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# The Transformative Impact of Artificial Intelligence and Robotics in Healthcare: Applications, Challenges, and Ethical Implications

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#### Abstract

**Background**: The integration of artificial intelligence (AI) and robotics into healthcare has the potential to transform various medical applications, enhancing operational efficiency, precision, and patient outcomes. However, ethical considerations surrounding these technologies remain a critical concern.

**Methods**: This paper conducts a comprehensive literature review, examining the current applications of AI and robotics in healthcare, including diagnostics, treatment, rehabilitation, and patient care. Key methodologies analyzed include machine learning algorithms, natural language processing, and robotic-assisted surgical techniques. The review synthesizes findings from recent studies and evaluates the efficacy and challenges associated with these technologies.

**Results**: The analysis reveals significant advancements in AI-driven diagnostic tools, particularly in medical imaging, where algorithms enhance accuracy and reduce human error. Robotics has also shown promise in surgical procedures, rehabilitation, and elder care, improving patient engagement and operational workflows. Despite these advancements, challenges such as data privacy, algorithm transparency, and the need for healthcare professionals' training in AI technologies persist.

Conclusion: The future of medical robotics and AI appears promising, with the potential to revolutionize healthcare delivery. However, addressing ethical, operational, and educational challenges is crucial for successful integration. Ongoing collaboration among technologists, healthcare providers, and policymakers will be essential to navigate these complexities and enhance patient care.

**Keywords** Artificial Intelligence, Medical Robotics, Ethical Considerations, Healthcare Innovation, Patient Outcomes

### 1. Introduction

In recent years, computers endowed with artificial intelligence (AI) have matched and exceeded human skills in several cognitive activities. This disruptive technology is advancing significantly across several sectors, particularly in healthcare, where it has the potential to substantially alter the sector. AI applications include hospital care, clinical research, medication development, and predictive diagnostics, presenting exciting opportunities for innovation and efficiency. The expansion of sophisticated computing resources, together with their declining prices, is hastening the digital revolution in the healthcare industry. Incorporating these technologies into doctors' everyday routines enables secure, real-time data access and extensive data analysis, thereby

promoting multidisciplinary cooperation and enhancing overall treatment quality [1-3].

Investments in artificial intelligence in healthcare, from both public and commercial sectors, are anticipated to increase significantly. These breakthroughs are poised to radically transform the healthcare sector, affecting operational efficiency, precision surgery, preventative care, and diagnostics. Experts anticipate a more significant impact on the administrative and operational facets of healthcare than on the therapeutic area [2]. Moreover, AI is set to provide superior, customized, and data-informed services to patients, hence improving the entire healthcare experience.

Artificial intelligence offers considerable potential in illness prevention by promoting behavioral modifications and proactive health management. Dedicated mobile apps coupled with the Internet of Medical Things (IoMT) may assist people in adopting better lives and proactively managing their health. These technologies are now used, offering unique ways to enhance health and avert ailments [3-6]. Artificial intelligence has significantly improved illness diagnoses by increasing the sensitivity of diagnostic methods and consolidating data from many sources, including imaging, laboratory findings, and functional assessments. AI systems have shown the capability to identify illnesses such as hemorrhage, stroke, and cancer in their first stages with enhanced precision and reduced false positives. Deep learning approaches in computer vision enhance clinicians' diagnostic skills, leading to improved patient outcomes [8-10].

Entities such as IBM's Watson for Health use AI-driven big data analytics to handle extensive medical data, facilitating illness diagnosis. Nonetheless, issues such as disparate data from medical journals, symptoms, test findings, and therapeutic case studies remain. AI systems such as Watson and Google's DeepMind Health use machine learning (ML) algorithms to tackle these challenges, revealing hidden patterns, evaluating risks, and aiding clinical decision-making [11-14].

Artificial intelligence has advanced illness treatment, including enhancements in hospital care and expedited medication development. Advanced AI techniques allow physicians to examine vast health data, discern trends, and formulate individualized treatment plans, especially for age-related ailments [15,16]. As worldwide life expectancy increases, robots have become essential in healthcare, aiding with surgery, rehabilitation, physical therapy, and long-term care. Social robots, endowed with natural language processing and picture recognition skills, improve patient relationships and facilitate end-of-life care [17,18].

Intelligence is transforming medication development by reducing the research-to-market duration, which conventionally lasts 12 years [19]. Artificial intelligence can create unique compounds with targeted characteristics, recognize patterns on a large scale, and pinpoint biomarkers, therefore substantially decreasing costs and development duration [20,21]. Our objective is to examine current trends in the development of AI technologies for medicine and to promote future advancement by identifying common challenges.

### 1. Robotics in Medicine

Enhanced by AI, robotics is progressively incorporated into healthcare, aiding with domestic chores and everyday routines, especially for senior citizens. Technologies like IoT and cloud-based services augment robotic functionalities, facilitating autonomous living and alleviating pressures on healthcare systems. Robotics significantly contributed during the Ebola and COVID-19 pandemics by reducing exposure risks, automating disinfection processes, and efficiently managing resources [22-24].

Robotic surgery is becoming routine in oncology, with several residency programs integrating robotic training into their curriculum. Proficiency-based robotic training allows surgical oncology fellows to successfully execute intricate operations and incorporate robotic methods into their practices [26,27]. Comparative analyses of open and robotassisted laparoscopic procedures (RALP) highlight advantages such as diminished perioperative hemorrhage and decreased transfusion rates associated with RALP, although elevated expenses [28]. Mathematical models support robotic surgery as the preferable method for treatments such as lung lobectomies and prostatectomies, taking into account morbidity, readmission rates, mortality, expenses, and duration of hospital stays [29-34].

### 2. Social Robots and Patient Welfare

Socially assistive robots (SARs) are developing as revolutionary instruments in healthcare, especially in offering assistance to those with functional impairments [35-37]. SARA is a robotics system currently under development, designed to aid elderly individuals with minor cognitive impairment. SARA provides automated health monitoring and care but encounters problems such as security, privacy, network administration, device compatibility, and reliability [38].

Robot Activity Support technology (RAS) is another significant technology that promotes medication adherence via the monitoring of patient activity. Should a patient neglect to administer their medication, the robot intervenes by assisting, including the provision of water and food. This capability is facilitated by sophisticated methods such as environmental sensing, object identification, mapping, and ongoing learning driven by deep learning (DL) neural networks [39]. Social robots are multifunctional, aiding in duties such as bed transfer mobility support, and communication enhancement. Their incorporation into intelligent surroundings facilitates improved connection with persons, alleviating the caring strain while guaranteeing appropriate patient assistance [40].

Robotics-assisted therapy has shown significant promise in facilitating recovery for people with neurological disorders or post-stroke disabilities. These AI-enhanced technologies assist patients in restoring neuromotor stability. Artificial intelligence enables robots to execute logistical functions, like retrieving supplies, transporting goods to care locations, monitoring medical equipment, and overseeing laboratory operations [41,42].

### 3. Robotics in Surgical Procedures

Robotic technologies are transforming surgical operations by providing optimized workflows. decreased surgery duration, and increased accuracy. These technologies, with articulated arms and 3D magnified views, enable surgeons to do bi-manual procedures with unparalleled precision. The efficacy of robotic surgery is intricately linked to the accessibility and caliber of data, prompting apprehensions about privacy and data sharing in healthcare (Figure 1) [43,44]. Robots are progressively used in minimally invasive diagnostic techniques, including breast and prostate biopsies, brachytherapy, and MRI-guided treatments. These systems are proficient in executing tasks that need manual dexterity, such as removing biopsies from diminutive lesions, and can replicate the accuracy of the human hand using steady-hand micromanipulation devices [45-47].

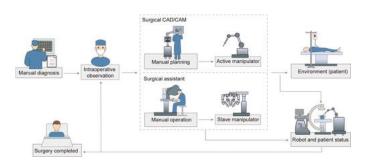


Figure 1. Fundamental structure of surgical robot systems. The framework comprises perceptual navigation, organizing, and control components [44].

Biorobotics integrates biological and artificial systems to develop robots modeled after living beings. Biorobotics, in contrast to conventional robotics that emphasizes mechanical solutions, investigate organic designs inspired by the study of biological forms such as insects. This method emphasizes comprehension of the body's biological operations instead of concentrating only on cognitive processes, hence offering new avenues for artificial intelligence [48,49].

## 4. Artificial Intelligence in Medical Imaging Analysis

Medical imaging has emerged as a fundamental component of contemporary healthcare, significantly contributing diagnosis, to treatment, rehabilitation. Advanced AI algorithms have markedly improved the analysis of many imaging modalities, such as X-rays, ultrasounds, CT scans, MRIs, PET scans, mammography, and dermoscopy [50]. AIdriven computer-aided detection (CAD) systems enable radiologists to analyze medical pictures, minimizing the probability of diagnostic inaccuracies due to weariness or inconsistencies in human interpretation. The effectiveness of CAD systems is contentious, with some research indicating favorable outcomes and others emphasizing limitations [51-53]. Figure 1 illustrates the imaging modalities. AI algorithms attained notable outcomes in their computational capabilities.

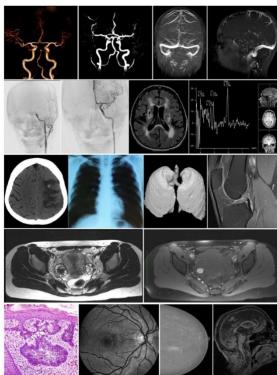


Figure 1. Examples of standard medical imaging. From the upper left to the lower right.

### 5. Precision Medicine and Artificial Intelligence

Precision medicine is a rapidly advancing domain that tailors illness prevention and treatment according to an individual's genetic, environmental, and lifestyle determinants. In contrast to conventional "one-sizemethodologies, precision medicine customizes methods for distinct patient groupings, enhancing effectiveness and outcomes [54,55]. AI algorithms, especially those using unsupervised learning, have revolutionized machine interpretation of human genetic data. These algorithms reveal hidden patterns, forecast illness risks, and determine effective therapies. Deep learning (DL) has proven pivotal in the analysis of genomics data to discern critical risk factors for heart disease and protein changes that affect cellular functioning [56-

Hybrid methodologies, including reinforcement learning that integrates supervised and unsupervised approaches, are extensively used in precision medicine. These methodologies enhance the precision of prediction models and facilitate the identification of patient subgroups. Supervised biclustering (SUBIC), a technique grounded on convex optimization, has been devised to identify subgroups and prioritize risk variables for disorders such as hypertension [56]. Deep learning is essential for analyzing large datasets, such as genetic data, to uncover intricate linkages and patterns. Researchers have used deep learning to elucidate protein connections, comprehend protein functions, and anticipate physiological reactions to DNA modifications. These discoveries inform tailored medical therapies and enhance the comprehension of disease causes [58-60].

Cognitive computing denotes an advanced AI methodology aimed at independently resolving issues. This technology combines machine learning, pattern recognition, and natural language processing to evaluate extensive datasets and assist physicians in diagnosis and decision-making. Cognitive computing systems improve illness categorization, genotype and phenotype analysis, and the identification of drug-drug interactions by recognizing patterns that may elude human discovery [61]. IBM's Medical Sieve exemplifies a sophisticated cognitive assistant designed to digest clinical information and provide analytical reasoning skills. Such systems are designed to assist rather than supplant clinicians by offering significant insights that enhance the diagnostic process and elevate patient outcomes [62].

Oncology has been a central emphasis for the implementation of precision medicine. AI-driven

methodologies are used to examine molecular modifications in tumors, customizing experimental treatments for specific patients. Machine learning models assist in aligning medicines for cancer patients, demonstrating notable concordance rates in studies of metastatic breast cancer and HER2-negative breast cancer [63,64]. Next-generation sequencing (NGS) has emerged as a fundamental component of precision oncology, offering extensive genomic data for the identification of patterns and correlations pertinent to therapy. Advanced bioinformatics tools analyze this data, facilitating the use of customized therapy, especially for illnesses such as non-squamous non-small cell lung cancer (NSCLC) and pediatric malignancies. Genomic research in pediatric oncology has identified uncommon, actionable gene mutations that are now informing personalized therapy methods [66-69].

Although AI has transformational promise, its incorporation into precision medicine presents hurdles. Ethical considerations, including patient confidentiality, and legal issues about data use, endure. Although AI algorithms may automate several tasks, they cannot replace the skill and discernment of medical professionals. Consequently, AI should be seen as an adjunct to, rather than a substitute for, human decision-making [60].

### 6. Discussion

The deployment of machine learning algorithms in healthcare presents many challenges. Initially, physicians expressed skepticism over the use of AI due to its reliance on "black box" algorithms and the need for substantial evidence to validate results. Secondly, healthcare professionals must establish confidence in algorithms before using them. Algorithms must undergo clinical validation and justification. Furthermore, individuals may be reluctant to use AI-driven health services without comprehending the functionality of AI. The inquiry about the potential integration of AI into healthcare remains unresolved. Scalability is a significant challenge in the implementation of AI in healthcare. Innovations detailed in recent academic publications have undergone limited testing, so they may not be suitable for large-scale institutions. Simultaneously, these solutions may be financially unfeasible for smaller medical facilities. The administration and sensitivity of essential patient information pose significant challenges. Diverse data sources must be integrated into a unified ecosystem to function cohesively for the patient. Numerous ethical dilemmas may emerge.

Several advancements in artificial intelligence have facilitated its use in robotics. The rapid advancement of technology has resulted in increased computing capacity, allowing embedded computers to execute intricate algorithms. Secondly, artificial neural networks represent a developing field of study owing to the proliferation of extensive digital data. The realm of open-source software and hardware has propelled this advancement [70]. Dependable methods and decentralized instruments are shown to address basic awareness, navigation, and manipulation duties. Contemporary robots can learn, sense, act, and plan. They can execute tasks employing either supervised or unsupervised learning techniques, notably deep learning. Q-learning is the predominant learning method since it emphasizes subsequent actions and seeks optimum behavior [71]. Nonetheless, there is an absence of adequate assessment of the efficacy of these learning methodologies. This raises the inquiry about the identification and management of errors.

Recent years have seen advancements in the downsizing of robots for laparoscopic as well as endoscopic applications. Surgical robots facilitate around 600,000 procedures annually [72]. This statistic represents under one percent of global surgical procedures annually. Minimally conventional diagnostics as well as robotic surgical treatments provide several advantages compared to conventional medical methods. These advantages include increased efficiency and safety, decreased pain levels, expedited recuperation, and a shortened duration of stay in medical facilities. Consequently, the demand for robotic surgery across many medical specializations is significant. The use of robots in surgical procedures is contentious. Notwithstanding the enhancement in surgical precision and the reduction of surgeon fatigue, the utilization of robotics may result in movement lag, human mistakes during device operation, and mechanical failure. Robotic surgery appears to enhance surgical efficiency while simultaneously decreasing operative duration.

Robots have the potential to transform end-of-life care and assist humans in maintaining their independence for an extended period. In alignment with advancements in humanoid design, AI empowers robots to go farther. Robots engage in 'conversations' and other social interactions with people [73]. In contrast to industrial robots, assistive, rehabilitative, and medical robots exhibit significant interaction with humans. Consequently, several ethical, legal, and societal difficulties may emerge.

### 7. Challenges and unresolved concerns in medical image evaluation

A significant portion of current advancements in AI is dependent on data-driven methodologies associated with deep learning and artificial neural networks. These methodologies provide outcomes that surpass those of human readers when used with

adequately extensive labeled training datasets. Consequently, significant advancements have been achieved in domains including computer vision, voice recognition, and translating languages. Nonetheless, a broader array of AI competencies is necessary to advance in addressing real-world situations. AI systems must learn effectively and quickly from very limited data sets [69].

The use of deep learning techniques in medical image analysis encounters many challenges. The first issue is the procurement of relevant, accurately labeled data. A multitude of medical photos is archived in hospitals with medical reports formatted as free text. Analyzing the reports and transforming them into a meaningful dataset presents significant challenges. Natural language processing methods may be used to analyze the text and extract pertinent information [71,42]. A further concern is the precision of the labeling. The credibility of annotations produced by physicians remains an unresolved issue. The dual reading demonstrated greater accuracy in illness diagnosis, albeit it is time-intensive. Innovative deep learning algorithms promise to surpass human readers' accuracy; nonetheless, they cannot rectify the issue of erroneous diagnoses [50].

A significant difficulty is the substantial imbalance of datasets. Due to the characteristics of disease dissemination, atypical patients are much more challenging to identify than typical instances. Consequently, the datasets are imbalanced, making the construction of an effective prediction model challenging. This matter must be precisely handled. The solution may rely on the formulation of an appropriate loss model or data augmentation. CapsNets seems to address AI-related problems with more reliability than other approaches [67]. The picture categorization issue has been streamlined. To get a conclusive verdict, physicians evaluate not just imaging but also other factors such as medical history, demography, and age. All features must be integrated into a CAD program. The difficulty pertains to a substantial quantity of picture characteristics in contrast to a limited number of variables derived from reports. Innovative data-blending methodologies must be used to resolve this challenge.

In conclusion, the supervised deep learning method is now the preeminent technology in several computer vision applications. Nonetheless, its efficacy is contingent upon annotated data. Annotating medical photographs necessitates the involvement of medical professionals, making the process both time-consuming and expensive. Furthermore, a significant disparity in the medical data necessitates the use of specialized models, such as adversarial ones.

Precision medicine is a new approach to illness prevention and treatment, according to the National

Institutes of Health. The methodology considers individual differences in genetics, environment, and lifestyle [74]. To realize the full potential of this strategy, substantial computing resources and data are necessary. The difficulty lies in the fact that large data analysis may fail to identify individual-level characteristics. In other words, there is an absence of group-to-individual generality [75]. Innovative AI methodologies must be used to achieve this objective and to enhance customized medicine.

A further issue pertains to the realm of specialized knowledge. Inquiries about the integration of this information into an AI-driven deep learning system and the reliability of the resultant judgments persist. The IBM Watson therapeutic decision-assisting system had variable outcomes [76]. The integration of the deep learning model's predictions with human expert diagnoses enhances model accuracy and substantially decreases the human mistake rate [77]. In customized medicine, most instruments are designed for diagnosis. Nonetheless, the use of AI in illness prevention has significant promise. It may be used for risk categorization and evaluation [78]. Identifying early indicators of the condition may substantially enhance its therapy and mitigate consequences. Table 1 summarizes the applications, benefits, challenges, and ethical considerations of AI and robotics in healthcare.

Table 1. Applications, Benefits, Challenges, and Ethical Considerations of AI and Robotics in Healthcare

Catego ry	Appli cation s	Benefi ts	Challe nges	Ethical Consider ations
Diagno stics	AI- power ed imagin g, diseas e detecti on, CAD system s	Improv ed accura cy, early disease detecti on, reduce d diagno stic errors	Depend ence on data quality, imbalan ced datasets , high cost of implem entation	Data privacy, bias in algorithm s
Treatm ent	AI- driven person alized medici ne, roboti c-	Tailore d treatm ents, enhanc ed surgica l	Limited access to advanc ed robotics , high training	Accessibi lity disparitie s, transpare ncy in

	assiste d surger y, drug discov ery	precisi on, shorter recove ry times	require ments for clinicia ns	decision- making
Rehabi litation	Roboti cs- assiste d neuro- motor recove ry, physic al therap	Faster recove ry, consist ent assista nce, reduce d caregiv er burden	Integrat ion with existing healthc are systems , cost of robotic systems	Ensuring equity in availabili ty and affordabil ity
Elderly Care	Sociall y assisti ve robots (SARs ), smart home integra tion	Increas ed indepe ndence , contin uous monito ring, reduce d caregiv er worklo ad	IoT and networ k manage ment issues, interop erabilit y challen ges	Balancin g autonom y and safety for elderly patients
Medica l Imagin g	AI- enhan ced analys is of X- rays, MRIs, CT scans	Faster image proces sing increas ed diagno stic confid ence, reduce d human fatigue	Need for extensi ve annotat ed datasets , potentia l over- reliance on AI	Addressi ng false positives/ negatives and maintaini ng clinical oversight
Precisi on Medici ne	Geno mics analys is, AI- based drug develo pment	Identifi cation of genetic risk factors, faster drug discov	High comput ational require ments, expertis e gaps in genetic	Genetic data privacy, informed consent for AI- driven

		ery, improv ed outco mes	data analysis	treatment options
Surgic al Innova tions	Roboti c- assiste d laparo scopic and minim ally invasi ve proced ures	Enhan ced precisi on, reduce d blood loss, decrea sed periop erative compli cations	High cost of equipm ent, mechan ical failures, need for speciali zed surgeon training	Ethical dilemmas in resource allocation and patient consent for robotic procedur es

### 8. Conclusions

Robotics have significantly advanced healthcare services across several medical domains, including surgical procedures, rehabilitation, and geriatric care. The limited availability of approaches in clinical settings restricts their practical adoption. The surgeons lack the requisite expertise in robot-assisted procedures. Training institutions may bridge the divide between developers and doctors by imparting pertinent skills. In the coming years, robotics requires more validation and justification of its efficacy, resolution of ethical concerns, enhancement of device dependability, and reduction of costs.

Artificial intelligence in radiology eradicates the subjectivity often inherent in visual diagnosis processes. It facilitates the integration of visual discoveries with non-imaging data. Creating an excellent automated classifier must integrate expert knowledge of diseases with cutting-edge computer vision methodologies. A prevalent disadvantage of all deep learning techniques is their deficiency in transparency and interpretability. CAD systems tackle certain diagnostic inquiries.

Research on the use of AI in precision medicine and chemotherapy has underscored the significance of harmful germline mutations in malignancies, even among individuals without a familial history of the conditions. Genomic abnormalities connect with distinct illness outcomes. Molecular testing may provide important guidance for AI models for risk classification and the forecasting of treatment responses to surgery, radiotherapy, and chemotherapy.

An examination of contemporary trends and constraints of AI-driven solutions indicates that substituting medical workers with AI is impractical. Nonetheless, contemporary medicine may gain advantages from robots, computer-aided design, and artificial intelligence-driven tailored methodologies. A strategy plan for implementation should include phases such as development, registration, and education. To implement them, coordination among data engineers, developers, medical researchers, and clinicians is essential.

#### References

- Mercioni MA, Stavarache LL. Disease diagnosis with medical imaging using deep learning. InFuture of Information and Communication Conference 2022 Mar 3 (pp. 198-208). Cham: Springer International Publishing.
- 2. Lee D, Yoon SN. Application of artificial intelligence-based technologies in the healthcare industry: Opportunities and challenges. International journal of environmental research and public health. 2021 Jan;18(1):271.
- 3. Haoyu L, Jianxing L, Arunkumar N, Hussein AF, Jaber MM. An iomt cloud-based real time sleep apnea detection scheme by using the spo 2 estimation supported by heart rate variability. Future Generat Comput Syst 2019:98:69–77.
- 4. Orsini M, Pacchioni M, Malagoli A, Guaraldi G. My smart age with hiv: an innovative mobile and iomt framework for patient's empowerment. In: 2017 IEEE 3rd International forum on research and technologies for society and industry RTSI. IEEE; 2017. p. 1–6.
- 5. Polu SK, Polu SK. Iomt based smart health care monitoring system. Int J 2019;5: 58–64.
- Cecil J, Gupta A, Pirela-Cruz M, Ramanathan P. An iomt based cyber training framework for orthopedic surgery using next generation internet technologies. Inform Med Unlocked 2018;12:128–37.
- 7. Siegel RL, Miller KD, Jemal A. Cancer statistics, 2019. CA Canc J Clin 2019;69(1): 7–34.
- 8. Khan S, Islam N, Jan Z, Din IU, Rodrigues JJC. A novel deep learning based framework for the detection and classification of breast cancer using transfer learning. Pattern Recogn Lett 2019;125:1–6.
- 9. Hu Z, Tang J, Wang Z, Zhang K, Zhang L, Sun Q. Deep learning for image-based cancer detection and diagnosis- a survey. Pattern Recogn 2018;83:134–49.
- 10. Levine AB, Schlosser C, Grewal J, Coope R, Jones SJ, Yip S. Rise of the machines:

- advances in deep learning for cancer diagnosis. Trends Canc 2019;5(3):157–69.
- 11. Jyoti R, Szurley M. The Business Value of IBM AI-Powered Automation Solutions. InIDC, 2021.
- 12. Habuza T, Navaz AN, Hashim F, Alnajjar F, Zaki N, Serhani MA, Statsenko Y. AI applications in robotics, diagnostic image analysis and precision medicine: Current limitations, future trends, guidelines on CAD systems for medicine. Informatics in Medicine Unlocked. 2021 Jan 1;24:100596.
- 13. Hu W-H, Tang D-H, Teng J, Said S, Rohrmann R, et al. Structural health monitoring of a prestressed concrete bridge based on statistical pattern recognition of continuous dynamic measurements over 14 years. Sensors 2018;18 (12):4117.
- 14. Xiao J, Jiang C, Wang B. A review on dynamic recycling of electric vehicle battery: Disassembly and echelon utilization. Batteries. 2023 Jan 12;9(1):57.
- 15. Shah R, Chircu A. IoT and AI in Healthcare: a systematic literature review. Issues Inform Syst 2018;19(3):33–41.
- 16. Vitanza A, D'Onofrio G, Ricciardi F, Sancarlo D, Greco A, Giuliani F. Assistive robots for the elderly: innovative tools to gather health relevant data. In: Data science for healthcare. Springer; 2019. p. 195–215.
- 17. Vandemeulebroucke T, de Casterle BD, Gastmans C. The use of care robots in aged care: a systematic review of argument-based ethics literature. Arch Gerontol Geriatr 2018;74:15–25.
- 18. Papadopoulos I, Koulouglioti C, Ali S. Views of nurses and other health and social care workers on the use of assistive humanoid and animal-like robots in health and social care: a scoping review. Contemp Nurse 2018;54(4–5):425–42.
- 19. Nerella SG, Singh P, Sanam T, Digwal CS. PET molecular imaging in drug development: the imaging and chemistry perspective. Frontiers in Medicine. 2022 Feb 28:9:812270.
- 20. Chen H, Engkvist O, Wang Y, Olivecrona M, Blaschke T. The rise of deep learning in drug discovery. Drug Discov Today 2018;23(6):1241–50.
- 21. Agrawal P. Artificial intelligence in drug discovery and development. J Pharmacovigilance 2018;6:1–2.
- 22. Kormushev P, Calinon S, Caldwell DG. Reinforcement learning in robotics: applications and real-world challenges. Robotics 2013;2(3):122–48.
- Deutsch I, Erel H, Paz M, Hoffman G, Zuckerman O. Home robotic devices for

- older adults: opportunities and concerns. Comput Hum Behav 2019;98:122–33.
- 24. Bonaccorsi M, Fiorini L, Cavallo F, Saffiotti A, Dario P. A cloud robotics solution to improve social assistive robots for active and healthy aging. Int J Soc Robot 2016;8(3):393–408.
- 25. Bhaskar S, Bradley S, Sakhamuri S, Moguilner S, Chattu VK, Pandya S, Schroeder S, Ray D, Banach M. Designing futuristic telemedicine using artificial intelligence and robotics in the COVID-19 era. Front Public Health 2020;8 (November):1–7.
- 26. Khan S, Tsung A. Aso author reflections: the evolution of minimally invasive liver surgery and the future with robotics. Ann Surg Oncol 2018;25(3):786–7.
- 27. Knab LM, Zenati MS, Khodakov A, Rice M, Al-Abbas A, Bartlett DL, Zureikat AH, Zeh HJ, Hogg ME. Evolution of a novel robotic training curriculum in a complex general surgical oncology fellowship. Ann Surg Oncol 2018;25(12):3445–52.
- 28. Forsmark A, Gehrman J, Angenete E, Bjartell A, Bjo"rholt I, Carlsson S, Hugosson J, Marlow T, Stinesen-Kollberg K, Stranne J, et al. Health economic analysis of open and robot-assisted laparoscopic surgery for prostate cancer within the prospective multicentre lappro trial. Eur Urol 2018;74(6):816–24.
- 29. Dandapani HG, Tieu K. The contemporary role of robotics in surgery: a predictive mathematical model on the short-term effectiveness of robotic and laparoscopic surgery. Laparosc Endosc Rob Surg 2019;2(1):1–7.
- 30. Oehler MK. Robotics versus conventional laparoscopy for endometrial cancer: where are we now? Maturitas 2015;81(2):241–2.
- 31. M"aenp"aa" M, Nieminen K, Toma's E, Luukkaala T, M"aenp"a"a JU. Implementing robotic surgery to gynecologic oncology: the first 300 operations performed at a tertiary hospital. Acta Obstet Gynecol Scand 2015;94(5):482–8.
- 32. Jain S, Gautam G. Robotics in urologic oncology. J Minimal Access Surg 2015;11 (1):40.
- 33. Leung A, Abitbol J, Ramana-Kumar AV, Fadlallah B, Kessous R, Cohen S, Lau S, Salvador S, Gotlieb WH. Outside the operating room: how a robotics program changed resource utilization on the inpatient ward. Gynecol Oncol 2017;145(1): 102–7.
- 34. Ind TE, Marshall C, Kasius J, Butler J, Barton D, Nobbenhuis M. Introducing robotic radical hysterectomy for stage 1bi cervical

- cancer—a prospective evaluation of clinical and economic outcomes in a single UK institution. Int J Med Robot Comput Assist Surg 2019;15(1):1–9.
- 35. Grimminger PP, van der Horst S, Ruurda JP, van Det M, Morel P, van Hillegersberg R. Surgical robotics for esophageal cancer. Ann N Y Acad Sci 2018; 1434(1):21–6.
- 36. Mushtaq HH, Shah SK, Agarwal AK. The current role of robotics in colorectal surgery. Curr Gastroenterol Rep 2019;21(3):1–9.
- 37. Teoh B, Waters P, Peacock O, Smart P, Reid K, Rajkumar A, Heriot A, Warrier S. Utilising tatme and robotics to reduce r1 risk in locally advanced rectal cancer with rectovaginal and cervical involvement. Tech Coloproctol 2019;23(4):387–90.
- 38. Kearney KT, Presenza D, Sacca F, Wright P. Key challenges for developing a Socially Assistive Robotic SAR solution for the health sector. In: IEEE International workshop on computer aided modeling and design of communication links and networks, CAMAD 2018-Septe; 2018. p. 1–7.
- 39. Wilson G, Pereyda C, Raghunath N, de la Cruz G, Goel S, Nesaei S, Minor B, Schmitter-Edgecombe M, Taylor ME, Cook DJ. Robot-enabled support of daily activities in smart home environments. Cognit Syst Res 2019;54:258–72.
- 40. Weng YH, Hirata Y. Ethically aligned design for assistive robotics. In: 2018 International conference on Intelligence and safety for robotics, ISR 2018; 2018.p. 286–90.
- 41. Forrester LW, Roy A, Hafer-Macko C, Krebs HI, Macko RF. Task-specific ankle robotics gait training after stroke: a randomized pilot study. J NeuroEng Rehabil 2016;13(1):51.
- 42. Clipper B, Batcheller J, Thomaz AL, Rozga A. Artificial intelligence and robotics: a nurse leader's primer. Nurse Leader 2018;16(6):379–84.
- 43. Parsley BS. Robotics in orthopedics: a brave new world. J Arthroplasty 2018;33 (8):2355–
- 44. Moglia A, Georgiou K, Georgiou E, Satava RM, Cuschieri A. A systematic review on artificial intelligence in robot-assisted surgery. International Journal of Surgery. 2021 Nov 1;95:106151.
- 45. Antico M, Sasazawa F, Wu L, Jaiprakash A, Roberts J, Crawford R, Pandey AK, Fontanarosa D. Ultrasound guidance in minimally invasive robotic procedures. Med Image Anal 2019;54:149–67.
- 46. Hata N, Moreira P, Fischer G. Robotics in mri-guided interventions. Top Magn Reson Imag 2018;27(1):19–23.
- 47. Wang Y, Wang S. A new directional-intent recognition method for walking training

- using an omnidirectional robot. J Intell Rob Syst: Theory Appl 2017;87 (2):231–46.
- 48. Schaeffer FA. BioRobotics: surveillance and the automation of biological life. Catalyst: Fem Theor Technosci 2018;4(1):1–12.
- 49. Low KH, Mohammed S, Hu T, Seipel J, Vaidyanathan R, Solis J. Biorobotics with hybrid and multimodal locomotion [TC spotlight]. IEEE Robot Autom Mag 2015; 22(3):29–181.
- Bae MS, Moon WK, Chang JM, Koo HR, Kim WH, Cho N, Yi A, La Yun B, Lee SH, Kim MY, et al. Breast cancer detected with screening us: reasons for nondetection at mammography. Radiology 2014;270(2):369– 77.
- 51. Fenton JJ, Abraham L, Taplin SH, Geller BM, Carney PA, D'orsi C, Elmore JG, Barlow WE, Consortium BCS. Effectiveness of computer-aided detection in community mammography practice. J Natl Cancer Inst 2011;103(15):1152–61.
- 52. Ciatto S, Del Turco MR, Risso G, Catarzi S, Bonardi R, Viterbo V, Gnutti P, Guglielmoni B, Pinelli L, Pandiscia A, et al. Comparison of standard reading and computer aided detection CAD on a national proficiency test of screening mammography. Eur J Radiol 2003;45(2):135–8.
- 53. Gilbert FJ, Astley SM, Gillan MG, Agbaje OF, Wallis MG, James J, Boggis CR, Duffy SW. Single reading with computer-aided detection for screening mammography. N Engl J Med 2008;359(16):1675–84.
- 54. Collins FS, Varmus H. A new initiative on precision medicine. N Engl J Med 2015; 372(9):793–5.
- 55. Wang Z-G, Zhang L, Zhao W-J. Definition and application of precision medicine. Chin J Traumatol 2016;19(5):249.
- 56. Nezhad MZ, Zhu D, Sadati N, Yang K, Levi P. Subic: a supervised bi-clustering approach for precision medicine. In: 2017 16th IEEE International conference on machine learning and applications ICMLA. IEEE; 2017. p. 755–60.
- 57. Lee J-G, Jun S, Cho Y-W, Lee H, Kim GB, Seo JB, Kim N. Deep learning in medical imaging: general overview. Korean J Radiol 2017;18(4):570–84.
- 58. Miotto R, Li L, Kidd BA, Dudley JT. Deep patient: an unsupervised representation to predict the future of patients from the electronic health records. Sci Rep 2016; 6:26094.
- 59. Rost B, Radivojac P, Bromberg Y. Protein function in precision medicine: deep understanding with machine learning. FEBS Lett 2016;590(15):2327–41.

- 60. Mesko B. The role of artificial intelligence in precision medicine. 2017.
- 61. Krittanawong C, Zhang H, Wang Z, Aydar M, Kitai T. Artificial intelligence in precision cardiovascular medicine. J Am Coll Cardiol 2017;69(21):2657–64.
- 62. Syeda-Mahmood T, Walach E, Beymer D, Gilboa-Solomon F, Moradi M, Kisilev P, Kakrania D, Compas C, Wang H, Negahdar R, et al. Medical sieve: a cognitive assistant for radiologists and cardiologists. In: Medical imaging 2016: computer- aided diagnosis, vol. 9785. International Society for Optics and Photonics; 2016. 97850A.
- 63. Bungartz KD, Lalowski K, Elkin SK. Making the right calls in precision oncology. Nat Biotechnol 2018;36(8):692–6.
- 64. Somashekhar S, Kumarc R, Rauthan A, Arun K, Patil P, Ramya Y. Abstract s6-07: double blinded validation study to assess performance of ibm artificial intelligence platform, watson for oncology in comparison with manipal multidisciplinary tumour board–first study of 638 breast cancer cases. 2017.
- 65. Varshney RK, Shi C, Thudi M, Mariac C, Wallace J, Qi P, Zhang H, Zhao Y, Wang X, Rathore A, et al. Pearl millet genome sequence provides a resource to improve agronomic traits in arid environments. Nat Biotechnol 2017;35(10): 969–76.
- 66. Steuer CE, Ramalingam SS. Tumor mutation burden: leading immunotherapy to the era of precision medicine. J Clin Oncol 2018;36(7):631–2.
- 67. Mbatha SZ, Mkhize-Kwitshana ZL, Mulaudzi TV, Hull R, Dlamini Z. Artificial Intelligence Application to Microbiomics Data for Improved Clinical Decision Making Precision Oncology. InArtificial Intelligence and Precision Oncology: Bridging Cancer Research and Clinical Decision Support 2023 Jan 21 (pp. 157-177). Cham: Springer Nature Switzerland.
- 68. Zhang J, Walsh MF, Wu G, Edmonson MN, Gruber TA, Easton J, Hedges D, Ma X, Zhou X, Yergeau DA, et al. Germline mutations in predisposition genes in pediatric cancer. N Engl J Med 2015;373(24):2336–46.
- 69. Mody RJ, Prensner JR, Everett J, Parsons DW, Chinnaiyan AM. Precision medicine in pediatric oncology: lessons learned and next steps. Pediatr Blood Canc 2017;64(3):e26288.
- Rajan K, Saffiotti A. Towards a science of integrated AI and Robotics. Artif Intell 2017;247:1–9.
- 71. Murphy RR. Introduction to AI robotics. MIT press; 2019 Oct 1.

- 72. Li K, Burdick JW. Human motion analysis in medical robotics via high-dimensional inverse reinforcement learning. Int J Robot Res 2020;39(5):568–85.
- 73. Patil S, Shankar H. Transforming healthcare: harnessing the power of AI in the modern era. International Journal of Multidisciplinary Sciences and Arts. 2023 Jul 10;2(1):60-70.
- 74. Collins FS. Exceptional opportunities in medical science: a view from the National Institutes of Health. Jama. 2015 Jan 13;313(2):131-2.
- 75. Fisher AJ, Medaglia JD, Jeronimus BF. Lack of group-to-individual generalizability is a threat to human subjects research. Proc Natl Acad Sci Unit States Am 2018;115(27):E6106–15.
- 76. Zhou N, Zhang C-T, Lv H-Y, Hao C-X, Li T-J, Zhu J-J, Zhu H, Jiang M, Liu K-W, Hou H-L, et al. Concordance study between ibm watson for oncology and clinical practice for patients with cancer in China. Oncol 2019;24(6):812.
- 77. D. Wang, A. Khosla, R. Gargeya, H. Irshad, A. H. Beck, Deep learning for identifying metastatic breast cancer, arXiv preprint arXiv:1606.05718.
- 78. Khera AV, Chaffin M, Aragam KG, Haas ME, Roselli C, Choi SH, Natarajan P, Lander ES, Lubitz SA, Ellinor PT, et al. Genome-wide polygenic scores for common diseases identify individuals with risk equivalent to monogenic mutations. Nat Genet 2018;50(9):1219–24.