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Artificial Intelligence in Healthcare: A review

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Abstract

This review examines the transformative potential of Artificial Intelligence (AI) in healthcare, focusing on its applications in diagnostics, personalized medicine, and operational efficiency. It highlights key findings, including technological advancements, ethical challenges, and multidisciplinary collaboration, providing a comprehensive exploration of AI's current impact and future directions.

Key databases were searched utilizing combinations of keywords such as "Artificial Intelligence in medicine," "AI ethics," "AI-driven healthcare innovation," and "multidisciplinary collaboration in AI." Articles were included if they met predefined inclusion criteria such as relevance to healthcare applications of AI, discussion of ethical considerations, or exploration of multidisciplinary approaches. Exclusion criteria encompassed studies that focused solely on technical aspects without healthcare relevance or those lacking peer-review validation. This approach ensured the selection of high-quality and comprehensive literature for review.

AI tools also play a key role in early disease detection^{1,2}. For example, deep learning models have been successfully implemented to detect diabetic retinopathy from retinal images, achieving a diagnostic accuracy comparable to that of experienced ophthalmologists³. In another instance, AI algorithms trained on mammogram datasets have demonstrated their ability to identify early stage breast cancer with greater sensitivity, reduce false-negatives, and enable timely intervention in real-world clinical settings⁴.

Another significant challenge lies in the interpretability of the AI models. Explainable AI (XAI) is emerging as a promising solution, offering methods and tools that make the inner workings of AI systems more transparent and understandable for end users, particularly clinicians. For instance, XAI techniques such as saliency maps and attention mechanisms in image-based diagnostics allow practitioners to visualize which parts of an image contribute the most to an AI's decision, fostering trust in its outputs^{5,6}. Similarly, decision-tree-based algorithms and rule-extraction models are being implemented in predictive analytics to provide clear and logical justifications for recommendations^{7,8}. These developments help integrate AI into clinical workflows by ensuring that decisions are validated and aligned with medical expertise.

Key words: Artificial Intelligence in Healthcare; AI-driven Diagnostics; Healthcare Innovation; Explainable AI (XAI); AI Ethics; Deep Learning in Medical Imaging

Introduction

In this era of rapid technological advancement, Artificial Intelligence (AI) has emerged as one of the most significant forces shaping the future of science and society. From healthcare to education, transportation, and entertainment, AI has demonstrated its potential to revolutionize human activities, offering unprecedented efficiency and innovation⁹. However, with its increasing integration into daily life, AI also raises critical questions regarding its ethical, societal, and economic impacts^{10,11,12,13}.

AI, defined as the simulation of human intelligence by machines, relies on the convergence of digital technologies, big data, and advanced algorithms. Exponential progress in computing power and data collection has been instrumental in driving this field. These advancements have enabled machines to learn, adapt, and make decisions in ways previously confined to human capabilities¹⁴. Nevertheless, as the capabilities of AI expand, so too do the challenges of ensuring that its application aligns with the core values of humanity.

The development and deployment of AI are inherently multidisciplinary endeavors, necessitating collaboration among experts in computer science, medicine, psychology, law, and ethics¹⁵. Such collaboration is essential for addressing the complex questions surrounding privacy, bias, accountability, and transparency. Without careful oversight, the technologies that promise to enhance human well-being may inadvertently perpetuate inequalities or harm vulnerable populations¹⁶.

This article examines the intersection of AI and the medical sciences as a model for understanding both the opportunities and ethical challenges presented by this transformative technology. By analyzing the current state of AI in healthcare, this study aims to highlight the critical need for ethical frameworks that guide its application in ways that prioritize societal benefit, equity, and human dignity. Furthermore, this review highlights the growing role of AI-driven innovations in advancing medical practices, such as enhancing diagnostics, personalizing treatments, and improving patient outcomes through data-driven decision-making¹⁷.

Methods

This review adopts a comprehensive and systematic approach to examine the intersection between Artificial Intelligence (AI) and medical sciences, emphasizing its ethical implications and transformative potential. To provide a well-rounded analysis, the methods section outlines the scope, selection criteria, and key concepts explored in the literature.

Scope and Definitions

This study focuses on AI technologies applied in medical sciences, particularly in diagnostics, personalized treatments, and healthcare management. AI is defined as the simulation of human intelligence processes, including learning, reasoning, and self-correction by machines¹⁸. Additionally, this study examines how these technologies integrate with existing healthcare frameworks to address current challenges, including improving accessibility, reducing costs, and enhancing decision-making efficiency. Ethical principles, such as autonomy, beneficence, non-

maleficence, and justice, are central to the analysis, providing a foundation for evaluating AI's societal and healthcare impact of AI¹⁹. Selection of Literature

A targeted literature review was conducted using peer-reviewed articles, conference proceedings, and reviews published over the last decade. Key databases, were searched using combinations of keywords such as "Artificial Intelligence in medicine," "AI ethics," "AI-driven healthcare innovation," and "multidisciplinary collaboration in AI." Articles were included if they met predefined inclusion criteria, such as relevance to healthcare applications of AI, discussion of ethical considerations, or exploration of multidisciplinary approaches. Exclusion criteria involved studies focused solely on technical aspects without healthcare relevance or those lacking peer-review validation. This approach ensured the selection of high-quality and comprehensive literature for the review. Articles were included if they addressed the application of AI in healthcare and discussed ethical considerations or societal impact. Additionally, efforts were made to include interdisciplinary studies that bridged the technical, medical, and ethical domains, thereby providing a holistic view of AI's potential and limitations of AI.

Analysis Framework

The analytical framework involves categorizing insights from the literature into three thematic areas: (1) technical advancements and capabilities of AI, (2) ethical challenges and considerations, and (3) case studies showing AI's transformative role in medicine. Insights were further synthesized to identify trends in AI adoption, barriers to implementation, and practical solutions proposed in the literature. Special attention was paid to contrasting perspectives from different disciplines, highlighting areas of convergence and divergence in addressing AI's integration of AI in healthcare systems.

Model of Focus

Medical sciences were chosen as the focal model to examine how AI-driven innovations are applied to real-world scenarios. This choice allows for the assessment of the potential of AI to enhance patient outcomes while navigating ethical challenges specific to healthcare. This study uses examples such as AI's role in predictive diagnostics, personalized medicine, and operational efficiency to illustrate its transformative impact. Furthermore, by examining specific case studies, the methods aimed to uncover the best practices and lessons learned that could inform broader applications across disciplines. The findings are contextualized within broader societal considerations to draw conclusions applicable across diverse fields, ensuring that the analysis remains relevant to a wide audience.

Results

Applications in Personalized Medicine

Artificial Intelligence (AI)-driven personalized medicine represents a paradigm shift in treatment protocols. Predictive analytics models integrate genomic, proteomic, and clinical data to formulate highly individualized treatment plans. A comprehensive review of the literature

elucidated several key findings regarding the transformative role of AI in the medical sciences and its associated ethical implications. These findings are categorized below to delineate the technical advancements, practical applications, and ethical challenges in integrating AI into healthcare.

Advancements in AI Technologies

Recent developments in artificial intelligence (AI) algorithms and machine learning models have significantly enhanced healthcare delivery. Technologies such as convolutional neural networks (CNNs) and natural language processing (NLP) are now commonly used in diagnostic imaging, patient data analysis, and electronic health record management²⁰. CNNs, for instance, have demonstrated exceptional accuracy in identifying early stage lung cancers and skin lesions, surpassing the performance of human dermatologists in certain cases^{21,22}. Similarly, NLP algorithms facilitate a more accurate extraction of clinical data from unstructured texts, thereby improving patient record management and decision support systems²³.

AI tools also play a crucial role in early disease detection. For example, deep learning models have been successfully implemented to detect diabetic retinopathy from retinal images, achieving diagnostic accuracy comparable to that of experienced ophthalmologists. In another instance, AI algorithms trained on mammogram datasets have demonstrated their capacity to identify early stage breast cancer with greater sensitivity, reduce false negatives, and enable timely intervention in real-world clinical settings. Furthermore, deep learning models trained on large datasets of radiographic images have improved the detection rates for conditions such as osteoporosis and age-related macular degeneration. In resource-constrained settings, these advancements bridge gaps by offering low-cost diagnostic tools that deliver high accuracy without requiring specialized expertise²⁴.

Genomic profiling and AI algorithms have demonstrated remarkable success in selecting therapies that minimize side effects while maximizing their efficacy²⁵. AI is also accelerating drug discovery by identifying viable therapeutic targets and optimizing clinical trial designs, significantly reducing the time-to-market for new medications.

Cardiology is another domain in which AI is transformative. Machine learning models are increasingly being employed to analyze wearable health device data, enabling continuous monitoring of cardiac function and early detection of arrhythmias. These innovations allow real-time interventions that can prevent severe cardiac events and improve long-term outcomes²⁶.

Operational Efficiency in Healthcare Systems

AI streamlines administrative and logistical operations in healthcare systems. Robotic process automation (RPA) reduces human workload by automating repetitive tasks, such as claims processing, appointment scheduling, and inventory management. Predictive analytics tools are utilized to anticipate patient admission trends, allowing hospitals to better allocate staff and resources²⁷. For instance, during the COVID-19 pandemic, AI systems have been employed to predict surges in hospitalizations, enabling proactive resource allocation that mitigates system overload²⁸.

In surgical environments, AI-powered robots such as the da Vinci Surgical System have enhanced precision, reduced procedure durations, and improved patient recovery rates²⁹. AI models also assist anesthesiologists in predicting optimal dosages based on patient-specific variables, thereby minimizing the risk of complications during procedures³⁰.

Ethical and Societal Considerations

The integration of AI into health care presents significant challenges. Data privacy remains a critical concern, particularly because large-scale data sharing becomes essential for training robust AI models. Biased algorithms have also raised concerns, with studies indicating that underrepresented groups may receive less accurate diagnoses or suboptimal treatment recommendations³¹. Transparency in AI decision making is another crucial issue, as the "blackbox" nature of some machine learning models complicates efforts to validate and establish trust in their outputs³².

Regulatory frameworks and ethical guidelines have been developed to address these challenges. For instance, the European Union's General Data Protection Regulation (GDPR) provides a framework for safeguarding patient data while enabling its use in AI-driven innovations³³. However, global disparities in data governance standards highlight the need for international cooperation to establish ethical benchmarks for AI in healthcare³⁴.

Case Studies and Success Stories

Several case studies exemplify the successful integration of AI into health care. In oncology, AI models have been employed to analyze histopathological images, enabling accurate tumor classification and personalized therapy planning^{35,36?37}. AI-driven chatbots such as Woebot and Wysa have gained prominence in mental health, offering accessible and cost-effective psychological support during periods of social isolation³⁸.

A particularly impactful case is the use of AI in neonatal care, where predictive models analyze vital signs to identify the early warning signs of sepsis. These tools have been demonstrated to significantly reduce mortality rates by enabling timely interventions^{39,40}. Such examples underscore AI's capacity of AI to deliver tangible benefits across diverse medical domains, reinforcing the importance of continued research and ethical oversight.

Discussion

The findings of this review highlight the transformative potential of Artificial Intelligence (AI) in healthcare while emphasizing the importance of addressing the accompanying ethical, technical, and societal challenges. Applications of AI in diagnostics, personalized medicine, and operational efficiency demonstrate its ability to significantly improve patient outcomes. However, these advancements raise critical questions regarding scalability, reliability, and equitable distribution.

A key area of concern is the issue of bias in the AI algorithms. Studies have shown that biases in training datasets can lead to disparities in diagnostic accuracy and treatment recommendations, disproportionately affecting under-represented populations⁴¹. For instance, a lack of diverse data in dermatological AI systems has resulted in lower accuracy rates for individuals with a darker skin tone⁴². Addressing these biases necessitates collaboration among technologists, clinicians, and policymakers to ensure that training datasets are representative and inclusive.

The ethical implications of data privacy and consent are pressing. Reliance on large-scale data sharing for AI development poses a risk to patient confidentiality. While regulations such as the GDPR offer frameworks for data protection, their enforcement varies across regions, creating gaps in global data governance^{43,44}. Researchers and institutions must prioritize transparent data-handling practices and invest in a secure infrastructure to maintain public trust.

Another significant challenge lies in the interpretability of AI models. Explainable AI (XAI) is emerging as a promising solution, offering methods and tools that make the inner workings of AI systems more transparent and understandable for end-users, particularly clinicians. For instance, XAI techniques such as saliency maps and attention mechanisms in image-based diagnostics allow practitioners to visualize which parts of an image contribute most to an AI's decision, fostering trust in its outputs⁴⁵. Similarly, decision tree-based algorithms and rule-extraction models are being implemented in predictive analytics to provide clear, logical justifications for recommendations⁴⁶. These developments are helping integrate AI into clinical workflows by ensuring that decisions can be validated and are aligned with medical expertise. The "black-box" nature of deep-learning algorithms often limits their transparency, making it difficult for clinicians to understand the rationale behind specific recommendations⁴⁷. Efforts to develop explainable AI (XAI) frameworks are critical for bridging this gap, enabling clinicians to integrate AI tools into their workflows with greater confidence.

Despite these challenges, the integration of AI into health care presents unprecedented opportunities. The adoption of predictive analytics in resource-limited settings has demonstrated AI's potential of AI in addressing global health disparities. For example, AI-driven diagnostic tools for tuberculosis and malaria have shown remarkable efficacy in low-income regions, reducing diagnostic delays and improving access to care⁴⁸.

Multidisciplinary collaboration remains essential for responsible deployment of AI in healthcare. Engaging stakeholders in diverse fields, including ethics, law, sociology, and public health, can help ensure that AI technologies are developed and implemented in ways that align with societal values. Educational initiatives to train health care professionals in AI literacy are also crucial⁴⁹, equipping them to critically evaluate and effectively use these tools⁵⁰.

Future research should focus on creating robust ethical frameworks that address the dynamic challenges posed by AI in healthcare. Longitudinal studies assessing the real-world impact of AI tools on patient outcomes and healthcare systems are required to inform evidence-based guidelines. Additionally, fostering international cooperation in AI research and regulation is vital to ensure that the benefits of AI are equitably shared across the globe.

Conclusion

Artificial Intelligence (AI) represents a paradigm shift in healthcare with its transformative applications spanning diagnostics, personalized medicine, and operational efficiency. This review elucidates the dual nature of AI's impact: its remarkable potential to enhance patient care and address global health disparities alongside significant ethical, technical, and societal challenges that necessitate careful navigation.

The successful integration of AI into healthcare depends on prioritizing transparency, inclusivity, and collaboration. Addressing algorithmic biases, strengthening data privacy measures, and developing explainable AI frameworks are essential steps toward establishing trust and ensuring equitable outcomes. Furthermore, the establishment of robust ethical frameworks and global regulatory standards is crucial to mitigate risks and maximize the benefits of AI technologies.

As AI continues to evolve, fostering multidisciplinary collaboration and investing in education and training of healthcare professionals will remain pivotal. These efforts will not only enhance the adoption of AI, but also ensure that its implementation aligns with core human values, promoting well-being and equity on a global scale. By leveraging the power of AI responsibly, stakeholders can drive meaningful advancements in healthcare, ultimately contributing to a future in which technological innovation and ethical integrity coexist harmoniously.

¹ Ghani, U., & Yadav, A. (2024). AI-DRIVEN DIAGNOSTIC TOOL FOR EYE DISEASES: ENHANCING EARLY DETECTION IN REMOTE AREAS THROUGH PORTABLE RETINAL IMAGING. *INTERNATIONAL JOURNAL OF ARTIFICIAL INTELLIGENCE IN MEDICINE (IJAIMED)*, 2(2), 1-6.

² Hunter, B., Hindocha, S., & Lee, R. W. (2022). The role of artificial intelligence in early cancer diagnosis. Cancers, 14(6), 1524.

³ Dutta, S., Manideep, B. C., Basha, S. M., Caytiles, R. D., & Iyengar, N. C. S. N. (2018). Classification of diabetic retinopathy images by using deep learning models. *International Journal of Grid and Distributed Computing*, *11*(1), 89-106.

⁴ Sechopoulos, I., Teuwen, J., & Mann, R. (2021, July). Artificial intelligence for breast cancer detection in mammography and digital breast tomosynthesis: State of the art. In *Seminars in cancer biology* (Vol. 72, pp. 214-225). Academic Press.

⁵ Dwivedi, R., Dave, D., Naik, H., Singhal, S., Omer, R., Patel, P., ... & Ranjan, R. (2023). Explainable AI (XAI): Core ideas, techniques, and solutions. *ACM Computing Surveys*, *55*(9), 1-33.

⁶ Longo, L., Brcic, M., Cabitza, F., Choi, J., Confalonieri, R., Del Ser, J., ... & Stumpf, S. (2024). Explainable Artificial Intelligence (XAI) 2.0: A manifesto of open challenges and interdisciplinary research directions. *Information Fusion*, *106*, 102301.

⁷ Huang, L., & Rajati, M. R. (2018, June). Rule-Extraction from Soft Decision Trees. In *2018 International Conference on Big Data and Artificial Intelligence (BDAI)* (pp. 72-77). IEEE.

⁸ Kim, J., Lee, J., & Lee, Y. (2015). Data-mining-based coronary heart disease risk prediction model using fuzzy logic and decision tree. *Healthcare informatics research*, *21*(3), 167-174.

⁹ Alkhodari, M., Xiong, Z., Khandoker, A. H., Hadjileontiadis, L. J., Leeson, P., & Lapidaire, W. (2023). The role of artificial intelligence in hypertensive disorders of pregnancy: towards personalized healthcare. *Expert Review of Cardiovascular Therapy*, *21*(7), 531-543.

¹⁰ Bashir, M., & Harky, A. (2019, December). Artificial intelligence in aortic surgery: the rise of the machine. In *Seminars in thoracic and cardiovascular surgery* (Vol. 31, No. 4, pp. 635-637). WB Saunders.

¹¹ Giorgianni, G. (2024). Unveiling The Potential Of Ai: Impacts On Industries And Ethical Considerations. *Educational Administration: Theory and Practice, 30 (3), 2654-2661 Doi: 10.53555/kuey. v30i3, 7484*.

¹² Suksawaeng, T. (2024). The Intersection of Technology and Society: Ethical Implications of AI in Social Dynamics. *Journal of Exploration in Interdisciplinary Methodologies (Explo)*, 1(2), 17-25.

¹³ Challoumis, C. (2024, October). Charting the course-The impact of AI on global economic cycles. In *XVI International Scientific Conference* (pp. 103-127).

¹⁴ Amal, S., Safarnejad, L., Omiye, J. A., Ghanzouri, I., Cabot, J. H., & Ross, E. G. (2022). Use of multi-modal data and machine learning to improve cardiovascular disease care. *Frontiers in cardiovascular medicine*, *9*, 840262.

¹⁵ Dipietro, L., Eden, U., Elkin-Frankston, S., El-Hagrassy, M. M., Camsari, D. D., Ramos-Estebanez, C., ... & Wagner, T. (2024). Integrating Big Data, Artificial Intelligence, and motion analysis for emerging precision medicine

¹⁶ Lainjo, B. (2020). The global social dynamics and inequalities of artificial intelligence. *Int. J. Innov. Sci. Res. Rev*, *5*, 4966-4974.

¹⁷ Borgheresi, R., Barucci, A., Colantonio, S., Aghakhanyan, G., Assante, M., Bertelli, E., ... & NAVIGATOR Consortium Group. (2022). NAVIGATOR: an Italian regional imaging biobank to promote precision medicine for oncologic patients. *European radiology experimental*, *6*(1), 53.

¹⁸ Grewal, D. S. (2014). A critical conceptual analysis of definitions of artificial intelligence as applicable to computer engineering. *IOSR Journal of Computer Engineering*, *16*(2), 9-13.

¹⁹ Karunarathna, I., Hapuarachchi, T., Ekanayake, U., Rajapaksha, S., Gunawardana, K., Aluthge, P., ... & Gunathilake, S. Non-Maleficence and Beneficence: Core Principles of Ethical Research.

²⁰ Casey, A., Davidson, E., Poon, M., Dong, H., Duma, D., Grivas, A., ... & Alex, B. (2021). A systematic review of natural language processing applied to radiology reports. *BMC medical informatics and decision making*, 21(1), 179.
²¹ Zhang, C., Sun, X., Dang, K., Li, K., Guo, X. W., Chang, J., ... & Zhong, W. Z. (2019). Toward an expert level of lung cancer detection and classification using a deep convolutional neural network. *The oncologist*, 24(9), 1159-1165.

²² Zhang, C., Aamir, M., Guan, Y., Al-Razgan, M., Awwad, E. M., Ullah, R., ... & Ghadi, Y. Y. (2024). Enhancing lung cancer diagnosis with data fusion and mobile edge computing using DenseNet and CNN. *Journal of Cloud Computing*, *13*(1), 91.

²³ Sezgin, E., Hussain, S. A., Rust, S., & Huang, Y. (2023). Extracting medical information from free-text and unstructured patient-generated health data using natural language processing methods: feasibility study with real-world data. *JMIR Formative Research*, *7*, e43014.

²⁴ Kanagasingam, Y., Xiao, D., Vignarajan, J., Preetham, A., Tay-Kearney, M. L., & Mehrotra, A. (2018). Evaluation of artificial intelligence–based grading of diabetic retinopathy in primary care. *JAMA network open*, *1*(5), e182665-e182665.

²⁵ Abdallah, S., Sharifa, M., Almadhoun, M. K. I. K., Khawar Sr, M. M., Shaikh, U., Balabel, K. M., ... & Kanwar Sr, M. (2023). The impact of artificial intelligence on optimizing diagnosis and treatment plans for rare genetic disorders. *Cureus*, *15*(10).

²⁶ Ravi, D., Wong, C., Lo, B., & Yang, G. Z. (2016). A deep learning approach to on-node sensor data analytics for mobile or wearable devices. *IEEE journal of biomedical and health informatics*, 21(1), 56-64.

²⁷ Mohamed, S. A., Mahmoud, M. A., Mahdi, M. N., & Mostafa, S. A. (2022). Improving efficiency and effectiveness of robotic process automation in human resource management. *Sustainability*, *14*(7), 3920.

²⁸ Badshah, S. H. (2024). AI-Driven Decision-Making in Healthcare Administration: Exploring Predictive Models for Resource Allocation. *Journal of AI and Health*, 1(1), 21-27.

²⁹ Iftikhar, M., Saqib, M., Zareen, M., & Mumtaz, H. (2024). Artificial intelligence: revolutionizing robotic surgery. *Annals of Medicine and Surgery*, *86*(9), 5401-5409.

³⁰ Zeng, S., Qing, Q., Xu, W., Yu, S., Zheng, M., Tan, H., ... & Huang, J. (2024). Personalized anesthesia and precision medicine: a comprehensive review of genetic factors, artificial intelligence, and patient-specific factors. *Frontiers in Medicine*, *11*, 1365524.

³¹ Seyyed-Kalantari, L., Zhang, H., McDermott, M. B., Chen, I. Y., & Ghassemi, M. (2021). Underdiagnosis bias of artificial intelligence algorithms applied to chest radiographs in under-served patient populations. *Nature medicine*, *27*(12), 2176-2182.

³² Chaudhary, G. (2024). Unveiling the black box: Bringing algorithmic transparency to AI. *Masaryk University Journal of Law and Technology*, *18*(1), 93-122.

³³ de Magalhães, S. T. (2020). The european union's general data protection regulation (gdpr). In *Cyber Security Practitioner's Guide* (pp. 529-558).

³⁴ Reddy, S., Allan, S., Coghlan, S., & Cooper, P. (2020). A governance model for the application of AI in health care. *Journal of the American Medical Informatics Association*, 27(3), 491-497.

³⁵ Forghani, R., Savadjiev, P., Chatterjee, A., Muthukrishnan, N., Reinhold, C., & Forghani, B. (2019). Radiomics and artificial intelligence for biomarker and prediction model development in oncology. *Computational and structural biotechnology journal*, *17*, 995-1008.

applications in Parkinson's Disease. *Journal of big Data*, 11(1), 155.

³⁶ Mahmood, T., Owais, M., Noh, K. J., Yoon, H. S., Koo, J. H., Haider, A., ... & Park, K. R. (2021). Accurate segmentation of nuclear regions with multi-organ histopathology images using artificial intelligence for cancer diagnosis in personalized medicine. *Journal of Personalized Medicine*, *11*(6), 515.

³⁷ Bi, W. L., Hosny, A., Schabath, M. B., Giger, M. L., Birkbak, N. J., Mehrtash, A., ... & Aerts, H. J. (2019). Artificial intelligence in cancer imaging: clinical challenges and applications. *CA: a cancer journal for clinicians*, *69*(2), 127-157.

³⁸ Olawade, D. B., Wada, O. Z., Odetayo, A., David-Olawade, A. C., Asaolu, F., & Eberhardt, J. (2024). Enhancing mental health with Artificial Intelligence: Current trends and future prospects. *Journal of medicine, surgery, and public health*, 100099.

³⁹ Kumar, N., Akangire, G., Sullivan, B., Fairchild, K., & Sampath, V. (2020). Continuous vital sign analysis for predicting and preventing neonatal diseases in the twenty-first century: big data to the forefront. *Pediatric research*, 87(2), 210-220.

⁴⁰ Sullivan, B. A., Kausch, S. L., & Fairchild, K. D. (2023). Artificial and human intelligence for early identification of neonatal sepsis. *Pediatric research*, *93*(2), 350-356.

⁴¹ Celi, L. A., Cellini, J., Charpignon, M. L., Dee, E. C., Dernoncourt, F., Eber, R., ... & Yao, S. (2022). Sources of bias in artificial intelligence that perpetuate healthcare disparities—A global review. *PLOS Digital Health*, *1*(3), e0000022.

⁴² Fliorent, R., Fardman, B., Podwojniak, A., Javaid, K., Tan, I. J., Ghani, H., ... & Heath, C. (2024). Artificial intelligence in dermatology: advancements and challenges in skin of color. *International Journal of Dermatology*, *63*(4), 455-461.

⁴³ Floridi, L. (2021). The European legislation on AI: a brief analysis of its philosophical approach. *Philosophy & Technology*, *34*(2), 215-222.
⁴⁴ Floridi, L. (2021). Establishing the rules for building trustworthy AI. *Ethics, Governance, and Policies in*

⁴⁴ Floridi, L. (2021). Establishing the rules for building trustworthy AI. *Ethics, Governance, and Policies in Artificial Intelligence*, 41-45.

⁴⁵ Bhati, D., Neha, F., & Amiruzzaman, M. (2024). A survey on explainable artificial intelligence (xai) techniques for visualizing deep learning models in medical imaging. *Journal of Imaging*, *10*(10), 239.

⁴⁶ Ghiasi, M. M. (2020). *Implementing decision tree-based algorithms in medical diagnostic decision support systems* (Doctoral dissertation, Memorial University of Newfoundland).

⁴⁷ Rudin, C. (2019). Stop explaining black box machine learning models for high stakes decisions and use interpretable models instead. *Nature machine intelligence*, *1*(5), 206-215.

⁴⁸ Topol, E. J. (2019). High-performance medicine: the convergence of human and artificial intelligence. *Nature medicine*, *25*(1), 44-56.

⁴⁹ Southworth, J., Migliaccio, K., Glover, J., Reed, D., McCarty, C., Brendemuhl, J., & Thomas, A. (2023). Developing a model for AI Across the curriculum: Transforming the higher education landscape via innovation in AI literacy. *Computers and Education: Artificial Intelligence*, *4*, 100127.

⁵⁰ Issa, W. B., Shorbagi, A., Al-Sharman, A., Rababa, M., Al-Majeed, K., Radwan, H., ... & Fakhry, R. (2024). Shaping the future: perspectives on the Integration of Artificial Intelligence in health profession education: a multi-country survey. *BMC Medical Education*, *24*(1), 1166.