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Article

AI and Machine Learning in Healthcare: Advancing Diagnostics, Personalized Treatment, and Predictive Modeling

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Abstract: Background: Machine learning (ML) has profoundly revolutionized the healthcare sector by enhancing diagnostic precision, forecasting patient outcomes, individualizing treatment strategies, and streamlining healthcare processes. Notwithstanding its progress, issues of data privacy, security, algorithmic bias, and model openness impede extensive implementation. **Methods:** This review consolidates current research on machine learning applications in healthcare, emphasizing supervised, unsupervised, and reinforcement learning methodologies. It examines their functions in illness diagnosis, risk evaluation, medical image analysis, and tailored therapy approaches. This research also investigates new technologies, such as federated learning and hybrid models, designed to tackle data-related difficulties while safeguarding patient privacy. **Results:** Supervised learning has greatly enhanced clinical decision-making, especially in illness identification and patient surveillance. Deep learning, particularly convolutional neural networks (CNNs), has transformed medical image processing, enhancing the early identification of illnesses like skin cancer and diabetic retinopathy. Reinforcement learning has shown potential in robotic surgery and individualized treatment planning. Nonetheless, obstacles such as disjointed healthcare data, ethical dilemmas, and legal limitations persist in affecting the deployment of machine learning. **Conclusion:** The future of machine learning in healthcare depends on advancing model interpretability, augmenting data sharing frameworks, and incorporating ethical concerns to guarantee equitable and dependable healthcare provision. Progress in privacy-preserving methodologies and multidisciplinary partnerships will be essential in addressing current obstacles and promoting the ethical implementation of machine learning in clinical practice and policy formulation.

Keywords: machine learning; healthcare; diagnostic; medicine; treatment

1. Introduction

Global healthcare systems are experiencing improving challenges stemming from expanding patient numbers, heightened illness complexity, and mounting prices. The desire for more efficient, effective, and personalized healthcare has reached unprecedented levels. Traditional ways of diagnosing and treating illnesses, which rely on people's knowledge and hand-written methods, may not be able to handle the huge amounts of data and complexity that come with modern healthcare. Machine learning (ML), a significant branch of artificial intelligence (AI), is becoming a transformational instrument by examining extensive datasets to identify trends, enhance healthcare results, forecast patient risks, customize treatment regimens, and streamline hospital operations.

Machine learning includes a range of algorithms, from supervised learning models employed in medical image analysis to unsupervised learning techniques that identify concealed patterns in patient data. Deep learning, especially convolutional neural networks (CNNs), has shown amazing results in medical imaging, beating human experts at tasks like finding skin cancer, diagnosing diabetic retinopathy, and identifying lung cancer in CT images. Also, computer programs that use genetic

information, electronic health records (EHRs), and patient monitoring data are being used more and more to predict how diseases will progress, find risk factors, and help doctors decide how to treat them. The use of machine learning transcends diagnostics. In personalized medicine, machine learning analyses genetic and clinical data to prescribe therapies customized for specific patients, increasing the likelihood of success and reducing adverse effects. Moreover, machine learning algorithms are improving drug discovery by forecasting the behavior of novel chemicals within the human body, substantially expediting the medication development timetable.

One important thing that machine learning has done is help with predictive analytics. In this field, algorithms look at past data to guess how people's health will change in the future, which makes early treatments and prevention easier.

Notwithstanding these auspicious uses, the incorporation of machine learning into healthcare presents hurdles. The quality and accessibility of healthcare data continue to pose significant challenges. Concerns over data privacy and security pose substantial obstacles to the adoption of machine learning, given the extremely sensitive nature of patient data and the stringent regulatory compliance requirements. Also, machine learning methods need large, high-quality datasets. However, healthcare data is often missing, noisy, or broken up across multiple systems, which makes it harder to make useful models. Ethical issues emerge, especially with the possibility of algorithmic prejudice, which may result in inequities in healthcare outcomes. The opacity of certain machine learning models, commonly termed "black-box" systems, engenders apprehensions about clinicians' faith in automated suggestions.

Still, ongoing improvements in machine learning technology, along with efforts to make data-sharing systems, privacy measures, and model interpretability better, show that machine learning has a huge potential to change healthcare. Federated learning enables the training of models with decentralized data while preserving patient privacy. As these technologies advance, machine learning is anticipated to become an essential element of global healthcare systems, enhancing efficiency, increasing patient outcomes, and facilitating the shift to precision medicine.

This review study analyses the uses of machine learning in healthcare, evaluates the problems it encounters, and considers future trajectories of this disruptive technology. The study synthesizes recent research to elucidate how machine learning is transforming healthcare and enhancing clinical practices, policy formulation, and patient care.

2. Methodology

This review study consolidates current progress and challenges in the use of machine learning in healthcare through the examination of various case studies, research papers, and systematic reviews. The technique entails classifying machine learning applications as supervised, unsupervised, or reinforcement learning while evaluating their contributions to diagnostics, personalized medicine, and predictive analytics. A comparative examination of current literature also examines ethical problems and technological limits.

We employed a methodical strategy to gather and evaluate data from peer-reviewed publications, conference proceedings, and reputable sources in machine learning and healthcare research. Studies were chosen based on their relevance, significance, and timeliness, guaranteeing the inclusion of the most recent advancements. Both qualitative and quantitative methodologies were used to assess the efficacy of ML applications. Clinical trials and real-world applications of machine learning models were evaluated to determine their accuracy, efficiency, and barriers to adoption.

This paper also analyses the influence of machine learning on many healthcare sectors, such as radiology, pathology, genomics, and electronic health records. The literature was classified according to machine learning approaches (supervised, unsupervised, reinforcement, and deep learning) and their corresponding healthcare applications. Particular emphasis was placed on ethical problems like data privacy, algorithmic bias, and the interpretability of AI models.

3. Results and Discussion

3.1. Techniques of Machine Learning in Healthcare

Methods for machine learning (ML) have become very important in healthcare, helping to improve the accuracy of diagnoses, make predictions, and create personalized treatment plans. These methodologies can be classified into supervised learning, unsupervised learning, reinforcement learning, deep learning, and various hybrid approaches, each possessing unique applications within the healthcare sector.

3.2. Supervised Learning

Machine learning widely uses supervised learning, training the model on a labelled dataset. This method involves supplying the model with both the input data and the associated accurate outputs throughout the training process. The objective of supervised learning is to correlate input data with the appropriate output, enabling the model to generalize its acquired knowledge to make precise predictions on novel data. Several healthcare applications extensively use this educational framework, particularly in classification and regression problems.

Classification involves predicting discrete outcomes; it is commonly employed in disease diagnosis or the categorization of medical conditions. The input data generally comprises diverse clinical, demographic, and laboratory characteristics, whereas the output is a categorical label denoting a particular condition or disease. One prominent application of categorization in healthcare is illness prediction modelling. Machine learning algorithms may assess a patient's risk level for acquiring illnesses, such as heart disease or stroke, by analyzing characteristics such as age, cholesterol levels, smoking status, and family history. These models frequently classify patients into categories such as "high-risk" or "low-risk," assisting doctors in making educated decisions on preventative care and treatment strategies.

A notable instance of categorization is cancer diagnosis, where supervised learning models have demonstrated remarkable efficacy in identifying early-stage malignancies, including melanoma and breast cancer. According to, deep learning models can correctly identify skin cancer from dermatological photos with the same level of accuracy as experienced doctors. This is a big step forward for AI in dermatology. Likewise, supervised learning models have been created to distinguish between benign and malignant tumors in breast mammograms. When trained on large sets of annotated pictures, these models may be able to find subtleties in the images that human radiologists might miss. This makes early detection more likely and reduces the chance of mistakes.

For diabetic retinopathy identification, supervised learning algorithms are trained on retinal fundus pictures to categories the degree of retinopathy, ranging from "no retinopathy" to "severe retinopathy". This allows the automated assessment of diabetes patients to identify vision threatening problems early, which is essential for averting blindness. Automating the categorization of medical pictures through supervised learning assists physicians in diagnostics and enhances the scalability of healthcare services, particularly in regions with restricted access to experts.

However, when the goal is to forecast continuous outcomes, like numerical values, rather than categorical ones, we use regression. In healthcare, regression models are used for predicting patient health parameters or the progression of diseases over time. One of the most common applications of regression in healthcare is predicting chronic disease progression. For instance, supervised regression models are used to anticipate a patient's future blood glucose levels in diabetes care, depending on a range of characteristics such as current glucose levels, insulin dosage, food, and activity habits. This enables healthcare practitioners to evaluate and alter treatment programs proactively, improving patient outcomes and minimizing the risk of problems.

Yet another recognized application of regression is blood pressure prediction. Machine learning models can forecast patients' future blood pressure using data such as age, weight, smoking habits, and familial history. These predictions are essential for identifying patients at elevated risk for hypertension and cardiovascular incidents. A study that showed how machine learning can be used to predict the

risk of hypertension. Their results show that being able to accurately predict how a patient's blood pressure will change in the future could help with early intervention. Mortality prediction is an area where regression models are widely used, particularly in critical care. Regression models can forecast a patient's survival probability after surgery or during a critical illness by analyzing factors like age, underlying health issues, laboratory findings, and clinical history. These forecasts furnish healthcare practitioners with critical insights into a patient's prognosis, enabling more efficient resource allocation and educated treatment decisions.

Additionally, genomic data analysis frequently uses regression models to forecast illness vulnerability using genetic information. By examining genetic changes in a patient's DNA, machine learning algorithms can forecast the probability of getting illnesses like breast cancer or Alzheimer's disease. This method is the cutting edge of personalized medicine, in which treatment plans are tailored to each person's genetic make-up, making therapies more effective and lowering the risk of side effects.

Notwithstanding the efficacy of supervised learning in healthcare, there are obstacles that require resolution. One significant issue is the quality of data, as healthcare data is often noisy, missing, or biased, which can lead to inaccurate predictions. Ensuring that datasets are varied, representative, and free from biases is critical for constructing effective models. Moreover, the interpretability of machine learning models continues to pose an issue, particularly with intricate models like deep learning, which frequently function as "black boxes." In healthcare, practitioners must understand the reasoning behind a model's decision-making process, given the significant stakes involved. Enhancing the interpretability of machine learning models is essential for fostering confidence and facilitating wider adoption.

Considering these obstacles, the potential of supervised learning in healthcare is substantial. With enhancements in data quality and advancements in interpretability approaches, machine learning models are anticipated to transform healthcare delivery by offering more precise diagnoses, tailored treatment plans, and predictive insights that can improve patient outcomes.

3.3. *Unsupervised Learning*

Unsupervised learning is a machine learning methodology that trains the model on unlabeled data, meaning it does not receive predetermined outputs. The program autonomously endeavors to reveal concealed patterns, correlations, or structures within the data. Clustering and anomaly detection are two fundamental problems in unsupervised learning, both of which hold considerable relevance in the healthcare industry.

Clustering is a way to group similar data points together based on certain attributes, without knowing how the groups are classified ahead of time. In healthcare, clustering can discover patient groups with analogous health profiles or behaviors. These classifications can aid in formulating individualized treatment strategies that cater to the distinct requirements of each subgroup. Patient segmentation exemplifies a significant application of clustering within the healthcare sector. Unsupervised learning algorithms can evaluate data, including medical histories, demographics, and risk factors, to discern unique patient cohorts that may necessitate customized medical interventions. Showed that clustering algorithms may categories individuals with analogous health issues, resulting in more accurate and personalized treatment approaches.

A significant use of clustering in healthcare is the identification of illness subgroups. Certain illnesses, including cancer, may have many subtypes that exhibit distinct behaviors and respond variably to different treatment modalities. Through the study of medical data, such as genetic information or imaging results, unsupervised learning methods, especially clustering algorithms, can make it easier to find these subtypes. Breast cancer has several molecular subgroups that may differ in their therapeutic responses. Clustering models can identify previously unrecognized disease subgroups by categorizing individuals according to common genetic traits or tumor characteristics, resulting in enhanced diagnostic accuracy and more effective tailored treatments. Clustering can similarly identify distinct subgroups of Alzheimer's disease or schizophrenia, facilitating more tailored treatments and treatment protocols.

Recognition of anomalies is a crucial problem in unsupervised learning, alongside clustering. This technique emphasizes the identification of anomalous patterns, or outliers, in the data that significantly diverge from the norm. Anomaly detection in healthcare is essential for the early identification of diseases and recognizing people at elevated risk of developing serious health issues. In the realm of medical imaging, anomaly detection algorithms may be used to identify irregularities, such as tumors or lesions, in CT scans, MRIs, or X-ray pictures. These differences could be signs of disorders that need immediate care and treatment, which could improve patient outcomes by finding them early.

3.4. Reinforcement Learning

Reinforcement learning (RL) is a sophisticated machine learning methodology wherein an agent acquires decision-making capabilities via trial and error, obtaining rewards or penalties contingent upon its actions. The primary objective is to acquire an optimum policy—an effective decision-making method that maximizes cumulative benefits over time. In contrast to supervised learning, which relies on labelled data, reinforcement learning is particularly adept at handling tasks that require sequential decision making, where results are deferred and not immediately observable. In healthcare, reinforcement learning has demonstrated potential uses in personalized treatment regimens and robotic surgery, both of which need ongoing decision-making and adaptive tactics to enhance patient outcomes.

3.4.1. Customized Treatment Strategies

In personalized healthcare, reinforcement learning is crucial for forming dynamic, tailored treatment strategies. This method modifies treatment tactics according to the patient's ongoing response, enabling healthcare providers to perpetually enhance care. This method is especially advantageous for managing chronic diseases, as appropriate treatment protocols frequently need modifications over time in response to patient input and changing circumstances.

Reinforcement learning has been used to regulate diabetes by determining the best insulin dosage based on real-time variables, including blood glucose levels, meal timing, and activity patterns. As the system accumulates additional data over time, it enhances its policy to yield more precise forecasts regarding insulin requirements. Showed how reinforcement learning might enhance personalized therapy tactics by modifying treatment plans based on real-time data from chronic disorders such as diabetes and cardiovascular diseases. In cancer therapy, reinforcement learning models are employed to optimize chemotherapy regimens by analyzing tumor growth patterns, treatment side effects, and patient tolerance; therefore, therapies are personalized to enhance overall results. By providing a flexible methodology, RL facilitates the customization of patient treatment, minimizing the trial-and-error approach typically employed in clinical practice. The transition to personalized treatment approaches might significantly improve the efficiency and efficacy of healthcare services.

3.4.2. Robotic Surgery

The prominent use of reinforcement learning in healthcare is robotic surgery. Robotic systems employ reinforcement learning algorithms to optimize their performance, allowing them to independently optimize their performance in real-time through ongoing input from the surgical procedure. This is especially advantageous for intricate surgeries necessitating great precision, including neurosurgery, heart surgery, and minimally invasive procedures. Surgical procedures have effectively employed reinforcement learning-driven robotic systems to enhance activities such as suturing, incision creation, and tissue manipulation. These systems acquire knowledge from prior activities and modify their behavior to enhance accuracy, minimize problems, and expedite recovery times. The application of reinforcement learning to robotic-assisted surgery, emphasizing its capacity to facilitate real-time decision-making in activities such as altering the location of surgical instruments and applying suitable pressures during intricate procedures. RL has also advanced tele-surgery, enabling surgeons to work remotely and enhancing flexibility in executing intricate surgeries. Through the use of reinforcement

learning, robotic systems may not only emulate human proficiency but also perpetually enhance their performance, which is vital for improving patient outcomes.

Moreover, RL's functions include the enhancement of post-operative care. Reinforcement learning algorithms can regulate automated equipment, such as ventilators or insulin pumps, enhancing their performance according to the patient's urgent need during recuperation. The ongoing feedback mechanism allows the modification of settings to improve patient care and alleviate the strain on healthcare providers. Despite the potential of reinforcement learning in healthcare, obstacles persist, particularly with the model's transparency and interpretability. For medical practitioners to have confidence in RL-driven judgements, it is essential that the rationale behind these conclusions be comprehensible and that the system function securely. The opaque nature of many reinforcement learning methods poses difficulties, especially in important contexts such as surgery, where human oversight is vital. Current research is concentrating on enhancing model interpretability and safety measures, facilitating the wider implementation of reinforcement learning in healthcare environments.

3.5. Deep Learning

Deep learning, which is a branch of machine learning, employs artificial neural networks characterized by several layers, also known as "deep" networks. These models are proficient at analyzing substantial volumes of unstructured data, including images, text, and audio, by autonomously discerning hierarchical patterns from raw data. Deep learning has been highly useful in healthcare, especially in medical image analysis and genomics. Its capacity to handle and comprehend intricate datasets has resulted in substantial progress in diagnosis and personalized therapy.

3.5.1. Medical Imaging Analysis

The use of deep learning in medical image analysis represents one of the most significant advancements in healthcare. Convolutional neural networks (CNNs), a category of deep learning models, have demonstrated exceptional proficiency in analyzing medical imagery, such as CT scans, MRIs, and X-rays. These models learn on their own how to find patterns in pictures, which makes it easier to find and diagnose illnesses with as much accuracy as or more than experienced doctors. The studies by demonstrated that deep learning models can classify skin cancer from photos with accuracy comparable to that of dermatologists.

Deep learning models have been employed in radiology to diagnose lung cancer using CT images, effectively recognizing lung nodules and differentiating between benign and malignant tumors. Additionally, deep learning has improved breast cancer detection in mammograms, decreasing false positives and enhancing early detection rates. We use these models on fundus pictures to identify diabetic retinopathy, a common consequence of diabetes that can lead to blindness. A study by showed that a deep learning model could identify diabetic retinopathy in retinal fundus images better than human experts. These developments facilitate expedited and precise diagnoses, equipping healthcare providers with robust tools for prompt decision-making.

3.5.2. Genomics

In the study of genomics, deep learning is widely used to analyses intricate genetic data and elucidate correlations between genetic changes and illnesses. The development of next-generation sequencing (NGS) has made a lot of genomic data available. To get useful information from these datasets, deep learning models are being used. These models assist in identifying genetic abnormalities linked to illnesses like cancer, cardiovascular ailments, and neurological conditions. Deep learning has proved essential in the analysis of gene expression data, aiding researchers in comprehending the function of particular genes in disease progression emphasized the capacity of deep learning in genomics to discern biomarkers for illnesses like Alzheimer's and Parkinson's, facilitating early diagnosis and the formulation of personalized treatment approaches. Deep learning has been employed in cancer research to uncover driver mutations in the genome, which are essential for cancer initiation and progression. Furthermore, the use of deep learning algorithms to predict patient reactions

to pharmaceuticals based on their genetic profiles has opened up new possibilities for precision medicine. These approaches are especially significant in cancer therapy, as comprehending the genetic composition of tumors can inform the selection of medications that are most likely to provide efficacy.

Looking at genetic data with deep learning helps scientists find possible drug targets. This leads to the creation of personalized medicines that work better and have fewer side effects than standard treatments. Deep learning methodologies are very advantageous in the analysis of uncommon genetic disorders when conventional approaches may be inadequate. These models can analyse extensive genomic data, facilitating the identification of uncommon mutations that are often overlooked by traditional approaches. The capacity to identify small genetic variants may enhance the diagnosis and treatment of uncommon illnesses, which frequently remain undetected owing to insufficient data and study.

3.6. *Alternative approaches*

Besides the fundamental machine learning techniques already mentioned, several hybrid models, transfer learning, and semi-supervised learning methodologies are gaining prominence in healthcare applications. These strategies tackle issues like insufficient labelled data, the necessity for model flexibility, and enhancing overall model performance.

3.6.1. Hybrid Models

Hybrid models use many machine learning methodologies to improve performance and address the shortcomings of singular models. Integrating supervised learning with unsupervised learning can greatly enhance diagnostic systems. With supervised learning, patients are put into known illness groups. With unsupervised learning, on the other hand, disease subgroups that weren't known before are found by finding hidden patterns in the data. Showed how hybrid models can be used to make predictions more accurate in medical diagnostics, especially when it comes to finding complicated illnesses like cancer and neurological disorders early on. By combining different approaches, hybrid models can create stronger and more adaptable systems that can find new insights in healthcare data.

3.6.2. Transfer Learning

Transfer learning denotes the method of employing a pre-trained model, often developed on an extensive dataset, and adapting it for a particular healthcare job. This method enables models to use information acquired in one domain and implement it in a new, analogous area. Transfer learning is especially advantageous when there is a scarcity of labelled data for a certain job because it allows the model to leverage previously acquired characteristics. Transfer learning is often utilized in medical imaging, wherein models trained on extensive generic image datasets (e.g., ImageNet) are modified for specific objectives, such as identifying uncommon diseases or examining pathology slides. This approach has markedly diminished the necessity for extensive annotated datasets in the healthcare sector by facilitating more efficient and precise modelling in resource-constrained environments.

3.6.3. Semi-Supervised Learning

Semi-supervised learning serves as an intermediary between supervised and unsupervised learning. It entails utilizing a minimal quantity of labelled data in conjunction with a substantial volume of unlabeled data. This method is particularly efficient in healthcare, where annotating medical data is costly, labor-intensive, and sometimes unfeasible due to the vast amount of data. Semi-supervised learning has proven effective for applications such as medical image segmentation, utilizing a limited collection of labelled pictures (e.g., annotated MRI scans) alongside a more extensive set of unlabeled images to develop more precise models. This method has been used to classify illnesses and help find rare diseases by using both labelled and unlabeled patient data to make the models more accurate. Research indicates that semi-supervised learning can substantially exceed the performance of supervised learning in scenarios with restricted labelling.

3.7. Potentiality and Challenges of Machine Learning in Healthcare

The potential of machine learning in healthcare is extensive, since it may help diagnose, optimize treatment strategies, and improve patient outcomes via predictive analytics. Machine learning algorithms have revolutionized medical imaging, genomics, and drug discovery by providing unparalleled precision and efficiency in the early detection of illnesses. Furthermore, predictive analytics empowers healthcare practitioners to foresee illness outbreaks, tailor medical treatments, and adeptly control patient risks. Reinforcement learning in robotic-assisted surgery improves accuracy and minimizes mistakes, while AI-driven chatbots and virtual assistants facilitate patient interactions, easing the strain on healthcare infrastructure. Nonetheless, despite its transformative promise, the use of machine learning in healthcare presents considerable hurdles. The primary problem is data privacy and security, given that patient records are extremely sensitive and must adhere to stringent regulatory compliance. Also, algorithmic bias is a big problem because machine learning models that are trained on datasets that aren't representative of the whole population may lead to unequal healthcare outcomes. The opaque nature of some deep learning models raises questions over their interpretability and accountability, complicating healthcare practitioners' faith in AI-generated advice. Moreover, the disjointed and fragmentary characteristics of healthcare data hinder the development of strong and generalizable machine learning models. Standardizing data collection and improving interoperability among various healthcare systems are crucial for facilitating the smooth integration of machine learning. Ethical issues, such as equity, transparency, and the possible displacement of healthcare practitioners, must be addressed. Future developments in federated learning, understandable AI, and legal frameworks will be essential to addressing these concerns. As machine learning advances, promoting cooperation among AI researchers, medical professionals, and policymakers will be essential for achieving its full potential while guaranteeing safe and fair healthcare solutions.

4. Conclusion

Machine learning (ML) has the capacity to transform healthcare by enhancing diagnostic precision, optimizing clinical processes, personalizing treatment approaches, and increasing patient care. It has enhanced illness detection, predictive analytics, and real-time decision-making via supervised, unsupervised, and reinforcement learning techniques. Deep learning techniques, especially convolutional neural networks, have made a lot of progress in medical image processing, making it easier to find diseases like diabetes and cancer. Machine learning-driven predictive analytics has enabled early intervention techniques, reduced illness progression risks and enhancing healthcare resource allocation.

There are some problems with using machine learning in healthcare, such as problems with data privacy and security, the fact that healthcare datasets are often not connected, and ethical issues like algorithmic bias, model openness, and fairness in clinical decision-making. Many machine learning models are not clear to doctors, which makes them nervous. This shows how important it is for models to be able to be understood and explained in order to build trust and make them more widely used. To address these difficulties, the future of machine learning in healthcare must focus on ethical, transparent AI frameworks that prioritize patient safety, equity, and accountability. Progress in federated learning and hybrid models provides effective methods to overcome data sharing limitations while safeguarding patient privacy. Incorporating explainable AI techniques will enhance clinician trust and augment the clarity of machine learning-based suggestions. Regulatory frameworks need to change along with advances in technology to make sure that ethical standards are met and AI is used correctly in clinical settings.

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References

1. Adler, B., Lo, M., Seemann, T., & Murray, G. L. (2011). Pathogenesis of leptospirosis: the influence of genomics. *Veterinary microbiology*, 153(1-2), 73-81.
2. Ahmad, M. A., Eckert, C., & Teredesai, A. (2018, August). Interpretable machine learning in healthcare. In *Proceedings of the 2018 ACM international conference on bioinformatics, computational biology, and health informatics* (pp. 559-560).
3. Ahmad, M. A., Patel, A., Eckert, C., Kumar, V., & Teredesai, A. (2020, August). Fairness in machine learning for healthcare. In *Proceedings of the 26th ACM SIGKDD international conference on knowledge discovery & data mining* (pp. 3529-3530).
4. Alanazi, A. (2022). Using machine learning for healthcare challenges and opportunities. *Informatics in Medicine Unlocked*, 30, 100924.
5. Allen, H. K., Donato, J., Wang, H. H., Cloud-Hansen, K. A., Davies, J., & Handelsman, J. (2010). Call of the wild: antibiotic resistance genes in natural environments. *Nature reviews microbiology*, 8(4), 251-259.
6. Beam, A. L., & Kohane, I. S. (2018). Big data and machine learning in health care. *Jama*, 319(13), 1317-1318.
7. Callahan, A., & Shah, N. H. (2017). Machine learning in healthcare. In *Key advances in clinical informatics* (pp. 279-291). Academic Press.
8. Chen, I. Y., Pierson, E., Rose, S., Joshi, S., Ferryman, K., & Ghassemi, M. (2021). Ethical machine learning in healthcare. *Annual review of biomedical data science*, 4(1), 123-144.
9. Collins, F. S., & Varmus, H. (2015). A new initiative on precision medicine. *New England journal of medicine*, 372(9), 793-795.
10. Dua, S., Acharya, U. R., & Dua, P. (Eds.). (2014). *Machine learning in healthcare informatics* (Vol. 56). Berlin: Springer.
11. Esteva, A., Kuprel, B., Novoa, R. A., Ko, J., Swetter, S. M., Blau, H. M., & Thrun, S. (2017). Dermatologist-level classification of skin cancer with deep neural networks. *nature*, 542(7639), 115-118.
12. Graham, S., Depp, C., Lee, E. E., Nebeker, C., Tu, X., Kim, H. C., & Jeste, D. V. (2020). Artificial intelligence for mental health and mental illnesses: an overview. *Current psychiatry reports*, 21(11), 1-18.
13. Gulshan, V., Peng, L., Coram, M., Stumpe, M. C., Wu, D., Narayanaswamy, A., ... & Webster, D. R. (2016). Development and validation of a deep learning algorithm for detection of diabetic retinopathy in retinal fundus photographs. *jama*, 316(22), 2402-2410.
14. Habehh, H., & Gohel, S. (2021). Machine learning in healthcare. *Current genomics*, 22(4), 291.
15. Ifty, S.M.H., S.M., Ashakin, M.R., Hossain, B., Afrin, S., Sattar, A., Chowdhury, R., Tusher, M.I., Bhowmik, P.K., Mia, M.T., Islam, T., Tufael, M. & Sunny, A.R. (2023a). IOT Based Smart Agriculture in Bangladesh: An Overview. *Applied Agriculture Sciences*, 1(1), 1-6.
16. Ifty, S.M.H., Bayazid, H., Ashakin, M.R., Tusher, M.I., Shadhin, R. H., Hoque, J., Chowdhury, R. & Sunny, A.R. et al. (2023b). Adoption of IoT in Agriculture - Systematic Review, *Applied Agriculture Sciences*, 1(1), 1-10.
17. Ifty, S.M.H., Irin, F., Shovon, M.S.S., Amjad, M.H.H., Bhowmik, P.K., Ahmed, R., Ashakin, M.R., Hossain, B., Mushfiq, M., Sattar, A., Chowdhury, R. & Sunny, A.R. (2024). Advancements, Applications, and Future Directions of Artificial Intelligence in Healthcare, *Journal of Angiotherapy*, 8(8), 1-18.
18. Islam, M. R., Sunny, A. R., Sazzad, S. A., Dutta, A., Hasan, N., Miah, M. F., ... & Prodhan, S. H. (2023). Environmental Jeopardy and Coping Strategies of the Small-Scale Fishers in the Bangladesh Sundarbans: The Precedent of the World's Largest Mangrove. *Egyptian Journal of Aquatic Biology & Fisheries*, 27(6).
19. Javaid, M., Haleem, A., Singh, R. P., Suman, R., & Rab, S. (2022). Significance of machine learning in healthcare: Features, pillars and applications. *International Journal of Intelligent Networks*, 3, 58-73.
20. Jerie, S., Mutekwa, T. V., Mudyazhezha, O. C., Shabani, T., & Shabani, T. (2024). Environmental and Human Health Problems Associated with Hospital Wastewater Management in Zimbabwe. *Current Environmental Health Reports*, 1-10.
21. Kermany, D. S., Goldbaum, M., Cai, W., Valentim, C. C., Liang, H., Baxter, S. L., ... & Zhang, K. (2018). Identifying medical diagnoses and treatable diseases by image-based deep learning. *cell*, 172(5), 1122-1131.

22. Khan, F., Ghazal, T. M., Said, R. A., Nadeem, A., Siddiqui, S. Y., Ahmad, M., & Khan, M. A. (2021). An IoMT-enabled smart healthcare model to monitor elderly people using machine learning technique. *Computational intelligence and neuroscience*, 2021.
23. Kuddus, M. A., Sunny, A. R., Sazzad, S. A., Hossain, M., Rahman, M., Mithun, M. H., ... & Raposo, A. (2022). Sense and Manner of WASH and Their Coalition with Disease and Nutritional Status of Under-five Children in Rural Bangladesh: A Cross Sectional Study. *Frontiers in Public Health*, 10, 890293.
24. Lipton, Z. C. (2016). The mythos of model interpretability. *arXiv preprint arXiv:1606.03490*.
25. Lipton, Z. C. (2018). The mythos of model interpretability: In machine learning, the concept of interpretability is both important and slippery. *Queue*, 16(3), 31-57.
26. Litjens, G., Kooi, T., Bejnordi, B. E., Setio, A. A. A., Ciompi, F., Ghafoorian, M., ... & Sánchez, C. I. (2017). A survey on deep learning in medical image analysis. *Medical image analysis*, 42, 60-88.
27. Miotto, R., Li, L., Kidd, B. A., & Dudley, J. T. (2016). Deep patient: an unsupervised representation to predict the future of patients from the electronic health records. *Scientific reports*, 6(1), 1-10.
28. Miotto, R., Wang, F., Wang, S., Jiang, X., & Dudley, J. T. (2018). Deep learning for healthcare: review, opportunities and challenges. *Briefings in bioinformatics*, 19(6), 1236-1246.
29. Obermeyer, Z., Powers, B., Vogeli, C., & Mullainathan, S. (2019). Dissecting racial bias in an algorithm used to manage the health of populations. *Science*, 366(6464), 447-453.
30. Qayyum, A., Qadir, J., Bilal, M., & Al-Fuqaha, A. (2020). Secure and robust machine learning for healthcare: A survey. *IEEE Reviews in Biomedical Engineering*, 14, 156-180.
31. Rajkomar, A., Dean, J., & Kohane, I. (2019). Machine learning in medicine. *New England Journal of Medicine*, 380(14), 1347-1358.
32. Ronneberger, O., Fischer, P., & Brox, T. (2015). U-net: Convolutional networks for biomedical image segmentation. In *Medical image computing and computer-assisted intervention* (pp. 234-241). Springer.
33. Saleem, T. J., & Chishti, M. A. (2020). Exploring the applications of machine learning in healthcare. *International Journal of Sensors Wireless Communications and Control*, 10(4), 458-472.
34. Sazzad, S. A., Billah, M., Sunny, A. R., Anowar, S., Pavel, J. H., Rakhi, M. S., ... & Al-Mamun, M. A. (2023). Sketching Livelihoods and Coping Strategies of Climate Vulnerable Fishers. *Egyptian Journal of Aquatic Biology & Fisheries*, 27(4).
35. Sazzad, S. A. S. S. A., Ana, R. A. R. S. R., Shawon, R., Moniruzzaman, M., Hussain, M. H. M., & Zaman, F. Z. F. (2024). Climate Change and Socioeconomic Challenges of Fishing Communities in the Coastal District of Shariatpur in Bangladesh. *Pathfinder of Research*, 2(1).
36. Shailaja, K., Seetharamulu, B., & Jabbar, M. A. (2018, March). Machine learning in healthcare: A review. In *2018 Second international conference on electronics, communication and aerospace technology (ICECA)* (pp. 910-914). IEEE.
37. Silver, D., Huang, A., Maddison, C. J., Guez, A., Sifre, L., Van Den Driessche, G., ... & Hassabis, D. (2016). Mastering the game of Go with deep neural networks and tree search. *nature*, 529(7587), 484-489.
38. Sunny, A. R., Mithun, M. H., Prodhon, S. H., Ashrafuzzaman, M., Rahman, S. M. A., Billah, M. M., ... & Hossain, M. M. (2021). Fisheries in the context of attaining Sustainable Development Goals (SDGs) in Bangladesh: COVID-19 impacts and future prospects. *Sustainability*, 13(17), 9912.
39. Topol, E. (2019). *Deep medicine: how artificial intelligence can make healthcare human again*. Hachette UK.
40. Vaishya, R., Javaid, M., Khan, I. H., & Haleem, A. (2020). Artificial Intelligence (AI) applications for COVID-19 pandemic. *Diabetes & Metabolic Syndrome: Clinical Research & Reviews*, 14(4), 337-339.
41. Vamathevan, J., Clark, D., Czodrowski, P., Dunham, I., Ferran, E., Lee, G., ... & Zhao, S. (2019). Applications of machine learning in drug discovery and development. *Nature reviews Drug discovery*, 18(6), 463-477.
42. Wiens, J., & Shenoy, E. S. (2018). Machine learning for healthcare: on the verge of a major shift in healthcare epidemiology. *Clinical infectious diseases*, 66(1), 149-153.

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