Healthcare AI in Fall 2026: What Changed and Why It Matters | DR GPT™ #DRGPT Transcript

(Transcripts are generated by AI and may contain errors)

Introduction to AI and Longevity

Good morning everyone and welcome to Good morning everyone and welcome to signals and symptoms podcast and we are signals and symptoms podcast and we are going to be actually today talk about a going to be actually today talk about a lot more information of how AI is lot more information of how AI is changing the industry itself. Of course changing the industry itself. Of course my bestie and co-host uh Harvey Castro my bestie and co-host uh Harvey Castro is going to be presenting uh about is going to be presenting uh about longevity and I'm going to talk about longevity and I'm going to talk about what we call the new frontier of what we call the new frontier of calibrated decision making. It's a new calibrated decision making. It's a new class of large amate models. Just to class of large amate models. Just to remind everyone that you guys need to remind everyone that you guys need to follow uh my bestie on LinkedIn. He has follow uh my bestie on LinkedIn.

Reactive vs Proactive Medicine

He has been now officially a significant been now officially a significant influencer and his uh you should comment influencer and his uh you should comment on his post etc and learn from him on his post etc and learn from him because his uh approach to things is because his uh approach to things is very different and I just going like he very different and I just going like he says every time start with uh end in says every time start with uh end in mind walk backwards are the two things mind walk backwards are the two things that I'm actually teaching my whole team that I'm actually teaching my whole team now so um insane uh knowledge uh now so um insane uh knowledge uh fountain of knowledge I will let Harvey fountain of knowledge I will let Harvey start today with what he wants to start today with what he wants to present and in terms of AI, future of AI present and in terms of AI, future of AI and healthcare more specifically towards and healthcare more specifically towards longevity and then we'll move forward longevity and then we'll move forward with u my presentation and then go from with u my presentation and then go from there. So all righty well can you see there. So all righty well can you see the slides? Let me start them and the slides? Let me start them and slideshow. All right. Can you see them?

slideshow. All right. Can you see them? >> Yeah. Because I can't hear you. Uh I >> Yeah. Because I can't hear you. Uh I just want to make sure you guys just want to make sure you guys >> Yes, I can see them. But I want to make >> Yes, I can see them. But I want to make sure that everything sings sees a big.

sure that everything sings sees a big. So I'm going to remove myself from the So I'm going to remove myself from the stage. Well, actually we can both be stage. Well, actually we can both be here.

here. here. >> Yeah, we could be there. All right, >> Yeah, we could be there. All right, guys. So I I promise this will take like guys. So I I promise this will take like max 14 minutesish.

max 14 minutesish. And I'll start with saying what if the And I'll start with saying what if the emergency that you're going to have in emergency that you're going to have in the future has already started. And I the future has already started. And I just want to start with that statement.

just want to start with that statement. A lot of us have a lot of things going A lot of us have a lot of things going on in our bodies and we have no idea.

on in our bodies and we have no idea. And I want to present this to you and And I want to present this to you and look at this image. Basically, think of look at this image. Basically, think of it as as time moves forward, there's it as as time moves forward, there's things going on that are biological things going on that are biological drift. Think of it as your body has drift. Think of it as your body has started to decline. As you all know, started to decline. As you all know, when we were a lot younger, we didn't when we were a lot younger, we didn't care about sleep. We didn't

care about a care about sleep. We didn't care about a lot of things because we could just keep lot of things because we could just keep going. It didn't ba bother us. But now going. It didn't ba bother us. But now that we're older, certain things have that we're older, certain things have changed and that's that slow decline.

changed and that's that slow decline. And so as [clears throat] that slow And so as [clears throat] that slow decline continues, decline continues, one day that emergency will develop. And one day that emergency will develop. And unfortunately, as an ER doctor, I see unfortunately, as an ER doctor, I see this all the time. And I want to plant this all the time. And I want to plant the seed. There's people out there that the seed. There's people out there that you know that know exactly what reactive you know that know exactly what reactive [clears throat] [clears throat] [clears throat] medicine is. And on the other side, medicine is. And on the other side, you've met people that are a good you've met people that are a good example of proactive medicine. I'm going example of proactive medicine. I'm going to plant that seed and give you a quick to plant that seed and give you a quick story of that. Now, story of that. Now, when we look at it, reactive medicine to when we look at it, reactive medicine to me unfortunately relates to my dad. My me unfortunately relates to my dad. My dad died in his early 50s and now that dad died in his early 50s and now that I'm in around his age, I'm thinking, "Oh I'm in around his age, I'm thinking, "Oh my gosh, my dad died of a heart attack." my gosh, my dad died of a heart attack." But what's the difference between him But what's the difference between him and I? Unfortunately, he had that drift and I? Unfortunately, he had that drift going on. He had many things going on in going on. He had many things going on in one day that emergency came with no one day that emergency came with no symptoms prior and he had a heart attack symptoms prior and he had a heart attack and unfortunately died.

and unfortunately died. To me my mother represents proactive To me my mother represents proactive medicine. She had cancer. She was medicine. She had cancer. She was teaching someone how to do ultrasound teaching someone how to do ultrasound and by chance she caught a nodule early and by chance she caught a nodule early and then when they do did a biopsy they and then when they do did a biopsy they actually found two different independent actually found two different independent cancers. because they caught it so cancers. because they caught it so early, they were able to react, treat, early, they were able to react, treat, and 20 plus years later, she's alive.

and 20 plus years later, she's alive. Now, I share that story because if our Now, I share that story because if our mentality is so used to that reactive mentality is so used to that reactive medicine, then maybe at best you're medicine, then maybe at best you're going to get you're going to lose uh going to get you're going to lose uh years. But on the opposite side, if years. But on the opposite side, if you're doing more of that proactive, you're doing more of that proactive, you're going to be adding years to your you're going to be adding years to your life. Now, a lot of people are like, life. Now, a lot of people are like, "Well, Harvey, I don't have a lot of "Well, Harvey, I don't have a lot of money to extend my life." And I'm like, money to extend my life." And I'm like, there's so many things that we can do there's so many things that we can do that is totally free. And so, the reason that is totally free. And so, the reason I wanted to share this is because it's I wanted to share this is because it's more of that public service more of that public service announcement. How can we help humanity?

announcement. How can we help humanity? And here it is, the first slide, the And here it is, the first slide, the first real slide. first real slide.

Key Longevity Biomarkers and Habits

There's something called the V2 max. There's something called the V2 max. Some of you guys know what it is, Some of you guys know what it is, physicians and whatnot, but let's just physicians and whatnot, but let's just call it the ability of your body to call it the ability of your body to extract oxygen. And we measure it during extract oxygen. And we measure it during exercise. So, think about it. If your exercise. So, think about it. If your body's working hard, how well can it body's working hard, how well can it extract oxygen? And the better, more extract oxygen? And the better, more efficient your body is, the better your efficient your body is, the better your health. And now, this part is crazy.

health. And now, this part is crazy. If your V2 max gets better and better by If your V2 max gets better and better by improving it alone, say you had a very improving it alone, say you had a very I'm not in great shape, so my V2 max

I'm not in great shape, so my V2 max isn't the greatest. Well, it's isn't the greatest. Well, it's equivalent. If I could just fix it, it's equivalent. If I could just fix it, it's better than the risk that I'm doing better than the risk that I'm doing smoking, cardiovascular, smoking, cardiovascular, diabetes, diabetes, diabetes, heart disease. Think about that. Just V2 heart disease. Think about that. Just V2 max, just fixing that alone is better max, just fixing that alone is better than fixing your diabetes. Now, I'm not than fixing your diabetes. Now, I'm not saying just fix this and forget about saying just fix this and forget about your diabetes. No, I'm just saying your diabetes. No, I'm just saying that's how strong this factor is. Now, I that's how strong this factor is. Now, I worked in a health food store when I was worked in a health food store when I was a kid. That was my first job. Had my own a kid. That was my first job. Had my own AI AI, my own vitamin subscription AI AI, my own vitamin subscription program. And fast forward, I eventually program. And fast forward, I eventually had my own heart vitamin formula. So, had my own heart vitamin formula. So, I'm really into supplements. So, they I'm really into supplements. So, they did this study and they studied 91 uh did this study and they studied 91 uh compounds. And of them, how many of compounds. And of them, how many of those 91s actually work? We hear about those 91s actually work? We hear about it all the time. Well, everybody in the it all the time. Well, everybody in the chat, if you want, put in a quick number chat, if you want, put in a quick number or if not, put it in your mind. Now, of or if not, put it in your mind. Now, of the 91 tested, 21 of them worked. And the 91 tested, 21 of them worked. And but here's the thing in humans at that but here's the thing in humans at that time, there were zero that were proven.

time, there were zero that were proven. So, that's 35 34% that it worked on So, that's 35 34% that it worked on mice. Now granted, maybe it does work on mice. Now granted, maybe it does work on humans, but for this study, it basically humans, but for this study, it basically said none of this was working. Now, I said none of this was working. Now, I no, I uh convinced my doctor to put me no, I uh convinced my doctor to put me on metformin, not because I have on metformin, not because I have diabetes, not because of anything else, diabetes, not because of anything else, but I had seen some studies on but I had seen some studies on longevity, on uh dementia, and I longevity, on uh dementia, and I wanted to start this medication. I mean, I did to start this medication. I mean, I did it years ago.

it years ago. >> Leveraging AI. >> Leveraging AI. >> Love it. Harvey, uh, I just want to >> Love it. Harvey, uh, I just want to bring that. Uh, so Metformin is one of bring that. Uh, so Metformin is one of those medications that I think should be those medications that I think should be in the water like fluoride for our in the water like fluoride for our teeth.

teeth. teeth. >> U, the amount of benefits that that >> U, the amount of benefits that that simple medication brings in simple medication brings in >> is insane. From kidney protection to >> is insane. From kidney protection to retinal protection to it's just Thank retinal protection to it's just Thank you for saying that. I appreciate it.

you for saying that. I appreciate it. Sorry, keep going. Sorry, keep going. >> No, you're good, buddy. And you'll love >> No, you're good, buddy. And you'll love this, my friend. Uh, I created my this, my friend. Uh, I created my digital twin and we've talked about it digital twin and we've talked about it in prior shows, but basically it's my in prior shows, but basically it's my genetics, my labs, my wearables, all of genetics, my labs, my wearables, all of me, my daily practice, my schedule, my me, my daily practice, my schedule, my emails, all of it into me. Then I do an emails, all of it into me. Then I do an AI agent that creates a longevity AI agent that creates a longevity scoreboard is scraping the internet, scoreboard is scraping the internet, scraping clinical trials, scraping scraping clinical trials, scraping PubMed, and then saying, "Okay, here are PubMed, and then saying, "Okay, here are the factors that are clinically proven.

the factors that are clinically proven. Let's put it on top of Harvey's data." Let's put it on top of Harvey's data." And then I get these dashboards to tell And then I get these dashboards to tell me what I should or shouldn't do. With me what I should or shouldn't do. With that said, you're like, "Well, Harvey, I that said, you're like, "Well, Harvey, I I don't have all that." But keep I don't have all that." But keep listening to this conver conversation listening to this conver conversation because you're going to be shocked. Even because you're going to be shocked. Even though I have all that information, though I have all that information, there's another study that shows that there's another study that shows that the handshake, the muscles in your body, the handshake, the muscles in your body, not having muscle is a mortality test.

not having muscle is a mortality test. I'm sure some of you guys have heard of I'm sure some of you guys have heard of the monkey bars or holding on and that the monkey bars or holding on and that grip strength and depending on your age grip strength and depending on your age and male female how long you can uh hold and male female how long you can uh hold it will determine your longevity. Bottom it will determine your longevity. Bottom line is this. I'm not saying all of us line is this. I'm not saying all of us have to be bodybuilders. I'm just saying have to be bodybuilders. I'm just saying the more muscle mass you have the the more muscle mass you have the better. And not just where it is. If you better. And not just where it is. If you have it, it's where it is. They've done have it, it's where it is. They've done other studies that if it's in your legs, other studies that if it's in your legs, it actually increases your lifespan.

it actually increases your lifespan. Why? I know a lot of doctors and people Why? I know a lot of doctors and people are asking it has to do with your core are asking it has to do with your core with your balance. As we know as an ear with your balance. As we know as an ear doctor I see people that fall and if doctor I see people that fall and if they break their hips unfortunately they break their hips unfortunately those people end up dying 6 months to 12 those people end up dying 6 months to 12 months later. So having strong loss months later. So having strong loss muscle the idea is your balance is muscle the idea is your balance is better. You're less likely to fall and better. You're less likely to fall and All right. Now, the next one I was All right. Now, the next one I was presenting to a men's group and that's presenting to a men's group and that's why it says brotherhood, but basically why it says brotherhood, but basically it's the ability to have this it's the ability to have this friendship, the ability to have this, friendship, the ability to have this, let's just call it brotherhood. So, Jana let's just call it brotherhood. So, Jana and I are good friends. We check on each and I are good friends. We check on each other. We see how we're doing. Not other. We see how we're doing. Not just so much business, but hey, how how are so much business, but hey, how how are the kids doing? How's your wife? How's the kids doing? How's your wife? How's life? That, believe it or not, having life? That, believe it or not, having that person doesn't have to be a female.

that person doesn't have to be a female. could be a male or the opposite sex if could be a male or the opposite sex if anyone's listening out there will anyone's listening out there will determine. So to me it's really determine. So to me it's really important as we age and at all times to important as we age and at all times to have that community. So instead of have that community. So instead of brotherhood just call it the community brotherhood just call it the community biomarker. So make sure you have those biomarker. So make sure you have those ties. Make sure you are calling that ties. Make sure you are calling that person. Now the other one is kind of person. Now the other one is kind of interesting. This has been studied guys interesting. This has been studied guys and women. I'm from the east coast.

and women. I'm from the east coast. Having purpose is so important. Having Having purpose is so important. Having the ability to know that you're doing the ability to know that you're doing something actually helps your mortality.

something actually helps your mortality. And I share this because often we do And I share this because often we do hear of individuals out there that hear of individuals out there that were working, then all of a sudden they were working, then all of a sudden they retire and we're like, man, this person retire and we're like, man, this person was in solid shape and six months later, was in solid shape and six months later, year later, they're dead. My argument year later, they're dead. My argument is, is their purpose gone? Is that is, is their purpose gone? Is that retirement really taking away that retirement really taking away that purpose?

purpose? purpose? So me for me I put that picture with the So me for me I put that picture with the kid because you could still be teaching kid because you could still be teaching and I'm going to encourage people out and I'm going to encourage people out there to mentor other people.

there to mentor other people. So I made this quick uh scan So I made this quick uh scan opportunity. So number one, let's see. opportunity. So number one, let's see.

My favorite phrase is we don't know what My favorite phrase is we don't know what we don't know. So let's look at our we don't know. So let's look at our wearables, our HRV, our sleep, our blood wearables, our HRV, our sleep, our blood pressure, our V2 max. I'm not saying pressure, our V2 max. I'm not saying spend all this money to go get

a V2 max, spend all this money to go get a V2 max, but Apple Watch gives you a guesstimate but Apple Watch gives you a guesstimate guesstimate, but at least you can trend.

guesstimate, but at least you can trend. Are you getting better? You're getting Are you getting better? You're getting worse. Obviously from someone like me, worse. Obviously from someone like me, check my lipids, check my insulin levels check my lipids, check my insulin levels to make sure they're okay. But depending to make sure they're okay. But depending on you, your doctor will tell you. The on you, your doctor will tell you. The next one, connect that earlier slide.

next one, connect that earlier slide. Let's make sure that we're using that Let's make sure that we're using that community. But then on top of that, community. But then on top of that, let's leverage AI to connect us to know let's leverage AI to connect us to know what we don't know to look at that what we don't know to look at that earlier slide of saying the HRV, the earlier slide of saying the HRV, the sleeve, the V2, and then how does that sleeve, the V2, and then how does that relate to the human and how does that relate to the human and how does that help us? So use those signals like our help us? So use those signals like our podcast is one. Next, navigate.

podcast is one. Next, navigate. Can we bring uh these organized trends Can we bring uh these organized trends to your clinician who knows the to your clinician who knows the guardrails to understand the medicine to guardrails to understand the medicine to put it together? So we need to make sure put it together? So we need to make sure that we have someone that knows heart that we have someone that knows heart medicine. I I love AI, but make sure medicine. I I love AI, but make sure that that at the end of the day, it's that that at the end of the day, it's that human in the loop, that physician, that human in the loop, that physician, the right person to tell you how to the right person to tell you how to navigate. And then the last is quick.

navigate. And then the last is quick. It's simple. It's just act. We know what It's simple. It's just act. We know what we have to do, but are we doing it? Are we have to do, but are we doing it? Are you taking the time? Did you sleep last you taking the time? Did you sleep last night? Did you rest? Did you work? And night? Did you rest? Did you work? And again, did you work out? To me, it's again, did you work out? To me, it's it's very different. I tell my mom, it's very different. I tell my mom, "Hey, mom, when you work out, it's just "Hey, mom, when you work out, it's just a simple walk. You don't have to a simple walk. You don't have to literally go in my opinion for her." And literally go in my opinion for her." And now, as we move forward, I want you to now, as we move forward, I want you to know one thing. If I take a picture of know one thing. If I take a picture of your lab, that's just a photography.

your lab, that's just a photography. Just one second. But it's about the Just one second. But it's about the film. It's about the trends. It's about film. It's about the trends. It's about looking at the whole movie and seeing looking at the whole movie and seeing what are you doing to make it better.

what are you doing to make it better. So, here's the money slide, guys. Now, So, here's the money slide, guys. Now, when you ask me, do I have money to do when you ask me, do I have money to do stuff? I'm personally putting myself on stuff? I'm personally putting myself on zone two. Basically, think of your heart zone two. Basically, think of your heart rate. Uh there's a a heart rate max and rate. Uh there's a a heart rate max and a low and you want to be in there's some a low and you want to be in there's some studies that say you want to be in zone studies that say you want to be in zone two. Take it for what it's worth. That two. Take it for what it's worth. That this not medical advice. This is just me this not medical advice. This is just me telling you what I do. Second, try to telling you what I do. Second, try to get more protein. 1.2 to 1.6 uh grams get more protein. 1.2 to 1.6 uh grams per kilogram per day. Now, I know some per kilogram per day. Now, I know some of the guys that are big bodyblers, of the guys that are big bodyblers, they're doing more like two. Like my they're doing more like two. Like my son, he's not really big guy, but he is son, he's not really big guy, but he is going for two. Next, lift. Now, that's going for two. Next, lift. Now, that's that whole muscle thing that I told you.

that whole muscle thing that I told you. I told you about the legs. And then I told you about the legs. And then lifting. Again, it's not like you have lifting. Again, it's not like you have to lift your body max, your whole to lift your body max, your whole weight. No, it's just lifting. Lifting weight. No, it's just lifting. Lifting more today than you did a year ago is more today than you did a year ago is better. I'm not saying again go overly better. I'm not saying again go overly crazy, run it by your doctor. The next crazy, run it by your doctor. The next one's really interesting. Now, I

know one's really interesting. Now, I know this one is could be an expense, but this one is could be an expense, but there are some really good studies on there are some really good studies on sauna. If you could do it four times a sauna. If you could do it four times a week, 15 20 minutes a day, believe it or week, 15 20 minutes a day, believe it or not, that can help your cardiovascular not, that can help your cardiovascular system. And they have done studies that system. And they have done studies that these individuals are living longer.

these individuals are living longer. Kind of crazy. The last um or second to Kind of crazy. The last um or second to last is I'm pretty bad sleep. They say last is I'm pretty bad sleep. They say seven to eight hours. I try to always be seven to eight hours. I try to always be consistent and that is my personal goal.

consistent and that is my personal goal. Now on the walking they everyone's heard Now on the walking they everyone's heard of the 10,000 steps but there's studies of the 10,000 steps but there's studies out there that say actually 7,500 steps out there that say actually 7,500 steps is the threshold. All of these things on is the threshold. All of these things on this slide you don't need a prescription this slide you don't need a prescription and they're proven to help you live and they're proven to help you live longer. Let me next slide.

longer. Let me next slide. This is I'm almost done guys on this This is I'm almost done guys on this next one. So so important again I just next one.

Community, Purpose, and Daily Health Practices

So so important again I just want to review trending more than u snap want to review trending more than u snap picture your cholesterol one time is not picture your cholesterol one time is not the issue is this going in the right the issue is this going in the right direction hemoglobin agency etc love it direction hemoglobin agency etc love it that uh preventative medicine is going that uh preventative medicine is going to be part and parcel and then most to be part and parcel and then most importantly that he suggested like there importantly that he suggested like there are three things that we need to do and are three things that we need to do and in neurology by the way just to give you in neurology by the way just to give you a little bit of context in terms of a little bit of context in terms of sleep I mean uh one of the things I talk sleep I mean uh one of the things I talk about migraine care is sleep sleep sleep about migraine care is sleep sleep sleep I tell them, I cannot fix your migraine I tell them, I cannot fix your migraine until you fix your sleep because at the until you fix your sleep because at the end of the day, it's all about your end of the day, it's all about your migraine headaches are going to come migraine headaches are going to come back significantly without us actually back significantly without us actually doing anything. I cannot do anything, no doing anything. I cannot do anything, no matter 20 medications I use. So, thank matter 20 medications I use. So, thank you so much. I think this is so you so much. I think this is so important.

important. important. >> Cool. Couple two more slides, I think, >> Cool. Couple two more slides, I think, and we're almost done. The next is write and we're almost done. The next is write a letter and then don't just send it to a letter and then don't just send it to that love person, read it to them. It's that love person, read it to them. It's important to be able to communicate. It important to be able to communicate. It goes back to that whole community and goes back to that whole community and then I want to leave you with these then I want to leave you with these things. So let's look for one signal.

things. So let's look for one signal. What is the one signal that you're What is the one signal that you're ignoring? He just mentioned sleep for ignoring? He just mentioned sleep for migraines. Another one against alo for migraines. Another one against alo for sleep is if you're trying to lose weight sleep is if you're trying to lose weight and you're not sleeping, you will and you're not sleeping, you will actually gain weight and there's actually gain weight and there's hormones and things and it'll explain hormones and things and it'll explain that to you. So look for that signal and that to you. So look for that signal and think about it. Which one am I ignoring?

think about it. Which one am I ignoring? The next one, habit. What is one boring The next one, habit. What is one boring thing you already know you should know thing you already know you should know you should be doing? We all know stuff you should be doing? We all know stuff that like, yeah, yeah, yeah, I need to that like, yeah, yeah, yeah, I need to eat my vegetable. Yeah, yeah, yeah. I eat my vegetable. Yeah, yeah, yeah. I got to do that. Just find one habit that got to do that. Just find one habit that you're not doing and make it a habit.

you're not doing and make it a habit. The next one question, The next one question, who do you want to still be capable of who do you want to still be capable of showing up for? Meaning for me, I want showing up for? Meaning for me, I want to be that grandpa when I'm whatever age to be that grandpa when I'm whatever age taking my kid to dis my grandkid and taking my kid to dis my grandkid and grandkids to Disney World. I'm blessed grandkids to Disney World. I'm blessed that my grandfather is still alive and that my grandfather is still alive and I'm thinking, man, I want to be so I'm thinking, man, I want to be so [clears throat] strong that I can still [clears throat] strong that I can still walk. I just a couple years ago I took walk. I just a couple years ago I took him to on to a cruise ship and I was him to on to a cruise ship and I was shocked. Grandpa walked up and down. I shocked. Grandpa walked up and down. I was trying to carry his bags. He was was trying to carry his bags. He was like, "No, I got this and I want to be like, "No, I got this and I want to be like my grandpa. So, what do you want to like my grandpa. So, what do you want to do in the future?" And I want to end do in the future?" And I want to end with this. The best emergency is the one with this. The best emergency is the one that never comes. So, let's build these that never comes. So, let's build these years. Let's do our best to get to that years. Let's do our best to get to that >> Wow. Thank you so much, uh, Harvey. This >> Wow. Thank you so much, uh, Harvey. This is so important. By the way, just to let is so important.

AI, AGI, and the Shift to Machine-Focused Models

By the way, just to let you know, um, I just bought myself, uh, you know, um, I just bought myself, uh, some new shoes. Uh, these are Nike. some new shoes. Uh, these are Nike.

While you walk, it it massages your While you walk, it it massages your foot. foot. foot. >> Because, uh, I don't know if if people >> Because, uh, I don't know if if people knew that, but I am actually a diabetic.

knew that, but I am actually a diabetic. And this actually is very important your And this actually is very important your foot care as well while you walk uh foot care as well while you walk uh because that's important to understand because that's important to understand what your limits are and as he suggested what your limits are and as he suggested don't overdo it but make sure you do don't overdo it but make sure you do something and then that's uh basically something and then that's uh basically understanding that this is a journey not understanding that this is a journey not a destination and this is something that a destination and this is something that we need to move forward with. So I'm we need to move forward with. So I'm very grateful Harvey that you presented very grateful Harvey that you presented this and uh not being a little u you this and uh not being a little u you know sexist but at the end of the day know sexist but at the end of the day men suck at this. No offense. Uh men suck at this. No offense. Uh [laughter] [laughter] [laughter] so we as uh as as physicians actually so we as uh as as physicians actually men's health is extremely important.

men's health is extremely important. It's very known like men die sooner than It's very known like men die sooner than women and the reason is that that u you women and the reason is that that u you know they actually have a habitual sort know they actually have a habitual sort of issues not that you know uh anything of issues not that you know uh anything else. So even though women actually do else. So even though women actually do child birth and so many things, they child birth and so many things, they still end up living more [laughter] still end up living more [laughter] which is insane uh if you look at it uh which is insane uh if you look at it uh in in the grand scheme of things. Uh in in the grand scheme of things. Uh thank you so much. Uh I'm going to uh thank you so much. Uh I'm going to uh present today something very two things present today something very two things that are interesting and I have decided that are interesting and I have decided that I'm going to deep dive into some of that I'm going to deep dive into some of those things rather than just basically those things rather than just basically shout out a whole uh bas process and shout out a whole uh bas process and then there has been two in my opinion um then there has been two in my opinion um essentially what I call massive shifts essentially what I call massive shifts in the industry. Uh so one of the things in the industry. Uh so one of the things that I want to go ahead and tell you that I want to go ahead and tell you about is essentially benchmark as a about is essentially benchmark as a teacher. Now the core point is that that teacher. Now the core point is that that we want to do medical research and that we want to do medical research and that the idea behind it is that and if you the idea behind it is that and if you have seen some of these posts that Astra have seen some of these posts that Astra and now Opus 5.5 we are actually and now Opus 5.5 we are actually entering what we call AGI entering what we call AGI AGI is defined in so many ways basically AGI is defined in so many ways basically artificial general intelligence what is artificial general

intelligence what is the core thing and then why is everyone the core thing and then why is everyone freaking scared about it just to let you freaking scared about it just to let you know I don't think so there's a scare know I don't think so there's a scare point I think this is all hoopla and the point I think this is all hoopla and the idea is that give me a trillion idea is that give me a trillion for Opus IPO and OpenAI IPO and then for Opus IPO and OpenAI IPO and then honestly at the end of the day the honestly at the end of the day the freaking that they're trying to freaking that they're trying to do in my opinion is a little is do in my opinion is a little is just not let open source take over piece just not let open source take over piece of their meal. So I think what they're of their meal. So I think what they're doing is getting the out of doing is getting the out of everyone and then basically through everyone and then basically through government process ensuring that government process ensuring that opensource is not no longer part and opensource is not no longer part and parcel of US industry which basically parcel of US industry which basically protects them from a US industry protects them from a US industry perspective and then more importantly perspective and then more importantly the whole stack then develops on their the whole stack then develops on their technologies which by the way I technologies which by the way I completely agree and it's important but completely agree and it's important but I I need to I need the frontier labs in I I need to I need the frontier labs in US which is essentially five of them US which is essentially five of them open AI I open uh OpenAI, Anthropic, open AI I open uh OpenAI, Anthropic, Google, Meta and um you know essentially Google, Meta and um you know essentially now I believe Apple is also part and now I believe Apple is also part and parcel of it and you're going to see parcel of it and you're going to see some of the things coming through them some of the things coming through them but anyways um long story short this is but anyways um long story short this is the core issue that we're talking about the core issue that we're talking about self- evvolving medical research agents self- evvolving medical research agents now if you do self-evolving then the po now if you do self-evolving then the po point is that that essentially what point is that that essentially what you're building is AGI because there's you're building is AGI because there's no problem that cannot be solved now I'm no problem that cannot be solved now I'm going to remind you about the going to remind you about the I think I discussed that before that why I think I discussed that before that why are we so concentrated on building are we so concentrated on building software and coding agent well number software and coding agent well number one was the money part right this is one was the money part right this is clearly defined archite you know market clearly defined archite you know market that is actually making billions so they that is actually making billions so they went ahead and do that but more went ahead and do that but more importantly what they were able to do is importantly what they were able to do is and what I'm doing on a regular basis is and what I'm doing on a regular basis is that I'm actually going and creating that I'm actually going and creating software to solve a problem rather than software to solve a problem rather than solving a problem directly with AI and solving a problem directly with AI and the reason behind it is that that I can the reason behind it is that that I can code it so much better in terms of code it so much better in terms of decisions in terms of architecture in decisions in terms of architecture in terms of inputs and outputs and terms of inputs and outputs and everything. So that is where the core everything. So that is where the core change is happening in the industry change is happening in the industry which is AGI and the main thing about which is AGI and the main thing about the AGI is self evolving and the minute the AGI is self evolving and the minute you get into self- evolving then you're you get into self- evolving then you're actually into a bigger and different actually into a bigger and different territory. The other stuff I'm not going territory. The other stuff I'm not going to comment on it. Um I think me and to comment on it. Um I think me and Harvey is going to do one more deep dive Harvey is going to do one more deep dive into it. This was very interesting. This into it. This was very interesting. This is interesting is benchmark as a is interesting is benchmark as a teacher. So this is basically think of teacher. So this is basically think of benchmark in software terms as a benchmark in software terms as a clinical trial outcomes.

clinical trial outcomes. So there's a primary outcome, there's a So there's a primary outcome, there's a secondary outcome and we have clinical secondary outcome and we have clinical trials in the software language. That is trials in the software language. That is basically the benchmarks. Hey this is basically the benchmarks. Hey this is you know the benchmark uh data set.

you know the benchmark uh data set. These are the outputs that are defined These are the outputs that are defined and therefore you need to learn you need and therefore you need to learn you need to go back and do experiments and that's to go back and do experiments and that's exactly what they're doing and this is exactly what they're doing and this is again for us is not new. It's it's again for us is not new. It's it's amazing RV look at that like for example amazing RV look at that like for example we have been doing clinical trials and we have been doing clinical trials and then we go first define the primary then we go first define the primary outcome secondary

outcome and then go outcome secondary outcome and then go back and say if this medicine or this back and say if this medicine or this intervention or this device is going to intervention or this device is going to work and that's exactly what they're work and that's exactly what they're doing. They're using the benchmark doing. They're using the benchmark essentially as a teacher what they're essentially as a teacher what they're calling it but end of the day they're calling it but end of the day they're literally using what Harvey uses all the literally using what Harvey uses all the time walking backwards when you time walking backwards when you understand this then you actually go understand this then you actually go ahead and walk backwards then you can ahead and walk backwards then you can have the training data you can have the have the training data you can have the you know um where did I go uh huh there you know um where did I go uh huh there it is leaderboard autobench medbench is it is leaderboard autobench medbench is essentially auto research you online essentially auto research you online overnight by the way save life AI has overnight by the way save life AI has now its own GPUs and we're going to be now its own GPUs and we're going to be releasing this. We're going to build our releasing this. We're going to build our own AGI too now because the GPU was the own AGI too now because the GPU was the major issue that we were having trouble major issue that we were having trouble with. Uh so we are actually looking at with. Uh so we are actually looking at this moving forward. Can everyone see this moving forward. Can everyone see and hear me? For some reason, one of my and hear me? For some reason, one of my lights went off. I have no idea. lights went off. I have no idea. There's a ghost.

a ghost. >> I see you. Great. Yeah. Yeah, you're >> I see you. Great. Yeah. Yeah, you're good, man. good, man. >> Okay. So, that was a major shift in the >> Okay. So, that was a major shift in the industry as a whole. And this is industry as a whole. And this is something that uh is was very something that uh is was very interesting that where auto which is interesting that where auto which is again an auto research and we can talk again an auto research and we can talk about this uh one of these days it is about this uh one of these days it is already running in our system uh through already running in our system uh through what we're doing and this cycle is doing what we're doing and this cycle is doing very much a second big change in the very much a second big change in the industry that happened and I don't know industry that happened and I don't know Harvey you might have seen a lot of Harvey you might have seen a lot of posts about it which is basically the posts about it which is basically the Jev model Jev model was essentially Jev model Jev model was essentially released by type safe AI and types safe released by type safe AI and types safe AI I basically created what we call AI I basically created what we call system one model. The system one model system one model. The system one model is uh is the idea behind it is that that is uh is the idea behind it is that that we have two ways of thinking the slow we have two ways of thinking the slow thinking and the fast thinking. And what thinking and the fast thinking. And what they said that that we don't want in they said that that we don't want in terms of agentic AI terms of agentic AI LLM producing a lot of language which LLM producing a lot of language which another LLM has to read in context and another LLM has to read in context and everything. What you need to do is you everything. What you need to do is you need to push an outcome and that's need to push an outcome and that's exactly what we have been looking at in exactly what we have been looking at in terms of moving forward at how outcomes terms of moving forward at how outcomes work. So let me go through this today so work. So let me go through this today so that everyone understand. Um type safe that everyone understand. Um type safe AI gem model is basically you have AI gem model is basically you have choices you have score and new basically choices you have score and new basically probability and you push that input.

probability and you push that input. This is the questions and then when you This is the questions and then when you push that input into it you get a push that input into it you get a decision basically not a text or output decision basically not a text or output image anything. They only suggest that image anything. They only suggest that okay this is what you expect and this is okay this is what you expect and this is actually the probability of it. And the actually the probability of it. And the beauty of that is that it's highly beauty of that is that it's highly superbly insanely fast and insanely superbly insanely fast and insanely cheap. And that is where the core cheap. And that is where the core benefit comes in when we're talking benefit comes in when we're talking about this. Um so language models are about this. Um so language models are great. They are actually the problem great. They are actually the problem with the language models is that they with the language models is that they were already trained for what RLHF were already trained for what RLHF reinforcement learning through human reinforcement learning through human feedback. So the core goal was to to feedback. So the core goal was to to basically you know h to please the basically you know h to please the humans with the text. However when you humans with the text. However when you are looking to use these as a backend are looking to use these as a backend software to

run basically software software to run basically software itself you don't need language to please itself you don't need language to please me. You need decisions to please the me. You need decisions to please the machine. Do you understand the shift machine. Do you understand the shift completely? So that's just huge completely? So that's just huge difference as we're looking at in terms difference as we're looking at in terms of basically honestly uh this is again of basically honestly uh this is again this is another thing that people are this is another thing that people are worried about as we're moving towards worried about as we're moving towards this at this again at the speed of light this at this again at the speed of light unfortunately is that that we are unfortunately is that that we are basically now officially making models basically now officially making models not for humans but for machines not for humans but for machines themselves. You see the whole thing is themselves. You see the whole thing is second program parse validate normalize second program parse validate normalize valid JSON and then it goes back to the valid JSON and then it goes back to the machine itself. So the machine is now machine itself. So the machine is now building models for machine and this is building models for machine and this is where it is and that the whole core was where it is and that the whole core was that that system one thinking and the that that system one thinking and the system two thinking. System two is system two thinking. System two is basically um uh system one thinking is basically um uh system one thinking is essentially high fast parallel decisions essentially high fast parallel decisions move on make choices so you deliver fast move on make choices so you deliver fast at 70 and 30 millconds. Not to mention at 70 and 30 millconds. Not to mention of course we have the current frontier of course we have the current frontier models can be decide can be uh explained models can be decide can be uh explained as system two thinking. You have the as system two thinking. You have the right the same way you add a text you right the same way you add a text you prompt it then you get a response then prompt it then you get a response then you have a string and then you know all you have a string and then you know all of that goes so this is again remains to of that goes so this is again remains to be important for natural language be important for natural language processing and system one I'm going to processing and system one I'm going to take a break for one second and I just take a break for one second and I just want to make you understand what is want to make you understand what is going on and why so we talked about um going on and why so we talked about um you know um self-improving which is then you know um self-improving which is then it becomes AGI then we talked about new it becomes AGI then we talked about new frontier models made for not humans but frontier models made for not humans but machines and then let's talk about the machines and then let's talk about the last big thing. So what is the last big last big thing. So what is the last big shift? The last big shift is essentially shift? The last big shift is essentially that what we are moving towards when we that what we are moving towards when we combine these two when you're writing combine these two when you're writing models for machines themselves and then models for machines themselves and then there is self-improving you're basically there is self-improving you're basically becoming what we call a recursive system becoming what we call a recursive system that improves significantly and this is that improves significantly and this is why I say when I talk about like why why I say when I talk about like why frontier labs are going towards this frontier labs are going towards this I don't know fear tactics to actually I don't know fear tactics to actually ensure because now the loop is crazy ensure because now the loop is crazy because the minute you machine itself because the minute you machine itself has an LLM to improve itself. Now you has an LLM to improve itself. Now you are truly entering the AGI age. I mean are truly entering the AGI age. I mean we're not at AGI but without a doubt we we're not at AGI but without a doubt we are entering the AGI age. So that's why are entering the AGI age. So that's why I just wanted to explain that further I just wanted to explain that further why this is becoming um you know a why this is becoming um you know a concern for uh some people and again if concern for uh some people and again if you don't own the stack in US which is you don't own the stack in US which is very important we're going to be we're very important we're going to be we're going to have a bigger problem and then going to have a bigger problem and then of course if you're going to go for u of course if you're going to go for u non- US systems then it's going to be a non- US systems then it's going to be a bigger issue not if you're going to be bigger issue not if you're going to be able to basically like we have been able to basically like we have been exporting technology for the past 40 exporting technology for the past 40 years and making money out of it. US is years and making money out of it. US is making money out of it and this is making money out of it and this is becoming basically the China problem as becoming basically the China problem as well. Um, well. Um, so Jev becomes the system one, Frontiers so Jev becomes the system one, Frontiers becomes the system two. And again, becomes the system two. And again, here's the whole part. The input price here's the whole part. The input price is the main thing, but the output is the main thing, but the output becomes free.

becomes free. And then this is insane amount of money And then this is insane amount of money that you're going to push. People have that you're going to push. People have done it. I'm going to show you a lot of done it. I'm

going to show you a lot of this. And what it does is that it's this. And what it does is that it's essentially trained for not humans, essentially trained for not humans, which is RLHF. It is trained for which is RLHF. It is trained for calibrated decisions. I'm going to put calibrated decisions. I'm going to put that article because there are multiple that article because there are multiple videos and everything. This is the best videos and everything. This is the best one that is out. So state is this. I one that is out. So state is this. I give a clinical note and ask if the give a clinical note and ask if the patient is on war for choice yes no patient is on war for choice yes no score and probability answer. For score and probability answer. For example, I can say what was the last example, I can say what was the last warrant refill from the pharmacy. It warrant refill from the pharmacy. It will give me and the probability of will give me and the probability of that. Now think about that from a that. Now think about that from a clinical decision support system. I can clinical decision support system. I can do this pretty fast for 600 questions on do this pretty fast for 600 questions on one patient chart in less than a second one patient chart in less than a second and can you know keep going. So think and can you know keep going. So think about the benefit of this when you build about the benefit of this when you build a model for the machine rather than me a model for the machine rather than me because I don't care if the patient you because I don't care if the patient you know is I don't I need a paragraph that know is I don't I need a paragraph that the patient is on Warframe is lost blah the patient is on Warframe is lost blah blah blah but to build that paragraph blah blah but to build that paragraph which I'm going to still use in LLM but which I'm going to still use in LLM but the back end my whole EHR becomes a the back end my whole EHR becomes a decision machine within seconds and that decision machine within seconds and that is the poor benefit and costs too and is the poor benefit and costs too and this is where really to be honest with this is where really to be honest with you where America shines too, right? I you where America shines too, right? I mean, if somebody else is going to copy mean, if somebody else is going to copy it and make it open source, that's again it and make it open source, that's again something that we need to figure that something that we need to figure that out. But the idea is that the best part out. But the idea is that the best part is also that it gives you confidence is also that it gives you confidence like exactly what is the confidence, the like exactly what is the confidence, the probability and everything. Again, probability and everything. Again, everything is a freaking probability. I everything is a freaking probability. I walk out of this house and then cross walk out of this house and then cross the street, there's a probability that, the street, there's a probability that, you know, I'm going to be hit by a car.

you know, I'm going to be hit by a car. So, it is always a probability. So, So, it is always a probability. So, there are of Sorry, go ahead. there are of Sorry, go ahead.

No, no, so there now, now this this this No, no, so there now, now this this this mind, mind, mind, for a lack of a better word, I'm going for a lack of a better word, I'm going to call it paradigm shift that we have to call it paradigm shift that we have been making models for human beings and been making models for human beings and now we are making models for machines now we are making models for machines themselves. That's is truly paradigm themselves. That's is truly paradigm shift. But not to mention what it brings shift. But not to mention what it brings to the table is this high volume uh you to the table is this high volume uh you know specifically and helps us. So if know specifically and helps us. So if you were, this is an example, if you you were, this is an example, if you have a hundred thou million a million or have a hundred thou million a million or so going into dev into Jev, if you use a so going into dev into Jev, if you use a regular model, it's going to cost you regular model, it's going to cost you $30,000. But if you use Jeb, it's going $30,000. But if you use Jeb, it's going to cost you $6,000. Not to mention the to cost you $6,000. Not to mention the time again sometimes money is not time again sometimes money is not important as compared to time for us important as compared to time for us because you know as we talk about uh you because you know as we talk about uh you know stroke you can do this and people know stroke you can do this and people have done it. People have uh you know have done it. People have uh you know used it to classify research papers. Um used it to classify research papers. Um people have used it to use it under a people have used it to use it under a browser agents you know book fi finding browser agents you know book fi finding flights took 7 seconds and cost only 39 flights took 7 seconds and cost only 39 cents. That's the core benefit that it's cents. That's the core benefit that it's first of all it's speed but it's cost first of all it's speed but it's cost and of course computer use is going to and of course computer use is going to come trading um is going to come. So come trading um is going to come. So these are things that that I wanted to these are things that that I wanted to understand and then explain to our you understand and then explain to our you know audiences that what we are doing know audiences that what we are doing what we are looking at over here is what we are looking at over here is another paradigm shift in my opinion in another paradigm shift in my opinion in which what we are going from is going which what we are going from is going from LLM or models this is to from this from LLM or models this is to

from this so and this is the shift that's going to so and this is the shift that's going to go moving forward now what is what what go moving forward now what is what what do I mean by that what I mean by that is do I mean by that what I mean by that is that that even for human beings. The that that even for human beings. The size of the models in the frontier size of the models in the frontier models is huge. And what is in it? It is models is huge. And what is in it? It is what's in it. It's basically in that it what's in it. It's basically in that it is honestly essentially is honestly essentially basically intelligence and knowledge.

basically intelligence and knowledge. What I want a model if if I had my wish What I want a model if if I had my wish list is all the intelligence and zero list is all the intelligence and zero knowledge because I want live knowledge knowledge because I want live knowledge or my knowledge coming in. But you or my knowledge coming in. But you cannot distill just the intelligence cannot distill just the intelligence without the knowledge. So what we're without the knowledge. So what we're going to look towards moving forward is going to look towards moving forward is basically this that we are going to basically this that we are going to basically combine these two. LLM is basically combine these two. LLM is going to bring the natural language going to bring the natural language capacities and the intelligence capacities and the intelligence capacities while this system one models capacities while this system one models like Jev is going to bring in the like Jev is going to bring in the calibrated decisions and then we're calibrated decisions and then we're going to have a very small model going to have a very small model combined essentially giving us combined essentially giving us intelligence intelligence intelligence decision surfaces decision surfaces without the whole knowledge which again without the whole knowledge which again in this day and age is changing anyways in this day and age is changing anyways and then LLMs have a knowledge cut off and then LLMs have a knowledge cut off which why I mean it doesn't matter which why I mean it doesn't matter everything's on the web so just will everything's on the web so just will check it out live. So that's the final check it out live. So that's the final uh frontier that you're going to see and uh frontier that you're going to see and hopefully people are working and there's hopefully people are working and there's a company called mini CPM. They just a company called mini CPM. They just released two billion parameters only and released two billion parameters only and that two billion parameter essentially that two billion parameter essentially be you know works like crazy and you can be you know works like crazy and you can have hopefully intelligence decisions no have hopefully intelligence decisions no knowledge and works super fast and this knowledge and works super fast and this will really change and the way we you will really change and the way we you know conduct business because what is it know conduct business because what is it at the end of the day everything is a at the end of the day everything is a basically a micro decision going to basically a micro decision going to macro decisions then then the CEO takes macro decisions then then the CEO takes the mega decision Right. So that's where the mega decision Right. So that's where I think the industry is going. Anyways, I think the industry is going. Anyways, Harvey, this was very interesting uh Harvey, this was very interesting uh approach to making things. Um again, I'm approach to making things. Um again, I'm very grateful that you guys joined.

very grateful that you guys joined. We're going to continue doing these deep We're going to continue doing these deep dives between me and Harvey. Uh we're dives between me and Harvey. Uh we're going to bring in some amazing guests as going to bring in some amazing guests as well. Thank you so much for joining.

well. Thank you so much for joining. Harvey, you can close and then we'll Harvey, you can close and then we'll come next week. come next week. >> Well, I'll finish with this. Let's do a >> Well, I'll finish with this. Let's do a public service announcement, guys. And public service announcement, guys. And and I know you guys are into AI if and I know you guys are into AI if you're probably listening to this. So you're probably listening to this. So let's do this. If we are taking our let's do this. If we are taking our bodies taking care of our bodies today bodies taking care of our bodies today and my lecture is mainly on longevity and my lecture is mainly on longevity then I want you to I just want to plant then I want you to I just want to plant the seed because if you can take care of the seed because if you can take care of your body today who knows in the next your body today who knows in the next five years what is going to be developed five years what is going to be developed in as far as cures crisper technology in as far as cures crisper technology maybe curing cancer curing diabetes but maybe curing cancer curing diabetes but there's some things that the technology there's some things that the technology hasn't figured out yet and those are the hasn't figured out yet and those are the things that I'm telling you let's try to things that I'm telling you let's try to take our bodies take care of our bodies take our bodies take care of our bodies because we don't know what we don't because we don't know what we don't know. So, my public service announcement know. So, my public service announcement is make sure you get some steps today.

is make sure you get some steps today. Make sure you sleep. Make sure you try Make sure you sleep. Make sure you try to get some workout. And even if you to get some workout. And even if you can't do any of those things, like I can't do any of those things, like I said, pick one habit that you know you said, pick one habit that you know you should be doing and do it. And with should be doing and do it. And with that, thanks for coming and I'll see you that, thanks for coming and I'll see you at the next one.

at the next one.