The boundary — what the agent does, what stays with the practitioner

LINDBERGH FORMATION — 16 rue de Maillé, 91310 Montlhéry, France · Companies register (RCS) Evry 817 946 114

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Design split, pinned up at the front desk · fictional document

> **Fictional document — demonstration example**
> This document is produced by the Blue Lemon Agent website to illustrate what an AI agent hands to its users. The companies, matters, amounts and people in it are invented. It has no legal, accounting or commercial value.

Fictional document, produced for the demonstration. **Making a diagnosis, assessing a symptom, telling someone whether their situation is serious, deciding on care: these are medical acts.** Performing them without being a health professional is a criminal offence. **This boundary is not a cautious setting: it is in the agent's design**, and the table below gives the detail, rule by rule.

The split, line by line

Operation	Who does it	Why
Gather administrative information	**The agent**	No judgement, a form applied
Copy the reason as stated	**The agent**	**Word for word, in quotation marks — rephrasing would already be interpreting**

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Operation	Who does it	Why
Compare with the written protocol	**The agent**	Rule application, not judgement
Propose the attached referral	**The agent**	**The protocol line is displayed next to the proposal**
Approve the referral	**The coordinator**	**0 referral applied without human approval**
Write or change a line of the protocol	**The lead physician**	It is the centre's rule, not the agent's
Assess a symptom	**The practitioner, exclusively**	**Medical act**
Say whether a situation is serious	**The practitioner, exclusively**	**Medical act**
Make a diagnosis, decide on care	**The practitioner, exclusively**	**Medical act**

What makes the boundary workable in practice

Design choice	Concrete consequence
No rule starts from a symptom	**Rules start from the administrative reason, the patient history and the practitioner** — a symptom triggers no computation
No degree of urgency computed	The urgent circuit is triggered by **formulations listed by the lead physician**, not by an assessment
No sorting of free text	The text goes to the practitioner in full; it is neither summarised, nor labelled, nor scored
No conclusion about a person's condition	**Software intended for that purpose would fall under medical device regulation** — marking, clinical evaluation, surveillance. The agent does not sit in that field.

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What the boundary leaves the agent — and it is no remainder

Administrative work	Share of a request's time	Status
Gathering information	**55 % → 9 %**	Done by the agent
Applying the protocol	**30 % → 6 %**	Done by the agent
Formatting and routing	**25 % → 5 %**	Done by the agent
Time-stamped trail end to end	—	**Done by the agent, continuously**

> **Three separate stopwatches, on three different populations of requests: they do not add up.** Taken together they describe something simple — **most of the time a request costs is administrative, and it is that bulk which is handed back.**

To pin up at the front desk

Date this split was reviewed by the lead physician: _____

Scope of this document: the service operated by Blue Lemon Agent. For an agent deployed at your premises, the applicable location is that of the architecture set out in the quotation and verified before commissioning; local execution is announced only for the configuration explicitly described and accepted in the quotation; the applicable isolation depends on the deployment mode set out in the quotation, no dedicated isolation being presumed; the encryption mechanisms in transit and at rest, their components and key management are those documented for the architecture chosen; roles and permissions are configured and accepted for the identities and systems actually connected; the events logged, their content, their retention period and who may access them are defined for the deployment chosen.

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