

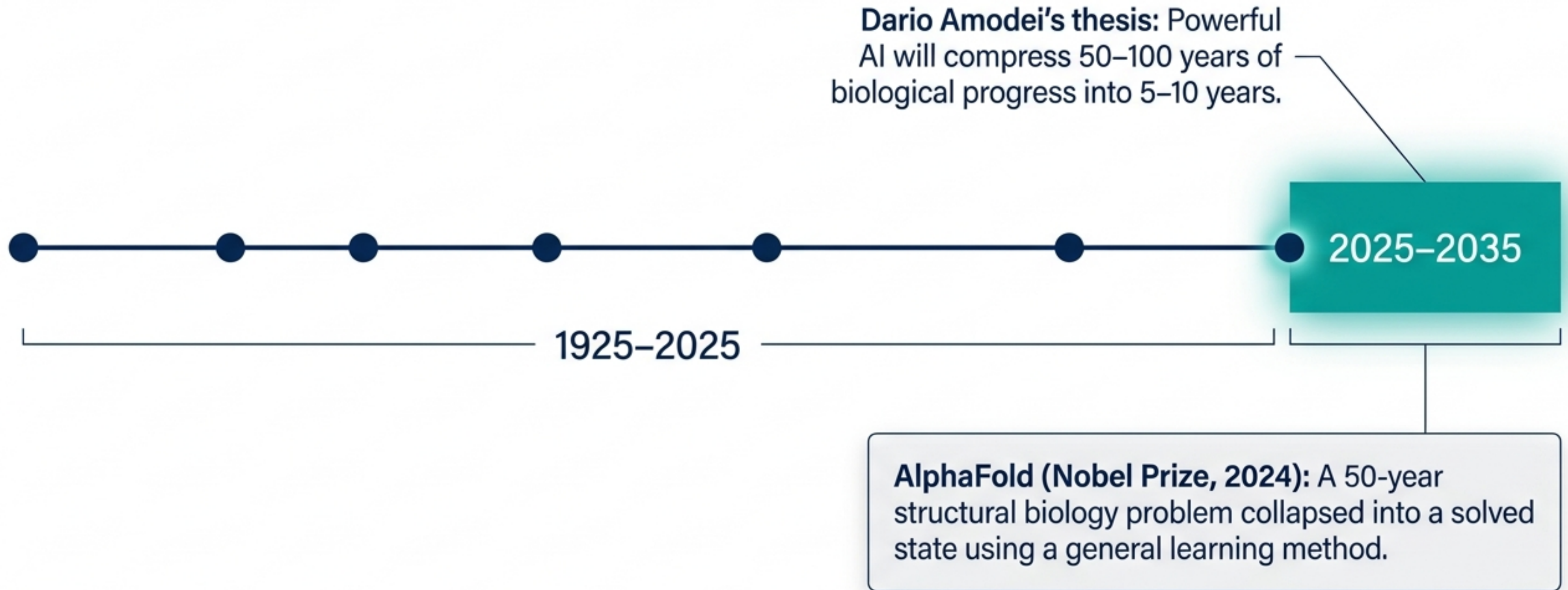
The Compressed Career

A terrain map and strategic playbook for
physicians navigating the clinical AI shift.

Mid-2026 Briefing / Grounded in
real-world deployment data

Synthesis based on the analysis
of Dr. Neal Aggarwal.

A century of subspecialty life's-work is compressing into a single decade.

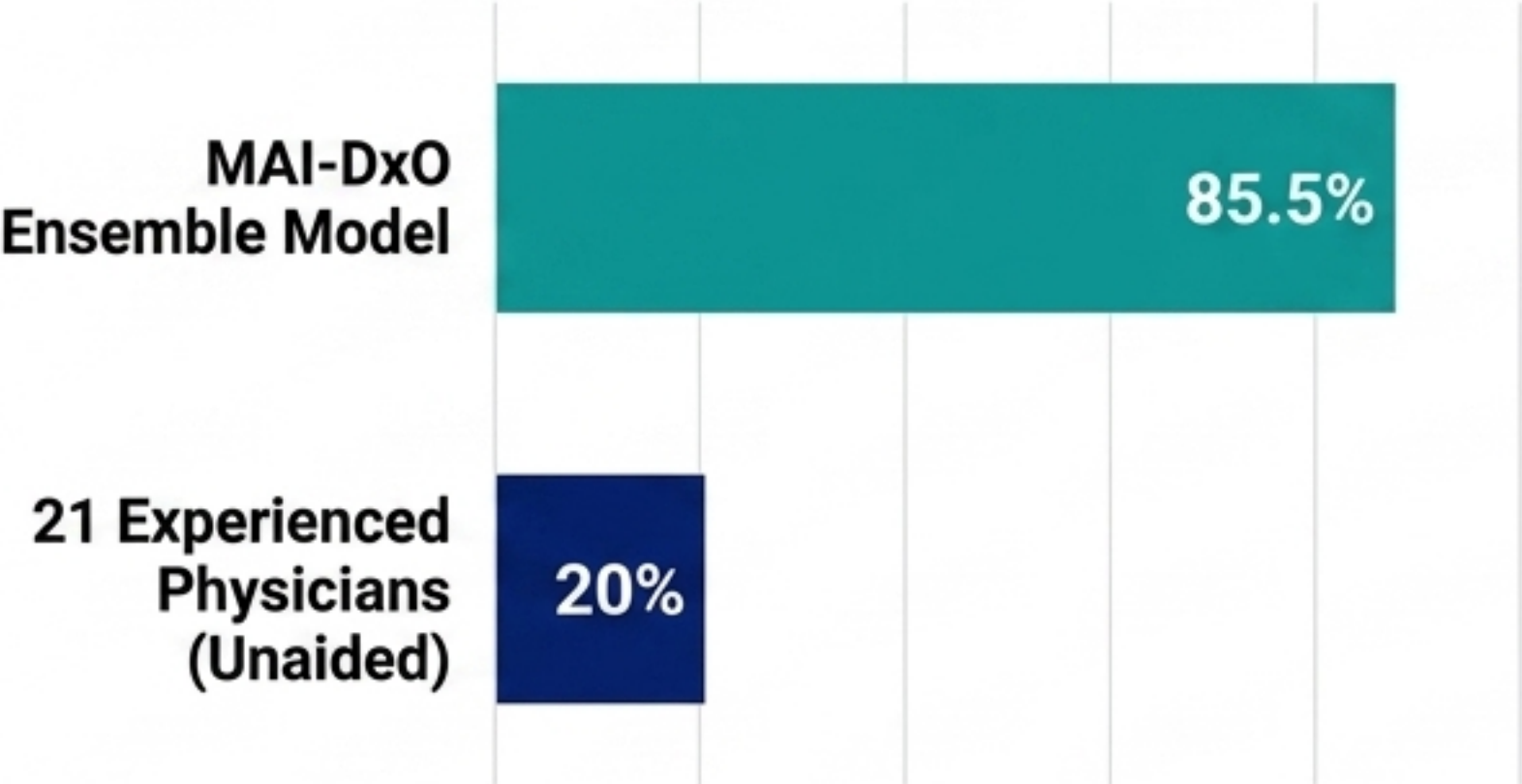


The clinical AI shift is not a single threshold—it is three overlapping waves.

Wave One (Narrow & Copilots)	Wave Two (AGI)	Wave Three (ASI)
Timeline: 2023–2028 (Underway)	Timeline: Plausibly 2027–2030	Timeline: Plausibly 2030s
Core Tech: Narrow ML & Foundation Models	Core Tech: General Reasoning & Imitation Learning	Core Tech: Artificial Superintelligence
2026 Evidence: 1,451 FDA-cleared devices; Aidoc; AI Ambient Scribes.	2026 Evidence: Anthropic/DeepMind timelines shortening; SRT-H autonomous surgery demos.	2026 Evidence: Isomorphic Labs (\$2.1B raised to compress drug design from decades to years).

Wave One is already operating inside the clinic with measurable superiority.

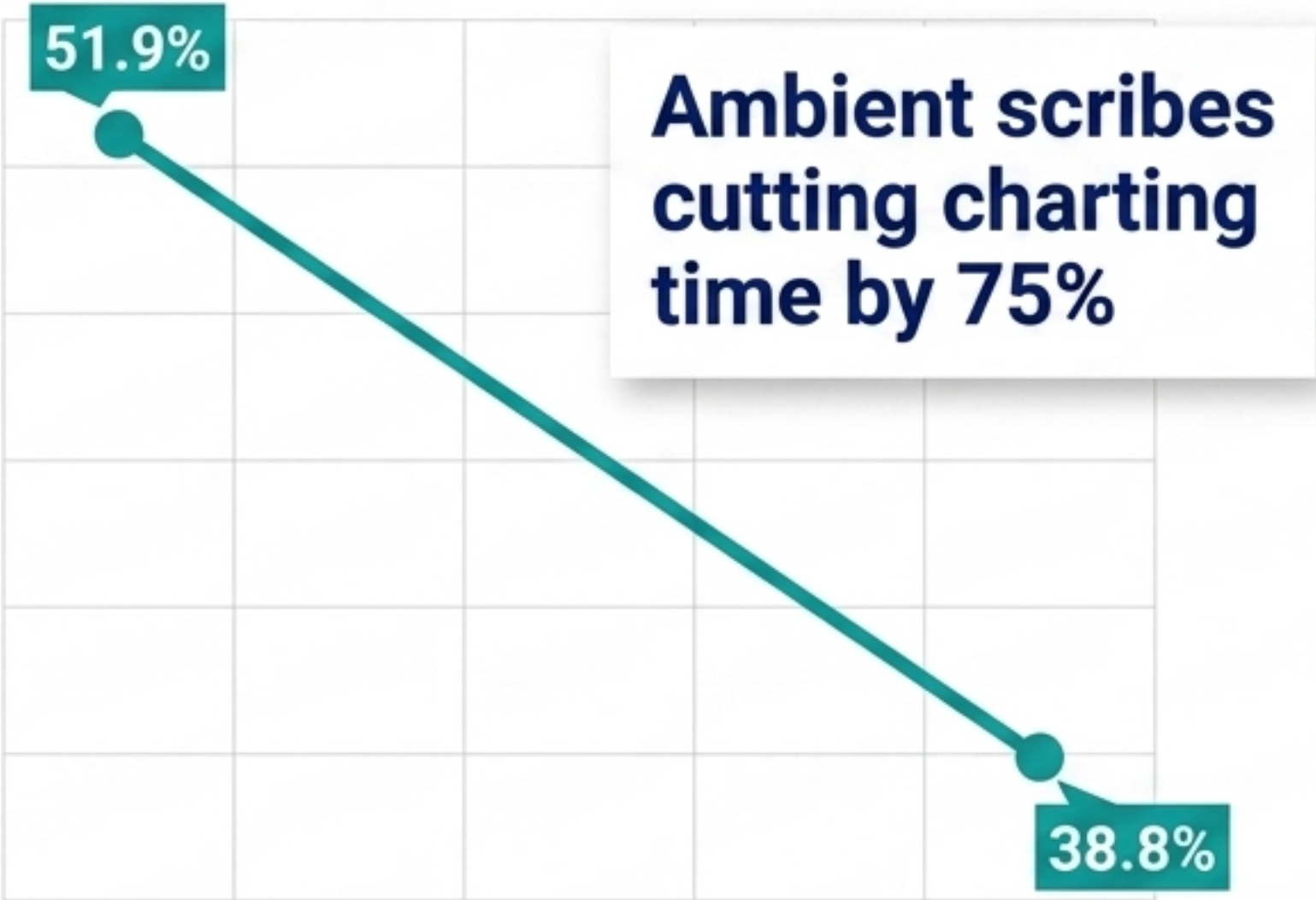
Diagnostic Contrast



Tested on 304 complex NEJM cases.
(Caveat: Resource-constrained environment)

- Aidoc 2026 clearance: 14 conditions simultaneously with 97% sensitivity / 98% specificity

Operational Impact



Burnout drops from 51.9% to 38.8% within 30 days of AI scribe adoption

Wave Two closes the generalist reasoning gap and introduces imitation learning to the OR.

Step 1: Assisted (Current)

Medtronic Hugo RAS.
Human is the
operator of record.
operator of record.

25% less time, 30%
fewer complications.

Step 2: Pre-programmed (2022)

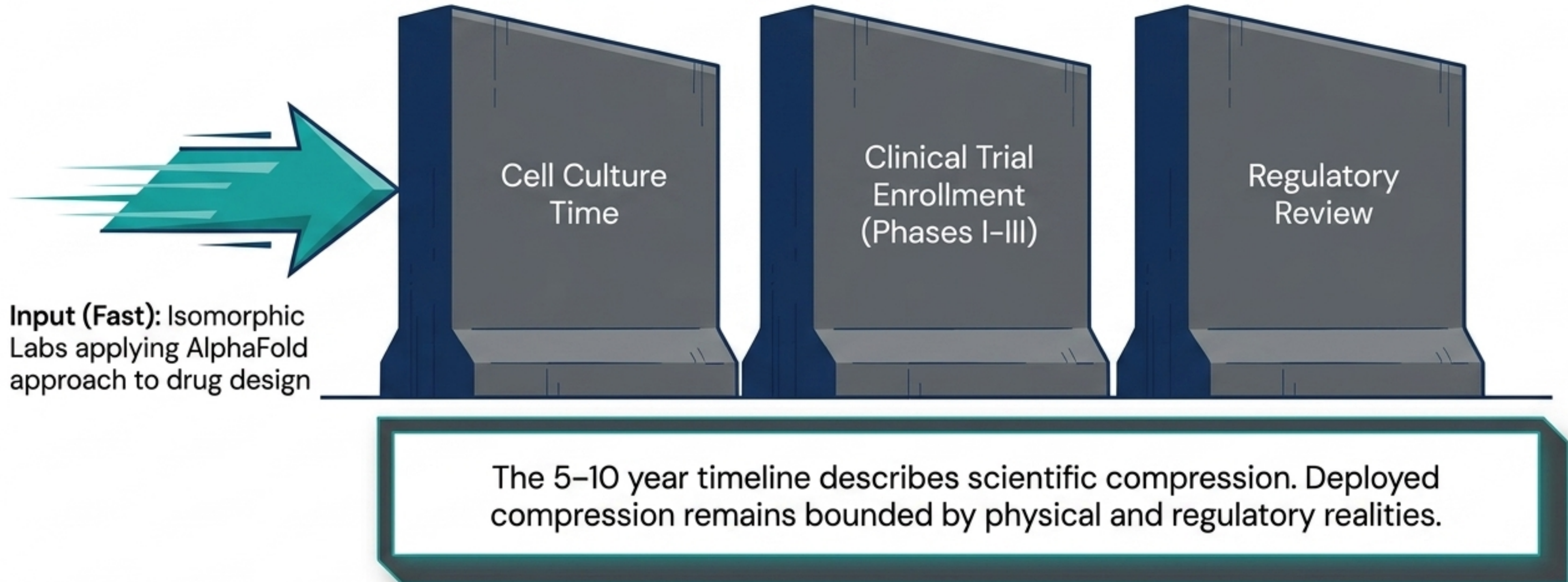
STAR system.
STAR system.
Required rigid plans
and marked tissue.

Step 3: Autonomous via Imitation (2025)

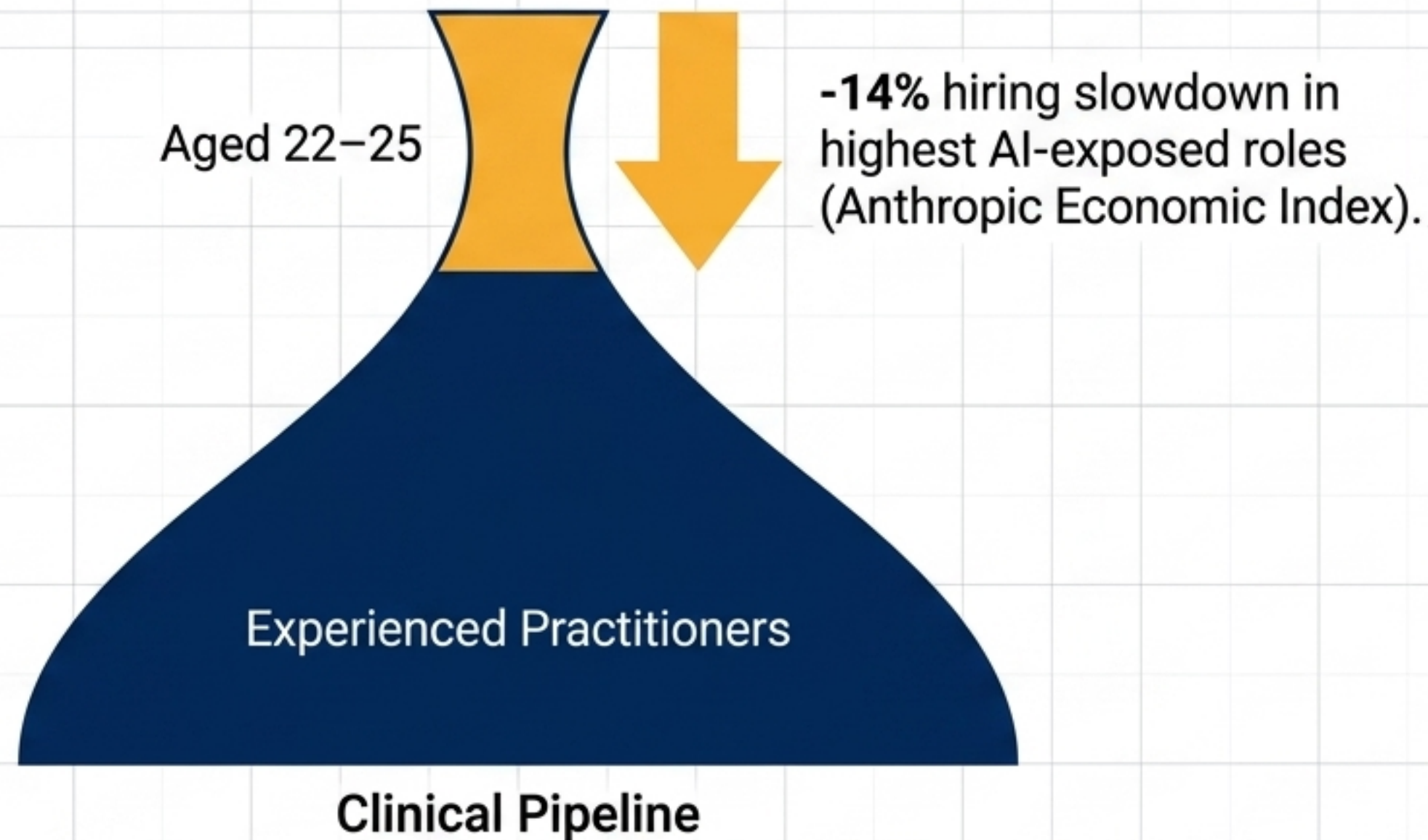
SRT-H System.

Johns Hopkins SRT-H performed a complete laparoscopic cholecystectomy (17 steps) with 100% success on realistic tissue, adapting in real-time to anatomical variation using imitation learning.

Superintelligence can design a therapeutic in an afternoon, but it cannot speed up biological time.

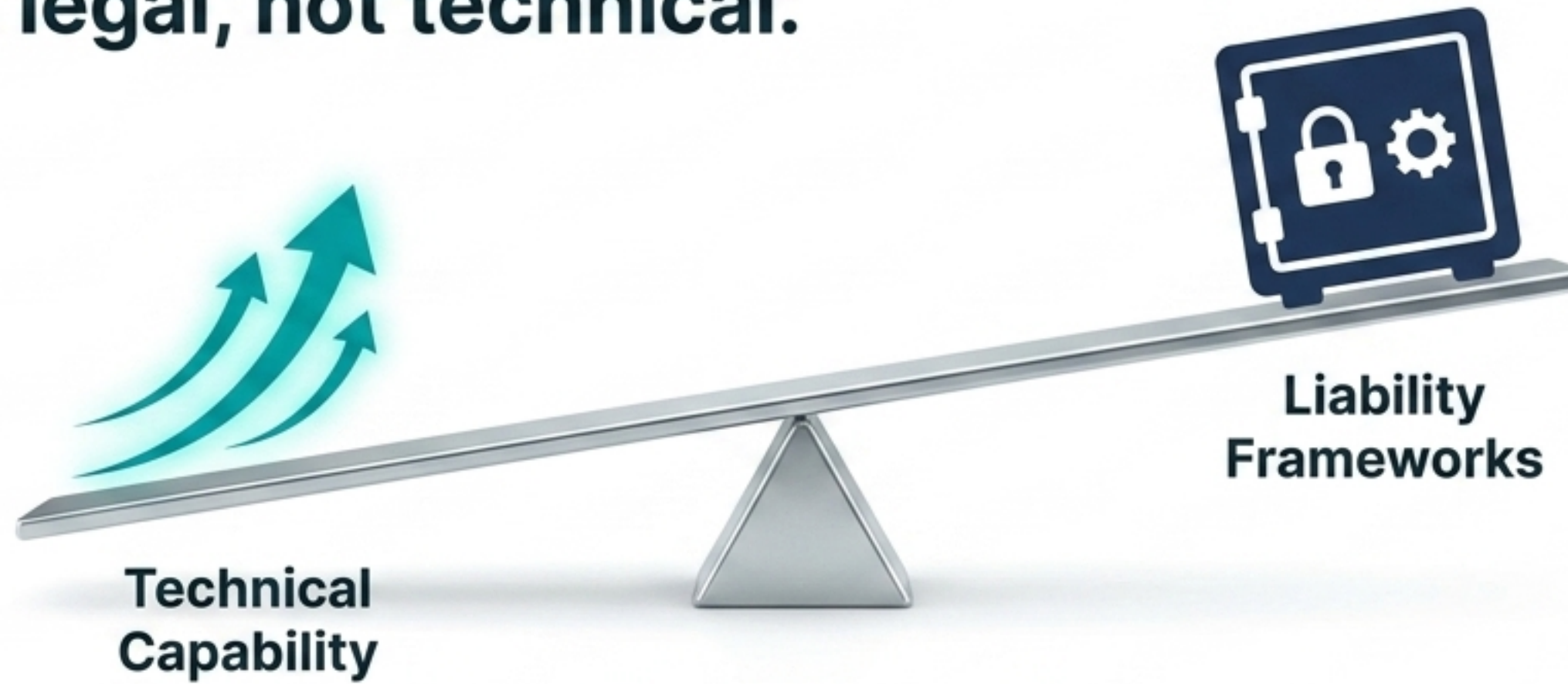


The labor-market signal reveals a narrowing pipeline, not wholesale displacement.



The premium on being an experienced, judgment-holding practitioner who can direct AI tools is rising. Layoffs are hitting billers and schedulers, not experienced clinicians.

The ultimate bottleneck to replacement is social and legal, not technical.



“A hospital system today cannot simply substitute an AI diagnostician for a licensed attending... the entire malpractice and regulatory architecture requires a human to hold accountability.”

Three specific scenarios where AI fully replaces the physician

The Regulated Appliance

- **Mechanism:** Standardized, low-variance procedures (e.g., cholecystectomy) become closed-loop robotic tasks.
- **Honest Timeline:** Late 2030s.



The Resource-Constrained Generalist

- **Mechanism:** Smartphone diagnostic AI + trained nurse becomes the standard in regions with no doctor access.
- **Honest Timeline:** 2–4 years.

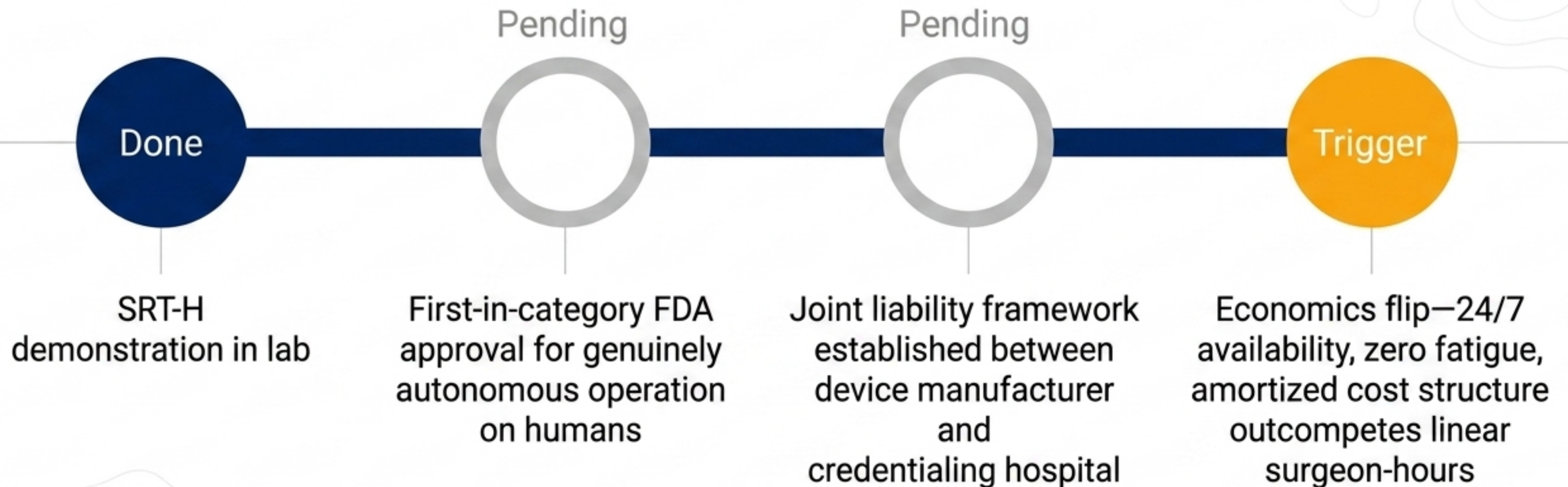


The AGI Attending

- **Mechanism:** Institutional shift allows AGI to be the legally responsible decision-maker, shifting human supervisory ratios.
- **Honest Timeline:** Early-to-mid 2030s.



Scenario 1: The Standardized Procedure Becomes a Regulated Appliance



Scenario 2: The AI Diagnostician Displaces the Generalist in Constrained Settings

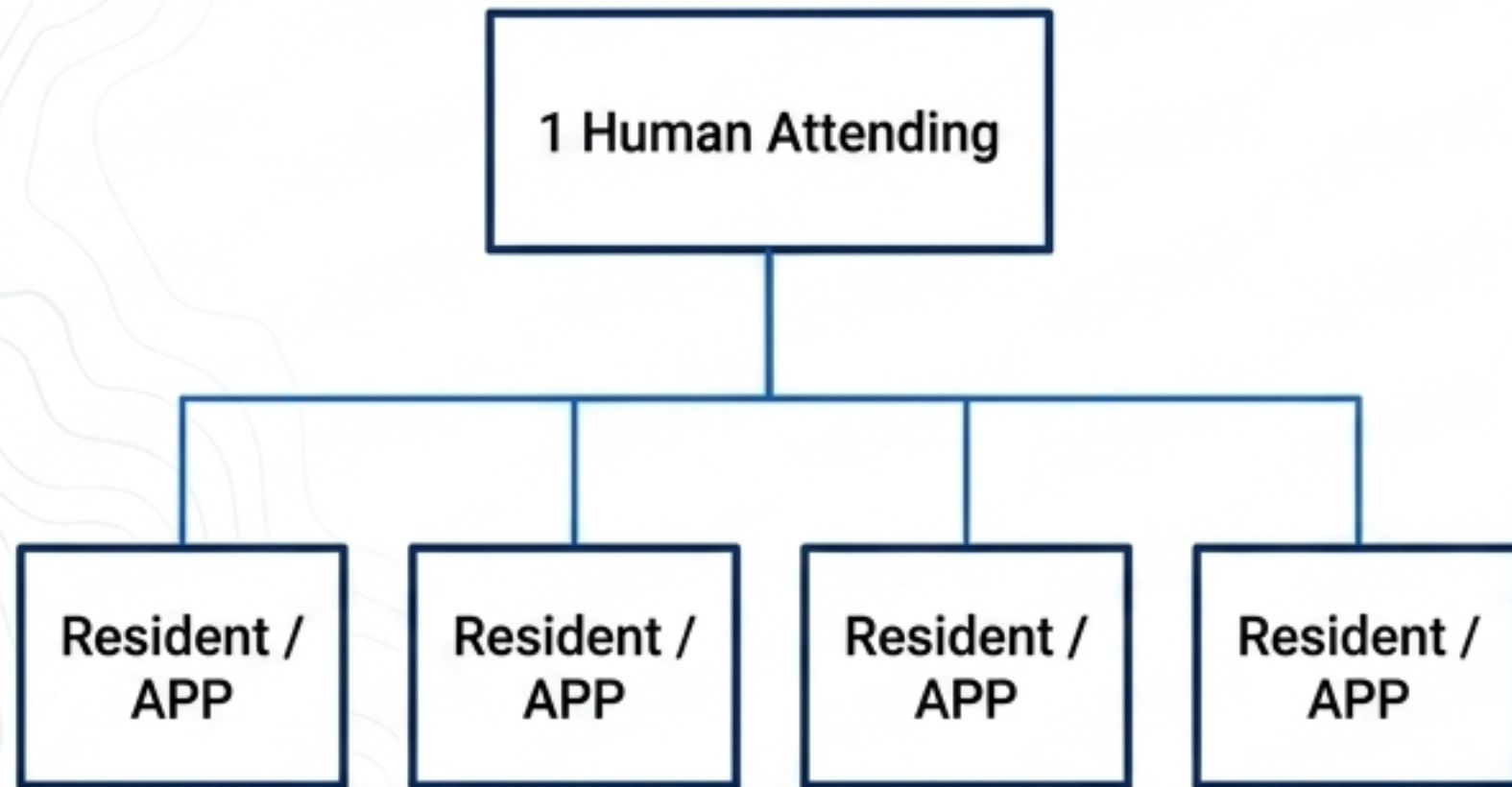
**Smartphone MAI-DxO Class AI
+ Community Health Worker**

No physician
available at all

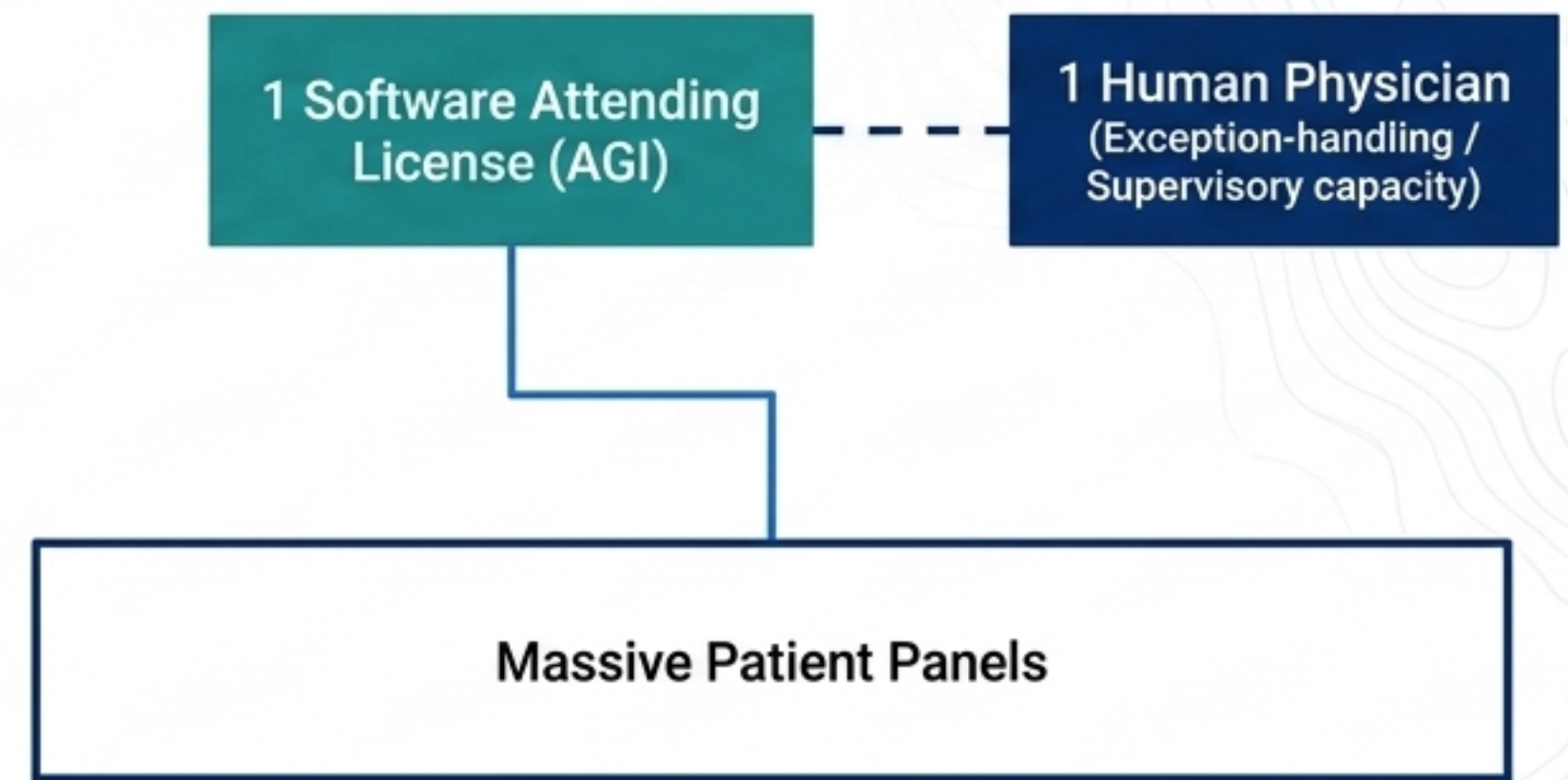
- ✓ The AI does not need to equal a London specialist's accuracy. It only needs to beat the accuracy of zero.
- ✓ Regulatory frameworks for task-shifting are already in place in sub-Saharan Africa and South Asia. This is the fastest moving scenario (2-4 years).

Scenario 3: The AGI Attending-of-Record shifts the supervisory ratio.

Current State

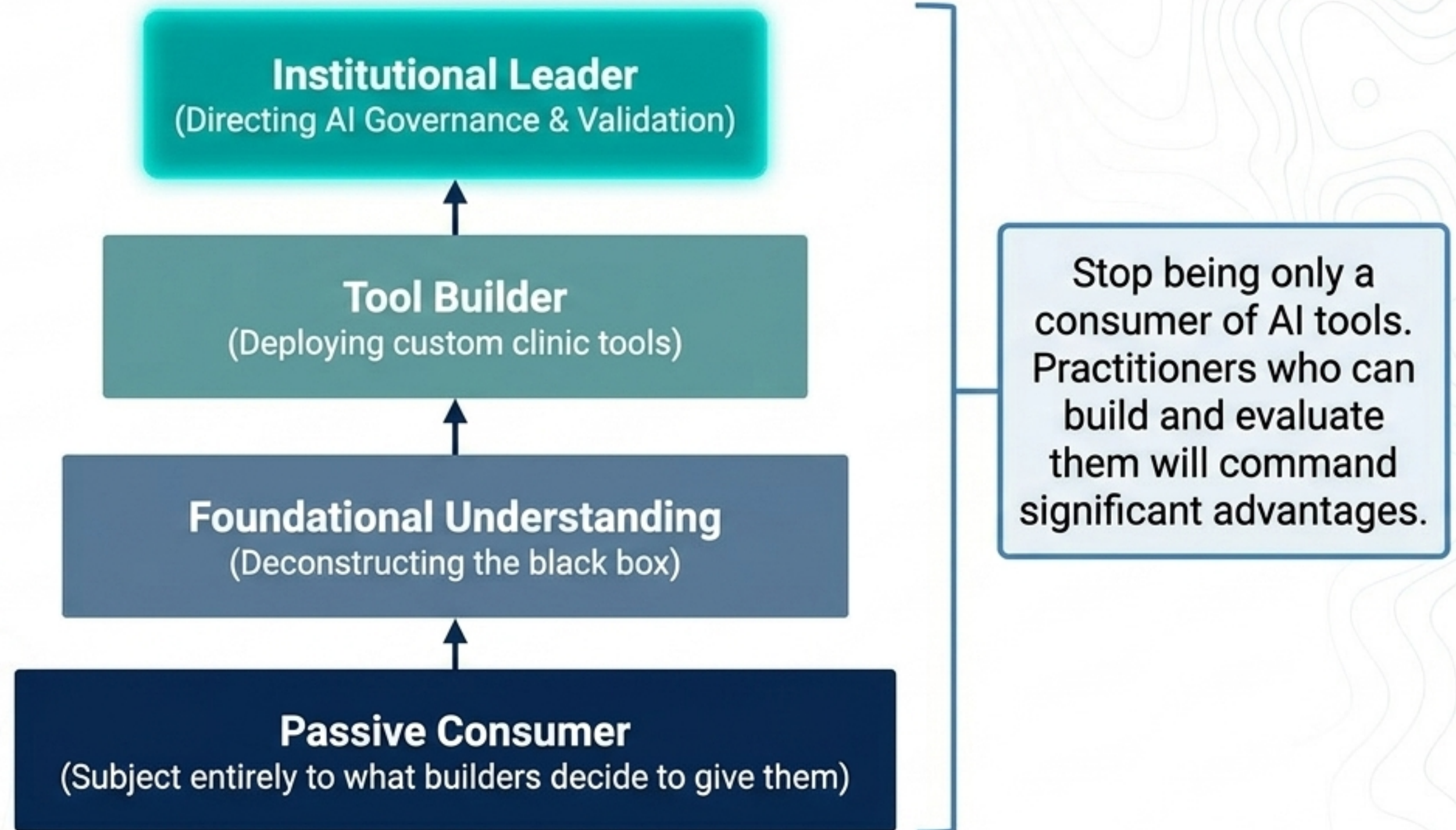


Scenario 3 State

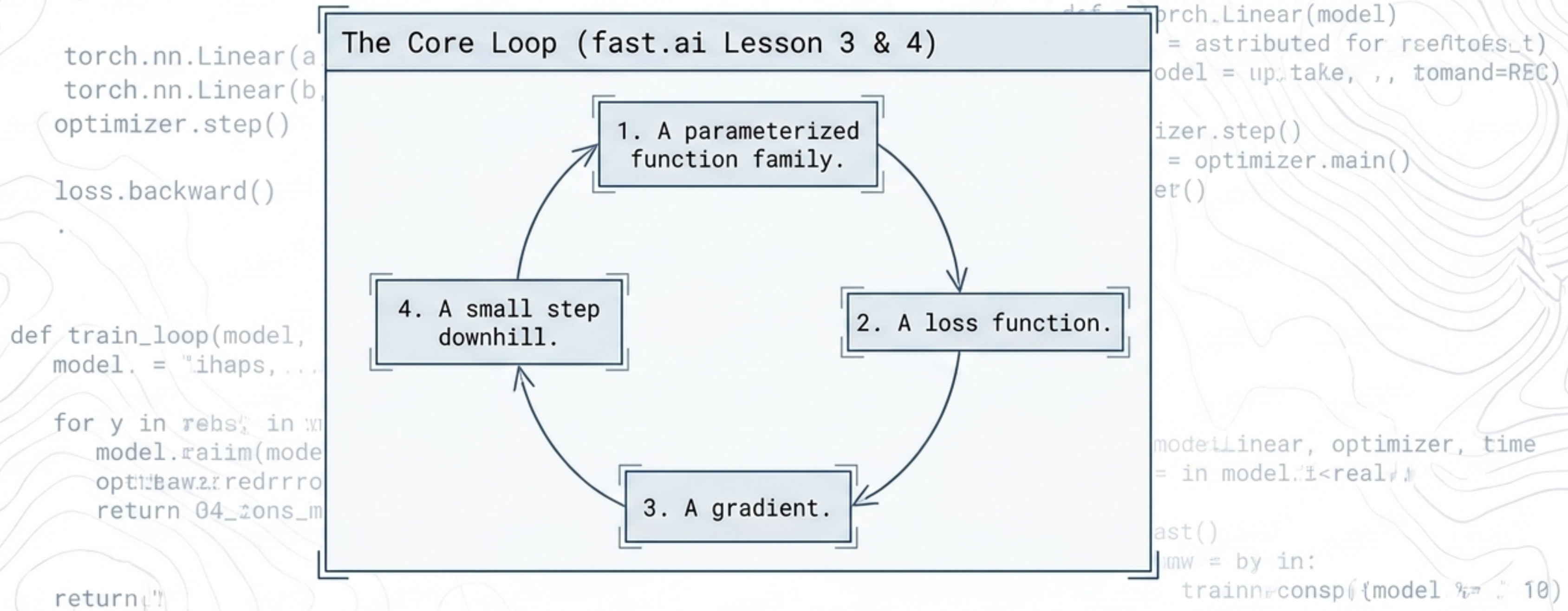


This scenario creates the largest drop in physician headcount, but relies on the slowest-moving variable: institutional legal change (early-to-mid 2030s).

The Builder's Action Plan: Transitioning from AI Consumer to Institutional Leader.

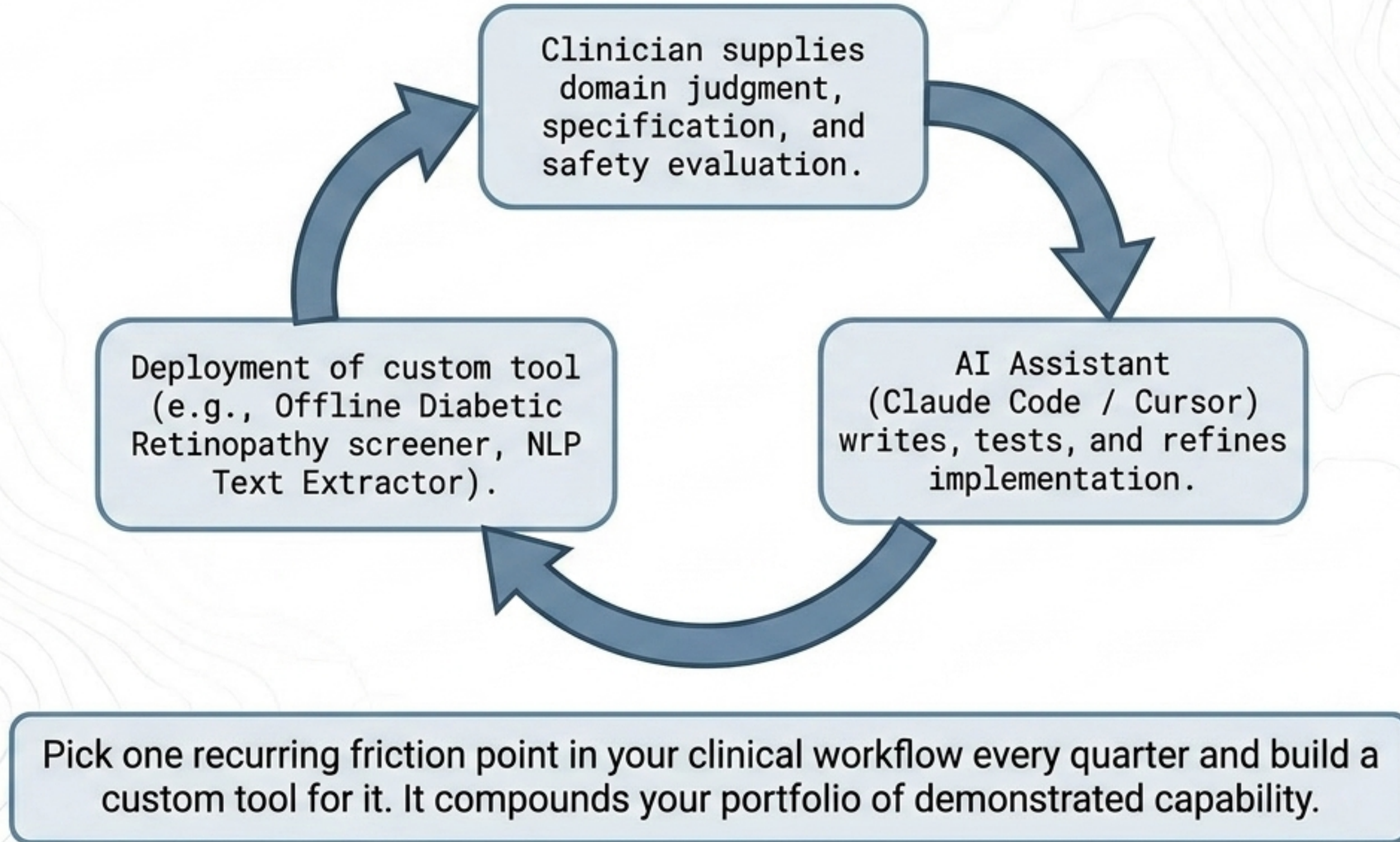


Step 1: Actually understand the mechanism. Open raw PyTorch.

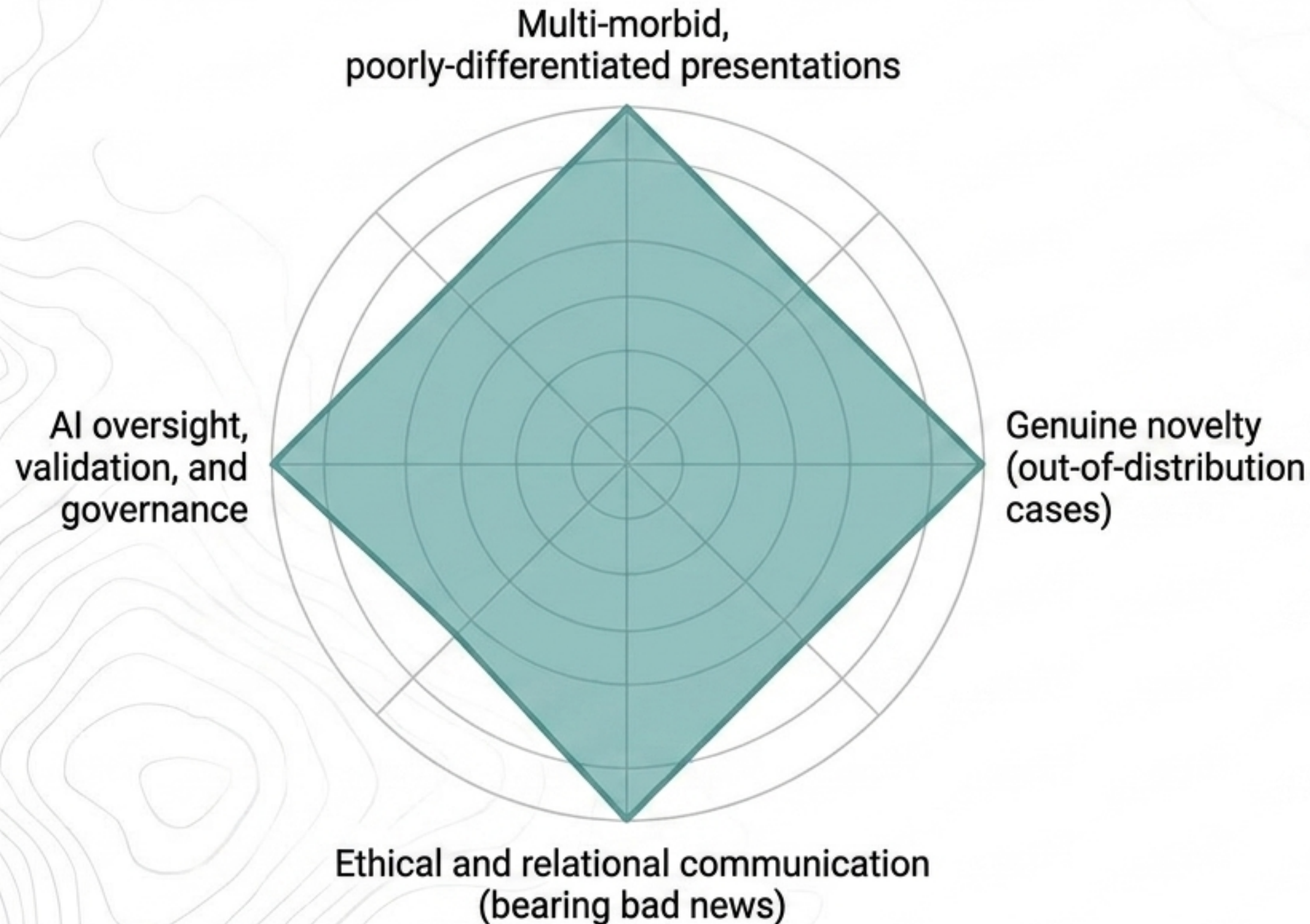


Every system—from Aidoc to SRT-H to AlphaFold—ultimately reduces to this loop.
Open 04_mnist_basics.ipynb and build an image classifier from scratch without library abstractions.

Step 2: Learn to vibe code as a clinician, not a hobbyist.



Step 3: Shift your practice toward the durably human.



Supporting Action

Diversify your economic base today.

Build a portfolio spanning clinical work, AI-adjacent teaching, and applied tool-building.

Step 4: Track the leading indicators, not the lagging headlines.

FDA Clearances



Track AI-device clearance counts by category for autonomous vs. assisted systems.

Anthropic Economic Index



Watch the quarterly healthcare theoretical exposure figures.

Entry-Level Hiring



Watch the pipeline into your specific specialty. Disruption hits the bottom of the ladder first.

The model is never the bottleneck. You are.



The actual bottleneck in every replacement scenario is the human who has to understand, validate, regulate, teach, and take legal responsibility for what the model does.

You have spent a career mastering difficult technical material. Point that exact same skill at the models. Transition from the displaced to the director.