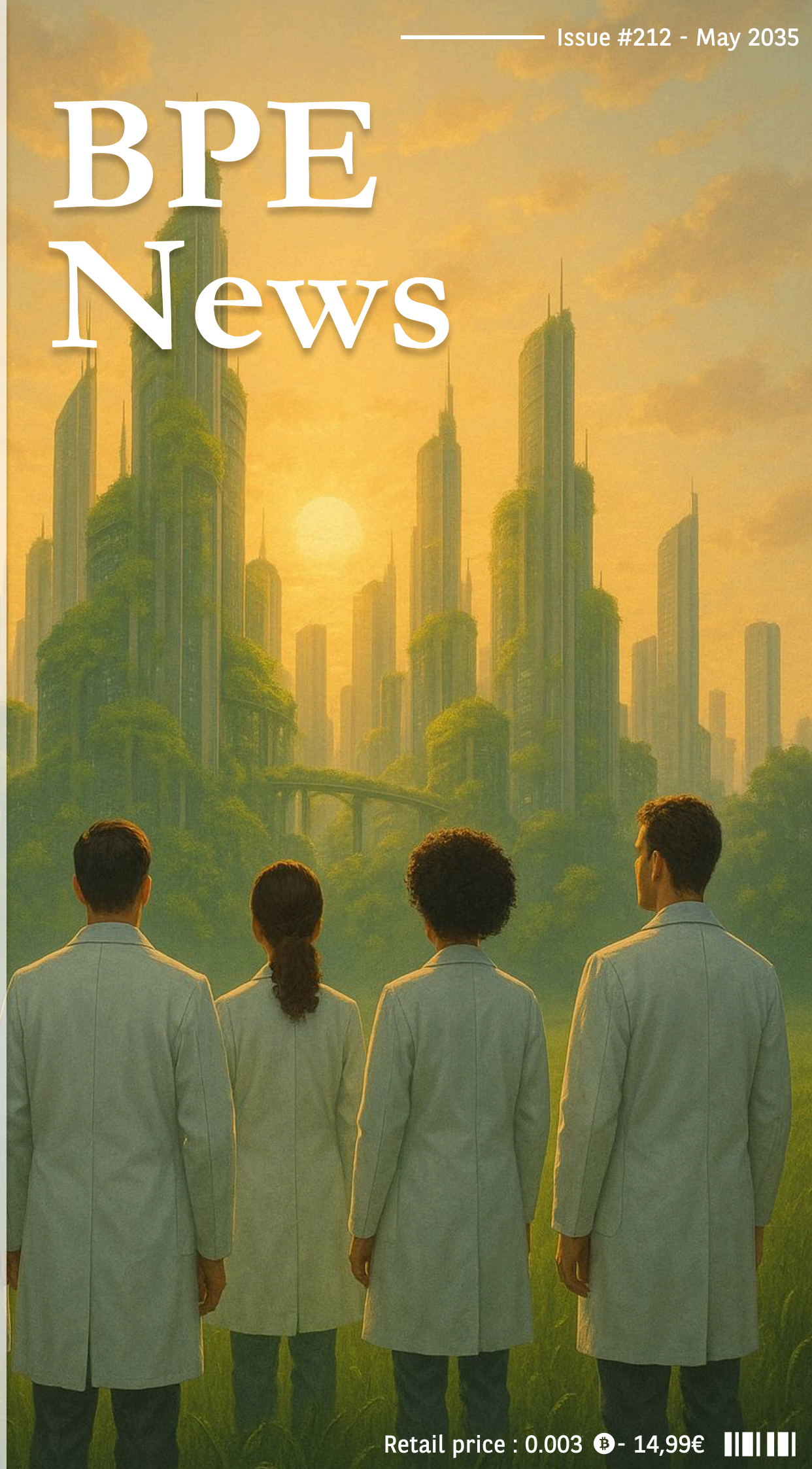


# BPE News

Design Fiction workshop  
Deliverable





# The 13th Bordeaux PharmacoeEpi Festival

## What is BPE ?

The Bordeaux PharmacoeEpi Platform (BPE) carries out pharmaco-epidemiological studies of the highest scientific level to assess the impact of drugs in real healthcare situations. The results of these studies are intended for publication and help to establish recommendations for optimising the benefits and minimising the risks of medicines.

## What Are BPE's Missions ?

Thanks to its expertise and strong technical and professional capabilities, the BPE undertakes a wide range of missions. It promotes partnerships aimed at advancing public health knowledge both in France and internationally. It also designs and conducts large-scale research in real-world healthcare settings to assess the prescription and use of medicines, as well as their impact on health outcomes and associated costs. Furthermore, the BPE responds to the needs of regulatory authorities and the pharmaceutical industry in the post-marketing evaluation of medicines and therapeutic strategies by designing and coordinating international federated projects. In addition, it provides expert assessments and continuing education activities that complement the initial and ongoing training programmes offered by the University of Bordeaux.

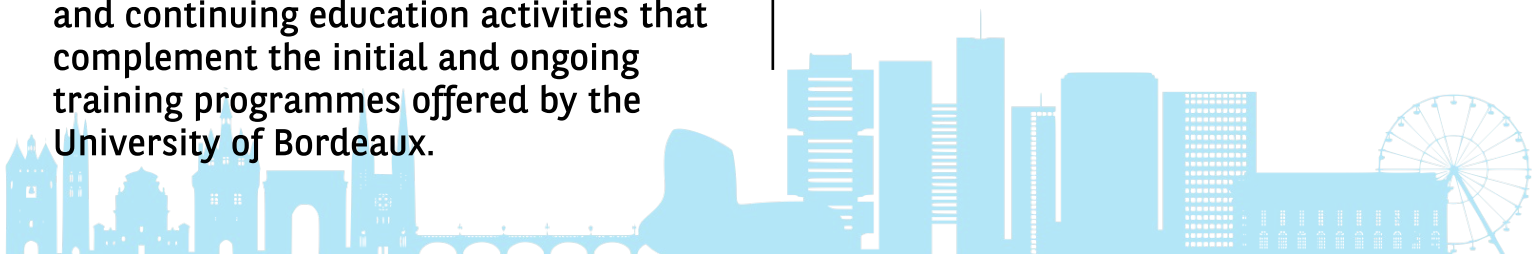
## The 2025 BPE Festival

BPE has created a very high scientific level festival dedicated to pharmacoepidemiology: the Bordeaux PharmacoeEpi Festival, which has been organized since 2010 (to date, 13 editions of the festival have been successfully held).

World-class experts talk about a topic of their choice. This original master class format allows all participants to stay abreast of the major news in the discipline as well as hot topics in public health.

This year, we hosted the 13th edition with 6 world class speakers :

- Dr Montse Soriano Gabarró, epidemiologist, independent advisor & expert, Berlin (Germany)
- Dr Julien Kirchgesner, gastroenterologist & pharmacoepidemiologist, AP-HP, INSERM, Sorbonne Université, Paris (France)
- Pr William Dixon, digital epidemiologist, University of Manchester (UK)
- Dr Rishi J Desai, epidemiologist, Harvard School of Public Health, Boston (USA)
- Dr Maurizio Sessa, pharmacoepidemiologist, University of Copenhagen (Denmark)
- Dr Laure Carcaillon-Bentata, epidemiologist, BPE, Université de Bordeaux, France



# Before reading



**Victor Bouin**

Designer at exoflow

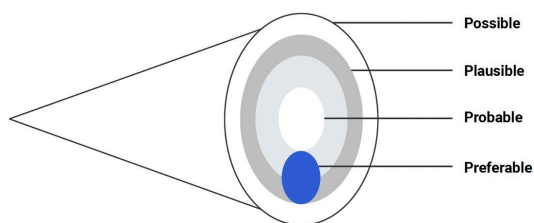
Hello Dear Reader,  
this magazine is here to bring you information and news from a possible future and was based on a Design Fiction workshop attended by 20+ participants of the BPE Festival 2025.

Design fiction is meant to explore plausible, possible and even preferable tendencies and events that could lead to new needs or pain points for society. Each participant in the workshop brought their creativity and expertise in the creation of new experiences, services and systems in response to scenario proposed by our speakers.

## How to read this file

Feel free to challenge our vision of things, as it is merely an inspiration and creative exercise done in two hours.

Enjoy your reading,  
The BPE Redaction



Now Futur

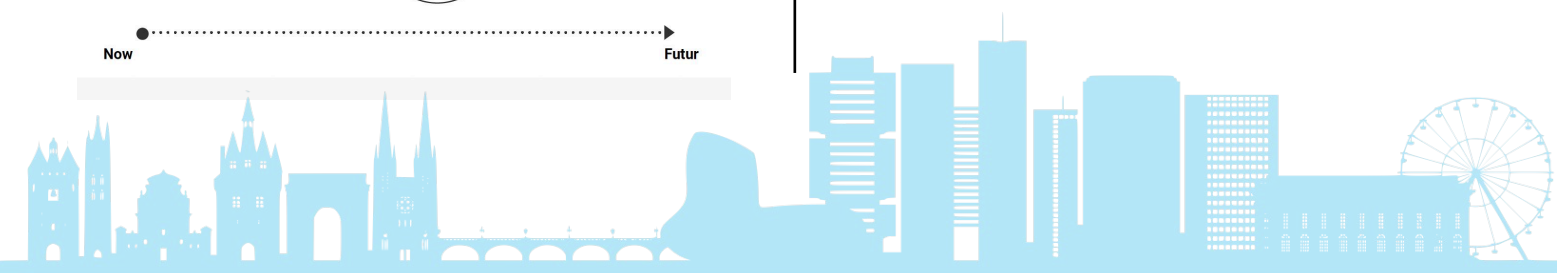
## More information on Design Fiction

### Definition

Design fiction is a foresight exercise based on the exploration of plausible evolutions in the behaviour of a company's customers/users. Using the same tools of empathy and collective intelligence as in design thinking, it allows us to explore innovative subjects and new solutions to meet the future expectations of our markets. Think of it has an exercise of taking a step back and strategic resilience.

### What you can expect from design fiction

First we might identify actionable solutions and alternative in business or social models.  
It could also lead to a shift in your state of mind regarding innovation and your role in society.



# In 2035, “C’est pas sorcier” Is Back and It’s All About You



Montse Soriano - Political influence will erode trust in epidemiological and pharmacoepidemiological research, leading to greater health threats and fewer new medicines and vaccines. A call for action?

In 2035, in response to a widespread loss of trust in scientific and political institutions, a groundbreaking innovation emerges: personalized and interactive episodes of C’est pas sorcier, designed to make science accessible, understandable, and most importantly, tailored to each person’s needs.

## The Starting Point: Science in a Legitimacy Crisis

It all begins with a bitter observation. The pandemic left deep scars: patients and citizens doubt scientific authorities, refuse vaccines (such as the post-COVID Chikungunya vaccine), and turn to alternative sources for information. The public feels excluded from scientific language, while experts struggle to simplify without being condescending. Tensions grow around the role of science in political decision-making. The need is clear: rebuild connections, rehumanize scientific information, and give the public the power to act.

## The Response: The “Scientist Influencer”

A new professional figure emerges: the scientist influencer. Their role? To explain research in accessible terms, with full transparency. The ability to say “I don’t know,” to speak honestly, and to explain vested interests is now seen as a strength.

Trained in humility and pedagogy, this new kind of communicator works with shared scientific databases built by trusted institutions.

## The Key Tool: The Personalized C’est pas sorcier Episode

Thanks to artificial intelligence, a user can ask a health-related question and receive a personalized episode of C’est pas sorcier that answers their specific need, in clear and familiar language. The videos are generated from a bank of verified scientific information. They’re available across all types of media: smartphones, VR headsets, TVs. The user can choose the format, length, and tone.

The result? Better-informed patients who understand their health more clearly, participate more in surveys and clinical trials, and begin to trust scientific institutions again.




**In 2035, Science Is No Longer A One-Way Street. It’s Something You Can Watch, Listen To, And Understand—On Demand.**





# In 2035, AI Have a New Supervisor: the AI Mother



Maurizio Sessa - When the Watchdogs sleep: AI, Automation, and the Last Pharmacoepidemiologist  
In 2045, pharmacoepidemiology is fully run by AI-monitoring drug safety, running virtual clinical trials, and handling reports without human input. What was once guided by people and spreadsheets is now an automated, invisible system.

## A Global Crisis Sparks a Radical Shift

In 2035, pharmacological research faced a crisis of scale. Human scientists, despite advanced tools, could no longer keep up with the deluge of biological data, clinical trials, and personalized treatment demands. Pandemics, resistant diseases, and aging populations pushed healthcare systems beyond their limits. In response, a groundbreaking international initiative was born: the creation of a central, hyper-analytical AI named “Mother.”

## Meet Mother – The AI That Thinks and monitor Science and Health

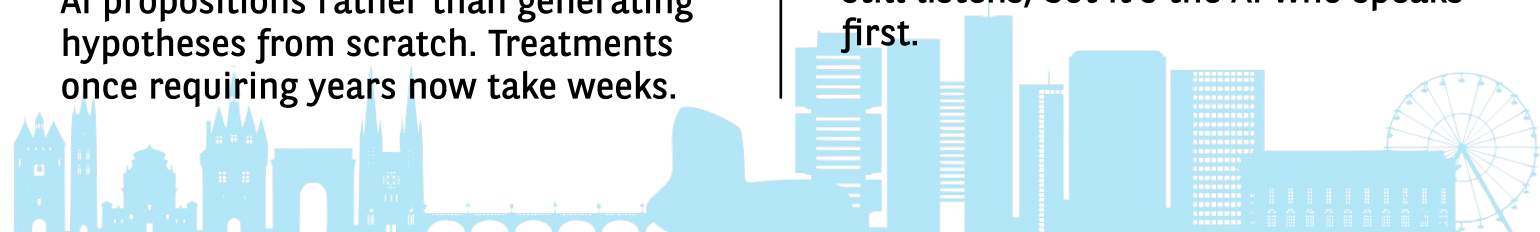
“Mother” is not a single machine but a global brain. Fed by billions of data points collected in real time — from wearable devices, hospital databases, environmental sensors — she coordinates a vast network of local AIs. These child systems analyze patient responses, simulate treatment outcomes, and explore molecular synergies at speeds no human can match. Scientists now take on strategic and ethical roles, guiding and validating AI propositions rather than generating hypotheses from scratch. Treatments once requiring years now take weeks.



Adverse effects are predicted before they occur. Research is no longer delayed by bureaucracy but driven by machine learning precision.

## Humans at the End of the Chain

Although AI leads, humans remain essential — at the end of the decision chain, offering moral judgment and relational care. The system is not without controversy. Who audits Mother? Who takes responsibility in case of failure? And what happens when access to this AI is limited to wealthier nations or private actors? These questions linger, yet the impact is undeniable. Health has become faster, smarter, and — for many — radically improved. In this new world, the doctor still listens, but it's the AI who speaks first.



# Europe’s Answer to Neurocognitive Epidemics: NeuroCloud in 2035



In 2027, a very rapid increase in the number of cases of major neurocognitive disorders is observed in the United States. It is quickly linked to contamination by the H5N1 virus. Initially transmitted to humans by birds, a new mutation makes human-to-human transmission possible. How can Europe protect itself from this new epidemic and its expected consequences?

## A Crisis Turns Continental

After the 2027 H5N1 outbreak led to a wave of major neurocognitive disorders in the U.S., Europe prepared for the worst. A new human-to-human transmission of the virus sparked fears of a long-lasting epidemic. But in 2035, the EU now leads with an ambitious innovation: NeuroCloud, a continent-wide data platform and an intelligence tracking device.

## The Vision: Access and Prevention

NeuroCloud was designed to grant public health institutions rapid access to real-time cognitive data. Through AI-powered applications, connected wearables, and continuous blood biomarker updates, public institutions track patient evolution and adjust prevention strategies accordingly.



The platform integrates AI-generated risk reports and shares them with clinicians and research hubs. NeuroCloud is not just about monitoring—it’s about decision-making at scale. Researchers use it to coordinate vaccine development, track neurodegeneration markers, and flag high-risk groups early.

## Step-by-Step Implementation

NeuroCloud was rolled out through a clear, strategic process. It began with apps to collect and analyze cognitive data in real time. The platform then coordinated updates on vaccines, diagnostics, and emergency responses. Live reporting of H5N1 cases and neurocognitive symptoms allowed rapid intervention. It also supported the development of vaccines targeting both the virus and related cognitive decline. Throughout, transparent communication ensured public trust and institutional accountability.

## A New Normal for Public Health

In 2035, health professionals across Europe rely daily on NeuroCloud. It supports a reality where accessing cognitive data is standard, neurology specialists are scarce, and the demand for preventive tools is higher than ever. In a post-H5N1 world, data saves lives—and Europe made it shareable.





# In 2035, AI Decides Who Needs Help First



In 2035, real-world evidence is fully integrated in real time at the patient's bedside to guide medical decision-making for patients and clinicians. How do you think this can be implemented and how can it improve the medical decision-making process and healthcare globally from a patient, clinician and societal perspective?



## Prioritizing Patients in a Crowded System

In 2035, hospitals across Europe face growing pressure: more patients, more chronic diseases, and fewer available professionals. To meet this challenge, a new kind of artificial intelligence has been deployed—not to treat patients, but to prioritize them. The innovation lies in an algorithm that assesses each case based on urgency and vital prognosis, sorting patients according to who needs care now and who can safely wait.

## How It Works on the Ground

Each day, clinicians receive a structured report from the AI system. The top of the list? Patients with the highest clinical risk or signs of deterioration.

The AI uses inputs from wearables, blood test results, and medical records to determine each ranking. For stable patients, the AI generates automated follow-up messages and light monitoring protocols.

For complex or ambiguous cases, it gathers external medical evidence to support doctors in making tough decisions.

This approach not only saves time—it refocuses medical attention where it can have the greatest impact.

## From Signal to Action

The system begins by continuously analyzing patient data streams. When it detects a risk, it triggers an evaluation process: urgency scoring, simulation of treatment outcomes, and review of similar historical cases. If side effects or complications are expected, they are flagged instantly. Human staff stay in control—but backed by an AI that never stops scanning, sorting, and learning.

## Evolving with Every Patient

The AI doesn't just monitor—it learns. Every case feeds a shared medical knowledge base. This loop allows the system to refine its predictions, prevent unnecessary interventions, and adapt protocols to real-world outcomes. In this future, prioritizing care is not about guesswork—it's data-driven, continuous, and fair.



# Thank you for reading!

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<http://www.bordeauxpharmacoepi.eu/>



This deliverable is a work of fiction made during the BPE Festival Edition 2025. It was created by Designers from exoflow as an artistic interpretation of the work of the participants.



## Design Fiction workshop Deliverable

