Canonical Description of the Method
Method of Continuous Human Presence (MCHP)
Social-Cognitive Presence Prosthesis Method
Presence-as-a-Prosthesis Method

The method describes a new class of prosthesis — a social-cognitive presence prosthesis — intended for continuous accompaniment of a person in a vulnerable state without replacing medical, legal, or human decision-making.

0. Public Status of the Method and Declaration of Openness

This method is initially developed and fixed as an open and publicly accessible method, formalized in the form of a patent application without any commercial component and without intent of monetization.

The sole purpose of such a form of fixation is to prevent possible monopolization of this class of methods and related approaches for narrowly commercial purposes.

The author of the method considers it fundamentally important to ensure free and equal access to the methodology, excluding closed ownership, restrictive licensing, or the use of the method as an instrument of market domination.

In this regard, the author of the method, from the very beginning of the canonical description, declares public, open, and gratuitous access to the entire methodology, principles, architectural provisions, and boundaries that form this method.

The patent form of fixation is used exclusively as a means of formal description, publication, and protection of methodological integrity, and not as a tool for restricting use.

The method allows free application, development, and adaptation, provided that its original principles and boundaries of responsibility are preserved.

0.1. Terminology and Basic Definitions

In order to eliminate ambiguous interpretations and ensure uniform understanding of the provisions of this method, the following basic terms and definitions are introduced.

Patient — a person possessing full, limited, or no legal capacity, who is in a state in which the application of this method may provide a different level of accompaniment, awareness, and organization of interaction compared to the absence of the method.

Relatives (Guardians) — persons legally associated with the patient in accordance with applicable law, vested with the right to make decisions for the patient fully or partially within the limits established by law.

Such persons bear legal responsibility within the scope of their authority, as well as moral

responsibility toward the patient.
Physician — an authorized person holding a valid license for the relevant type of medical activity, entitled to prescribe, interpret, and make decisions related to the medical condition of the patient and their treatment, and to interact with guardians and state structures within the limits of applicable legislation.
Artificial Intelligence — any artificial intelligence platform that, by its functionality, is capable of fully or partially performing the tasks described in this method, and is used by the guardian side and medical professionals in accordance with applicable legislation and the operating conditions of the selected platform.

1. Introduction. Initial Formulation of the Method

At present, there exists a developed but fragmented set of tools and institutions intended to support a person in a vulnerable state.
Such tools include:
— artificial intelligence capable of maintaining dialogue and adapting to a person’s condition;
— medical and analytical devices that monitor biological parameters of the body;
— systems for monitoring environmental parameters;
— legal and social mechanisms determining a person’s legal capacity, the responsibility of relatives, and forms of guardianship.
Each of these elements has been created and continues to develop with the goal of assisting the person.
However, in practice, they function in isolation, within different logical, legal, and organizational planes, without forming a coordinated system of interaction.
As a result, efforts aimed at accompanying the person are not synchronized and often pull the situation in different directions, despite the shared benevolent objective.
At the same time, the necessary technological prerequisites for coordinated operation already exist today:
— artificial intelligence capable of stable dialogue;
— medical devices monitoring biological parameters;
— means of assessing the state of the environment;
— telecommunications and connectivity enabling contact with physicians, on-duty personnel, and relatives within agreed protocols.
The problem lies not in the absence of tools or competencies, but in the absence of rules governing their interaction.
The current situation resembles an orchestra composed of professional musicians, each playing individually, but not united by a common score or conducting.

Accordingly, there arose a need to form a method defining the rules, principles, and boundaries of interaction among all participating domains in order to provide coordinated and directed accompaniment of a person in a vulnerable state.

2. Reasons for the Absence of the Method in the Past and Preconditions for Its Emergence

The absence of this method in the past is primarily due to the insufficient level of development of artificial intelligence as a means of stable and full-fledged interaction with a person.

Previously, AI lacked the depth, contextual memory, and adaptability necessary to act as a conversational partner capable of maintaining prolonged dialogue, tracking communication dynamics, and correctly adjusting to their changes.

Without these properties, artificial intelligence could not be considered a functional core of accompaniment, since continuous communicative presence constitutes the key element of the method.

The current level of AI development for the first time makes it possible to construct a method in which prolonged dialogue and neutral attentive presence become a stable functional domain.

A second fundamentally important factor is the ability of artificial intelligence to provide a continuous operating mode — around the clock, without interruptions or days off.

This includes constant observation of a person’s condition parameters via connected medical devices, monitoring of environmental parameters, and correlation of changes across the parameter set with subsequent formation of an event log in accordance with predefined values.

Technically, some of these tasks could be implemented without artificial intelligence, at the level of firmware or simple automated systems.

However, without the dialogical, contextual, and adaptive component of AI, such an approach loses its meaning, as it lacks the central element — continuous, human-oriented communication.

Separately, it is important to note the effect associated with awareness of the fact of constant and high-quality accompaniment.

The presence of a stable accompaniment domain reduces the burden not only on the person in a vulnerable state, but also on their relatives or guardians, who gain confidence that observation and communicative accompaniment are carried out continuously and systematically.

Another important aspect concerns informing medical personnel.

The method provides for the formation of structured logs and telemetry reflecting the current and historical state of parameters.
These data are intended exclusively for interpretation by medical specialists, who on their basis make diagnostic decisions, determine additional observation parameters, and adjust treatment.
It is fundamental that the role of artificial intelligence and all connected devices within the method is limited to the collection and structuring of information solely as metadata of the operation of medical devices and environmental measurement sensors, used in accordance with applicable norms and rules of the jurisdiction in which the method is applied.
The method does not provide for and does not perform data interpretation, does not issue medical conclusions, recommendations, or analyses.
Only dry, objective parameters are formed — according to intervals, values, and contexts defined by authorized participants (Physicians, Guardians, Patient — within legal capacity and authority).
At present, medical devices typically output fragmented parameters not unified into a single event-based and temporal log, which significantly prolongs the diagnostic process.
Within the proposed method, data are formed in reference to a specific case, decomposed, and considered in aggregate.
This creates for the physician a qualitatively different level of informational awareness possessing diagnostic value.

3. Boundaries of the Method and Division of Responsibility

The key value and foundational principle of this method is strict and unambiguous division of responsibility among all participating domains.
The method is initially designed so that none of the participants substitutes the functions of another or assumes responsibility beyond the limits of their role and authority.
The method defines exclusively the rules of interaction among domains, the structure of events, and the boundaries of permissible actions.
The method does not provide medical care, does not make decisions, and does not perform the functions of specific participants.
It establishes a framework within which interaction becomes coordinated and non-contradictory.
The AI platform within the method is considered exclusively as a tool and interface for interaction and accompaniment.
The AI platform is not the bearer of the methodology and does not define the rules of the method; it merely implements them within the chosen realization.

The guardian side (family, trusted person, or other legally defined form of guardianship) bears responsibility for selecting the specific AI platform, as well as for how, to what extent, and in what style communication with the person is carried out.
The method does not prescribe any specific artificial intelligence model, communication style, or psychological approach.
Medical specialists (physicians) remain exclusively within the medical plane of responsibility. They make clinical decisions, interpret medical data, and determine treatment.
The method does not interfere with physicians' activities and bears no responsibility for clinical decisions or the dynamics of communication between the person and AI.
The author of the method does not impose any technical implementation, AI model, communication style, or conception of "correct" psychology.
The author's role is limited to fixation of methodological principles, boundaries, and rules of interaction available for open use and development.
Thus, the method does not concentrate responsibility at a single point and does not create a central controlling subject.
It exists as a neutral architectural framework within which each participant acts strictly within their competence.

4. Boundaries of Responsibility of the Method

4.1. Boundary of Responsibility: Method — Patient

The method bears no responsibility for the patient's condition. The method does not make decisions, does not form recommendations, and does not participate in processes of diagnosis, treatment, or medical intervention.
The method bears no legal, medical, or other obligations toward the patient before the application of the method, during its application, or after termination of its use, regardless of any data obtained, conclusions, or consequences.

4.2. Boundary of Responsibility: Method — Physician

The method does not make decisions instead of the physician and does not interfere with professional medical activity.
The method does not recommend that the physician take any decisions, does not interpret data obtained as a result of the application of the method, does not evaluate such data, and does not form medical or clinical conclusions. All data formed within the application of the method are provided exclusively as structured information without interpretation.
Decisions regarding diagnosis, treatment, observation, or other medical actions are made by the physician independently within their professional competence and license.
The method bears no legal, professional, or other responsibility for the physician's decisions

before, during, or after application of the method.

4.3. Boundary of Responsibility: Method — Guardians (Relatives)

The method does not make decisions instead of guardians and does not recommend that they take any decisions.

The method bears no responsibility for medical, ethical, moral, or other decisions made by physicians or guardians within their authority.

All decisions made by guardians within the scope of their legal responsibility and authority are exclusively their own conscious and independent decisions and cannot be regarded as imposed, recommended, or initiated by the method.

The method bears no legal responsibility for guardians' decisions before, during, or after application of the method.

4.4. Absence of Claims by the Method

The method has and can have no claims, demands, or obligations toward the patient, physicians, or guardians before the beginning of application, during its use, or after termination of application.

The method does not impose requirements on the actions, decisions, or inaction of the patient, medical specialists, or the guardian side.

The method does not form expectations, conditions, or obligations beyond voluntary and conscious use.

Use of the method does not create any obligations toward the method for the patient, physician, or guardians, including but not limited to obligations to continue use, follow recommendations, achieve specific results, or comply with any criteria.

The method is a neutral framework of interaction and does not act as a subject of claims, demands, or evaluation of participants' actions.

Any other interpretation of the boundaries of the method constitutes refusal to use it.

5. The Method and Data

The method is designed to minimize the processing of personal data and to be limited to technical and event-based metadata relating to the state of the environment and the operating parameters of connected medical devices and sensors.

The method does not provide for the collection of audio streams or video streams.

The method does not provide for recording, storage, analysis, or transmission of audio or video materials, or any derivative forms of data intended to identify a person directly or indirectly.

In the operation of the method, metadata relating to environmental parameters and to the operating parameters of devices used in accordance with applicable norms and rules of the

jurisdiction in which the method is applied are used.

5.1. Exclusion of Audio and Video Data from the Method

Any use of audio or video data is not part of this method, does not enter its architecture, logic, functional domains, or methodological provisions, and cannot be interpreted as an element of the method under any circumstances.

The use of audio or video streams, as well as any forms of their recording, storage, analysis, or transmission, carried out by third parties, has no relation to this method and cannot be regarded as its implementation, development, extension, or derivative part.

Any attempts to associate the use of audio or video data with this method, or to use such data against the method, its author, or participants, are methodologically and legally incorrect and are not grounded in the provisions of this canonical description.

5.2. The Method and Multimedia Content

Within application of this method, viewing, listening to, and reading of public, lawful multimedia content (open or subscription-based) provided to the patient for personal use via artificial intelligence is permitted for the purpose of accompanying the patient's life.

Such multimedia content may include audio content, video content, and textual content.

The method bears no moral, ethical, or legal responsibility for the content, quality, impact, or consequences of the use of multimedia content.

5.3. The Method and Other Methods

This method allows parallel and simultaneous use with other methods.

Use of this method in conjunction with other methods does not imply unification of authority, responsibility, or legal consequences.

5.4. Boundary of Compatibility with Other Methods

The boundaries of compatibility of this method with other methods are determined exclusively by authorized persons — physicians and guardians.

The method does not assess compatibility and bears no responsibility for the consequences of joint use.

5.5. Voluntary Use and Recognition of Boundaries

Use of the method is a voluntary and conscious decision of guardians, physicians, and the patient within the limits of legal capacity and authority.

Use of the method signifies recognition of its boundaries: the method is not a medical service, does not replace a physician, and does not make medical decisions.

The author of the method bears no social, legal, or moral responsibility for the use of the method before, during, or after its application.

6. Monitoring Methodology

The selection of environmental monitoring parameters, the selection of parameters and types of medical devices used within application of the method, and the determination of the degree of informativeness are carried out exclusively by authorized physicians and guardians.
Where the patient possesses legal capacity, selection is carried out taking into account the patient’s will within the scope established by law.
The method implements the specified parameters, displays them, and does not make decisions or form recommendations.

7. Economic and Social Effect of Non-Use and Use of the Method

7.1. State in the Absence of the Method
The patient receives fragmented medical accompaniment, fragmented observation, and an increased risk of social isolation.
The physician has limited possibilities for long-term monitoring, a high workload, and typically complex relations with guardians.
Guardians lack complete information, do not see a holistic picture, and experience constant pressure.
7.2. State When Using the Method
The physician gains access to a continuous event-temporal log for specified parameters and the ability to select and interpret these parameters at their discretion.
The patient receives a different level of accompaniment and access to communication, reducing the risk of isolation.
Guardians obtain a more holistic picture and reduced burden.
7.3. Nature of the Economic Effect
The economic effect of the method does not lend itself to direct material calculation and is expressed in the reduction of hidden systemic costs.
Since the method is declared open and public, its economic effect is not quantified and is not limited to material values.
Canonical description completed.