

Intelligence Can Be Artificial, But Wisdom Remains Stubbornly Human

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Learning Point of the Article:

Artificial intelligence may process knowledge at scale, but wisdom is born in reflection, responsibility, and lived human experience

Abstract

As the Journal of Orthopaedic Case Reports completes fifteen years of publication, we stand at a remarkable crossroads in the history of medicine. When JOCR began its journey, the academic ecosystem was still dominated by impact metrics and hierarchical evidence pyramids, and the humble case report often struggled for recognition. Yet JOCR chose a different path. It chose to value the single patient, the unusual presentation, the unexpected complication, and the thoughtful surgeon who paused to reflect. That decision, in hindsight, was not merely editorial. It was philosophical.

Today, we inhabit an era defined by Artificial Intelligence. Algorithms can summarize thousands of papers in seconds, generate structured manuscripts, analyze imaging, predict outcomes, and simulate decision trees. Domain-specific platforms such as OrthoAI demonstrate how AI can meaningfully assist orthopaedic surgeons in literature synthesis, clinical reasoning support, and academic productivity. Intelligence, in this new world, has become abundant. Information is instant. Patterns are rapidly detected. Recommendations are generated with impressive confidence.

Yet, after four decades in orthopaedic surgery and editorial stewardship, we remain convinced of one enduring truth: intelligence can be artificial, but wisdom remains stubbornly human.

Intelligence is the capacity to process information. Wisdom is the capacity to interpret it within context. Intelligence can tell us what the literature suggests. Wisdom tells us whether that literature applies to the patient sitting before us. Intelligence can calculate probabilities. Wisdom weighs consequences. Intelligence may recommend intervention. Wisdom sometimes chooses restraint.

Wisdom is shaped not merely by success but by complication. It grows in the quiet aftermath of difficult outcomes, in the moral discomfort of hindsight, and in the humility that follows experience. No algorithm stands at the operating table feeling the weight of responsibility. No model reflects overnight on whether a different choice might have altered a patient's course. Those reflections belong to human beings.

In this context, the role of JOCR becomes even more significant. Case reports are not simply academic submissions; they are

Access this article online

Website:
www.jocr.co.in

DOI:
<https://doi.org/10.13107/jocr.2026.v16.i03.7012>

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Submitted: 21/12/2025; Review: 10/01/2026; Accepted: February 2026; Published: March 2026

DOI: <https://doi.org/10.13107/jocr.2026.v16.i03.7012>

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capsules of lived experience. They capture nuance, doubt, innovation, and sometimes failure. Large datasets produce statistical intelligence, but individual cases often generate insight that reshapes understanding. Many paradigm shifts in orthopaedics began not as multicenter trials but as carefully documented singular experiences. In preserving these narratives, JOCR preserves the soil from which wisdom grows.

The so-called wisdom of crowds, expressed through meta-analyses and consensus statements, undeniably strengthens collective understanding. However, collective intelligence depends on the integrity and diversity of individual contributions. Journals function as custodians of this ecosystem. By welcoming voices from varied geographies, institutions, and stages of career, JOCR has nurtured a pluralistic academic dialogue. Diversity of thought safeguards against intellectual stagnation and ensures that collective intelligence does not become collective conformity.

As AI integrates deeper into orthopaedic practice with initiatives like OrthoAI, the responsibility of the academic surgeon evolves. AI should augment cognition, reduce overload, and expand awareness of evidence. It should accelerate research workflows and improve clarity of communication. However, it must never replace discernment, ethical judgment, or compassionate reasoning. A surgeon who relies entirely on artificial intelligence risks becoming technically informed but clinically detached. Conversely, a surgeon who rejects technological evolution risks obsolescence. The future lies not in resistance or surrender, but in synthesis.

The quality of artificial intelligence will ultimately reflect the quality of human scholarship. If our literature becomes

superficial, AI will amplify superficiality. If our publications remain reflective, rigorous, and honest, AI will amplify depth. Editorial boards therefore bear a profound responsibility. We must encourage authenticity, preserve narrative richness, promote ethical transparency in AI-assisted writing, and continue valuing complication reports as instruments of learning rather than blemishes to be concealed.

In early surgical years, confidence arises from memorized protocols and technical mastery. In mid-career, it emerged from repetition and refinement. In later years, it increasingly stems from understanding limitations—of techniques, of implants, and of oneself. Intelligence is often front-loaded in training; wisdom accumulates slowly across decades. Artificial intelligence may accelerate access to knowledge, but it cannot accelerate maturity.

The coming decades will not witness a contest between surgeons and machines. They will witness a partnership. AI will detect patterns invisible to the human eye, flag rare possibilities, and support decision-making. But it is human wisdom that will decide when to operate, when to wait, and when to simply listen. It is human wisdom that balances innovation with prudence and efficiency with ethics.

As JOCR enters its next phase, its mission must expand beyond publishing information. It must cultivate reflection. It must mentor younger surgeons not only in technique but in thought. It must remind us that while intelligence may be engineered, wisdom must be earned.

Intelligence can indeed be artificial. Wisdom, however, remains beautifully, necessarily, and irrevocably human.

Conflict of Interest: Nil

Source of Support: Nil

Consent: The authors confirm that informed consent was obtained from the patient for publication of this article

How to Cite this Article

Sancheti P, Bijlani N, Bagaria V, Shyam A. Intelligence Can Be Artificial, But Wisdom Remains Stubbornly Human. *Journal of Orthopaedic Case Reports* 2026 March;16(03): 437-438.