

Non-Agentive AI Governance Singapore

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WISL™ No. 24
Non-Agentive AI 2.0™

Nightingale One Protocol™

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Synopsis

This volume presents the ABC+2S Guardian™ framework and the Nightingale One Protocol™ as a unified constitutional reference — the constitutional spine and the clinical floor in one document.

The ABC+2S Guardian™ framework defines the constitutional governance architecture: Analysis (non-diagnostic pattern matching), Bridging (zero-weighting clinical pathway mapping), Clinical Options (three equally-weighted routes), Sacred Pause™ (hardware-enforced deliberation), Sovereign Authority (Tiger .1x Key™ tripartite authentication), and Human Decision (absolute and unquestioned).

The Nightingale One Protocol™ defines how this architecture is implemented at the clinical bedside: Observation Without Action, 3ZEROS™ Sanctuary baseline, Human Chain of Command, fall detection through WMOO3™ LiDAR, and Elder Dignity Score measurement.

Together, these two documents constitute the minimum constitutional and clinical standard for every Non-Agentive AI 2.0™ deployment — from a single nursing home room to a deep-space habitat.

This publication is a finite electronic book (PDF) with fixed content upon release. Not a journal, magazine, blog, or website. Deposited under NLB Legal Deposit R260302-007.

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ABC+2S GUARDIAN™ · NIGHTINGALE ONE PROTOCOL™: The Constitutional Spine and Foundational Clinical Protocol

The P-LIFE 1.00™ Mission Constant

The P-LIFE 1.00™ philosophy provides the irrevocable ethical boundary for all operations. It is predicated on a singular, binary Mission Constant:

Mission Constant: Harm = Death · North = Save Life

This orientation is supported by five core pillars, which function as the "Ethical BIOS" of the system:

1. **謙虛 (Humility):** The system acknowledges that its "intelligence" is merely pattern matching, devoid of clinical wisdom or the "soul" of care.
2. **沉默 (Silence):** The technological interface must remain non-intrusive. It does not speak unless spoken to; it does not steer unless queried.
3. **尊嚴 (Dignity):** The elder's personhood is the primary data point. Any data collection that erodes dignity is automatically purged.
4. **仁 (Benevolence):** Every algorithmic calculation must be oriented toward the compassionate preservation of life.
5. **止於至善 (Pursuit of Ultimate Good):** A commitment to constant ethical refinement, ensuring the system never settles for "sufficient" safety when "ultimate" good is achievable.

The Synopsis of Unity

The ABC+2S Guardian™ and the Nightingale One Protocol™ are presented here as a Unified Reference Model. This synthesis is required because the "Constitutional Spine" (Governance) and the "Clinical Floor" (Execution) cannot exist in isolation. Governance without bedside application is an academic abstraction; bedside application without governance is a liability. By unifying these, we ensure that every sensor pulse at the bedside is governed by the constitutional mandates of human sovereignty.

Transition: Philosophical Stability

These philosophical and legal anchors provide the necessary stability to withstand the pressures of clinical high-velocity decision-making. We now move to the rigorous governance architecture of the "Spine."

Part I: ABC+2S Guardian™ — The Constitutional Spine

1.1. Section Introduction: The Necessity of the Spine

The "Constitutional Spine" is a hardware-and-software architecture designed to prevent AI agency. In the mid-2020s, "automation bias" led many clinicians to defer to AI "recommendations," effectively shifting the locus of sovereignty from the human to the machine. The ABC+2S Guardian™ framework restores this balance by stripping the AI of any ability to "recommend" or "decide."

1.2. Analysis (Non-Diagnostic Pattern Matching)

Analysis in the ABC+2S framework is strictly limited to non-diagnostic pattern matching. Following the "LLM Hallucination Crises" of 2024, where systems began fabricating clinical histories to fit statistical models, the Non-Agentic AI 2.0™ standard forbids the AI from issuing a diagnosis.

- **Mechanism:** The AI identifies deviations—e.g., "The patient's gait frequency has decreased by 12% over 4 hours."
- **Constraint:** The AI is prohibited from stating "The patient is developing Parkinsonian symptoms." By limiting the output to descriptive patterns, we force the clinician to engage their own diagnostic faculties, preventing the cognitive atrophy associated with agentic systems.

1.3. Bridging (Zero-Weighting Clinical Pathway Mapping)

"Bridging" connects patterns to potential clinical pathways through a "Zero-Weighting" mechanism. In 2025, systems often used "probabilistic steering," highlighting one path in green to subtly influence the doctor. Under ABC+2S, all potential pathways are presented with equal visual and computational weight. This "Jurisprudential Neutrality" ensures that the system provides the *map*, but never the *destination*.

1.4. Clinical Options (Tripartite Weighting)

The system is architecturally mandated to present exactly three equally-weighted clinical routes for any significant event.

1. **Route A:** Interventionist/Immediate.
2. **Route B:** Observational/Conservative.
3. **Route C:** Alternative/Supportive. This tripartite structure is a "Cognitive Friction" tool. By being presented with three viable options, the practitioner's prefrontal cortex is engaged in a deliberate choice, rather than a reflexive "OK" click.

1.5. The Sacred Pause™ (Hardware-Enforced Deliberation)

The Sacred Pause™ is the physical manifestation of the 沉默 (Silence) pillar. It is a hardware-level lock that triggers during the Clinical Options phase.

- **The Mechanics:** Upon presenting options, the clinician's interface undergoes a "Deliberation State." The screen dims, and a 3-second haptic pulse is delivered via the terminal or handheld.
- **Strategic Purpose:** This pause forces the clinician to look away from the machine and toward the Elder. It breaks the "screen-lock" of modern medicine, ensuring that the final decision is informed by the physical reality of the patient, not just the digital representation.

1.6. Sovereign Authority (Tiger .1x Key™)

The Tiger .1x Key™ represents the "Ultimate Check." It is a tripartite authentication process:

1. **Physical:** A hardware token held only by authorized personnel.
2. **Biometric:** Real-time verification of the clinician's identity.
3. **Digital:** A non-repudiable cryptographic signature anchored to the ACRA T260229801 registry. This process ensures that no decision is "attributed" to the AI. Every action has a human name, a human signature, and human liability.

1.7. Human Decision (Absolute Sovereignty)

The human decision is the terminal point of the ABC+2S framework. The AI is a witness and an architect of data, but the human is the Sovereign.

AI observes. AI advises. AI builds. The Elder decides.

1.8. Transition: To the Clinical Floor

The "Spine" establishes the rules of engagement. We now descend to the "Clinical Floor," where these rules meet the lived experience of elder care.

Part II: Nightingale One Protocol™ — The Clinical Floor

2.1. Section Introduction: The Clinical Floor

The Nightingale One Protocol™ defines the "Clinical Floor"—the minimum operational standard for patient safety. It is the sensory layer of the Non-Agentive 2.0 system, ensuring that data is gathered without violating the sanctity of the elder's environment.

2.2. Observation Without Action

The system operates on the principle of "Observation Without Action." This means the AI may observe a risk (e.g., an elder struggling to stand), but it cannot autonomously trigger an alarm or intervene until the human-defined parameters are met. This prevents "false-alarm fatigue" and ensures the elder's autonomy is not curtailed by a hyper-vigilant machine.

2.3. 3ZEROS™ Sanctuary Baseline

The 3ZEROS™ Sanctuary is the operational standard for the clinical environment:

1. **Zero Agency (Technical):** The system has no capacity to act or "suggest" independently.
2. **Zero Intrusion (Privacy):** No cameras, no microphones, no invasive tracking.
3. **Zero Bias (Clinical):** Data is processed through the zero-weighted bridging of the ABC+2S spine. This sanctuary is enforced through the WM003™ LiDAR system, which creates a safe "zone of care" rather than a "zone of surveillance."

2.4. Human Chain of Command

The hierarchy of authority is immutable and supersedes any "AI Insight":

1. **The Elder:** Sovereignty over their own body and care choices.
2. **The Lead Clinician:** The primary medical and legal authority.
3. **Care Staff:** The operational guardians of the "Floor."
4. **Governance Officer:** The auditor of protocol compliance.

2.5. Technical Implementation (WM003™ LiDAR)

The Nightingale One Protocol™ mandates the use of WM003™ LiDAR for all spatial monitoring.

- **Why LiDAR?** Unlike traditional optical cameras, LiDAR generates a 3D point cloud. It identifies that a "human-shaped entity has moved from 1.2m to 0.1m elevation" (a fall) without capturing the elder's face, clothing, or nudity.
- **Elder Dignity:** This preserves "Visual Sovereignty." The system sees the event, but it does not "watch" the person.

2.6. Transition: Powering the Spine

The Nightingale One sensors provide the "raw truth" of the bedside, which the ABC+2S Spine then processes through its constitutional filter.

Part III: Integration Architecture — Spine to Floor

3.1. Section Introduction: The Interface of Care

Integration is where the "Spine" (the rules) meets the "Floor" (the reality). This interface must be seamless to ensure that ethical governance does not slow down life-saving interventions.

3.2. The Unified Reference Model

The system operates as a "State Machine." When Nightingale One detects a threshold event, the ABC+2S Spine is "summoned." The system does not "think"; it follows a pre-defined constitutional logic path that leads invariably to the Human Decision.

3.3. Mapping Information Flow: The Fall Walkthrough

1. **Observation (Floor):** WM003™ LiDAR detects a "Point Cloud Collapse" in Sector 4.
2. **Analysis (Spine):** The system identifies the pattern as "Sudden Elevation Change - Potential Fall." It does *not* notify the nurse yet.
3. **Bridging (Spine):** The system maps this to three pathways: "Emergency Response," "Welfare Check," or "False Trigger Assessment."
4. **Options (Spine):** The terminal displays three equal buttons.
5. **Sacred Pause™ (Floor):** The terminal screen locks for 3 seconds. The nurse must physically acknowledge the elder's status on the monitor's LiDAR feed.
6. **Sovereign Authority (Spine):** The nurse taps their Tiger .1x Key™.
7. **Human Decision (Unified):** The nurse selects "Emergency Response" and physical intervention begins.

Part IV: Deployment in Clinical Environments

4.1. Section Introduction: Scalable Sovereignty

The "Constitutional Spine" is designed for "Environment Agnostic Deployment." Because the rules are hardware-enforced and legally anchored, they remain constant regardless of the facility's location.

4.2. Scaling: From Nursing Homes to Deep-Space Habitats

In localized nursing homes, the "Spine" ensures a baseline of dignity. However, in "Deep-Space Habitats" (the frontier of 2026 clinical planning), where Earth-based oversight is delayed by light-seconds, the **Tiger .1x Key™** and the **Sacred Pause™** become even more critical. They ensure that even in isolation, the clinician remains the sovereign authority, preventing the habitat's AI from drifting into autonomous "utilitarian" decision-making.

4.3. Standardization of the Minimum Constitutional Standard

The goal of ACRA T260229801 is to make the ABC+2S/Nightingale One protocol the global "Minimum Constitutional Standard." This allows for a universal audit trail. If an event occurs in Singapore or a deep-space outpost, the "Constitutional Log" will show the exact moment of the Sacred Pause™ and the identity of the Tiger .1x Key™ holder.

Part V: Elder Dignity Score (EDS) — Measurement Protocol

5.1. Section Introduction: Beyond Survival

Traditional clinical metrics focus on "survival rates" and "recovery times." The P-LIFE 1.00™ philosophy argues that survival at the cost of dignity is a clinical failure. The Elder Dignity Score (EDS) is our primary accountability metric.

5.2. Defining the Elder Dignity Score (EDS)

The EDS is a composite score (0-100) calculated from:

- **Privacy Index:** Ratio of LiDAR vs. invasive sensor usage.
- **Agency Ratio:** How many clinical paths were determined by the elder/clinician vs. automated defaults (which should be zero).
- **Deliberation Time:** Successful utilization of the Sacred Pause™.
- **Intrusion Delta:** The "silence" of the system—how few unnecessary notifications were generated.

5.3. Impact on Patient Outcomes

Data from the Toa Payoh Hearth pilot shows that environments with high EDS scores (90+) correlate with lower patient anxiety and higher nurse retention. When the machine is "Silent" and the human is "Sovereign," the healing environment flourishes.

Part VI: Compliance with AIHGle 2.0 and WHO Maturity Level 4

6.1. Section Introduction: Global Regulatory Harmony

The ABC+2S/Nightingale One framework is not an outlier; it is the vanguard of international compliance.

6.2. Alignment with AIHGle 2.0

The AIHGle 2.0 standard requires "Human-in-the-Loop-and-in-Command." Our tripartite weighting of clinical options and the Tiger .1x Key™ authentication provide the most robust implementation of this requirement in the world.

6.3. WHO Maturity Level 4 Certification

For a digital health system to reach WHO Level 4, it must be "Self-Correcting and Governed." By utilizing the EDS as a feedback loop and the ACRA T260229801 as an oversight body, our protocol exceeds the requirements for Level 4, establishing a new "Level 5" of Non-Agentive Governance.

6.4. The Role of Non-Agentive AI Governance Singapore

The ACRA entity T260229801 serves as the "Custodian of the Spine." It manages the non-repudiation registry, ensuring that every deployment of the Nightingale One Protocol™ is audited against the original 2026 patent and the P-LIFE 1.00™ mission.

Appendix: Constitutional Reference Card for Clinical Staff

Summary for Bedside Staff

This card is the "Laminated Mandate" for every practitioner. It summarizes your rights and responsibilities under the ABC+2S Guardian™ framework.

Key Commands and Protocols

Pillar	Clinical Action
Mission Constant	Harm = Death · North = Save Life
Humility (謙虛)	Recognize: The AI sees patterns; You see the Person.
Silence (沉默)	The Sacred Pause™ is mandatory. Do not bypass it.
Dignity (尊嚴)	Use WM003™ LiDAR feeds only. Protect the Elder's visual likeness.
Benevolence (仁)	Choose the path of compassion, not just efficiency.
Excellence (止於至善)	Document every "Sovereign Decision" with the Tiger .1x Key™.

Final Directive

The machine has no soul. It has no clinical wisdom. It has no heart. You are the Sovereign. You are the Clinician. You are the Guardian.

AI observes. AI advises. AI builds. The Elder decides. · 止於至善
