HALO LAB · PODCAST

The Future of AI Interfaces in Healthcare

A conversation about what comes after the chatbot, why clinical interfaces need more than voice, and how to keep people in the loop as AI takes on more.

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HOST

Sergiy Sumnikov

General Manager, Healthtech · Halo Lab

GUEST

Katina Sostmann

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KEY TAKEAWAYS

What the conversation points to in practice, distilled into moves for teams designing AI for care.

01 **Add information, not interruptions.**

Chronic-disease patients do not want constant reminders that they are ill. Offer information only at the right time, in the right shape, on the right channel, and only as much as the moment needs.

02 **Match the channel to the moment.**

Voice is only the starting point. In time-critical settings like the ICU a visual signal beats a spoken one, so combine visual, voice, and haptic interaction rather than defaulting to chat.

03 **Keep the human in the driver's seat.**

Decide explicitly where AI should not be in the loop, and design the breaking points so the clinician or patient still makes the final call.

04 **Pair measurement with the human read, and protect skills.**

Combine sensors with an experienced clinician's holistic view of the patient, and design small challenges that keep people's own judgment trained instead of de-skilling them.

05 **Use AI to move patients from passive to active.**

Democratize understanding of one's own health and accompany patients continuously as they recognize what is happening, interpret it, and decide how to act.

06 **Treat privacy as a design constraint, not a brake.**

Combine large and small language models so sensitive health data stays in a safe environment, and still push for room to experiment before frameworks are locked.

07 **Make trustworthy AI transparent and explainable.**

Show sources, how a decision was made, and how to improve. Good, unbiased training data is a quality requirement, not only a GDPR one.

IN THIS SESSION

What comes after the chatbot, and how design keeps people in the loop as AI moves deeper into care.

About this transcript. Edited lightly for reading: filler words and false starts removed, and a few clear mishearings corrected. The speakers' meaning is unchanged, and nothing has been added. Pull quotes are drawn verbatim from the conversation. The transcript ends at the on-air sign-off; a brief off-record exchange after it has been left out.

00

Introduction

Katina's path from nursing to design, and what the German system teaches about human-centered health technology.

Sergiy Sumnikov
HOST

Hello everyone, I'm Sergiy from Halo Lab, and today I have the pleasure of hosting Katina Sostmann. Hi Katina, how are you?

Katina Sostmann
GUEST

Hi, I'm fine, how are you?

Sergiy Sumnikov
HOST

I'm good too, it's a busy end of summer here. We have a very interesting and maybe even slightly futuristic topic today: the future of AI interfaces, specifically in healthcare. Before we start, could you tell us a bit about your background? And as a first question from my side, how did you come to focus on the way people interact with technology in healthcare, and how has working inside the German system shaped that view?

Katina Sostmann
GUEST

Let me introduce myself. I'm Katina Sostmann, based in Berlin. I've been a professional product and service designer for over 25 years, working in education and university research as well as on the commercial side. Right now I work for IBM as a Design Principal, and my focus, for even more than those 25 years, has been healthcare, especially digital healthcare. I always wanted to do something with an impact. I worked in a hospital as a nurse during my student years, I had a lot of doctors in my family, and I was always hopping between design and medicine. Eventually I could combine both, so now I work in digital health, which is the overlap between product and service design and the healthcare system.

As for how Germany shaped me: people say they care a lot about data security, though they don't always act that way. Still, it's good that we have a solid framework and law to protect healthcare data, because it's so personal and so vulnerable that it should be protected. At the same time, Germany is a little behind on digitalization. There's excellent digital service design in the commercial world, but in the public sector, and healthcare is part of that, it's harder to reach a convenient user experience, because it's mostly driven by processes and by the procedures of healing and therapy. Sometimes the human isn't really looped into the whole scenario. So part of my purpose is to bring back more human-to-

human interaction and let technology take over the reporting and documenting that it can genuinely handle.

Sergiy Sumnikov
HOST

We'll go deeper on that when we get to AI. For now, from where you sit, what has that experience actually taught you about how people want to interact with health technology?

Katina Sostmann
GUEST

When I started studying, I was in a group of people dealing with different types of interactions, digital and analog alike, and we were always hopping between the two. That's the first thing that really matters: you step back, and instead of chasing the best interface or the best product, you look closely at people's daily life, their emotions, and their intent. Once you understand their daily challenges, you can frame the problem you actually want to solve and then find the right solution for it. It's really about having an empathic view of people's behavior, their lives, and the motivation behind them.

01 Beyond the Chatbot

Why the future of AI interfaces is multi-sensory, and where a human still needs to stay in the loop.

Sergiy Sumnikov
HOST

From our side, as a UX design company, we often see that adoption fails when a tool adds steps and succeeds when it removes them. We've seen that in several healthcare projects too. So when you picture AI in a German or European hospital five to ten years from now, what does it look like, and how is it different from what most people imagine today?

Katina Sostmann
GUEST

That's a good point, that you don't want to bother people more, you want to bother them less. Let me add a small story. A typical mistake designers make is wanting to build something really nice and comfortable to use. We once brought chronic-disease patients a lovely prototype, a nice interface with all of their data, to test with them and talk it through. At a very early stage they gave us clear feedback: I don't want to deal with my disease at all. I just want to know if something is going wrong, and to be told when I have to do something. I deal with my disease all the time, so I really don't want several reminders a day that I'm ill.

That was a very impressive learning. It's exactly what you said, keeping things away from people when they'd otherwise be overwhelming. Especially in a hospital, you want to offer information only at the right time, in the right shape, on the right channel, and only as much as is needed in that moment, because people have much more important things to do, like deciding or dealing with an acute situation. It's a bit like designing car interiors or cockpits: people should look at the road, not at fancy interfaces.

AI can bring more variety into interaction, make it more natural, and put information where it should sit. When I started studying, we dreamed of smart products: if you're standing in a forest and want to know what kind of tree that is, you'd get the information right there where you want it. We've arrived at a point where that information is available, but you still have to look at it through this small green window on your phone. You need a helper, a funnel you have to pass through to get the information.

With AI it becomes more natural again. We're at the very start: interacting with a machine by voice, in natural language, is now possible, and everybody is excited that you can talk to a computer in your own language. But that's only the starting point. Now the work is figuring out how to combine all the different modes, what to bring back to natural human behavior and what to translate into a technology interface. You even have to design how machines communicate with each other, or let them design that themselves. So you have to think in a much more connected way, and that's new. It's a lot for designers to orchestrate. The really important question is where you loop the human back in: where do we not want AI in the loop, what step should a human take, and where are the breaking points. The interaction has to be orchestrated so that you, as a human, still feel in the driver's seat.

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KATINA SOSTMANN

Sergiy Sumnikov
HOST

Thank you, that's very interesting, and I appreciate the human-centered approach you're outlining. A lot of people assume AI in healthcare means a chatbot you type into and get a reply from.

What's missing from that picture when you imagine the healthcare context?

Katina Sostmann
GUEST

I can understand that wish, because for a long time doctors haven't had time to talk to you. In Germany, when you see a doctor you get maybe three minutes to describe your symptoms, get some advice or a prescription, and then you're out again. So the wish to actually have a conversation and understand what's going on is a real human need, and it's part of why so many people use ChatGPT for their own kind of therapeutic conversation. The system is endlessly patient. You can make mistakes, ask hundreds of questions, and it will keep explaining, always friendly, never annoyed. I saw that with my own son when he was younger and struggling. That patience is a real advantage.

Now it's expanding: you take a photo, post it, and get an answer, so different media are already being folded into the voice-and-chat experience. An explanation can even come through an avatar, so it feels a bit more like talking to a person. But in some contexts speech isn't the right channel. Spoken or written language can be too slow. Think of an intensive care unit, where a doctor sometimes has to decide on an action within a split second. Our brain is still best at adapting things visually, so in certain situations a visual signal beats a voice one. Remember the old phone menus where you pressed A, B, C, D through a long list; you had to go through a huge amount of conversation before reaching the end.

So I think the future is about exploring how we mix everything we've learned. We keep visual interfaces where fast adaptation matters, we keep haptic interfaces where a real button beats a soft one, and we add conversational interfaces where they fit. How all of these interact with each other is the interesting part, and I think that's our role to play in the coming years.

One more thing: there are situations where you don't want to talk, but you also can't type, and you don't want anyone overhearing your personal problems. So we still have to work out the right channel for each situation. Looking further ahead, the combination of haptic, voice, and visual interaction, matched to the moment, is key.

Our brain is still best at adapting things visually, so in certain situations a visual signal beats a voice one.

KATINA SOSTMANN

Sergiy Sumnikov
HOST

I see it the same way. Right now the chatbot is the first thing people think of as the AI interface, for both patients and clinicians, but it will move in the direction you describe, and toward ambient interfaces that simply take in information. I can imagine a chatbot doesn't fit clinician work very well, especially with patients present. Last time I visited a doctor I got very little eye contact, because the person was watching the screen. We have text, voice, images, gestures, and sensors. For a surgeon, speaking and gestures would be a far more appropriate interface. And on voice specifically: if chatbots are this wave, the next feels like voice AI. How do you see it, particularly given European expectations around privacy?

Katina Sostmann
GUEST

I think that because models keep getting smaller, we'll find ways to protect data too. We'll need systems that combine large language models with small ones, so that when you're really dealing with health data it stays in a safe environment, while other, non-sensitive tasks like translation can use other models anonymously. We have to make both feasible.

We should raise awareness of data protection even more, because most people using social media aren't aware of how much it already reveals about their personality, or even their health. I'm a little sad that we leave that interpretation mostly to commercial companies rather than using it for our own benefit. I'd like us to go further there. But I don't want to give up the close regulation either. We have to find a way to serve both.

Sergiy Sumnikov
HOST

How do you decide when to combine several formats of AI interface, versus keeping the interaction to a single, simple channel? Our design heuristic is usually to subtract, especially in saturated clinical environments where extra channels are hard. But in some cases several interfaces of different formats might be worth it. Do you have use cases or roles in mind?

Katina Sostmann
GUEST

Yes. We explored a lot of this in concepts with students. Take the doctor sitting behind the screen with no eye contact. At the practitioner's place, they sometimes need to put their hands on you. Some of the students built a glove that lets you touch a patient's stomach and feel the tension there, while its sensors measure things like heartbeat at the same time. That's the goal for now: combine the human experience with technology's measurements, for both the input and the output. You want to read eyes and see gestures in a conversation, and in a hospital, an experienced doctor or nurse doesn't only read the data, they look at the patient, whether they seem tired, whether their skin color is changing. It's a holistic view, not only a data view.

Combining that with more data points could help, if we learn from experienced people how to feed it into the systems. But we also have to give it back to the people who should learn, because otherwise we de-skill our professionals. If you only rely on scans, technology, and machines, you lose that experience and stop trusting your own built-in senses. So we should find a principle that challenges you, that gives it back and asks whether your reading and your decisions were right, so you keep training that. Otherwise the danger is that we outsource our senses.

If you only rely on the machines, you lose the experience. The danger is that we outsource our senses.

KATINA SOSTMANN

02

Patients, Clinicians & Reskilling

The shift to the active patient, the pull of over-reliance, and designing small challenges that keep human skill sharp.

Sergiy Sumnikov
HOST

There's already research showing that relying on AI can reduce some cognitive abilities. I notice it in myself: I use AI a lot where it's appropriate, but in some cases I feel I'm thinking less, and I need to stay mindful and intentional about it. On physicians and AI, I see very distinct growth in AI ambient scribes. I've visited most of the key health-tech events in the world over the past year, and the scribe

companies have big booths and fast-growing traction. It's clearly on the rise. But there are so many use cases and roles in care settings that an ambient scribe isn't always the right one. Could we dive a bit more into the patient experience with AI, and what formats might be appropriate for patients in the future?

Katina Sostmann
GUEST

With all of this transformation, and AI is catalyzing it, we're shifting, especially in Germany, from the passive patient to the active patient. We're putting a lot of the workload back into the patient's hands. I won't say that's simply good or bad; I'd like it, but it is the core of the transformation. To do that, you have to put the patient in a position to understand, and that's where the most valuable thing is: with AI you can democratize knowledge and help everyone understand their own health condition.

If you want to manage your health better, you first have to recognize what's happening, then get the right interpretation, then understand the options you have to act. If you can continuously accompany patients along that learning journey, rather than only at isolated points, that could be a real game changer, and people become more aware of themselves. Getting trust in your own reading of your symptoms is what I find really interesting. Not looking at your watch to see whether you slept well, but actually feeling whether you slept well, and knowing what you can do if you didn't. We need that to bring costs down too, but it's also just the natural way things develop.

To be more aware, and to be back in the position where I really can do something about it, means I feel more in the driver's seat of my own health again. Not everyone is willing to, though. It's comfortable to hand responsibility for your health to a doctor. Now we have to give it back to people, and that isn't easy. But it's the same shift we've made elsewhere: we do our own finances, our own communication, our own admin, all by ourselves, because we're able to. I personally think this change is good for healthcare too. It's really a cultural and mindset change.

We're shifting from the passive patient to the active patient.

KATINA SOSTMANN

Sergiy Sumnikov
HOST

Super interesting. What also resonated with me is the risk of over-relying on devices to tell us how we feel. A specific example: I used a Whoop device for a year, and the metric that mattered most to me was heart-rate variability. On a morning with good HRV I'd add challenges to my day; with bad HRV I'd try to subtract them. I realized it would be good to guess first, so every morning before checking, I tried to guess my HRV, and over time I got really good at it. After a year I canceled the subscription but kept reading myself. That felt important. It was also a cost question, since lots of devices add up.

Katina Sostmann
GUEST

I really like that point, because that's exactly what we have to design: the little challenges that put the human back in the loop and let people reskill. What question can the system ask before you look at the result, so you become aware that you can do it yourself again? It can be designed, and it's important that we think about how to build in reskilling and the human factor, the human intent, again.

Sergiy Sumnikov
HOST

Even from a design and gamification point of view, the Whoop app could ask me to type in my guess for my HRV, then tell me how close I was.

Katina Sostmann
GUEST

But that's not what the product wants, because the product wants you to keep coming back. That's why it's good that some health interventions are also accompanied by public institutions that think in terms of better health for people, and not only about making more money.

03 Privacy, Trust & Regulation

European caution as a design constraint rather than a brake, room to experiment, and what trustworthy AI has to show.

Sergiy Sumnikov
HOST

That's our last block: privacy, trust, and regulation. To close the previous one, patient education matters here too. There are many devices on the market, Oura Ring, Whoop, Fitbit and others, and as a user I can favor the one that focuses more on patient awareness. That can be a real differentiator, as opposed to the Facebook-style stickiness and engagement.

Katina Sostmann
GUEST

Make me think, rather than make me scroll, yes.

Sergiy Sumnikov
HOST

Exactly. European and German attitudes to health data are famously cautious. Does that caution slow good design down, or does it push us toward better interfaces than places that move faster and looser, like the US?

Katina Sostmann
GUEST

Definitely the second, and I'd say that as a European. There's that Eames line about design being all about constraints, and it's a good one. But we need places to try things out. What I really don't like about our restricted environment in Germany is that we don't really have places to experiment and then see what gives the best outcome for everyone. Usually the best outcome is defined for the data-security officer, the regulator, or the clinic's lawyer, but not with everyone at the same table. In the end that isn't good for the patient, because the good thing exists but you can't get access to it, it's too restricted.

So two things. We have to try things out before we lock them into regulation, rather than fixing the framework first. And we have to do more co-creation, involving more people and more perspectives, including the patient's, at eye level. In the end nothing adds value if it isn't used. Putting people together and finding the sweet spot between all the different requirements is the normal design challenge.

And maybe we're not the first to do something, but we could do it better. It's a bit like the Apple story: you don't have to be first. If you wait until the first attempts are in use, you can rethink them and do it better.

We have to try things out before we lock them into regulation, rather than fixing the framework first.

KATINA SOSTMANN

Sergiy Sumnikov
HOST

There's the concept of the fast second, being second to market has its benefits. From a very practical design perspective, one thing we see is that privacy by default actually removes clutter, because you become very mindful about what you include and who can access

what. So how does designing under GDPR and German data-protection culture change the way an AI should communicate? Any examples or ideas?

Katina Sostmann
GUEST

The basic thing a good AI should do is be transparent and explainable, and be trained on good data. That's not only a GDPR constraint, it's a constraint for quality: good data, no bias, and a good user experience, because if I know what the system used, how a decision was made, and what its sources are, then it can also give me hints on how to improve. Right now, some people can do that because they're good at prompting and know the system. We have to advise people and give them more hints on how to handle it, and also certify certain input data, so an AI trained on specific data carries a kind of certification. That's probably a longer road, but with a better outcome in the end.

End

Closing

A visionary note on getting past the screen and designing with all of our senses.

Sergiy Sumnikov
HOST

We've finished all of the main questions. If there's anything else you'd like to add on the future of AI interfaces in healthcare, please do. Otherwise, maybe you could paint something futuristic and visionary in this context.

Katina Sostmann
GUEST

Futuristic. I would love to get a bit more rid of the screen; that's still a challenge. On the other hand, I don't want to steer everything with gestures either. If I have a wish, and maybe it can also be a prediction, because it's up to us to actually do it, it's to use all of our senses again. Not being stuck to a single ability like only talking, hearing, or seeing, but bringing in more, including the more tactile, physical interfaces.

We're still at a starting point. Things are getting faster, including production, so I'm sure we'll be able to try things out even faster. I would love to see more inventions that combine real intelligence with the real world, in a good way.

Sergiy Sumnikov
HOST

Thank you, Katina, for all your thoughts and for this conversation. To everyone listening or watching, please feel free to reach out to me or

to Katina with any follow-up questions, for example on LinkedIn. Let's wrap up. Thank you.

Katina Sostmann
GUEST

Bye-bye, thank you very much.

Sergiy Sumnikov
HOST

Bye now.

End of transcript. Recorded 20 August 2026 · Halo Lab · halo-lab.com