

Healthcare and Artificial Intelligence: Improving Diagnosis and Treatment

Karl Bauer*

Department of Biological Engineering, University Teknologi Malaysia, Johor Bahru, Malaysia

Introduction

Genetic and molecular diagnostics have revolutionized the field of medicine, offering unprecedented insights into the genetic underpinnings of various diseases and conditions. These technologies encompass a range of techniques, from DNA sequencing and genotyping to gene expression analysis and molecular profiling. While they hold immense promise for improving patient care and advancing medical research, the use of genetic and molecular diagnostics raises complex ethical considerations that need careful examination. One of the central ethical issues in genetic and molecular diagnostics revolves around informed consent. Patients undergoing these tests should be fully aware of the implications of the information they might receive, which can include information about their disease risk, carrier status for genetic disorders, or even paternity. Genetic information is often sensitive and can have far-reaching consequences for individuals and their families.

Description

Ensuring proper informed consent involves providing patients with clear and comprehensive information about the nature of the tests, the potential outcomes, and the potential implications for themselves and their relatives. Genetic counseling plays a critical role in this process, helping patients understand the complexities of genetic information and aiding them in making informed decisions. Privacy is another significant concern. Genetic data is uniquely identifiable and carries information not only about the individual but also about their family members. The potential for unauthorized access, discrimination, and misuse of genetic information raises concerns about safeguarding patient privacy. Stricter regulations and robust data security measures are essential to protect genetic data from being exploited without consent [1].

Genetic and molecular diagnostics can uncover predispositions to certain diseases, which can lead to genetic discrimination. Employers, insurance companies, and even educational institutions might discriminate against individuals based on their genetic information. This could result in denied job opportunities, higher insurance premiums, or limited access to certain services. To prevent such discrimination, legal frameworks like the Genetic Information Non-Discrimination Act (GINA) in the United States have been enacted to protect individuals from discrimination based on genetic information. Receiving information about genetic predispositions can have a profound psychological impact on individuals. Learning about an increased risk for a serious disease can lead to anxiety, depression, and even a sense of hopelessness. Genetic counseling services are crucial in helping individuals process this information

*Address for Correspondence: Karl Bauer, Department of Biological Engineering, University Teknologi Malaysia, Johor Bahru, Malaysia, E-mail: karlbauer@gmail.com

Copyright: © 2023 Bauer K. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Received: 01 August, 2023, Manuscript No. jbhe-23-110653; Editor Assigned: 03 August, 2023, PreQC No. P-110653; Reviewed: 15 August, 2023, QC No. Q-110653; Revised: 21 August, 2023, Manuscript No. R-110653; Published: 28 August, 2023, DOI: 10.37421/2380-5439.2023.11.100092

and make informed decisions about their health management and treatment options. Ensuring that adequate mental health support is available to those undergoing genetic testing is an ethical imperative [2].

The accessibility of genetic and molecular diagnostics raises ethical concerns related to equity. These tests can be expensive, limiting access for individuals from lower socioeconomic backgrounds. Furthermore, certain populations might be underrepresented in genetic databases, leading to disparities in the accuracy of diagnostic information and treatment recommendations. Efforts should be made to ensure that these technologies are accessible to all individuals, regardless of their socioeconomic status or ethnic background. Genetic and molecular diagnostics are increasingly being used in pediatric and prenatal settings to identify genetic disorders early in life or during pregnancy. While these tests can provide valuable information for medical decision-making, they also pose unique ethical challenges. In the case of prenatal testing, parents may be faced with difficult decisions regarding continuation of the pregnancy based on the test results. Balancing the right of the parents to make informed choices with concerns about potential eugenic practices is a complex ethical issue. Advances in genetic and molecular diagnostics have given rise to technologies like Preimplantation Genetic Diagnosis (PGD) and Non-Invasive Prenatal Testing (NIPT), which allow for the selection of embryos or detection of genetic abnormalities in fetuses. While these technologies offer opportunities to prevent or treat genetic disorders, they also raise ethical concerns about selecting embryos based on non-medical traits or the potential for parents to make decisions solely for cosmetic reasons. [3].

The emergence of technologies like CRISPR-Cas9 has brought the possibility of editing the human germline, which raises profound ethical questions. While gene editing holds promise for treating genetic diseases, it also opens the door to genetic enhancement and the potential for designer babies. Discussions about the ethical boundaries of germline editing, the potential unintended consequences, and the need for responsible oversight are ongoing. The commercialization of genetic and molecular diagnostic technologies raises questions about the ownership of genetic information. Who owns the data generated through these tests, and who benefits from their commercial exploitation? Ensuring that patients' genetic information is not exploited for profit without their informed consent is a critical ethical consideration. Another challenge is the integration of AI technologies into existing healthcare systems. Implementing AI solutions requires adequate infrastructure, data interoperability, and training of healthcare professionals. Collaboration between AI developers and healthcare providers is crucial to ensure that AI tools are user-friendly, clinically validated, and align with the specific needs of healthcare settings. There is a need for regulatory frameworks and standards to govern the development and deployment of Regulations should address issues related to data privacy, algorithm transparency, and liability for AI-generated decisions. Collaboration between policymakers, healthcare organizations, and AI experts is necessary to establish guidelines that balance innovation, safety, and ethical considerations [4,5].

Conclusion

The full scope of the long-term implications of genetic and molecular diagnostics is still unfolding. As our understanding of genetics and molecular biology deepens, new ethical challenges may arise. Continuous monitoring and adaptation of ethical guidelines and regulations are necessary to

ensure that these technologies are used responsibly and in the best interests of patients and society as a whole. Molecular diagnostics have the potential to revolutionize healthcare, but their ethical implications cannot be overlooked. The complex interplay between informed consent, privacy, genetic discrimination, psychological well-being, equity, and the broader societal impact of these technologies requires a thoughtful and multifaceted approach. Balancing medical advancement with the protection of individual rights and societal welfare is a continuous ethical endeavour that demands the collaboration of healthcare professionals, researchers, policymakers, ethicists, and the general public.

Acknowledgement

None.

Conflict of Interest

There are no conflicts of interest by author.

References

1. Inoue, Shigeaki, Moritoki Egi, Joji Kotani and Kiyoshi Morita. "Accuracy of blood-glucose measurements using glucose meters and arterial blood gas analyzers in critically ill adult patients: systematic review." *Critical Care* 17 (2013): 1-13.
2. Ge, Xudong, Hung Lam, Swati J. Modi and William R. LaCourse, et al. "Comparing the performance of the optical glucose assay based on glucose binding protein with high-performance anion-exchange chromatography with pulsed electrochemical detection: Efforts to design a low-cost point-of-care glucose sensor." *J Diabetes Sci Technol* 10020(2007): 864-872.
3. McInerney, Cheryl M and Anita Gupta. "Delaying the first bath decreases the incidence of neonatal hypoglycemia." *J Obstet Gynecol Neonatal Nurs* 44 (2015): S73-S74.
4. Stomnaroska-Damcevska, Orhideja, Elizabeta Petkovska, Snezana Jancevska and Dragan Danilovski. "Neonatal hypoglycemia: A continuing debate in definition and management." *prilozi* 36 (2015): 91-97.
5. Deshpande, Sanjeev and Martin Ward Platt. "The investigation and management of neonatal hypoglycaemia." *Semin Fetal Neonatal Med* 10(2005) 351-361.

How to cite this article: Bauer, Karl. "Healthcare and Artificial Intelligence: Improving Diagnosis and Treatment." *J Health Edu Res Dev* 11 (2023): 100092.