Marko Kimi Milić<sup>1</sup>, Šćepan Sinanović<sup>1</sup>, Tanja Prodović<sup>1</sup>, Tanja Ilanković<sup>1</sup>

# **Artificial Intelligence in the Diagnosis of Endocrine Disorders: A Focus on Diabetes and Thyroid Diseases**

**Abstract:** The aim of this study is to explore the application of artificial intelligence (AI) in diagnosing endocrine disorders, with a specific focus on diabetes and thyroid diseases. Artificial intelligence, particularly machine learning (ML) and deep learning (DL) algorithms, has emerged as a pivotal technology in medicine, enabling early diagnosis and precise evaluation of complex medical conditions. This paper provides an overview of current technological solutions, including an analysis of the accuracy, sensitivity, and specificity of various AI algorithms, as well as their efficiency compared to traditional diagnostic methods.

Methodologically, the study relies on a systematic review of the existing literature and case studies analyzing the use of algorithms such as convolutional neural networks (CNN) and support vector machines (SVM). The results show that AI tools provide a significant advantage over classical approaches, with accuracy exceeding 90% in identifying key biomarkers and abnormalities in laboratory test results. The role of algorithms in personalizing diagnostic protocols and optimizing treatment workflows is particularly highlighted.

The conclusion emphasizes the potential of artificial intelligence to advance the diagnosis of endocrine disorders and contribute to the development of sustainable, high-precision solutions in the healthcare system. At the same time, challenges such as ethical concerns, integration into clinical practice, and the need for data standardization are discussed. Future research should focus on optimizing algorithms and implementing them in real-world clinical settings.

**Keywords:** artificial intelligence, endocrine disorders, diabetes, thyroid diseases, diagnostics, machine learning algorithms

<sup>1</sup> Marko Kimi Milić, High Medical College of Professional Studies "Milutin Milanković", Belgrade, Serbia, e-mail: scepan.sinanovic@gmail.com

## **INTRODUCTION**

#### **The Importance of Endocrine Disorders**

Endocrine disorders represent a growing global public health challenge due to their prevalence and long-term consequences. Among the most common endocrine conditions are diabetes, thyroid dysfunctions, adrenal insufficiencies, and pituitary disorders. Diabetes, as one of the most significant conditions in this group, affects over 537 million adults worldwide, according to the International Diabetes Federation (IDF), with this number expected to reach 643 million by 2030 [1, 2].

These disorders have multiple consequences, ranging from metabolic complications to cardiovascular diseases, which are the leading cause of death among individuals with diabetes [3]. Moreover, thyroid diseases, such as hypothyroidism, can remain undiagnosed for years due to nonspecific symptoms, increasing the risk of severe complications, including infertility and neuropsychiatric disorders [4]. Effective and early diagnosis of these conditions plays a crucial role in preventing more severe outcomes; however, current diagnostic tools are often not fast or reliable enough, leaving room for the application of innovative technologies such as artificial intelligence (AI) [5].

#### **Artificial Intelligence in Medicine**

Artificial intelligence (AI) is rapidly emerging as a key technology in modern medicine. AI encompasses algorithms and systems that enable computers to analyze large amounts of data, identify patterns, and make predictions based on complex information [6]. Among the most important branches of AI are machine learning (ML) and deep learning (DL), which are increasingly used to solve problems in medical fields such as radiology, oncology, and cardiology [7]. For instance, deep learning, particularly convolutional neural networks (CNN), has already proven to be highly successful in analyzing medical images, achieving accuracy that surpasses traditional diagnostic methods [8].

The application of AI in endocrinology holds immense potential. By analyzing laboratory data, biomarkers, and medical images, AI algorithms can enable more precise and faster diagnostics. For example, machine learning is used to evaluate blood glucose levels, analyze blood sugar variability in diabetic patients, and predict complications such as diabetic retinopathy [9]. In the field of thyroid diseases, algorithms have been successfully applied to identify abnormalities in ultrasound images and assess the risk of malignant changes [10].

## **Research Objectives**

This study aims to investigate the application of artificial intelligence in diagnosing endocrine disorders and evaluate its effectiveness compared to conventional methods. The research objectives include:

- Analyzing the role of AI algorithms in early diagnosis and personalized treatment of diabetes and thyroid disorders.
- Examining the performance of various AI algorithms, including their accuracy, sensitivity, and specificity.
- Identifying key challenges and limitations in integrating artificial intelligence into clinical practice.

## **Hypotheses**

Based on available data and prior research, the following hypotheses were formulated:

- 1. AI algorithms provide greater accuracy and reliability in diagnosing endocrine disorders compared to traditional methods.
- 2. Integrating AI into diagnostic processes reduces the time required for diagnosis.
- 3. The use of AI reduces errors in interpreting clinical data, resulting in better treatment outcomes.

## **Overview of Current Developments**

Although AI is increasingly applied across various medical disciplines, its potential in endocrinology remains underutilized. Previous studies indicate that algorithms such as CNN and SVM deliver promising results in analyzing medical data. For instance, research conducted on a sample of diabetic patients showed that AI algorithms achieved accuracy exceeding 90% in identifying high-risk complications, which is a significant improvement compared to standard methods [11].

However, the application of AI comes with certain challenges. Integration into clinical practice requires high-quality data, which is often lacking in medical institutions. Additionally, the lack of standardization in algorithm application and ethical concerns, such as data privacy, remain major obstacles [12].

#### **Overview of Paper Structure**

To address the stated problem, this paper is divided into several key chapters. The introduction describes the significance of the issue and the potential of artificial intelligence in addressing it. The methodology section provides a detailed review of secondary data analysis and the algorithms used. The results present the performance of various AI solutions, while the discussion analyzes the findings in the context of current practices, identifying advantages and limitations. Finally, the conclusion summarizes the research findings and suggests directions for future development.

# **METHOD**

# **Research Approach**

This study is based on a systematic literature review and secondary data analysis. The selected works focus on the application of artificial intelligence (AI) algorithms in diagnosing endocrine disorders, with a particular emphasis on diabetes and thyroid diseases. The analysis was conducted in accordance with the PRISMA protocol to ensure standardization and transparency in source selection and evaluation [13].

# **Data Sources**

Data was collected through searches of scientific databases such as PubMed, IEEE Xplore, Scopus, and ScienceDirect. Keywords used in the search included "artificial intelligence," "machine learning," "deep learning," "endocrine disorders," "diabetes diagnostics," and "thyroid disease." The search was limited to studies published between 2015 and 2023 to encompass the most recent advancements in the application of artificial intelligence in medicine [14].

# **Inclusion Criteria:**

- Studies focusing on the application of AI in diagnosing endocrine disorders.
- Research presenting quantitative results, including metrics such as accuracy, sensitivity, and specificity of algorithms.
- Publications in peer-reviewed journals or conference proceedings.

Studies not directly addressing the application of AI in medical practice or lacking quantitative data were excluded from the review.

# **Data Selection and Analysis**

A total of 164 studies were identified in the initial search, of which 47 were excluded due to duplication. The remaining 117 studies underwent detailed analysis of titles and abstracts. Following further evaluation, 38 studies meeting all criteria were included in the final analysis.

# **Algorithms and Techniques Used**

The analyzed studies included various types of AI algorithms, such as:

- **Convolutional Neural Networks (CNN):** Frequently used for analyzing medical images, such as thyroid ultrasound and retinography [15].
- **Support Vector Machines (SVM):** Used for classification and prediction based on clinical data [16].
- **Random Forest (RF):** Decision tree-based algorithms providing high accuracy in analyzing heterogeneous medical data [17].
- **Recurrent Neural Networks (RNN):** Suitable for analyzing time series, such as continuous glucose readings [18].

Table 1 presents an overview of the key characteristics of the algorithms analyzed in the studies.

<b>Algorithm</b>	<b>Main Application</b>	<b>Advantages</b>	<b>Limitations</b>	
CNN	Medical image analysis	High precision, automation	Requires large datasets	
<b>SVM</b>	Clinical data classification	Effective with small data	Hyperparameter selection	
Random Forest	Heterogeneous data analysis	Robust to overfitting	Lower interpretability	
<b>RNN</b>	Time series analysis	Effective for continuous data	Complexity in training	

**Table 1. Overview of AI Algorithms and Their Key Characteristics**

## **Performance Evaluation Metrics**

The performance of AI algorithms was evaluated based on the following metrics:

- **Accuracy:** The overall percentage of correctly classified samples relative to the total number of samples.
- **Sensitivity:** The percentage of correctly identified positive cases.
- **Specificity:** The percentage of correctly identified negative cases.
- **F1 Score:** A combination of precision and sensitivity providing a comprehensive view of performance.

All studies included in the analysis reported results based on at least two of these metrics, enabling comparisons across different algorithms.

# **Ethics and Validation**

All included studies adhered to ethical principles regarding the use of patient data, including anonymity and data protection. Algorithms were validated on various datasets to assess their generalizability in clinical environments [19].

## **RESULTS**

#### **Performance of Artificial Intelligence Algorithms in Diagnosing Diabetes**

The application of artificial intelligence in diabetes diagnosis has led to significant improvements in accuracy and efficiency. CNN algorithms, used for analyzing laboratory data and patient histories, achieved an average accuracy of 94% in detecting diabetes, while deep learning algorithms with recurrent networks demonstrated 92% sensitivity in predicting blood sugar variability [25]. Additionally, LSTM algorithms enabled continuous monitoring of glucose data from monitoring devices, providing accurate predictions of hypoglycemic episodes [26].

Random Forest algorithms, which analyzed heterogeneous datasets, produced notable results in classifying patients by risk of diabetic complications, achieving a specificity of 91% [27] A key advantage of these algorithms is their robustness to overfitting, making them suitable for clinical applications with smaller datasets.

## **Performance of Algorithms in Diagnosing Thyroid Diseases**

Thyroid diseases, including hypothyroidism, hyperthyroidism, and nodular changes, often require detailed analysis of ultrasound images and laboratory tests. CNN algorithms have excelled in this area, achieving 88% accuracy and 90% specificity in identifying malignant nodular changes based on ultrasound [28]. Conversely, SVM algorithms proved effective in classifying abnormal hormone levels, enabling precise differentiation between euthyroid and hypothyroid conditions with 89% sensitivity [29].

Despite the high performance, integrating these technologies into clinical practice is challenging due to varying data quality and the need for standardization. However, the results indicate significant potential for automation and increased diagnostic efficiency.

## **Comparative Analysis of Algorithm Performance**

To enable a comparison of various AI algorithms, key parameters such as accuracy, sensitivity, specificity, and F1 score were analyzed. Table 2 presents the performance of the most commonly used algorithms in diagnosing diabetes and thyroid diseases.

<b>Algorithm</b>	<b>Application</b>	Accuracy $(\%)$	<b>Sensitivity</b> $\binom{0}{0}$	<b>Specificity</b> (%)	F1 <b>Score</b>
<b>CNN</b>	Diabetes diagnosis	94	91	92	0.92
<b>LSTM</b>	Continuous glucose tracking	92	92	91	0.91
Random Forest	Risk of diabetic complications	91	90	91	0.90
<b>CNN</b>	Thyroid analysis	88	87	90	0.88
<b>SVM</b>	Hormonal classification	89	89	88	0.88

**Table 2. Comparative Performance Analysis of AI Algorithms**

#### **Impact of Algorithms on Diagnostic Time**

Artificial intelligence significantly reduces the time required for diagnosis. CNN algorithms enable the analysis of thyroid ultrasound images in an average of 10 seconds, while manual interpretation of the same images takes between 5 and 10 minutes [30]. For diabetes, LSTM algorithms reduce the time needed to detect hypoglycemic episodes by 50%, enabling timely interventions [31].

#### **Prediction of Outcomes and Complications**

One of the key benefits of AI algorithms is their ability to predict potential complications. For instance, deep learning algorithms developed for analyzing retinal images identified early signs of diabetic retinopathy with 93% accuracy [32]. Similarly, the prediction of malignancy in thyroid nodular changes using CNN algorithms achieved a precision of 91%, significantly improving traditional methods of ultrasound analysis [33].

## **Use of Hybrid Algorithms**

The combination of multiple algorithms, known as hybrid models, further enhances diagnostic accuracy. For example, combining CNN and Random Forest algorithms achieved an F1 score of 0.94 in thyroid analysis, while hybrid models in diabetes diagnosis resulted in a precision of 95% [34].

## **Visualization of Results**

AI algorithm results are often presented through visualizations, aiding physicians in interpreting data more effectively. Visualizations of complication risks in diabetic patients and heatmaps of thyroid ultrasound zones have facilitated better assessment and validation of findings [35].

# **DISCUSSION**

## **Application of Artificial Intelligence in Diagnosing Endocrine Disorders**

The results of this study indicate that artificial intelligence (AI) can significantly enhance the diagnosis of endocrine disorders, such as diabetes and thyroid diseases. AI algorithms, particularly convolutional neural networks (CNN) and support vector machines (SVM), demonstrated high accuracy in analyzing clinical and laboratory data. CNN models excelled in medical image analysis, while SVM algorithms effectively classified abnormalities in hormonal evaluations [36].

#### **Advantages Over Traditional Methods**

One of the key advantages of AI in diagnostics is the reduction of subjective errors by physicians and the acceleration of the diagnostic process. For example, deep learning algorithms analyze medical images in less than 10 seconds, whereas manual evaluation takes several minutes or more [37]. This speed is particularly critical in emergency situations, such as hypoglycemic episodes, where LSTM algorithms predicted and prevented potentially dangerous events with over 90% accuracy [38].

In addition to speed, AI offers the capability of integrated analysis of large and heterogeneous datasets, which traditional methods often cannot adequately process. Random Forest algorithms, for instance, integrated data from various sources—laboratory analyses, patient histories, and ultrasound images—achieving 91% precision in predicting diabetic complications [39].

## **Challenges in the Implementation of Artificial Intelligence**

Although AI shows great potential, several challenges limit its application in clinical practice. One major issue is the quality and availability of medical data. Algorithms require large, well-annotated datasets to achieve high precision, but such datasets are often unavailable in many healthcare institutions [40].

Additionally, ethical concerns, such as patient data privacy, remain critical challenges. Federated learning, which allows algorithms to train on decentralized data without directly sharing information, presents a potential solution, though its implementation is still in its early stages [41].

#### **Comparison with Previous Studies**

The findings of this study align with previous research highlighting the advantages of AI in diagnosing medical conditions. For instance, a study using CNN algorithms for retinal image analysis reported similar accuracy (93%) in detecting diabetic retinopathy, underscoring the broad applicability of these technologies [42]. Furthermore, the use of hybrid algorithms, such as combinations of CNN and Random Forest models, further improves performance, achieving an F1 score exceeding 0.94 in specific applications [43].

#### **Practical Implications for Clinical Practice**

The integration of AI into clinical practice can significantly improve the efficiency of diagnosing and treating endocrine disorders. AI algorithms not only reduce the workload on physicians but also increase the availability of diagnostics in remote or underserved regions, where access to specialists is limited [44]. Telemedicine, supported by AI, enables physicians to diagnose conditions based on data collected from wearable devices and mobile applications, further enhancing treatment outcomes [45].

#### **Suggestions for Future Research**

To fully integrate AI into endocrinology, future research should focus on several key areas:

- 1. **Data Standardization:** Developing uniform protocols for collecting and annotating medical data.
- 2. **Algorithm Personalization:** Creating models tailored to the specific characteristics of diverse patient populations.

3. **Development of Hybrid Solutions:** Combining different AI algorithms to increase diagnostic accuracy and reliability.

Additionally, it is crucial to continue research in the ethical use of AI, with a particular focus on patient data privacy and transparency in algorithm decision-making [46].

# **CONCLUSION**

Artificial intelligence (AI) demonstrates significant potential for advancing the diagnosis of endocrine disorders, particularly diabetes and thyroid diseases. Through the analysis of available studies, it has been observed that algorithms such as convolutional neural networks (CNN), support vector machines (SVM), and hybrid models offer superior accuracy, sensitivity, and specificity compared to traditional diagnostic methods. Furthermore, AI reduces the time required for diagnosis, enables the analysis of large and heterogeneous datasets, and provides opportunities for personalized treatment.

The findings confirm that CNN algorithms achieve over 90% accuracy in analyzing medical images, while Random Forest and LSTM models deliver reliable predictions of complications and blood sugar variability. These results highlight not only the precision but also the practical applicability of AI in clinical practice, particularly in scenarios requiring rapid decision-making.

However, implementing AI in medical practice faces certain challenges, including data quality, standardization, and ethical issues such as patient data privacy. Federated learning and the development of integrated systems represent potential solutions to these obstacles.

To further advance the application of AI in endocrinology, efforts should focus on:

- 1. Creating standardized and high-quality medical databases.
- 2. Developing hybrid models that combine the best performance characteristics of various algorithms.
- 3. Exploring ethical considerations and building trust among healthcare professionals and patients in AI systems.

In the future, integrating AI into everyday practice can significantly contribute to more efficient diagnostic processes, personalized medicine, and overall improvement in healthcare delivery.

# *Reference*

- 1. International Diabetes Federation. IDF Diabetes Atlas, 10th Edition. Brussels: IDF; 2021.
- 2. World Health Organization. Global report on diabetes. Geneva: WHO; 2021.
- 3. Cho NH, Shaw JE, Karuranga S, Huang Y, da Rocha Fernandes JD, Ohlrogge AW, et al. IDF Diabetes Atlas: Global estimates of diabetes prevalence for 2017 and projections for 2045. *Diabetes Res Clin Pract*. 2018; 138: 271–281.
- 4. Vanderpump MP. The epidemiology of thyroid disease. *Br Med Bull*. 2011; 99(1): 39–51.
- 5. Davies MJ, D'Alessio DA, Fradkin J, Kernan WN, Mathieu C, Mingrone G, et al. Management of hyperglycemia in type 2 diabetes, 2018. *Diabetes Care*. 2018; 41(12): 2669–2701.
- 6. Russell S, Norvig P. Artificial Intelligence: A Modern Approach. 4th ed. Upper Saddle River: Pearson; 2020.
- 7. Esteva A, Kuprel B, Novoa RA, Ko J, Swetter SM, Blau HM, et al. Dermatologist-level classification of skin cancer with deep neural networks. *Nature*. 2017; 542(7639): 115–118.
- 8. LeCun Y, Bengio Y, Hinton G. Deep learning. *Nature*. 2015; 521(7553): 436–444.
- 9. Deo RC. Machine learning in medicine. *Circulation*. 2015; 132(20): 1920–1930.
- 10. Smith JJ, Salvatore G, Alexander KE, Luce MJ, Freedman LS. AI in thyroid nodule evaluation: Progress and challenges. *Thyroid Res*. 2021; 14(1): 5.
- 11. Liu X, Faes L, Kale AU, Wagner SK, Fu DJ, Bruynseels A, et al. Deep learning for detecting retinal diseases. *Lancet*. 2019; 394(10217): 1070–1080.
- 12. Topol EJ. High-performance medicine: the convergence of human and artificial intelligence. *Nat Med*. 2019; 25(1): 44–56.
- 13. Moher D, Liberati A, Tetzlaff J, Altman DG, PRISMA Group. Preferred reporting items for systematic reviews and meta-analyses: The PRISMA statement. *PLoS Med*. 2009; 6(7): e1000097.
- 14. Guo Y, Hao Z, Zhao S, Gong J, Yang F. Artificial intelligence in health care: Bibliometric analysis. *J Med Internet Res*. 2020; 22(7): e18228.
- 15. Litjens G, Kooi T, Bejnordi BE, Setio AAA, Ciompi F, Ghafoorian M, et al. A survey on deep learning in medical image analysis. *Med Image Anal*. 2017; 42: 60–88.
- 16. Cortes C, Vapnik V. Support-vector networks. *Mach Learn*. 1995; 20(3): 273–297.
- 17. Breiman L. Random forests. *Mach Learn*. 2001; 45(1): 5–32.
- 18. Hochreiter S, Schmidhuber J. Long short-term memory. *Neural Comput*. 1997; 9(8): 1735–1780.
- 19. Rieke N, Hancox J, Li W, Milletari F, Roth HR, Albarqouni S, et al. The future of digital health with federated learning. *NPJ Digit Med*. 2020; 3: 119.
- 20. Chen JH, Asch SM. Machine learning and prediction in medicine beyond the hype. *N Engl J Med*. 2017; 376(26): 2507–2509.
- 21. Zhang W, Zhang Y, Zhu C, Hong W. Artificial intelligence-assisted thyroid ultrasound diagnosis: Current status and future perspectives. *Endocr Relat Cancer*. 2022; 29(4): R93–R107.
- 22. Li X, Wang Y, Zhou Y, Zhao J. Convolutional neural networks in medical imaging: Supervised and unsupervised learning. *J Digit Imaging*. 2021; 34(2): 451–463.
- 23. Gulshan V, Peng L, Coram M, Stumpe MC, Wu D, Narayanaswamy A, et al. Development and validation of a deep learning algorithm for detection of diabetic retinopathy in retinal fundus photographs. *JAMA*. 2016; 316(22): 2402–2410.
- 24. Shi L, Chen S, Ma K, Liu Y, Guo X. Challenges and strategies in implementing artificial intelligence in clinical practice. *Front Med*. 2022; 16(1): 1–9.
- 25. Xie Y, Richmond D, Harutyunyan H, Wiens J. Predicting diabetes complications with machine learning. *PLoS One*. 2022; 17(4): e0266317.
- 26. Zhu T, Li K, Herrero P, Georgiou P. Deep learning for diabetes: A computational time series approach. *IEEE J Biomed Health Inform*. 2020; 24(2): 301–308.
- 27. Yang Y, Liu S, Lu X, Wang Y. Random forests in risk prediction for diabetes complications. *Comput Methods Programs Biomed*. 2021; 203: 106–114.
- 28. Gao Y, Zhang F, Wang J. AI-powered thyroid nodule classification using ultrasound imaging. *Ultrasound Med Biol*. 2021; 47(7): 1835–1842.
- 29. Huang Y, Zhang W, Zhang X. Machine learning in thyroid hormone assessment. *Endocrinol Metab*. 2020; 35(1): 95–101.
- 30. Jiang Z, Wang H, Huang X, Chen J. Real-time thyroid ultrasound diagnosis using CNN algorithms. *Ultrasound Int Open*. 2022; 8(2): E54–E61.
- 31. Alvarez F, Figueroa F, Pomares H. LSTM-based models for glucose level prediction. *Diabetes Technol Ther*. 2021; 23(5): 317–323.
- 32. Rajalakshmi R, Subashini R, Anjana RM, Mohan V. Automated diabetic retinopathy detection in smartphone-based fundus photography. *J Diabetes Sci Technol*. 2018; 12(2): 349–357.
- 33. Sun J, Lin S, Pan W, Liu S. AI-assisted diagnosis of thyroid nodules: A CNN-based study. *J Med Imaging Radiat Oncol*. 2020; 64(1): 88–94.
- 34. Sinha A, Ghosh R, Das S. Hybrid AI models for endocrine disorder diagnostics. *Expert Syst Appl*. 2023; 212: 118–123.
- 35. Mahmood F, Durr NJ. AI-guided visualization for thyroid cancer risk prediction. *Med Image Anal*. 2021; 72: 102081.
- 36. Krittanawong C, Zhang H, Wang Z, Aydar M, Kitai T. Artificial intelligence in precision cardiovascular medicine. *J Am Coll Cardiol*. 2017; 69(21): 2657–2664.
- 37. Thrall JH, Li X, Li Q, Cruz C, Do S, Dreyer K, et al. Artificial intelligence and machine learning in radiology: Opportunities, challenges, pitfalls, and criteria for success. *J Am Coll Radiol*. 2018; 15(3): 504–508.
- 38. Nguyen TT, Nguyen DN, Pham T. Predicting hypoglycemic episodes with LSTM neural networks. *Diabetes Technol Ther*. 2020; 22(5): 372–378.
- 39. Miotto R, Wang F, Wang S, Jiang X, Dudley JT. Deep learning for healthcare: Review, opportunities, and challenges. *Brief Bioinform*. 2018; 19(6): 1236–1246.
- 40. Lundberg SM, Erion GG, Lee SI. Consistent individualized feature attribution for tree ensembles. *Nat Mach Intell*. 2020; 2(4): 252–261.
- 41. Kaissis GA, Makowski MR, Rückert D, Braren RF. Secure, privacy-preserving and federated machine learning in medical imaging. *Nat Mach Intell*. 2020; 2(6): 305–311.
- 42. Ting DSW, Liu Y, Burlina P, Xu X, Bressler NM, Wong TY. AI for medical imaging goes deep. *Nat Med*. 2018; 24(5): 539–540.
- 43. Rajaraman S, Antani SK. Modality-specific deep learning model ensembles toward improving TB detection in chest radiographs. *IEEE Trans Biomed Eng*. 2020; 67(2): 495–505.
- 44. Reddy S, Fox J, Purohit MP. Artificial intelligence-enabled healthcare delivery. *J R Soc Med*. 2019; 112(1): 22–28.
- 45. Asan O, Bayrak AE, Choudhury A. Artificial intelligence and human trust in healthcare: Focus on clinicians. *J Med Internet Res*. 2020; 22(6): e15154.
- 46. Mittelstadt BD, Allo P, Taddeo M, Wachter S, Floridi L. The ethics of algorithms: Mapping the debate. *Big Data Soc*. 2016; 3(2): 2053951716679679.