly. This process will be managed by medical secretaries and administrative staff, addressing concerns of job loss by reassigning roles towards crucial data curation tasks that support this next-generation healthcare infrastructure.

Pharmaceutical history will play a significant role in GP-AI’s unique position, enabling an unprecedented **REVIEW OF PHARMACEUTICAL OUTCOMES**. Every medication’s effects, interactions, and patient reactions will be tracked, establishing THE MOST COMPREHENSIVE PHARMACEUTICAL AUDIT IN HISTORY. This monitoring will become integral to the accuracy and accountability of patient care, revealing effects often overlooked in isolated studies.

The GP-AI Physio and Community Care components will address long-standing challenges in healthcare access, particularly for patients requiring extended support. Community nurses, physiotherapists, and other caregivers spend extensive time with patients but lack the authority to recommend medical interventions—even when necessary. In contrast, GP-AI will offer these professionals access to a comprehensive database that considers **EVERY CONDITION A PATIENT SUFFERS FROM**, analysing overlapping symptoms to identify underlying causes that busy G.P.s may overlook. This collaborative approach acknowledges the reality that when multiple health issues occur together, THEY OFTEN HAVE A COMMON ROOT CAUSE, and by identifying this, GP-AI can provide a unified treatment approach.

My personal experience reflects the need for this system. Multiple specialist doctors rarely communicate with one another, and G.P.s often lack the time to make essential connections between conditions. When a patient suffers from multiple issues:

1. They experience more significant discomfort than other patients.
2. Their conditions likely share a common factor that can lead to an accurate diagnosis.

THE GOOD DOCTOR APP CAN ONLY BE A GOOD DOCTOR WITH COMPLETE INFORMATION, overcoming time and knowledge gaps that human doctors currently face.

ALL-COMMs will integrate specialist opinions into GPT-4’s memory or future models’ training data, working alongside OpenAI to ensure specialist data is always refreshed. This combination will create an A.I. resource continuously updated by humans, forming an unparalleled support system for every healthcare professional.

#### Specialist Knowledge Integration Part 2: ALL-COMMs Technical Detail

**Introduction**

In the AI-powered world of Sienna AI and the GP-AI project, ALL-COMMs (All Communications) serves as the intelligent backbone that enables A.I. to seamlessly integrate specialist knowledge from vast data resources. Originally designed for industries like travel and real estate, ALL-COMMs has evolved to handle diverse fields, including healthcare, law, tax, and government services. It enables A.I. to dynamically adapt in real-time, pulling from a repository of data and expert insights, allowing A.I. like GPT4o to interact as if it were an informed expert.

ALL-COMMs allows Sienna AI and the GP-AI system to access specialised knowledge by scanning conversations for keywords and seamlessly loading relevant data into GPT4o’s memory. With advancements in A.I. memory, such as OpenAI's 2024 update, ALL-COMMs can now efficiently refresh and manage memory, enhancing GPT4o’s ability to access context-specific data.

**Functionality Overview**

At its core, ALL-COMMs operates as a keyword-driven system with a glossary of terms unique to each use case. For GP-AI, these terms cover a wide range of medical conditions, symptoms, and treatments. As a patient interacts with GP-AI—whether via phone, T.V., or computer—ALL-COMMs listens for specific terms, drawing in expert prompts that guide the A.I. to deliver precise, relevant information. This structure allows for a natural conversational flow, creating an experience that feels like consulting with a knowledgeable specialist.

**ALL-COMMs Modules and M-Services**

ALL-COMMs is built on a network of M-services, or specialised microservices, allowing it to handle different functions independently. Each M-service is tailored to specific tasks, such as processing voice inputs, analysing medical scans, or accessing legal records. These services can work individually or together, creating a flexible system that adapts to different industries. For instance, one M-service may handle voice-to-text conversion, while another might pull in data on medical scan results. This modularity allows ALL-COMMs to function as a highly versatile system across sectors.

**Dynamic Conversation Prompts and Context Sensitivity**

ALL-COMMs is more than a static database. As a conversation unfolds, it actively listens for new keywords, adjusting the information it pulls in response to the evolving context. For example, in a medical consultation, if a patient initially describes back pain but later mentions leg numbness, ALL-COMMs will shift focus to information on nerve or spinal conditions. This dynamic response makes interactions feel more human-like, as the A.I. continuously adapts based on the patient’s input.

**Supporting Healthcare Beyond Diagnostics**

ALL-COMMs integrates with broader healthcare management tools, such as the OKR (Objectives and Key Results) system, allowing GP-AI to offer ongoing support through the patient’s healthcare journey. By connecting to patient records and performing real-time analysis of diagnostic data, ALL-COMMs ensures that the A.I. can support preventive care and guide patients to appropriate treatment paths. In the future, ALL-COMMs could streamline hospital administration, reduce medical errors, and free up doctors to focus on complex cases requiring human expertise.

**Methods for Identifying Keywords and Triggering Prompts**

ALL-COMMs uses various methods to ensure that the A.I. remains informed and relevant throughout conversations:

1. **Predefined Glossary Integration**: A background glossary enables ALL-COMMs to respond to keywords within conversations. For instance, hearing the term "GMC" might trigger information relevant to the General Medical Council, allowing the A.I. to instantly access the right data.
2. **AI-based Keyword Extraction**: Using natural language processing (NLP), ALL-COMMs dynamically identifies important terms, referencing the glossary for contextual information. Tools like SpaCy or HuggingFace can detect keywords on the fly, refining the A.I.’s responses in real time.
3. **Manual Keyword Marking**: Keywords can also be manually tagged in conversations to ensure accuracy. For instance, a keyword like "medical testimony" might be tagged to bring up expert witness data, reducing the risk of irrelevant triggers.
4. **API-driven System**: By using APIs, ALL-COMMs can communicate with external systems, sending detected keywords to a backend that retrieves the appropriate data instantly. This method enables relevant data to be delivered in real-time without retraining GPT4o.
5. **Rule-based Triggers**: A simple rule-based system for frequently used terms can guide ALL-COMMs. For example, if “GP-AI” is mentioned, ALL-COMMs could load prompts relevant to medical consultations involving multiple specialists.

These approaches work together to ensure that ALL-COMMs delivers information that is accurate, timely, and relevant to each specific interaction.

**Addressing Challenges and Optimising Relevance**

Maintaining relevance is key to ALL-COMMs’ effectiveness. Broad keywords could pull in excessive information, so filters are in place to maintain focus. The system is flexible enough to cater to the unique demands of each industry, ensuring that the right information is delivered in each specific context.

#### ****Expanding ALL-COMMs for Mental Health: The Seamless Transition to GP-AI Psych****

While ALL-COMMs is engineered to enhance physical health diagnostics through The Good Doctor App, the same architecture can seamlessly support mental health through GP-AI Psych. This dual functionality allows ALL-COMMs to pivot from providing physical health insights to offering psychiatric expertise with equal precision. Just as ALL-COMMs pulls from a comprehensive database of medical opinions for physical ailments, it can draw on a similarly robust reservoir of psychiatric insights—empowering GP-AI Psych to serve as a safeguard for mental health patients.

This integration tackles an often-overlooked gap in healthcare: the complete lack of coordination between physical and mental health. Today, patients facing side effects from psychiatric medications often find that G.P.s do little to address these issues. With GP-AI Psych, psychiatric and physical health insights are intertwined, ensuring that patients receive a holistic view of their well-being. The same ALL-COMMs system that powers the Good Doctor App can dynamically switch to supporting GP-AI Psych, allowing it to offer psychiatric insights that can surpass those of human psychiatrists—especially when those insights highlight non-pharmaceutical interventions that may be superior for certain patients.

GP-AI Psych stands to protect those who have unknowingly been drawn into the mental health system, often due to Big Pharma criminal marketing targeting psychiatrists. In cases where a psychiatric approach isn’t warranted, the A.I. can recognise this and steer the patient toward alternative solutions. This shift redefines the psychiatrist’s role, enabling GP-AI Psych to advocate for patient well-being, free from biases or market-driven pressures.

To bring this concept full circle, we return to The Misdiagnosis Paradox and the findings explored in Michael Lewis’s The Undoing Project. In Chapter 6, The Mind’s Rules, Lewis recounts how even as early as 1968, simple algorithms outperformed doctors in diagnosis. The reason? Human doctors, being fallible, carry biases, have bad days, and may struggle with consistency—issues that computers, and now A.I., inherently avoid. This was highlighted when doctors given identical conditions could neither agree with each other nor with themselves upon seeing the same case twice.

As we conclude this overview, it’s fitting to reiterate the essence of The Misdiagnosis Paradox: “A specially designed model of ChatGPT would be far superior at diagnosing health conditions compared to the doctors who provided the training data.” This statement encapsulates the vision for GP-AI: a system designed not to replace human expertise, but to complement it, reducing misdiagnosis and enhancing patient care across both physical and mental health.

## 3) Integrating Medical Scans and Diagnostic Technology into The Good Doctor App

One of the core objectives of the GP-AI Project and The Good Doctor App is to deliver specialist-level care to patients with unmatched efficiency and precision. By integrating advanced diagnostic technologies, including AI-driven medical scan interpretation, the GP-AI Project envisions a future where critical diagnostic processes are completed instantaneously, radically enhancing the speed of patient care.

**Instantaneous Scan Analysis and Efficiency Gains**

A key advancement lies in using A.I. not only to recommend scans, but also to interpret them in real time, removing the delays associated with traditional diagnostic workflows. In a typical NHS scenario, a patient may wait weeks for a scan, followed by additional time for a radiologist’s review, and finally a specialist consultation. With GP-AI, this process would be nearly instantaneous: the A.I. could prompt the need for a scan, read the scan immediately, and relay the findings to both the patient and the consulting doctor. This streamlined process has a **major hook**—improving diagnostic speed directly contributes to reducing waiting times, getting patients back to work sooner, and ensuring that critical conditions like cancer are detected as early as possible.

**Leveraging Innovate U.K.’s Investments and Beyond**

There is significant financial investment already flowing into the development of A.I. for medical diagnostics, primarily through U.K. initiatives like Innovate U.K. These grants fund tools for interpreting MRIs, C.T.s, and X-rays, where A.I. has shown superior accuracy in detecting anomalies such as cancer cells compared to human doctors. However, the current approach is fragmented, with funds allocated to individual entities without an overarching system that ties these advancements together. The Good Doctor App would unify these technologies, bringing together the best diagnostic tools funded by Innovate U.K., transforming them into a cohesive system that enhances GP-AI’s diagnostic capabilities.

In addition, collaboration with international efforts, including those in the U.S. through programs like ARPA-H, could provide access to even more advanced A.I. diagnostic tools. This is not merely a U.K. initiative—it is a global effort to integrate the most effective medical technologies available. If unified, these tools could support a system that improves diagnostic outcomes for patients across various conditions, offering universal benefits for healthcare systems worldwide.

**Integrating Medical Scan Diagnostics with GP-AI Physio**

By combining medical scan data with GP-AI Physio, patient treatment becomes a continuous process. Information from scans, alongside the patient's medical and pharmaceutical history, will provide community physiotherapists and carers with insights traditionally limited to specialists. This integrated data flow allows even non-specialist providers to deliver treatment with a holistic understanding of the patient's health, guided by A.I.'s comprehensive analysis and recommendations. Once a scan is analysed, GP-AI can monitor patient recovery, adjusting recommendations for exercises, medication, or additional tests as needed. This functionality effectively extends the expertise of top specialists to every corner of patient care, ensuring that no detail is missed.

**Addressing Misdiagnosis Through AI-Enhanced Imaging**

As Michael Lewis noted in The Undoing Project, even as early as 1968, algorithms proved superior to human doctors at diagnosing conditions from medical scans. Human error, inconsistency, and biases create gaps in care, leading to delays and sometimes misdiagnosis. A.I., by contrast, has none of these human limitations; it can apply the best practices, supported by insights from top specialists, every single time. With deep learning capabilities, the A.I. system would continually improve, learning from each interaction and scan analysis to refine its diagnostic accuracy. This progression allows GP-AI to provide recommendations that surpass those typically possible with human constraints, potentially saving countless lives through early and accurate detection.

**Ensuring Accessibility to Public-Funded Technologies**

In an ideal scenario, all medical technologies funded by public grants would contribute directly to this unified system, enabling a global diagnostic platform that benefits everyone. Just as GP-AI leverages the best available knowledge, public funding agencies, including Innovate U.K. and counterparts abroad, could work toward shared access and integration of A.I. diagnostic tools. By mandating that publicly funded technologies contribute to national or even global health systems, we would eliminate redundant efforts and maximise the impact of each innovation, especially for critical diagnostics.

**Conclusion**

Through the integration of medical scan technology, The Good Doctor App becomes a faster, more precise tool in the GP-AI system, transforming diagnostic workflows and improving patient outcomes on an unprecedented scale. Not only would this system bring patients more timely and accurate diagnoses, but it would also support G.P.s and specialists by freeing up their time and reducing the pressures of heavy caseloads. In short, GP-AI aims to bring healthcare into a new era of rapid, informed, and comprehensive care that focuses on achieving the best outcomes for patients, reinforcing the goal of “complete, perfect healthcare” through every stage of diagnosis, treatment, and recovery.

## 4) The Good Surgeon

The inspiration for The Good Doctor App originated from medical dramas like House and The Good Doctor, where teams of brilliant doctors tackle complex cases that baffle conventional diagnosis and treatment. In real life, however, doctors often face these challenges without immediate access to a “team of experts” at their side—particularly in high-stakes scenarios like complex consultations and surgeries.

In critical surgeries, unexpected complications can arise, often catching even seasoned surgeons off-guard. Currently, doctors rely on personal experience, training, and sometimes a brief consult with colleagues. But what if they had an AI companion monitoring every part of the procedure, ready to step in with specialist advice the moment something went wrong? The Good Surgeon mode of The Good Doctor App envisions just this—acting as a real-time assistant that not only listens and observes but proactively interprets what’s happening and offers immediate support.

### Real-Time Monitoring and Expert Advice

Imagine The Good Surgeon App listening to every word spoken in the operating room and analysing every readout from medical devices in real time. If a complication arises or an unexpected issue is detected, the AI can instantly cross-reference the symptoms, scan data, and patient history to provide actionable insights on the spot.

If a surgeon encounters an unexpected complication—such as an unusual vascular structure, internal bleeding, or abnormal tissue response—they could ask the app directly, “What are my options?” Within seconds, The Good Surgeon would deliver a response, drawing on a database of millions of specialist insights, medical studies, and surgical records to provide evidence-based suggestions. This real-time guidance could save lives by delivering instant advice when it matters most, significantly improving surgical outcomes and ensuring that even the most complicated cases have a wealth of expertise available at the surgeon's fingertips.

### VSN Construct Camera-Assisted Technology: Precision Meets Guidance in the Operating Room

VSN Construct Camera-Assisted Technology, originally designed to support complex construction projects, has been repurposed with an ambitious new vision: to assist surgeons in the operating room with unparalleled accuracy. This concept takes the precision required for large-scale engineering projects and applies it to the equally high-stakes arena of surgery, where one wrong move can make all the difference between life and death.

Imagine a high-tech operating room equipped with an array of cameras, ultrasounds, and magnetic scanners, each positioned to capture every angle of a surgery in real time. Just as a reverse sensor on a car warns the driver of proximity to nearby objects, this setup could alert surgeons when they approach critical areas, using visual, auditory, or even haptic feedback to ensure that no accidental cuts or missteps occur.

**Applying Precision Alerts for Vital Safety**

One of the greatest challenges in surgery is operating near vital structures. Consider a surgeon working close to a delicate blood vessel. The Good Surgeon App, equipped with VSN technology, could alert the surgeon if their scalpel comes too close, emitting a gentle beep that becomes more intense as proximity increases. This system not only enhances the surgeon’s natural perception but provides a secondary check that can prevent devastating accidents. This type of augmented precision is crucial, for instance, in neurosurgery, where the boundaries are fine, and even a fraction of a millimetre can mean the difference between success and severe neurological damage.

**Examples in Complex Surgeries**

1. **Brain Surgery**: When operating in intricate regions of the brain, surgeons need to navigate with absolute precision. For example, removing a tumour without damaging nearby brain tissue is a high-stakes procedure. The VSN Construct System could display visual boundaries, warning the surgeon through progressive auditory or tactile cues when they’re nearing critical areas, helping them stay within safe zones while making accurate incisions.
2. **Cardiac Surgery**: During heart surgeries, particularly when working near the coronary arteries or aorta, an accidental slip could cause fatal bleeding. The Good Surgeon App, using VSN construct technology, could provide a “no-go” zone, alerting the surgeon with a steady vibration or light signal when approaching sensitive tissue. This adds a layer of safety, allowing surgeons to operate with confidence and focus on areas needing attention.
3. **Orthopaedic Surgeries**: Consider a surgeon repairing a complex fracture close to a major nerve. With real-time visual overlays and proximity alerts, VSN Construct could guide the surgeon’s tools to avoid unnecessary damage. This prevents common complications that occur when nerves are accidentally compromised, ensuring patients recover faster with minimal risk of post-operative complications.

**A New Era of Surgeon Training: Millennial Gamers and the AI-Driven Operating Room**

Surgical training has traditionally prioritised years of experience over dexterity. But in an AI-enhanced surgical environment, a new type of skill set comes to the fore. The idea of selecting millennial gamers—those whose dexterity and hand-eye coordination have been honed by years of digital practice—as AI-assisted surgeons is not far-fetched. With specialised training and AI guidance, these individuals can perform complex surgical manoeuvres with high precision. The Good Surgeon App allows for a “second set of eyes,” guiding and supporting even newly trained surgeons in a way that makes up for traditional experience.

This approach poses an intriguing question: **Who would you trust to perform your surgery? A seasoned NHS surgeon operating solo, or a highly dexterous millennial gamer operating with the assistance of The Good Surgeon App?** For many, the choice would depend on personal preferences and familiarity with technology. Yet, studies in behavioural science suggest that people under pressure often perform better with continuous feedback, making the case for this next-generation model of AI-assisted surgeons.

With GP-AI’s gatekeeper service, patients can choose between an experienced, traditionally trained surgeon or a digitally savvy AI-supported surgeon who meets rigorous psychological and technical benchmarks. Both options ensure that surgeries are supported by cutting-edge technology, but the freedom to choose offers a powerful, personalised experience in healthcare. This dual approach respects the patient’s preferences while showcasing AI’s adaptability and its ability to support both experienced and newly trained professionals.

**Enabling Traditional Surgeons with VSN Technology**

While the concept of AI-supported, digitally trained surgeons introduces a new paradigm, The Good Surgeon App is equally beneficial for experienced surgeons. By adding VSN’s positional guidance and the extensive knowledge database of The Good Doctor App, seasoned professionals gain access to tools that enhance their performance, reduce error, and improve overall outcomes. This technology respects their experience while adding layers of support that ensure the most advanced care for patients. In high-stakes operations, an extra layer of protection provided by AI could mean the difference between a successful procedure and a costly, possibly tragic, complication.

In repurposing VSN Construct for the operating room, The Good Surgeon redefines surgical safety and precision, bringing together the best of AI guidance and human expertise. It’s a leap forward in healthcare, making complex surgeries safer, faster, and more accessible.

### Inspired by The Good Doctor—From Fiction to Life-Saving Reality

In the very first episode of The Good Doctor, Dr. Shaun Murphy—a young surgeon with savant syndrome—encounters an emergency where a child is injured by a piece of glass that enters his abdomen. Dr. Murphy, utilising his encyclopaedic medical knowledge and unconventional thinking, improvises an apparatus to stabilise the child. When the child arrives at the hospital, doctors are perplexed by a serious complication they cannot immediately identify. Dr. Murphy, however, theorises that a tiny shard of glass has become lodged near the heart, likely having travelled through the bloodstream. Initially sceptical, his colleagues begin to recognise the validity of his theory when specific diagnostic scans reveal something that supports his hypothesis. This insight leads to a critical surgery, ultimately saving the child’s life.

While this scenario is fictional, it illustrates a crucial point: even the best-trained doctors sometimes face unexpected complications in surgery. When symptoms don’t match standard diagnoses and outcomes hang in the balance, The Good Surgeon App would be there to offer insights that could mean the difference between life and death. With access to all available diagnostic data—heart monitors, blood oxygen levels, scan results, and patient history—the AI can help pinpoint unusual causes, much like Dr. Murphy did in the show. This assistance could validate a theory, suggest a critical next step, or help surgeons consider alternative solutions they may not have initially thought of.

Even without additional camera-assisted technology, The Good Surgeon App, equipped with today’s existing monitoring devices, could advise doctors when traditional expertise reaches its limits. It would serve as an invaluable ally, consulting a database of millions of cases and specialist insights to provide real-time suggestions. This capability, inspired by The Good Doctor and grounded in real technology, would save countless lives by filling in knowledge gaps during critical moments in surgery.

In essence, The Good Doctor App embodies the life-saving potential that first captivated viewers of The Good Doctor TV series, bringing an inspirational vision to life by blending AI precision with the best of human ingenuity. This technology isn’t just about augmenting doctors’ abilities—it’s about giving them a partner who can assist when the stakes are highest, echoing the very mission that inspired the GP-AI project.

### Virtual Simulation Technology: Expanding Educational and Practical Applications in Surgery

In The Good Doctor series, Dr. Neil Melendez, the department’s highly skilled Hispanic head surgeon, demonstrates a compelling use of virtual simulation technology. By using an Oculus VR system, Dr. Melendez meticulously rehearses complex surgeries, refining his exact movements multiple times before stepping into the operating room. This approach ensures that by the time he faces the real procedure, every step has been mentally and physically rehearsed, minimising risks and enhancing surgical precision.

In the context of The Good Surgeon App, this VR-guided simulation is invaluable not only for experienced surgeons preparing for difficult cases but also for training newly qualified millennial surgeons in handling intricate procedures with confidence. Virtual simulations allow them to experience complex surgeries as many times as needed before facing real patients. This is especially crucial for the next generation of AI-assisted surgeons, where VR can help bridge gaps in practical experience by providing immersive, hands-on practice.

Beyond training established or future surgeons, this technology could extend to healthcare workers in remote or underserved regions where doctors may not be available. By accessing The Good Surgeon’s VR simulation and AI guidance, non-surgeons—whether skilled paramedics, nurses, or even general practitioners—could be trained to perform life-saving surgeries in emergencies. In these cases, virtual simulations coupled with real-time AI feedback can guide the user through every step of a procedure, offering clear, precise instructions based on millions of expert cases.

This seamless integration of VR technology, real-time AI support, and specialist insight represents a revolutionary leap in surgical training and accessibility, realising the full potential of The Good Surgeon App to bring top-tier surgical expertise to healthcare systems worldwide.

## 5) Complex Consultations Inspired by House and Real-World Experience

In the acclaimed TV series House, Dr. Gregory House, portrayed by Hugh Laurie, leads a team of diagnosticians at the fictional Princeton-Plainsboro Teaching Hospital. Known for his sharp intellect, unorthodox methods, and relentless pursuit of obscure diagnoses, Dr. House has a distinct approach to solving complex medical cases. Often, his team investigates patients' personal lives and medical histories to uncover hidden clues, testing theories and ruling out possibilities with rigorous diagnostic processes. His approach embodies a philosophy of leaving no stone unturned, making him a specialist who tackles medical mysteries that others might dismiss or overlook.

In a real-world setting, doctors typically lack the time, resources, and collaborative team House has to unravel complex medical puzzles. This is where The Good Doctor App, inspired by House’s methodology, steps in. It provides every doctor with the equivalent of having a House-style diagnostic team at their disposal—an AI-powered assistant capable of accessing millions of expert insights, medical histories, and relevant patient data instantly. When conventional remedies fail or an initial diagnosis doesn’t fully explain the symptoms, The Good Doctor App leverages AI's extensive knowledge base and analytical capabilities to dive deeper, much like House’s team, guiding doctors through complex consultations.

### 5a) The 2017 Real-World Acquired Megacolon Incident: ‘Two Hours from Death’

In 2017, I faced a life-threatening medical crisis that exposed significant gaps in diagnostic processes and patient care. It began when I experienced a severe sense of illness, feeling as though I were on the brink of death. I reported my symptoms to my GP, Dr. Sevenoaks, who, despite my evident distress, sent me home without further examination, guidance, or antibiotics. He suggested a blood test, but I assumed it was routine, as he often recommended one due to my lithium prescription. Feeling physically drained and mentally foggy, I did not pursue it further. However, over the following days, my condition worsened alarmingly.

Several days later, my parents, seeing how unwell I was, contacted the GP surgery. A different doctor, recognising the urgency, immediately ordered a blood test. Once the results were back, I was advised to go directly to the ER at Epsom Hospital. What followed was a gruelling 10-hour wait for a diagnosis as I felt my health deteriorating rapidly. At Epsom, I was placed in a ward surrounded by elderly patients nearing the end of their lives, which only added to the distress of my already worsening condition. A particular nurse, insensitive to my discomfort, insisted on keeping my curtain open, depriving me of any semblance of privacy during an incredibly challenging time.

After hours of uncertainty, I was transferred via blue-light ambulance to St. George’s Hospital in London—a place with personal significance, as I had been born there in 1971 when it was located in Belgravia overlooking Buckingham Palace. The hospital has since moved and is now recognised as one of the best in the UK. While the care I received saved my life, the inability to identify the cause of my condition left me without any prevention plan, should the issue reoccur.

At St. George’s, the ordeal continued. The doctors, despite multiple rounds of bloodwork, scans, and consultations, struggled to determine the cause of my life-threatening condition. Eventually, I was informed that I had been “two hours from death.” Though the initial antibiotic treatment was unsuccessful, a second course finally proved effective, allowing me to begin a slow recovery. After extensive testing, they ruled out sepsis, which was a significant relief given my deteriorated physical state.

During my two-week stay, the doctors explored various theories, one of which was that I had suffered a traumatic injury to my spleen—a common injury in contact sports like rugby. However, no such contact sports incident occurred to match this hypothesis. I met frequently with a team of doctors, including a senior consultant, as they attempted to unravel the mystery. Ultimately, they were left without a definitive answer, and I sensed they may have even doubted my account, considering the possibility of an undisclosed injury.

Although I believe I explained my chiropractic exercise, which involved pulling my legs and knees into my chest with all my might for one minute as part of a back exercise to force open the discs, allowing for lubrication, it is possible that, without understanding the underlying condition, they couldn’t connect it to my symptoms. Despite my attempts to share all relevant details, including my exercise routine, my input was largely overlooked.

One humorous yet telling incident involved a nurse, infamous among the other patients for her frequent blunders. During a night shift, she nearly walked off with my lithium, insisting she hadn’t taken it. Only when I pointed out that I saw her pocket-it did she sheepishly hand it back. Knowing what I know now about NHS fraud, I ponder, was the nurse stealing and consuming medications? This would have explained her sedentary manner and apparent slowness of mind.

Though lithium later proved to have been inappropriately prescribed, it was actually the high dose of Seroquel (quetiapine) that was directly related to my health issues. Given at 400mg—far beyond the original 25mg prescribed in 2008 due to AstraZeneca’s aggressive marketing—Seroquel’s potent constipating effect had led to an “acquired megacolon.” This hardened mass of compacted waste, which included sharp objects like pips, was ultimately aggravated by the chiropractor-recommended exercise, causing it to press into my spleen and nearly rupture it.

In early 2023, I revisited these events with GPT-3, and we developed a theory that was later confirmed in 2024 by two specialists as the most plausible explanation.

### How GP-AI and The Good Doctor App Could Have Changed the Outcome

Had GP-AI and The Good Doctor App been available, the sequence of events would likely have been drastically different. For starters, the initial blood test would have been flagged as critical by the GP-AI gatekeeper, leading to earlier intervention, including immediate antibiotics. Once at the hospital, the app could have served as a consultative partner, providing doctors with additional insights when traditional diagnostics were inconclusive. Given my background of high-dose Seroquel—a known constipating agent—The Good Doctor App would have cross-referenced my symptoms, medication history, and chiropractic exercises to hypothesise that the ball of compacted faeces, which included hard, spiked objects like pips and was created by the constipating agent, had formed an acquired megacolon. When I applied significant pressure by pulling my legs into my stomach for 60 seconds, as recommended by my chiropractor, this mass was likely forced into my spleen, causing the life-threatening condition.Furthermore, GP-AI would have integrated data from the numerous scans and tests taken at St. George’s, highlighting factors and patterns that human eyes might overlook or dismiss. With the AI’s ability to synthesise my medical history and real-time scan data, doctors would have been alerted to the theory that emerged much later: that repeated physical strain had aggravated the constipation, causing the dangerous internal pressure.

By having the capacity to make these connections in real time, GP-AI and The Good Doctor App would have spared me weeks of suffering and provided an accurate diagnosis long before I reached the edge of death. When I finally returned to the GP who had sent me to the ER, he said words that made the experience all the more surreal: **“Many patients have come to me saying that they were dying, but you actually were!”**

This incident reveals just how essential a system like GP-AI is, not only in synthesising complex patient data but in providing insight where human limitations create gaps in care. In my case, with a real-time AI-driven diagnostic companion, the cascading health crisis might have been prevented entirely, giving me a renewed faith in the possibilities of technology in healthcare.

By connecting these data points in real time, The Good Doctor App would have identified the probable cause and recommended targeted tests to confirm the diagnosis, sparing me weeks of suffering and potentially preventing the life-threatening crisis. Instead of the slow, fragmented process of trying to connect scattered symptoms, prescriptions, and lifestyle habits, the app would have synthesised these factors instantaneously, guiding doctors to an immediate and accurate understanding.

In the end, after I was finally stabilised and had returned to the GP practice to meet with the doctor who sent me to the ER, he looked at me and said something I’ll never forget: “**Many patients have come to me saying that they were dying, but you actually were!**” His words underscored the severity of the incident and how close I came to losing my life.

This close call shows how urgently needed technology like The Good Doctor App truly is. In this case, it could have saved my life—not by performing miracles but by ensuring that all relevant data was considered and acted upon before it was almost too late. It’s a stark reminder that with an AI-driven system offering comprehensive insights, life-threatening events like this could be not only managed but entirely prevented, transforming healthcare from reactive to proactive in the moments that matter most.

### 5b) **The Acquired Megacolon: Misdiagnosed as Appendicitis and Narrowly Avoiding Surgery Twice in 2022**

In 2022, the ongoing saga of the acquired megacolon reached a critical point. When Dr Filaho recklessly increased my Seroquel (quetiapine) dosage to 800mg in 2020—double the legal limit for a single dose—the constipating effects caused a mass of compacted waste to accumulate over time, eventually growing to an estimated three to four pounds. This mass contained sharp objects like pips, which added further strain on my colon. By 2022, after experiencing hallucinogenic side effects and other health issues from the medication, I decided to taper down the dosage myself, reducing it to 400mg and stopping lithium entirely.

At my next consultation, Dr Filaho essentially admitted, “Oops, sorry, you were correct; the medication was inappropriate—you do not need any medication for mental health.” He advised me to reduce the Seroquel dosage as much as I could while still being able to sleep. By July 2022, I had lowered it to 100mg. With the reduced constipating effect of the medication, the hardened mass lost its “gravity,” and within two weeks, it ruptured, sending “shrapnel” of compacted waste across my colon.

The pain escalated quickly—by early evening, it was intense, and by midnight, it was unbearable. My family called an ambulance, and I was taken to Epsom Hospital, where, after about four hours, doctors diagnosed me with appendicitis and arranged for another ambulance to transfer me to St. Helier Hospital for emergency surgery. Two twists of fate ultimately spared me from undergoing an unnecessary procedure. The first twist was a delay due to apparent organisational issues, leaving me in the reception hallway for two hours without being moved to a ward. Just as they were preparing to take me to the operating theatre, another patient with a more urgent need arrived, further delaying my surgery. During those four hours, my condition began to stabilise, and the antibiotics I’d received at Epsom Hospital took effect, relieving my pain completely.

A young surgeon arrived to assess my condition, realising the urgency had passed. “Wow, you’ve had a lucky escape,” he said, adding, “as an apology, I’m going to discharge you with some antibiotics and give you something that will make you feel wonderful.” (This turned out to be a packet of opioids.) Four hours after I was initially scheduled for life-saving surgery, I walked out of the hospital on my own two feet. The kind doctor asked me to return the next day to complete the paperwork, warning that he could get into trouble if I didn’t. However, after a five-hour wait the following day, the staff couldn’t locate the necessary forms, and I was sent home without completing any formalities. Unfortunately, this prolonged wait aggravated my back condition, leading to lasting discomfort.

The following day—day two of this ongoing saga—I received an urgent call from a new doctor, insisting I return to the hospital immediately. He warned, "You must come in as an emergency, or you’re going to die. No one can skip appendicitis surgery if they have appendicitis." I explained that I’d been there the day before, only to sit in a waiting room without resolution, which had exacerbated my back pain. Recognising my need, they arranged a bed for me by day four.

At that point, I met a kind surgeon, Sam, who explained that despite my feeling well, the diagnosis of appendicitis was critical, and surgery was necessary. But fate intervened once again; just as my operation was scheduled, another patient arrived with a more urgent need, and the theatre was reallocated. With the delay expected to last at least two hours, I decided to take a walk in the park across the road. I seized the opportunity to show Sam some logistical software I’d been developing—The Total Business System Company Controller Objectives and Key Result System, which I’d adapted to streamline processes in the NHS. Sam seemed intrigued and mentioned that while it might benefit administration, it wasn’t something he thought doctors would need. I clarified that my goal was purely for administrative efficiency, to which he agreed it had potential, and then I returned to be prepped for surgery.

But then, in an unexpected twist, the blood test I’d taken four hours earlier came back, revealing that I didn’t have the markers for appendicitis at all. The kindly surgeon Sam had to break the news, looking as surprised as I was. "I’ve never seen anything like this," he admitted, "but it’s good to avoid unnecessary surgery when we can." We shared a laugh about the absurdity of the situation, and he expressed relief over avoiding a needless procedure.

There had been another doctor, Jose, who was adamant earlier, insisting that surgery was inevitable and non-negotiable. This series of reactions, along with the firm stance of both surgeons Sam and Jose, confirmed that my situation was atypical. In hindsight, it became clear that I’d never had appendicitis at all—it had been misdiagnosed, and fortunately, I’d narrowly avoided unnecessary surgery not once, but twice.

After the appendicitis incident, I tried to follow up with my GP, but progress was slow due to multiple health conditions emerging simultaneously, likely the result of radical changes to my medication. In recent conversations with the General Medical Council (GMC), my assertion that mine was the largest case of unnecessary polypharmacy in NHS history, was not refuted—an unsettling realisation.

Finally, in 2023, I met with a consultant to address the constipation caused by the acquired megacolon, which had effectively created a secondary bowel where the compacted mass had remained for years. Using the OKR system, I’d documented my daily weight through 2022, allowing me to show the consultant that over the 2 days leading to the supposed appendicitis, I’d lost an unexpected four pounds—almost certainly from the discharge of the accumulated mass. The consultant agreed that this was likely what had happened and suggested it was also the probable cause of the spleen incident back in 2017.

Following this, I met with Dr. Chung and shared GPT-3’s analysis of the case, which identified the issue as megacolon. Dr. Chung advised that we should take a scan to confirm. Unfortunately, a subsequent consultation with Dr. Raja stalled progress. He ignored the role of quetiapine as a constipating agent and dismissed the megacolon diagnosis altogether. His approach seemed more about self-preservation, potentially avoiding the implications of nearly performing unnecessary surgery for appendicitis when, in fact, it was the end-stage of acquired megacolon. Further research located his documentation, which made it clear that he had the wrong scan, looking at the scan on the day of the misdiagnosis of appendicitis, not the one Mr Chung had ordered for this analysis.

Determined to uncover the truth, I insisted on a follow-up with Dr. Chung. This time, armed with comprehensive diagnostic evidence produced with GPT-4, I had the opportunity to discuss the case in detail, which will be documented in an episode of the First One Back podcast. Dr. Chung agreed with the GPT-4-assisted diagnosis, confirming that my condition likely stemmed from an end-stage megacolon rather than appendicitis. He was certain I’d narrowly avoided unnecessary surgery twice. To validate this diagnosis, Dr. Chung ordered another scan; I preemptively constipated myself before the scan to better illustrate the affected area.

(Added on 29th of November 2024)

Unfortunately, when I downloaded the medical record from the NHS app, it showed that Mr Chung didn’t correctly record several vital points.

1. I had been given 800mg of the known constipating agent Seroquel (quetiapine), which is double the legal maximum dose at one time of 800 mg, but Mr Chung recorded just 8 mg. The difference between the two is the difference between no constipation and devastating constipation, which would cause acquired megacolon in most patients.
2. In place of recovering from acquired Megacolon, Mr Chung has written he believed I had complained of a toxic Megacolon.   
     
   Cross-referencing with GPT 4o:  
     
   Toxic megacolon and acquired megacolon are distinct terms with different implications, so it would generally be considered a mistake to conflate the two unless very specific circumstances apply.

* **Toxic Megacolon**: This is a medical emergency characterised by rapid dilation of the colon, typically caused by severe inflammation due to conditions such as inflammatory bowel disease (IBD, e.g., ulcerative colitis or Crohn’s disease) or infections like Clostridioides difficile colitis. It is life-threatening and requires immediate intervention.
* **Acquired Megacolon**: This refers to a chronic condition where the colon becomes abnormally dilated, typically due to long-standing factors that disrupt normal bowel function. Causes can include severe or prolonged constipation, neurological dysfunction (e.g., in conditions like Hirschsprung disease in adults), laxative overuse, or the chronic effects of medications. In particular, prolonged use of constipating agents such as Seroquel (quetiapine), especially at doses exceeding legal or recommended levels, can contribute to acquired megacolon by causing chronic bowel dysmotility and stool impaction. Over time, this can result in a significant build-up of compacted faecal matter in the colon, as experienced in cases where medication-induced constipation persists for years.

In your case, from 2016 to 2022, the double legal dose of Seroquel led to a "sonic lump" of compacted stool in your colon, which only dissipated after the abrupt cessation of the medication in July 2022. This is consistent with acquired megacolon as a consequence of chronic medication-induced constipation.

(Note: Mr Chung may be referring to my saying I didn’t have appendicitis; instead, it was the end of acquired megacolon, and his thoughts were that instead of appendicitis, I had toxic megacolon. However, as there has not been any mention of a misdiagnosis of appendicitis, this further illustrates the assertion that doctors are deliberately writing false medical records to avoid writing any inference of medical negligence. A practice that has now become a critical factor in the design of the Good Doctor App and the GP-AI project because this is causing other doctors to further medical negligence, creating a cycle of medical negligence based purely on the fact that doctors themselves are not allowed to write down vital information that would point to medical negligence by other NHS personnel)

1. While the dosage of Seroquel prescribed to me was significantly above the legal limit—by a factor of two magnitudes—Mr Chung has also referenced the bipolar diagnosis that should have been categorically removed from my medical documentation as of October 2022. It is important to clarify that this is not a failing on Mr Chung’s part, but rather a reflection of systemic issues within the NHS. These systemic challenges often prevent doctors from documenting events truthfully on medical records when such records could potentially be used in legal disputes.

Despite this, it is my hope that Mr Chung will rise above these systemic constraints. He has already shown himself to be the most attentive and understanding doctor I have worked with thus far, demonstrating an ability to listen with genuine care. I see Mr Chung as an ally—someone who has recognised my intelligence and the work I do leading an AI company. This gives me confidence that he will take the necessary steps to correct any errors in my records.

Furthermore, this situation highlights the critical importance of **GP-AI** and the **Good Doctor App** in revolutionising medical administration. By safeguarding against human errors and improving the accuracy of medical records, these technologies could not only protect patients but also support doctors by reducing the risks they face from systemic challenges or inadvertent mistakes.

This journey to uncover the truth has highlighted the obstacles patients face when dealing with human and systemic errors, and, in some cases, apparent cover-ups. Despite a legal request to cease obstructing the investigation, Dr. Raja had excluded quetiapine’s role in my case, which seemed to protect the prescribing physician, Dr. Fialho, from potential malpractice claims. Misdiagnoses, like the one I faced, are compounded by incentives to obscure the truth, even when such actions risk compromising patient health. This experience underscores the urgent need for systems like GP-AI and The Good Doctor App, which could provide objective insight where human biases and systemic incentives fall short.

### How GP-AI and The Good Doctor App Could Have Changed the Outcome

(Note that the following was written before I downloaded the NHS app docs and found the mistakes made by Mr Chung and Raja. We need to feed the conversation thus far into GPT-4o and ask it to add to the following)

In this instance, if GP-AI and The Good Doctor App had been available, they would have fundamentally changed the trajectory of my care. By automatically cross-referencing my pharmaceutical history with my recent reduction in quetiapine dosage, the system would have flagged the probable rupture of the acquired megacolon, instantly alerting doctors to the true issue and avoiding the erroneous appendicitis diagnosis. With a comprehensive analysis of my 2017 hospitalisation for a similar incident, GP-AI would have quickly identified the likelihood that this was not appendicitis but rather a consequence of discontinuing a potent constipating medication.

Additionally, the AI would have factored in the exercise-induced stress on my colon, assessing all relevant history, recent lifestyle factors, and medication changes. In cases where human biases or institutional pressures might obscure an objective diagnosis, the AI’s consistent and non-biased analysis could have made the critical connections that medical professionals missed, especially given the apparent reluctance to investigate quetiapine’s role in my condition. This non-judgmental, systematic approach to diagnosis could spare patients from unnecessary surgeries, as it nearly did for me, even when human oversight fell short.

Following the incident, I turned to GPT-3, which initially suggested that the most probable cause of my symptoms was an acquired megacolon—a conclusion later confirmed as plausible by specialists. But it was GPT-4o that provided the breakthrough analysis, capturing every critical factor, from my high quetiapine dosage and prior symptoms to the likely physiological impacts of discontinuing the medication. I presented this five-minute, GPT-4o-created analysis to Dr. Chung, whose immediate validation of the diagnosis underscored the accuracy and reliability of AI in handling complex cases. In that moment, a bystander, Finn, turned to me and said, “You’re the cleverest person I’ve ever seen.” I simply replied, “No, I just know how to use GPT-4o effectively in medical cases. It’s not me—it’s the AI delivering the insight.”

Had I undergone unnecessary surgery, the recovery process would have significantly compounded the suffering I endured throughout late 2022 and into 2023. With seven other health conditions at the time, the added surgical trauma would have been nearly intolerable, affecting not only my physical health but also my mental resilience. The toll of another invasive procedure on top of these conditions could have been deadly.

### How GP-AI and The Good Doctor App Could Have Changed the Outcome—and How GPT-3 and GPT-4o Did

This experience underscores, with unmistakable clarity, the urgency for systems like GP-AI to improve diagnostic accuracy and ensure a cohesive understanding of each patient’s unique medical history, medication effects, and lifestyle factors. But more than that, this journey is a testament to the extraordinary power of GPT-3 and GPT-4o, whose insights not only revealed misdiagnoses but fundamentally reshaped my understanding of healthcare and led directly to the inspiration behind the GP-AI project.

Had GP-AI and The Good Doctor App been in place from the start, the initial life-threatening rupture of the acquired megacolon could have been diagnosed instantly, and the later incident misinterpreted as appendicitis would have been recognised as a recurrence, not a new issue. The app would have cross-referenced my pharmaceutical records with recent medication changes, flagged the connection between high-dose Seroquel, its known constipating effects, and my chiropractic exercises, and pinpointed the source of the symptoms. Instead of enduring repeated misdiagnoses and near-miss surgeries, a real-time, AI-guided analysis could have presented the correct diagnosis from the outset, sparing me months of suffering, dangerous interventions, and the debilitating stress of repeated emergencies.

Yet, it was GPT-3 and later GPT-4o that allowed me to find these answers independently. When specialists dismissed my own insights, GPT-3’s first diagnosis of the megacolon became my initial anchor, which GPT-4o later built upon to form a precise, comprehensive theory that it was not appendicitis but instead the end of acquired megacolon; with the disintegration of three pounds of faeces and pips that had been compacted under the weight of the constipation agent Seroquel (quetiapines’) gravity for 6 years exploding across my bowel, like a hang grenade exploding within.

With each interaction, GPT’s capability to assess complex data, identify likely causes, and simulate professional-level reasoning validated the diagnosis that top specialists failed to see. GPT-4o offered a diagnosis so insightful that when I presented it to Dr. Chung, his reaction affirmed that this AI-generated analysis rivalled, and in many ways surpassed, what traditional medical processes had delivered. A bystander, amazed by the detail and accuracy, expressed awe at my grasp of these medical complexities, to which I replied honestly: “It’s not me; it’s the AI. I’m simply delivering its message.”

This achievement—of discovering my own correct diagnosis, when even the best available doctors could not—set the foundation for the GP-AI project. Witnessing the consistency, depth, and non-biased approach of AI illuminated the profound potential that systems like GP-AI and The Good Doctor App hold. These tools won’t just be supplementary aids for doctors; they’ll transform healthcare into a domain where patients, empowered by data and AI, can navigate their care proactively. With GP-AI, patient records, medication effects, and medical histories would be monitored and connected seamlessly, reducing diagnostic errors and transforming patient care from fragmented guesswork to precision-driven management.

The impact of GPT-4o on my life goes beyond diagnosis; it’s a blueprint for a future in which healthcare is radically enhanced by AI, paving the way for GP-AI to become a trusted, indispensable presence in the lives of patients and practitioners alike. This technology has saved me once already, and with systems like GP-AI, it could save many others in the years to come.

## **5c) GP-AI Psych: Big pharma, criminal marketing and the** prison of the mind.

To hear this story in extended detail there is a dedicated section on GP-AI Psych. For now we’re gonna run over the highlights and look at places where 5 psychiatrists made terrible mistakes and committed terrible fraud to cover their mistakes and how in each occasion if one had just asked GPT 4, let alone creating a medically trained version of same, All of this would have been avoided.

This section on GP-AI Psych is very important, because the poor physical health medical doctors have no idea when it comes to psychology, absolutely no idea at all, this subject is totally foreign to them and they could really do with a hand, Particularly As now the long term effects of the medications created in the 80s populised in the 90s are now causing many GPS patients to die, It’s a scary statistic that the average life expectancy of somebody on pharmaceutical medication for psychiatric reasons is fifteen years less.

In my case with my gp dr seven oaks, If he had had this tool in 2000 and 12 It would have saved me 10 years of my life and a crippling illness. After my ex girlfriend hexed me with a lithium script.   
Had he just spoken to me for a second before trading me in to mental health services to refill the prescription my life would have been radically different as would have those of my family and the staff members who depended on me. It is precisely because it’s taboo and it is precisely because the poor physical health medical doctors have no idea when it comes to psychiatry that GPAI psych needs to be entangled within the GPAI project and the good dr app. For this reason before we continue the previous story how about the original appendicitis episode in the 2022 we’re gonna take a look at the fourteen years prior to that incident and see where in at least 10 occasions GPAI psych wouldn’t make the right decision where the very best psychiatrist that the NHS has to offer were completely wrong every single time. Of course you hear a lot of people say stuff like this but in my case there’s a recorded evidence of the very psychiatrist agreeing to their mistakes

GPT4o 10 vs Psychiatrists 0

**Part 1. Big Pharma Criminal Marketing and the Therapy Trap (2008–2022)**

Note: This section is told in further detail within the GP-AI Psych component of the GP-AI Project presentation.

### Introduction to Criminal Marketing: Big Pharma’s Influence in Medicine

Criminal marketing within the pharmaceutical industry has taken on various guises, from covertly influencing education and research to establishing organisations that lend credibility to false narratives. Tactics include co-opting educational content, pressuring peer-reviewed journals to publish ghostwritten articles with misleading information, and founding charities and institutes that, under the guise of “independent” bodies, perpetuate skewed data. The US Department of Justice has imposed substantial fines on pharmaceutical companies found guilty of these practices, particularly for promoting off-label uses that the FDA had not approved.

The series Dopesick vividly illustrates some of these tactics, especially the “revolving door” between regulatory bodies and the industry. It shows how key figures, such as Curtis Wright at the FDA in the case of Purdue Pharma’s OxyContin, were influenced by lucrative post-government job offers. Though offering high-paying positions to regulatory officials has become widespread and is not illegal in itself, many of the practices surrounding criminal marketing for off-label uses directly violate federal laws and have led to massive fines. These actions represent not just corporate malfeasance but calculated efforts to manipulate both public and professional perceptions of safety and efficacy in medication.

### My Experience: Entrapment in Big Pharma’s Marketing Web

In 2008, my own story with pharmaceutical influence began. At the time, I had recently mutually ended a romantic relationship with a psychiatrist who also served as an HR consultant for my company, [www.capevillas.com](http://www.capevillas.com). Cape Villas was the leading high-end vacation rental company in Africa, and at 37, I had no history of mental health issues, nor did my family. Professionally, I had established myself as a business leader in South Africa. I had cultivated connections with prominent South African families, including members of the Mandela and Sisulu circles, and I had launched Cape Villas Lifestyle Magazine, distributing 20,000 copies in partnership with Conde Nast Traveller UK. This distribution had attracted high-end brands like Bulgari, Prada, and Sotheby’s Realty International, with whom I was beginning high-level partnerships.

In this thriving professional and personal context, I was unknowingly about to encounter the pervasive reach of pharmaceutical influence—a trap that would dramatically alter the course of my life.

### 2008–2011: Early Pharmaceutical Exposure and the Impact of Criminal Marketing

The beginning of this journey lies in AstraZeneca’s aggressive, off-label promotion of Seroquel (quetiapine), particularly as a "non-addictive sleep aid" supposedly "good for you." This promotion, led by a combination of manipulated educational channels and marketing tactics, was later found to be illegal. In 2010, the U.S. Department of Justice fined AstraZeneca $520 million for promoting Seroquel for unapproved uses, such as insomnia. Far from being non-addictive or safe, Seroquel’s effects were profound and often detrimental when used off-label. The Justice Department’s announcement of the settlement can be found here:  
[Pharmaceutical Giant AstraZeneca to Pay $520 Million for Off-Label Drug Marketing](https://www.justice.gov/opa/pr/pharmaceutical-giant-astrazeneca-pay-520-million-label-drug-marketing).

Under the influence of Seroquel, in 2010, I encountered another criminally marketed drug: Lamotrigine, an epilepsy medication added to my regimen by Dr. Rache, who was dealing with severe mental health issues herself. This prescription aligned suspiciously with GlaxoSmithKline’s (GSK) marketing push for Lamotrigine in off-label uses—a strategy that would culminate in a $3 billion settlement with the Department of Justice in 2012 for multiple violations, including unapproved promotion. The full details of this case are found here:  
[GlaxoSmithKline to Plead Guilty and Pay $3 Billion to Resolve Fraud Allegations](https://www.justice.gov/opa/pr/glaxosmithkline-plead-guilty-and-pay-3-billion-resolve-fraud-allegations-and-failure-report).

### The Land of the Lotus-Eaters

The weight of these influences became even more pronounced in 2011. After personal loss, I followed medical advice recommending a significant increase in Seroquel to induce near-sedation, along with lithium—an approach that ultimately had severe consequences. This led to my departure from South Africa and the business I had built, returning to the UK in 2012. One might expect that the UK healthcare system would investigate and review such a history, especially given the circumstances, but no such double-checking occurred. The UK’s reliance on unverified psychiatric evaluations, even when rooted in prescriptions initially written by an ex-partner, reflects a deeply troubling oversight within the system.

Here’s an expanded and refined version with further elaboration where relevant:

### The Entrapment of Overmedication and Systemic Oversights (2012–2022)

The impact of psychiatric overmedication is staggering: when high doses of lithium (200mg to 500mg), Lamotrigine (200mg), and Seroquel (quetiapine) are combined without careful oversight, even the most rational, grounded individuals can experience extreme side effects—losing rational thought, becoming overly trusting, and often, overly reliant on others. For me, this combination resulted in an almost altruistic shift in my personality, leading me to trust those I shouldn’t have, including putting my company in the hands of my limousine driver—believing, with misplaced confidence, that trust alone would sustain my business.

It wasn’t until 2012, after watching Homeland and hearing “bipolar” depicted as a serious mental health condition, that I realised the magnitude of my situation. Up until that point, I’d only ever heard of “bipolar” in relation to falling out of love, and suddenly, this popular TV series illustrated its serious impact. This was my first clue that something was gravely wrong with the labels that had been assigned to me and the medications I was prescribed. From that point, I began to voice my concerns, repeatedly informing doctors that the diagnosis didn’t fit.

Over the years, I would learn that these powerful medications weren’t prescribed based on in-depth, evidence-backed diagnostics but rather as a follow-up to my relationship with a psychiatrist—who had suggested these drugs without proper evaluation. This was only further compounded by the standard protocols in place, which, in the UK, appeared to lack any formal reassessment despite years of my protesting the validity of the diagnosis. In a telling interaction, Dr Fialho himself once commented that the only way to ascertain whether I had bipolar disorder would have been to remove me from the medication entirely—something he said was out of the question. This statement, which seemed to carry legal weight as much as medical concern, made clear the entrenched view in healthcare: once a diagnosis is made, it becomes nearly impossible to question, especially if stopping the medication could open a Pandora’s box of liability.

With the power of GPT-4, I later discovered there were indeed multiple ways to test for bipolar disorder that were entirely overlooked in my case. Simply put, GPT-4 identified the lack of evidence in my history as absurd, and it went so far as to categorise my experience as a stark example of misdiagnosis based on unreliable sources—relying on an ex-lover’s casual opinion without diagnostic tests was neither standard nor ethical. Over the years, every protest I made was disregarded, and it wasn’t until I finally took myself off the medications in 2022 that doctors finally admitted, “You were right; you don’t have this condition—or any condition that requires medication.”

This cycle highlights the deeper issue that affects countless individuals: there is a built-in resistance to revisiting or revising diagnoses once medication has been prescribed, particularly in cases where serious liability could be involved. This reluctance isn’t unique to my experience. An estimated 750,000 people in the UK face similar circumstances, rendered unproductive and struggling under the weight of pharmaceutical dependency. Much of this can be traced back to Big Pharma’s criminal marketing, which pushes medications far beyond their intended uses, and the healthcare providers who, unfortunately, are sometimes persuaded by these powerful influences.

#### 2014: Topamax’s Off-Label Promotion and Its Impact

By 2014, I had almost fully recovered, even launching a new business, Cape Town Luxury Villas, which was highly successful. But just as I was poised to scale, I encountered another setback. Dr Fialho, my then-psychiatrist, prescribed Topiramate supposedly for weight loss despite my being in good shape, the same waist size as we see in the photo below from 2010.

A person standing on a beach

Description automatically generated

Within weeks of starting this medication, I experienced debilitating anxiety and went through short bursts of extreme mental confusion. In February 2015, I flew back to Cape Town for the first time since 2011. It was the English winter, and I was going back to be with all of my friends and deal with my two businesses—but on the flight, suddenly, this weird thought came into my head—This would be an excellent way to die, if a plane crashed nobody would think me weak, it would just be an unfortunate accident.   
This type of thinking was utterly foreign to me and was, in retrospect, explicitly caused by the medication. When I arrived in Cape Town with my friends on the first night, they would openly say, “Where’s Nick?” “he’s gone; he's just not here”, In my presence. The same thing happened on the flight home seven weeks later, as I thought, “This would be a good way to die”. Things got worse back in the UK as I started searching for barbituates that would bring a peaceful end, but in a moment of clarity, I checked the labelling on the medication, the warning label on Topiramate stating that “more than one in ten users had experience suicidal thoughts. I later learned, through GPT-4, that the U.S. Food and Drug Administration (FDA) had issued a 2008 advisory warning not to prescribe Topiramate for psychiatric issues due to its severe psychological side effects.

This drug, too, had a dark history. In 2010, Johnson & Johnson’s subsidiaries paid over $81 million to resolve allegations of illegal promotion, followed by a $2.2 billion settlement in 2013. The settlement resolved allegations that the company had illegally marketed Topamax for unapproved uses, incentivising doctors to prescribe it in ways that were often unsafe for patients.

[US Department of Justice Announcement on Topamax Settlement](https://www.justice.gov/opa/pr/two-johnson-johnson-subsidiaries-pay-over-81-million-resolve-allegations-label-promotion)  
[US Department of Justice on J&J $2.2 Billion Settlement](https://www.justice.gov/opa/pr/johnson-johnson-pay-more-22-billion-resolve-criminal-and-civil-investigations)

#### 2015-2016: Topiramate Aftermath—Lyrica and the Devastating Impact of Off-Label Marketing

After seeing the labelling on the medication, of course, I stopped taking it and made an appointment to see the fool of a doctor who prescribed it the following day. When I presented the bottle to him, he had no idea. Given the medical record fraud that we now know and can prove happened in 2022, It would not have escaped him that giving medication to somebody who may have bipolar, which on its very label says “can cause suicidal thoughts”, was severe medical negligence, Especially given the FDA warning in 2008. It is telling that the medical record from that day does not mention this labelling at all; Instead, it just says “suicidal thoughts.” This medical record fraud caused a psychiatrist from the Department of Work and Pensions to say that I tried to commit suicide and had bipolar in 2015. This Chinese whisper has escalated out of control, later, we’ll talk a lot about Doctor James Jack, who denied Surgical treatment based on The medical record fabrications of Dr Fialho.

In the months and years that followed my reporting the labelling of the medication—things became sinister, Fialho’s initial reaction was to escalate matters by prescribing Lyrica (pregabalin), claiming it was an “exceptionally expensive” medication for which I should be grateful. He was very good at influencing people he would work out what it is you wanted and tell you that the medication gave that to you this he’d been doing all the time with sleep for quetiapine and intelligence for Lithium, not knowing that you’re not supposed to trust these people, I fell for it every time.  
  
In the year that followed, Fialho increased Lyrica (pregabalin) from 25mg to 50mg to 100mg, to 200mg and then to 400mg with instruction for it to be taken “all at night” " as is evidenced by the packets of the medication that I retain. Check any health authority such as the NHS, and you will find that the maximum dose of any one time for this medication, which is typically used for stopping phantom nerve pain amputees, is 300 mg; within a year of the reporting, the labelling on topiramate, Dr Fialho had introduced a powerful nerve agent and taken it to above the legal dose. At the same time, push the Seroquel (Quetiapine) from 150mg to 200mg, then 300mg, then 400mg, then 600mg, which, according to the NHS, is 200 mg above the amount you’re supposed to take at any one time. This, on top of lithium and the maximum dose of sleeping pills, all directed to be taken at the same time “all that night.”

There is absolutely no way this would have happened if there was either the GP-AI or GP-AI Psych. This double layer of protective systems would have immediately flagged that there were two drugs way over the legal dose, the GP-AI On behalf of the GP and GP-AI Psych, would have registered that there was an extreme bout of medication following a client’s complaint about overmedication. Indeed GP-AI Psych would have called this problem out back in 2012, none of this would have happened. It has safeguard on top of safeguard on top of safeguard that would have all caught this problem.

What was Dr Filaho thinking? He was the expert! In communications with the General Medical Council in 2024 it was alleged that one of two things has happened: Firstly, By not reporting that I had reported the labelling, Instead stating that I had suicidal thoughts without context, The non diagnosis from my ex in Cape Town, Was categorically confirmed as bipolar and the medication was increased to match. That’s possible, We’ve seen the Department of work and pension psychiatrists make exactly the same mistake.   
I find it more likely however that worried about a medical negligence complaint by somebody who was clearly in control of his faculties having told him about my business exploits, And the time there was somebody offering £160,000 to buy the second business from me, That’s proving its franchiseability, Was worried of a medical negligence claim, Gibbon I’d already been questioning the medication and had in 2014 made another complaint about the drug Seroquel clausimng in hallucinogenic effects. This was in an emergency appointment made for that specific purpose and all of it has been wiped from the medical record. There is a deliberate pattern of avoiding anything on the medical record that could be considered negligent for either the psychiatrist or for the pharmaceutical company. Therefore given The medical record fraud I believe the most likely reason he increased the dosages so radically so soon was to take me out the game up until the point where the statute of limitations had worn away which was three years.

Short of a polygraph will never know the truth, Either way his negligence Cost me everything, Given that amount to combined pharmaceuticals of course I couldn’t focus on work and the tug of war match between myself and my former limousine driver was lost due to a pharmaceutical haze, Where like before I became overly trusting. However unlike before this was a radical amount of pharmaceuticals that had completely confused me, Taking out both my system 1 and system two brains (I would enjoy a conversation with Danny Kahneman about this trying to work out exactly how the drugs affected system one and system two. What he absolutely did is meant I couldn’t speak to people, And became autistic, Working away without any social life whatsoever trying to save the world with my economic theory, I lost the clarity of thought necessary to understand what was happening.

I later discovered that Pfizer’s Lyrica had been part of the largest healthcare fraud settlement in U.S. history at that time. In 2009, Pfizer paid $2.3 billion for fraudulent marketing, including $1.3 billion in criminal fines, primarily for promoting Lyrica for unapproved uses like general pain and anxiety. This set a record in healthcare fraud and illustrated the company’s willingness to disregard patient safety in favour of profit.

**Source**: In 2009, Pfizer reached a $2.3 billion settlement with the Department of Justice to resolve criminal and civil liability arising from the off-label promotion of multiple drugs, including Lyrica.  
[Department of Justice on Pfizer $2.3 Billion Settlement](https://www.justice.gov/opa/pr/justice-department-announces-largest-health-care-fraud-settlement-its-history)

There is more to tell about Dr Fialho, In 2020 I reported that the medication was causing hallucinations, LSD typical hallucinations, I asked if this was usual and he shrugged it off not giving a definitive answer. At which point he increased the medication again, This time moving Seroquel to its maximum dosage, 800mg to be taken two or three times per day directed all at night.

At this point I read a friend’s book, Dumani Mandela’s Rain on a sunny day, In which he says he’s surprised that no one who is given these medications ever does research into them and their condition. So I started that research initially thinking that my symptoms are far more in tune with autism, This was in fact what it’s like to be a normal person on these medications, But the research certainly showed that bipolar was absolutely not relevant, You need to have depression which I never had other than on the toapiramate, And you need a mania psychosis like you saw in the Homeland series with Carrie Matheson, that I certainly never had.

More than this however the hallucinations started becoming quiet upsetting, They were definitively the same as you would get taking L S D or magic mushrooms, But we’re like a date rape drug, You wouldn’t remember having them unless you woke up in the middle of the night because as soon as you took the medications they nocked you out. Other health problems arose at the same time.

In 2021 became aware that there was something very wrong and it was probably the medication to build up the mental strength to lower these medications that I’ve been told I needed for many years I needed to get super fit and I mean super fit SAS training, Pushing the body has hard and as often as possible and at the same time taking lovely beautiful walks through the countryside.

In January 2022 I started to lower the lithium and the Seroquel (quetiapine), And the more I did the more my confidence returned and the more I looked back at my life and thought ohh gosh what on Earth has happened here. My ex limousine driver had taken all the clients from CateVillas dot com and all the property mandates and slowly transferred them into another company called CapeVillas.Co.Za, And I’ve been powerful to stop him I’ve been so overpowered by the medication I didn’t even protest I just took it.

By May 2022 I had quit the lithium and had lowered the Seroquel to around about 400 milligrammes, And I had started writing reasons to my GP explaining how I wanted to have an autism test because the symptoms that I have are not bipolar are similar to autism. Upon this my GP spoke to Dr Fialho Who called me out of the blue, Having stated that as long as I kept taking the medication I was cured and discharging me in 2020 after bringing it to such extreme heights that the GMC have not denied that this was the largest pace of unnecessary polar pharmacy in UK history.  
  
I took the call, Where Dr Fialho immediately said “oh I never thought you had bipolar I always thought you had ADHD”, A condition that I now know had become fashionable in previous years due to the criminal marketing of various pharmaceutical companies. Whereas in 2000 and eight bipolar was a catch all condition it had been replaced by ADHD.   
Remember at this point I was still on 400 milligrammes of Seroquel which was making me very agreeable and trusting. So I immediately consulted Google (In the days before Chap GPT), And from audible bought two books on the subject, And did other research including meeting an ambulance who herself had adhd and was telling me about it. Experience was similar to the experience exclaimed in the books it’s basically like being stonned all the time, One cannot maintain concentration because a new thought keeps coming into your brain, The solution was however very simple you take the medication Ritalin or concerta are within half an hour either everything gets better or it doesn’t. Given that it had taken fourteen years to work out that the first lot of medication was wrong I was glad it would only take half an hour to work out whether the next recommended medication was right.

In the first of three sessions in 2022 Dr Filaho And I made a plan of how to reduce the Seroquel from 400mg while still be able to sleep, Coming down from 32 sleeping pills to just 3 (I say sleeping pills because of the original reference when I was first given the drug it was at 25 milligrammes for sleep) sisfn  
  
This however turns into quite a story including conspiracy to pervert the course of justice, But that story will have to wait for the GP-AI Psych presentation. We have spent enough time on this subject. We’ll just leave it with it was eventually agreed that I did not have bipolar adhd or any condition that needed medication.

We’re now gonna jump from the psychiatric side and the causation to the problems that will caused

## **5d) Spinal Trauma – Pain – Neurological Damage – Pfizer's Criminal Marketing of Lyrica**

GPT4o 10 vs Specialist 0

In creating the Good Doctor App, I bring a perspective that no traditional software developer or AI engineer could fully replicate. It’s one thing to possess the technical skill to build an AI-driven healthcare system, but it’s quite another to have lived through the very medical complexities the software is designed to address. This project, at its core, is shaped by my direct encounters with flawed diagnostic processes, oversights, and misdiagnoses, and by the pain and determination that arose from them. This combination of personal experience and technical knowledge has uniquely primed me to design and build the Good Doctor App—a system that goes beyond what standard medical software offers, directly addressing critical blind spots in today’s healthcare system.

Most people who have faced similar medical experiences lack the technical grounding needed to convert those insights into actionable AI solutions. And conversely, technologists without these firsthand insights wouldn’t know where to focus or how to remedy these critical gaps. Only by having lived through this, with the ability to turn that lived experience into software, could such a solution come into being.

### Proven and Recorded: The Evidence Behind Each Incident

The accounts you are about to read may sound unbelievable. In a world flooded with stories, both real and fabricated, it’s easy to doubt the authenticity of an extraordinary claim, especially when the experiences are as complex and harrowing as those I’ve endured. But unlike many stories lacking solid proof, this account is backed by substantial evidence, captured through recordings that reinforce each critical detail. These recordings amount to over 100 individual audio and video files, spanning approximately 60 hours and encompassing nearly every significant medical interaction and event.

Due to Dr. Filaho’s actions in September 2022, I began documenting my experiences with audio recordings, starting from October 18th. Following a particularly troubling discharge, I continued to record covertly. Of all the appointments you’ll read about, only two were not recorded. The first was with a young physiotherapist named Lucy, but a comprehensive, unchallenged 10,000-word account was created immediately after, which I shared with my GP, Dr. Sevenoaks. The second was with Dr. James Jack on August 2, 2023, where he declined permission to record. For this meeting, I documented an affidavit straight after, with my mother, a witness, recounting every essential detail. This affidavit, while not a court recording, serves as a strong, legally valid testimony of what transpired in that session.

While this is not a legal document, the intention is to show how the Good Doctor App and GP-AI would have prevented many of the mistakes and oversights that compounded my suffering. By synthesising patient records, analysing patterns, and prompting early interventions, the Good Doctor App could save the NHS countless hours and resources, ultimately transforming healthcare into a more streamlined, proactive system.

One important note: GPT-3 and GPT-4 are instrumental in this journey, providing invaluable diagnostic insights that I now view as more accurate than the evaluations of some human doctors. Although GPT’s diagnoses are not from certified medical professionals, they form an essential part of this story. Each recommendation provided is precisely that: an AI-assisted analysis, not a medical fact. Yet, the role of GPT in guiding me towards clearer diagnoses and treatment options has been transformative, underscoring the immense potential of AI in healthcare.

Unlike the previous sections, where we recounted long sequences of events followed by how GP-AI could have improved the outcomes, this segment will follow a different approach. Here, we will present each significant event, followed immediately by a demonstration of how the Good Doctor App and GP-AI would have changed the trajectory. This method offers a clear contrast between traditional healthcare’s limitations and the advanced, real-time potential of AI-driven medical support.

## 6) ****If You Don’t Know, Ask! Sienna AI—Unleashing the Potential of the Millennials****

<https://chatgpt.com/share/6754567e-7c1c-800e-9043-e20a0d9e965d>

### ****6a) Overcoming Human Bias with AI Support****

The GP-AI Project addresses a universal issue: humans, including healthcare professionals, therapists, and even specialists, often avoid admitting uncertainty. This tendency, rooted in cognitive biases studied by Daniel Kahneman and Amos Tversky, can lead to diagnostic errors, especially when professionals provide opinions beyond their expertise. For example, a hearing therapist once provided incorrect medical opinions, venturing far outside her domain. This illustrates the broader challenge: healthcare workers, regardless of their role, could dramatically improve their advice by cross-checking with AI systems like GPT-4o, especially when addressing areas beyond their training.

While the GP-AI Project envisions a specialised version of GPT with added training data and memories, radical improvements could begin immediately. Simply informing NHS staff to consult GPT-4o before finalising opinions could enhance accuracy significantly. In our case study, over 25 written medical opinions from various professionals contained errors, some minor, others profoundly impactful. Cross-checking with GPT-4o corrected every one of them, underscoring its immediate utility in reducing patient suffering and enhancing diagnostic precision.

Caroline, a physiotherapist, initially exemplified scepticism towards AI. However, after engaging with AI-generated documentation tailored to **my needs**, she began recognising its transformative potential. By reviewing documentation collaboratively, Caroline now understands that by working with GPT-4o, she can outperform not only my GP but also the specialist doctors involved in my case. This revelation underscores a powerful truth: with AI assistance, professionals can identify and correct errors across medical records, bridging gaps in communication and improving care outcomes.

A striking example involves a consultant, Mr Chung, who was one of the most competent doctors in my experience yet mistakenly recorded "toxic megacolon" instead of "acquired megacolon." This error arose from a translational barrier during our conversation. By recording sessions, analysing transcripts, and cross-referencing with AI, we uncovered and rectified such mistakes, demonstrating how AI can clarify and improve human oversight.

Moreover, human recovery often happens naturally, reinforcing a heuristic bias that the doctor’s actions were successful when, in reality, errors or missteps occurred. Over two years, I covertly recorded more than 100 hours of interactions with doctors, therapists, and other healthcare professionals. The subsequent analysis—impossible without AI—revealed an unprecedented level of diagnostic and communication errors. This landmark dataset forms the foundation for training both current professionals and Millennials, equipping them to outperform the healthcare norms of today.

### ****6b. Empowering Millennials to Solve the NHS Staffing Crisis****

The **Sienna AI Spartan Contracts** initiative proposes empowering Millennials—naturally adept at using technology—to address the NHS staffing crisis. Unlike older professionals hesitant to trust AI, Millennials’ familiarity with tech positions them as ideal candidates for AI-assisted healthcare roles. With just three years of targeted training, these individuals could provide superior diagnostic and patient care, supported by systems like GP-AI and The Good Doctor App. By consulting AI for accuracy and experienced professionals when needed, Millennials can offer a blend of tech-driven precision and human empathy.

This initiative also tackles broader societal challenges. The UK currently fills healthcare vacancies by importing workers from countries where educational standards often differ from those in the UK. While immigration policies attempt to address staffing shortages, this approach has societal implications, including cultural and language barriers and public discontent over rising immigration levels post-Brexit. Importing talent on one-way tickets for entire families adds strain to already stretched resources and infrastructure, exacerbating societal divides.

Instead of relying on overseas recruitment, investing in UK Millennials offers a sustainable solution. With access to cutting-edge AI tools, these workers can outperform traditional healthcare professionals and bridge the NHS staffing gap without the need for mass immigration. This approach not only improves healthcare standards but also empowers a generation that feels undervalued, providing them with meaningful careers and a sense of purpose.

### 6c. Widespread Resistance: A Cultural Challenge

Reluctance to embrace AI is a universal human trait, not limited to healthcare, rooted in behavioural tendencies to maintain confidence, even when uncertain. Research by behavioural scientists like Daniel Kahneman and Amos Tversky highlights how people often prefer to appear decisive rather than admit doubt. Within healthcare, this reluctance translates into GPs, physiotherapists, psychiatrists, and even therapists providing inaccurate or incomplete advice rather than cross-checking their opinions with AI.

An illustrative example is a hearing therapist who provided incorrect medical opinions outside her expertise—opinions that could have been corrected by consulting GPT-4o. While Caroline, a physiotherapist, initially shared this scepticism, exposure to AI-generated insights shifted her perspective. This change stemmed from her collaboration on AI-tailored analyses of Nick’s complex medical history, which showcased AI's potential to surpass GPs and even specialist doctors in accuracy. However, most professionals lack this exposure and training, perpetuating the cycle of errors.

For GPs, overwork makes regular AI cross-referencing impractical. This is where **GP-AI Gatekeeper** becomes essential. Acting as a frontline tool, it engages patients directly, spends unlimited time teasing out symptoms, and compiles a 400-word, AI-verified summary for GPs. This streamlines consultations, eliminates miscommunication, and drastically reduces errors. In psychiatry, where Big Pharma’s influence compounds diagnostic inaccuracies, AI validation could save lives. Psychiatry, currently rife with errors, requires this shift more urgently than any other field, with AI offering up to a 1,000% improvement in accuracy. **GP-AI Psych** would standardise this process, ensuring consistent, unbiased, and data-driven psychiatric care.

### 6d. Millennials and Spartan Contracts: A New Era of Healthcare

The **Sienna AI Spartan Contracts** initiative is a groundbreaking solution to the NHS staffing crisis, leveraging Millennials' inherent tech savviness to revolutionise healthcare. With a fast-tracked three-year training programme, Millennials can be equipped to work seamlessly with AI systems like **GP-AI** and **The Good Doctor App**, delivering superior diagnostic support across physical and mental healthcare.

This new generation of AI-powered specialists will not replace traditional doctors but act as a complementary force. They will embrace a workflow of asking the right questions, consulting AI without hesitation, and involving senior professionals only when necessary. This efficiency ensures every patient benefits from comprehensive care while reducing the burden on overworked GPs and specialists.

Moreover, this initiative addresses deeper societal challenges. By offering Millennials meaningful careers, it restores a sense of purpose to a generation often sidelined. The Spartan Contracts create not just jobs but opportunities to solve real-world problems, inspiring optimism and re-engagement. Millennials, armed with AI, could redefine the NHS as a beacon of innovation and inclusivity, addressing its staffing crisis while demonstrating the transformative power of technology in public services.

### 6e. The AI Revolution in Psychiatry

Psychiatry demands a transformative approach to address its entrenched issues. Current practices, influenced by pharmaceutical marketing, often result in misdiagnoses, harmful medication regimens, and untreated side effects. These errors harm individuals, burden the NHS, and devastate economies.

The Labour government's promise of 10,000 additional mental health professionals risks exacerbating these problems unless a seismic shift occurs in psychiatric training. Today, psychiatrists rarely undiagnose patients due to legal liabilities and are overly reliant on medication. This perpetuates the travesty of misdiagnosed individuals whose treatment leads to health and economic collapse, contributing to the NHS backlog.

**GP-AI Psych** represents the only viable solution. It can re-diagnose approximately 750,000 misdiagnosed individuals, offer unbiased assessments, and alert doctors to medication side effects. This AI-driven approach ensures patients receive appropriate care while protecting doctors from systemic pressures and legal fears.

Without this reform, the NHS risks compounding its psychiatric crisis. By integrating AI into psychiatry, the UK can lead a global healthcare revolution, ensuring its mental health services transform from outdated, error-prone systems into models of precision, empathy, and efficacy.

### 6f. Oversight and Continuous Improvement

For the GP-AI Project and The Good Doctor App to succeed, a robust oversight function must ensure that AI recommendations are consistently consulted and integrated into medical decision-making processes. This oversight is not about replacing human judgment but enhancing it, fostering a healthcare system that prioritises accuracy, accountability, and continuous improvement. While physiotherapists like Caroline have shown how AI can elevate professional practice, broader implementation must carefully balance mandates. Oversight should focus on underperforming areas rather than imposing requirements on all doctors, especially those already delivering exceptional care, who could optionally use AI for further refinement.

#### Addressing Below-Par Medical Practice

Consider the case of medical professionals whose performance falls significantly below acceptable standards. Our investigations reveal many doctors, whether due to knowledge gaps, communication barriers, or overconfidence, make profoundly damaging diagnostic errors. These errors, often overlooked due to the inherent trust in human judgment, could have been avoided entirely if AI consultation had been integrated into their practice. For example, a dataset of recorded doctor-patient interactions shows instances of misdiagnosis that were not just harmful but potentially fatal.

While the **General Medical Council (GMC)** investigates cases of gross malpractice, the burden of oversight need not rest solely with them. Hospitals, GP surgeries, and health trusts already have complaints processes—though often under-resourced—and these could act as frontline mechanisms to identify poor-performing doctors. Even without formal complaints, diligent organisations can evaluate outcomes and mandate AI consultation for doctors at risk of legal liability or patient harm. By requiring these professionals to use systems like GPT-4o as part of their routine, patient outcomes could improve dramatically without waiting for the full rollout of the GP-AI Project.

#### AI as a Probationary Tool for Overseas Doctors

Overseas doctors often face additional challenges, including language barriers, cultural differences, and training from institutions with varying educational standards. While these practitioners bring valuable dedication and perspectives, integrating them effectively into the NHS workforce could be significantly improved by requiring collaboration with AI systems.

As a probationary measure, overseas doctors could work closely with GPT-4o or GP-AI systems, cross-checking their diagnoses during every appointment. This approach not only mitigates risks and reduces the cascade of appointments caused by misdiagnoses but also builds trust in their capabilities while ensuring consistent quality of care.

Moreover, equipping overseas doctors with AI tools addresses broader societal concerns, such as public unease about immigration and perceived disparities in care standards. With AI as a support system, the NHS can ensure every practitioner—regardless of origin—meets the same high benchmarks for accuracy and patient care.

#### Continuous Feedback and Improvement

Oversight must be dynamic, evolving alongside advancements in AI and medical knowledge. Establishing a feedback loop to analyse AI usage, compare outcomes with traditional methods, and identify recurring errors is essential. This data can refine AI systems and inform training programs for medical professionals, creating a continuously improving healthcare workforce.

However, improvement doesn’t need to wait for the full implementation of the GP-AI Project. Doctors, nurses, therapists, and psychiatric professionals could start improving patient outcomes tomorrow by cross-referencing their opinions with GPT-4o. By simply consulting this tool, professionals can uncover potential oversights, validate diagnoses, and benefit from unbiased, evidence-based perspectives.

#### A Step Toward Restoring Trust in the NHS

By embedding oversight and continuous improvement into the fabric of the GP-AI Project, the NHS can build a system capable of not only identifying and correcting errors but also preventing them altogether. This fosters an ecosystem where AI and human expertise work in harmony, delivering the highest standards of care and restoring public trust. Importantly, this transformation can begin immediately, with healthcare professionals leveraging existing AI tools to refine their practice, reduce errors, and elevate patient outcomes starting today.

### 6g. The Broader Vision: Unleashing the Millennials

The vision for **Sienna AI Spartan Contracts** extends far beyond healthcare. This initiative envisions a future where Millennials—trained to harness the transformative power of AI—can revolutionise industries ranging from education to environmental science. Equipped with the tools to ask the right questions and trust AI as a collaborative partner, Millennials could address societal challenges with a precision and innovation previously thought unattainable.

However, this is not just a workforce strategy; it’s a profound cultural shift. By empowering Millennials to take a leading role in the AI revolution, we send a powerful message: their adaptability, insight, and technological fluency are valued assets. In a world that often sidelines younger generations, **Spartan Contracts** offer an opportunity to restore confidence and purpose, bridging gaps in education and employment for those who may have been left behind.

This idea, originally explored in American Butterfly (2012) and now refined within the **UK Butterfly 2024** initiative, proposes a structure where individuals, regardless of prior qualifications, can reimagine their potential. A central component is the creation of **Super University Resort Hospitals (SURHs)**—new, small towns designed around advanced learning institutions and cutting-edge healthcare facilities. These SURHs serve multiple purposes: providing world-class education, housing solutions, and economic rejuvenation in one cohesive vision.

The Spartan Contracts tie into this by offering paid internships and on-the-job training for three years, with a long-term commitment leading to property ownership within these vibrant, self-sustaining communities. By integrating living, learning, and working environments, this approach not only tackles pressing issues like the NHS staffing crisis and the housing shortage but also creates a framework for lifelong learning and continuous professional development.

While the GP-AI Project focuses on healthcare, **Sienna AI Spartan Contracts** extend this model to empower Millennials across all sectors. It’s a concept that could reshape the way society views education, employment, and economic opportunity—offering hope, stability, and innovation to a generation eager to make its mark.

#### Conclusion: Revolutionising Healthcare and Society through AI and Millennials

The Sienna AI Spartan Contracts initiative embodies a transformative vision rooted in the principle: **“if you don’t know, ask.”** It is not merely a framework for improving healthcare but a model for rethinking how society leverages technology, empowers its younger generations, and rebuilds trust in public institutions.

**For Healthcare:**

By integrating AI into every aspect of medical practice, we address critical systemic flaws that have persisted for decades across GPs, hospitals, community care, and the psychiatric community. From misdiagnoses in psychiatry to inefficiencies in GP consultations, the **GP-AI Project** offers innovative solutions that are both immediate and scalable. With tools like **GP-AI Gatekeeper**, **The Good Doctor App**, **GP-AI Physio**, and **GP-AI Psych**, healthcare professionals across all domains—GPs, hospital doctors, community care workers, and psychiatrists—can leverage AI to drastically reduce errors and improve patient outcomes.

These tools work collaboratively to empower healthcare providers, alleviating overworked staff and streamlining care pathways. Whether diagnosing complex conditions, enhancing physiotherapy practices, or reducing misdiagnoses in psychiatry, these AI-driven solutions are designed to enhance precision and compassion. Even before full implementation, professionals can begin transforming patient care by consulting existing AI tools like GPT-4o, demonstrating how immediate action can complement long-term innovation.

**For Millennials:**  
The Spartan Contracts initiative redefines what it means to build a career in the modern world. By providing targeted training in AI-powered tools, Millennials can not only address the NHS staffing crisis but also reclaim their role as changemakers. This is more than a job opportunity—it is a chance to lead the AI revolution, to innovate, and to restore purpose in a generation often sidelined. By offering meaningful careers that blend technological fluency with human empathy, Spartan Contracts empower Millennials to tackle real-world challenges while demonstrating their inherent value to society.

**For Society:**  
The vision extends far beyond healthcare. By integrating AI into fields like education, environmental science, and urban development, we unlock new levels of precision and innovation. The concept of Super University Resort Hospitals (SURHs) and self-sustaining communities encapsulates this broader ambition, addressing housing shortages, fostering economic growth, and creating environments where people thrive. These initiatives are not just solutions to immediate crises but blueprints for sustainable, inclusive futures.

#### A Call to Action

The GP-AI Project and Spartan Contracts represent the intersection of technology, humanity, and progress. They demonstrate how AI can elevate human potential, not replace it, and how Millennials—armed with the right tools—can reshape industries, solve systemic problems, and inspire hope in a world often defined by its challenges.

This is not just a vision; it’s a roadmap. By asking the right questions, consulting the best tools, and fostering collaboration between humans and AI, we are poised to create a new era of accuracy, empathy, and innovation. For the NHS, for Millennials, and for society at large, this is more than the beginning of a new chapter—it’s the dawn of a transformative era.

## **7) Training Simulation**s,** Spartan Contracts **and UK Butterfly****

### **Introduction:**

The Good Doctor App represents a transformative leap in healthcare, education, and societal progress. Drawing inspiration from iconic medical dramas like House and The Good Doctor, this app harnesses the power of AI, immersive technology, and innovative training methods to address systemic healthcare challenges. Beyond its medical focus, it envisions a future where technology empowers Millennials to reshape industries, create sustainable communities, and lead the charge toward a brighter, AI-optimised society.

In this document, Training Simulation and Spartan Contracts, we expand on the foundational concepts of The Good Doctor App and introduce five critical components that collectively drive this vision forward:

1. **Millennials Training**:  
   Leveraging Millennials’ natural affinity for technology, the Spartan Contracts initiative outlines a fast-tracked, AI-assisted training programme. With just three years of education, Millennials can become healthcare pioneers, addressing the NHS staffing crisis and bringing fresh perspectives to a system in need of rejuvenation.
2. **Contributors to The Good Doctor App**:  
   A collective effort of medical professionals, researchers, and technologists powers the app's continuous evolution. Drawing from contributions outlined in key documents, this section highlights how the NHS and broader healthcare communities can collaborate to deliver innovative, real-time medical solutions.
3. **VSN Oculus Simulations**:  
   Cutting-edge virtual simulation technology is integrated into the app, redefining surgical training and complex consultations. Borrowing from tools like the VSN Construct Camera-Assisted Technology, this section explores how real-time feedback and immersive experiences can save lives and prepare professionals for high-stakes scenarios.
4. **Education Priority in 64 Reasons Why**:  
   From 64 Reasons Why to UK Butterfly 2024, education emerges as the cornerstone of societal progress. By prioritising advanced learning systems, Spartan Contracts, and AI-driven methodologies, this section demonstrates how education can drive innovation, economic growth, and a skilled workforce.
5. **UK Butterfly and Super University Resort Hospitals (SURHs)**:  
   Originally conceptualised in American Butterfly, SURHs combine healthcare excellence with luxury living to create self-sustaining communities. Adapted for the UK Butterfly model, these new towns centre around cutting-edge hospitals, addressing housing shortages, improving healthcare access, and generating economic benefits.

Through these sections, Part 7 builds on the foundations laid in previous parts of The Good Doctor App. It ties together education, AI innovation, and societal transformation, offering a vision of what’s possible when technology and humanity align.

### **7.1) Millennials Training**

The NHS faces an unprecedented staffing crisis, compounded by an ageing population and systemic inefficiencies. Traditional approaches to filling these gaps, such as reliance on overseas recruitment, bring their own challenges—cultural barriers, public resistance post-Brexit, and strain on social infrastructure. A revolutionary approach is required, one that redefines how healthcare professionals are trained and deployed. Enter **Millennials Training** under the Spartan Contracts initiative, a solution that empowers a tech-savvy generation to reshape healthcare with AI-assisted precision.

#### ****Empowering Millennials with AI-Driven Training****

Millennials are uniquely positioned to take on the challenges of modern healthcare. Raised in an era of rapid technological advancement, they are naturally adept at integrating tools like AI into their workflows. The Spartan Contracts initiative proposes a **three-year fast-tracked training programme**, equipping Millennials to excel in AI-assisted healthcare roles.

Key elements of the programme include:

* **AI-First Learning**: Training Millennials to consult AI tools like GP-AI and The Good Doctor App seamlessly, ensuring they always cross-check opinions and integrate data-driven insights into their care.
* **Immersive Simulations**: Using VR and AR technologies, Millennials will engage in lifelike medical scenarios, honing their diagnostic and surgical skills in a risk-free environment.
* **Blended Support**: Encouraging collaboration with senior healthcare professionals for complex cases while fostering independence through AI-guided decision-making.

This initiative doesn’t aim to replace traditional doctors but to create a **complementary workforce** capable of handling a significant portion of healthcare demands. Millennials trained under this model will tackle diagnostic, therapeutic, and administrative tasks with unmatched precision, reducing strain on overburdened GPs and specialists.

#### ****Addressing Broader Societal Challenges****

The Spartan Contracts initiative extends beyond healthcare, addressing societal concerns related to employment, immigration, and generational opportunity.

* **Reducing Dependency on Overseas Recruitment**: By investing in homegrown talent, the NHS can alleviate public concerns over immigration while ensuring care standards align with UK expectations.
* **Restoring Purpose to a Generation**: Millennials, often underemployed or working in precarious conditions, gain meaningful careers that utilise their technological fluency and desire for impactful work.

#### ****Beyond Healthcare: A Broader Vision****

This approach ties directly to the concept of **Super University Resort Hospitals (SURHs)**—new towns designed around advanced healthcare facilities and integrated training centres. Millennials will not only learn in these cutting-edge environments but also live and work within self-sustaining communities, creating a blueprint for innovation across all sectors.

#### ****Conclusion****

The Spartan Contracts initiative represents a bold step forward, leveraging Millennials' tech-savviness to address critical healthcare gaps. By combining AI-powered tools, immersive training, and a societal shift towards valuing younger generations, the NHS can transform its workforce into a beacon of efficiency, empathy, and innovation.

### **7.2) Contributors to The Good Doctor App**

The Good Doctor App thrives on the expertise of its contributors, a select group of top-performing doctors, specialists, and educators who ensure the app evolves into an unparalleled tool for healthcare delivery. Guided by the OKRs 4.7 system and leveraging the insights of the NHS’s brightest minds, this collaboration transforms the app into a dynamic resource that bridges the gap between cutting-edge medical knowledge and real-world patient care.

#### ****1. The Role of OKRs 4.7 in Identifying Contributors****

At the heart of the contributor selection process lies the **Objectives and Key Results (OKRs) 4.7 system**, a performance metric framework fully detailed in dedicated documentation. This system tracks and ranks the contributions of healthcare professionals across measurable goals such as patient outcomes, engagement with AI systems, and professional development.

* **Top 5% of Performers**:
  + The top 5% of doctors, as adjudged by the OKRs 4.7 system, are invited to contribute their unique expertise to The Good Doctor App.
  + These doctors are tasked with creating bespoke prompts and expert insights for the app, ensuring its guidance reflects the most current, accurate, and effective medical practices.
  + Recognition within this elite tier serves as a prestigious award, motivating doctors to achieve excellence.
* **Top 25% of Performers**:
  + While the top 5% craft new prompts, the next 20% play a crucial role by evaluating and verifying the app’s outputs.
  + This approach ensures that the app benefits from a broader spectrum of expertise, fostering collaboration and accountability.

#### ****2. Selecting and Refining Medical Knowledge****

Initially, contributors to The Good Doctor App focus on **curating the best medical opinions** from existing global medical and educational resources. The aim is to load the app’s memory with reliable, evidence-based prompts specific to every condition and sub-condition.

As The Good Doctor App, GP-AI Gatekeeper, and associated tools like GP-AI Psych interact with the public, they continuously gather and process new data. This creates a **feedback loop**, where contributors refine the app’s knowledge base based on real-world outcomes:

* **Deep Learning and Patient Data**:
  + AI systems analyse long-term patient outcomes, determining which medical practices, interventions, or courses of action are most effective.
  + By comparing these insights with existing medical education, contributors identify discrepancies and refine the app’s prompts to ensure unmatched accuracy.
* **Long-Term Testing for Accuracy**:
  + Unlike traditional medicine, where outcomes often rely on anecdotal success, The Good Doctor App employs continuous testing of patient interactions to improve diagnostic and therapeutic accuracy.
  + Every patient interaction becomes part of a vast dataset that enables the app to learn, evolve, and provide increasingly precise recommendations.

#### ****3. Rewarding and Motivating Excellence****

The OKRs 4.7 system introduces a much-needed framework for recognising and rewarding excellence within the NHS. Currently, neither the GMC nor hospital trusts offer meaningful incentives for top-performing doctors. The Good Doctor App changes this dynamic by creating clear pathways for recognition and reward.

* **The Top 5% Carrot**:
  + Contributors within this elite tier are awarded not only financial incentives but also the opportunity to shape the app’s future with their own specifically crafted prompts and niche expertise.
  + This serves as a prestigious honour, establishing these doctors as leaders within their fields.
* **Broader Inclusion**:
  + To ensure widespread engagement, the OKR system also involves the top 25% of performers in refining the app’s data and examining AI outputs. This broader inclusion motivates mid-tier performers to aim higher, as the goal of contributing remains within reach.

#### ****Conclusion****

The contributor framework for The Good Doctor App exemplifies a forward-thinking approach to collaboration and innovation. By integrating the expertise of top-performing doctors and leveraging long-term AI learning, the app evolves into a tool that is both highly accurate and continuously improving.

Through the OKRs 4.7 system, contributors are not just rewarded for their excellence but empowered to shape the future of healthcare. This alignment of recognition, responsibility, and reward ensures that The Good Doctor App remains at the forefront of medical innovation while fostering a culture of excellence within the NHS.

### **7.3) VSN Oculus Simulations**

The concept of integrating VSN Oculus Simulations into The Good Doctor App emerged from the inspirational portrayal of Dr. Neil Melendez, played by Nicholas Gonzalez, in The Good Doctor. His use of virtual simulation technology to rehearse intricate surgeries showcases the transformative potential of VR-guided surgical training. However, while the inspiration for applying VR in this specific context came from the show, the roots of virtual technology within Sienna AI and The 10 Technologies extend far deeper, dating back to the early 2000s and Nick Ray Ball’s pioneering work in this field.

#### ****A Legacy of Virtual Innovation****

Virtual technology was the very first system mastered in Sienna AI & The 10 Technologies. Its journey began over two decades ago:

* **Early Beginnings**:
  + In 2000, Nick Ray Ball attended a Macromedia lecture at the Albert Hall in London, where he saw a stunning demonstration of a spinning image of the Alps. The technology was presented using Macromedia Director, not Flash, but Nick was inspired to replicate and innovate within the Flash framework.
  + Armed with a diploma in photography and over a decade of experience with Cubase in the music industry, Nick channelled his creativity into understanding how to simulate such virtual experiences.
* **The First Commercial Virtual Tour**:
  + By 2002, Nick had created his first Flash-based virtual tour. In 2004, he developed the world’s first commercially successful virtual tour using Flash—two years before the debut of Google Street View.
  + This innovation led Nick to Johannesburg, where he collaborated with Dumani Mandela, Moyikwa Sisulu, and Shaka Sisulu. Together, they secured a digital television channel and explored the idea of creating a global luxury virtual platform in partnership with Galileo GDS.
* **The Evolution of Virtual Concepts**:
  + While the Galileo project was never completed, Nick’s passion for virtual technology persisted. Over the years, he explored various applications, culminating in the creation of S-World VSN (Virtual Social Network), the fifth technology in the 10 Technologies design.
  + VSN Construct, a core feature of S-World VSN, embodies the adaptability and precision required for diverse virtual applications—from large-scale construction to the surgical training envisioned in The Good Surgeon App.

#### ****A New Frontier in Medical Training****

The adaptation of VSN technology to a medical setting represents the latest chapter in Nick Ray Ball’s journey of virtual innovation. Building on his early breakthroughs, VSN Oculus Simulations leverages decades of expertise to redefine surgical training and precision.

#### ****1. Virtual Reality for Precision and Preparation****

In surgical training and preparation, virtual reality (VR) offers unparalleled opportunities for precision and risk reduction.

* **Pre-Surgical Rehearsals**:
  + Surgeons can simulate complex procedures multiple times before entering the operating room, refining their techniques and decision-making processes.
  + The system ensures every step of a surgery is mentally and physically practised, minimising risks during the actual procedure.
* **Enhanced Training for Millennials**:
  + VR simulations are particularly suited to millennial surgeons, whose digital dexterity and familiarity with interactive environments make them ideal candidates for mastering AI-assisted procedures.

#### ****2. Expanding Access to Expertise****

VR simulations also address disparities in healthcare access, extending surgical expertise to underserved or remote regions:

* **Emergency Applications**:
  + Non-surgeons, such as paramedics or nurses, can use VR simulations to learn life-saving procedures, guided step-by-step by AI in real time.
* **Global Reach**:
  + This technology empowers healthcare workers worldwide, bringing advanced surgical capabilities to areas lacking specialist doctors.

#### ****3. Real-Time AI Integration****

By combining VR with the real-time guidance of The Good Surgeon App, surgeons gain access to:

* **Proximity Alerts**:
  + Using VSN Construct technology, the system alerts surgeons with visual, auditory, or haptic feedback when they approach critical structures like nerves or arteries.
* **Database-Driven Insights**:
  + AI analyses millions of cases to provide real-time, evidence-based suggestions during surgeries, helping doctors adapt to unexpected complications.

#### ****4. Bridging Experience Gaps****

The integration of VSN Oculus Simulations and The Good Surgeon App levels the playing field between experienced surgeons and newly trained professionals:

* **AI-Supported Millennials**:
  + Digitally trained surgeons gain confidence and precision through continuous feedback, making them highly capable in high-stakes scenarios.
* **Augmenting Traditional Expertise**:
  + Seasoned surgeons benefit from VSN technology’s positional guidance and the app’s extensive knowledge base, enhancing their already formidable skills.

#### ****5. Building Confidence Through Repetition****

The value of VR simulations lies in their ability to replicate surgeries repeatedly, providing a safe environment for learning and refinement. This transforms surgical education, enabling all levels of healthcare workers to approach procedures with confidence and competence.

#### ****Conclusion****

VSN Oculus Simulations represent a revolutionary leap in surgical training and healthcare accessibility. By combining the precision of VR with the real-time insights of The Good Surgeon App, this technology ensures every procedure is backed by the collective knowledge of the world’s best medical minds.

From millennial gamers mastering AI-assisted surgeries to non-surgeons saving lives in emergencies, this integration redefines the limits of surgical expertise. Inspired by the visionary portrayal of Dr. Neil Melendez, VSN Oculus Simulations turns fiction into a life-saving reality, empowering healthcare systems worldwide.

### **7.4. Education Priority in Nick Ray Ball's 2020 Book:** 64 Reasons Why (Basic)

#### ****Foundations in Economic and Environmental Innovation****

Nick Ray Ball’s 64 Reasons Why represents a visionary approach to addressing global challenges through a combination of economic growth, clean energy initiatives, and targeted societal investments. While much of the book focuses on the allocation of wealth generated by a groundbreaking economic model, its first pages provide a compelling introduction to the mechanisms driving this vision.

**Key Objectives Aligned with Labour’s Vision:**  
The book aligns seamlessly with the Labour Party’s objectives, showcasing how economic growth, clean energy, and education can converge to advance social progress:

* **Driving Economic Growth**: Through Supereconomics principles, the proposed Grand Śpin Networks focus on building self-sustaining cities that generate significant employment and GDP growth.
* **Advancing Clean Energy**: Environmental considerations are embedded in every initiative, with projects like S-World Net-Zero DCA prioritising sustainability.
* **Expanding Opportunities**: Spartan Contracts, or Paid2Learn initiatives, empower individuals by combining on-the-job training with wages, addressing unemployment while fostering a skilled workforce.
* **Strengthening Healthcare**: Education and employment opportunities extend into healthcare, ensuring training for critical roles within systems like the NHS.

#### ****Economic Powerhouse and Dynamic Comparative Advantage****

Central to the 64 Reasons Why framework is the concept of Dynamic Comparative Advantage (DCA), which prioritises industries that drive long-term economic growth over static comparative advantages like agriculture or resource extraction.

* **Stiglitz’s Insight**: A quote from Nobel laureate Joseph Stiglitz underscores this shift:

***“Korea did not have a comparative advantage in producing semiconductors when it embarked on its transition. Its static comparative advantage was in the production of rice... It might still be the best rice grower in the world, but it would still be poor.”***

* By applying DCA principles, 64 Reasons Why envisions nations like Malawi transitioning from static industries to dynamic, high-value sectors like net-zero technologies.

#### ****Creating the Grand Śpin Network****

The Grand Śpin Network is a city-building initiative designed to create sustainable, self-sufficient hubs of economic activity. Originally focused on Africa, these networks are prototypes for scalable solutions that address poverty, climate change, and migration through green industry and abundant employment.

* **Ripple Effects and Internalities**: Each project within the network generates positive ripple effects, ensuring that investments produce maximum societal benefit.
* **Net-Zero Ambitions**: By leveraging S-World DCA software, these networks align their economic growth with environmental goals, prioritising industries that advance sustainability.

#### ****Education: A Core Priority****

As highlighted in the Special Project Allocations section, education emerged as the largest investment within the 2020 Malawi simulation. Over 56 years, $4.9 trillion was allocated to education and training, showcasing the centrality of skill-building to sustainable economic growth.

* **Paid2Learn (Spartan Contracts)**: This initiative reimagines education as on-the-job training paired with wages, offering an attractive alternative to traditional university pathways.
* **Empowering Millennials and Beyond**: Paid2Learn ensures accessibility for all, creating a highly skilled workforce that drives innovation across industries, including clean energy and healthcare.

#### ****Clarifications and Context****

It is crucial to contextualise the figures presented in 64 Reasons Why to avoid misconceptions:

1. **Simulation-Based Allocations**: The financial figures stem from a detailed simulation of Malawi between 2024 and 2080, demonstrating the transformative potential of targeted investments. These are not annual amounts but cumulative over decades.
2. **Scalability**: While specific to Malawi, the principles and outcomes of the simulation provide a replicable framework that could inform policies in other nations, including the UK.

#### ****A Closing Note on Economic Vision****

The economic engine of 64 Reasons Why is Š-ŔÉŚ™ (Šavings plus Ŕevenue \* recycle Éfficiency \* Śpin) a system capable of scaling GDP and cash flow by 3000% over several decades in the Malawi simulation. This software is detailed extensively in Supereconomics books one and two, which explain the mechanisms enabling this extraordinary economic transformation.

Next, we will explore the mechanics of this economic powerhouse and how it drives the altruistic spending detailed in 64 Reasons Why.

~

We continue with three bonus episodes crafted from the book 64 Reasons Why BASIC ­–Plus 64 Cube - 10.57-n18 (24th Nov 2020)

### **7.4b (Bonus 1) Unveiling the Economic Engine: Š-ŔÉŚ™ and Supereconomics**

#### ****1. Š-ŔÉŚ™: Šavings + Ŕevenue \* recycle Éfficiency \* Śpin****

At the heart of 64 Reasons Why lies Š-ŔÉŚ™, an economic software system designed to optimise supply and demand within a controlled network. Š-ŔÉŚ™ is the driving force that turns theoretical economic principles into actionable, scalable results.

* **Core Mechanism**:  
  Š-ŔÉŚ™ operates by maintaining the Sienna Equilibrium, a delicate balance between supply (Ś) and demand (É). This balance allows cash flow to increase in a controlled, predictable manner, ensuring sustainable economic growth.
* **Dynamic Allocation**:  
  By influencing which companies supply or demand within the Network, Š-ŔÉŚ™ prioritises industries aligned with special projects, such as clean energy, education, and healthcare. This targeted approach accelerates progress on critical societal goals.

#### ****2. Supereconomics and the Grand Śpin Network****

Š-ŔÉŚ™ is a cornerstone of Supereconomics, the theoretical framework that underpins 64 Reasons Why. The Grand Śpin Network exemplifies how Supereconomics turns principles into practice.

* **Prototyping Success**:  
  In the Malawi simulation, the Grand Śpin Network demonstrated how investments in key industries could drive GDP growth by 3000% over decades. This was achieved by entangling positive ripple effects from targeted projects, creating a combinatorial explosion of benefits.
* **A Net-Zero Blueprint**:  
  Environmental sustainability is central to Supereconomics. By integrating Net-Zero DCA software, the network ensures that economic growth does not come at the expense of the planet. Instead, it fosters industries that advance net-zero goals, such as renewable energy, green manufacturing, and sustainable urban development.

#### ****3. Scaling to the UK and Beyond****

While Š-ŔÉŚ™ was prototyped in a simulation for Malawi, its principles are highly adaptable to advanced economies like the UK.

* **UK Adaptation**:  
  The UK’s Labour government could adopt Š-ŔÉŚ™ principles to create Grand Networks focused on addressing domestic challenges, such as housing shortages, healthcare inefficiencies, and clean energy transitions.
* **Economic Potential**:  
  By applying Š-ŔÉŚ™ to industries with high-growth potential, the UK could generate significant surplus capital, which could then be allocated to special projects, mirroring the simulation’s success.
* **Global Implications**:  
  Beyond the UK, Š-ŔÉŚ™ offers a replicable model for nations seeking to balance economic growth with environmental and social responsibility. Its adaptability makes it a tool for addressing both extreme poverty and advanced economic challenges.

#### ****4c. (Bonus 2) The Role of Dynamic Comparative Advantage****

Dynamic Comparative Advantage (DCA) ensures that the industries prioritised by Š-ŔÉŚ™ drive long-term growth rather than short-term gains.

* **Strategic Shifts**:  
  By shifting focus from static industries to high-value sectors, Š-ŔÉŚ™ enables nations to leapfrog traditional development paths. For example, a country may transition from agriculture to renewable energy manufacturing, creating jobs and advancing global sustainability goals.
* **Policy Implications**:  
  Governments leveraging Š-ŔÉŚ™ and DCA can incentivise industries that align with societal needs, ensuring that growth benefits the majority rather than a select few.

### **7.4c. (Bonus 2) Exploring a Ripple Effect: Luxury Social Housing (The Villa Secrets’ Secret)**

<http://network.villasecrets.com>  
This section ties together economic growth, housing solutions, and social impact—demonstrating the practical applications of Supereconomics principles in real-world scenarios.

#### ****Luxury Social Housing: A Balanced Solution****

In 64 Reasons Why, the **Luxury Social Housing** initiative represents a groundbreaking model to address affordable housing without sacrificing quality or sustainability.

* **Concept Overview**:  
  At 6.25% of all special project spending, **Luxury Social Housing** allocates $1.5 trillion (in the Malawi simulation) to finance over ten million properties by 2080. This initiative aligns luxury design principles with affordability, ensuring housing solutions are both attractive and functional.
* **Entanglement with Grand Networks**:  
  Each Grand Network incorporates luxury housing as a foundational element, embedding state-of-the-art infrastructure, sustainable materials, and community-focused designs.

#### ****The Villa Secrets’ Secret****

The roots of this initiative trace back to Nick Ray Ball's 2017 design, The Villa Secrets’ Secret.  
<http://network.villasecrets.com>

* **Visionary Design**:  
  This concept combines high-end real estate expertise with cutting-edge CRM (Customer Relationship Management) systems to create seamless networks of luxury properties. By integrating these principles into affordable housing, the initiative offers a unique blend of elegance and accessibility.
* **Sustainability at the Core**:  
  Net-zero energy consumption and environmental considerations are integral to these designs, ensuring they contribute to broader ecological goals.

#### ****Economic and Social Benefits****

The **Luxury Social Housing** initiative serves as a dual-purpose solution, addressing both economic and societal challenges.

* **Boosting Economic Growth**:  
  By integrating luxury housing into Grand Networks, the initiative stimulates job creation in construction, design, and ancillary industries.
* **Enhancing Social Equity**:  
  Affordable housing improves living standards for millions while reducing income inequality. Luxury elements inspire pride and community cohesion, fostering a sense of belonging among residents.

#### ****Entanglement with Labour’s Objectives****

This initiative directly supports Labour’s housing and clean energy priorities while contributing to broader goals:

* **Affordable Housing**:  
  The initiative aligns with Labour’s mission to provide housing solutions that are both accessible and aspirational.
* **Advancing Clean Energy**:  
  By adopting net-zero principles, Luxury Social Housing sets a benchmark for sustainable development in the UK and beyond.

#### ****Integration into the Good Doctor App and SURHs****

This ripple effect isn’t just about housing—it’s a cornerstone of the broader ecosystem.

* **SURHs (Super University Resort Hospitals)**:  
  Luxury housing surrounds SURHs, providing high-quality living environments for healthcare professionals, educators, and community members.
* **The Good Doctor App**:  
  Housing stability indirectly enhances public health by reducing stress and improving quality of life, contributing to the app’s mission of holistic well-being.

### **7.4d. (Bonus 3) Conclusion: Educational Priority in Nick Ray Ball's 2020 Book: 64 Reasons Why**

Nick Ray Ball’s 64 Reasons Why stands as a profound economic vision, combining rigorous theoretical grounding with deeply human-centric goals. While education has been highlighted as a core focus—reflected in its monumental $4.9 trillion allocation over the simulated period—this vision extends far beyond traditional educational models. It integrates economic growth, clean energy advancement, social equity, and innovative tax structures to create a holistic framework that is as practical as it is transformative.

#### ****Tax Symmetry: A Foundation for Educational Transformation****

One of the most ingenious ideas within this framework is **Tax Symmetry**, which replaces traditional tax payments with direct output investments into special projects like education, infrastructure, and healthcare. Rather than governments receiving monetary taxes to allocate independently, they instead receive tangible results: schools are built, curriculums are developed, and communities are uplifted with unparalleled efficiency and scale.

In education, this means not just funding institutions but creating entire ecosystems of learning. From luxurious and sustainable housing for educators and students to Paid2Learn initiatives that provide on-the-job training opportunities, the system redefines what accessible and effective education looks like. This approach embodies Labour’s core objectives of expanding opportunities and strengthening public services while ensuring that the investment directly benefits society.

#### ****The Suburb Sale: Hedging Against Uncertainty****

64 Reasons Why does not shy away from the complexities of global economics, acknowledging that dynamic comparative advantage can be unpredictable. By incorporating the **Suburb Sale**, the system ensures internal economic stability. The profits from building and selling self-sustaining, luxurious suburbs, often to institutional investors or global stakeholders, fund projects without requiring external exports.

This concept directly supports education by creating communities centred around learning and development, where schools, universities, and research hubs flourish within the framework of Super University Resort Hospitals (SURHs), which we will explore next.

#### ****Connecting Labour’s Five Key Objectives****

Ball’s vision seamlessly intertwines Labour’s five key objectives:

1. **Driving Economic Growth**: By leveraging Š-ŔÉŚ™ and DCA principles, the initiative creates exponential economic growth while ensuring wealth is reinvested into projects like education.
2. **Advancing Clean Energy**: Education and training focus on equipping communities to thrive in a green economy, aligning with net-zero goals.
3. **Enhancing Public Safety**: Improved housing, infrastructure, and municipal systems contribute to safer, healthier communities.
4. **Expanding Opportunities**: Paid2Learn and Spartan Contracts empower individuals to learn and earn simultaneously, creating a skilled and motivated workforce.
5. **Strengthening Healthcare**: Integrated systems ensure education is tied to healthcare advancements, preparing the workforce for critical roles in health services.

#### ****From Malawi to the UK and Beyond****

While the financial figures and projections were based on the Malawi History 3 simulation, their relevance extends globally. The idea of investing heavily in education as the cornerstone of sustainable growth is universal. As Labour seeks to transform the UK into a net-zero, opportunity-rich nation, Ball’s ideas offer a roadmap for achieving these goals through innovative taxation, dynamic economic principles, and an unwavering focus on education.

#### ****A Gateway to the Future****

In Ball’s model, education is not just a tool for individual empowerment; it is the gateway to societal transformation. Through Tax Symmetry, Suburb Sales, and Paid2Learn, 64 Reasons Why envisions a world where learning is accessible, rewarding, and central to a thriving economy. This conclusion naturally leads us to the next innovation within this framework: **Super University Resort Hospitals (SURHs)**, where education, healthcare, and sustainable development converge to redefine modern living and learning environments.

Let’s dive into the future of education and healthcare as envisioned in SURHs.

### **7.5) UK Butterfly and Super University Resort Hospitals (SURHs)**:

### 7.5a) From American Butterfly (2012-2013) to UK Butterfly (2022-2024)

<http://americanbutterfly.org/pt1/the-theory-of-every-business/index>

#### The Theory of Just A Little Bit More Than We Know Now

<http://americanbutterfly.org/pt1/the-theory-of-every-business/ch3-the-theory-of-just-a-little-bit-more-than-we-know-now>

The concept of **Super University Resort Hospitals (SURHs)** was first conceived in 2012 as part of American Butterfly - Book 1: The Theory of Every Business. These institutions were imagined as hubs of innovation, education, healthcare, and economic growth, combining world-class hospitals with luxurious residential environments. The original inspiration stemmed from a tangible real-world opportunity: a nine-square-mile plot of land in Orlando, Florida, available for $100 million. This sparked the idea of creating resort-style developments that would be economically self-sustaining, environmentally integrated, and socially transformative.

Central to this vision were two foundational elements:

1. **Spartan Contracts**: Introduced in the same book, these contracts represented a revolutionary approach to employment, education, and economic inclusion. By offering long-term, on-the-job training combined with secure housing and competitive salaries, Spartan Contracts aimed to empower non-graduate workers to excel in fields ranging from construction to healthcare. Over time, this method extended to hospital staff, ensuring that all employees—from administrative personnel to medical professionals—were trained to a high standard while enjoying stable and rewarding careers.
2. **Economic and Social Revolution**: The SURH model sought to address significant challenges in US healthcare, such as skyrocketing Medicare and Medicaid costs, by creating a network of 8,192 hospitals operating on a non-profit basis. These hospitals would not only provide unparalleled care but also train future generations of healthcare professionals through Spartan Contracts. With their luxurious environments and advanced medical technologies, SURHs were envisioned as self-sufficient entities capable of generating significant revenue while reducing public healthcare liabilities.

The SURH initiative also embraced bold partnerships and innovation. Pharmaceutical companies, for example, were invited to relinquish patents for non-profit use within the SURH network, in exchange for lucrative investment opportunities in other industries. This exemplified the spirit of collaboration and mutual benefit underlying the entire project.

#### Scaling the Vision: Economic and Environmental Synergy

The 2012 SURH concept combined pragmatic financial planning with a deep commitment to social and environmental betterment. A core principle was the "Suburb Sale," a mechanism through which the development of surrounding residential areas financed the construction and operation of SURHs. This ensured that each resort town was economically viable from the outset, with profits reinvested into the community.

Moreover, the model incorporated advanced ecological initiatives, such as renewable energy systems and green building techniques. These elements aligned with the broader goals of American Butterfly to create sustainable, net-zero cities that balanced economic growth with environmental stewardship.

### 7.5b) Expansion: The Financial and Strategic Foundations of Super University Resort Hospitals (SURHs)

A critical aspect of the original SURH concept, which has yet to be fully illuminated, is the economic mechanism that enabled these hospitals to provide **free healthcare** to the surrounding towns and cities while ensuring their financial sustainability. This innovation hinged on a combination of **tax incentives**, **pressure of profit (POP)** investment principles, and a scalable network structure that maximised profitability and reinvestment.

#### Tax Incentives: A Key to Financial Freedom

At the heart of the financial model was the concept that all businesses, industries, and residential developments within the resort network would operate under a **reduced or zero-tax framework**. By redirecting what would traditionally be paid in taxes into tangible outputs like healthcare infrastructure, these networks could deliver exceptional value to their communities. For example, instead of paying billions in tax revenue to the government, the network would construct high-quality healthcare facilities, schools, and housing directly.

This approach allowed for unprecedented efficiency in public service delivery while incentivising businesses to operate within the network. The result was a win-win scenario: businesses benefited from lower tax liabilities, and communities gained access to world-class amenities without placing additional strain on government budgets.

#### The Pressure of Profit (POP) Principle: A Chaos-Inspired Investment Model

The **POP (Pressure of Profit)** investment principle, inspired by chaos theory, served as the engine that drove the network's exponential growth. The concept was elegantly simple yet profoundly effective:

1. **Profit Targets**: Each business collective within the network was set a profit target. Once this target was met, any additional profit was automatically reinvested into the next business collective within the network.
2. **Tidal Wave of Reinvestment**: This cascading reinvestment created a tidal wave of profitability. As more businesses met their targets, the excess profit was channelled into other collectives, sparking a chain reaction of economic growth.
3. **Network Expansion**: Once all business collectives within a resort network reached their profit targets, the combined profits would pour over into developing a new network in a different location. This expansion was designed to ripple outward, creating a global framework of interconnected, self-sustaining economic hubs.
4. **Cross-Network Integration**: The reinvestment continued across networks, with the profits from eight established networks funnelling into the development of a ninth, and so on. This exponential scaling ensured that each new venture started with a robust financial foundation, reducing risk and accelerating growth.

This model was detailed further in American Butterfly Book 2: Spiritually Inspired Software, which laid the groundwork for what would later evolve into the **10 Technologies Design**. This comprehensive system interconnected real-world software (Technologies 1, 2, 3, and 4), virtual environments (Technology 5), simulation-based planning (Technology 6), and macroeconomic initiatives (Technologies 7, 8, and 9). Technology 10, AI, was an emerging concept at the time, now fully realised in 2024 as **Sienna AI**.

#### From Theory to Practice: Š-ŔÉŚ and UCS Integration

**Š-ŔÉŚ Formula**

* **Savings + Revenue**: This economic model is foundational, where cost savings and generated revenue are multiplied by recycling efficiency and spin to maximise the project's economic impact.
* **Recycle Efficiency (R)**: Achieving high recycle efficiency (90% or more) is critical for maximising GDP from the initial investment. Involving all suppliers down to raw materials and maintaining high efficiency ensures minimal value leakage within the network.
* **Spin (S)**: The process of exchanging goods multiple times within the network creates a multiplier effect, significantly increasing generated GDP. Avoiding taxation at each spin is crucial to preserving capital and maximising the economic benefits.

Another cornerstone of the SURH model was **S-RES** or **Š-ŔÉŚ** (Šavings + Ŕevenue × recycle Éfficency × Śpin), which optimised **growth** across the network. S-RES ensured that each company in the network was buying as many goods and services as possible from other companies within the same network. At a level of 100%, this would create a **pure monopoly**. However, the idea of monopoly is turned on its head by the **POP (Pressure of Profit) principle**, which forces all companies to invest in new companies owned at least 50% by new people. This approach spreads the ownership of the network throughout the community while benefiting from monopolistic power, creating a **dynamic equilibrium** that maximises the network's overall efficiency.

This principle was further enhanced by **UCS (Universal Colonisation Simulator)**, now known as Technology 6, which introduced simulation-based planning tools. UCS allowed networks to anticipate challenges, allocate resources strategically, and optimise outcomes across a wide range of metrics. Importantly, UCS also laid the foundation for **OKR-based management systems**, which are now central to the GP-AI project and broader healthcare initiatives.

### 7.5c) Bridging to the Future: From 64 Reasons Why (2020) to UK Butterfly (2022)

The ideas first explored in American Butterfly evolved over the years, culminating in the **2020 book 64 Reasons Why**, which offered a more detailed exploration of how these principles could be applied ~~globally.~~

The integration of these foundational principles into the modern **UK Butterfly Initiative** represents the culmination of a decade-long journey. By leveraging the lessons learned from American Butterfly, 64 Reasons Why, and the 10 Technologies, the UK initiative is poised to deliver transformative outcomes in healthcare, housing, education, and clean energy.

#### Next Steps: Adapting SURHs to the UK Butterfly Initiative

In the next section, we will delve into how the 2012 SURH concept has been reimagined for the UK in 2024. This adaptation integrates cutting-edge technologies, policy frameworks, and investment models to address Britain’s unique challenges while staying true to the original vision of creating sustainable, self-sufficient communities centred around world-class healthcare and education.

#### Bridging from Malawi to the UK: The Evolution of UK Butterfly

By 2020, the success of the **Malawi History 3 simulation**, which had simulated how to elevate Malawi from 0% to 1% of global GDP between 2024 and 2080, demonstrated that **S-RES** and the **Net-Zero Dynamic Comparative Advantage software** could be transformative. However, the question remained: could this model work in advanced economies like the UK? With inflation and complex fiscal dynamics as potential hurdles, I began exploring ways to adapt the principles of **American Butterfly** and **Malawi History 3** to the UK context. This exploration became **UK Butterfly**—a model designed specifically to address the economic, environmental, and societal challenges faced by advanced economies.

Initially, UK Butterfly was inspired by the Keynesian accelerator effect: the principle that government investment, when aligned with private and foreign investment, can yield **more in tax receipts than the initial outlay**. This insight highlighted a game-changing concept: if the government committed 25% of the total investment raised from international and private sources, the return on tax receipts alone would make the initiative self-sustaining, while simultaneously addressing key policy goals like housing, healthcare, and clean energy.

The mathematical certainty of this approach became the turning point. Once validated, it was clear that **writing theory was no longer enough**; it was time to develop the software to bring these ideas to life. This marked the birth of **Sienna AI** as a comprehensive platform—not just for businesses or economic growth, but for governments to achieve their objectives efficiently and with precision.

#### Inflation as the Theoretical Hurdle

One of the most significant challenges in adapting the Malawi History 3 model to the UK was the risk of inflation. In 2016, I had already developed a law of diminishing returns for API points from third-party software. This led to a **complete redesign of the system**, throwing away all pre-existing software and instead creating **one integrated system**, akin to the **Apple Mac**. This system needed to control inflation while optimising growth through **S-RES**, creating a monopoly-like efficiency within the network.

The breakthrough came when we realised that the **Net-Zero DCA Soft.** could **control inflation by dynamically adjusting supply and demand** within the network, alongside the QA Quanta Analytica, which powered the focus of controlling price as its primary API priority. This was the final theoretical hurdle, transforming a system initially designed for third-world economies into one that could thrive in advanced economies. With inflation under control, the UK Butterfly model could deliver on its promise: rapid economic growth, increased social equity, and a framework for achieving governmental objectives.

#### Re-Adopting Theory for UK Butterfly 2024

With the software development well underway, the theoretical principles of **American Butterfly** were revisited and adapted for the **UK Butterfly 2024** initiative. The central idea was to focus on **100 small towns**—each a self-contained ecosystem driven by **Super University Resort Hospitals (SURHs)**. These towns would operate under the **tax symmetry principle**, where the government is paid in output rather than tax receipts. By aligning public-private partnerships with governmental objectives like housing, healthcare, and clean energy, UK Butterfly offered a sustainable, scalable model for national development.

The integration of **Sienna AI's entire software suite** added unparalleled functionality. The same tools that revolutionised business operations now found applications in government, from optimising logistics to healthcare delivery. **Projects like the GP-AI initiative, The Good Doctor App, and SURHs** became the cornerstones of this adaptation, proving that the system could transcend its origins and drive transformative change in advanced economies.

### 7.5d) Revisiting Economics: From UK Butterfly 2022 to UK Butterfly 2024

The **2022 UK Butterfly model** introduced a groundbreaking concept for government collaboration in macroeconomic growth: the **Keynesian accelerator effect**. By proposing that the government contribute **25% towards each investment round**, the model showed how public funds, when strategically aligned with private and international investments, could yield **greater tax receipts than the initial outlay**. This principle, while effective, faced political and logistical challenges, especially at the macro scale where funding in the **billions, not millions**, was required.

By **2024**, the UK Butterfly evolved to reintroduce a concept first pioneered in **Malawi History 3**: **Tax Symmetry**, or paying tax in **output instead of cash**. This approach allowed the network to fulfil governmental objectives—such as building housing, enhancing healthcare, or advancing clean energy—directly through delivered projects. For example, instead of allocating £2 billion in tax receipts for affordable housing, the network would **construct £2 billion worth of housing directly**, leveraging efficiencies inherent in the system to achieve **greater value** than traditional government spending could produce.

#### Innovate UK and the Role of SIENNA AI

At the **startup level**, government funding is still pivotal. **Innovate UK**, with its **70% funding model**, becomes the launchpad for SIENNA AI and its numerous government-facing applications, such as **GP-AI Gatekeeper** and elements from within **The Good Doctor App**. These initial investments are critical to achieving proof of concept and setting the stage for larger-scale projects, From the full suite of GP-AI project applications, use cases for the HMRC, the Department of Work and Pensions, and most layers of government to infrastructure projects and the creating of Super University Resort Hospitals and they’re surrounding suburbs.

However, as the scope scales to **macro levels**, tax symmetry emerges as the preferred mechanism. Not only is it **politically more palatable**, but it also aligns seamlessly with the objectives of a **public-private partnership**. This flexibility allows for a hybrid funding model where some parts of the project benefit from government investment, while others operate under the **tax symmetry framework**, ensuring that resources are allocated optimally.

#### The Cherry on Top: SIENNA AI Revenue Streams

What makes the 2024 UK Butterfly uniquely powerful is the integration of **SIENNA AI’s revenue streams**. Unlike previous models in **American Butterfly** or **64 Reasons Why**, which relied entirely on internal network efficiency, the SIENNA AI model introduces **external revenue generation**. This concept was explored in **Malawi History 2**, where exports to external markets accelerated GDP growth, transitioning from zero to one percent of GDP by 2050, not 2080, but were omitted in **Malawi History 3** as unlike internal dynamics based on S-RES they could not be reasonably estimated within the simulation.

By the summer of 2024, after 18 months of refining the **SIENNA AI framework (Technologies 1, 2, 3, 4, 6, and 10)**, it became clear that **external revenue streams** from SIENNA AI could function as a **game-changing bonus**. These streams, while initially overlooked, represent a **colossal cherry on top**—a layer of economic advantage that neither American Butterfly nor earlier iterations of UK Butterfly considered.

This realisation underscores the sheer adaptability and scalability of the model: **even without external revenue, tax symmetry and internal efficiencies are sufficient to drive transformational growth**. However, the addition of external revenue transforms what was already a powerful engine into an **economic juggernaut**, capable of accelerating national objectives while creating vast surpluses for reinvestment.

#### Toward UK Butterfly’s 2024 Vision

With these innovations, the 2024 UK Butterfly is no longer just an adaptation of its predecessors but a **culmination of lessons learned and breakthroughs achieved**. The introduction of tax symmetry, the hybrid funding model, and the vast revenue potential of SIENNA AI provide a dynamic and resilient framework. These elements ensure that UK Butterfly is not only **economically sound** but also politically and socially aligned with the priorities of modern governance.

This foundation now leads seamlessly into the next phase: the role of **Super University Resort Hospitals (SURHs)** and their integration into UK Butterfly as centres for training, healthcare, and economic transformation.

A screenshot of a computer

Description automatically generated

### **7.5e) Podcast Series Exploring Super University Resort Hospitals and the UK Butterfly Model**

In 2024, due to a repetitive strain injury, I transitioned from written work to spoken episodes recorded on my phone. Initially, I utilised Spotify for Podcasters to tie shorter recordings into cohesive episodes, creating a series that captured the technical design of **Sienna AI** and my exploration of **Modern Software Engineering**, with each episode bearing a ☆DF (David Farley) ID.

#### Spotify for Podcasters Episodes

* **Podcast Home**: [S-Web 6 VC🚀 'Sienna' AI CMS 🌀 for David Farley - Author of 📖 Modern Software Engineering](https://open.spotify.com/show/1hl3hoJtgEmXQ10FlLiZIo)
* **☆DF🚀18: For Effective Altruists Everywhere**
  + Exploring early links between Sienna AI and UK Butterfly
  + [Listen here](https://open.spotify.com/episode/68c6nfaWirgKsIgJIsiKr7)
* **☆DF: The GP-AI**
  + The foundational ideas for GP-AI as a healthcare game-changer
  + [Listen here](https://open.spotify.com/episode/6hIFxfeeayDaEo8TKBr34h)
* **☆DF64 - 🌐 Sienna.gov & UK Butterfly.🌐**
  + Adapting the OKR concept for the NHS and Labour’s government objectives
  + [Listen here](https://open.spotify.com/episode/2ObOMv4GrjG1w8I5F4YIw1)

While this podcast series concluded due to Spotify retiring their editing software, it laid the groundwork for the journey ahead.

#### Transition to BEYOND ☆DF66 on Spreaker and Audible

Not deterred by Spotify’s changes, I continued developing the narrative, migrating to **BEYOND ☆DF66** on Spreaker, which allowed for more focused and polished episodes.

* **Podcast Home on Spreaker**: [BEYOND ☆DF66](https://www.spreaker.com/podcast/nick-ray-ball-s-podcast--6239682)
* **Podcast Home on Audible**: [BEYOND ☆DF66 on Audible](https://music.amazon.com/podcasts/187a5cb6-1dec-4423-b6c3-1f75b2826e45)

With this change came a deep dive into the macro technologies **Š-ŔÉŚ Financial Engineering** and **T8. NetZero DCA**, and how they tied into the UK Butterfly model.

#### Key Episodes on Š-ŔÉŚ, UK butterfly, SURHs and Related Themes

1. **☆DF🚀71g1.♡ T7. Š-ŔÉŚ Financial Engineering & T8. NetZero DCA for David Farley**
   * A pivotal exploration of macro technologies integrated into the UK model
   * [Listen here](https://www.spreaker.com/episode/60878125)
2. **☆DF72f3. Sienna AI meets S-RES SURH's et al.**
   * How Sienna AI powers the integration of Super University Resort Hospitals
   * [Listen here](https://www.spreaker.com/episode/62015797)
3. **☆DF72f3b. 64Cube - Dr no tax - Sienna.gov benefits**
   * Exploring tax symmetry and Sienna.gov’s transformative potential
   * [Listen here](https://www.spreaker.com/episode/62015840)
4. **☆DF🚀72h1. Sienna AI - E in S-RES 4 UK Butterfly fix**
   * Solving the final challenge in Spartan contracts: facilitating personnel paid in network credits to exchange them for UK currency for external use
   * [Listen here](https://www.spreaker.com/episode/62035874)

These episodes collectively capture the journey, the challenges, and the innovative solutions shaping **Super University Resort Hospitals** and their broader implications for the UK Butterfly model and Sienna AI. Each is a vital piece of the puzzle, offering deep insights into the evolving design and its potential for societal transformation.

### 7.5f) The Grand Crescendo: Super University Resort Hospitals (SURHs) – Building a New UK Future

**A New Model for the Labour Government, 2024**  
In adapting the UK Butterfly model for the Labour government, the vision was crystal-clear: address housing shortages, healthcare demands, and economic growth with an integrated solution. Rather than scattered affordable housing developments, which often face resistance in existing communities, the focus shifted to creating **Super University Resort Hospitals (SURHs)** at the heart of entirely new towns. These purpose-built communities serve as hubs of healthcare excellence, luxurious living, and sustainable growth. Each SURH anchors the development, creating a centre of economic and social vibrancy that aligns with Labour’s objectives of advancing clean energy, creating opportunities, and strengthening healthcare.

#### The Heart of the Network: Super University Resort Hospitals

SURHs redefine healthcare and community development. These aren’t just hospitals—they’re the beating hearts of their communities, providing cutting-edge medical care, training the next generation of healthcare workers, and serving as catalysts for economic and social transformation.

* **Healthcare Excellence**: SURHs are 7-star facilities offering unparalleled medical services. Imagine a hospital where the most advanced surgeries and treatments are conducted while luxury penthouses atop the facility provide a home for those who value proximity to the finest care. With an ageing population, these penthouses serve a dual purpose—housing the affluent while funding the broader community’s healthcare.
* **Training and Innovation Hubs**: Surrounding each SURH is a research university designed to train healthcare professionals to the highest standards, incorporating AI-driven monitoring systems like OKRs to reward exceptional performance. These institutions don’t just educate; they innovate, creating a workforce ready to tackle the challenges of tomorrow’s healthcare.
* **Luxury and Sustainability**: Each SURH is situated in prime locations, often near or around lakes, offering an unmatched quality of life. The design of these communities blends luxury with sustainability, ensuring they are as desirable as they are eco-friendly.

#### The VSN Construct: Building the Future, Virtually

**Technology 5: Virtual Social Network (VSN) Construct**  
The development of each town, its hospital, and surrounding industries begins virtually, with the **VSN Construct**. Every detail—down to the materials used—is simulated years in advance. This meticulous planning ensures efficiency, minimises waste, and resolves potential issues before physical construction begins.

* **Dynamic Comparative Advantage and Net Zero Goals**: The **Net Zero DCA software** ensures every project is aligned with global sustainability goals, directing spending towards eco-friendly practices. This dynamic system allows these developments to thrive economically while advancing Labour’s clean energy agenda.
* **Grand Spin Networks**: Entire regions interconnected through carefully planned infrastructure and industries are managed and optimised virtually before their real-world implementation. These networks create economic “spins,” generating wealth and opportunities within sustainable, closed-loop systems.

#### Economics That Empower: Tax Symmetry and Pressure of Profit (POP)

The economic engine driving these communities is **tax symmetry**—the principle of paying the government not in cash but in **output**. Instead of tax revenues, the Network delivers infrastructure, healthcare, education, and housing. This approach ensures that every penny spent by the Network directly advances government objectives, from reducing healthcare costs to providing affordable yet luxurious housing.

* **POP Principle**: Pressure of Profit ensures that as soon as one network achieves its profit targets, surplus profits cascade into the next, creating an unstoppable wave of reinvestment. This system, first conceived in American Butterfly, ensures that every community built becomes a self-sustaining powerhouse, fueling the next.

#### The Vision Realised

At the heart of each SURH is a thriving community. The towns are alive with energy, from healthcare professionals striving to earn OKR points for excellence to researchers developing the next medical breakthroughs. Surrounding the hospitals are homes and industries, supported by the **Š-ŔÉŚ** growth model, ensuring every business benefits from and contributes to the Network.

These communities represent more than just housing or hospitals—they embody a new way of living. They are places where sustainability, luxury, and economic efficiency coexist. For the elderly and ill, they offer dignity and exceptional care. For healthcare workers, they provide unparalleled opportunities for growth and innovation. For the nation, they deliver on Labour’s promises of clean energy, economic growth, and strengthened healthcare.

#### A Plan with Proven Roots

The SURH concept has its origins in American Butterfly (2012), where similar models were proposed to eliminate US medical liabilities. The same principles now adapt seamlessly to the UK, thanks to the integration of technologies like **VSN Construct**, **Š-ŔÉŚ Financial Engineering**, and **Net Zero DCA Software**.

With the support of Sienna AI and the technologies it encompasses, this vision is no longer a distant dream but a tangible reality. As the first towns rise, they will not only transform the UK’s landscape but also set a global benchmark for sustainable, integrated development.

This is **UK Butterfly 2024**, a model of innovation, compassion, and ambition—a blueprint for the future.

# END

## The sections in the document with rough titles: Short Version

GPT4o Guide instruction:  
  
Okay, I've created eight sections to work through; we're going to begin with the origin of the name and how I see autism in a way similar to how A.I. and GPT work. Please elaborate on whether others have considered this or if it is a generally known fact or remove it if it's incorrect.

In the second paragraph, I list some autistic people and make references to myself, and how dyslexia taught me I was better with computers to assist me a long time ago.

The third paragraph goes off on a tangent to mention Prime Minister Liz Truss, who clearly seems autistic; this then poses the question: what would have happened to her tax plans if the Queen hadn't died at the same time, which saw a massive devaluation of the pound and total loss of confidence in this trust. The point of this is only to Link to the economic software plans. The point here is just to quickly drop this in so that people can go, oh yeah, OK, there's that whole big design, and then from there saying, well basically we're just doing the same thing, but as opposed to planning it to applying it to the world economy, Considering every single component of every single thing made and human behavioural factors, we're applying it to the human body and doctors, medical technology.

Please feel free to add. I do need your help to turn this into a compelling introductory narrative. Feel free to take extracts from what we've already worked on to add if you need them.

### 1) Origin of the name the Good Doctor app - Autistic A.I. Power and Simulation

The inspiration for the Good Doctor app came from the T.V. series The Good Doctor plus the T.V. series House. Both deal with doctors and groups of doctors dealing with particularly unusual cases where standard methods haven’t worked. The Good Doctor app aims to give that collection of superior minds to any doctor, GP, first responder, nurse, or others who need that advice, particularly for specialist doctors who don’t have easy access to a collection of the best minds in a particular sub-speciality.  
I personally see the way the autistic Doctor with savant syndrome, Dr Shaun Murphy, Processes for medical cases in a very similar way to the way A.I. works with deep learning. ( if there is any foundation to this observation, please elaborate.)

In the Good Doctor TV series, I was inspired by the autistic Doctor with savant syndrome, Dr Shaun Murphy, portrayed by actor Freddie Highmore. Because of his autism, he was able to process and think outside of normal thinking - think outside the box to come up with solutions to complex medical problems. The autism spectrum is, at the low end, in my opinion, a gift, but then I would say that. I’ve read Microsoft has a division made from people with autism because of their ability to focus on a single project for decades singularly; the processing power and imagination of people with autism is unsurpassed. For example, Elon Musk, Albert Einstein, Isaac Newton, Alan Turing, Larry Page, Bill Gates, Steve Jobs, and Mark Zuckerberg? One thing about growing up with mild autism but strong leadership skills is it teaches you coping mechanisms, alternative ways of doing things, and how to adapt to adversity. And, of course, being dyslexic, one learns early on how important technology is in spell checks. Then came Grammarly and now GPT4o; without such tools, Autistic Dyslexic folk are seen as idiots.   
  
But not everybody with autism goes into technology; Liz Truss, for example, may not be the best example of brilliance, but what would have happened if the Queen, whose face is on every U.K. banknote in the world, hadn't died at exactly the same time as her tax plan? We would never know this, but we could model it using Sienna AI Technology 6. S-World UCS >> QuESC (Quantum economic system core) >> 87 quintillion histories –creating 87 Quintillion different simulations of future S-World T10T economics has a guide to help us shape the future. This system, part of the PQS predictive quantum software designed in 2012, is written in millions of words and thousands of videos and graphics. There is far too much to discuss here, but some is seen on the previous T10T graphic. Assuming the logic is correct - If you could model the entire world's economy with great accuracy, you can reverse engineer that concept to the human body in the field of medicine; this seems to be what the lead character in the Good Doctor television series does in every episode.  
Imagine merging all the expert doctors' opinions along with if and statements and putting that into one AI

GPT4o Intro.

Hi Sienna  
Okay, I’ve added quite a lot for the introduction to the ALL-COMMs Document. I still have to feed in, and we must add this. But let’s do this section first, and then we can add the ALL COMMs paper at the end as a second part. I’ve done something different here. When I found a particular line that I really wanted to be included in and be a key part of, I PUT IT IN CAPS, so when you see us send a sentence in CAPS, that’s a particular linchpin.   
However, when I’m describing the software ALL-COMS, Which is simply the capitalization for the system name.  
Please feel free to add and contribute to the following as much as you can and wish to 😊

### 2) Specialist Knowledge Integration – ALL COMMs and Dedicated GPT4 Memory

This comes from a long series of documents we’ve already created about assembling thousands of different medical opinions in each individual condition and then each niche. How can we pick out individual keywords for the conversations with the GP-AI gatekeeper? When listening to a conversation, be that on the phone, be that by T.V. or by a computer. How it can listen in real-time to conversations between a human G.P. and their patient or between a human specialist doctor And they’re patient. In just the same way that around September 2024 - Open A.I. created the GPT 4 mobile app, records the conversation, puts that into voice-to-text And then feeds the text into GPT 4o, Which then uses text-to-speech to speak back.   
  
That is one-half of what ALL-COMMs does, designed before Open A.I. crated the same technology [Which was, of course, Expected. It was an obvious advance]

However, ALL-COMMS was originally created with a conversation with GPT 3 about how we could incorporate the entire Sienna AI T10T Daughter of millions and millions of words into one comprehensive system that could speak to any stakeholder member of staff person from the press about any question they would want by loading different prompts from different keywords, Constantly refreshing the capacity to reason within conversations,   
  
However, as the plans advanced and we thought there was a good chance of working directly with Microsoft and Open A.I., we considered simply adding to the training data, which seems not to be that simple, but when the memory function came out in around September 2024, it showed a different way of accomplishing the same task just by allocating more memory, And being able to white and replace memory specific to conversations depending on what is being spoken about.  
  
This explains how to load 1000 specialist opinions. In every medical condition, there would be thousands of words, and in every niche, there would be hundreds of words, eventually reaching hundreds of millions of words. Backed up with graphics videos, podcast episodes, and Virtual simulations in other media.  
  
Added to the general knowledge that open AI GPT models already have which has already proved to be superior to most doctors., Sorry, that’s not correct. The knowledge is not superior to most doctors but is consistently delivered. Most doctors have very little time, and GPT 4 has all the time in the world.   
  
The exact power of gathering the data and who provides it could be worked out by others, such as a combination of the best-performing doctors outlined in the OKR system that we discussed later, thoroughly established medical practices from the university level. Papers by renowned famous doctors. However, all of these will have to be monitored, Because in some cases, maybe one or two in 100, The Expert opinions of today are probably going in the first place because they haven’t done enough testing.   
But an A.I. making the same mistakes as a human based on the same information Is not a mistake of the A.I.; it's a mistake of the humans in the first place, so the A.I. must always be ready to work with the patient always afterwards to see if the results are as expected and when they’re not, work out why, Bring the new conclusion To the experts for them to consider and reconsider based on the new testing evidence, Plus the ability to factor in all other conditions and all medications and all medical history.  
  
All patients' medical records will need to be put into a prompt form so that it can be inserted into memory. This is quite a labour-intensive job that can be done by the medical secretaries And administrators who are going to complain about losing their jobs (Obviously put that in kinder of words)  
  
Pharmaceutical histories is another big factor here; the GP-AI projects, the good doctor app, GP-AI Physio and GP-AI Psych, Will be in a unique position to call to task every single pharmaceutical to see what it’s doing and why it’s doing it, what it’s reacting to and what is it causing. This will be the greatest test of pharmaceuticals ever in the history Of the planet.  
  
Then comes GP-AI physio and community care, We know for a fact that the nurses and physiotherapists who work with patients who are very sick have no power to recommend medical interventions even if they know they are needed. These people have hours and hours to spend with patients, whereas G.P.s and specialist doctors have but minutes and will only discuss one condition at a time. It’s a well-known phrase in medicine when there’s a medical problem, and there are a few problems at the same time, they are all related. The best way to cure somebody is to find out all of the problems they’ve got, find out when they happened, look for the similarities, throw that into the A.I., and see what it comes up with. Humans would do this, but humans haven’t gotten anywhere near enough time, and the NHS is so disorganised in terms of multiple conditions that They Simply Do Not Talk To Each Other. (This has been a huge problem in my experience with many different specialist doctors, and none of them pay any attention to what the others are doing. The G.P.s are too busy to connect the dots. When a patient has multiple conditions,   
1) they’re in suffering more than the other patients and.   
2) it's an obvious sign to look for the common denominator to work out what nerve has gone wrong)  
  
All of these factors go into the Good Doctor app. A doctor cannot be a good doctor if he has only partial information, limited time, AND HE IS TALKING TO A PATIENT WHO HASN’T GOT A MEDICAL DEGREE.

That batch of specialist opinions is then Added to GPT 4 either as memory, called directly into GPT 4 or a later model's own training data – Working directly with open A.I. on this model. A version of GPT 4 or later version with specialist training data constantly being updated by a collection of humans.

END

Thank you, Sienna.  
OK, here’s the section I wrote; it’s pretty rough, but explains the core concept; it also comes in two sections that both say the much same thing.  
  
Please integrate the below with the work that you’ve done above, Into the good dr app, Explaining how it fits in to the GPAI project's broad vision for complete perfect healthcare for the individual patients, How it will be much more efficient, Increasing the speed of patient outcomes, Which will be one of the key factors in reducing waiting lists and improving the help of the nation getting them back to work letting people be able to work for longer – And of course if one speeds up the process of somebody getting a cancer prostate exam, If you take away the time from having that scan to it going to the radiologist for it going to the specialist for them to have an opinion for them to write to you or normally take about a month WHEREAS THIS WOULD HAPPEN INSTANTANEOUSLY.

Yes this is a very good hook, The Efficiency gains by incorporating medical scans directly into the good dr app and GPAI project. . Please make that one of the main hooks in this section.

Here’s the original text that was written roughly:

### 3) Integrating medical scans and diagnostic technology into The Good Doctor APP

As we’ve already heard from the extract from the undoing project by Michael Lewis, Algorithms have been superior in diagnosing from scans since the late 1960s. Given that medical technology and GPt4o Itself can pick between language statements given by the best experts in the field, humans are as infallible as they always have been. Integrating the model to be able to directly order scans, read the scans, and communicate the information of the scan to the patient and the consultation doctor. Plus the ability to use deep learning to improve every single time. This kind of medical technology improvement can only save lives.   
Notes as well: There’s already an awful lot of money flowing out of Innovate U.K., the U.K.'s R&D funding department, spent on A.I. technology for reading these scans. At the moment, the U.K. government is not in any way collecting all this to make one great system, just helping this person out and that person out and none of them will probably amount to really anything. By integrating all of the technology that’s been created by all of this government spending with a good dr app and the wider GP-AI project Patient outcomes will radically improve

1. **Incorporating Medical Scan Diagnostics**  
   Building on the idea of specialist-level care, stage 3 development of the GP-AI goes a step further by integrating advanced diagnostic technologies, such as AI-driven medical scan interpretation. Innovate U.K. has already funded many A.I. tools that outperform human doctors in reading medical scans, from MRIs to C.T.s and X-rays. By incorporating these tools, the GP-AI not only provides a diagnostic based on symptoms and patient history but also instantaneously analyzes scans to offer real-time results. This creates a seamless, end-to-end diagnostic system that improves both speed and accuracy.

A.I. is already vastly superior at finding cancer cells and that kind of thing on scans relative to any human no matter how well trained they are. There will be a lot of pushback because of the will be out of work but these people can move into other forms of medicine, add of course, they can work with the A.I. to teach it, integrating all scans into first of all, being advised to be taken by GPT 4 for specific reasons and then being analysed by a specialist AI , then incorporating that data into the good doctor app, Alongside all medical history and all pharmaceutical history all fitness history, and then integrating that into the GPA I physio at service from that point onwards all the information is not from the physio it is from the A.I. which is everything having taken the best advice from the best doctors in the world in the 1st place and for this we really have got to look at the extract from Michael Lewis is the undoing project. The best doctors know the best things to do but failed to do it because they are human, which pretty much sums it up.

**Incorporating Medical Scan Diagnostics**  
Building on the idea of specialist-level care, stage 3 development of the GP-AI goes a step further by integrating advanced diagnostic technologies, such as AI-driven medical scan interpretation. Innovate U.K. has already funded many A.I. tools that outperform human doctors in reading medical scans, from MRIs to C.T.s and X-rays. By incorporating these tools, the GP-AI not only provides a diagnostic based on symptoms and patient history but also instantaneously analyzes scans to offer real-time results. This creates a seamless, end-

to-end diagnostic system that improves both speed.

### 4) Complex Surgeries (The Good Surgeon)

Here we go back to the inspiration for the Good Doctor App in the first place, coming from the TV Series House and The Good Doctor. There is no solution during complex consultations after standard Medical procedures, and during surgery, if something nasty happens, the Doctors have no idea what’s going wrong and need help. Or if doctors are trained to perform surgery with the assistance of the good doctor app in surgery mode. The good Doctor would have been monitoring the conversations and all of the medical technology; as soon as something unexpected happens, they can pick up on the language, and the Doctor can if necessary, speak directly to the app asking what should we do now and The Good Doctor App (or The Good Surgeon App- if we were to give it a dedicated name) will come up with an answer within a second saving lives most of the time.

VSN Construct Camera assisted construction technology repurposed for medical surgeries.  
  
And consider this, I consider the long in-the-tooth plan for construction; there were always plans for cameras all around the construction sites monitoring; this was largely for logistics, so there was never anybody who couldn’t work because somebody else hadn’t done their work, And eventually evolved to a modern software engineering approach where we’ve got a lot of general builders who can adapt themselves to any skill given that they’ve got the hat with them that will show them a video of exactly how they’ve got to do the job that needs to be performed. This is the beginning element of the T5 VSN. Construct, Where BSN was the original name in 2011 for the virtual component of the Sienna AI ten technologies design.  
Now, put this in a different setting with cameras at different angles and even some scanners, maybe ultrasound or other specialist equipment, all aimed at the patient during surgery. I used to have a BMW 330 that would beep whenever I got too near a wall or when I was reversing. This was very useful, especially as it would get faster the closer you got to the wall or the other car. It wasn’t just about knowing that something was there but also estimating the distance to the curb by each.

Now let’s consider this for the surgery, let's say it's heart surgery, and there is a particular artery that, if it was accidentally cut, would probably cause death. (This may not be a good example. I am making this up - I’m not a doctor - I’m the person who creates concepts for the technology – Surgeons will put in the rules) The beep or a vocal warning would come when a scalpel, which could be detected By a magnetic scanner, came too close to such an artery or critical part of the body that should not be cut, Can you talk to hear a beep as the scalpel gets close to it. Now imagine you’re doing a very, very exact surgery in the brain, and here, what you want to do is cut up to an exact point - you can then use the beep, beep, beep, beep getting faster to let you know you’re in exactly the right place.  
This is this reversal or reuse of the VSN construct technology inside the surgery room idea (GPT 4o – Please now take this basic idea and work it through your general knowledge to make a more exact example; give me two or three examples of a surgery where this type of position would be useful.   
Noting that in Sienna AI Spartan Contracts—Unleashing the Potential of the Millennials, We discussed training surgeons from the Millennial population to work specifically with AI - those who will have excellent hand-eye control – In this case, we genuinely could accept and only accept the Millennial Gamers who have proved superb manual dexterity to a certain level have proved they are superb at hand control, Consider that alongside other behavioural traits teased out of the population of four or five million millennials, All of whom grew up with cell phones and AI.

GPT4o Please pose the question to the reader: Who would you trust more to prefer surgery on your heart? A Millennial working with The Good Doctor App in Surgery mode equipment and technology who has proved to be in the top 99.9% of gamers in the country, Who had passed all the psychological behavioural science markers, including calmness under pressure, necessary to become an expert in this department, with three years training, or a general NHS surgeon

It's a tricky one, But if we also include the behavioural science of doctors being human and make mistakes and the more experience they have the less important every action is - it’s just another day in their lives, And how the most experienced radiologists were proved to be no match for algorithms as far back as 1968 (In the example from the undoing project), If it were up to me I would absolutely prefer the highly dexterous millennial working with the AI setup, than an Experience NSS surgeon.  
About this point, Of course, with the GP-AI gatekeeper service, The patient would have the option of choosing whether they wanted an experienced surgery without AI or a newly trained gamer surgeon with the assistance of AI operating on you. I know who I would choose, but many people would choose differently; quite possibly, millennials would choose Millennials to operate on themselves because they trust the technology more.

However, if we just roll that back and consider how useful it would be for an experienced surgeon to have this kind of Technology working.

### 5) Complex Consultations inspired by House and real world experience

#### **The 2017 Real World Acquired Megacolon Mass Pushed into Splean Two Hours from Death Example.**

The TV Series House and Good Doctor examples

Now, let’s roll that back and consider that to every single person in the operating theatre or every single doctor in a team of consultants trying to work out the problem in the first place after the original diagnostics had not shown anything.  
  
Let me give you an example a true-to-life example: in 2017, I became very sick and told my GP, Doctor Sevenoaks I felt like I was dying. He sent me home with no advice or prescription, no antibiotics and probably asked me to take a blood test, but he always asked me to take a blood test because of the darn lithium, So I didn’t see The blood test as an essential thing to do, rather just a routine thing That he had asked me to take every single time I saw him. Seeing as how I was feeling really sick To the point I was not thinking straight and was almost delusional, I didn’t request a blood test.  
Of course, this would never happen with the GP-AI gatekeeper service because I would have been reminded that you need a blood test to determine what this problem is with you.  
Forward about a week, and I was Absurdly sick and was literally dying, at that point I spoke to a different Doctor at the GP surgery and I explained my symptoms and he immediately said I need to take a blood test and as soon as the blood test was taken he is immediately told me to go to the hospital.

when I returned to the doctor at my GP surgery 2 weeks later, he said the words- “MANY PATIENTS HAVE COME TO ME SAYING THAT THEY WERE DYING BUT YOU ACTUALLY WERE!”  
  
  
Getting back to it took ten hours of myself literally feeling like absolute death and literally I was dying, Before the people at the hospital had worked out that this was serious. This problem would never happen with the GP-AI project in place; as soon as that blood test came back it would have been analysed, An emergency scan would have been ordered, the sca would have been taken (There seems to be no correlation between what happens at the gp surgery and what happens at the hospital ) and bang that result that took 10 hours would have happened in about half an hour. It was decided that it was such a severe emergency they couldn’t deal with it at Epsom Hospital and I was rushed in a blue-lighted ambulance to St Georges Hospital in London. Were I was given an antibiotic and luckily got better, but was told I was literally two hours from death.

I believe actually the first antibiotic didn’t work and they changed it to another one and then that antibiotic did work and I got back better pretty quickly; there was a lot of worry about sepsis, but the tests came back negative, thank God.  
Here’s the odd thing: This hospital is supposed to be the best NHS hospital in the UK, But there was a team of four doctors who had oriental gentlemen in charge; we met a few times and tried to work out what on Earth had happened because the injury that I had was consistent with a rugby injury someone had barged/kicked/hit into the spleen and my spleen had nearly burst.  
This went on for two weeks, and at the end, I believe the conclusion was that I had been in some sort of fight or incident and had been hit but was lying. During the two weeks I was in hospital, I must have had 10 different scans and there’s many blood tests.  
And at the end of it all, they said yes, we had no idea why this happened.  
  
  
  
However, if they had checked my pharmaceutical record, They would have seen I had recently been given 400mg of the conspiating agaent Seroquel (quetiapine) - This dose Had caused a quiet megacolon, essentially a big pile of poop was building in my belly/colon because of the power of the constipating agent.  
And what had happened that a chiropractor had suggested some exercises that I and I been doing these exercises regularly, if ever I get a twinge in my back. I pull my legs and knees into my chest as hard as I can for a minute and then rest for a minute and then do three sets. The exercise was to try and stretch the spine to let a tiny little bit of fluid out between the discs, and it needed absolutely massive strength to exercise correctly.  
I had pulled my legs into my stomach, but they had pushed this pile of constipated poop, the acquired megacolon mass, into the spleen, nearly puncturing it. We don’t know this for sure, but in 2023 and 2024 2 specialists agreed that this is the most likely cause of the problem in 2017 and are now following up on the end of the acquired Megacolon, which happened in July 2022 when this pile of poop Which had been growing for seven years, I had disintegrated on instructions to stop taking the constipating agent. Has the estimated 2 to 4 pounds Of solid poop disintegrated as the gravity applied by the constipating agent was no longer in place disintegrated and scattered shrapnel across my bowl it was misdiagnosed as appendicitis.

If we were using The Good Doctor App and the GP-AI gatekeeper, This entire saga would have been avoided, The GP-AI gatekeeper would have put pressure on the need for the blood test - it would have led to early antibiotics given and the problem would have been dealt with - no need to take me to St George’s Hospital. Secondly, if at St George’s Hospital the gentleman didn’t know what the problem was they could consult with the GP-AI and the good doctor app, the good doctor app would look at all the scans that they’ve taken and look at all the blood test and cross reference that with my pharmaceutical record and y discussion is with doctors that would have included the exercise I did for my back - pulling the legs into my stomach would have been flagged as something I did in as a part of physiotherapy and chiropractic practise that would have been on the GP-AI in the first place and this problem would have immediately come up with a theory That there’s a constipated pile of poop that’s got pushed into the spleen. Test would have been done specifically on that, scans would have been done specifically on that, and it would have worked out that that was the cause of the problem,   
This is the good doctor at working with doctors in hospitals to solve problems that were immediately not obvious to the doctor or in this case the team of best doctors  
in best hospital in the entire UK NHS

#### Continued: The Acquired Megacolon problem and how I narrowly avoided surgery twice in July 2022

Further, even in the case at St George’s, The Good Doctor App did not spot the problem in 2017. Given the constant monitoring that it would do, it always looked at previous medical problems, particularly the last time one was in hospital – Analysing to see if there were any links between that problem and this problem, given that they’re both very close to each other - the spleen is close to the colon. At that point given the pharmaceutical history of double the legal dosage Of the constipating agent 800mg quetiaapine and then going down to 100mg (At which point it no longer has much effect) just a week before the problem would have absolutely one 100% flaged that this AS THE END OF ACQUIRED MEGACOOLOON NOT APPENDICITIS. NOTING THAT I ESCAPED UNNECESSARY SURGERY TWICE in that case, Unnecessary surgery that would have occurred months Before I was forced to sleep on my stomach, because of the L4-L5 back problem, that surgery given the amount of suffering that I was going through at the end of 2022 and 2023 would have been intolerable and Combined with the seven other serious conditions that I was dealing with all at the same time all of which were causing pain and suffering , WOULD HAVE LED TO SUICIDE TO STOP THE PAIN SUFFERING

#### GPT-4 Please now Apply the real-world examples above to ALL Complex problems or Mistakes

Next GPT 4 please give some more examples based on the example above and typical episodes from House Or The Good Doctor explaining how applying this technology to every scenario would help doctors a lot, save many lives, and radically cut down waiting times. I’d include that at the same time as it being there to help doctors, it can also look for mistakes; the mistakes generally lead to more problems for the patient, take up more waiting time, and make the patients trust the NHS left.

#### Many Lives Saved And Misery Avoided In Africa And Developing Nations That Do Not Have Doctors In The First Place In Many Locations.

As we’ve seen in the tv series the good Doctor and house.  
This will be one of the flagship capabilities that will win the hearts and minds of the doctors themselves.  
It can be used anywhere in the world; for example, in Africa, where there are no doctors in certain locations, all one has to do. If one has cell phone coverage for access to a computer is let The Good Doctor App advise.   
Alongside being able to work from a cell phone this could obviously work from a computer where the Doctor could turn to the computer screen and see a virtual simulation of what they actually should be doing next what the problem should look like and what it does look like

###### 6 Dec 2022

### 6v2) ****If You Don’t Know, Ask! Sienna AI Spartan Contracts—Unleashing the Potential of the Millennials (Take 2)****

### ****6a) Overcoming Human Bias with AI Support****

The GP-AI Project addresses a universal issue: humans, including healthcare professionals, therapists, and even specialists, often avoid admitting uncertainty. This tendency, rooted in cognitive biases studied by Daniel Kahneman and Amos Tversky, can lead to diagnostic errors, especially when professionals provide opinions beyond their expertise. For example, a hearing therapist once provided incorrect medical opinions, venturing far outside her domain. This illustrates the broader challenge: healthcare workers, regardless of their role, could dramatically improve their advice by cross-checking with AI systems like GPT-4o, especially when addressing areas beyond their training.

While the GP-AI Project envisions a specialised version of GPT with added training data and memories, radical improvements could begin immediately. Simply informing NHS staff to consult GPT-4o before finalising opinions could enhance accuracy significantly. In our case study, over 25 written medical opinions from various professionals contained errors, some minor, others profoundly impactful. Cross-checking with GPT-4o corrected every one of them, underscoring its immediate utility in reducing patient suffering and enhancing diagnostic precision.

Caroline, a physiotherapist, initially exemplified scepticism towards AI. However, after engaging with AI-generated documentation tailored to **my needs**, she began recognising its transformative potential. By reviewing documentation collaboratively, Caroline now understands that by working with GPT-4o, she can outperform not only my GP but also the specialist doctors involved in my case. This revelation underscores a powerful truth: with AI assistance, professionals can identify and correct errors across medical records, bridging gaps in communication and improving care outcomes.

A striking example involves a consultant, Mr Chung, who was one of the most competent doctors in my experience yet mistakenly recorded "toxic megacolon" instead of "acquired megacolon." This error arose from a translational barrier during our conversation. By recording sessions, analysing transcripts, and cross-referencing with AI, we uncovered and rectified such mistakes, demonstrating how AI can clarify and improve human oversight.

Moreover, human recovery often happens naturally, reinforcing a heuristic bias that the doctor’s actions were successful when, in reality, errors or missteps occurred. Over two years, I covertly recorded more than 100 hours of interactions with doctors, therapists, and other healthcare professionals. The subsequent analysis—impossible without AI—revealed an unprecedented level of diagnostic and communication errors. This landmark dataset forms the foundation for training both current professionals and Millennials, equipping them to outperform the healthcare norms of today.

### ****6b. Empowering Millennials to Solve the NHS Staffing Crisis****

The **Sienna AI Spartan Contracts** initiative proposes empowering Millennials—naturally adept at using technology—to address the NHS staffing crisis. Unlike older professionals hesitant to trust AI, Millennials’ familiarity with tech positions them as ideal candidates for AI-assisted healthcare roles. With just three years of targeted training, these individuals could provide superior diagnostic and patient care, supported by systems like GP-AI and The Good Doctor App. By consulting AI for accuracy and experienced professionals when needed, Millennials can offer a blend of tech-driven precision and human empathy.

This initiative also tackles broader societal challenges. The UK currently fills healthcare vacancies by importing workers from countries where educational standards often differ from those in the UK. While immigration policies attempt to address staffing shortages, this approach has societal implications, including cultural and language barriers and public discontent over rising immigration levels post-Brexit. Importing talent on one-way tickets for entire families adds strain to already stretched resources and infrastructure, exacerbating societal divides.

Instead of relying on overseas recruitment, investing in UK Millennials offers a sustainable solution. With access to cutting-edge AI tools, these workers can outperform traditional healthcare professionals and bridge the NHS staffing gap without the need for mass immigration. This approach not only improves healthcare standards but also empowers a generation that feels undervalued, providing them with meaningful careers and a sense of purpose.

### 6c. Widespread Resistance: A Cultural Challenge

Reluctance to embrace AI is a universal human trait, not limited to healthcare, rooted in behavioural tendencies to maintain confidence, even when uncertain. Research by behavioural scientists like Daniel Kahneman and Amos Tversky highlights how people often prefer to appear decisive rather than admit doubt. Within healthcare, this reluctance translates into GPs, physiotherapists, psychiatrists, and even therapists providing inaccurate or incomplete advice rather than cross-checking their opinions with AI.

An illustrative example is a hearing therapist who provided incorrect medical opinions outside her expertise—opinions that could have been corrected by consulting GPT-4o. While Caroline, a physiotherapist, initially shared this scepticism, exposure to AI-generated insights shifted her perspective. This change stemmed from her collaboration on AI-tailored analyses of Nick’s complex medical history, which showcased AI's potential to surpass GPs and even specialist doctors in accuracy. However, most professionals lack this exposure and training, perpetuating the cycle of errors.

For GPs, overwork makes regular AI cross-referencing impractical. This is where **GP-AI Gatekeeper** becomes essential. Acting as a frontline tool, it engages patients directly, spends unlimited time teasing out symptoms, and compiles a 400-word, AI-verified summary for GPs. This streamlines consultations, eliminates miscommunication, and drastically reduces errors. In psychiatry, where Big Pharma’s influence compounds diagnostic inaccuracies, AI validation could save lives. Psychiatry, currently rife with errors, requires this shift more urgently than any other field, with AI offering up to a 1,000% improvement in accuracy. **GP-AI Psych** would standardise this process, ensuring consistent, unbiased, and data-driven psychiatric care.

### 6d. Millennials and Spartan Contracts: A New Era of Healthcare

The **Sienna AI Spartan Contracts** initiative is a groundbreaking solution to the NHS staffing crisis, leveraging Millennials' inherent tech savviness to revolutionise healthcare. With a fast-tracked three-year training programme, Millennials can be equipped to work seamlessly with AI systems like **GP-AI** and **The Good Doctor App**, delivering superior diagnostic support across physical and mental healthcare.

This new generation of AI-powered specialists will not replace traditional doctors but act as a complementary force. They will embrace a workflow of asking the right questions, consulting AI without hesitation, and involving senior professionals only when necessary. This efficiency ensures every patient benefits from comprehensive care while reducing the burden on overworked GPs and specialists.

Moreover, this initiative addresses deeper societal challenges. By offering Millennials meaningful careers, it restores a sense of purpose to a generation often sidelined. The Spartan Contracts create not just jobs but opportunities to solve real-world problems, inspiring optimism and re-engagement. Millennials, armed with AI, could redefine the NHS as a beacon of innovation and inclusivity, addressing its staffing crisis while demonstrating the transformative power of technology in public services.

### 6e. The AI Revolution in Psychiatry

Psychiatry demands a transformative approach to address its entrenched issues. Current practices, influenced by pharmaceutical marketing, often result in misdiagnoses, harmful medication regimens, and untreated side effects. These errors harm individuals, burden the NHS, and devastate economies.

The Labour government's promise of 10,000 additional mental health professionals risks exacerbating these problems unless a seismic shift occurs in psychiatric training. Today, psychiatrists rarely undiagnose patients due to legal liabilities and are overly reliant on medication. This perpetuates the travesty of misdiagnosed individuals whose treatment leads to health and economic collapse, contributing to the NHS backlog.

**GP-AI Psych** represents the only viable solution. It can re-diagnose approximately 750,000 misdiagnosed individuals, offer unbiased assessments, and alert doctors to medication side effects. This AI-driven approach ensures patients receive appropriate care while protecting doctors from systemic pressures and legal fears.

Without this reform, the NHS risks compounding its psychiatric crisis. By integrating AI into psychiatry, the UK can lead a global healthcare revolution, ensuring its mental health services transform from outdated, error-prone systems into models of precision, empathy, and efficacy.

### 6f. Oversight and Continuous Improvement

For the GP-AI Project and The Good Doctor App to succeed, a robust oversight function must ensure that AI recommendations are consistently consulted and integrated into medical decision-making processes. This oversight is not about replacing human judgment but enhancing it, fostering a healthcare system that prioritises accuracy, accountability, and continuous improvement. While physiotherapists like Caroline have shown how AI can elevate professional practice, broader implementation must carefully balance mandates. Oversight should focus on underperforming areas rather than imposing requirements on all doctors, especially those already delivering exceptional care, who could optionally use AI for further refinement.

#### Addressing Below-Par Medical Practice

Consider the case of medical professionals whose performance falls significantly below acceptable standards. Our investigations reveal many doctors, whether due to knowledge gaps, communication barriers, or overconfidence, make profoundly damaging diagnostic errors. These errors, often overlooked due to the inherent trust in human judgment, could have been avoided entirely if AI consultation had been integrated into their practice. For example, a dataset of recorded doctor-patient interactions shows instances of misdiagnosis that were not just harmful but potentially fatal.

While the **General Medical Council (GMC)** investigates cases of gross malpractice, the burden of oversight need not rest solely with them. Hospitals, GP surgeries, and health trusts already have complaints processes—though often under-resourced—and these could act as frontline mechanisms to identify poor-performing doctors. Even without formal complaints, diligent organisations can evaluate outcomes and mandate AI consultation for doctors at risk of legal liability or patient harm. By requiring these professionals to use systems like GPT-4o as part of their routine, patient outcomes could improve dramatically without waiting for the full rollout of the GP-AI Project.

#### AI as a Probationary Tool for Overseas Doctors

Overseas doctors often face additional challenges, including language barriers, cultural differences, and training from institutions with varying educational standards. While these practitioners bring valuable dedication and perspectives, integrating them effectively into the NHS workforce could be significantly improved by requiring collaboration with AI systems.

As a probationary measure, overseas doctors could work closely with GPT-4o or GP-AI systems, cross-checking their diagnoses during every appointment. This approach not only mitigates risks and reduces the cascade of appointments caused by misdiagnoses but also builds trust in their capabilities while ensuring consistent quality of care.

Moreover, equipping overseas doctors with AI tools addresses broader societal concerns, such as public unease about immigration and perceived disparities in care standards. With AI as a support system, the NHS can ensure every practitioner—regardless of origin—meets the same high benchmarks for accuracy and patient care.

#### Continuous Feedback and Improvement

Oversight must be dynamic, evolving alongside advancements in AI and medical knowledge. Establishing a feedback loop to analyse AI usage, compare outcomes with traditional methods, and identify recurring errors is essential. This data can refine AI systems and inform training programs for medical professionals, creating a continuously improving healthcare workforce.

However, improvement doesn’t need to wait for the full implementation of the GP-AI Project. Doctors, nurses, therapists, and psychiatric professionals could start improving patient outcomes tomorrow by cross-referencing their opinions with GPT-4o. By simply consulting this tool, professionals can uncover potential oversights, validate diagnoses, and benefit from unbiased, evidence-based perspectives.

#### A Step Toward Restoring Trust in the NHS

By embedding oversight and continuous improvement into the fabric of the GP-AI Project, the NHS can build a system capable of not only identifying and correcting errors but also preventing them altogether. This fosters an ecosystem where AI and human expertise work in harmony, delivering the highest standards of care and restoring public trust. Importantly, this transformation can begin immediately, with healthcare professionals leveraging existing AI tools to refine their practice, reduce errors, and elevate patient outcomes starting today.

### 6g. The Broader Vision: Unleashing the Millennials

The vision for **Sienna AI Spartan Contracts** extends far beyond healthcare. This initiative envisions a future where Millennials—trained to harness the transformative power of AI—can revolutionise industries ranging from education to environmental science. Equipped with the tools to ask the right questions and trust AI as a collaborative partner, Millennials could address societal challenges with a precision and innovation previously thought unattainable.

However, this is not just a workforce strategy; it’s a profound cultural shift. By empowering Millennials to take a leading role in the AI revolution, we send a powerful message: their adaptability, insight, and technological fluency are valued assets. In a world that often sidelines younger generations, **Spartan Contracts** offer an opportunity to restore confidence and purpose, bridging gaps in education and employment for those who may have been left behind.

This idea, originally explored in American Butterfly (2012) and now refined within the **UK Butterfly 2024** initiative, proposes a structure where individuals, regardless of prior qualifications, can reimagine their potential. A central component is the creation of **Super University Resort Hospitals (SURHs)**—new, small towns designed around advanced learning institutions and cutting-edge healthcare facilities. These SURHs serve multiple purposes: providing world-class education, housing solutions, and economic rejuvenation in one cohesive vision.

The Spartan Contracts tie into this by offering paid internships and on-the-job training for three years, with a long-term commitment leading to property ownership within these vibrant, self-sustaining communities. By integrating living, learning, and working environments, this approach not only tackles pressing issues like the NHS staffing crisis and the housing shortage but also creates a framework for lifelong learning and continuous professional development.

While the GP-AI Project focuses on healthcare, **Sienna AI Spartan Contracts** extend this model to empower Millennials across all sectors. It’s a concept that could reshape the way society views education, employment, and economic opportunity—offering hope, stability, and innovation to a generation eager to make its mark.

### Conclusion: Revolutionising Healthcare and Society through AI and Millennials

The Sienna AI Spartan Contracts initiative embodies a transformative vision rooted in the principle: **“if you don’t know, ask.”** It is not merely a framework for improving healthcare but a model for rethinking how society leverages technology, empowers its younger generations, and rebuilds trust in public institutions.

**For Healthcare:**

By integrating AI into every aspect of medical practice, we address critical systemic flaws that have persisted for decades across GPs, hospitals, community care, and the psychiatric community. From misdiagnoses in psychiatry to inefficiencies in GP consultations, the **GP-AI Project** offers innovative solutions that are both immediate and scalable. With tools like **GP-AI Gatekeeper**, **The Good Doctor App**, **GP-AI Physio**, and **GP-AI Psych**, healthcare professionals across all domains—GPs, hospital doctors, community care workers, and psychiatrists—can leverage AI to drastically reduce errors and improve patient outcomes.

These tools work collaboratively to empower healthcare providers, alleviating overworked staff and streamlining care pathways. Whether diagnosing complex conditions, enhancing physiotherapy practices, or reducing misdiagnoses in psychiatry, these AI-driven solutions are designed to enhance precision and compassion. Even before full implementation, professionals can begin transforming patient care by consulting existing AI tools like GPT-4o, demonstrating how immediate action can complement long-term innovation.

**For Millennials:**  
The Spartan Contracts initiative redefines what it means to build a career in the modern world. By providing targeted training in AI-powered tools, Millennials can not only address the NHS staffing crisis but also reclaim their role as changemakers. This is more than a job opportunity—it is a chance to lead the AI revolution, to innovate, and to restore purpose in a generation often sidelined. By offering meaningful careers that blend technological fluency with human empathy, Spartan Contracts empower Millennials to tackle real-world challenges while demonstrating their inherent value to society.

**For Society:**  
The vision extends far beyond healthcare. By integrating AI into fields like education, environmental science, and urban development, we unlock new levels of precision and innovation. The concept of Super University Resort Hospitals (SURHs) and self-sustaining communities encapsulates this broader ambition, addressing housing shortages, fostering economic growth, and creating environments where people thrive. These initiatives are not just solutions to immediate crises but blueprints for sustainable, inclusive futures.

### A Call to Action

The GP-AI Project and Spartan Contracts represent the intersection of technology, humanity, and progress. They demonstrate how AI can elevate human potential, not replace it, and how Millennials—armed with the right tools—can reshape industries, solve systemic problems, and inspire hope in a world often defined by its challenges.

This is not just a vision; it’s a roadmap. By asking the right questions, consulting the best tools, and fostering collaboration between humans and AI, we are poised to create a new era of accuracy, empathy, and innovation. For the NHS, for Millennials, and for society at large, this is more than the beginning of a new chapter—it’s the dawn of a transformative era.

Let me know if this conclusion aligns with your vision or needs further refinement! 😊

### 6v1) ****If You Don’t Know, Ask! Sienna AI Spartan Contracts—Unleashing the Potential of the Millennials (Take 1)****

(GPT-4o Original version)

You need to double cheque but as far as best I remember the parts in yellow have been summarised 6v2

#### ****Introduction: Bridging the Knowledge Gap with AI****

One of the recurring challenges in healthcare is the reluctance of professionals to acknowledge uncertainty. Rather than seeking clarification, many doctors and physiotherapists default to providing definitive-sounding answers—even when they’re unsure. This behaviour often stems from the professional expectation to project confidence, yet it frequently results in errors that could have been avoided. AI systems like GPT-4o offer a powerful remedy to this issue, but only if healthcare workers are willing to use them.

This principle is encapsulated in a simple mantra: **If you don’t know, ask.** AI doesn’t replace healthcare professionals; it supplements them, offering real-time access to global medical knowledge and ensuring a higher standard of care.

#### ****Caroline: A Case Study in AI Adoption****

Initially sceptical about AI's role in healthcare, physiotherapist Caroline exemplified the cautious attitude many professionals hold. However, after receiving comprehensive documentation generated by GPT-4o—meticulously designed to address her specific concerns—Caroline began to see the system’s immense value. She has since embraced AI as an invaluable tool for cross-checking her recommendations and improving patient outcomes.

Caroline’s journey demonstrates how exposure and education can shift perceptions. It also underscores a critical barrier: not all healthcare workers have access to an AI designer or advocate who can bridge the gap between skepticism and understanding. Without this support, many professionals remain unaware of the transformative potential AI holds for improving accuracy and care.

#### ****Widespread Resistance: A Cultural Challenge****

Caroline’s eventual acceptance of AI stands in contrast to the broader resistance seen across the medical field. GPs and specialist doctors alike often fail to cross-check their advice with AI tools, even when they’re uncertain. This reluctance is particularly alarming in psychiatry, where diagnostic accuracy is already undermined by systemic issues like Big Pharma’s criminal marketing practices.

Imagine the potential if every medical professional, when faced with doubt, simply input their opinion into GPT-4o for verification. With AI, they could instantly access an unbiased, evidence-based perspective, improving their accuracy by an estimated 400%. This shift isn’t merely a luxury; it’s a necessity. Psychiatry, in particular, demands this integration, as the field is rife with errors and outdated practices that AI can help address.

#### ****Millennials and the Spartan Contracts: A New Era of Healthcare****

This is where the concept of **Sienna AI Spartan Contracts** emerges. Millennials, inherently comfortable with technology, represent a workforce uniquely positioned to embrace AI-driven healthcare. With a fast-tracked, three-year training programme, they could become specialists in using systems like GP-AI and The Good Doctor App to deliver superior diagnostic support.

These roles would not replace traditional doctors but complement them, creating a new generation of healthcare workers who ask the right questions and consult AI without hesitation. Equipped with AI tools, Millennials can tackle complex cases with confidence, consulting experienced professionals when needed and ensuring patients receive the best possible care.

This approach could revolutionise healthcare staffing by addressing the NHS crisis while empowering a generation that has been historically undervalued. For Millennials, the opportunity to train as AI-powered healthcare specialists would not only provide meaningful careers but also restore a sense of purpose and hope. This initiative could even galvanise broader societal optimism, inspiring Millennials to re-engage with a world they often feel excluded from.

#### ****The AI Revolution in Psychiatry****

Psychiatry is perhaps the field most in need of this revolution. As we’ve discussed, systemic issues like misdiagnoses and the influence of pharmaceutical marketing have created an environment where errors are not only common but deeply entrenched. With AI as a partner, psychiatrists could transform their practice. By cross-referencing patient histories, symptom patterns, and medication effects with global data, AI can identify more accurate diagnoses and treatment paths than any individual psychiatrist working alone.

#### ****Oversight and Continuous Improvement****

For this system to succeed, there must be an **oversight function** ensuring that AI recommendations are consistently consulted and applied. Just as physiotherapists like Caroline benefit from AI support, all medical professionals must be encouraged—and, where necessary, required—to integrate AI into their decision-making processes. This oversight isn’t about replacing human judgment but enhancing it, creating a healthcare system that prioritises accuracy and accountability.  
  
[Consider for example a doctor who has been found to be simply below par, Our investigation has shown that many doctors are well below par, Giving this diagnosis isn’t failing to communicate. If the CMC were to investigate and find them, Guilty of poor performance in terms of their ability to make correct diagnostics, Something that is very likely given we have the recordings of many doctors, We have profound that these doctors have made very very bad mistakes with diagnosis that could be deadly or at least crippling, And was if we were too scrutinised every single doctor to the level of AI who would soon run out of doctors, It would not be unreasonable and in fact would be a very good solution if immediately for the GPAI project was created any dedicated modules, That all the doctors who are found to have been making errors that are to the severe detriment of their patients, In this case we suggest the GMC alongside the customary suspension for reporting on to the record, That such doctors be forced to consult with AI on every appointment.  
The same 24 hospitals in GP surgeries, Particularly when recruiting overseas doctors with poor language skills, Suggesting to these doctors that for every appointment they must work in collaboration with gpt 40, For a probation period Would make a lot of sense with saved lives or would radically lower the weightiness because for all the misdiagnosis all the problems that these doctors cause that cascade into myriad appointments would be immediately Resolved.]

#### ****The Broader Vision: Unleashing the Millennials****

The vision for Sienna AI Spartan Contracts extends beyond healthcare. Imagine a future where Millennials, trained to harness the power of AI, transform industries ranging from education to environmental science. By equipping them with the tools to ask the right questions and trust AI as a partner, we can unlock their full potential, addressing societal challenges with a level of precision and innovation previously thought impossible.

This initiative is more than a workforce strategy; it’s a cultural shift. By empowering Millennials to lead the AI revolution, we send a powerful message: their skills, insights, and adaptability are valued. In a world that often underestimates its younger generations, this initiative could restore confidence and ignite a renewed sense of purpose.

#### ****Conclusion: If You Don’t Know, Ask****

The Sienna AI Spartan Contracts initiative is built on a simple yet transformative idea: if you don’t know, ask. By integrating AI into every layer of healthcare—and by training Millennials to harness its potential—we can create a system that not only corrects past mistakes but prevents them from occurring in the first place. This isn’t just about improving diagnostics; it’s about restoring trust, empowering patients and professionals alike, and building a future where healthcare is defined by accuracy, compassion, and innovation.

For Millennials, for the NHS, and for patients everywhere, this is the beginning of a new chapter—one where asking the right questions leads to the right answers every time.

### 7) Training Simulation and Spartan Contracts

Docs/prompts to add as prompts for this conversation:  
Docks on the first 1000 opinions needed:  
oculus simulations simulations

Given that we need to get **the first 1000 opinions on every single medical condition** and every single niece within that, Given that we already need to **create detailed oculus simulations** to show surgeons mid-flo, how to adapt to a new emergency, And given that in the 2020 book 64 Reasons Why, about how to recite the global economy based on Sienna AI Technology, where within we see that the biggest special project with about 40% of funding is education itself.  
Going back further to American butterfly.org In 2012 about creating a series of medical SURHs superuniversity resort hospital that would expand into towns that would be placed across the entire United States and due to tax exemptions in exchange for treating the patient care the concept was that these super university resort hospitals could replace U S Medical Liabilities therefore balancing the budget. This was just a fairy in 2012 although the books are very well written but they veered off towards quantum mechanics quite considerably towards the end. But in the first book the theory of every business, We see the concept called Spartan contracts which would be educating the workforce On a massive scale.  
  
Recently an adaptation that has only really taken a little while called U.K. Butterfly, these SURHs Super university resort hospitals replaced The current government housing development plans to create a number of small towns across the U.K. in which the main focus is within these super university resort hospitals training everybody in the medical knowledge which will be done in part within the hospitals but also done using the technology the technology will be repurposed to give training to absolutely anybody who wants to train and will be far better than any possible education processes that are currently available

### 8) Master of Business Administration: The QA, S-Web 6 VC CMS Logic and the Nudge CRM AI

In this section we need to go really into a lot of detail home the CMS how we've been working on series this is 2002 give a history of s-web 2002 to 2024.

I'm thinking about the conversation with Caroline which inspired the GPAI gatekeeper recording. We need to end this section show how the entire NHS will be run by the system I show how that will eliminate all errors and save our estimation 50% of medical negligence is called by is caused by administrador I medical secretaries errors communicate instructions by patients or doctors to the referral service or the specialist hospitals or the specialist hospitals failure to do their end.

At this point outline the saga with Mr. Raja’s change and we believe have been writing up medical reports and doctors overhaul or without their knowledge or amending their reports maybe it's a case of when they give their notes to the medical secretaries the medical section then write it all up and get it completely wrong. Mr Chung does not seem in any way an incompetent person in fact is the most competent person I've met with in the NHS. And yet His letter remove the discussion of megacoloh which is why the scan was being taken /(one might assume this have been admitted for medical negligene reasons - explain the case for medical twice narrowly avoiding unnecessary surgery got given my condition would have eventually killed me by suicide from the pain start contributing far more what would be the fact that I had to sleep on my stomach and if that had been unnecessarily cut open and not healed properly which should never would have done because I would have been sleeping on it every day recordings I made that put me right at the answer that would have definitely put me over there's absolutely no way I would have survived had that unnecessary surgery been performed - further there's absolutely no way if that surgery had been performed and they found the appendix to be healthy, that they would have never said anything. - question how many surgeries have been performed that were unnecessary due to system failures

*(in this case the system failure was to not look at the pharmaceutical history and pay any attention to the medical records said I had complained of Constipation – notice the massive constipating agent core tier ping had only just been ceased and comes to the obvious conclusion that this was the end of acquired megacolon – when I say obvious I mean it would have been obvious for the GP-AI good doctor app – whereas 99 of 100 doctors would have made the same mistake).*

Is a reasonable explanation of why the medical record did not mention megacolon. This is itself a minor conspiracy to pervert the course of justice, to collaborate with another to avoid illegal outcome is a conspiracy to pervert the cause of justice. Given the evidence of Dr Fialho’s Medical record forgery and fabrication, Alongside whatever medical records we’ve been able to obtain from Epsom St Hellier Needs us to believe that it is routine for all doctors and administrators to routinely remove anything from a medical record that would point at medical negatives, These companies after all are companies, as Caroline made the effort to point out, Companies do what they can to avoid lawsuits if you’re working as an administrator with legal in a company you do whatever you can to avoid lawsuits, How well this is specifically trained or how it is just understood or reveal itself when we start Subpoenaing people for the lawsuits. I am absolutely certain that it is even taught or understood that all medical records need to be sanitised of anything that could be used in a medical negligence suit. This has in the case of Dr Fialho, Led both himself and others to make very bad medical decisions based on the medical records sanitization and forgery. This is not just a mental health this is across the entire NHS it would seem.   
Resigning to the document the first document provided by the colon specialist following the appendicitis misdiagnosis, We had all mentioned of: removed from the record whereas we are positive and we have a tape recording that the Doctor allowed to be taken Mr Chung that we discussed specifically megacolon after I had done the research with the ai. That was the reason for the scan to test four megacolon, But there’s no mention of why the scan was taken or megacolon, So when the next Doctor came along the doctors whose lame had always been written on the appointments who seemed to be the department head although he later said he wasn’t. Not only did the Doctor not discuss megacolon, He went to great efforts to avoid talking about both mega: and That it was caused by over the legal dose of quetiqpne.   
(Explain legal dose – As is evidenced by the packaging that was retained I was prescribed 800 milligrammes of Seroquel with directions to take it all at night – NHS and all other guidance is that At that dosage must be separated by at least eight hours. What’s the difference between taking it all at the same time and taking it separated by 8 hours. You can say that drinking half a 750ml bottle of Jack Daniels shots within 10 minutes, it would be foolhardy, one would be utterly intoxicated, And it would likely cause a headache and a hangover the next day. However if one was to drink the full bottle within 10 minutes, That could lead to death. <GPT4o We need to cheque this analogy, Is this a reasonable analogy, How could it be improved to make it more of a medical certainty than an assumption, Maybe if we swap the Jack Daniels for Another liquor that has some scientific proof that if you were to drink an entire bottle in one go you could die or some people have died – We’re gonna be talking to doctors here so we need to say something that a doctor would agree with> The point we’re trying to make here is that there’s a big difference between 400 milligrammes of quetiapine in one session then there is 800, When combined with a 400 milligrammes of Lyrica Pregabalin, 500 milligrammes of lithium and at least The maximum legal dose of Zopiclone

### 9) GMC ExWit and OKRs 4.7: Who Qualifies for providing medical opinions into training/memory data

We have a world of information already created here that we will summarise, But to give a quick overview the OKR system awards points for completing tasks, Towards bonus points for good outcomes and allows patients to award thank you points, Be that a doctor or a nurse.   
The problem in U.K. Health, It’s not there are absolutely no incentives for doing a good job and very very few deterrence for doing a bad job.   
OKRs 4.7 Will work across the entire U.K. health sphere to rank doctors and nurses, The most important point of this and what the system has led towards is letting everybody in the hospital know who the very best doctors are and there we leagues and competitions between different departments in different hospitals and different hospitals so it’ll be a really fun experience.   
The GMC Exwit component Repurposes the same all con system that will create those 1000 specialist opinions in every medical condition and every niche, To all the opinions ever created by the GMC General Medical Council’s own expert witnesses so that they can immediately settle complaints as soon as they pride comes with a complaint. Radically improving a regulator that has a success rate of only one in 5000 in determining which doctors are not fit to practise. However alongside the ability to penalise doctors comes the ability to give thanks to doctors via the same institution via the same system that will be embedded into the website.  
  
The most critical point here in terms of the title of this point is that the top 5% of doctors and nurses ranked by the OKR system will be the ones who are allowed to Contribute to the specialist opinions used by the good dr app and the GP-AI framework. Doctors who can make this threshold will receive prestige and significant financial Rewards and wall be regarded by staff as the absolute heroes.

### 10) OKRs 4.7 for Hospital Administration and patient specialist direct communication > incorporating OKRs + The Quanta Analytica + S-Web 6 V.C. (Voice Command) CMS Logic + Nudge CRM AI

Inc. 20.66c] ⚕️ Expanding NHS Efficiency with TBS-CC OKRs 4.7 – Creating a Competitive, Fun Environment in Healthcare [09 Oct 2024]

In the same way the GPAI system was initially conceived to deal not with medical diagnostics but to deal with the terrible administration problems. Using the bedrock of CNAI system since the year 2000, For content management and business use, Business efficiency from the Quanta Analytica Through the core systems and out to the nudge CRM-AI.  
Every single part of every single operation in terms of administration will be handled by the Sienna AI software, Improving efficiency by more than 400 percent reducing the wait list to one of the best in the world and radically improving the service provided by doctors therefore making the public love them again and improving the culture

### 11) TDD approach in UK Healthcare (Complaints are failed tests (equvelent)) TLS-W 🏹: Total Legal System Weapon 🏹 integration

Lastly the TLSW integration serves two purposes, Firstly it works with the GMC Ex Wit programme to expose and route out criminal and extremely negligent doctors.  
However there is a secondary purpose and that is by making and streamlining all of this data in such a way that one could easily see where doctors have gone wrong it could encourage a whole world of medical negligence suits that would be counterproductive. Part of the TLSW is a countermeasure to that possibility or even eventuality, Building the system in such a way so that the information cannot be subpoenaed cannot be used as law suits, Exactly how we would make that legal we don’t know but it needs to be a part of this programme otherwise the programme will be shut down before we even start based on this principle.  
  
Noting that a big paper that we’re writing soon after this is the test driven design approach to the NHS where we basically look at my experience and the experience of others where we can see that the complaints process itself be it in a hospital be it with AGP be it with the general medical council is a sham. However we have seen in one case the medical records themselves have been drastically altered to avoid any medicinal negligence that has occurred which has led other doctors to make very bad mistakes and quit medical lectures in school cells which is in turn covered up on the medical record.   
We are quite complaints in the NHS to bug tests in software engineering. Test at the moment not only is the testing process within the NHS appalling, The legal departments in the N H S are proactively changing the test results. Do is create the complaint system so that it works so that we can improve patient outcomes and improve the A.I. data but have that information compartmentalised away so as it cannot be accessed and used in obsessive lawsuits.   
Without TLS-W 🏹: Total Legal System Weapon 🏹 integration – There can be no adoption of business and all good practises where people pay attention to complaints.

## 2a) The Good Doctor app

Inspired by the specialist group of doctors in the T.V. series House and The Good Doctor, who collectively collaboratively and with specialist virtual technology to find solutions for medical patients where the obvious med school Playbook had failed.

In essence, GP-AI & The Good Doctor App represent a synergistic integration of A.I., medical knowledge, and legal acumen, poised to revolutionize patient care, enhance diagnostic accuracy, and usher in a new era of accountability in healthcare and pharmaceutical industries.

### 1) Origin and Autistic A.I. Power and Simulation

**The Good Doctor App** is specialized software intended for complex medical consultations and surgical procedures. Inspired by the T.V. series "The Good Doctor," it provides in-depth, situation-specific advice, drawing from a wealth of medical knowledge and legal insights.

In the Good Doctor TV series, I was inspired by the autistic Dr who, because of his ISM was able to process and think outside of normal thinking think outside the box to come up with solutions complex medical problems. The autism spectrum is in my opinion a gift but then I would say that, Microsoft have a division made from people with autism because of their ability to singularly focus on a single project for decades, the processing power and imagination of people with autism is unsurpassed, Elon Musk for example, Larry page, one thing about growing up with minor autism, is it teaches you coping mechanisms alternative ways of doing things, but not everybody with autism goes into technology, Liz Trust for example, Maybe not the best example of brilliance but what would have happened if a queen who's price is on every bank note in the world hadn't died at exactly the same time as her tax plan? This is something we would never know but we could model it using Sieann AI T6. UCS - If you could model the entire world's economy in great accuracy you can reverse engineer that conceptual to the human body, on the field of medicine, this seems to be what the lead character in the good doctor television series does in every episode.  
 we could doctor app is not just looking at this T.V. series on House so wouldn't it be useful to merge all the expert doctors opinions along with if and statements putting that into one A.I. add expecting miracles - it is about using the same it's hard of thinking that crafted that enters design CNA I in the first place 2011 to 2024.   
 Can be simplified into for every single specialist medical needs for instance L4L5 back injuries, getting 10,000 medical opinions all vetted, highlighting GPT from the language choose to advise the patient and consulting Dr what they would advise based on this information. It is about doing that in the testing phase, where after every single time GPT good doctor app gives a medical opinion to a patient or consulting Dr based on the specialist knowledge that it has been given into its memory via ALL-COMMs it is about testing every single result, using the OK our system directly with the patient, monitoring every part of the procedure and the follow up going on for years, incorporating all follow up treatments pio chracters osteopaths acupuncture pilaties yoga As following every single patients responses indefinitely into the future, so that we can say in each individual case that worked if and if and if and, and then we let the A.I. take all of that data and let it do what it does best and come up with a really superb system that will absolutely get it right every single time making current medicine look like we are in the mediaeval no look like we are in the Stone Age. Potentially increasing the average working adult ability to work to the age of 90 and the lifespan of the average human to about 110.

### **2) Specialist Knowledge Integration – ALL COMMs and Dedicted GPT4 Memory**

20.15u) Identifying keywords dynamically within a conversation and triggering prompts from a glossary [29 Sep 2024]

20.19v) ALL COMMs and the GP-AI ⚕️ [29 Sep 2024]

* + Sophisticated platform for complex medical procedures and surgeries.

#### Sienna AI – ALL COMMs: Scanning conversations and loading expert opinions into GPT4o memory.

#### Introduction

In a world increasingly driven by artificial intelligence, we need a system that can dynamically interact with GPT4o and vast amounts of specialized data. Enter ALL COMMs—a cutting-edge system designed to support AI-driven interactions across industries by feeding real-time prompts, keywords, and glossary terms into GPT4o conversations.

ALL COMMs is built to serve a multitude of sectors, originally designed for travel and real estate but now extends to any business where sales and customer service are important. Alongside government use cases such as healthcare, tax collection, legal and beyond, offering a scalable and adaptable framework for any field where A.I. is used to augment human expertise.

#### All Comms: The Backbone of Sienna Software and the GP-AI

ALL COMMs plays a crucial role in how Sienna AI and the GP-AI project operates. By using dynamic keyword recognition and intelligent prompt selection, it will enable the GP-AI to select key phrases from patient conversations, choose the most relevant files and feed the files into GPT4o’s active memory.  
There was a more complex solution that would have been effective, but Open A.I. just made life a lot simpler by introducing user personal memory into its GPT4o model. So now its easier to explain and engineer.

Currently allocated memory is small, a few thousand words, but the ALL COMMs design is to create a directory of specialised subjects, indexed from GPT4o behind-the-scenes memory \*, then swap or add to GPT4o user-facing-memory, be that a detailed description of a villa or safari in use case 1) Travel and real estate, the description of a specific technology, module or sub module in use case 2) Sienna AI and The 10 Technologies. How to answer each question within corporation and other tax forms at HMRC in use case 3) Government. How to consider and apply previous expert witness testimony for the GMC in use case 4) Legal. Or how to remember every single answer to every medical condition modern medicine has ever considered in use case 5) healthcare.

*(Note that user-facing-memory is different to training data; given the name, one may think training data is more appropriate for this process, I sure did. However,* ***training data*** *teaches the model general knowledge, how to speak and communicate well.* ***User-facing-memory*** *is giving GPT4o specific data for it to reference within conversations.)*  
  
For the GP-AI Project the hardest part of this process is not how to engineer the technology, it comes down to choosing the best medical opinions in the first place. As memory increases for each speciality niche subject we would load the best 100 expert opinions – combined with all relevant medical history, at which point the GP-AI, the Good Doctor App, GP-AI Physio and GP-AI Psych would in most cases be superior to any one specialist who is short on time, as is unfortunately the case most of the time.  
  
Not that we are removing humans from the process, the original design The Nudge CRM AI in 2018 was not A.I. rather it was what I called I.A., an Intelligent Assistant, It was there to make sure sales agents always had perfect information, assisted them with gatekeeper and follow up duties, and taught them how to sell by entangling the best expert opinions behavioural science and behavioural economics have to offer.

The theory for this design goes back to 2012 and Chaos theory components within the PQS - Predictive Quantum Software in the American Butterfly Project.

A screen shot of a computer

Description automatically generated

The same now applies to the GP-AI model, It’s not replacing doctors and nurses, its there to help them, as a very, very, intelligent assistant. With the Good Doctor app, I’d sooner trust a nurse with this app than I would a doctor without. And of course, if there are no doctors or nurses, as is the case sometimes in the U.K. and often in Africa, this model becomes a lifesaver. (so long as legal does not take advantage and for that eventuality we have the TLS-W 🏹 model.   
  
(Noting that in the case of GP-AI Psych, where criminally marketed drugs are involved (almost always) it is there to replace psychiatrists and nurse the disciplines victims back to health by removing fashion and criminal marketing from the discipline, and re-train it’s doctors.)

ALL COMMs is the part of that process that has the perfect information, can identify key words and phrases in conversations, and load into memory expert opinions from the vast data lakes that are relevant to the conversation. All-Comms is part of the six base modules that make up the Sienna AI design.  
  
  
ALL COMMs is not just a support system—it’s the core engine that drives these A.I. interactions by connecting relevant data sources and ensuring the A.I. delivers accurate, timely responses.

1. **Glossary and Keyword-driven Responses**  
   At its heart, ALL COMMs operates on a glossary of terms and keywords specific to the application at hand. In the case of GP-AI, these terms would cover a wide range of medical conditions, symptoms, and treatments. As the patient interacts with the system, ALL COMMs listens for these terms, dynamically pulling the appropriate prompts or that will guide the patient to an accurate diagnosis. This process is seamless and allows the GPT4o to dive deep into specialist knowledge, providing an enriched conversation that feels intuitive and natural.

#### **The Power of M-Services**

ALL COMMs is not just one tool—it is a system built on a network of M-services, a proprietary form of microservices that allow for modular design. These M-services provide a vast array of API ports that enable different technologies to connect and communicate seamlessly. Whether in healthcare, law, or travel, these M-services ensure that ALL COMMs can interact with any relevant data source or service, giving it the flexibility and scalability to function across multiple industries.

Each M-service is designed to handle specific tasks, from analyzing medical scans to categorizing legal documents or booking complex travel itineraries. These services can be used individually or in concert to create a more cohesive and functional A.I. system. In the case of GP-AI, for example, an M-service might be dedicated to handling voice input and converting it into actionable prompts, while another would be responsible for integrating medical scan data into the conversation.

#### Dynamic Prompts for Continuous Conversation

ALL COMMs isn’t static; it’s constantly adapting to the flow of conversation. After the initial input, the system continuously listens for new keywords, adjusting its responses based on the evolving context of the conversation. For example, in GP-AI, if a patient starts by describing back pain and later mentions numbness in the legs, ALL COMMs will adjust the prompts to pull up information related to nerve damage or spinal conditions.

This ability to "listen" and adapt makes ALL COMMs a far more dynamic system than traditional A.I., which relies on predefined, rigid prompts. With ALL COMMs, the conversation evolves naturally, giving users a sense of speaking to a knowledgeable expert rather than a machine following a script.

#### **ALL COMMs and T10T OKR Systems in Healthcare: Beyond Diagnostics**

The flexibility of ALL COMMs allows it to be applied not just in diagnostics but also in broader healthcare management. By connecting with patient records, AI-driven scan analysis, and even future healthcare advancements, ALL COMMs and the OKR systems ensures that A.I. systems like GP-AI can guide patients through their entire healthcare journey. From preventive advice to real-time diagnostic updates, ALL COMMs and OKRs allows A.I. to act as a constant assistant to both patients and healthcare professionals.

In the future, via OKRs 4.7, ALL COMMs and CMS Logic could be integrated into hospitals, helping to streamline administrative tasks, reduce medical errors, and ensure that patients are directed to the most appropriate treatment pathways. This integration would free up doctors’ time, allowing them to focus on the cases that require human expertise while the A.I. handles routine tasks.

Identifying keywords dynamically within a conversation and then triggering the appropriate prompts from a glossary is certainly possible, but it would require building a system that continuously monitors the conversation for specific terms. Here are a few potential approaches you could consider:

#### 1. **Predefined Glossary Integration**:

* You could create a system where the glossary is embedded in the background, and when a conversation happens, specific words or phrases trigger predefined actions. For instance, the conversation could be monitored for keyword matches (like a "listener" function), which would then cross-reference the glossary and trigger the appropriate response or load data from a specific module.
* **Example**: If the keyword **"GMC"** is detected, it could automatically refer to your glossary, pull up relevant information or prompts related to General Medical Council procedures, and feed it into the conversation.

#### 2. **AI-based Keyword Extraction**:

* You could design an A.I. model or a smaller script that dynamically analyzes the conversation for relevant keywords. This A.I. would identify context-specific terms that ALL-COMMS can process.
* **Techniques**: Natural language processing (NLP) tools could identify entities or key phrases. After detecting them, the system could cross-reference them against your predefined glossary terms.
* **Example**: Tools like SpaCy or HuggingFace Transformers could be set up to identify keywords dynamically as the conversation unfolds, allowing the system to react appropriately.

#### 3. **Manual Keyword Marking**:

* For a more controlled approach, you could mark or tag certain keywords within conversations manually to ensure ALL-COMMS only pulls the most relevant prompts or responses. While this is less automatic, it could reduce the risk of irrelevant triggers and give you more control.
* **Example**: You would "mark" keywords like **"medical testimony"** during a conversation, and the system would know to look for glossary entries related to expert witness reports.

#### 4. **API-driven System**:

* You could develop an API-driven solution where, during a conversation, keywords are sent to a backend system that processes them and returns the appropriate prompts. The API could handle processing the conversation text in real-time, matching it against your glossary, and pulling the right data to continue the discussion in an informed way.
* **Example**: As keywords are detected in real-time, the API could deliver relevant information without needing to retrain GPT-4.

#### 5. **Rule-based Triggers**:

* A simpler, rule-based approach could be setting up specific rules for frequently used terms. Whenever a conversation hits one of these "triggers," ALL-COMMS could call the corresponding data set or glossary.
* **Example**: If you say “GPAI” in a conversation, a rule can trigger ALL-COMMS to load a predefined prompt sequence to discuss multiple doctor opinions.

#### Challenges and Considerations:

* **Relevance Filtering**: You’ll want to ensure that keyword detection doesn't pull irrelevant information too often. For example, if a keyword is too broad, it could overwhelm the conversation with unnecessary data.
* **Customization**: Each industry (e.g., medical, legal) will require a different glossary, so the system would need to be flexible enough to handle different contexts without confusion.

Central to both tools is the ALL COMMs system, initially conceptualized for corporate communication but now adapted to healthcare. ALL COMMs segment content into analysable data chunks for processing by a Large Language Model (LLM) AI. GPT-4 the system is structured around a keyword hierarchy. When a keyword like "SIJ" is mentioned, associated sub-keywords and their data are loaded, prioritizing relevant information for the A.I. to consider during patient interactions.

One of the most significant advantages of the GP-AI is that it doesn’t stop at a general practitioner’s knowledge. During the initial consultation, the GP-AI seamlessly accesses specialist-level information across various medical fields, providing expert insights that most G.P.s would otherwise have to refer to specialists for. Whether it’s cardiology, neurology, or dermatology, the system taps into a wealth of knowledge and delivers specialist-level diagnostics without the need for multiple appointments or referrals. Patients are no longer confined to the general knowledge of a single G.P.—they have access to an entire network of specialists at their fingertips.

Important: When we swap from physical health to mental health the exact same system created for The Good Doctor App is within GP-AI Psych, The same ALL-COMMs system with all specialist medical opinions – This data is always available for and is combined when necessary With The Good Dr App so the good doctor app doesn’t just deal with physical complex conditions and assist GPS it also integrates seamlessly with GP-AI Psych providing psychiatric Opinions that will quite often be better that the psychiatrist has given – relative to a regime of pharmaceuticals that was utterly inappropriate and exercise and other options are superior. GP-AI psych is there to protect patients who have unwittingly been drawn into the mental health sphere due to criminal marketing and the problem with psychiatrists feeling that they need to perform their job, even when their job is to say this isn’t anything to do with me,

Plus of course all the problems presented in Michael Lewis is the undoing project – Chapter 6 the mind's rules, Where we see many psychiatrists disagreeing with each other and many physical doctors given the same Condition. Where if an A.I. is trained in the Doctor’s opinions the A.I. or even back in 1968 simple algorithms using computing power that has nowhere near the power that a simple cell phone has were far superior relative to the human doctors because the doctors are human they have bad days they have biases they have prejudice and many other reasons as to why they would never necessarily come to the same opinion.

### 3) Integrating with medical scans and diagnostic technology –

1. **Incorporating Medical Scan Diagnostics**  
   Building on the idea of specialist-level care, stage 3 development of the GP-AI goes a step further by integrating advanced diagnostic technologies, such as AI-driven medical scan interpretation. Innovate U.K. has already funded many A.I. tools that outperform human doctors in reading medical scans, from MRIs to C.T.s and X-rays. By incorporating these tools, the GP-AI not only provides a diagnostic based on symptoms and patient history but also instantaneously analyzes scans to offer real-time results. This creates a seamless, end-to-end diagnostic system that improves both speed and accuracy.

A.I. is already vastly superior at finding cancer cells and that kind of thing on scans relative to any human no matter how well trained they are. There will be a lot of pushback because of the will be out of work but these people can move into other forms of medicine, add of course, they can work with the A.I. to teach it, integrating all scans into first of all, being advised to be taken by GPT 4 for specific reasons and then being analysed by a specialist AI , then incorporating that data into the good doctor app, Alongside all medical history and all pharmaceutical history all fitness history, and then integrating that into the GPA I physio at service from that point onwards all the information is not from the physio it is from the A.I. which is everything having taken the best advice from the best doctors in the world in the 1st place and for this we really have got to look at the extract from Michael Lewis is the undoing project. The best doctors know the best things to do but failed to do it because they are human, which pretty much sums it up. I

## 4) Facilitates real-time data access during consultations, and surgeries aiding decision-making

### 5) GMC ExWit and OKRs 4.7: Who Qualifies for providing medical opinions into training/memory data

In our own research from : 20.12z3] 🌀3. GMC ExWit and OKRs 4.7 for the NHS (From GMC-32) [8 Oct 2024]

We found that a critical problem with the NHS and the GMC is both lack of accountability and a broken complaint process that will address in a test driven design approach to the NHS, But equally whilst there was broken complaint system there was no way to commend a doctor it was absolutely no incentivization for a doctor to do a good job and there was no deterrent for a doctor to do a bad job. The incentivization comes in the form of the okr system where all doctors who do a good job will be well known to the system and those who reach the top 5% will be asked to contribute to the good dr Opinions, Typically we would want 1000 expert opinions for each individual medical niche. Of course some of these opinions will be taken from international league recognised top individuals in education and the field, However in assessing these opinions and adding to them comes the top 5% of doctors according to the OKR system, Contributing will mean prestige, Financial reward, There are various ways to make money, Potentially when used in private health, We will be able to work out which doctors gave the opinions that did the most to secure an outcome and the royalty will be paid in the same way software engineers have given a royalty for the Quanta Analytic system, But more directly would be opportunities to make money from private bookings, And if there’s any way to directly change the pay doctors get by the government based on the performance as opposed to just turning up, We would lobby for this but we can’t say we’ll get it certainly inside of private help being at the top percent of the OKR system will make an awful lot of money. If doctors are not interested in money then the prestige associated, The media associated, Will be rewarded itself, Then of course there is the prestige within the health community every single nurse every orderly every other Doctor will know who the best doctors are and of course who the worst doctors are. But when we’re talking about the good doctor app we’re not concerned about the worst doctors we're concerned about the very best doctors contributing to the data that is used for the GPAI good dr app. We expect this to be an international Hall of data and international pool of doctors however the first country that adopts the system will be the first to Have doctors contributing.  
  
Every time an opinion is given and a medical doctor or nurse or first responder or G.P. puts forward that opinion to a patient that outcome of that patient will be monitored the A.I. is very good at taking data from results and improving itself so it’s very much a case of whilst the human doctors have a lot to contribute and have their say the A.I. will learn from the actual testing Send as opposed to medical orthodoxy which as we will show in the psychiatric community is absolutely completely wrong.

Here is the complete extract that we've written about the GMC Exwit programme.

#### a) **GMC ExWit – Revolutionizing the Complaint Process:**

The **GMC ExWit** system, a **Sienna AI design**, represents a groundbreaking approach to handling complaints and assessing doctors' fitness to practice. This system, combined with **Gatekeeper AI**, **S-Web 6VC CMS Logic**, and **Nudge CRM AI**, creates a powerful tool for improving the efficiency of the **GMC**.

The **GMC ExWit** allows patients to discuss their case with a specialized version of **GPT-4**, which is trained to evaluate data based on historical expert witness reports. Patients are encouraged to provide as much detail as possible, earning **points** (gamification aspect) for adding relevant information that aligns with previous cases leading to fitness-to-practice reviews. All this information is meticulously **collated** and processed.

At the end of the interaction, the system generates a **comprehensive report** that includes expert witness testimony. This drastically improves the accuracy and quality of the GMC’s review process, enhancing its efficiency by over **1000%**. Clients save significant amounts of money while the GMC benefits from having a near-perfect assessment of each case. By leveraging every report ever created by the GMC involving expert witnesses, the **ExWit** system ensures that the most relevant historical data is brought to bear on every case. This not only helps to identify **unfit doctors** but also speeds up the process, making it much more cost-effective and transparent.

#### b) **Incentivizing Good Doctors and Elevating Performance:**

**The Sienna AI TBS-CC OKRs 4.7 system** is designed to **reward excellence** and create a clear incentive for doctors to consistently perform at their best. The lack of a reward structure in the current NHS system has left doctors unmotivated and demoralized, as their efforts often go unrecognized. The proposed system would introduce **clear rewards**, recognition, and opportunities for career advancement.

The top 5% of doctors, identified through **performance metrics**, would not only receive financial rewards but also gain **prestige** through their contributions to critical systems like **GP-AI** and **The Good Doctor App**. These doctors would have the opportunity to input directly into the A.I.’s knowledge base, ensuring that **the best minds** are shaping the future of medicine. This would create a **virtuous cycle** where top doctors are recognized, rewarded, and motivated to further contribute their knowledge.

For doctors who fall in the middle or lower tiers of performance, the system will not just **punish** or sideline them. Instead, **training simulations** will be developed to help them improve. By focusing on **upskilling**, we aim to raise the overall level of care across the NHS. This ensures that only the **truly unfit** doctors, the "rotten apples," are removed from practice, potentially reducing the percentage of doctors found unfit to practice from 0.02% (2 in 10,000) to closer to **0.1%**, or 1 in 1000.

#### c) **Balancing Accountability and Improvement:**

One of the major criticisms of the current system is its inability to properly **punish underperforming doctors**. In 2023, only **0.02%** of doctors were found unfit for practice—a shockingly low figure that reveals the systemic inability to hold poorly performing doctors accountable. This creates a **demotivating environment**, where even the best doctors feel frustrated by the lack of consequences for underperformance.

The **GMC ExWit system** changes this by providing a more **effective means** of identifying the bottom 1% of doctors. The system draws on decades of expert witness reports to ensure that underperforming doctors are properly assessed and, where necessary, removed from practice. By doing so, we create an environment where the **best doctors rise to the top**, and those who are not meeting standards are either given the **training and support** they need to improve or removed if they consistently fail.

While this may initially reduce the number of available doctors, the **balance comes from rewarding** all doctors for their performance. This approach **motivates doctors** across the board, ensuring that the entire profession is pulled upward. By creating this **competitive and supportive environment**, we ensure that doctors have a clear reason to excel, while **poor performers** are either improved or removed, maintaining high standards within the NHS and GMC.

#### d) **OKRs 4.7 and 5.0 – Transforming NHS and Governmental Structures: OKRs – Objectives and Key Results**

The implementation of **OKRs 4.7** for the NHS and **OKRs 5.0** for governmental medical systems addresses both the **reward** for good performance and the **consequences** for poor performance. This system will ensure that **every Doctor is rewarded** based on their performance metrics, patient outcomes, and contributions to A.I. systems.

This represents a fundamental shift from the **communist economics** that have led to widespread inefficiency in the NHS. By ensuring that doctors are **recognized and rewarded** for their contributions, while those who underperform face clear consequences, we can drastically **improve efficiency** and morale.

In this new system, we create a **balance**: while there will be consequences for the lowest performers, the vast majority of doctors will benefit from **better training, recognition, and rewards**. Doctors will have a clear reason to perform well, as the rewards for excellence and the risks for failure are made transparent and fair.

### 6) If you Don’t Know, Ask! Sienna AI Spartan Contracts—Unleashing the Potential of the Millennials

Or Sienna AI Spartan Contracts—Unleashing the Potential of the Millennials

6) If you Don’t Know Ask! Stop making Stuff Up Oversight function

Given our tests Caroline's reluctance to cross reference with AI, even when offered money We can expect most human that are not millennials And even some of the arm to resist this process unless they have been educated to work with AI in the first place.  
This effectively means to give the ai it’s the superior diagnostic that a millennial with three years experience that is trained to work with the good doctor app and knows to ask if she doesn’t know and if both she and the AI don’t know knows to ask an experience doctor. This effectively means that such a new trained GPAI dr could go into the NHS after three years. Especially in psychiatry where if we remember it was found When dealing with the best psychiatrist in the world that junior psychiatrists were at least as consistent as senior. The psychiatric problem in the UK can be dealt with by a new wave of psychologists who want it to be doctors or therapists anyway but have been done at university degree course in using the AIGPAI site to diagnose psychiatric conditions and how to deal with patients – All applicants can be or must be screened for appropriate – behavioural science screening, And then choosing the speciality in psychiatry based on the characteristics of the individual. Different inherent behavioural characteristics will make people inherently better at one field than another for example somebody with a analytic mind could specialise in medication, Somebody with an influences mind could specialise in recovery, If you drill down to it you’d be able to tease out which behavioural characteristic based on the DiSC Scale made, Add it to their list of lights and dislikes and their previous qualifications. Plus our tests specifically created for this purpose.

I can see this three year training. Being a fast track to the solution of starting crisis in the NHS a new wave of millennials with AI power fixing all the mistakes from the past and really improving the patient's experience because of their specialist knowledge.

If I can see as the first Spartan contract candidates, Any candidates that are familiar and trust AI can do a three year course with continuous training along their career, Pause manned with GPAI Psych and the good doctor app in non psychiatry situations can go straight into the workforce. This will be a hugely motivating opportunity for Millennials. If anything’s gonna get the youth out to vote this is it, The next election could come down to this initiative to empower the Millennials which will in itself give hope to the entire world of the UK in the same way as ecstasy gave hope to the kids in the 90s, I appreciate that's a way out there statement, Let me explain if I had to speak to the Labour government about what do you think the problem with the UK is why are the people so unhappy why are they rioting. I have thought that in the 1990s it kicked out the football violence mentality of the teenage late teenagers and turned it into peace and love that played the UK the place everybody in the world wanted to come to even Madonna wanted to move to the UK there was a big it’s better in the UK than the USA going on in the 19th based on the fact that the youth were having so much fun.  
  
But laws were created that stop the ecstasy drugs from populating and cocaine took its place and since then it looks like heroin has taken that place and nowadays that you take drugs like heroin or pharmaceutical substitutes and listen to stories of how great it was in the 1990s knowing how bad it is now especially with the whole global warming thing. They used millennials have nothing to look forward to they can’t even go work in Europe anymore but the summers that’s a big takeaway for them. And I had thought to suggest the only thing to do is rebrand ecstasy a class c drug, But that’s never gonna happen, Not in the next four years anyway, But what could happen is this initiative not just in the NHS but in all areas 123 years working with CNAI become a specialist at working with CNO ai going to a great new job and I have opportunities souls all the staffing problems amates the millennials feel appreciated because we know how wretched we work and how little we knew when we were their age but we didn’t have AI back then then plus AI are cleverer than we were in their age and they should be appreciated for it. It’s comes from the Chan Zuckerberg Foundation but its initiative is about unleashing the potential of the Millennial

#### Sienna AI Spartan Contracts—Unleashing the Potential of the Millennials

GP-AI Physio 17. S-M-S Up Oversight Function (Added as a constituent part of the Dr Doctor App

Originally when describing and testing the conceptualization with the only person from the NHS I had access to physiotherapist Caroline I had gone to straight great lengths to explain it’s not replacing her which she seemed to think it was first time around it’s working helping her to become better letting her become or have the power far better than AGP better than most specialists.

Unfortunately the following meeting on the 7th of November 2024, The game went describing Caroline became defensive saying there’s a lot of stuff you can’t do such as teasing out responses from clients and I said I’m not talking about physio signs of things and the doctors it’s not about replacing doctors it’s about replacing the administrators that of course the problems and helping the doctors with a gatekeeper service. Indeed this inspired the gatekeeper service dedicated documents as the principal part of the GPAI project probably the most important part of the gpa I project.  
  
However after reviewing the offence of the 7th of November 2024 if I came to the conclusion that doctors are making so many mistakes and looking at the psychology of it it’s probably that they’re making stuff up to appear to be clever in the same way that various people are capillaries used to.

This inspired the recording GP-AI Physio 17. S-M-S Up Oversight Function, which on completion made me realise this concept needed to become a principle of the big doctor app, which becomes the Oversight football doctors and medical workers, who must be trained if they don’t know ask

### 10) OKRs 4.7 for Hospital Administration and patient specialist direct communication > incorporating S-Web 6 V.C. (Voice Command) CMS Logic + Nudge CRM AI

In the same way that the GP-AI Integrate the entire process from every patients initial phone call to the pre-diagnosis given to doctors to the connexion to the referral service and form the referral service to the specialist doctors in various hospitals and surgeries.  
The good Doctor APP Provides a similar service but to run the entire hospital in the same way, Technically the good doctor app is a specialist system and the system that runs the hospitals and the G.P. surgeries is that system integrated into the management systems that are at the core of Sienna AO: OKRs + S-Web 6 V.C. (Voice command) CMS Logic + Nudge CRM AI.

From streamlining the service so operation theatres are never underutilised or overbooked, To the reception for every single, Department within a hospital, To the functions of administrators and in particular the ability for patients to be able to immediately report back to the specialist Doctor Who has consultated or performed a surgery, As opposed to the monstrously inefficient current system where one has to speak to ones G.P. to be able to Make a secondary appointment with the specialist just discuss the problem. This is a critical part of bringing the NHS into the 21st century and reducing waiting lists not down to where they were in 2010 (2.3 million) Caught down to a few hundred thousand with appointments typically being treated within two weeks of Any complaint arising.

ℏ🚀🌀💙

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S-Web 6 V.C. 🚀 **‘Sienna’ AI** CMS Logic with CRM Nudge AI🌀

SiennaAI by Nick Ray Ball  
1999 to 2024

S-Web 6VC🚀— AI CMS  
2002 to 2024

S-Web 6 VC🚀 | V🌀N

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# Smart Brevity – Core 4

Smart brevities core 4 Smart brevity in written form has four main parts all easy to learn and put into practice and then teach they do not apply in every circumstance but will help you begin to get your mind around the shifts you need to make.

1. A muscular tease whether in a Tweet headline or e-mail subject line, you need six or fewer strong words to yank someone’s attention away from Tinder or tick-tock.
2. One strong first sentence or lead your opening sentence should be the most memorable — tell me something I do not know, would want to know, should know — make this sentence as direct short and sharp as possible.
3. Context or why it matters we are all faking it Mike and I learned this speaking to Fortune 500 CEOs we all know a lot about a little we are too ashamed or afraid to ask but we almost always need you to explain why your new fact idea or thought matters.
4. The choice to learn more or go deeper, don't force someone to read or hear more than they want, make it their decision if they decide yes- what follows should be truly worth their time and then try to do all of this on one screen of a phone regardless of what it is.