

Article History	Cognitive Computing in Healthcare: Past Lessons, Present
Submitted: 13-03-2025	Realities, and Future Horizons
Revised: 16-04-2025	Yasir Ghayor Malik ^{1*}
Accepted: 19-04-2025	¹ Lecturer Computer Science Department.
	¹ yasir.ghayor@cs.uol.edu.pk
Corresponding Author	
Yasir Ghayor Malik	
yasir.ghayor@cs.uol.edu.pk	

Abstract

The healthcare sector experiences transformation through cognitive computing which provides improved diagnosis methods and designs treatment plans as well as cares for patients and operates medical facilities. Modern medical decision-making has experienced a revolution through both early expert systems and current AI-driven diagnostics together with robotic surgery and precise medical treatments. The vast potential requires solution of privacy issues with datasets together with algorithmic discrimination prevention and adaptation of relevant regulations and resolution of ethical problems. AI healthcare development will focus on three main areas which involve predictive knowledge analysis and real-time illness prevention along with sophisticated drug innovation processes to deliver patient-specific proactive medical services in the future. The introduction of AI must meet both ethical requirements and legal responsibilities in order to gain public acceptance because patient rights and AI clarity and cybersecurity protection matter most. A complete adoption of cognitive computing requires global collaboration between healthcare professionals and strong regulatory frameworks as well as AI literacy for medical staff and cognitive computing implementation methods. A responsible implementation of AI healthcare will generate an enhanced system that provides more precise and efficient patient-focused medical treatment to enhance global health results.

Key words: Cognitive computing, artificial intelligence, healthcare innovation, healthcare technology, medical research, hospital management..

Introduction

The healthcare sector experiences a revolution through cognitive computing which delivers better decisions in medicine while creating superior patient results and better clinical procedure workflows. Cognitive computing technology utilizes AI together with machine learning and NLP alongside big data analytics to study extensive medical information while detecting patterns which produces recommended professional healthcare solutions [1]. Advanced healthcare technologies



Volume2:Issue1 ISSN: 3008-0509

create links between human doctor skills and processing power to produce improved healthcare practices and individualized medical solutions.

Standard healthcare data-dependent decision-making methods faced challenges because of massive and intricate medical data amounts and structures. Healthcare technologies have become critical due to the extreme growth of electronic health records (EHRs) and medical imaging together with genomic data and real-time patient monitoring systems. Through cognitive computing structures organizations can process diverse medical data so they find valuable hidden patterns beyond human abilities [2].

IBM Watson Health serves as one of the flagship examples of healthcare cognitive computing through its help to physicians in medical diagnosis and therapy recommendation. Watson's advanced capabilities to process enormous medical data collections consisting of clinical research findings patient charts proves that cognitive computing enhances doctor decision support [3]. The real-world deployment of these systems faces obstacles which mainly involve accuracy dedication and healthcare professional confidence in AI-based suggestions.

Cognitive computing achieves its most vital impact through more than diagnosis capabilities. The healthcare industry uses cognitive computing to revolutionize the discovery of pharmaceuticals along with robotic surgical procedures while improving hospital interaction with patients and optimizing their administrative procedures [4]. The healthcare sector now implements AI-powered chatbots with virtual health assistants to perform remote disease monitoring and deliver individual health services and manage appointment scheduling. The benefits include easing healthcare professional workload and delivering better healthcare access to patients [5].

Cognitive computing healthcare applications remain under active development despite their indications of success. To reach its full potential the healthcare industry must resolve problems involving medical data privacy limitations alongside medical system connections and regulatory acceptance and unbiased performance from AI software systems. The technological evolution requires managing a mutual relationship between human supervision and automated systems to achieve ethical results in practice [6]. This paper examines healthcare cognitive computing from



its historical perspective through its current applications towards potential future transformative effects on medical practice.

Past lessons: the evolution of cognitive computing in healthcare

Healthcare has experienced transformative cognitive computing developments as healthcare providers deal with important challenges and accumulate important learning points. Medical decision-enhancement through computers traces its roots back through several decades even though restricted computing power and scattered medical data and insufficient algorithms impeded early attempts. Artificial Intelligence (AI) together with Machine Learning (ML) underwent development that expanded the health care possibilities for cognitive computing [7].

Mycin represented one of the first rule-based expert systems developed for healthcare purposes at Stanford University during the 1970s. The system served to detect bacterial diseases after which it provided suggested antibiotic solutions. The accuracy of MYCIN failed to translate into clinical adoption because medical practitioners did not trust the system and doctors found it difficult to incorporate into hospital procedures at the time [8]. Research demonstrated that achieving clinical acceptance of AI-driven healthcare solutions requires them to blend with medical staff work routines and establish trust among doctors.

The 1990s along with the early 2000s brought developments of natural language processing (NLP), big data analytics and cloud computing which created advanced cognitive computing applications. The healthcare world witnessed advancements with IBM Watson combined with its capabilities to process big datasets and medical diagnostics along with recommending treatments during the 2010s. The processing capabilities of Watson medical data represented an important advancement because it handled nanostructured information such as research papers and clinical notes [9]. The blend of AI success along with clinical implementation problems showed healthcare providers that AI helps decision making but human clinical experience remains vital for understanding and validating AI outcomes.

Volume2:Issue1 ISSN: 3008-0509

EHRs underwent significant development along with cognitive computing application in healthcare systems. When hospitals moved from manual documentation to digital system implementation the size of accessible patient data expanded for AI to analyze. Advanced predictive analytics incidents through this improvement that allowed for early disease identification together with patient-specific treatment generation [10]. Data interoperability, privacy problems and biases within AI models emerged so healthcare organizations need robust data governance solutions and sound ethical guidelines for AI systems. The past demonstrates that proper regulatory structures and ethical guidelines must receive due attention [11].

Healthcare institutions delayed AI implementation because of protective medical regulations and privacy concerns and because AI systems contained the risk to amplify medical selection biases. The emergence of these obstacles demonstrates how vital it is to use transparent AI tools together with medical ethics compliance and explanation features for protecting patient safety together with regulatory adherence. Cognitive computing in healthcare has taught us that healthcare depends on trust relationships as well as integration capabilities with human workers together with ethical AI development standards and secure data platforms [12]. The learned insights from the past produce foundations that direct modern and upcoming implementations of AI-driven healthcare solutions to foster better, expandable and personalized healthcare innovations.

Present realities: the current state of cognitive computing in healthcare

Modern healthcare now uses cognitive computing for real-world applications after establishing its experimental models. Modern medical diagnostics together with treatment planning and patient care receive transformation through AI along with ML and NLP capabilities which also boost administrative processes. Cognitive computing continues to face hurdles but it improves healthcare processes by delivering data-based and individualized and efficient healthcare services [13].

Cognitive computing delivers its most notable value through diagnostic systems current use. With AI-drivern technologies medical imaging devices including X-rays and MRIs and CT scans become more effective at scanning patient data than manual interpretation allows. The AI models developed by Google Deep Mind, IBM Watson Health and PathAI enable disease detection of



cancer, diabetic retinopathy and neurological disorders at levels of high accuracy [14]. The diagnostic tools help radiologists to warn about malformations while lowering diagnostic error rates.

Through AI analyzes medicine dedicates specific care methods to individual patients by processing their health information together with family medical records and genetic structures. The application of AI proves most beneficial in oncological settings because it enables doctors to select cancer therapies that align with individual patient genetic codes [15]. The Oncology system of IBM Watson for medical recommendations uses vast medical literature to connect patient records with personalized care suggestions for treatment plans.

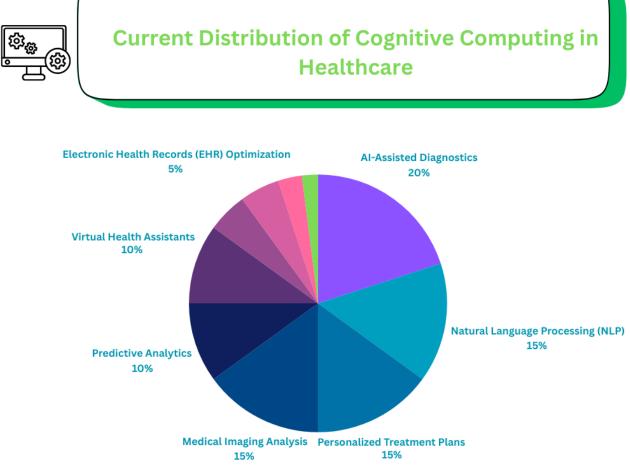


Figure: 1 showing current distribution of cognitive computing in healthcare

Volume2:Issue1 ISSN: 3008-0509

The implementation of cognitive computing allowed healthcare organizations to create virtual health assistants and chatbots which provide automated medical advice at all times for patients. Buoy Health together with Ada Health and Babylon Health use AI assistants to assist patients by analyzing their symptoms before presenting diagnostic possibilities and professional visit recommendations [16]. The tools deliver essential benefits for telemedicine operations because they enable distant medical consultations which help relieve hospital and clinic workloads.

Wearable devices connect to AI-powered remote monitoring systems which track patients' vital signs while they remain in their current location. These systems detect upcoming health failures and warn medical staff before patients reach critical emergency levels. Telemedicine systems through these advancements help medical professionals manage diabetes and hypertension as well as heart-related illness effectively [17]. Cognitive computing has transformed hospital management at an operational level along with clinical medicine. New diagnostic methods implemented within healthcare facilities use AI technologies to manage medical records along with coding and billing systems while decreasing medical office administrative tasks [18]. Within hospital facilities RPA makes workflows more efficient while lowering failure rates and improving process speed. AI-based systems provide healthcare providers with better patient admission forecasts which improves hospital resource scheduling as well as workforce management [19].

Cognitive computing healthcare deals with multiple obstacles combined with moral issues that remain despite achieving progress. The significant volume of processed patient data creates security risks because data privacy remains a concern. Medical organizations need to follow requirements set by HIPAA and GDPR [20]. The training data which comes into AI algorithms can transmit biases that produce healthcare delivery discrepancies across patient groups. The vital requirement for AI models is both transparency and fairness in their operation. Multiple hospitals operate with legacy systems that create obstacles when trying to implement AI solutions throughout their current systems structure [21].

AI enhances healthcare decisions yet doctors continue to doubt the value of following recommendations from machine systems. AI can become more widespread when its use is

Volume2:Issue1 ISSN: 3008-0509

simplified while its operations become easier to interpret. Healthcare operations have undergone fundamental changes through cognitive computing solutions specifically affecting medical diagnosis practices in addition to front-end patient and hospital administration functions [22]. AI implementation will reach success by solving four primary obstacles which involve the development of trust with doctors alongside handling bias strategies and integration methods while maintaining data privacy protection. AI progress will deepen its healthcare applications until it makes medical services both more productive and precise and accessible to every community [23].

Future horizons: the next phase of cognitive computing in healthcare

Healthcare cognitive computing will create revolutionary advancements that will enhance the fields of patient care together with medical research and hospital operational efficiency. The fast development of artificial intelligence (AI) and machine learning (ML) and natural language processing (NLP) and big data analytics enables healthcare to approach a new medical decision paradigm for precise proactive personalized care [24]. Cognitive computing has great potential yet various hurdles must be overcome before it can achieve its total potential.

Healthcare seeks its most important advancement through precision medicine powered by artificial intelligence systems which create personalized treatments based on genome readings and patient record history and present health information. AI technologies can forecast patient responses to medications thus cutting out the cumbersome process of treatment testing. Cognitive systems used in cancer care will optimize immunotherapy strategies to deliver better treatments that produce minimal side effects for patients [25].

Future AI models will obtain diagnostic autonomy because they will perform independent symptom analysis followed by treatment recommendation without requiring human supervision. Robotics systems equipped with AI will use computers to maximize surgical precision during complex procedures thus reducing mistakes made by humans [26]. The healthcare field will witness surgeons using AI robotics for improved medical procedures with their assistance.



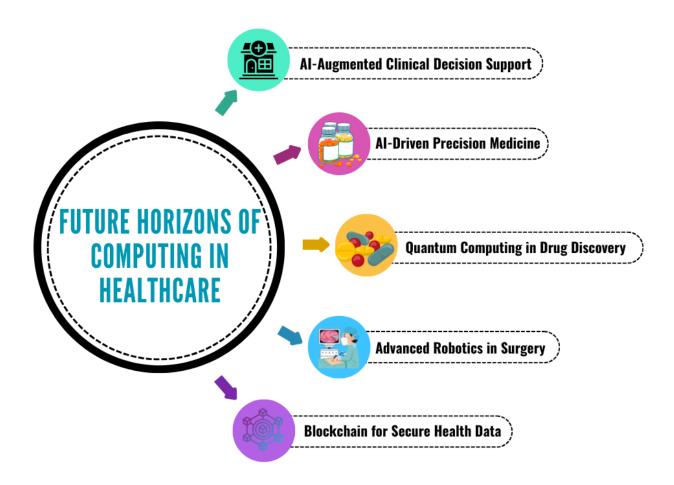


Figure: 2 showing future horizons of computing in healthcare

Therapeutic healthcare by AI will shift medical practice from disease management to disease avoidance through prediction and prevention of health conditions. Wearable devices together with smart implants will perpetually monitor patient vital signs to spot initial disease indicators including cardiac issues and diabetic complications as well as neurological diseases. Through predictive analytics hospitals will develop the ability to foresee disease outbreaks while improving their healthcare resource management systems [27].

By implementing artificial intelligence drug developers substantially minimize their costs while expediting their discovery process through accelerated identification of drug substance candidates.

Volume2:Issue1 ISSN: 3008-0509

AI systems will evaluate a vast number of molecular structures to find compounds which demonstrate maximum potential in disease treatment [28]. The analysis of millions of molecular structures through AI will reduce both time and costs involved in developing medications targeted for cancer patients and people with Alzheimer's disease along with patients suffering from rare genetic conditions.

Healthcare technological development encounters various major obstacles when expanding cognitive computing into medical practice: The increased medical decision-making capability of AI requires ethical solutions to address privacy issues which must include solutions for both patient confidentiality protection and avoidance of judgment biases [29]. Medical authorities must create evaluation processes to approve AI healthcare solutions. The relationship between medical professionals and AI systems will remain one of collaboration alongside trust because AI exists to supplement doctor decisions. A major hindrance exists in developing collaboration between human doctors and AI systems rather than allowing them to compete with one another [30].

Healthcare data exists as separate systems spreading across different databases which makes it challenging for AI models to access sufficient information for learning. Standardized and interoperable data frameworks must be established before AI systems can function with complete interoperability [31].

The utilization of biased data during AI model training leads to the perpetuation of health care inequalities. Epic medical care depends on AI models being unbiased and free from bias for providing equitable patient treatment. The incoming era of cognitive processing in healthcare medicine holds the potential to transform medical practice by supplying quicker disease detection and individualized therapies while adding robotic surgery capabilities as well as diagnostic forecasting capabilities and shorter paths to drug discovery [32]. Successful deployment of these advancements depends on resolving issues regarding trust issues as well as ethical questions, regulatory standards and biases contained within AI systems. Cognitive computing will establish a groundbreaking healthcare paradigm when the outstanding barriers to its success are resolved thus enabling patient-focused and proactive and intelligent treatment systems worldwide [33].



Recommendations for the future of cognitive computing in healthcare

Patient healthcare benefits from cognitive computing precisely through purposeful development combined with ethical awareness and shared partnership between technology creators and doctors alongside federal legislators. The diagnostic along with treatment planning and hospital administration and patient care benefits from artificial intelligence (AI) and machine learning (ML) yet specific barriers need resolution for optimal exploitation of these technologies [34]. This document presents essential steps that promote responsible healthcare implementation of cognitive computing technology.

The adoption of AI faces an important hurdle because AI algorithms make decisions that patients and doctors cannot understand why they made those decisions. System success in building medical practitioner and patient trust depends on AI platforms offering clear explanations of their calculated outputs [35]. AI model developers should create explanation systems which reveal how their recommended choices are generated because doctors need to understand AI decision logic. Healthcare applications need to include Explainable AI (XAI) techniques as a means to enhance accountability. Medical institutions need to establish formal AI training programs which educate their healthcare staff about AI insights [36].

Healthcare data privacy together with system security and proper ethical AI practices need enhancement because cognitive computing requires handling large quantities of patient data. Healthcare providers should implement a set of mandatory requirements for AI-driven solutions to follow data protection regulations including HIPAA (United States) and GDPR (Europe) [36]. Healthcare facilities together with technology organizations need to deploy next-generation security protocols which defend patient information while preventing unauthorized system entry and data compromising incidents. Machine learning systems need wide-ranging training datasets because they work to remove healthcare prejudice which enables equal outcomes for various population groups. Platforms need ethical standards for AI decision participation to prevent depending too heavily on automatic recommendations [37].





Figure: 3 showing enhancement healthcare data privacy and ethical AI

The integration of AI needs better connection with current healthcare institutions since numerous medical organizations maintain outdated legacy systems incompatible with contemporary AI systems. Healthcare institutions must implement a step-by-step approach to migrate their EHR systems to cloud-based AI-ready platforms which provide consistent data exchange capabilities. AI developers need to build solutions which support interoperability features for connection to various healthcare IT systems. Healthcare organizations together with governing bodies must develop unified data structure specifications and communication protocols for attaining seamless AI adoption among different healthcare facilities [38].

Healthcare-dependent cognitive computing requires joint efforts between medical specialists as well as policymakers and developers of artificial intelligence to achieve success. Implementing AI

Volume2:Issue1 ISSN: 3008-0509

technology successfully demands healthcare professionals to provide their expertise for developing solutions that resolve medical challenges in practice [39]. The development of specific guidelines with approval procedures must come from regulatory bodies for medical tools using AI systems. The refining process for algorithms and AI accuracy improvement should be pursued by researchers and data scientists working with AI technology [40].

The integration of AI requires professional training since healthcare personnel lack adequate understanding of AI systems thus delaying their willingness to use AI-driven tools. Medical schools along with professional training programs must include AI education to train future doctors about AI assistance systems for diagnostics and decision-making [41]. Medical facilities should organize training sessions about AI technology along with practical practice programs for their current healthcare personnel. The guidelines should explain how AI functions as a decision-making resource which employs human judgment instead of substituting for it [42].

The continuous support of research and development operations (R&D) represents the key force for maintaining healthcare innovations in artificial intelligence. Public organizations together with private enterprises and academic research groups must allocate funds to develop machine learning-based treatments that will shorten the discovery of effective medications [43]. Healthcare professionals should create artificial intelligence systems which identify preclinical disease indicators in order to transition medical treatment toward early intervention and prevention. Analyze how AI can help with mental health care delivery together with rehabilitation needs and long-distance patient management [44].

The productive potential of healthcare cognitive computing will achieve success based on effective management of transparency along with ethical practices and security measures alongside data interoperability and collaborative relationships and educational programs. The successful implementation of these recommendations enables healthcare systems to reach their maximum AI potential along with security of patient safety and trust and fair access to AI healthcare deliveries. Cognitive computing approached with responsible implementation will transform medical practice

Volume2:Issue1 ISSN: 3008-0509

to lead to better health results and develop an efficient predictive patient-focused healthcare system [45].

Ethical and legal considerations in cognitive computing for healthcare

Healthcare organizations need to handle ethical alongside legal issues related to cognitive computing integration so AI-driven solutions provide both effectiveness and fairness. The use of artificial intelligence (AI) together with machine learning (ML) shows great potential for transforming medical choices and patient services and hospital operations yet it presents challenges for safeguarding privacy yet it also brings concerns regarding/provider trustworthiness and unbalanced operations while affecting patient independence and medical responsibility issues [46]. For organizations to properly benefit from cognitive computing they need to develop specific ethical standards that focus on delivering safe health solutions to their patients.

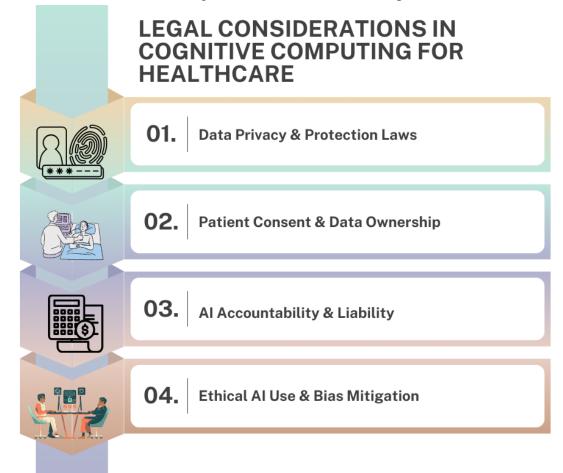


Figure: 4 showing legal consideration in cognitive computing for healthcare

Volume2:Issue1 ISSN: 3008-0509

The protection of patient data stands as the main ethical concern when AI technology takes control of medical services. Director health information stored in cognitive computing systems creates opportunities for unauthorized parties to gain access and breach those systems [47]. Key considerations include:

Medical applications powered by AI need to follow all present data protection laws including both U.S. Health Insurance Portability and Accountability Act (HIPAA) and European General Data Protection Regulation (GDPR). Very specific regulations determine all steps regarding the collection storage and sharing of patient information [48]. A combination of strong encryption protocols with multi-factor authentication should become fundamental security measures to defend patient records from cyber dangers. Patients must possess the right of informed decision-making about their data usage for AI-based diagnostics alongside the ability to abstain from participating in data-sharing activities [49].

The training process of AI algorithms depends on healthcare data from the past which might carry embedded prejudices that produce unfair treatment suggestions. Improper handling of AI system development might enable unintentional yet persistent discrimination against racial groups and gender groups while social group inequalities continue to persist in healthcare environments. AI models need to draw training data from diverse demographic groups that represent the entire patient population [50]. Healthcare institutions must conduct regular audits together with bias detection systems to detect discriminatory patterns that appear in AI decision systems for correction purposes. Healthcare institutions need to form ethical AI review boards that will manage the introduction of AI-driven tools while checking they match fairness alongside equity requirements [51].

The determination of accountability and legal liability becomes a major legal problem for AI-based decisions in healthcare systems since AI mistakes require assigning responsibility to specific parties. Medical institutions as well as software developers and attending physicians face questions regarding which party should bear responsibility when AI medical errors occur [52]. Which preconditions must AI tools meet to gain FDA (Food and Drug Administration) and equivalent



regulatory approval for widespread clinical distribution? Healthcare practitioners should learn to employ AI only as a decision-making support mechanism instead of adopting automatic recommendations without verification [53].

AI healthcare requires worldwide ethical and legal standards development because its widespread adoption demands international standards for ethical guidance. Establishing global healthcare solutions through artificial intelligence proves difficult because different regulatory frameworks and cultural mindsets as well as legal frameworks exist between nations [54]. Governments together with healthcare organizations and AI developers need to form standard protocols which secure ethical and safe utilization of AI across all nations worldwide. Stakeholder institutions called International AI ethics committees should establish framework guidelines regarding proper AI-driven healthcare innovation approaches [55].

The healthcare industry depends on proper ethical and legal governance of cognitive computing systems for maintaining patient protections and preserving patient confidence while advancing fairness. The medical revolution led by artificial intelligence depends on proper deployment through strong protection systems. A transparent AI-driven healthcare system depends on resolving privacy issues in data with measures against bias and accountability systems and regulatory compliance for patient autonomy practices and global standards [56]. The adoption of serious concern about these ethical and legal aspects enables healthcare institutions and policymakers to develop a system that combines AI benefits with maintaining absolute ethical and legal standards for patient care.

Conclusion

Healthcare organizations experience a transformation through cognitive computing which drives substantial improvements in diagnostic techniques along with therapeutic planning and both clinical and operational aspects of hospital management as well as patient care. The medical field experiences a continuous transformation in its structure because cognitive computing expands from its first implementation in expert systems to present-day uses in AI-driven treatments combined with robotic medical procedures and predictive analytics. The success of cognitive



computing relies on the resolution of essential problems linked to trust development and data privacy security together with bias removal and solving interoperability along with ethical difficulties.

Healthcare obtained essential knowledge from its progress toward cognitive computing. Previous AI implementation suffered rejection because doctors opposed its opacity and its inability to integrate with clinical settings. Today AI proves its value through better medical decisions and operational improvements and better healthcare results. The medical field will expand its capabilities beyond current potentials to implement autonomous diagnostic tools and real-time disease analytics which will transition healthcare from standard reactive care toward individualized disease prevention methods.

The trust and confidence of society in AI-powered healthcare depends on the implementation of proper data protection systems together with algorithm fairness protocols and patient rights protection alongside regulatory requirements. AI-literate healthcare professionals need to master principles of working with cognitive computing systems. Optimal healthcare AI will emerge from the proper harmonization of human doctors with computer intelligence. Standard ethical and legal frameworks must be developed through worldwide collaboration among AI developers, healthcare professionals along with policy officials. Medical organizations must dedicate resources toward persistent investigational and educational programs to achieve smooth implementation of Artificial Intelligence in healthcare infrastructure.

Medical professionals remain indispensable because cognitive computing functions as a technology that strengthens healthcare services. The correct development and implementation of AI-driven healthcare technologies will establish an efficient system which delivers specific care for patients and generates enhanced accuracy leading to superior global health results. The effective handling of obstacles and intelligent acceptance of available opportunities through cognitive computing will create a future where medicine becomes safer and sustainable and smarter.

Volume2:Issue1 ISSN: 3008-0509

References

- [1]. Sultan N. Making use of cloud computing for healthcare provision: Opportunities and challenges. International Journal of Information Management. 2014 Apr 1; 34(2):177-84.
- [2]. Garcia-Penalvo FJ, Cruz-Benito J. Usalpharma: a cloud-based architecture to support quality assurance training processes in health area using virtual worlds. Sci World J. 2014; 2014:659364.
- [3]. Stoicu-Tivadar L, Stoicu-Tivadar V, Berian D, Dragan S, Serban A, Serban C. eduCRATE–a Virtual Hospital architecture. Stud Health Technol Inform. 2014; 205:803–7.
- [4]. Balkman JD, Loehfelm TW. A cloud-based multimodality case file for mobile devices. Radiographics. 2014; 34(4):863–72.
- [5]. Ferenchick GS, Solomon D. Using cloud-based mobile technology for assessment of competencies among medical students. PeerJ. 2013; 1:e164
- [6]. Asif SM. Investigation of Elementary Vibrations: Derivation, Experimental Analysis, and Key Findings. BULLET: Jurnal Multidisiplin Ilmu.;3(6):744-53.
- [7]. Nagata T, Halamka J, Himeno S, Himeno A, Kennochi H, Hashizume M. Using a cloudbased electronic health record during disaster response: a case study in Fukushima, March 2011. Prehosp Disaster Med. 2013; 28(4):383–7.
- [8]. Klein CA. Cloudy confidentiality: clinical and legal implications of cloud computing in health care. J Am Acad Psychiatry Law. 2011; 39(4):571–8.
- [9]. Chen TS, Liu CH, Chen TL, Chen CS, Bau JG, Lin TC. Secure Dynamic access control scheme of PHR in cloud computing. J Med Syst. 2012; 36(6):4005–20.
- [10]. Lenert L, Sundwall DN. Public health surveillance and meaningful use regulations: a crisis of opportunity. Am J Public Health. 2012; 102(3):e1–7.
- [11]. Patel RP. Cloud computing and virtualization technology in radiology. Clin Radiol. 2012; 67(11):1095–100.

Volume2:Issue1 ISSN: 3008-0509

- [12]. Ratnam KA, Dominic PD, Ramayah T. A structural equation modeling approach for the adoption of cloud computing to enhance the Malaysian healthcare sector. J Med Syst. 2014; 38(8):82
- [13]. Asif SM. Investigation of Heat Transfer in Pipes Using Dimensionless Numbers. Global Journal of Universal Studies.;1(2):44-67.
- [14]. Shiwlani A, Kumar S, Qureshi HA. Leveraging Generative AI for Precision Medicine: Interpreting Immune Biomarker Data from EHRs in Autoimmune and Infectious Diseases. Annals of Human and Social Sciences. 2025 Feb 20;6(1):244-60.
- [15]. Chen YY, Lu JC, Jan JK. A secure EHR system based on hybrid clouds. J Med Syst. 2012; 36(5):3375–84.
- [16]. Fernandez-Cardenosa G, de la Torre-Diez I, Lopez-Coronado M, Rodrigues JJ. Analysis of cloud-based solutions on EHRs systems in different scenarios. J Med Syst. 2012; 36(6):3777–82.
- [17]. Choi JE, Qiao Y, Kryczek I, Yu J, Gurkan J, Bao Y, Gondal M, Tien JC, Maj T, Yazdani S, Parolia A. PIKfyve, expressed by CD11c-positive cells, controls tumor immunity. Nature Communications. 2024 Jun 28;15(1):5487.
- [18]. Asif SM. Mitigation of High BOD Levels in Sewage Treatment Plants Using Outfall Storage Solutions. International Journal of Social, Humanities and Life Sciences.;1(1):48-61.
- [19]. Choudhary V, Mehta A, Patel K, Niaz M, Panwala M, Nwagwu U. Integrating Data Analytics and Decision Support Systems in Public Health Management. South Eastern European Journal of Public Health. 2024:158-72.
- [20]. Morton T, Weeks A, House S, Chiang P, Scaffidi C. Location and activity tracking with the cloud. Conf Proc IEEE Eng Med Biol Soc. 2012; 2012:5846–9.
- [21]. Poulymenopoulou M, Malamateniou F, Vassilacopoulos G. Emergency healthcare process automation using mobile computing and cloud services. J Med Syst. 2012; 36(5):3233–41.
- [22]. Valli LN. Predictive Analytics Applications for Risk Mitigation across Industries; A review. BULLET: Jurnal Multidisiplin Ilmu. 2024;3(4):542-53.

Volume2:Issue1 ISSN: 3008-0509

- [23]. Xia H, Asif I, Zhao X. Cloud-ECG for real time ECG monitoring and analysis. Comput Methods Programs Biomed. 2013; 110(3):253–9.
- [24]. Bahga A, Madisetti VK. A cloud-based approach for interoperable electronic health records (EHRs). IEEE J Biomed Health Inform. 2013; 17(5):894–906.
- [25]. Cubo J, Nieto A, Pimentel E. A cloud-based Internet of Things platform for ambient assisted living. Sensors (Basel, Switzerland). 2014; 14(8):14070–105.
- [26]. Khan M, Sherani AM. Transforming Aging and Dementia Care with Artificial Intelligence: Opportunities and Challenges. Global Journal of Machine Learning and Computing. 2025 Jan 25; 1(1):29-42.
- [27]. Valli LN. Under the titles for Risk Assessment, Pricing, and Claims Management, write Modern Analytics. Global Journal of Universal Studies. 2024; 1(1):132-51.
- [28]. Haufe K. Proposal for a security management in cloud computing for health care. TheScientificWorldJOURNAL. 2014; 2014:146970.
- [29]. Lai CF, Chen M, Pan JS, Youn CH, Chao HC. A collaborative computing framework of cloud network and WBSN applied to fall detection and 3-D motion reconstruction. IEEE J Biomed Health Inform. 2014; 18(2):457–66.
- [30]. Gondal MN, Shah SU, Chinnaiyan AM, Cieslik M. A systematic overview of single-cell transcriptomics databases, their use cases, and limitations. Frontiers in Bioinformatics. 2024 Jul 8;4:1417428.
- [31]. Shehzad K, Munir A, Ali U. AI-Powered Food Contaminant Detection: A Review of Machine Learning Approaches. Global Journal of Computer Sciences and Artificial Intelligence.;1(2):1-22.
- [32]. Horowitz, B. (2011). Cloud Computing Brings Challenges for Health Care Data Storage, Privacy. Retrieved from <u>http://www.eweek.com/c/a/Health-Care-IT/Cloud-Computing-BringsChallenges-for-Health-Care-Data-Sto rage-Privacy-851608/</u>
- [33]. Gondal MN, Butt RN, Shah OS, Sultan MU, Mustafa G, Nasir Z, Hussain R, Khawar H, Qazi R, Tariq M, Faisal A. A personalized therapeutics approach using an in silico

Volume2:Issue1 ISSN: 3008-0509

drosophila patient model reveals optimal chemo-and targeted therapy combinations for colorectal cancer. Frontiers in Oncology. 2021 Jul 16; 11:692592.

- [34]. Kuo, A. M. (2011). Opportunities and Challenges of Cloud Computing to Improve Health Care Services. Journal of Medical Internet Research, 13(3), e67. <u>http://dx.doi.org/10.2196/jmir.1867</u>
- [35]. Bacha A. Unveiling Frontiers: Hybrid Algorithmic Frameworks for AI-Driven Mental Health Interventions. AlgoVista: Journal of AI and Computer Science.;2(1):1-8.
- [36]. Chang KW, Tsai TY, Chen KC, Yang SC, and Huang HJ, and Chang TT, et al. iSMART: an integrated cloud computing web server for traditional Chinese medicine for online virtual screening, de novo evolution and drug design. J Biomol Struct Dyn. 2011; 29(1):243–50.
- [37]. Shehzad K. Predictive AI Models for Food Spoilage and Shelf-Life Estimation. Global Trends in Science and Technology. 2025 Feb 17;1(1):75-94.
- [38]. Gondal MN, Chaudhary SU. Navigating Multi-scale Cancer Systems Biology towards Model-driven Personalized Therapeutics. bioRxiv. 2021 May 17:2021-05.
- [39]. Khan M, Sherani AM. Leveraging AI for Efficient Healthcare Workforce Management: Addressing Staffing Shortages and Reducing Burnout. Global Journal of Computer Sciences and Artificial Intelligence. 2025 Jan 25; 1(1):43-54.
- [40]. Poole CM, Cornelius I, Trapp JV, Langton CM. Radiotherapy Monte Carlo simulation using cloud computing technology. Australas Phys Eng Sci Med. 2012; 35(4):497–502.
- [41]. Bacha A, Shah HH. AI-Enhanced Liquid Biopsy: Advancements in Early Detection and Monitoring of Cancer through Blood-based Markers. Global Journal of Universal Studies.;1(2):68-86.
- [42]. Malik FS, Sahibzada S, Nasir S, Lodhi SK. Machine Learning-Enhanced Turbulence Prediction and Flow Optimization for Advanced Aerodynamic Design in High-Speed Regimes. European Journal of Science, Innovation and Technology. 2024;4(6):39-46.

Volume2:Issue1 ISSN: 3008-0509

- [43]. Parsons D, Robar JL, Sawkey D. A Monte Carlo investigation of low-Z target image quality generated in a linear accelerator using Varian's VirtuaLinac. Med Phys. 2014; 41(2):021719.
- [44]. Regola N, Chawla NV. Storing and using health data in a virtual private cloud. J Med Internet Res. 2013; 15(3):e63.
- [45]. Kumar S, Kumar S, Shiwlani A. Machine Learning for Labor Optimization: A Systematic Review of Strategies in Healthcare and Logistics. Pakistan Social Sciences Review. 2025 Mar 31; 9(1):631-51.
- [46]. Nasir S, Zainab H, Hussain HK. Artificial-Intelligence Aerodynamics for Efficient Energy Systems: The Focus on Wind Turbines. BULLET: Jurnal Multidisiplin Ilmu. 2024; 3(5):648-59.
- [47]. Shen CP, Jigjidsuren C, Dorjgochoo S, Chen CH, Chen WH, Hsu CK, et al. A data-mining framework for transnational healthcare system. J Med Syst. 2012; 36(4):2565–75.
- [48]. Rea S, Pathak J, Savova G, Oniki TA, Westberg L, Beebe CE, et al. Building a robust, scalable and standards-driven infrastructure for secondary use of EHR data: the SHARPn project. J Biomed Inform. 2012; 45(4):763–71.
- [49]. Neoaz N. Cybersecurity and Information Assurance: Bridging the Gap. International Journal of Social, Humanities and Life Sciences. 2024; 2(1):37-46.
- [50]. Shen CP, Chen WH, Chen JM, Hsu KP, Lin JW, Chiu MJ, et al. Bio-signal analysis system design with support vector machines based on cloud computing service architecture. Conf Proc IEEE Eng Med Biol Soc. 2010; 2010:1421–4.
- [51]. Papakonstantinou D, Poulymenopoulou M, Malamateniou F, Vassilacopoulos G. A cloudbased semantic wiki for user training in healthcare process management. Stud Health Technol Inform. 2011; 169:93–7.
- [52]. Neoaz N, Bacha A, Khan M, Sherani AM, Shah HH, Abid N, Amin MH. AI in Motion: Securing the Future of Healthcare and Mobility through Cybersecurity. Asian Journal of Engineering, Social and Health. 2025 Jan 29;4(1):176-92.

Volume2:Issue1 ISSN: 3008-0509

- [53]. Vilaplana J, Abella SF, Filgueira R, Rius J. The cloud paradigm applied to e-Health. BMC Med Inform Decis Mak. 2013; 13:35
- [54]. Neoaz N. Human Factors in Information Assurance: A Review of Behavioral and Cultural Aspects. International Journal of Multidisciplinary Sciences and Arts.;3(4):235-42.
- [55]. Shiwlani A, Hasan SU, Kumar S. Artificial Intelligence in Neuroeducation: A Systematic Review of AI Applications Aligned with Neuroscience Principles for Optimizing Learning Strategies. Journal of Development and Social Sciences. 2024 Dec 31;5(4):578-93.
- [56]. Wang H, Wu Q, Qin B, Domingo-Ferrer J. FRR: fair remote retrieval of outsourced private medical records in electronic health networks. J Biomed Inform. 2014; 50:226–33.