

“A Concise Manual for Healthcare Practitioners Navigating the Age of Artificial Intelligence”

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Abstract

Artificial intelligence (AI) is widely anticipated to have a substantial impact on the field of medicine and the provision of healthcare in the near future. Although there is less empirical evidence supporting its medicinal application in real-world scenarios, the concept has attracted significant interest and intrigue. Given the abundance of publications, conference speeches, misleading news headlines, and study interpretations, it would be advantageous for medical professionals to possess a concise and visually enhanced reference book that can be utilised during their whole career. Medical practitioners must possess a fundamental comprehension of artificial intelligence technology in order to discern the truth, assess research that relies on both clinical validation and artificial intelligence, and acknowledge the advantages and disadvantages of this technology. The objective of this work is to provide a concise, easily comprehensible, and visually attractive source of information in light of the emergence of artificial intelligence. The content provided here encompasses a diverse range of topics that would be beneficial to any medical practitioner. This article aims to offer a forward-looking viewpoint on the utilisation of artificial intelligence (AI) in regular medical practice. It also provides a clear summary of the different levels, techniques, and distinctions among various methodologies, along with relevant examples from the medical industry.

Introduction

Artificial intelligence (AI) is widely anticipated to have a substantial impact on healthcare delivery and medical practice in the near future. Despite the scarcity of concrete medical applications supported by sufficient research, there is a remarkable level of enthusiasm surrounding the topic. Fig. 1 shows a substantial collection of published literature on the subject, comprising scientific research, health policy reports, professional society pronouncements, and news pieces. Various industries, including as information technology, entertainment, and transportation, have extensively utilised artificial intelligence in the past decade. Internet browsers, search engines, social networking platforms, self-driving autos, and

stock market trading are among the various applications that have previously employed it. It is highly likely that the person presently reading this article has used artificial intelligence for over an hour today through the use of various software.

Some examples of these programmes include Google Maps, Waze, Facebook, Instagram, LinkedIn, and Google Search, among others. Despite its potential applications in medicine, drug research, and healthcare, the current facts and evidence are insufficient to persuade the general public and medical community to accept this technology. Although technology is still in its early stages of development, the annual number of published research studies continues to grow. Given the abundance of papers, conference presentations, misleading news headlines, and varying interpretations of research, it would be advantageous for medical professionals to possess a concise illustrated reference book that they can use throughout their professional journey.

Without a doubt, artificial intelligence (AI) will enhance healthcare. However, for its widespread implementation, medical practitioners must assume the responsibility of becoming well-informed, supportive leaders and mentors for this technology. The number is 3.

Physicians must possess a basic comprehension of the technology in order to assess artificial intelligence-based research and clinical validation. In addition, it is crucial for individuals to possess the ability to discern the true nature of the technology, distinguishing its advantages and disadvantages without being influenced by excessive promotion. The aim of this paper, in the context of the current era of artificial intelligence, is to provide a concise, easily readable, and visually appealing source of knowledge on various themes that a physician may need to discuss.

This article provides a comprehensive overview of artificial intelligence (AI), including its levels, methods, differences in approaches with medical examples, potential benefits, hazards, and obstacles. It also explores the future possibilities of using AI in everyday medical practice.

Definition and levels of a.i.

Artificial intelligence (AI) encompasses various areas such as computer science, psychology, linguistics, and philosophy. It is an interdisciplinary field. Artificial intelligence (A.I.) refers to the most basic manifestation of computer intelligence. Another approach to characterise it is as machines that replicate cognitive functions associated with the human mind, including as learning and problem solving. This is an alternative definition that is occasionally used.

4. In his book "Superintelligence," Oxford philosopher Nick Bostrom outlined three main phases in the progression of artificial intelligence (Fig. 25).

Artificial Narrow Intelligence (ANI)

Artificial neural networks (ANI) are highly adept at identifying patterns in large datasets, making them well-suited for tackling challenges related to classifying and categorising text, voice, or image data. This algorithm demonstrates exceptional performance in executing a singular, well-defined task. While lacking brains, it possesses unparalleled chess-playing abilities.

Artificial General Intelligence (AGI)

Will eventually acquire the complete cognitive potential of a human person. It is an artificial intelligence that possesses human-like capabilities. It possesses the same level of cognitive abilities as you do, including the capacity for logical thinking, argumentation, memory retention, and problem-solving.

Artificial Super Intelligence (ASI)

It is theoretically feasible to possess a greater capacity for thinking than the collective intelligence of all human beings. It is unsurprising that humans are unable to fully grasp the extent of their own knowledge and reasoning abilities. Numerous companies are diligently striving to avoid reaching this position.

How does a.i. Work?

Artificial intelligence operates by means of a process called machine learning. Due to the increasing complexity of tasks and challenges in the healthcare industry, conventional algorithms are no longer sufficient to address them. Therefore, a new approach was necessary. Machine learning enables computers to acquire knowledge autonomously, eliminating the requirement for explicit programming. With a sufficient quantity of top-notch data, machine learning enables algorithms to devise effective techniques for accomplishing specific jobs.

In order to create a computer programme that can accurately identify cats in images, it is necessary to utilise machine learning techniques. You should endeavour to formulate criteria for determining the foundation of such a project, and the rationale behind this necessity should become evident expeditiously. What is the most effective method for identifying a cat in a photograph?

If you identify some attributes that you consider to be typical of cats, such as possessing two ears, two eyes, four legs, and so on, you encounter a situation where you must also provide further explanation for all of these assertions. Within the framework of computer code that exclusively perceives pixels in an image, what precisely constitutes an ear?

Therefore, the optimal approach is to supply a machine learning algorithm with images of cats, particularly images that have been manually labelled by individuals to ensure that they indeed portray cats. Increasing the quantity of annotated images sent to the system will enhance its proficiency in identifying cats depicted in photographs. Although it lacks the ability to understand the concept of a cat, it will undoubtedly have a higher level of accuracy in recognising visual depictions of cats compared to us.

Irrespective of the objective, we provide data to the underlying machine learning algorithms and consistently modify their interpretation of the data to enhance their ability to handle the given task. Neural networks and deep learning algorithms exemplify the growing complexity of algorithms. These algorithms have the capability to autonomously develop their own rules and tactics without human intervention. Even the developers themselves may struggle to grasp the conclusions and strategies employed by the system to complete a task thereafter. Regarding the technology utilised for medical decision-making, we like to possess a more comprehensive comprehension of the machine's functionality, or at the very least, the underlying

physical and biological principles. Our comprehension of complicated algorithms rooted in artificial intelligence seems to be limited to the theoretical aspects of the field.

Real-life Examples for the Subtypes of Machine Learning

Although deep learning is a sophisticated method, we will just examine the three main types of machine learning (Fig. 3). Deep learning is a notable deviation from this principle. The area of machine learning encompasses various subtypes and combination approaches.

Supervised Learning

Supervised learning can only be applied when we can accurately define the desired objective that we want the computer to learn, using the data we already have. It is crucial to take into account the following example. We possess two sets of medical records, one belonging to Group A and the other belonging to Group B. All the diagnostic information, test markers, and other relevant data are consolidated into a single collection, together with the family history. The second group comprises identical types of data as the first group, with the exception that the diagnosis is omitted. We aim to develop a model that can effectively learn to accurately classify patients in group B by leveraging the correlations and labels identified by the algorithm in group A. Due to our knowledge of the exact information that the algorithm needs to learn, this method of training is widely used. It is akin to acquiring knowledge under the guidance of an instructor.

Unsupervised Learning

Unsupervised education is similar to learning without an instructor. We lack knowledge on the specific diagnosis of each patient, even if we possess a group of individuals with diverse data sets. After creating a model, we strive to classify patients into groups based on common characteristics, such as age, gender, laboratory markers, or the symptoms they exhibited during their initial presentation. There is a potential for discovering novel relationships that we have not previously investigated. Additionally, it can be valuable in the identification of novel drug-drug interactions or in the categorization of tissue samples according to similar levels of gene expression. Ultimately, our approach involves offering instructions, enabling the algorithm to autonomously acquire knowledge, and refraining from making any modifications to the programmed based on the results.

Reinforcement learning

Enables the algorithm to autonomously determine the sequence of options required to complete the tasks, without any assistance from the user. In this scenario, the instructor can only give feedback once a set of activities has been finished, as opposed to supervised learning when feedback is given for each individual thing. At the start of the project, the model has a restricted comprehension of the rules, and the instructor intervenes to encourage it to utilise the winning strategy more extensively, regardless of its success or failure in completing the task. The programme may develop its own knowledge and expertise as it continues to do tasks in this manner. It is similar to the manner in which we give commands to dogs. Regardless of the dog's performance, we will only reward it if it successfully completes the task.

The most renowned application of this technique is exemplified by AlphaZero, which achieved mastery in any two-player game within a few hours by engaging in millions of self-played games. This was the most renowned utilisation of this technique. The game starts with a basic understanding of the key ideas, and the authors notify the algorithm when it wins a match, allowing it to prioritise that strategy in the next round. This enables the algorithm to determine which method to give higher priority. On one occasion, the authors employed this approach to ascertain the appropriate dosage for clinical studies. In this specific case, the algorithm was trained to identify the optimal treatment plan for reducing the average size of tumours in patients receiving radiation and chemotherapy. Applying reinforcement learning in the healthcare industry poses a problem because to the inherent difficulty of replicating a wide range of scenarios, while patient lives are at risk.

Machine Learning Vs Traditional Statistical Models

The field of artificial intelligence (A.I.) is vast and includes several methodologies such as machine learning, evolutionary algorithms, and non-quantitative data processing methods. Given this information, it is suitable to make a comparison and distinction between machine learning and classical statistical methods. Conventional statistical models primarily aim to identify the correlations and confidence intervals between the results and the data points being analysed. Conversely, machine learning techniques prioritise obtaining high prediction accuracy rather than focusing on whether or not the model can be understood. Unlike the latter, which undergoes training on one dataset, evaluation on another dataset, and subsequent application to a third dataset that is currently unavailable, the former often focuses on analysing a particular dataset to extract valuable insights. Prediction plays a crucial role in machine learning since it allows for the collection of data that would otherwise be unattainable due to factors such as cost or uncertainty.

Furthermore, conventional statistical analysis was specifically developed for datasets with a limited number of input columns, but machine learning is more suitable for datasets with a substantial number of input variables (such as images with thousands of pixels). Artificial intelligence (AI) is a broad field that includes several methodologies such as machine learning, evolutionary algorithms, and even ways that don't rely on quantitative data. Given this information, it is suitable to analyse and differentiate machine learning from conventional statistical methods. Conventional statistical models primarily aim to identify the correlations and confidence intervals between the results and the data points being analysed.

Conversely, machine learning approaches prioritise achieving a high degree of predictive accuracy rather than assessing the interpretability of the model. Unlike the latter, which undergoes training on one dataset, evaluation on another dataset, and application on a third dataset that is currently unavailable, the former often focuses on analysing a particular dataset to extract valuable insights. Hence, prediction plays a crucial role in machine learning since it allows for the acquisition of data that would otherwise be unattainable (e.g., due to its high cost or lack of knowledge). Furthermore, conventional statistical analysis was specifically developed

for datasets with a limited number of input columns, whereas machine learning is more adept at handling datasets with a substantial number of input variables (such as pictures with thousands of pixels).

MAchine Vs Deep Learning

Machine learning comprises a diverse range of approaches, most of which have been used for many decades before the current artificial intelligence boom. Currently, artificial neural networks are commonly employed to achieve significant advancements. Nevertheless, there are also other alternative models, each with its own set of benefits. Deep learning and machine learning have different capacities, yet they share certain similar functions. Deep learning utilises artificial neural networks that have a hierarchical structure, designed to mimic the neural network found in the human brain. Generally speaking, a neural network with a greater number of layers, known as a deeper net, has the potential to acquire more complex skills. However, this comes at the cost of requiring a larger dataset and a lengthier training process. However, there is still a need for further research on the internal mechanisms of neural networks and the amount of layers they consist of.

Deep learning algorithms excel at analysing high-dimensional data, such as photos, audio, and other complex data types, yielding superior results compared to conventional machine learning models that perform better with tabular data. Using a medical illustration, we will construct a model that categorises individuals based on their diagnosis by utilising the information found in their medical records. If a medical record mentions Type 1 Diabetes, a machine learning model will learn the information needed to classify these individuals into the Type 1 Diabetes group. A machine equipped with deep learning capabilities could autonomously identify that individuals with medical records exclusively mentioning type 1 diabetes should be grouped together, without any human involvement, as time progresses. Those that are tasked with programming extra machine learning algorithms should include these potentialities. The strength and potential of deep learning could be elucidated through the utilisation of a novel example. Our purpose is to develop a model that activates the light when it detects the word "dark." Over time, a deep learning model might eventually understand that stating "I am unable to perceive" or "the environment lacks illumination" should trigger the activation of the light source.

How To Evaluate News And Studies About A.I.?

Currently, it is rare to find research publications and studies that demonstrate potential in utilising deep learning and machine learning for medical issues. Moreover, it is common for algorithms to be exaggerated and excessively promoted, a phenomenon that already occurs when discussing how artificial intelligence might enhance a firm's prospects in any market. There are still methods available for analysing artificial intelligence research publications and news. While perusing medical artificial intelligence literature, there are several inquiries that may arise. (1) The Table. The numbers are 10 and 11. The primary determinant is the data source,

along with notable attributes like the prestige of the journal where the study was published (often, significant findings are able to capture the interest of renowned journals). Due to the importance of the data's source, it is advisable to review the "Methods" section. This section is dedicated to the authors' detailed exposition of the sources, methodologies, and types of data they employed. In order to teach an algorithm, a substantial amount of high-quality data is necessary.

Furthermore, the magnitude of the dataset is crucial as it allows researchers to utilise more precise methods. The reason for this is that larger datasets consist of a higher volume of text, images, and other source materials. In order to obtain large amounts of high-quality data, it is crucial to work with medical specialists and healthcare organisations. In some cases, research teams may modify their dataset to increase its size if necessary. For example, they may rotate photographs to increase the size of the database by twofold. An evaluation should be conducted to compare the algorithm's reported performance, including its speed and precision, with the performance of both humans and previously created solutions. When implemented in a realistic clinical environment, even the most advanced technical solution may significantly underperform compared to human professionals, rendering it ultimately ineffective.

Both the ease of integrating these technologies into clinical procedures and the ease of understanding the outcomes for medical practitioners are crucial variables to consider while evaluating. Furthermore, it is crucial to ascertain whether the study examined an authentic clinical issue. It is essential to utilise actual clinical data to evaluate an algorithm, even if there is a chance that the algorithm may demonstrate extraordinary performance on a pre-selected dataset. DeepMind's study revealed that their model can accurately predict the occurrence of acute renal failure within a clinically actionable window up to forty-eight hours in advance. Although the algorithm achieved success, clinical validation necessitates the evaluation of this approach in a clinical context in a forward-looking manner. When perusing the latest updates on intelligent algorithms, it is important to be vigilant for the following factors in order to accurately assess the credibility of any article related to artificial intelligence. This will enable you to accurately assess whatever article you are reading. The term "artificial intelligence" may be deceptive as it has been excessively utilised, leading to an inflation of its definition.

It is advisable to use caution and scepticism when seeing statements or news stories that mention artificial intelligence (A.I.) without offering precise information on the methodology employed. To build artificial intelligence, a corporation or research team must possess the ability to identify a specific subset of deep learning or machine learning and offer a concise explanation of the technique they are utilising for AI development. In Thailand, a Google-supported algorithm was used to enhance care provisions in a specific instance. During examinations, nurses typically capture images of the patients' eyes on-site, which are subsequently sent to a different location for evaluation by an expert. This method has a duration of ten weeks. Using eye scan findings, Google Health's artificial intelligence technology accurately detected signs of

diabetic retinopathy with over 90 percent accuracy in less than ten minutes. Upon the commencement of the implementation of this system, Google encountered several practical challenges.

Given that every photograph needed to be uploaded to the cloud over a reliable connection, it was plausible that an inadequate internet connection could sometimes hinder the overall working of the system. Deep learning algorithms necessitate high-quality photo input to make progress, thus failing to produce a result when the scan quality falls below a specific threshold. Nurses were required to make an effort to modify specific images that the system did not select for investigation. The developers were mandated to journey to site 13 in order to aid in the resolution of these challenges. The medical journal Radiology has provided a guide that is valuable for writers, reviewers, and readers who are interested in assessing radiology research that utilises artificial intelligence. Additionally, it is feasible for editorial boards of other journals and medical associations to adopt and enhance it. Furthermore, they offer a checklist that writers must fulfil before publishing their research on artificial intelligence.

Examples For How Healthcare Could Benefit From A.I

Tasks that stand to gain the most from the use of artificial intelligence are those characterised by extensive repetition and the analysis of quantitative data. To give you a comprehensive understanding of the range of possibilities, we will supply you with a few samples.

Enabling enhancements to both face-to-face and virtual sessions

Babylon Health has launched an AI-powered consulting application. Furthermore, it utilises data often employed in the medical domain, in addition to the patient's medical history. Users can input their symptoms into the application, and the voice recognition algorithm then compares these symptoms with a database of ailments. Subsequently, it presents a strategic plan for the forthcoming 14.

Provision of medical aid and the dispensation of medication

Sense.ly, a medical sector start-up, developed Molly, a virtual nurse. She was expected to possess a melodious voice and a lovely countenance. The objective of this project is to utilise machine learning to aid patients in managing their illnesses or monitoring their health between doctor appointments. Furthermore, it offers personalised patient follow-up care, specifically targeting chronic ailments. The number is 14. The AiCure app employed the camera and artificial intelligence capabilities of a smartphone to determine if patients were adhering to their prescribed medication regimen. This could be advantageous for patients who are enrolled in clinical trials or those who are experiencing severe medical conditions.

A.I.-driven diagnostics

In 2020, the Food and Drug Administration (FDA) approved a software product developed by Caption Health. This software solution facilitates cardiac ultrasound imaging for medical practitioners without the need for specialised training.

To achieve real-time recommendations and preserve high-quality diagnostic images, artificial

intelligence (AI) is utilised. It serves as a "co-pilot" for those conducting ultrasound scans by mimicking the directions provided by a skilled sonographer to enhance the quality of the image. Furthermore, it not only offers guidance on transducer usage but also provides automated feedback on the diagnostic image quality¹⁷.

Mining medical records

Undoubtedly, the initial step that artificial intelligence must undertake is the gathering, conserving, normalising, and monitoring of medical records. Google Deepmind Health and the Moorfields Eye Hospital NHS Foundation Trust have formed a partnership to enhance eye care through the analysis of retinal pictures. This is being undertaken with the aim of enhancing the overall quality of healthcare. Upon examining the photos, the algorithms used by DeepMind produce a comprehensive diagnostic along with a "urgency score" in around thirty seconds.

The prototype system¹⁸ can detect glaucoma, diabetic retinopathy, and age-related macular degeneration.

Precision medicine

The primary aim of Deep Genomics is to discern correlations between mutations and specific medical disorders by analysing patterns in patients' medical records and genetic information. Oncompass Medicine employs algorithms based on artificial intelligence to establish connections between genetic changes in patient tumour samples and ongoing clinical research worldwide. This approach enables precise targeting of the specific malignant tissue in the patient for treatment.

Designing treatment plans

IBM Watson's software offers oncologists access to evidence-based alternative medicines. The objective of its development was to analyse both structured and unstructured data from individuals' medical records, which might be used to inform treatment decisions. The programme integrates clinical experience, research articles, and information from the patient's medical record in order to offer therapy choices that demonstrate a favourable outcome. Such examples are prevalent in various study domains. Developing an optimum technique for the delivery of radiation therapy often requires many days. Utilising artificial intelligence (AI) technology accelerates this procedure, enabling its completion within minutes.

Drug creation

Pharmaceutical businesses can allocate substantial financial resources and a considerable amount of time to the research and development of new pharmaceutical compounds through the implementation of clinical trials. If both efficiency and price reduction were achieved concurrently, it would have a significant impact on the healthcare industry. Atomwise utilises high-performance computing systems to scan a molecular structure database and identify new therapeutic options. Furthermore, they initiated a search for a previously undisclosed amalgamation of secure medications that were already available in the market. In a brief timeframe, the company's artificial intelligence engine identified two drugs that were projected

to have a substantial impact on reducing the contagiousness of Ebola. Typically, a research of this kind would have necessitated several decades or possibly several months.

Triage tools

Anticipating the gravity of a patient's medical condition is crucial for promptly identifying high-risk and susceptible patients, especially in the realm of emergency medical care. This is particularly accurate in the context of emergency hospitals. The authors of a study utilised deep learning techniques to develop and verify an artificial intelligence algorithm that accurately predicted the requirement for critical care in patients. This technique outperformed the conventional triage tools and early warning scores²³. The findings of a separate study, which examined online triage tools used by over 150,000 patients interacting with a chatbot, revealed that in over 25% of cases, there was a decrease in the level of urgency in patients' expected care. Both researchers have found that artificial intelligence (AI) might potentially streamline the process of triaging patients, even before they arrive at the actual care location.

How Can An A.I.-Based Medical Technology Become Part Of An Everyday Practice?

The potential of artificial intelligence to surpass the limitations of evidence-based treatment, the absence of constraints, and the hesitancy of medical practitioners to embrace it will significantly influence the effectiveness of the technology and its position in the domain of medicine and healthcare. If the application of a technology does not adhere to the norms and requirements of previous technology, there is no reason to expect that it would be successful in the market.

However, there is a need for a faster pace in the integration of artificial intelligence (AI) into general care to meet the increasing demand from hospitals, physicians, lawmakers, and patients. An example that demonstrates its typical functioning until now is in regard to Kardia, formerly recognised as AliveCor.

In 2012, they produced the inaugural smartphone case that received FDA approval and has the capability to function as a single lead electrocardiogram. Two clinical trials were conducted to assess the efficacy of the hardware and application compared to a conventional 12-lead device. In subsequent years, the gadget underwent design advancements, resulting in the production of a credit card-sized version and an even smaller variant in 2019. The initial device had the capability to produce a solitary channel electrocardiogram (ECG) by capturing the movements of the user's fingertip on the sensor for a duration of thirty seconds. The data was stored in the cloud to ensure that the findings could be easily accessed by medical specialists. In 2015, the Food and Drug Administration (FDA) authorised AliveCor to analyse data using an algorithm to detect heart rhythm abnormalities without human involvement.

By the end of 2017, deep learning networks were already being employed, and the FDA had approved the KardiaBand, the manufacturer's ECG scanner, to be used as an accessory for the Apple Watch.

The research investigation indicated that the gadget has a sensitivity of 93% and a specificity of 94% in differentiating between atrial fibrillation and a normal cardiac rhythm. The sensitivity of the medical evaluation increased by 99%²⁶. By 2020, AliveCor's products had

undergone over forty clinical trials. Notwithstanding these technological developments, the item is nonetheless not commonly employed by the overall populace. Furthermore, the lagging progress of other companies in the development of medical technologies utilising artificial intelligence may suggest a protracted period of implementation. For artificial intelligence (AI) to become widely used in the field of medicine, it is imperative that medical associations establish explicit guidelines for its implementation, policy makers create adoption-friendly policies, and the medical community embrace AI as a valuable tool akin to the stethoscope in the modern era, rather than perceiving it as a threat.

What Are The Major Challenges Ahead?

There are current examples of artificial intelligence (ANI), but before AI is widely used in medicine, there are significant challenges that developers and the medical community must confront and resolve.

Explainability

When medical professionals need to make judgements, they often depend on data obtained through technology that they either fully understand or have a satisfactory level of understanding to trust. Regarding artificial intelligence, it may not be feasible. Understanding the decision-making process is paradoxical because the output of a deep neural network is determined by millions of learnt parameters, also known as link weights. Despite examining numerous noisy images and visualising the sensitivity of various network components, we will not be able to perceive the easily understandable concepts that have been learned. There is insufficient evidence to support the claim that the algorithm produces reasoning as a result. Consequently, the implementation of explainable artificial intelligence is vital to offer comprehensive understanding of AI algorithms and ensure trust in their performance.

Augmented intelligence

Certain organisations, such as the American Medical Association, are known to frequently endorse this specific term. This essay aims to demonstrate the possible advantages of artificial intelligence (AI) in the healthcare sector and emphasise how the structure of AI can augment human intelligence rather than diminish it. Furthermore, it highlights the benefits of integrating artificial intelligence (AI) with the expertise of human specialists to enhance patient therapy. Human-centered artificial intelligence is a concept similar to augmented intelligence. It emphasises the need to create AI systems that can have deep and meaningful interactions with humans and acquire information from them.

Quality and quantity of data

The AI is provided given data to process. With increased access to a larger volume and higher calibre of data, it becomes capable of doing jobs with better efficiency. Annotated data is necessary to ensure that advanced algorithms can effectively learn the specific task they were created for. Medical professionals are responsible for the arduous and time-consuming task of data annotation. To enhance their performance, specific medical algorithms require a substantial quantity of annotated data. The benefits of utilising artificial intelligence in the healthcare sector

heavily rely on the dedicated participation of data annotators. Considering this, it can be confidently stated that data annotators play a crucial role in the medical artificial intelligence revolution, however their contributions often go unnoticed.

Privacy issues

Medical artificial intelligence requires access to medical records, health sensor data, medical algorithms, applications, and any other available sources of information. The data could potentially originate from either individuals or healthcare facilities. Despite efforts by companies to anonymize their data, numerous incidents have demonstrated that individual profiles can still be linked back to their original source.

Legal issues and liability

What are the repercussions if a clinician chooses to acknowledge a diagnosis that a deep learning system failed to detect, leading to harm to the patient? If a patient were to sustain an injury caused by an autonomous surgical robot during a procedure, what would be the consequences? Considerable debate persists over the issue of determining liability in the future if autonomous robots and artificial intelligence (AI) cause injury to patients. According to the prevailing agreement, a professional can be held responsible if they misuse the tool, use it in an unapproved environment, employ it despite significant doubts about the reliability of the associated data, or use it with knowledge that the toolmaker is hiding unfavourable information. Each of these instances presents the potential for the expert to face legal consequences. Under normal circumstances, both the writers and the companies that supplied financial backing on their behalf are held responsible.

Trust

It will take a significant amount of time before we can fully trust an autonomous vehicle, whether it is due to its response in familiar scenarios or its ability to make comparable decisions in emergency situations. As a result, patients and medical professionals may require additional time to acquire trust in artificial intelligence (AI) for medical diagnosis, decision-making support, and drug development. When evaluating the feasibility of implementing the technology in a healthcare setting, it is important to examine this factor.

Biased A.I.

Based on the results of a study, commercial organisations' facial recognition algorithms demonstrated a greater level of accuracy in identifying faces of individuals with lighter skin tones. The outcomes of these assessments were particularly imprecise as it pertained to ascertaining the identities of women belonging to ethnic minority groups. Artificial intelligence was employed in the United States criminal justice system to forecast the probability of reoffending in a separate case. Although the initial instance was trivial, they discovered that the algorithm had a disproportionately higher likelihood of predicting future criminal behaviour among black individuals. Aside from racial prejudice, artificial intelligence algorithms commonly exhibit bias against women, individuals from minority groups, people of diverse cultures, and individuals with differing perspectives. When it was evident that the sophisticated algorithm

exhibited a bias towards men, the Human Resources department at Amazon was obliged to discontinue the utilisation of a machine learning tool that they had created using artificial intelligence. This tool was designed to assess the qualifications of applicants for available positions. Programmers involved in artificial intelligence must acknowledge the issue of bias in algorithms and proactively mitigate it by tailoring them. These algorithms acquire knowledge from the data they receive regularly.

Patient design

Patients should be actively engaged in the decision-making process at the highest possible level when developing algorithms for medical applications. This will ensure that their requirements are fulfilled and that their worries and suggestions are incorporated into the technology. To exemplify its importance, let us discuss how a Canadian company created an algorithm capable of detecting indications of Alzheimer's disease in the telephone calls of patients. Conversely, the results varied when dealing with patients who were fluent in French.

By admitting patients at an early stage, it could potentially prevent complications of this kind. The ability of algorithms used in medical operations to effectively address all of these challenges remains uncertain, despite ongoing efforts to find solutions for each of them.

The Future Role of A.I. In Medicine And Healthcare

Efficiency, control, and data support are essential requirements for any artificial intelligence (AI) technologies being explored for implementation in the healthcare industry.

The United States Food and Drug Administration (FDA) has taken a leading role in creating a regulatory framework that can protect the general public from potential risks associated with these breakthroughs, while also embracing them. In 2019, the Food and Drug Administration (FDA) established a dedicated division focused on digital health and actively worked on creating progressive regulatory guidelines for artificial intelligence-driven devices.

The Food and Drug Administration (FDA) recognised that the shift from hardware to software in medical devices will result in a larger number of algorithms being available in the era of artificial intelligence compared to traditional medical devices.

Given the rapid growth in the quantity of algorithms requiring oversight, the existing resources at the disposal of regulatory agencies will be inadequate to thoroughly evaluate and update each individual iteration. There is ongoing debate on creating a new set of laws to regulate the modification of software that uses artificial intelligence and machine learning as a medical device (SaMD). As a result, this could result in the development of legislation that allow regulators to assess companies while also allowing corporations to implement enhancements and algorithms without the need for comprehensive assessment. This approach ensures the security of artificial intelligence-based technologies, facilitating their widespread use. Our research team has meticulously collected a database of medical gadgets that utilise artificial intelligence (AI) and have received approval from the Food and Drug Administration (FDA). After conducting a thorough examination and verification of all available approvals, we

identified a total of 64 medical devices that utilise artificial intelligence and have received simultaneous approval from the FDA.

According to the FDA letter, just 29 persons (or 45%) mentioned any terms or concepts related to artificial intelligence. The effectiveness of these technologies cannot be determined until they have been successfully applied in clinical practice. The American Medical Association (AMA) has proactively addressed the importance of artificial intelligence (A.I.) by publishing materials and providing guidance to medical professionals. They have also promoted the use of the term "augmented intelligence" and positioned themselves as a prominent authority in this field. "According to the organization's policy on artificial intelligence, our AMA, as a prominent figure in American medicine, has a distinct chance to guarantee that the advancement of AI in medicine brings advantages to patients, physicians, and the healthcare community."

In order to ensure that artificial intelligence-based technologies align with the principles of evidence-based medicine, the medical community can refer to the guidelines provided by various editorial boards of medical journals and prominent medical organisations such as the World Health Organisation or the Centres for Disease Control and Prevention (CDC) 33, 34. Regarding the adoption process, a prevalent concern among medical professionals is the potential for artificial intelligence to supplant them. The probability of a computer language replacing the essential elements of human touch, empathy, and compassionate care in the medical profession is highly doubtful. Conversely, it is quite likely that automation will significantly affect professionals whose work involves repetitive tasks and data analysis, notably those duties that fall under those professions.

However, it is likely that medical practitioners that utilise artificial intelligence will eventually replace those who do not, as a general principle. The scale of the impact that artificial intelligence will have on the area of medicine in the future is significant. In the early twenty-first century, the focus should not be on whether artificial intelligence (AI) can replace human touch or artistic skill, but rather on how AI may enhance medical practice.

The actual art of medicine lies in uncovering and comprehending how an algorithm, utilising reinforcement learning, may provide solutions that surpass our human knowledge in the fields of biology, medicine, and other life sciences. This will exemplify the authentic essence of medicine. By utilising essential knowledge on the definition, levels, methodologies, barriers, and potentials of artificial intelligence, we aim to present an overview of how we can enhance the creativity of the medical profession by allocating more time to patient care.

References

- Haenlein, M.; Kaplan, A. A Brief History of Artificial Intelligence: On the Past, Present, and Future of Artificial Intelligence. *Calif. Manag. Rev.* 2019, 61, 5–14. [Google Scholar] [CrossRef]
- Li, L.; Zheng, N.N.; Wang, F.Y. On the Crossroad of Artificial Intelligence: A Revisit to Alan Turing and Norbert Wiener. *IEEE Trans. Cybern.* 2019, 49, 3618–3626. [Google Scholar] [CrossRef]

Monett, D.; Lewis, C.W.P.; Thórisson, K.R.; Bach, J.; Baldassarre, G.; Granato, G.; Berkeley, I.S.N.; Chollet, F.; Crosby, M.; Shevlin, H.; et al. Special Issue “On Defining Artificial Intelligence”—Commentaries and Author’s Response. *J. Artif. Gen. Intell.* 2020, 11, 1–100. [Google Scholar] [CrossRef]

Gasparetto, A.; Scalera, L. From the Unimate to the Delta Robot: The Early Decades of Industrial Robotics. In *Explorations in the History and Heritage of Machines and Mechanisms*; Springer International Publishing: Berlin/Heidelberg, Germany, 2018; pp. 284–295. [Google Scholar] [CrossRef]

Shum, H.; He, X.; Li, D. From Eliza to XiaoIce: Challenges and opportunities with social chatbots. *Front. Inf. Technol. Electron. Eng.* 2018, 19, 10–26. [Google Scholar] [CrossRef]

Kuipers, B.; Feigenbaum, E.A.; Hart, P.E.; Nilsson, N.J. Shakey: From Conception to History. *AI Mag.* 2017, 38, 88–103. [Google Scholar] [CrossRef]

Bohr, A.; Memarzadeh, K. The rise of artificial intelligence in healthcare applications. In *Artificial Intelligence in Healthcare*; Elsevier: Amsterdam, The Netherlands, 2020; pp. 25–60. [Google Scholar] [CrossRef]

Kulikowski, C.A.; Weiss, S.M. Representation of expert knowledge for consultation: The CASNET and EXPERT projects. In *Artificial Intelligence In Medicine*; Routledge: London, UK, 1982; pp. 21–55. [Google Scholar]

Alder, H.; Michel, B.A.; Marx, C.; Tamborrini, G.; Langenegger, T.; Bruehlmann, P.; Steurer, J.; Wildi, L.M. Computer-Based Diagnostic Expert Systems in Rheumatology: Where Do We Stand in 2014? *Int. J. Rheumatol.* 2014, 2014, 672714. [Google Scholar] [CrossRef]

George, E.I.; Brand, T.C.; LaPorta, A.; Marescaux, J.; Satava, R.M. Origins of Robotic Surgery: From Skepticism to Standard of Care. *JSLs J. Soc. Laparoendosc. Surg.* 2018, 22, e2018.00039. [Google Scholar] [CrossRef]

Kaul, V.; Enslin, S.; Gross, S.A. History of artificial intelligence in medicine. *Gastrointest. Endosc.* 2020, 92, 807–812. [Google Scholar] [CrossRef]

Toma, M.; Concu, R. Computational Biology: A New Frontier in Applied Biology. *Biology* 2021, 10, 374. [Google Scholar] [CrossRef]

Toma, M.; Guru, S.K.; Wu, W.; Ali, M.; Ong, C.W. Addressing Discrepancies between Experimental and Computational Procedures. *Biology* 2021, 10, 536. [Google Scholar] [CrossRef]

Ramesh, A.; Kambhampati, C.; Monson, J.; Drew, P. Artificial intelligence in medicine. *Ann. R. Coll. Surg. Engl.* 2004, 86, 334–338. [Google Scholar] [CrossRef]

Roy, S.; Meena, T.; Lim, S.J. Demystifying Supervised Learning in Healthcare 4.0: A New Reality of Transforming Diagnostic Medicine. *Diagnostics* 2022, 12, 2549. [Google Scholar] [CrossRef]

Anitescu, C.; Atroshchenko, E.; Alajlan, N.; Rabczuk, T. Artificial Neural Network Methods for the Solution of Second Order Boundary Value Problems. *Comput. Mater. Contin.* 2019, 59, 345–359. [Google Scholar] [CrossRef]

Gu, J.; Wang, Z.; Kuen, J.; Ma, L.; Shahroudy, A.; Shuai, B.; Liu, T.; Wang, X.; Wang, G.; Cai, J.; et al. Recent advances in convolutional neural networks. *Pattern Recognit.* 2018, 77, 354–377. [Google Scholar] [CrossRef]

Ongsulee, P. Artificial intelligence, machine learning and deep learning. In *Proceedings of the 2017 15th International Conference on ICT and Knowledge Engineering (ICT & KE)*, Bangkok, Thailand, 22–24 November 2017. [Google Scholar] [CrossRef]

Wang, D.; Zhang, Y.; Zhang, K.; Wang, L. FocalMix: Semi-Supervised Learning for 3D Medical Image Detection. In *Proceedings of the 2020 IEEE/CVF Conference on Computer Vision and Pattern Recognition (CVPR)*, Seattle, WA, USA, 13–19 June 2020. [Google Scholar] [CrossRef]

Lowe, M.; Qin, R.; Mao, X. A Review on Machine Learning, Artificial Intelligence, and Smart Technology in Water Treatment and Monitoring. *Water* 2022, 14, 1384. [Google Scholar] [CrossRef]

Yang, G.; Ye, Q.; Xia, J. Unbox the black-box for the medical explainable AI via multi-modal and multi-centre data fusion: A mini-review, two showcases and beyond. *Inf. Fusion* 2022, 77, 29–52. [Google Scholar] [CrossRef]

Kim, Y.K.; Koo, J.H.; Lee, S.J.; Song, H.S.; Lee, M. Explainable Artificial Intelligence Warning Model Using an Ensemble Approach for In-Hospital Cardiac Arrest Prediction: Retrospective Cohort Study. *J. Med. Internet Res.* 2023, 25, e48244. [Google Scholar] [CrossRef]

Mohsen, F.; Al-Saadi, B.; Abdi, N.; Khan, S.; Shah, Z. Artificial Intelligence-Based Methods for Precision Cardiovascular Medicine. *J. Pers. Med.* 2023, 13, 1268. [Google Scholar] [CrossRef]

Silva, N.C.d.; Albertini, M.K.; Backes, A.R.; Pena, G.d.G. Machine learning for hospital readmission prediction in pediatric population. *Comput. Methods Programs Biomed.* 2024, 244, 107980. [Google Scholar] [CrossRef]

Abraham, A.; Jose, R.; Ahmad, J.; Joshi, J.; Jacob, T.; Khalid, A.-u.-r.; Ali, H.; Patel, P.; Singh, J.; Toma, M. Comparative Analysis of Machine Learning Models for Image Detection of Colonic Polyps vs. Resected Polyps. *J. Imaging* 2023, 9, 215. [Google Scholar] [CrossRef]

Fuhrman, J.D.; Gorre, N.; Hu, Q.; Li, H.; Naqa, I.E.; Giger, M.L. A review of explainable and interpretable AI with applications in COVID-19 imaging. *Med. Phys.* 2021, 49, 1–14. [Google Scholar] [CrossRef]

Toma, M.; Wei, O.C. Predictive Modeling in Medicine. *Encyclopedia* 2023, 3, 590–601. [Google Scholar] [CrossRef]

Nosrati, H.; Nosrati, M. Artificial Intelligence in Regenerative Medicine: Applications and Implications. *Biomimetics* 2023, 8, 442. [Google Scholar] [CrossRef]

Roosan, D.; Padua, P.; Khan, R.; Khan, H.; Verzosa, C.; Wu, Y. Effectiveness of ChatGPT in clinical pharmacy and the Role of Artificial Intelligence in medication therapy management. *J. Am. Pharm. Assoc.* 2023. [Google Scholar] [CrossRef]

Dayarathna, S.; Islam, K.T.; Uribe, S.; Yang, G.; Hayat, M.; Chen, Z. Deep learning based synthesis of MRI, CT and PET: Review and analysis. *Med. Image Anal.* 2024, 92, 103046. [Google Scholar] [CrossRef]

Weng, C.; Rogers, J.R. AI uses patient data to optimize selection of eligibility criteria for clinical trials. *Nature* 2021, 592, 512–513. [Google Scholar] [CrossRef]

Barbieri, C.; Neri, L.; Stuard, S.; Mari, F.; Martín-Guerrero, J.D. From electronic health records to clinical management systems: How the digital transformation can support healthcare services. *Clin. Kidney J.* 2023, 16, 1878–1884.