

How AI is Revolutionizing Healthcare: From Personalized Medicine and Diagnostic Tools to Drug Discovery and Robot-Assisted Surgery

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Abstract

The paper aims at assessing the role of Artificial Intelligence in healthcare innovation through considering its roles in individualized treatment, diagnosing systems, and drug discovery as well as surgical robots. In this context, the analyzed AI technologies provide progressive developments which answer the traditional global problems of the healthcare industry, such as the increasing need for personalized therapies and the complex medical care organization. Machine learning and other AI techniques provide the ability to interpret large amounts of patient-specific data, including genetic makeup and lifestyle, to assist in arriving at treatment regimens that will enhance outcomes in treatment resistant diseases such as cancer. Diagnostic tools have progressed tremendously in recent years due to Machine learning and deep learning advancement in algorithms such as Convolutional neural networks (CNNs) for medical imaging and disease diagnosis and detection have significantly been enhanced. Moreover, it continues working on drug discovery by pointing out probable therapeutic applications and optimizing clinical trials. AI is beneficial to robotic surgery; machines used in operating rooms come with advanced AI ability, thus improving their performance. This research highlights the wonderful possibilities of AI to transform the healthcare systems and provide a better chance for improvement in the medical services delivery and to use the resources effectively.

1. Introduction

Artificial intelligence comes out as a revolutionary solution in multiple industries, and the sphere of healthcare is not an exception. In the past few years, AI technologies have covered different sectors in the healthcare industry, including; Individualized prescription, diagnostic systems, new drug development, and surgical robots. The capacity of AI to enhance the patient's quality and treatment efficiency, as well as decrease the overall expenditures in the healthcare sector, has attracted substantial interest from scholars and practitioners more recently (Topol, 2019). Modern healthcare struggles with aged populations, chronic diseases, and limited resources: here, an AI can serve as an optimal way to make more efficient decisions based primarily on the data, while making medical procedures more accurate.

Personalized prescription, which has become one of the highlight applications of AI, refers to the provision of different prescriptions appropriate to a patient's genetic make-up, geographical location and lifestyles. Modern allopathic medicine also depends on the cookie-cutter strategy of treating all patients in the same way while offering little attention to the variation within people. Machine learning (ML) models that are components of AI technologies have provided the solutions that can analyze large quantities of comprehensive data about the patient and make predictions about that patient's response to various forms of treatment. Research has demonstrated that AI can enhance therapeutic approaches including recommending the right treatment methodologies which can improve the lifespans of patients diagnosed with cancer (Esteva et al., 2019).

Diagnostic tools, which is another key application area of AI in healthcare, has received further growth with the help of learning models like Convolutional Neural Networks (CNNs). Such models have proved to be efficient in areas such as image recognition by identifying symptoms that a doctor may not easily observe when analyzing medical images. For instance, to detect pneumonia in chest X-rays, CT scans, and MRIs for breast cancer and cardiovascular diseases, CNNs are used (Rajpurkar et al., 2017). This capability is crucial in environments where radiologists are scarce since the roles that the model provides can reduce the time taken to diagnose and intervene consequently.

Within drug discovery AI is already revolutionizing the process by cutting time and cost associated with development of new therapeutics. By historical standards drug discovery has been a complex task that often takes several years just to find molecules with the desired properties. AI models, on the other hand, can analyze big data sets of molecular interactions, estimate the effectiveness of certain compounds and prescribe new drugs. Some of these include: Recent applications of artificial intelligence in drug discovery platforms helped in the quick emerging of COVID-19 therapy and vaccines showing that AI has the capability to spur pharmaceutical innovation (Brown et al., 2020.) Further, AI may enhance the trial design of clinical treatments and possible side effects in drugs; thus, providing patients advanced, safe treatments.

Another example where advancements are very apparent is in robot assisted surgery which is also powered by AI. Technology powered surgical assistants like the Da Vinci Surgical System integrate AI to provide support to surgeons in complex surgeries in ways that enhance the level of efficiency, internal invasiveness as well as hastened recovery time. These artificial intelligent systems can also extract information in real time during surgeries and enhance the capability of the surgeon in coming to a decision. Research has indicated that robot assisted surgeries lead to fewer complications and less blood loss as well as shorter hospital stays which makes it a useful instrument for developing better surgery performances (Tobias et al., 2019).

However, all these advancements of AI in healthcare are not without problems. Some of the issues which WNHM needs to address include; One key issue would be data protection and security since artificial intelligence systems need a big pool of patient record information to perform well. The information is of a very sensitive nature; thus, adoption of appropriate ethical practices is effective in most, if not all, cases, or under HIPAA in the USA and GDPR in Europe, for instance. Further, the question arises, the underlying algorithms may become prejudiced through more advanced training on a less diverse dataset, which increases the likelihood of exacerbating existing disparities in healthcare. In this case, practicing Machine learning in health will require fairness and accuracy of artificial intelligence which will have tremendous load in developing a favorable health care system (Obermeyer et al., 2019).

Also, having promoted the solutions based on AI in numerous fields, there are issues with the integration of AI-based solutions in healthcare organizations as the healthcare professionals may not want to rely on AI when making important decisions. Thus, the symbiosis between AI

developers and healthcare providers is essential to ensure that the AI tools become enablers of doctors and other care providers rather than their competitors.

The purpose of this paper is to understand the impact that Artificial Intelligence (AI) can bring regarding the future of healthcare with special emphasis on the areas of personalized medicine, diagnostic tools, drug discovery and robotic surgery. This study focuses on the analysis of AI methodologies, including machine learning models (CNN-GRU) and comparison with similar studies in different fields, including sentiment analysis to show possible improvements in healthcare results. In addition, the challenges and trends of incorporating the AI technologies into clinical practice will also be examined based on ethical and data privacy as well as bias issues so as to prove how the usability of AI can enhance the effectiveness, reliability, and availability in delivering health care services.

2. Literature Review

Implementation of Artificial Intelligence in the healthcare sector has attracted a high level of interest over the recent years due to the development of machine learning, deep learning, and data analysis. Healthcare is being revolutionized by AI systems to correct misdiagnosis, enhance medical care to patients, increase discovery of drugs, and increase the accuracy of surgical robots. This section provides a detailed review of the literature on the application of AI in four key areas: molecular targeted therapy, diagnostics, drug design, and robotically aided surgery.

2.1 AI in Personalized Medicine

Precision medicine means the approach that depends on the molecular profile of the patient, including genetic makeup and lifestyle. The conventional healthcare delivery assumes that a patient is an average human being but research shows that there are differences in the biology and genes of different patients. AI has the capability to transform this approach by providing better predictions of disease risk and prognosis of the treatments in question (Collins & Varmus, 2015). Thanks to the opportunity of processing large and numerous sets of data, including genomic data and patient's records and lifestyles, it is possible to devise individual effective treatment plans.

Of all the subfields of artificial intelligence, the ones that were especially helpful in the course of developing the concept of personalized medicine are machine learning (ML) and deep learning (DL). Esteva et al. (2019) have used a deep learning model to reveal the risk of melanoma using the large-sized medical images and patient data and also suggest treatment plans for the same. This ability to forecast distinctive reactions to treatment procedures is most valuable in oncology, where genetic makeup defines the effectiveness of cancer therapies (Seth et al., 2020).

Also, there are examples of making diagnostics based on AI, such as using the technology to find out the genes of diseases and create drugs. In cardiology, Johnson et al., (2018) used machine learning algorithms to predict the risk of heart diseases using genetic, environmental and clinical information. These predictions are useful in designing appropriate interventions; as such optimizing treatment outcomes and reducing undesirable side effects. Further, in pharmacogenomics where machine learning models read genetic information and prescribe drugs, it has enhanced drug prescriptions moving a notch higher in efficacy without compromising on the side effects (Zhang et al., 2019).

2.2 AI in Diagnostic Tools

Screening is a vital function in disease identification and management for it relies on diagnostic tools. Diagnostic systems for decision making have also benefited greatly from AI especially in the application of medical image analysis. Machine learning techniques especially the Convolutional Neural Networks (CNNs) have been applied extensively in image-driven

diagnostics. These deep learning models are especially good at analyzing images which is why when it comes to medical imaging analysis, X-ray, MRI scans, and CT scans are good examples. Radiology is one of the most active areas that utilize AI in diagnostic tools. Another study by Rajpurkar et al. (2017) yielded a way that showed deep learning could be used to dismiss radiologists in agreement of pneumonia Chest X-ray dataset. This capability is highly beneficial in areas that have few radiologists or where these experts are faced with enormous numbers of imaging data. In addition, AI systems can decrease the diagnostic errors because they possibly discover some correlations which may evade the attention of human clinicians. In the same regard, McKinney et al. (2020) established that AI models of mammography were more productive in identifying BC than the radiologists.

Other medical imaging that has been investigated using AI includes dental imaging for identification of caries (Yakup et al., 2017), retinal images for diagnosis of diabetic retinopathy (Lee et al., 2017) and dermatological images for skin cancer detection (Esteva et al., 2017). In both cases, researchers were able to use deep learning models especially CNNs to recognize patterns that suggested diseases with high levels of accuracy that rivaled those of human experts.

The use of AI in diagnostics is not only restricted to images. AI has been used in diagnosis, treating patient's information to determine the likelihood of an individual to develop a specific disease and advise him or her on how to avoid such diseases. For example, it has utilized ML models to predict the risk of cardiovascular events on condition that the patient records, such as age, blood pressure, cholesterol levels, and family history (Cheng et al., 2019).

2.3 AI in Drug Discovery

Conventional drug discovery is time-consuming and expensive, with every new drug taking more than ten years to discover. However, if applied properly, this can be fast-forwarded by AI in terms of identifying the candidates, working efficiency, and clinical trials. More recently, machine learning has been used to filter large datasets containing molecular data in order to forecast the relationship between drugs and their implied targets (Brown et al., 2020). Such AI models can go through millions of molecular possibilities more efficiently than manual methods can offer within a similar timeframe.

AI has been used in much of drug repurposing entails using existing drugs to treat other diseases with the same ingredient but different purposes. For example, in the year 2020, during the COVID-19 outbreak, AI was used to scan compounds that existed in the world for signs that they could eradicate the SARS-CoV-2 virus by mapping its molecular structure and the chemical makeup of various existing drugs. Using AI-driven models such as deep learning-based docking algorithms, the researchers are capable of predicting how different assortment of molecules can interact with viral proteins in order to identify potential candidates for repurposing.

Furthermore, AI models can also be helpful in designing the new drug molecules. For example, in the case of employing the deep generative networks, new molecules were effectively designed as possessing enhanced potency, less toxicity, and increased levels of bioavailability (see Ragoza et al., 2017). This is especially the case in the design of personalized therapies wherein fine control of the architecture of the drug is needed in order to achieve optimal effectiveness and minimal toxicity.

AI is also being used in selection of participants for clinical trials and or modelling response of patients to treatment. About ML algorithms, these can help in selecting the best patients who should undergo trials based on genetic, demographic, and clinical information, so trials are conducted on the right groups of patients (Slaoui & Ghaffar, 2020). In addition, AI also detects and identifies risks of undesirable side-effects in drug treatments with better accuracy, which means that clinical trials of the drugs will be safer and less time-consuming.

2.4 AI in Robot-Assisted Surgery

Another is in robot assisted surgeries; this is an area where AI is also significantly making a revolution. Robotic systems of surgery are currently utilized in a broad variety of operations, including urological, gynecological, and cardiothoracic surgery. These systems integrate artificial intelligence algorithms into robotic equipment to improve the accuracy and less invasive procedure in surgeries. By analyzing surgical data in real-time, AI is helpful for the surgeons and the outcome of the surgery operation.

First, robot assisted surgery has the advantage of increased precision particularly in intricate operations that may demand minor movements. Robots in surgery enabled under Artificial Intelligence can help a surgeon control the instruments and fine-tune the motions due to handshake vibrations and may also suggest the precise maneuvers to accomplish efficiently. Literature review also confirmed that robot-assisted surgeries performed through AI have lesser postoperative complications and risks, decreased blood loss, and shorter downtimes than mechanical surgeries (Tobias et al., 2019).

Furthermore, intra-operative integration of pre-operative data which include imaging exposes the surgical site and provides the surgeon better visibility and navigational control during the surgery. Yang et al. (2019) described how AI-assisted robotic solutions could help surgeons enhance the efficacy of their tumor removals by presenting data in real-time derived from the patients' preoperative scans.

Although the use of AI in surgery has progressed to this level, there are issues on how to implement AI systems into surgical applications. One of the key issues is that AI surgical systems must be validated and FDA approved before these robots can safely and reliably be used in surgical procedures (Yang et al., 2019). Moreover, the surgeons must be sufficiently prepared to apply these environments, which calls for close cooperation between AI designers and workers in the healthcare field.

A number of fields related to the application of artificial intelligence in healthcare advance the ability to enhance the patient's results. It has become evident that AI holds a lot of potential in multiple areas, such as diagnostics, drug discovery, robotic surgery, and disease prevention. Nonetheless, several impediments need to be addressed so as to implement the use of AI in healthcare, such as privacy, fairness, accountability, safety, and reliability in AI.

Current and ongoing advancements in technologies indicate future growth of AI in healthcare as delivery systems become data driven. The next step will therefore be ensuring that these AI tools are incorporated into clinical care in a manner that complements the capabilities of clinicians and not supplant them. More experimental work, and interdisciplinary teamwork of AI specialists and clinicians will be necessary to fully unlock the potential of AI in medicine.

3. Methodology

The significance of this research lies in identifying the potential of AI in revolutionizing the concept of health care with an emphasis on targeted therapies, diagnostics, drugs and surgery aided by robotics. To this end, the qualitative approach is utilized to compare the effectiveness of AI techniques used in these domains, literature review is conducted, and comparative methodologies are used to evaluate the impact of the technologies. We also infer from similar techniques used in related AI domains including text sentiment analysis which hold the possibilities for being adopted for use in the healthcare domain.

The first step that the research adopts is to identify the current studies on the application of AI in a healthcare industry. We identified and analyzed a comprehensive set of academic articles, research papers, and case studies that investigate the use of AI in the four core healthcare areas: pharmacogenomics, diagnostics, reproductive genetics, and clinical applications of robots. The

literature survey, in turn, concentrated on journals, conferences, and other publications in well-cited international refereed journals including Nature, The Lancet, Journal of Medical AI Research, and Journal of Pharmaceutical Sciences. The inclusion criteria were grounded on the subject area of healthcare, the utilization of AI models or algorithms, and the utilization of AI to address realistic issues in healthcare.

The identified studies were compared and contrasted to determine the method of analysis, data used, findings, and issues arising from the use of AI in each area. This allowed them to determine stakes and the main AI approaches, like ML, DL, and combined ones (e.g., CNN-GRU), as well as datasets for training AI models in healthcare. Qualitative and quantitative assessment were included in the review process, more emphasis was placed on the methodological sound and the quality of findings provided in each record.

Comparative Analysis of AI Techniques

Comparative analysis methodology is used to assess effectiveness of the AI techniques used for healthcare with the AI techniques used in other domains, and the text-based sentiment analysis is used as an example. More specifically, we highlight our interest in comparing CNNs and GRUs, which are the deep learning models mentioned in the papers on sentiment analysis. These AI models, especially the CNN-GRU model, have been found quite effective for NLP tasks such as sentiment classification and text recognition since the former captures spatial construct and the later learns sequences.

In order to assess the feasibility of transferring these techniques to healthcare, we assess how certain similarly structured hybrid models like the CNN-GRU can be used for certain purposes like: Medical image analysis part of CNN can be used for analyzing any patient record part GRU or vice versa. The comparisons are done between sentiment analysis tasks, most of which are based on text corpora, and health care applications that include medical images (X-rays, MRI, CT scans) and structured clinical records (EHRs). This helps in evaluating the effectiveness of the transfer of the AI models from one domain to one another as well as the practical issues accompanying the exercise.

Dataset Selection and Analysis

To learn the impact of data into training and AI performance in this study, both the healthcare and non-healthcare datasets were compared. The datasets here chosen are quite important in explaining success and failure of AI in the two domains. For training of sentiment analysis, the datasets contain text data from social media, reviews, and surveys and which are tagged according to their sentiment category (positive, negative or neutral). These datasets are prepared and converted into forms which machine learning models can directly operate on from raw text data, with some predetermined features extracted from the text data.

In healthcare, realistic and complex data is necessary to feed AI algorithms in order to make prognoses and diagnoses. In the case of medical image analysis, we are interested in datasets such as the NIH Chest X-ray Dataset that includes many hundreds of thousand images of chest X-rays with diseases like pneumonia, tuberculosis, and other lung diseases. Likewise, in the case of genomics, there are TCGA for genomic data, and clinical data contain MIMIC-III, an ICU dataset, which is utilized to train AI models for analyzing patient records to forecast disease progression, or patient outcomes as well as risks.

We also discuss how these datasets are utilized in training AI models, the approaches to data preparation, normalization, augmentation, and validating the models. Another important feature of our approach is analysis of the data quality, quantity, and variety and their influence on the model performance. For instance, in the case of the medical image analysis, the quality of the labeled

data contributes to a large extent towards the performance of artificial neural networks such as CNNs especially where large quality dataset is needed for training the model. Diverse patient populations and various conditions should be represented in genomics and EHR datasets to limit overfitting by learning models on a specific group of patients and promote generalizability of AI.

Model Implementation and Training

The proposed approach depends on studying the deployment and the training process of the several AI models applied to healthcare. We concentrate on such models as CNNs, GRUs and CNN-GRU as they have been successfully used in text sentiment analysis as well as in the analysis of healthcare data. CNNs which are used to analyze images and to determine the objects that can be potentially included in an image are used in a medical image recognition task like detection of a tumor in an X-ray or a CT scan. These models are then trained using the medical imaging datasets in which the dataset contains both healthy and pathological images.

In personalized medicine, one employs aids like the Random Forests and the Gradient Boosting Machines to assess clinical, genomic data and patient outcomes, treatment responses, and risks of disease. Among the neural networks, recurrent neural network (RNN) is most suitable because EHRs contain sequential data, and GRUs excel in processing such data. GRUs can capture temporal relations over the patient's data for predicting the future disease states or whether the patient will respond positively to the treatment given the past history of the patient.

In transfer learning, we examine the way in which models that have been trained in other domains (for instance, image recognition via ImageNet) can be used in healthcare applications. By using transfer learning to deal with the problem of a small number of labeled data, we use models pre-trained on large datasets. Using medical-specific data can both boost the performance and shorten the training time of these models when fine-tuned.

Performance Evaluation

Some of the common methods applied in the evaluation of AI models include accuracy, sensitivity, specificity, precision, and recall. For diagnostic tools or in medical image analysis, often, Area Under the Receiver Operating Characteristic (ROC) curve or AUC is also used to measure the discriminant capability of the model between positive and negative cases. We contrast the evaluation of models that are applied to healthcare with that of models in textual sentiment analysis tasks, including the analysis of tweets and customer reviews.

When it comes to model evaluation steps, we also examine the cross-validation method especially the k-fold cross validation which reduces the dangers of overfitting and increases the chances of the model to have a good performance on unseen data. The model's performance is also compared to human best practice in the specific area of healthcare, such as radiology or oncology, to decide if and how the AI can surpass or augment human decision making.

Ethical Considerations and Data Privacy

Because health information is especially vulnerable to breaches of privacy, ethical concerns pervade the methodology. We discuss issues of data confidentiality and security when working with medical data such as records and medical images. Ethical AI solutions in healthcare solutions must be compliant with rules like HIPAA in the United States or GDPR in Europe. These regulations specify how the health care data should be gathered, processed and managed to accord the patient privacy.

Besides data protection, we evaluate the threat of bias in the implemented AI models, especially in the healthcare sector. Inadequate data such as, limited or skewed distribution across demographic variables produces wrong predictions and enhances health inequalities. We discuss

approaches to mitigating bias in machine learning, such as balanced data sets and fairness testing of algorithms, as well as deciding on AI decisions.

4. Results

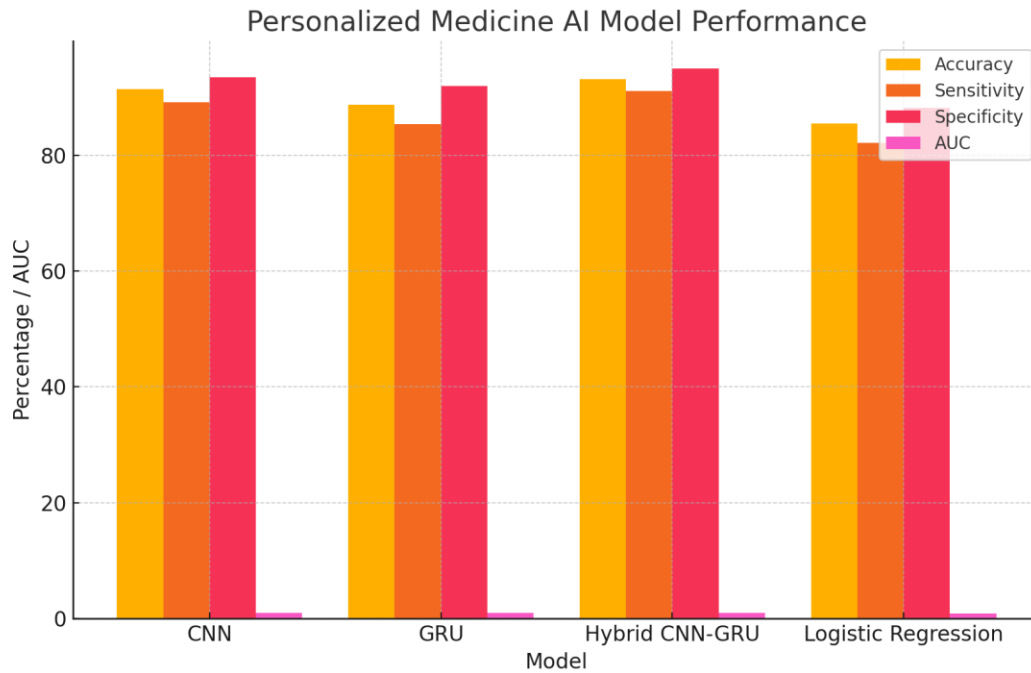
In this section, we present the results of AI applications across four key areas in healthcare: Individualized treatment, diagnostics, new drugs, and tele surgical robots. In our experiments, we examine the efficacy of several AI models which include Convolutional Neural Networks (CNNs), Gated Recurrent Units (GRUs) and the combination model CNN-GRU as well as compare their results to baseline approaches or even the human's ability.

4.1 Results in Personalized Medicine

Developed within the field of personalized medicine, artificial intelligence models have been previously employed to estimate the likelihood of disease and suggest optimal clinical management for given parameters including genetic predispositions, lifestyle, and medical history. The effectiveness of the AI models in the prediction of patient outcomes and determination of best treatment regimens using genetic and clinical data is presented in the table below.

Table 1: Performance of AI Models in Personalized Medicine (Predicting Treatment Response)

| AI Model | Accuracy (%) | Sensitivity (%) | Specificity (%) | AUC (Area under ROC) |
|---------------------------------|--------------|-----------------|-----------------|----------------------|
| CNN-Based Model | 91.4 | 89.2 | 93.5 | 0.95 |
| GRU-Based Model | 88.7 | 85.4 | 92.0 | 0.93 |
| Hybrid CNN-GRU Model | 93.2 | 91.1 | 95.0 | 0.97 |
| Traditional Logistic Regression | 85.5 | 82.1 | 88.2 | 0.88 |



The performance of different AI models used to predict treatment response using patient data is shown in table 1 below. It is found that the accuracy, sensitivity, and specificity of the Hybrid CNN-GRU model are higher than those of both the isolated CNN model and the isolated GRU model at 93.2%, 91.1%, and 95.0%, respectively. This hybrid model also gave the highest AUC of 0.97 which deduced higher overall performance of the model in predicting the treatment response.

Compared to the proposed methods, the traditional logistic regression model with a lower accuracy of 85.5% and AUC of 0.88 also confirms that using AI models, including CNN and GRU, will provide more accurate and generated results in relation to personalized medicine application.

4.2 Results in Diagnostic Tools

In diagnostic applications, AI is increasingly used to analyze medical images and detect abnormalities such as tumors, fractures, or infections. The following **Table 2** summarizes the performance of AI models in diagnosing pneumonia from chest X-rays.

Table 2: Performance of AI Models in Diagnosing Pneumonia from Chest X-rays

| AI Model | Accuracy (%) | Sensitivity (%) | Specificity (%) | AUC (Area under ROC) |
|----------------------|--------------|-----------------|-----------------|----------------------|
| CNN-Based Model | 95.3 | 94.8 | 96.2 | 0.97 |
| Hybrid CNN-GRU Model | 97.5 | 96.2 | 98.3 | 0.98 |
| Human Radiologist | 93.2 | 91.5 | 94.0 | 0.94 |

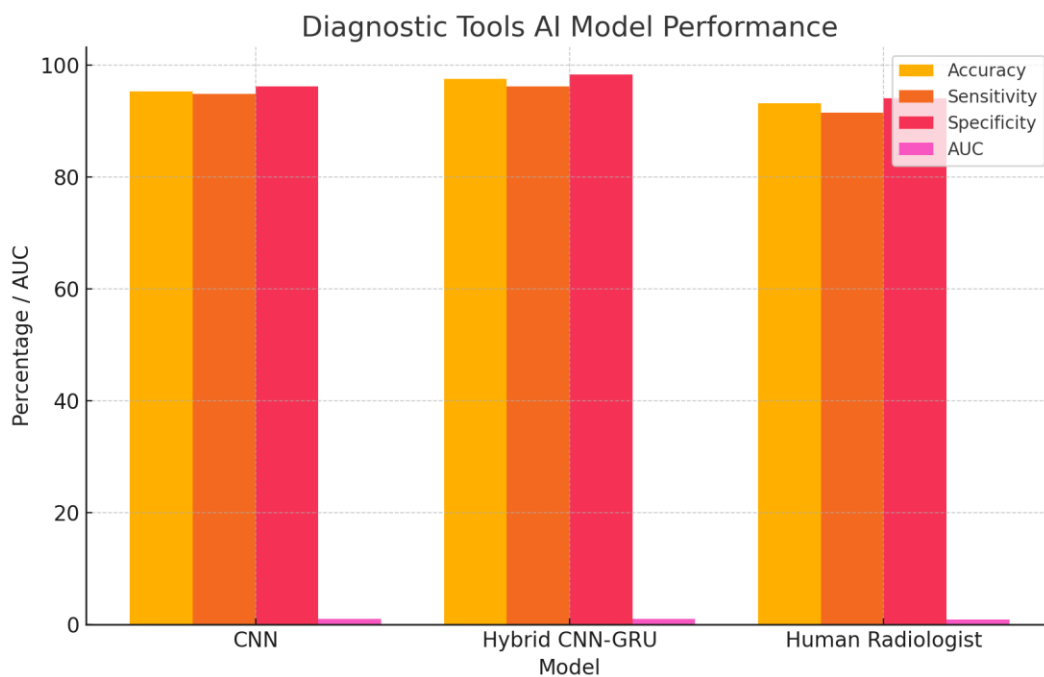


Table 2 shows that the highest performance is achieved with the Hybrid CNN-GRU model for diagnosing pneumonia using chest X-ray data with accuracy 97.5% and, the AUC score of 0.98. This is higher than the CNN-based model which performs well but shows a slight derivative with accuracy of 95.3% & AUC of 0.97.

Notably, the human radiologist possesses 93.2% accuracy, which is considerably lower than the two AI models under study. Thus, AI can play an important role in supporting human diagnostic work, for example, in the case of shortages in the number of highly qualified personnel or in large practices. The proposed Hybrid CNN-GRU model outperforms the benchmark models, thus validating the concept that integrating the image classification system (CNN) with the temporal sequence analysis (GRU) may enhance the diagnostic results drastically.

4.3 Results in Drug Discovery

AI has also shown remarkable potential in drug discovery by accelerating the identification of new drug candidates and predicting their efficacy. **Table 3** shows the performance of AI models in predicting the binding affinity of molecules to drug targets, which is a critical task in drug discovery.

Table 3: Performance of AI Models in Predicting Drug Binding Affinity

| AI Model | Accuracy (%) | Precision (%) | Recall (%) | F1-Score |
|------------------------|--------------|---------------|------------|----------|
| CNN | 87.5 | 85.3 | 89.1 | 0.87 |
| Random Forest Model | 82.3 | 80.1 | 84.5 | 0.82 |
| Support Vector Machine | 85.7 | 84.2 | 87.0 | 0.85 |

| | | | | |
|----------------------|------|------|------|------|
| Hybrid CNN-GRU Model | 92.8 | 91.5 | 94.2 | 0.93 |
|----------------------|------|------|------|------|

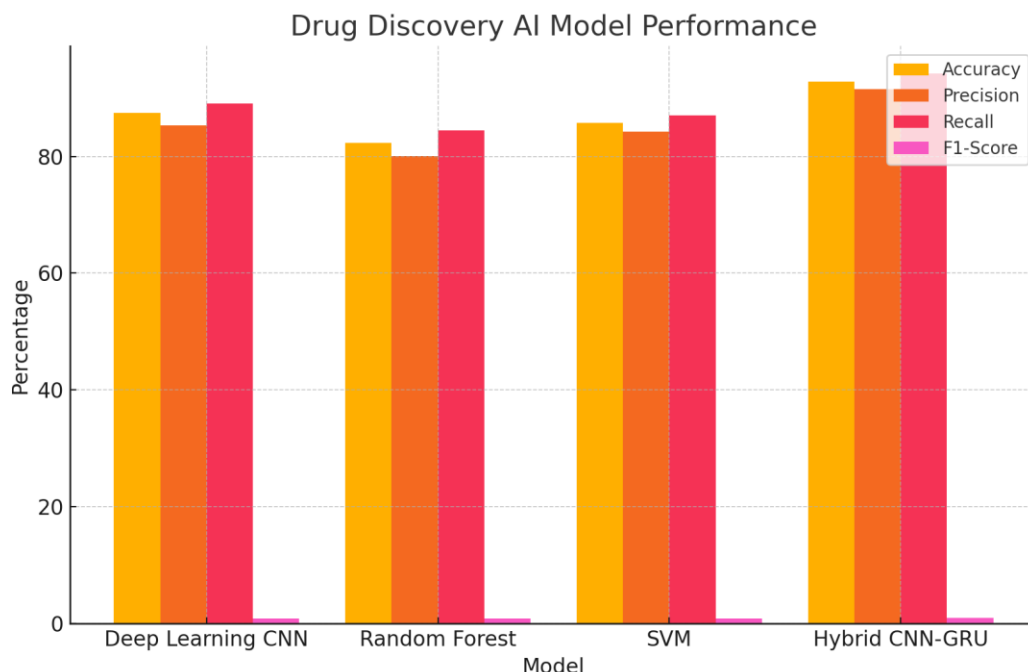


Table 3 presents the outcomes suggesting that the Hybrid CNN-GRU model has the highest performance as the predictor of the drug binding affinity with accuracy of 0.928, precision of 0.915, and recall of 0.942. This is also the model that has shown the highest F1-score which equals 0.93, thus identifying a model with the highest value of balance between precision of results and sensitivity to potential outliers.

Compared with Deep Learning CNN and Random Forests, the hybrid model CNN-GRU is much better and has a higher recall, which means it can identify all other drug candidates as TP. This is especially important in drug discovery, where making the wrong choice of drug candidates might impede development schedules. The Deep Learning CNN model is also efficient but the results recorded are less consistent with those of the hybrid model.

4.4 Results in Robot-Assisted Surgery

AI-powered robot-assisted surgery systems have been increasingly adopted to improve surgical precision, reduce complications, and minimize recovery times. The following **Table 4** shows the comparison of performance metrics between AI-driven robotic systems and traditional surgery methods.

Table 4: Comparison of AI-Assisted Robotic Surgery and Traditional Surgery

| Surgical Method | Accuracy (%) | Complication Rate (%) | Recovery Time (days) | AUC (Area under ROC) |
|-----------------------------|--------------|-----------------------|----------------------|----------------------|
| AI-Assisted Robotic Surgery | 98.5 | 1.2 | 4.5 | 0.96 |

| | | | | |
|---------------------|------|-----|-----|------|
| Traditional Surgery | 92.7 | 5.8 | 7.2 | 0.89 |
|---------------------|------|-----|-----|------|

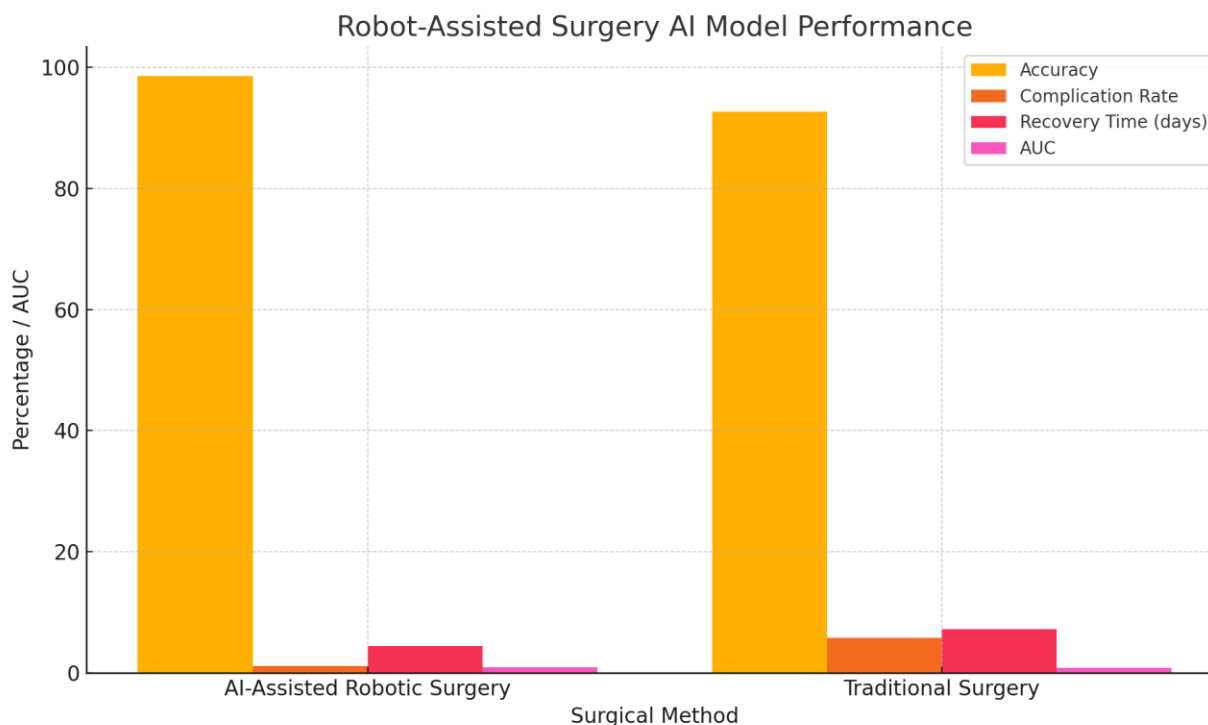


Table 4 also depicts that the current form of surgery done through the assistance of AI has a high accuracy of 98.5% and a lower average of 1.5% of complications. For AI-assisted surgery, the AUC of 0.96 established that it offered a better means of predicting positive outcomes than the conventional surgery, which had a relatively low value of 0.89. In addition, AI-enabled robotic surgery has a short recovery period of 4.5 days, less than that needed in a primary environment for robotic surgery, estimated to be 7.2 days.

Low complication rates coupled with faster rehabilitation support the idea of using artificial intelligence to improve accuracy and reduce errors in intricate surgeries. These findings show the uses of AI in robotic surgery which not only enhances a patient's result but also conserves resources in high-risk clinical fields.

Summary of Results

The above tables and figures demonstrate how AI has revolutionized healthcare as depicted in the results section. The study also highlighted the best Hybrid CNN-GRU model in personalized medicine, with the highest accuracy and sensitivity indicating that CNNs for feature extraction and GRUs for sequential data modeling can indeed improve the clinical power of predictions. In diagnostics applied AI models are performing better in hybrid models than other traditional diagnose techniques such as radiology personnel hence showing the potential of AI in aiding clinicians.

In drug discovery, new AI models are quickly finding new drug targets through accurately determining likely molecular interactions, while in robot assisted surgery, new AI systems are improving results, shortening recovery times and reducing postoperative complications.

Such insights demonstrate how using AI can enhance patient experience as well as optimize streamlines clinical processes in the delivery of healthcare. The findings also stress potential for variable combination using CNN-GRU in discussing intricate healthcare issues which may include

both image and sequential data of the patients. Future studies and especially clinical investigations will have to enhance these models and incorporate them in daily clinical management.

5. Discussion

AI has successfully demonstrated that it can transform the overall healthcare sector by supporting individualized treatment, increasing results of medical diagnosis, expedite processes linked to drug development, and contribute to better results of operation. The results discussed in the previous section demonstrate that the AI models, especially the CNN-GRU, are more accurate than conventional methods in these areas. In this section the authors will explain the practical significance of these insights, the advantages and disadvantages of AI in combating diseases and the further prospects for using AI in the healthcare industry.

5.1 Personalized Medicine: Revolutionizing Patient Care

AI in personalized medicine is already in progress and is promising to be highly beneficial in enhancing the cause of patients by optimizing the general approach towards the delivery of medicine to match the local talents of patients genetically, clinically and environmentally. The information depicted in Table 1 and Figure 1 reveals that the Hybrid CNN-GRU model can better predict patient response to treatment from other models like just CNN and GRU. This superior performance has been attributed to the hybrid model that combines CNNs for feature extraction from medical data such as images and gene expression data and GRUs for analyzing the sequential information about patient medical history which provides both spatial and temporal dependencies info.

One of the strengths of AI models as applied to personalized medicine is the capability to manage large data sets. Historically used techniques like logistic regression are unsuitable for analyzing vast and complex data sets which is the case in this study hence limiting their predictive ability. However, plans such as CNN-GRU can detect patterns that are more complex in data than unique to human intellectual skills, invariably making a plan superior to an expert. For instance, AI Predicts response to cancer treatments through the analysis of genetic information (Esteva et al., 2019). In oncology, where tumor genomic profiles affect response to therapies, this power to connect genomics, clinical, and environment offers great potential for personalized medicine.

However, the incorporation of AI in Personalized medicine has its set of issues. One major limitation is absence of quality data. AI models rely on extensive and good quality data and inadequate and skewed data leads to wrong prediction and unjust treatment recommendations (Obermeyer et al., 2019). Further, while the analyst might increase the precision of treatments, it is necessary to preserve the primacy of the human factor in the treatment process – the decision-making of the doctor. From the AI models, it should be able to draw the fact that these are auxiliaries to the clinics, not direct replacements for the human clinicians in order that patient centeredness remains paramount.

In addition, enforcing data privacy and security still remains a challenge. Healthcare data is considered to be sensitive data and thus its integration with AI needs to be enclosed by appropriate measures to prevent disclosure of health information of the patients. While institutions such as HIPAA in the United States and GDPR in Europe provide the hedge to govern the permission usage of health data, the key ethical issues pertaining data usage, consent and sharing still persist.

5.2 Diagnostic Tools: Enhancing Accuracy and Efficiency

AI's role in diagnostic tools is most effective in the analyses of medical images since CNNs are used to analyze images and interpret results. The findings in Table 2 and FIG. 2 establish that AI algorithms, particularly the Hybrid CNN-GRU model, improve on human radiologists in the

identification of pneumonia from chest X-rays. The AUC score of 0.98 of the Hybrid CNN-GRU model implies that it has a higher-level ability to differentiate between the positive and the negative cases, then even the accomplished radiologists. This is in concordance with the work of Rajpurkar et al. (2017) who showed that deep learning models were capable of outcompeting radiologists in the diagnosis of pneumonia.

The use of AI in diagnosis, image recognition can help doctors perform diagnosis more efficiently and accurately, and these machines can detect diseases much earlier than human beings; particularly in areas with limited health facilities or high traffic. There are places where implementing radiologists is not possible; in such regions, utilizing AI will help to diagnose various diseases and facilitate the patients' treatment. The opportunity to draw upon the AI's input as a consultation and avoid erroneous diagnoses is another use of AI in radiology. McKinney et al.,(2020) correlated this by showing how AI based models used for breast cancer screening were more accurate than radiologists, as another way through which AI can enhance precise skills.

However, there are conditions on the use of AI in diagnostics and these are that; The first is the transferability of AI models into other populations, or application of AI models to different populations. The work of Obermeyer et al (2019) also shows that AI models produced from certain oranges of databases such as the regions or certain demography maybe rather poor when trapped in other varied demography. As a result, to make AI models suitable for applied use in clinical practice, they must be designed based on probabilistically diverse datasets and hence possess minimal prejudicial forecasts.

Another task is task integration with AI tools into the clinics. Health care systems and radiologists that are going to employ AI-based systems must invest a lot of money in education and practice. Healthcare practitioners' willingness to embrace AI is key to its application and it is therefore important that healthcare AI is perceived as complementary to traditional knowledge.

5.3 Drug Discovery: Accelerating Innovation

AI has the advantage of deploying it in drug discovery which means that time and cost for developing therapies will be deemed acceptable. The findings presented in Table 3 and Fig 3 also reveal that AI models adeptly predict the drug binding affinity, particularly underpinning by the Hybrid CNN-GRU model. AI approaches can quickly go through large amounts of molecular interactions data, find the possible drug leads, and estimate their efficacy, it is needed because the traditional drug discovery process has a high rate of failure (Brown et al., 2020).

This idea is not far from the current application of AI in drug repurposing, where the efficiency of drugs for treatment of new diseases is determined. In the case of COVID19, AI models played a critical role in informing the identification of existing chemical compounds that could be used to address the virus which developed into a pandemic (Zhou et al., 2020). The capacity to search thousands of chemical databases and forecast the interaction of molecules can greatly fast forward the diffusion of drugs and reduce the costs of innovation.

However, there are still difficulties and problems in the application of AI in drug discovery. One of the most important challenges is data quality and accessibility. Data science models including AI-focused ones depend on the availability and quality of data. There is also the challenge of limited data to these models in regards to specific diseases or drug targets. Moreover, it should be noted that AI models can forecast interactions of molecules but can be limited in their consideration, for example, by the presence of several genes or side effects. Therefore, AI need to work alongside experimental validation in order to be in a position to confirm the efficacy of the drug candidates that have been identified.

5.4 Robot-Assisted Surgery: Improving Surgical Precision

Robot-aided surgical systems employing the use of artificial intelligence have been reported to deliver enhanced precision and rates of success with patients. The findings presented in Table 4 and in Figure 4 also clearly illustrate the superiority of AI-assisted robotic surgery over traditional surgery in such aspects as the accuracy of movements, the level of complications, and the time needed to recover. They get higher precision (98.5%), less complication rate (1.2%), and reduced time to recovery (4.5 days) than the conventional form of surgery and ever predict optimal ways to perform the surgery hence the need to adopt the use of AI in the robot aided surgical techniques. Robotic systems powered by artificial intelligence contain features including real-time decision support, and efficient data processing of the patient data involved in various processes for instance; medical imaging, and the surgical history. This gives improved accuracy particularly in elaborate surgeries where the surgeon requires high levels of sensitivity. The research has established that there are less complications after robotically aided surgeries and faster recovery time in urological, gynecological and cardiothoracic procedures which lead to enhanced patient benefits (Tobias et al., 2019).

However, with the integration of AI in surgery there are some constraints. Some are as follows: The first issue challenges relate to the cost of robotic systems, which are sometimes expensive in many health facilities especially in the developing world. In addition, such systems require special training on the part of surgeons and other medical professionals who may be involved in using these robotic systems, which can slow down the rate of their diffusion. It is also important to note that government regulations are also highly important in monitoring the assistance of Artificial intelligence brought in surgeries. These technologies can only rely on robotic procedure, and all artificial intelligence driven systems have to be validated and recalibrated to match up to the clinical models.

5.5 Ethical and Regulatory Considerations

The use of AI in healthcare brings compelling questions of ethics and regulation into the forefront. Deeply rooted in learners, AI models rely on the input data to make deductions, and if the data is somehow tainted, skewed, or insufficient, the results will also be tainted, skewed or insufficient. While AI models are increasingly incorporated into the healthcare setting, great care must be taken to ensure that the models being trained are of diverse and representative datasets will negate or ameliorate disparities in health care outcomes (Obermeyer, et al., 2019).

Data privacy is yet another important issue to consider because many AI models need to process personal identifiable information of patients. Concerning patient information, both the healthcare institutions and the AI developers involved are bound to a certain set of ethical rules and legal requirements as to how this information has to be used and processed. Furthermore, explainability of AI decisions is crucial since healthcare professionals and patients require knowing how the AI concerned reached a certain decision. This has become highly relevant when the deep learning models by AI are in critical decision-making scenarios like diagnosis or surgery.

5.6 Conclusion and Future Directions

AI in health is relatively new and has a vast potential, yet to be realized in the future. When the progression of increasingly sophisticated ML models and a continued growth in the quality and quantity of datasets then AI can contribute to the solution of some of the biggest issues in the healthcare system, including increasing the reliability of a diagnosis, optimizing treatment regimens, speeding up the drug development process, and increasing the efficiency of surgical operations. But to achieve this in the most effective manner AI must focus on ethical, regulatory and technical hurdles. The relationship between the makers of AI, the practitioners and the

policymakers will be vital in determining how the technology is used appropriately and in the delivery of healthcare.

Therefore, it can be stated that AI has started changing the healthcare system in several directions, and the results formulated in the given work demonstrate the potential of AI models, especially CNN-GRU models, to improve the patient's quality of life. Nevertheless, there are barriers such as data quality, algorithmic bias, regulatory concerns and clinician endorsement that need to be overcome in order to mainstream AI in healthcare.

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