



**Cancer CARE for Life**<sup>SM</sup>  
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## AI vs. Authentic:

In Times of Crisis, People Need a Human Touch

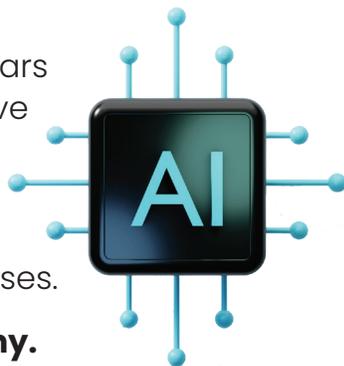
**Artificial intelligence is transforming nearly every industry — healthcare included. From predictive analytics to early detection tools, AI offers powerful capabilities. But when facing a life-altering cancer diagnosis, the question becomes more personal:**

## Can technology replace the human touch?

When someone hears the words, “You have cancer,” they need more than data, algorithms, or automated responses.

**They need empathy.**

They need reassurance. They need someone who understands both the clinical reality and the emotional weight of the moment.



At Cancer CARE for Life, that human connection is delivered by our oncology-trained nurses. While AI-driven tools can provide information, our nurses provide relationship. They build one-on-one connections with patients and families, guiding them through some of the most difficult days of their lives.

### OUR NURSES

- Help patients prepare meaningful questions for physician visits
- Explain complex treatment plans and side effects in understandable terms
- Support caregivers navigating uncertainty
- Provide continuity, advocacy, and reassurance throughout the journey

This is not a chatbot interaction. It is authentic, compassionate partnership.



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## A Real Example

Recently, one of our nurses connected with a new member diagnosed with triple negative breast cancer. Prior to that first meaningful conversation, the nurse had reached out several times. Persistence matters – especially when someone is overwhelmed.

When they connected,  
the call lasted two hours.

During that time, they reviewed management of current treatment side effects and discussed what might come next. They talked about what she could control – hydration, rest, infection, prevention during chemotherapy – and what she could not. They focused on protecting her quality of life while navigating eight cycles of treatment.

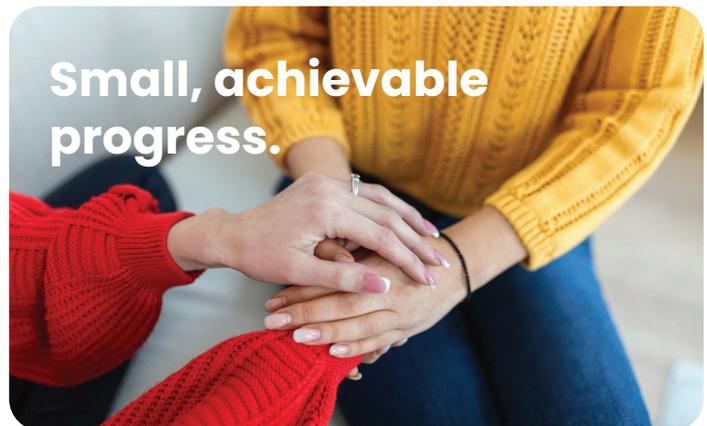
She was also deeply upset that her surgeon would not perform surgery until she stopped smoking. She described it as emotional blackmail.

Instead of dismissing her frustration, the nurse acknowledged it. She explained the clinical reasoning behind smoking cessation before surgery but also recognized that asking someone to quit entirely during one of the most stressful periods of their life may not be realistic.

So she asked a different question:

“Could you give up one cigarette a day for now?”

The answer was yes.



## Clinical guidance delivered with compassion.

At the end of the conversation, the nurse sent additional educational resources. The following message was waiting the next business day:

“Thank you so much for talking with me yesterday! I was in a bad place that day, but you were there for me and helped me more than anyone has so far. Your kindness, knowledge and compassion are genuine, and I felt that. I’m so glad that you are there for support and to answer my questions. You are truly a blessing!”



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**Technology can  
enhance cancer care.  
Authentic human  
relationships  
can sustain it.**



### **Why This Matters**

Research reinforces the value of human-centered cancer care. A study published in the journal *Cancer* demonstrated that patients who received personalized nurse navigation showed significantly higher treatment adherence and reduced anxiety compared to those without structured support (Ell et al., 2009). Further, the Institute of Medicine has emphasized that patient-centered communication is fundamental to improving care quality, engagement and emotional well-being (2013).

AI has an important role. It can analyze vast datasets, identify patterns, and support early detection efforts.

### **But AI cannot:**

- Sit with someone in a moment of fear
- Adjust its tone when frustration is masking anxiety
- Spend two hours helping someone regain a sense of control
- Balance medical necessity with emotional readiness

**In times of crisis AI can inform.  
People heal through connection.**