poorly designed health system based on reimbursement instead of health. We work with patients to provide solutions that align with their values and help them navigate the challenging and false dichotomy between physical and mental health.

Family physicians (and our patients) would be better served if AI could write our notes for us, perhaps listening to our patients when they speak in a language other than English yet recording English words in the EHR. Artificial intelligence could even organize it into a Subjective, Objective, Assessment, and Plan (SOAP) note, allowing physicians to talk to the patient instead of typing. Artificial intelligence scribes can make explicit the often implicit and complex and multifactorial (socio-ethical-familial) care support system choices of investigation plans and treatment plans. AI could possibly sort out the confusing and, at times, contradictory recommendations from specialists. Deploying AI to organize the record into something useful for our patients would create time for relationship building and providing solutions. If we are bold, AI could facilitate communication, reduce redundancies, and develop coherent collaboration within teams. There are many other things that AI can do for us, as presented in Table 1.

Artificial intelligence has enormous potential to make our lives easier in very many ways. And yet, AI is currently creating things that we do not need. Family physicians do not need another risk calculator, and we do not need more diagnostic assistance. This is our moonshot moment: if we articulate well what we need and what we do not, this tool has the potential to restore joy to practice. Let's articulate our vision of what we want from AI and make it into something that serves us. With the right AI, more of our brain space will be freed up to do what family physicians do best: take care of people.

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Key words: artificial intelligence; family medicine; EHR

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CORRECTION

Ann Fam Med 2025;23:8. https://doi.org/10.1370/afm.250027

In Heltemes R, Foge D, Wolf M, et al. Adult ADHD diagnosis in a family medicine clinic. *Ann Fam Med.* 2024;22(6):568. doi:10.1370/afm.3178, the author names were incorrect. The names Maren Wolf, MD and Marina Kirkeide, MS were incorrect and should have been Maren Murray, MD and Marina Wolf, MS. The online version has been corrected. The authors regret the error.