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A literature review on artificial intelligence and healthcare management

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Abstract: The purpose of artificial intelligence (AI) is to create an algorithm that functions autonomously to find the solutions to questions. However, the results that AI makes can lead to social biases and other selectivity issues. The social biases include negative statements to ethnic minority groups, gender biases, and cultural biases. Due to this reason, there is a research gap of AI and healthcare management such as AI biases and human-AI interaction. Thus, the goal of this literature review is to comprehensively examine the interaction of AI and users (patients who are in their mid or late-thirties, White, and live in the USA) specifically in the clinical healthcare environment to further enhance the usability of patients and AI.

Keywords: artificial intelligence; healthcare management; literature review; social bias; gender bias; cultural bias.

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1 Introduction

The integration of artificial intelligence (AI) into healthcare presents both unprecedented opportunities and complex challenges. As AI technologies become increasingly sophisticated, their potential to revolutionise disease prediction, diagnosis, and treatment is evident. However, the successful implementation of AI in clinical settings hinges on a crucial factor: the incorporation of patient perspectives. Understanding how patients perceive AI, what concerns they harbour, and what values they prioritise is essential for ensuring ethical, effective, and equitable AI integration. This literature review explores the multifaceted ways in which patient perspectives can inform the development and implementation of AI in healthcare, addressing key themes such as patient attitudes, ethical considerations, and potential limitations. By synthesising current research, this review aims to provide insights into how healthcare systems can harness AI's potential while maintaining patient-centred care.

2 Methodology

The university library's catalogue was the main search engine for retrieving sources. These sources were connected through databases such as DOAJ Directory, PubMed central, and much more. Table 1 represents the keywords that were used and the results.

Table 1 A search log for this study

<i>Study</i>	<i>Keywords</i>	<i>Results</i>
Themes (2024)	Artificial intelligence AND interaction	No results probably because applied the filter of IEEE Xplore in the database section
Aduş et al. (2023)	Artificial intelligence AND interaction	Applied 'peer-reviewed articles' → still a bit broad of a search and should narrow
Amann et al. (2020)	Artificial intelligence AND interaction AND healthcare	Applied 'peer-reviewed articles'
Antes et al. (2021)	ChatGPT AND interaction AND healthcare	Applied 'peer-reviewed articles' *Compared to number of results, ChatGPT is kind of narrow
Beets et al. (2023)	Artificial intelligence AND interaction OR experience AND healthcare	Applied 'peer-reviewed articles'
Eboigbe and Srinivasan (in press)	Artificial intelligence AND interaction AND cultural differences AND healthcare	Applied 'peer-reviewed articles'
Esmailzadeh et al. (2021)	Emotional artificial intelligence AND experience AND cultural	Applied 'peer-reviewed articles'

Table 1 A search log for this study (continued)

<i>Study</i>	<i>Keywords</i>	<i>Results</i>
Moy et al. (2024)	Artificial intelligence AND communication AND attitudes AND healthcare	Applied ‘peer-reviewed articles’ (a narrowed search result)
Richardson et al. (2022)	Artificial intelligence AND interaction OR usability AND perceptions OR attitudes AND healthcare	Applied ‘peer-reviewed articles’ but barely had any results related to my topic
Robertson et al. (2023)	Artificial intelligence in clinical applications AND interaction AND behaviours OR perceptions OR attitudes AND healthcare	Applied ‘peer-reviewed articles’ and results seem like they are from neuroscience?
Saurbrei et al. (2023)	Artificial intelligence in healthcare AND trust AND behaviours OR perceived attitudes	Applied ‘peer-reviewed articles’ and results are decent but not tailored to my needs
Witkowski et al. (2024)	Artificial intelligence in healthcare AND patients’ experience OR user experience OR approaches AND behaviours OR beliefs	Applied ‘peer-reviewed articles’ and results are better than the previous search
Young et al. (2021)	Artificial intelligence in healthcare AND patients’ experience OR approaches AND behaviours OR beliefs AND perceived attitudes	Applied ‘peer-reviewed articles’ and results are better than the previous search; to be honest, I am very satisfied with this search results

3 Important features to consider in using AI

Some of the important features to consider while using AI is to be informed about the potential benefits and risks of using them. While some may could say that benefits are the advantages and the risks are the disadvantages, it is not as simple as we think it is to define and assign benefits and risks in clinical healthcare. The common perceived benefits that most researchers claim about the use of AI in healthcare are predicting disease, making prognoses, and treating the patients (Beets et al., 2023; Esmaeilzadeh et al., 2021; Young et al., 2021). But, according to Beets et al. (2023) and Esmaeilzadeh et al. (2021), they provide more information regarding the formulation of benefits and risks by stating how the lack of systematic understanding the risks and benefits that AI technology in healthcare poses could pose a risk of providing the correct answers to the wrong questions in the healthcare community. Since both Beets et al. (2023) and Esmaeilzadeh et al. (2021) side with how patients’ opinions are the driving force of formulating benefits and risks, this also justifies why Esmaeilzadeh et al. (2021) decided to focus on utilitarian aspects of the perceived benefits rather the motivational factors.

Even though Esmaeilzadeh et al. (2021) did not focus on the motivational factors, their research and much of the other researchers’ findings in the literature showed a trend that emotion and psychology were the noticeable features of forming benefits and risks. Feelings, not pure facts, were shown to be common themes across the literature. For example, Antes et al. (2021) used a factor analysis to present of the two underlying response patterns reflecting a general extent of concern and perceived benefit. It appeared

that participants responded to the benefit/concern (i.e., positive/negative) framing of the items, not necessarily to the content of the topic discussed, but rather how the question was framed. In other words, the emotional trigger and not the pure content were the causes of formulating their attitudes of benefits and risks. In fact, Esmaeilzadeh et al. (2021) and Richardson et al. (2022) claim that rationale is not what patients use as their decision-making, but rather it is their anecdotal experiences. Only Richardson et al. (2022) did a focus group study of their design and is still justified how patients' overall opinions about using AI in healthcare are formed by experiences and backgrounds, which finalises to attitudes. The critical factors that influence the choice of using AI makes it very personal from person to person.

Lastly, if using AI is personal for each individual, the importance of trust and familiarity is another feature to consider. Trust and reliability seemed to be also a leading factor in Richardson et al.'s study. In addition, Saurbrei et al. (2023)'s study also highlighted that one way to know whether or not patients demonstrate their trust in AI is by indicating at their reliability. Saurbrei et al. (2023)'s study is an important study to be considered here because they focus on the doctor-patient relationship. Young et al. (2021) even presents how comfort levels also have an influence and impact on the use of AI. Overall, much of the researchers claim how increased familiarity and demonstrating reliability can foster greater trust.

Based off of these findings of what the important features of using AI in healthcare, more researchers are now finding what and how the viewpoints of using AI in healthcare tell us. Even if there is a lack of consensus based on findings due to formulating opinions of diverse groups of individuals, those opinions and viewpoints should not be disregarded in this field.

4 Patient viewpoints of using AI in healthcare

As the shape of attitudes is formed uniquely for each individual, the first concern that is present according to researchers' study is the lack of transparency and explainability. Another word for explainability is interpretability of AI decision-making processes. Young et al. (2021) proves that the findings of the literature show how the patients are concerned about not having their values considered. In addition, as Saurbrei et al. (2023) focuses on the doctor-patient relationship, they stress how if not used for this purpose, then it can reduce the accountability which relates to explainability. Within accountability, Saurbrei et al. also states how empathy is a crucial viewpoint and component for patients. Their findings conveyed how patients value empathy in the doctor-patient relationship that using AI can free up doctors' loads and have more time to connect with patients. However, if doctors have more time to spend talking to patients, but if they are unable to provide the necessary explanations about certain treatment decisions/prognoses and/or diagnoses suggested by the AI, the benefits of extra time may be limited. The lack of clear explanations and AI decisions can lead to ethical and legal dilemmas too. Explainability is also important because it determines whether the perceived benefits of using AI tools will be beneficial to patients. In fact, Esmaeilzadeh et al.'s study, their findings present how the perceived risks – feelings of uncertainty about healthcare outcomes, rather than AI-specific technical flaws – can cause the concerns of lack of transparency. Beets et al. (2023) also convey how Americans express

a desire for transparency in the management of AI disease-diagnosis technology. This highlights the crucial factor of being open and transparent within the field of healthcare AI. But whether explainability should be reduced or maximised is still a question among researchers according to Saurbrei et al. (2023) as there is a lack of consensus.

Another dimension of trust is patient autonomy and control over their healthcare decisions. Research suggests that patients are more comfortable with AI when they feel it serves as a decision-support tool rather than a replacement for human judgement (Saurbrei et al., 2023). Trust also depends on the system's consistency and accuracy over time – patients need reassurance that AI will perform reliably across different medical scenarios and patient populations (Beets et al., 2023). In cases where AI fails to meet expectations or introduces biases that disproportionately affect certain demographics, patient skepticism increases, further hindering adoption (Young et al., 2021). Amann et al.'s (2020) study does align with Saurbrei et al.'s claim that if AI decisions are opaque, they can undermine patient autonomy, making shared decision-making difficult. This also proved in Beets et al.'s study and Richardson et al.'s findings also justified how the value of controlling patients' own data is a need for the patients. Even though Saurbrei et al. (2023) agrees with how patients want more autonomy, their findings suggest that the emerging literature is divided on whether AI will enhance the doctor-patient relationship by encouraging shared decision-making through increased patient autonomy or create a new form of paternalism by hindering value-plurality. To build trust, AI in healthcare must prioritise clear communication, transparency, and fairness in decision-making. AI models should be designed with explainability features that allow patients to understand the rationale behind their recommendations. Additionally, healthcare providers should play a crucial role in mediating AI interactions, ensuring that AI-generated insights complement rather than replace human expertise. By addressing these factors, AI developers can foster a patient-centred approach that improves confidence in AI's role in clinical healthcare.

5 Future implementation and addressing the barriers

To ensure successful and patient-centred AI integration, several practical considerations must be addressed, with a strong emphasis on incorporating diverse perspectives. AI in healthcare should not be designed solely from a technological or medical standpoint but should integrate patient values and preferences, recognising that these values vary across different demographic and experiential backgrounds. Regulations and development strategies must address patient concerns about AI's role, potential risks, and impact on healthcare equity, with a focus on how these concerns may differ among diverse patient groups.

A critical aspect of practical implementation is acknowledging and accounting for the diversity of patient perspectives. Patient perceptions of AI in healthcare are highly variable, influenced by factors such as age, gender, employment, personality, and cultural background. This diversity underscores the need for inclusive and representative approaches in gathering patient input to inform AI development. Understanding how different groups perceive the benefits and risks of AI, and tailoring implementation strategies accordingly, is essential for equitable adoption.

Limitations in gathering patient input, such as the risk of dominant voices overpowering minority opinions in focus groups, need to be carefully managed to ensure

diverse perspectives are accurately represented. Strategies to mitigate this include employing facilitation techniques that encourage participation from all members and using a variety of data collection methods to capture a broad range of viewpoints. Ultimately, the practical implementation of AI in healthcare depends on a holistic approach that prioritises patient perspectives, promotes transparency and autonomy, and addresses ethical concerns, while also ensuring that the unique needs and concerns of diverse patient populations are fully considered.

6 Discussion

To better understand the current landscape of patient perspectives on AI in healthcare, a thematic synthesis of recent literature was conducted. This approach allowed for the identification of recurring patterns, concerns, and values expressed across diverse studies. By organising these insights into key thematic categories, the review provides a structured overview of how patients perceive, interact with, and respond to AI technologies in clinical contexts. Table 2 summarises these findings across multiple sources.

The tabular synthesis of the literature reveals that patients' perceptions of AI in healthcare are shaped by a constellation of factors, including trust, familiarity, diversity, and autonomy. Trust emerged as a foundational component of AI acceptance, often outweighing traditional socio-demographic predictors. Emotional responses and personal experiences – not purely rational assessments – were shown to heavily influence attitudes toward AI, echoing findings from recent work on affective computing and patient-centred design. Additionally, the importance of including diverse voices, particularly from historically marginalised populations, aligns with broader critiques in the literature regarding algorithmic bias and health equity. While patients recognised potential benefits in diagnostics and treatment optimisation, concerns about explainability, legal accountability, and the erosion of autonomy indicate persistent structural and ethical barriers. These findings suggest that successful integration of AI requires not only technological refinement but also robust participatory frameworks that prioritise patient values and transparent communication. Future research should build on this groundwork by empirically testing AI applications in clinical contexts, with special attention to personalisation, inclusivity, and regulatory adaptation.

While it would enhance the scope of this study to include an examination of the practical application of AI innovations in healthcare, the main objective was to synthesise existing literature that explores how patients' perceptions shape and inform the implementation of AI within healthcare systems. This study deliberately adopted a conceptual and theoretical lens, aiming to provide foundational insights into the attitudinal and perceptual factors that may influence the successful integration of AI technologies in clinical contexts. A significant limitation of this approach, however, is the exclusion of detailed analysis regarding specific use cases or implementation strategies. Figure 1 that justifies this study's overall reason to represent the topic's case in a visual.

Table 2 A tabular representation of the themes gathered from each source

Themes (2024)	Adus et al. (2023)	Amann et al. (2020)	Antes et al. (2021)	Beets et al. (2023)	Ehoigbe and Srinivasan (in press)	Esmailzadeh et al. (2021)	Moy et al. (2024)	Richardson et al. (2022)	Robertson et al. (2023)	Saureb et al. (2023)	Witkowski et al. (2024)	Young et al. (2021)
How Human factors contribute to AI adoption	Patients' literacy in using AI in healthcare should be taught in clinical settings		Results show that in correlation analyses and regression analyses, the importance of trust and faith were associated with openness greatly and proved that other variables (socio-demographics, personality, etc.) did not have an influence to openness			According to results, age, race, education, employment, and household income had no significant differences on personal innovativeness	Education in AI according to patients considered as lesser value to them					
Importance of diversity	The inclusion of the voices of patients experiencing marginalisation may serve as a method to combat the well-known implications that AI may have in worsening health inequities in healthcare, specifically with respect to a lack of represented in the data, and a lack of prioritisation of anti-oppressive practices by AI researchers and developers		The study highlights that perceptions of AI differ based on factors like age, gender, employment, and personality traits.	Perceptions such as perceived applications, benefits, and risks differ from background to background	Highlights the importance of creating a diverse vitamin supplementation approach (related to diabetes and depression) in order to minimise health disparities in health in high-risk groups.		Building a policy that provides standardised guidelines, best practices, and boundaries on the use of AI in healthcare that could potentially help many people	To know what and how patients' attitudes and beliefs in healthcare AI, the authors did a focus group (studying from different socio-demographics)	Stresses the importance of including diverse and inclusive backgrounds	Other scholars have noted AI's potential to inappropriately 'nudge' participants to a specific behaviour, even acknowledging potential paternalistic uses of this technology towards minority populations	Notes how diverse and inclusive responses to AI are needed to be 'accurate'	
Barriers/ limitations	Unclear AI decision-making could lead to ethical and legal dilemmas, such as liability concerns when AI makes incorrect recommendations	Even though personality may be a predictor, authors claim that if personality traits are involved in perceptions and acceptance in new AI-enabled healthcare technologies, this fact might be somewhat challenging to address given personality tends to be fixed in adulthood; could be seen as a barrier to overcome					The perspectives in government, healthcare organisations, and information technology found concerns to be centred around barriers within the legal or regulatory landscape	Another barrier to overcome is that even though focus groups did enable important cross-demographic dialogue, they could pose the risk of overpowering dominant voices minority voices or pushing the group to artificial consensus.	To secure the benefits of AI in clinical practice, future research on best methods of physician incorporation and patient decision making is required because there seems to be a lack of consensus of what patients preference is to receive diagnosis from.	There seems to be a clear division of whether or not explainability should be fully clear to patients		

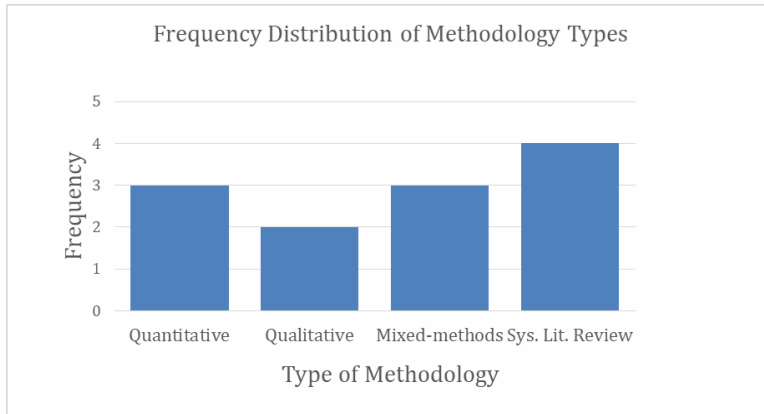
Table 2 A tabular representation of the themes gathered from each source (continued)

Themes (2024)	Adus et al. (2023)	Amann et al. (2020)	Antes et al. (2021)	Beets et al. (2023)	Ebongbe and Srinivasan (in press)	Esmailiadeh et al. (2020)	Moy et al. (2024)	Richardson et al. (2022)	Robertson et al. (2023)	Saubhrai et al. (2023)	Wilowski et al. (2024)	Young et al. (2021)
Shape of attitudes	Patient participants described the importance of concordance of researcher and patient values as it concerns patient engagement research, specifically with respect to transparency and trust as being important features of meaningful patient engagement.	AI should not be designed solely from a technological or medical standpoint; patient values need to be considered	Factor analysis revealed two underlying response patterns reflecting a general extent of concern and perceived benefit. It appears that participants responded to the benefit/concern (i.e., positive/negative) framing of the items, not equally to the content of the topic discussed, but rather how the question was framed (i.e. emotional trigger)			Perceived risks – feelings of uncertainty about healthcare outcomes, rather than AI-specific technical flaws, might be shaping patient perceptions → lack of transparency and etc.; perceived benefits suggests that emotional and psychological factors influence perceptions (beliefs), not rationale	Patient participants reported more positive attitudes towards AI compared to their non-patient counterparts on the condition that trust and oversight were established	Patients' overall opinions about using AI in healthcare are formed by experiences and backgrounds, which finalises to attitudes; this makes it very personal and individual from person to person; very anecdotal, not rational	Acceptance of AI may depend on specific features of the system and how the choice is framed, and there may be differences among groups of patients	Patient perspectives tell us that empathy and compassion are crucial in doctor-patient relationship; AI has the capacity to provide this as human-designed AI systems can reduce doctors' time for developing this with patients; if not used for this purpose, then it can reduce the accountability which relates to explainability	Concerns include fears that AI would replace humans (workforce concerns), the impact of AI on healthcare costs (economic concerns), and the reliability of human-designed AI systems (about not having their values represented in technology in their own care.	AI's potential risks that these authors state are the lack of transparency and interpretability; there are many others which in summary, the patients are concerned about not having their values considered
Features of AI				Some related AI topics matter to Americans specifically in the development of healthcare: disease prediction, prognosis, and treatment		States disease prediction, prognosis, and treatment are the benefits to using AI in healthcare backed up by the literature			Even in this study where it focused on AI diagnosis across multiple ethnic groups, having the primary care provider (PCP) emphasise that he or she would explain and incorporate the AI system's advice into the ultimate treatment decision did not increase uptake of AI	The authors state the opposite – explainability determines whether or not the perceived benefits (diagnoses, prognoses, and how doctors etc.) of using AI tools will actually be explaining behind a diagnosis and beneficial to patients	AI were used within the therapeutic alliance; some scholars believe that aspects of doctor-patient relationships would suffer, particularly in how doctors explain the reasoning behind a diagnosis and recommendations	Patients state that the strength of using AI in healthcare is diagnosis due to drawing data rather than humans

Table 2 A tabular representation of the themes gathered from each source (continued)

Themes (2024)	Adus et al. (2023)	Annam et al. (2020)	Antes et al. (2021)	Beets et al. (2023)	Eboghé and Srinivasan (in press)	Esmailzadeh et al. (2020)	Moy et al. (2024)	Richardson et al. (2022)	Robertson et al. (2023)	Sastry et al. (2023)	Wilkowski et al. (2024)	Young et al. (2021)
Patient autonomy		If AI decisions are opaque, they can undermine patient autonomy, making shared decision- making difficult.		Patients hope to control and have autonomy with their data		Chronic patients show they are not willing to use AI if controlled by physicians	Restrict the role of AI as an assistant rather than a decision-maker	Results show that the value of controlling their own data is a need for the patients		Results show that patients want autonomy; also talks about shared decision-making where the AI makes the decisions but addresses potential challenges where the AI makes the decisions rather the doctor (new form of paternalism)		
Accounting differences	Participants acknowledged the importance of interdisciplinary collaboration and its potential integration in patient engagement methods by having experts answer patients' questions and provide contextual insight throughout the engagement process, while creating a balanced power dynamic between the experts and the users.	Regulations and development strategies must account for patient concerns about AI's role, potential risks, and impact on healthcare equity.		The study underscores the need for personalised public health strategies that account for ethnic differences and baseline vitamin D levels	Different perceived factors are indicators of the potential benefits and risks	To address those differences, stressed the importance of building a healthcare public policy that acquints with the boundaries on the use of AI in healthcare for equity	Even though the authors do not directly state the perceived factors, the authors clearly corroborate that patients' experiences and beliefs shapes how they perceive various aspects of AI in healthcare.		Trust levels, past experiences, and demographic factors have potential benefits and risks in how AI is incorporated and be informed of its use.			
Familiarity/ reliability									Found substantial resistance to the use of AI, what some have called 'algorithm aversion' or 'robophobia'	One way to know whether or not patients demonstrate their trust in AI is by indicating at their reliability		Comfort levels with using AI have an influence

Figure 1 The frequency of the various methodology types based on literature (see online version for colours)



Most of the methodology other researchers chose for their study was done through a systematic literature review, as shown on the chart (Figure 1). Systematic literature reviews are the most used as a methodology to convey information about what the current research says about a topic. Though systematic literature reviews serve to organise the literature, there has not yet been many consensuses in what users' perceptions present about the development of AI in healthcare. The lack of consensus in the literature also represented in Figure 3 justifies the reason why this study took a theoretical approach rather than a practical approach. In fact, Figure 1 shows that there remains a critical need for empirical research that investigates the types of behaviours, expectations, and attitudes patients exhibit when interacting with AI-based systems in medical environments. Without a comprehensive understanding of these user perceptions, it may be difficult to advance discussions about the real-world deployment of AI in healthcare, including regulatory frameworks and operational integration.

Consequently, future research should expand beyond theoretical discourse and begin incorporating case studies of AI application done in healthcare such as diagnostic decision support, predictive analytics, patient monitoring, hospital workflow automation, and much more. These investigations should be accompanied by regulatory compliance, particularly with respect to established data protection laws such as Health Insurance Portability and Accountability Act (HIPAA) in the United States and the General Data Protection Regulation (GDPR) in the European Union. Additionally, forthcoming studies would benefit from identifying specific barriers to clinical adoption, such ethical concerns and proposing mechanisms to address algorithmic bias and underrepresentation of diverse populations.

In sum, even though this study does not provide practical insights of how to implement and incorporate users' perceptions of AI in clinical healthcare, it contributes to a growing body of literature that emphasises the importance of patient-centred perspectives in shaping future trajectory of AI in healthcare. As stated, subsequent research grounded in real-world application will be essential in bridging the gap between theoretical insight and practical implementation.

7 Conclusions

Overall, incorporating patient perspectives is paramount to the successful and ethical integration of AI in healthcare. By prioritising transparency, fostering trust, and addressing patient concerns, healthcare systems can ensure that AI serves as a tool to enhance, rather than undermine, patient-centred care. The themes discussed in this review highlight the importance of understanding patient attitudes, addressing ethical considerations, and implementing practical strategies that align with patient values. As AI technologies continue to evolve, ongoing research and dialogue with patients will be essential to navigate the complex landscape and realise the full potential of AI in transforming healthcare for the better. Ultimately, the future of AI in healthcare depends on a holistic approach that places the patient at the centre, ensuring that AI enhances empathy, autonomy, and the overall quality of care.

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