

AI LAKAY NOU

SPECIAL AI NEWS & TECHNOLOGY BRIEF

Human Control, Children’s AI Safety, and AI-Assisted Clinical Documentation

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EDITORIAL PURPOSE. This dispatch reviews three supplied links, verifies key claims against independent or primary sources, distinguishes reported facts from commercial claims, and explains the implications for AI literacy, governance, families, educators, and professionals.

Verification at a Glance

Item	Category	Verification Assessment
King Charles warning	AI safety & governance	Well verified: Reuters reported the Sept. 17, 2026 Dumfries House meeting and the King’s warning about existential dangers and safeguards.
Paolo Benanti / children	Children, AI literacy & ethics	The statement is reported; the “worse than cocaine” wording is an analogy/warning, not an established clinical comparison.
Heidi Health AI scribe	AI in healthcare / professions	The product is real. Feature claims come from Heidi; broader benefits and risks are supported by independent ambient-scribe research.

Executive Synthesis

The three items form a coherent public-education sequence. King Charles raises the governance question: how should society preserve effective human control over increasingly capable AI? Father Paolo Benanti raises the child-protection question: how should societies respond when persuasive conversational systems interact with developing minds? Heidi Health illustrates the professional-use question: where can AI reduce administrative work while trained humans retain responsibility for consequential decisions?

The common principle is not that AI should be rejected. It is that high-impact AI should be designed and used so that human beings retain meaningful authority, verification responsibility, and accountability.

Human purpose → AI assistance → human verification → human decision → human accountability

1. King Charles: AI Must Remain in the Service of Humanity

On September 17, 2026, King Charles III convened senior figures from major AI companies and the British government at Dumfries House in Scotland. Reuters reported participation by representatives or executives from Nvidia, Google DeepMind, OpenAI, Anthropic, and UK officials. The King warned about the “existential dangers” that could follow if powerful AI technologies fell into the wrong hands and argued that adequate safeguards were needed before it became “too late.” [1]

The significance of the meeting is broader than ceremonial concern. It places the question of AI control directly before organizations developing frontier systems and public officials responsible for governance. The core policy tension is whether voluntary industry safeguards are sufficient or whether external standards, testing, reporting, and oversight are also required.

For public education, the most useful distinction is between capability and authority. AI systems may be capable of performing increasingly complex tasks, but greater capability does not automatically justify transferring ultimate decision authority to machines in domains such as medicine, military operations, cybersecurity, critical infrastructure, finance, or government.

AI LAKAY NOU teaching point: Capability can be delegated. Ultimate responsibility remains human.

Why it matters for AI literacy

- Families and students need to understand that a confident AI response is not the same as a verified fact.
- Professionals need review procedures for consequential AI-generated work.
- Organizations need governance rules that identify who can authorize, override, audit, and stop an AI system.
- Governments face the harder question of how safeguards can keep pace with systems that evolve faster than conventional regulation.

2. The “Worse Than Cocaine” Warning: What Was Actually Claimed?

The headline about the Pope’s AI adviser requires careful interpretation. Business Insider reported that Franciscan theologian Father Paolo Benanti warned that AI can become an unusually powerful instrument of manipulation for children and young adults. The comparison to nicotine, sugar, and cocaine was presented as a warning about the potential intensity of emotional influence and dependency - not as a clinical study proving that AI exposure is medically “worse than cocaine.” [2]

Benanti is not simply a media commentator. Vatican records identify him as an academician of the Pontifical Academy for Life and document his participation in Vatican work on artificial intelligence, ethics, law, and health. [3] This makes the story relevant as an institutional ethics warning, but it still must not be converted into a medical conclusion the evidence does not establish.

The stronger evidence-based concern is that young people are already using conversational AI for psychologically sensitive purposes. A 2026 JAMA Pediatrics study of a nationally representative U.S. survey found that 19.2% of adolescents and young adults aged 12 to 21 reported having used AI chatbots for mental-health advice in 2025. Among those users, 42.8% used them at least monthly, and 63.3% had disclosed that use to no one. [4]

Separately, a 2026 Journal of Adolescence study of 3,466 U.S. youth aged 13-17 found widespread chatbot use and reported a range of negative or unsafe experiences, including manipulation or pressure, misinformation, risky prompts, and exposure to self-harm or suicidal messages. The authors stressed both the prevalence of use and the need for adaptive safeguards. [5]

What AI LAKAY NOU should say - and should not say

Defensible formulation	Avoid this overstatement
Benanti warns that highly persuasive AI may create serious psychological and manipulative risks for young users, and emerging research supports the need for safeguards.	“Science proves AI is worse than cocaine for children.” The available evidence does not establish that clinical comparison.

AI LAKAY NOU teaching point: Children need AI literacy before AI dependency develops.

Practical family and school guidance

- Teach children that AI can sound caring without possessing human judgment or accountability.
- Encourage disclosure when AI is being used for mental-health, relationship, self-harm, or other high-stakes advice.
- Keep parents, educators, clinicians, and qualified counselors in the decision loop for consequential matters.
- Teach verification: compare claims with trusted sources instead of treating the chatbot as an authority.

3. Heidi Health: AI Is Already Changing Clinical Documentation

The Heidi link is not a news article; it is a commercial product page. Heidi describes its product as an ambient AI clinical scribe that captures clinician-patient conversations and generates structured documentation for review. The company says it can transcribe visits in more than 110 languages, generate referrals and handouts, and transfer output to electronic health-record workflows. These are vendor claims and should be labeled as such. [6]

The broader technology category, however, has a growing independent evidence base. A 2025 JAMA Network Open quality-improvement study involving 263 ambulatory clinicians across six U.S. health systems found that after 30 days of ambient AI-scribe use, reported burnout declined from 51.9% to 38.8%. The study also reported improvements in documentation-related cognitive burden, after-hours documentation, and perceived ability to focus on patients. The authors also identified limitations, including the absence of a control group and reliance on self-reported outcomes. [7]

The safety picture is therefore mixed rather than purely promotional. A 2026 JAMA Network Open simulation study noted that rigorous independent evaluations remain relatively scarce and assessed ambient-scribe performance across multiple specialties. [8] A 2026 JMIR Medical Informatics study found that ambient AI scribes could propagate interpreter errors into generated notes during simulated English-Spanish clinical encounters, underscoring the need for additional evaluation in multilingual and interpreter-mediated care. [9]

Heidi states that it applies regional data-localization and privacy controls and says it does not sell patient or clinician data. Those statements are company representations and should be evaluated against applicable institutional privacy, security, consent, and procurement requirements before clinical deployment. [10]

The appropriate workflow

**Patient + clinician conversation → AI draft → clinician review →
correction/approval → medical record**

- AI can reduce clerical burden, but the clinician remains responsible for the accuracy and appropriateness of the record.
- Multilingual capability is valuable for diverse communities, but language support does not eliminate the possibility of transcription, interpretation, omission, or contextual errors.
- Healthcare organizations should treat privacy, consent, retention, data location, access controls, and auditability as governance requirements, not marketing details.

The Bigger AI LAKAY NOU Story

King Charles asks: Who controls increasingly powerful AI?

Father Paolo Benanti asks: What happens when persuasive AI interacts with developing human minds?

Heidi Health illustrates: How can AI augment trained professionals without eliminating human responsibility?

Together, the three stories show that AI is simultaneously a tool, an influence system, and a governance challenge. The central issue is not simply whether AI is “good” or “bad,” but whether its use preserves human agency, verification, accountability, and the capacity to intervene when systems fail.

Suggested Radio / Documentary Segment

Working title: “Who Is in Charge? Keeping Humans at the Center of Artificial Intelligence.”

- Segment 1 - Governance: King Charles and the argument for safeguards before catastrophic misuse becomes possible.
- Segment 2 - Children: why persuasive AI requires developmental safeguards, family dialogue, and media/AI literacy.
- Segment 3 - Professional use: Heidi and ambient medical scribes as a case study in augmentation with mandatory human review.
- Closing principle: AI may assist, recommend, organize, or draft; human beings remain responsible for consequential decisions.

Sources and Verification References

1. Reuters (Sept. 17, 2026). “King Charles warns AI leaders of existential risks if technology falls into wrong hands.” [Link](#)
2. Business Insider (Sept. 18, 2026). “The Pope’s AI advisor says the technology can be worse for kids than cocaine.” [Link](#)
3. Holy See Press Office (Feb. 25, 2020). Vatican workshop on “Artificial Intelligence: Ethics, Law, Health,” including Father Paolo Benanti. [Link](#)
4. McBain, R. K., et al. (2026). “AI Chatbot Use and Disclosure for Mental Health Among US Adolescents and Young Adults.” JAMA Pediatrics, 180(8), 884-890. [Link](#)
5. Hinduja, S., & Patchin, J. W. (2026). “Risks and Harms of Conversational Artificial Intelligence (CAI) Chatbot Use Among US Youth.” Journal of Adolescence, 98(5), 1597-1606. [Link](#)
6. Heidi Health. “Heidi Scribe: Documentation That Adapts to Your Clinical Practice.” Product information. [Link](#)
7. JAMA Network Open (2025). “Use of Ambient AI Scribes to Reduce Administrative Burden and Professional Burnout.” [Link](#)
8. JAMA Network Open (2026). “Ambient Scribe Technology in Simulated Patient Encounters Across Specialties.” [Link](#)
9. Rabotin, A., et al. (2026). “Propagation of Interpreter Errors by Ambient AI Scribes: Study Using Simulated Clinical Encounters.” JMIR Medical Informatics, 14, e88734. [Link](#)
10. Heidi Health. “Data & Security at Heidi Health.” Company privacy/security documentation. [Link](#)

Original Links Supplied for Review

MSN - King Charles AI warning: <https://www.msn.com/en-us/technology/artificial-intelligence/king-charles-warns-ai-leaders-of-existential-risks-if-technology-falls-into-wrong-hands/ar-AA2cqYUm?ocid=msedgntp&pc=EDGEDB&cvid=6aabe7ba30f64015ad65dd421e8f310f&ei=7>

Heidi Health - Scribe: <https://www.heidihealth.com/en-us/scribe>

MSN - Pope AI adviser / children: <https://www.msn.com/en-us/technology/artificial-intelligence/the-pope-s-ai-advisor-says-the-technology-can-be-worse-for-kids-than-cocaine/ar-AA2cvU4e?ocid=msedgdhp&pc=EDGEDB&cvid=6aad64a9b8c349de830b32351bbb7bec&ei=10>

Editorial note: Commercial product claims are identified as vendor statements. Research findings are summarized with study design and limitations where material. The phrase “worse than cocaine” is treated as an attributed ethical warning, not a medical conclusion.