**Artificial Intelligence in Healthcare: Transforming Medical Practice and Future Prospects**

**Jobosmita Sharma and Annu Kumari**

The Assam Royal Global University, Department of Zoology, Guwahati- 781035, Assam, India. **Corresponding author: annujha5426@gmail.com**

**Abstract**

The powerful and cutting-edge discipline of computer science known as artificial intelligence (AI) has the potential to fundamentally change healthcare delivery and medical practice. It has advanced considerably in the last several years and is now a part of many facets of our daily life. The chapter also looks at how AI may be used in healthcare in the future for drug discovery, personalized therapy, and illness prevention and prediction. The contemporary uses of AI in healthcare, such as robots, machine learning, and natural language processing, are also thoroughly reviewed in this chapter. Analyzing large medical datasets using AI has improved patient care, decreased expenses, and increased diagnosis accuracy. A framework for assessing the advantages, difficulties, and approaches of integrating AI in healthcare is presented in this chapter.

**Introduction**

Artificial intelligence (AI) has grown in importance as a driver of innovation in the healthcare business in recent years. A branch of computer science called artificial intelligence (AI) aims to replace human intelligence with computer systems (Muthukrishnan et al 2020). AI in healthcare has already shown potential for improving patient outcomes, lowering costs, and increasing efficiency. I have the potential to reduce health care costs, optimize resource allocation, and enhance patient outcomes (Tороl 2019). Machine learning algorithms that can produce useful insights are built on the data gathered from patient screens, medical records, and other digital technologies. Improving the quality of care, facilitating early intervention, and strengthening decision-making abilities are the objectives. One of the most important areas of innovation is the study of artificial intelligence (AI) applications in healthcare and in hospitals (Halawa et al 2020). The "quadruple objective" of improving patient health and well-being, healthcare accessibility, and cost-effectiveness is tough to accomplish, but AI has been adopted by healthcare systems around the world (Kelly et al 2019). Healthcare professionals must be knowledgeable about the various ways AI technology might be applied to healthcare, as this could lead to a digital revolution in the industry (Chen et al 2020). According to Suleimenov et al. (2020), artificial intelligence (AI) includes a variety of techniques, such as machine learning (ML), deep learning (DL), and natural language processing (NLP).

**Machine learning (ML)-** ML algorithms are not purposefully designed; rather, they learn from data to make predictions or judgments (Waring et al 2020). Using past data, supervised learning algorithms have proven essential in the medical field for developing patient outcome prediction models (Eloranta et al 2022). Unsupervised learning can be used to find new disease categories by identifying patterns or clusters in data (Sarvamangala et al 2022). According to Coronato et al. (2020), reinforcement learning holds potential for improving customized care by teaching algorithms to make decisions based on trial and error.

**Deep learning (DL)-** Deep learning is a type of machine learning that uses multi-layered neural networks to evaluate complicated data structures; this is why the name "deep." According to Sarvamangala et al. (2020), Convolutional Neural Networks (CNNs) are very helpful in identifying diseases from medical images like MRIs. When analyzing time-series data, such as physiological signals collected during patient monitoring, recurrent neural networks (RNNs), which are well-known for their ability to process sequential data, are used to predict changes in health or outcomes over time (Rim et al 2020). Transformer models, such as BERT (Bidirectional Encoder Representations from Transformers) and GPT (Generative Pre-trained Transformer), offer innovative techniques for interpreting natural language in clinical notes, enabling the more accurate extraction of patient information and insights (Yi et al 2019). Graph Neural Networks (GNNs) are creating new opportunities for modeling intricate biological and health-related networks, from predicting protein interactions to comprehending disease processes. Conditional diffusion models and Generative Adversarial Networks (GANs) have emerged as powerful tools for producing trained synthetic medical images without privacy issues (Hu et al 2023).

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Application** | **Benefit** | **Drawback** |
| **Convolutional Neural Networks (CNNs)** | Recognition and interpretation of medical imaging pictures (such as CT, MRI, and X-ray images) | When it comes to effectively evaluating medical images, CNNs are extremely efficient. They automatically take pictures and extract relevant landscapes and features. | They require a significant amount of computing power and are difficult to train. |
| **Recurrent Neural Networks (RNNs)** | Examining sequential information, like medical records for patients or ECG or EEG signals | When processing progressive data, RNNs perform exceptionally well. They are capable of efficiently capturing patient data's temporal dependencies. | They require a significant amount of computing power and are challenging to train. |
| **Transformer Models** | Assignments requiring natural language processing, such as summarizing patient histories and assessing clinical documents | TMs are highly proficient in processing sequential and contextual data. In tasks involving natural language processing and structured data, they do better. |  They necessitate a significant amount of computational power and data. It is difficult to modify and apply the model. |
| **Generative Adversarial Networks (GANs)** | Synthetic data production to improve datasets and train models without endangering patient privacy.  | Modern, high-quality synthetic images are produced by GANs. It is a helpful tool for data augmentation and simulation. | Stabilization and GAN training might be challenging. If not kept up to date, it may generate inaccurate or eceptive statistics. |
| **Graph Neural Networks (GNNs)** | Predicting drug interactions and sickness progression are two examples of modeling complex relationships and interactions between health data sets.  | Relational and organized data evaluation is a strength of GNNs. They are helpful in replicating complex interactions found in biological networks or patient data. | The computational and resource requirements of these models can be high. They require both an understanding of graph architecture and careful preparation. |

**Natural language processing (NLP)-** Important medical data, including daily patient notes, discharge summaries, prescriptions from doctors, and various laboratory and radiological results, can be extracted from vast amounts of textual data using natural language processing algorithms. This will enhance the delivery of healthcare by enabling healthcare providers to manage patients more rapidly (Choi et al 2020). NLP mechanically interprets and represents human language through a computational approach that is mainly applied in text form. These include sentiment analysis, question answering, speech recognition, speech classification, and machine translation (Chen et al 2020). The GatorTron is one such language model (Yang et al 2020).

**IMPORTANT APPLICATION OF AI IN HEALTHCARE**

 **Precision medicine:-** Improving the prognosis, diagnosis, and treatment outcomes is the aim of precision medicine. It employs large multidimensional biological data sets that describe both genetic individual variability and other variables such as age, gender, and ethnicity (Lee et al 2021). Freenome, which uses molecular biology and machine learning to identify cancers in their early stages. AI is used by Google Health to test for breast cancer (Yala et al 2019).

 **Medical imaging analysis-** In the vast majority of medical departments that use images, such as pathology, cardiology, gastrointestinal, and ophthalmology, machine learning algorithms are commonly used in diagnosis. Machine learning algorithms use data from computed tomography (CT), magnetic resonance imaging, ultrasound, pathology images, and endoscopy to determine the severity of the disease (Ting et al 2017). In recent years, there has been a substantial advancement in the use of artificial intelligence (AI) in several therapeutic fields and imaging modalities. A recent study found that AI can identify and distinguish between four different conditions on chest radiographs: pneumothorax, pulmonary malignant neoplasms, which include primary lung cancers and their metastases, active pulmonary tuberculosis, and pneumonia (Alexander et al 2020).

 **Robotics surgery and assistances-** Surgical treatments are among the most important uses of robotics in healthcare. Robotic surgical technologies, like the da Vinci Surgical System, give surgeons more control and precision while performing minimally invasive procedures. These systems, which offer 3D imaging and less invasiveness, are made up of robotic arms with specific equipment that the surgeon controls. Patients who undergo robotic surgery may have better surgical results, shorter hospital stays, and quicker recovery periods (Crawford 2016).

 **Patient monitoring and care-** Mostly through wearable technology and remote monitoring devices, artificial intelligence has revolutionized patient care and monitoring. These AI-enabled devices continuously collect health data such as blood pressure, heart rate, blood sugar, and sleep patterns, giving real-time insights into the patient's health status (Abidi, Rehman, Mian, Alkhalefah, & Usmani, 2024; Patil & Shankar, 2023).

|  |  |
| --- | --- |
| **AI Application** |  **Description** |
| **Personalized Treatment** | It uses a patient's genetics and medical history to customize treatment programs for them.  |
| **Medical imaging analysis** | AI systems are able to identify diseases by analyzing medical photos.Increased precision and quicker diagnosis. |
| **Robotics Surgery** | It helps surgeons perform precise and minimally invasive operations. |
| **Patient monitoring and care** | Alert systems for real-time patient vital sign monitoring. It help in early problem identification and enhanced security. |

**CURRENT ISSUES OF AI IN HEALTHCARE**

 **Problems with using health care data:** It is usual for health care data to contain personal identity information, including personal codes, numbers, text messages, voice messages, and images. A large amount of data containing sensitive personal information is required to construct a data-driven AI medical device, however gathering such sensitive information may pose privacy-related legal concerns (Mooney et al 2018). Given the widespread usage of wireless AI devices in healthcare, new technologies such as cloud computing and the Internet of Things are required to overcome the devices' processing and storage limitations (Sajid et al 2016).

**Liability and safety concerns:** Safety and equity are prioritized in the AI report by the U.S. National Science and Technology Council in order to prevent prejudice, failure, and unforeseen repercussions (Price et al 2019). There should be new rules governing the establishment and operation of AI monitoring centers at medical facilities and a national safety monitoring center in order to keep an eye on the security of AI-based medical technology. A framework for determining responsibility and educating patients and employees about possible medical accidents employing AI-based medical equipment should also be established (Reed et al 2020).

**Application balanced with current health care systems:** Depending on the social, economic, and medical contexts, as well as the distribution or severity of patients within the institution, AI devices may function differently. To prevent any unforeseen failures or performance degradation, AI device performance should be regularly evaluated (Veeranki et al 2019).

**BENEFIT OF AI IN HEALTHCARE**

 **Prediction of Risks and Diseases:** AI analyzes large amounts of data to assess patients' risk exposure and forecast disease. According to Rysavy et al. (2013), Google, for example, collaborates with health care networks to develop prediction models that alert doctors to high-risk illnesses like sepsis and heart failure. Furthermore, ML models can be used to forecast which groups are susceptible to specific diseases or mishaps (Rajkomar et al 2018).

 **Mental Health Support:** Patients desire quick and simple feedback, which is why AI is being utilized increasingly frequently in mental health therapies (Luxton et al 2016). Language is the primary means by which we convey our emotional and mental well -being, hence psychiatrists have long employed patient narrative and therapeutic discourse to assess mental health (Lovejoy et al 2019).

 **Improvement in Surgery:** Artificial intelligence has greatly enhanced surgical methods. Robotic surgery enhances surgical precision and predictability in gynecologic, prostate, and oral and maxillofacial surgeries (Hashimoto et al 2020).

 **Prevention and Control of Diseases:** AI has the potential to significantly impact the prevention and management of disease. According to Young et al. (2021), artificial intelligence (AI) has the potential to improve STI prevention and control by augmenting surveillance and intervention.

 **Cost Saving with Enhanced Clinical Trials:** To improve the clinical trial drug development process, artificial intelligence (AI)-powered technologies may model and evaluate a variety of potential medicines to predict their efficacy against various ailments (Beck et al 2020).

**RISK OF AI IN HEALTHCARE**

 **Understanding and Ambition Issues with AI Programs:** Physicians may find it challenging to understand AI algorithms, particularly in complex domains like cancer diagnosis and treatment. IBM's Watson program, which combines machine learning and natural language processing, garnered attention for its concentration on precision medicine (Swetlitz et al 2017).

 **Problems with Implementation:** When applying AI in healthcare, there are a number of challenges to overcome. RBES are commonly used in electronic health care systems, however they may not be as accurate as machine learning-based algorithmic solutions. In 2018, Davenport et al. The lack of empirical evidence showing the efficacy of AI-based treatments in prospective clinical trials is a hurdle to successful adoption (Sun et al 2019).

 **Risks and Transparency Concerns with Data Sharing:** Concerns of privacy, consent, responsibility, and openness arise when intelligent robots are used to make healthcare decisions. AI systems, like deep learning algorithms used in image analysis, can be challenging to understand and interpret (Davenport et al 2019). According to Vayena et al (2018), an increased reliance on AI may lead to automated decision-making, which would decrease communication and contact between patients and providers.

**CONCLUSION**

In recent years, artificial intelligence (AI) has made considerable advances, particularly in the healthcare industry. Artificial intelligence (AI) in healthcare has the potential to significantly improve patient care by increasing efficiency, lowering costs, and improving outcomes.

However, to guarantee the safe and efficient application of AI in healthcare, ethical and legal issues need to be resolved. By developing a strong regulatory framework and addressing ethical concerns, we can ensure that AI is utilized responsibly and fairly, improving patient care and advancing medical research. It has the potential to reduce healthcare costs and revolutionize patient care. It also bears significant responsibility for data ethics, transparency, and equitable access to AI-powered medical care. There is little doubt that the road ahead will provide both opportunities and challenges.

Abidi, M. H., Rehman, A. U., Mian, S. H., Alkhalefah, H., & Usmani, Y. S. (2024). The Role of AI in elevating hospital service quality: framework, development, and applications. In Modern Healthcare Marketing in the Digital Era (pp. 211-224): IGI Global.

Alexander, A., Jiang, A., Ferreira, C., & Zurkiya, D. (2020). An intelligent future for medical imaging: A market outlook on artificial intelligence for medical imaging. Journal of the American College of Radiology, <https://doi.org/10.1016/j.jacr.2019.07.01>

Beck JT, Rammage M, Jackson GP, Preininger AM, Dankwa-Mullan I, Roebuck MC, Torres A, Holtzen H, Coverdill SE, Williamson MP, Chau Q, Rhee K, Vinegra M. Artificial intelligence tool for optimizing eligibility screening for clinical trials in a large community cancer center. JCO Clin Cancer Inform. 2020;4:50–59. doi: 10.1200/CCI.19.00079. <https://ascopubs.org/doi/10.1200/CCI.19.00079?url_ver=Z39.88-2003&rfr_id=ori:rid:crossref.org&rfr_dat=cr_pub0pubmed>

Chen M, Decary M. Artificial intelligence in healthcare: An essential guide for health leaders. Healthc Manage Forum. 2020;33(1): 10-1.

Choi RY, Coyner AS, Kalpathy-Cramer J, Chiang MF, Campbell JP. Introduction to machine learning, neural networks, and deep learning. Trans Vis Sci Tech. 2020;9(2): 14-23.

Coronato A., Naeem M., De Pietro G., Paragliola G. Reinforcement learning for intelligent healthcare applications: A survey. Artif. Intell. Med. 2020;109:101964. doi: 10.1016/j.artmed.2020.101964.

Crawford M. Top 6 robotic applications in medicine, the American Society of Mechanical Engineers. 2016; 9. Accessed November 24, 2021.

Davenport T and Kalakota R: The potential for artificial intel ligence in healthcare. Future Healthc J 6: 94‑98, 2019.

Davenport T, Kalakota R. The potential for artificial intelligence in healthcare. Future Healthc J. 2019;6(2):94–98. doi: 10.7861/futurehosp.6-2-94. [https://linkinghub.elsevier.com/retrieve/pii/S2514-6645(24)01059-2](https://linkinghub.elsevier.com/retrieve/pii/S2514-6645%2824%2901059-2)

Davenport TH. The AI Advantage: How to Put the Artificial Intelligence Revolution to Work. Cambridge, MA: The MIT Press; 2018.

Eloranta S., Boman M. Predictive models for clinical decision making: Deep dives in practical machine learning. J. Intern. Med. 2022;292:278–295. doi: 10.1111/joim.13483.

Halawa, F.; Madathil, S.C.; Gittler, A.; Khasawneh, M.T. Advancing evidence-based healthcare facility design: A systematic literature review. Heal. Care Manag. Sci. 2020, 23, 453–480.

Hashimoto DA, Ward TM, Meireles OR. The role of artificial intelligence in surgery. Adv Surg. 2020;54:89–101. doi: 10.1016/j.yasu.2020.05.010.S0065-3411(20)30017-8.

Hripcsak G, Duke JD, Shah NH, Reich CG, Huser V, Schuemie MJ, et al. Observational health data sciences and informatics (OHDSI): opportunities for observational researchers. Stud Health Technol Inform 2015;216:574-8.

Hu Y., Kothapalli S.V., Gan W., Sukstanskii A.L., Wu G.F., Goyal M., Yablonskiy D.A., Kamilov U.S. DiffGEPCI: 3D MRI Synthesis from mGRE Signals using 2.5 D Diffusion Model. arXiv. 20232311.18073

J. Bajwa, U. Munir, A. Nori, and B. Williams, “Artificial intelligence in healthcare: transforming the practice of medicine,” Future Healthc J, vol. 8, no. 2, pp. e188–e194, Jul. 2021, doi: <https://doi.org/10.7861/fhj.2021-0095>.

K. B. Johnson et al., “Precision Medicine, AI, and the Future of Personalized Health Care,” Clinical and Translational Science, vol. 14, no. 1, Oct. 2020.

Kelly CJ, Karthikesalingam A, Suleyman M, Corrado G, King D. Key challenges for delivering clinical impact with Artificial Intelligence. BMC Medicine. 2019;17(1): 12-23.

Lee D, Yoon S. Application of Artificial Intelligence-Based Technologies Healthcare Industry: in Opportunities the and Challenges. Int J Environ Res Public Health. 2021;18(1): 271-288.

Lovejoy CA, Buch V, Maruthappu M. Technology and mental health: the role of artificial intelligence. Eur Psychiatry. 2019 Jan;55:1–3. doi: 10.1016/j.eurpsy.2018.08.004.S0924-9338(18)30162-7

Luxton DD. Artificial Intelligence in Behavioral and Mental Health Care. London, United Kingdom: Elsevier Academic Press; 2016. An introduction to artificial intelligence in behavioral and mental health care; pp. 1–26.

Mooney SJ, Pejaver V. Big data in public health: terminology, machine learning, and privacy. Annu Rev Public Health. 2018;39(1):95–112. doi: 10.1146/annurev-publhealth-040617-014208. [[DOI](https://doi.org/10.1146/annurev-publhealth-040617-014208)

Muthukrishnan N, Maleki F, Ovens K, Reinhold C, Forghani B and Forghani R: Brief History of Artificial Intelligence. Neuroimaging Clin N Am 30: 393‑399, 2020.

Myszczynska MA, Ojamies PN, Lacoste AM, Neil D, Saffari A, Mead R, et al. Applications of machine learning to diagnosis and treatment of neurode generative Diseases. Nat Reviews Neurol. 2020;16(8):440–56. https://doi. org/10.1038/s41582-020-0377-8.

Patil, S., & Shankar, H. (2023). Transforming healthcare: harnessing the power of AI in the modern era. International Journal of Multidisciplinary Sciences and Arts, 2(1), 60-70.

Price WN, 2nd, Gerke S, Cohen IG. Potential liability for physicians using artificial intelligence. JAMA. 2019;322(18):1765. doi: 10.1001/jama.2019.15064.

Rajkomar A, Oren E, Chen K, Dai AM, Hajaj N, Hardt M, Liu PJ, Liu X, Marcus J, Sun M, Sundberg P, Yee H, Zhang K, Zhang Y, Flores G, Duggan GE, Irvine J, Le Q, Litsch K, Mossin A, Tansuwan J, Wang D, Wexler J, Wilson J, Ludwig D, Volchenboum SL, Chou K, Pearson M, Madabushi S, Shah NH, Butte AJ, Howell MD, Cui C, Corrado GS, Dean J. Scalable and accurate deep learning with electronic health records. NPJ Digit Med. 2018;1:18. doi: 10.1038/s41746-018-0029-1. <https://doi.org/10.1038/s41746-018-0029-1>

Reed C. How should we regulate artificial intelligence? Philos Trans A Math Phys Eng Sci. 2018;376(2128):20170360. doi: 10.1098/rsta.2017.0360.

Rim B., Sung N.-J., Min S., Hong M. Deep learning in physiological signal data: A survey. Sensors. 2020;20:969. doi: 10.3390/s20040969.

Rysavy M. Evidence-based medicine: a science of uncertainty and an art of probability. Virtual Mentor. 2013;15(1):4–8. doi: 10.1001/virtualmentor.2013.15.1.fred1-1301. <https://journalofethics.ama-assn.org/article/evidence-based-medicine-science-uncertainty-and-art-probability/2013-01>

Sajid A, Abbas H. Data privacy in cloud-assisted healthcare systems: state of the art and future challenges. J Med Syst. 2016;40(6):155. doi: 10.1007/s10916-016-0509-2.

Sarvamangala D., Kulkarni R.V. Convolutional neural networks in medical image understanding: A survey. Evol. Intell. 2022;15:1–22. doi: 10.1007/s12065-020-00540-3.

Sarvamangala D., Kulkarni R.V. Convolutional neural networks in medical image understanding: A survey. Evol. Intell. 2022;15:1–22. doi: 10.1007/s12065-020-00540-3.

Suleimenov IE, Vitulyova YS, Bakirov AS, Gabrielyan OA. Artificial Intelligence:what is it? Proc 2020 6th Int Conf Comput Technol Appl. 2020;22–5. <https://doi.org/10.1145/3397125.3397141>.

Sun TQ, Medaglia R. Mapping the challenges of artificial intelligence in the public sector: evidence from public healthcare. Government Information Quarterly. 2019;36(2):368–383. doi: 10.1016/j.giq.2018.09.008.

Swetlitz L, Ross C. IBM pitched its Watson supercomputer as a revolution in cancer care. It’s nowhere close. STAT. 2017. Sep 5, [2017-09-05]. <https://www.statnews.com/2017/09/05/watson-ibm-cancer/>

Ting DS, Cheung CY, Lim G, Tan GS, Quang ND, Gan A, et al. Development and validation of a deep learning system for diabetic retinopathy and related eye diseases using retinal images from multiethnic populations with diabetes. JAMA 2017;318(22):2211-23.

Tороl, Е. (2019). Dеер Mеdiсinе: Hоw Аrtifiсiаl Intеlligеnсе Саn Mаkе Hеаlthсаrе Humаn Аgаin. Bаsiс Bооks.

Vayena E, Blasimme A, Cohen IG. Machine learning in medicine: Addressing ethical challenges. PLoS Med. 2018;15(11):e1002689. doi: 10.1371/journal.pmed.1002689.

Veeranki SP, Kramer D, Hayn D, Jauk S, Eggerth A, Quehenberger F, et al. Is regular re-training of a predictive delirium model necessary after deployment in routine care? Stud Health Technol Inform. 2019;260:186–191.

Waring J., Lindvall C., Umeton R. Automated machine learning: Review of the state-of-the-art and opportunities for healthcare. Artif. Intell. Med. 2020;104:101822. doi: 10.1016/j.artmed.2020.101822.

Yala A, Lehman C, Schuster T, Portnoi T, Barzilay R. A deep learning mammography-based model for improved breast cancer risk prediction. Radiology. 2019;292(1): 60-66.

Yang X., Chen A., PourNejatian N., Shin H.C., Smith K.E., Parisien C., Compas C., Martin C., Costa A.B., Flores M.G. A large language model for electronic health records. NPJ Digit. Med. 2022;5:194. doi: 10.1038/s41746-022-00742-2.

Yi X., Walia E., Babyn P. Generative adversarial network in medical imaging: A review. Med. Image Anal. 2019;58:101552. doi: 10.1016/j.media.2019.101552.

Young SD, Crowley JS, Vermund SH. Artificial intelligence and sexual health in the USA. Lancet Digit Health. 2021;3(8):e467–e468. doi: 10.1016/S2589-7500(21)00117-5. [https://linkinghub.elsevier.com/retrieve/pii/S2589-7500(21)00117-5](https://linkinghub.elsevier.com/retrieve/pii/S2589-7500%2821%2900117-5)