



Artificial Intelligence: Present status and future prospectives in health care domain

Dr. Vineeta Gupta¹, Dr. Mohit Kumar Mathur^{*2}, Dr. Sheetal Dhaiya³,
Dr. Rupali Kalsi⁴, Dr. Deepesh Kumar Gupta⁵, Dr. Swati Sharma⁶

¹ Professor & Head, Department of Periodontics, Government Dental College, Raipur, India

^{2*} Associate Professor & Unit head, Department of General Surgery, Government Institute of Medical Sciences, Greater Noida, Uttar Pradesh, India

³ Post graduate student, Department of Periodontics, Government Dental College, Raipur, India

⁴ Professor & Head, Department of Periodontics, ITS Dental College, Hospital and Research Centre, Greater Noida, Uttar Pradesh, India

⁵ Professor & Head, Department of Prosthodontics, Government Dental College, Raipur, India

⁶ Associate Professor & Head, Department of Public Health Dentistry, School of Dental Sciences, Sharda University, Greater Noida, Uttar Pradesh, India

Corresponding Author: Dr Mohit Kumar Mathur,
Associate Professor & Unit head, Department of General Surgery, Government Institute of Medical Sciences, Greater Noida, Uttar Pradesh, India
dr_mohitmathur@yahoo.com

ABSTRACT

Artificial intelligence technologies are growing rapidly and opening the vista of opportunities in the medical field. AI evolving the way of practice in the medical field and showing promising outcomes. Application of AIs are still in a developing state and still need acceptance from medical professionals as they are not prepared and trained for such advanced technologies. But better care for patients, medical professionals has to be acclimatised with these advanced AI technologies.

These advanced AI technologies still need validation for reliability, safety, precision and soundness which are underway.

The purpose of this paper discuss an overview of AI in the Medical field, related risk & ethical issues and futuristic opportunities in the Medical field.

Key Words: Artificial Intelligence, ANN, CNN, Machine learning, Medical sciences, Dental Sciences

DOI Number: 10.14704/nq.2022.20.5.NQ22661

NeuroQuantology 2022; 20(5):3639-3646

INTRODUCTION

AI is a new branch of applied sciences that endows machines with the ability to mimic intelligent human behavior[1]. Artificial intelligence (AI) can be described as imitation of action, thoughts, behavior of intricate and complex human mind by an innovative

technology and to further replicate them in attaining useful tasks like finding solutions, locating objects taking decisions and performing tasks[2]. We can witness usefulness of AI in our day to day activities like searching our solutions on various search engines and use of robotic devices in cleaning



of floors[3]. AI has now becoming an essential part of health care systems at higher centers. Clinical medicine has come up with a large number of AI prototypes for automatic prediction of disease risk, detection of abnormalities/pathologies, diagnosis of disease, and evaluation of prognosis[4]–[6]. AI has an ample applicability in radiology, research laboratories, dentistry and robotic surgeries[4]. Various types of robots are already part of our everyday life, they support production in industrial applications, and aid in maintenance like they cut our grass and clean our floors[7]. The robotic applications have huge impact on life style as these innovations are time and man power saving and proving economically relevant[7]. AI holds a promising future not only in industrial sector but in domain of research and health care in terms of providing better patient care with utmost precision[8]. The purpose of this review is to summarize the applications of AI in the field of medicine.

HISTORY

The term “artificial intelligence” (AI) was coined in the 1950s and connotes the idea of assembling tools that are competent of performing work that are normally performed by humans[9]. The credit of this innovation which is now recognized as AI was pioneered by Walter Pitts in the year of 1943[9]. They proposed a model of artificial neurons[9]. The word “Artificial intelligence” first adopted by American Computer scientist John McCarthy at the Dartmouth Conference in 1956[9]. In 1959, the first computer assisted trainable neural networks were invented.

Image processing—It is a statistical process that enhances an image with an objective to achieve enhanced clarity, retrieval of specific information, or pattern measurements. Basically the input is an image which is processed to create an output which in turn is a better defined picture for a certain applied purpose[10]

Computer vision—It can be described as processing of a picture to enable identification of the image input and to

convert this into an appropriate meaningful output resulting in its interpretation[10].

Artificial neural network (ANN) - This modality connotes to a prototype based on mathematical equation on nonlinear statistical data modelling tools where complex relationships occur between inputs and the output. This process imitates the human brain in processing several types of details and creating patterns for use in a decision making process through neural networks. Basically in ANN the input is entered into a set of algorithms and their output is re-entered to a different set of algorithm to generate the final output[11].

Machine learning - This is the ability of a computer to learn from memory or experience, i.e. to modify its processing based upon newly acquired information. This process using the fundamentals of deep learning mimics the memory of human brain to generate meaningful conclusions and thus helps in decision making[12]. The deep learning is a process in which an algorithm receives data as excel, images or radiographs and does an analysis based on artificial neuronal network mimicking human brain and helps in interpretation of the data (i.e. excel charts, images etc.) to draw conclusions which help in diagnosis and treatment planning of the patient[10].

Convolutional neural network (CNN)—It is a specific type of ANN, typically based on deep learning algorithms with several hidden layers to analyze data. The association between layers are complex and multiple hidden layers exist in each CNN[10].

Deep learning -Deep learning is a subset of machine learning which is structured similar to human brain processing, wherein the data is analyzed multiple times through a set of algorithms and finally an output or results are generated. Every evaluation is carried out in a different layer, meaning that it is based on the output of the previous layer. These layers of computation are called hidden layers because their inputs are analysed multiple times via



deep learning by various layers and each layer creates an output score which is the input score of the next layer until a final result is achieved[9].

APPLICABILITY OF ARTIFICIAL INTELLIGENCE IN HEALTH SCIENCES

Inclusion of AI in the form of robotics and expert computed systems has a tremendous influence on industrial, infotainment, commercial and medical field[13]. In medical systems it has diverse applications in diagnosis, analysis of electronic medical records especially in radiographic image interpretations and therapeutic. It helps in determining the prognosis along with diagnosis of various clinical conditions[14]. With paucity of trained medical professionals especially physicians and radiologists and advancements in field of science the incorporation of AI is need of the hour[15]. AI

applications in health industry has a marked cost benefit ratio which favours its implementation in various fields[13].

AI IN THE MEDICAL FIELD

Experience and knowledge are two requisites for a successful patient care. Thus incorporation of these two parameters are mandatory in understanding artificial intelligence and its implications in medicine[10]. The more experience and data (analysis of information) we have, the more we are enabled for taking superior and knowledge-based decisions[10]. AI is gaining acceptance in the medicine and surgical field, but in radiology widest applications are in use. This can be attributed to tremendous advancements in image-recognition skills with the help of ANN, CNN, machine learning and deep learning which helps in interpretation of radiographic image[2].

3641



Figure 1 – Application of AI in various medical field

A platform that highlights intracranial bleeding for radiologists is already CE approved and was designed by MaxQ-AI Ltd.

(Tel Aviv, Israel)[10]. This project from Israel focused on decision support tools to improvise clinical outcomes in acute medical



emergency scenarios in real-time. They process three-dimensional CT data, detect intracranial bleeding and locates the bleeding area[10]. Taking this concept one step further, investigators developed a platform to detect large vessel occlusion (LVO) in the brain causing strokes[16]. The system analyses the images and when it detects LVO, a signal is generated which immediately sent a text message alert to the radiologist and neurologist[16]. The amalgamation of AI into EMR has been found to be effective in the reduction of mortality via early detection of heart failure. This is attributed to the ability of AI to achieve a longitudinal evaluation of patient statistics and vitals to find patterns and thereby determine predictors for heart failure[17]. AI found to be helpful in the detection of cardiac arrhythmias and even can identify hyperkalemia from electrocardiography. The CADe system (computer aided diagnosis system) alerts the endoscopist to abnormal findings on the monitor by highlighting the area of abnormality. After targeting the abnormality and switching to NBI (narrow band imaging) view, the CADx system can define the

endoscopic images further to a real-time suggested diagnosis[18]. The AI application and deep learning for the detection of diabetic retinopathy have been proven to be successful for early diagnosis[19]. Somashekhar et al. demonstrated that machine learning is reliable for the diagnosis of cancer[20].

AI IN DENTAL FIELD

Various technologies of AI have an array of applications in different branches of dentistry. Applicability ranges from diagnosis of diseases, categorisation of patients, treatment planning to the assignment of prognosis. Radiographic interpretation with the help of computed algorithm is useful for diagnosis of carious lesions, pathological conditions of jaws and TMJ diseases, alveolar bone assessment for diagnosing periodontal conditions and treatment planning for implants. Machine learning has a usability in smile designing and planning for orthodontic cases. AI has helped in better designing of dental chair with voice command operational features.

TABLE 1 : AI USED IN DIFFERENT FIELDS IN DENTISTRY[21]

YEAR	STUDY	AI USED	DETAILS	SPECIALITY
2018	Lee et al[22]	Deep learning network	Diagnosis of caries	Radiology
2016	Jung and Kim[23]	Artificial neural network	Need for orthodontic extraction	orthodontics
2018	Thanathornwong[24]	Bayesian network	Clinical decision support	Orthodontics
2018	Patcas et al[25]	Convolutional neural network	Treatment outcome analysis	Orthodontics
2014	Papantonopoulos et al.[21]	MLP neural network	Clinical and immunologic data Sets	Periodontics
2015	Ozden et al[21]	Support vector machine	Risk factors, clinical periodontal Parameters	Periodontics
2018	Lee et al[26]	Convolutional neural network	Diagnosis and prediction of periodontally compromised teeth	Periodontics
2018	Feres et al[27]	Support vector machine	Aggressive and chronic	Periodontics



			periodontitis	
1995	Speigh et al[28]	Artificial neural network	Risk assessment of oral cancer	Oral medicine
2018	Kim et al[29]	Artificial neural network, support vector machine, logistic regression	Prediction of medication related osteonecrosis of jaw	Oral medicine

ETHICAL CONSIDERATIONS IN ARTIFICIAL INTELLIGENCE

There are certain facets which raise ethical concerns on applicability of AI in health care systems. We as health care providers are dealing with lives of individuals so relying on mere hardware and computed algorithms for taking crucial life saving decisions in diagnosis and treatment of patients raises concerns[30]. Thus validation of AI in medical systems and to work in sync with numerous clinical situations which have their unique histories and clinical presentations requires thorough training of medical practitioners and long term studies to implement them with evidence based research in long run.

AI systems are complex but can be used to generate a new insight and support as an adjunctive aid in taking decisions.

CHALLENGES AND DRAWBACKS

It is crucial to improve data quantity, quality, and readability by standardizing methodology in data curation and reporting[9]. Establishing an open-access standard data set, which contains comprehensive demographic, clinical, experimental, and treatment data, would be a critical task in the further stages of AI development to facilitate the evaluation and comparison of different algorithms[31]. Data-driven AI calculates output in a purely computational manner; however, it fails to illustrate the decision-making in required medical format. The lack of interpretability and transparency reflects the black-box nature of many Machine Learning modalities which are not conducive to verification[31]. Rigorous scientific inquiry and humanistic treatment models that respond to patient and practitioner narrative exchanges are imperative for the understanding of the clinical phenotypes of AI and its relationship

to personalized care[32]. Constant up-gradation of processing power is required for the application of AI, for that the extraction of information needed from a continuous updated medical and dental database. Because the computational power of classical computers has been largely saturated, the insufficient computational resources in data processing are one of the obstacles that constrain the efficiency of AI[33], [34].

Data from patients are requisite for the initial training of AI algorithms, also for validation, undergoing training, and improvement. Furthermore, the development of AI will give rise to data sharing among different institutions and sometimes, beyond the national boundaries. To integrate AI into healthcare, systems must be complied with to protect patient privacy and confidentiality. So personal data have to be anonymized before considering further distribution. Even after taking all these precautions, there is still skepticism in the health care system about secured data sharing.

Safety and security issues are also the concern of AI systems. Mechanisms must be created to control the quality of the algorithms used in AI. To rectify this issue, the US FDA has created a new drug category, "Software as Medical Device," through which it regulates safe innovation and patient safety.[35]

Another concern of AI systems is accountability in the situations wherein adverse or undesirable outcome takes place. So in such situation legal concerns will arise as who will be held responsible for that event as in this scenario health care professional is working with an AI device which is again formulated by another expert of technical field who is also liable for that particular incident. These issues will continue to represent a considerable challenge to our legal system and need to be addressed[30].



FUTURE ASPECTS OF AI

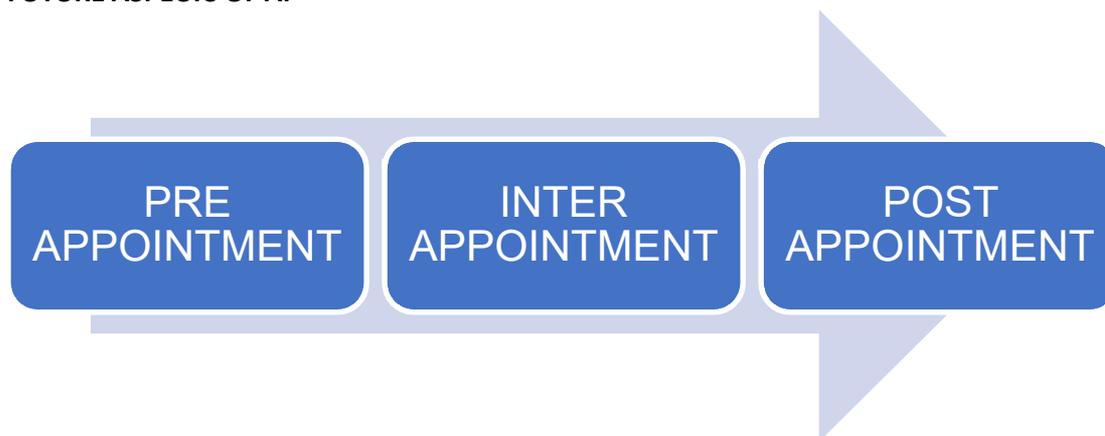


Figure 2 – Application of AI in comprehensive care system[21]

Advancements in AI are focused in two aspects in near future. First, is the uses of both visual and textual data will be analyzed simultaneously to give an output after processing through an array of algorithms. Researchers have reported that recent AI prototypes are so advanced that they can clear a medical licensing exam proving its analytical ability at par with human brain[36]. Second, significant advances are expected in the sector of embodied AI. This genre of AI will incorporate perception and reasoning with an ability to interact with environment. Embodied AI will have functioning very similar to human brain and work on a principal of artificial neuronal networking with deep thinking[36].

CONCLUSION

The inclusion of AI is promising for growth and development in the medical sciences for betterment of human race. AI is a technology that is rapidly being adopted in many domains of medicine to improve performance, precision, time efficiency and to reduce the cost with minimization of man power. In medical sphere, this technology paves way for improved patient care through earlier detection and diagnosis, improved workflow, thus lowering medical errors, lessening medical costs, along with decreasing morbidity and mortality. The road to the successful incorporation of AI into the medical sector will require training in continuing medical education, is a challenging situation

as most institutions are currently not prepared for it. Various AI systems for diverse medical and surgical disciplines are formulated and preliminary results are promising. AI systems show promising and encouraging future and may prove a great aid to medical health professionals in coming years.

REFERENCES

- [1] D. A. Hashimoto, G. Rosman, D. Rus, and O. R. Meireles, "Artificial Intelligence in Surgery: Promises and Perils," *Ann. Surg.*, vol. 268, no. 1, pp. 70–76, Jul. 2018, doi: 10.1097/SLA.0000000000002693.
- [2] S. H. Wong, H. Al-Hasani, Z. Alam, and A. Alam, "Artificial intelligence in radiology: how will we be affected?," *Eur. Radiol.*, vol. 29, no. 1, pp. 141–143, Jan. 2019, doi: 10.1007/s00330-018-5644-3.
- [3] K. Hung, C. Montalvao, R. Tanaka, T. Kawai, and M. M. Bornstein, "The use and performance of artificial intelligence applications in dental and maxillofacial radiology: A systematic review," *Dento Maxillo Facial Radiol.*, vol. 49, no. 1, p. 20190107, Jan. 2020, doi: 10.1259/dmfr.20190107.
- [4] F. Jiang *et al.*, "Artificial intelligence in healthcare: past, present and future," *Stroke Vasc. Neurol.*, vol. 2, no. 4, pp. 230–243, Dec. 2017, doi: 10.1136/svn-2017-000101.
- [5] M. I. Fazal, M. E. Patel, J. Tye, and Y. Gupta, "The past, present and future role of artificial intelligence in imaging," *Eur. J.*



Radiol., vol. 105, pp. 246–250, Aug. 2018, doi: 10.1016/j.ejrad.2018.06.020.

[6] G. Litjens *et al.*, “A survey on deep learning in medical image analysis,” *Med. Image Anal.*, vol. 42, pp. 60–88, Dec. 2017, doi: 10.1016/j.media.2017.07.005.

[7] B. Chandrasekaran and J. Conrad, “Human-robot collaboration: A survey,” *SoutheastCon 2015*, 2015, doi: 10.1109/SECON.2015.7132964.

[8] J. Grischke, L. Johannsmeier, L. Eich, L. Griga, and S. Haddadin, “Dentronics: Towards robotics and artificial intelligence in dentistry,” *Dent. Mater.*, vol. 36, Apr. 2020, doi: 10.1016/j.dental.2020.03.021.

[9] F. Schwendicke, W. Samek, and J. Krois, “Artificial Intelligence in Dentistry: Chances and Challenges,” *J. Dent. Res.*, vol. 99, no. 7, pp. 769–774, Jul. 2020, doi: 10.1177/0022034520915714.

[10] Y. Mintz and R. Brodie, “Introduction to artificial intelligence in medicine,” *Minim. Invasive Ther. Allied Technol. MITAT Off. J. Soc. Minim. Invasive Ther.*, vol. 28, no. 2, pp. 73–81, Apr. 2019, doi: 10.1080/13645706.2019.1575882.

[11] W. J. Park and J.-B. Park, “History and application of artificial neural networks in dentistry,” *Eur. J. Dent.*, vol. 12, no. 4, pp. 594–601, Dec. 2018, doi: 10.4103/ejd.ejd_325_18.

[12] Y. LeCun, Y. Bengio, and G. Hinton, “Deep learning,” *Nature*, vol. 521, no. 7553, pp. 436–444, May 2015, doi: 10.1038/nature14539.

[13] A. Bohr and K. Memarzadeh, “The rise of artificial intelligence in healthcare applications,” *Artif. Intell. Healthc.*, pp. 25–60, 2020, doi: 10.1016/B978-0-12-818438-7.00002-2.

[14] D. D. Miller and E. W. Brown, “Artificial Intelligence in Medical Practice: The Question to the Answer?,” *Am. J. Med.*, vol. 131, no. 2, pp. 129–133, Feb. 2018, doi: 10.1016/j.amjmed.2017.10.035.

[15] D. G. Kirch and K. Petelle, “Addressing the Physician Shortage: The Peril of Ignoring Demography,” *JAMA*, vol. 317, no. 19, pp. 1947–1948, May 2017, doi: 10.1001/jama.2017.2714.

[16] B. Ehteshami Bejnordi *et al.*, “Diagnostic Assessment of Deep Learning Algorithms for Detection of Lymph Node Metastases in Women With Breast Cancer,” *JAMA*, vol. 318, no. 22, pp. 2199–2210, Dec. 2017, doi: 10.1001/jama.2017.14585.

[17] E. Choi, A. Schuetz, W. F. Stewart, and J. Sun, “Using recurrent neural network models for early detection of heart failure onset,” *J. Am. Med. Assoc. Inform. Assoc. JAMIA*, vol. 24, no. 2, pp. 361–370, Mar. 2017, doi: 10.1093/jamia/ocw112.

[18] M. Misawa *et al.*, “Artificial Intelligence-Assisted Polyp Detection for Colonoscopy: Initial Experience,” *Gastroenterology*, vol. 154, no. 8, pp. 2027–2029.e3, Jun. 2018, doi: 10.1053/j.gastro.2018.04.003.

[19] V. Gulshan *et al.*, “Development and Validation of a Deep Learning Algorithm for Detection of Diabetic Retinopathy in Retinal Fundus Photographs,” *JAMA*, vol. 316, no. 22, pp. 2402–2410, Dec. 2016, doi: 10.1001/jama.2016.17216.

[20] S. P. Somashekhar *et al.*, “Watson for Oncology and breast cancer treatment recommendations: agreement with an expert multidisciplinary tumor board,” *Ann. Oncol. Off. J. Eur. Soc. Med. Oncol.*, vol. 29, no. 2, pp. 418–423, Feb. 2018, doi: 10.1093/annonc/mdx781.

[21] Y.-W. Chen, K. Stanley, and W. Att, “Artificial intelligence in dentistry: current applications and future perspectives,” *Quintessence Int. Berl. Ger. 1985*, vol. 51, no. 3, pp. 248–257, 2020, doi: 10.3290/j.qi.a43952.

[22] J.-H. Lee, D.-H. Kim, S.-N. Jeong, and S.-H. Choi, “Detection and diagnosis of dental caries using a deep learning-based convolutional neural network algorithm,” *J. Dent.*, vol. 77, pp. 106–111, Oct. 2018, doi: 10.1016/j.jdent.2018.07.015.

[23] J. Sk and K. Tw, “New approach for the diagnosis of extractions with neural network machine learning,” *Am. J. Orthod. Dentofac. Orthop. Off. Publ. Am. Assoc. Orthod. Its Const. Soc. Am. Board Orthod.*, vol. 149, no. 1, Jan. 2016, doi: 10.1016/j.ajodo.2015.07.030.

[24] B. Thanathornwong, “Bayesian-Based Decision Support System for Assessing the Needs for Orthodontic Treatment,” *Healthc.*



Inform. Res., vol. 24, no. 1, pp. 22–28, Jan. 2018, doi: 10.4258/hir.2018.24.1.22.

[25] R. Patcas, D. a. J. Bernini, A. Volokitin, E. Agustsson, R. Rothe, and R. Timofte, “Applying artificial intelligence to assess the impact of orthognathic treatment on facial attractiveness and estimated age,” *Int. J. Oral Maxillofac. Surg.*, vol. 48, no. 1, pp. 77–83, Jan. 2019, doi: 10.1016/j.ijom.2018.07.010.

[26] J.-H. Lee, D.-H. Kim, S.-N. Jeong, and S.-H. Choi, “Diagnosis and prediction of periodontally compromised teeth using a deep learning-based convolutional neural network algorithm,” *J. Periodontal Implant Sci.*, vol. 48, no. 2, pp. 114–123, Apr. 2018, doi: 10.5051/jpis.2018.48.2.114.

[27] M. Feres, Y. Louzoun, S. Haber, M. Faveri, L. C. Figueiredo, and L. Levin, “Support vector machine-based differentiation between aggressive and chronic periodontitis using microbial profiles,” *Int. Dent. J.*, vol. 68, no. 1, pp. 39–46, Feb. 2018, doi: 10.1111/idj.12326.

[28] P. M. Speight, A. E. Elliott, J. A. Jullien, M. C. Downer, and J. M. Zakzrewska, “The use of artificial intelligence to identify people at risk of oral cancer and precancer,” *Br. Dent. J.*, vol. 179, no. 10, pp. 382–387, Nov. 1995, doi: 10.1038/sj.bdj.4808932.

[29] D. W. Kim, H. Kim, W. Nam, H. J. Kim, and I.-H. Cha, “Machine learning to predict the occurrence of bisphosphonate-related osteonecrosis of the jaw associated with dental extraction: A preliminary report,” *Bone*, vol. 116, pp. 207–214, Nov. 2018, doi: 10.1016/j.bone.2018.04.020.

[30] K. H. Keskinbora, “Medical ethics considerations on artificial intelligence,” *J. Clin. Neurosci. Off. J. Neurosurg. Soc. Australas.*, vol. 64, pp. 277–282, Jun. 2019, doi: 10.1016/j.jocn.2019.03.001.

[31] F. Magrabi *et al.*, “Artificial Intelligence in Clinical Decision Support: Challenges for Evaluating AI and Practical Implications,” *Yearb. Med. Inform.*, vol. 28, no. 1, pp. 128–134, Aug. 2019, doi: 10.1055/s-0039-1677903.

[32] C. A. Kulikowski, “Beginnings of Artificial Intelligence in Medicine (AIM): Computational Artifice Assisting Scientific Inquiry and Clinical Art - with Reflections on Present AIM Challenges,” *Yearb. Med. Inform.*, vol. 28, no.

1, pp. 249–256, Aug. 2019, doi: 10.1055/s-0039-1677895.

[33] D. Solenov, J. Brieler, and J. F. Scherrer, “The Potential of Quantum Computing and Machine Learning to Advance Clinical Research and Change the Practice of Medicine,” *Mo. Med.*, vol. 115, no. 5, pp. 463–467, Oct. 2018.

[34] S. Sunny *et al.*, “A smart tele-cytology point-of-care platform for oral cancer screening,” *PloS One*, vol. 14, no. 11, p. e0224885, 2019, doi: 10.1371/journal.pone.0224885.

[35] A. Osman and W. Samek, “DRAU: Dual Recurrent Attention Units for Visual Question Answering,” *Comput Vis Image Underst*, 2019, doi: 10.1016/j.cviu.2019.05.001.

[36] FA: Hersh F. Mahmood, HooshangDabbagh, Azad A. Mohammed, Comparative study on using chemical and natural admixtures (grape and mulberry extracts) for concrete, *Case Studies in Construction Materials*, Volume 15, 2021,

[37] Kumar, S. (2022). A quest for sustainium (sustainability Premium): review of sustainable bonds. *Academy of Accounting and Financial Studies Journal*, Vol. 26, no.2, pp. 1-18

[38] Allugunti, V.R. (2019). Diabetes Kaggle Dataset Adequacy Scrutiny using Factor Exploration and Correlation. *International Journal of Recent Technology and Engineering*, Volume-8, Issue-154, pp 1105-1110.

J. Wu, X. Liu, X. Zhang, Z. He, and P. Lv, “Master clinical medical knowledge at certificated-doctor-level with deep learning model,” *Nat. Commun.*, vol. 9, no. 1, p. 4352, Oct. 2018, doi: 10.1038/s41467-018-06799-6.

3646

