

The Role of Generative AI in Transforming Healthcare Services

Aaradhyaa Partap, Umme Shafiyaa Mubeen, Nithya Chandra Mohan, Yukthi Chikkanna, and Akhila Iyengar

California State University, Long Beach, California, USA

aaradhyaa.partap01@student.csulb.edu, shafiyamubeen.umme01@student.csulb.edu,

Nithya.ChandraMohan01@student.csulb.edu, yukthi.chikkanna01@student.csulb.edu,

Akhila.MohanIyengar01@student.csulb.edu

Abstract— Doctors today are drowning in paperwork while patients wait weeks for test results. Meanwhile, the development of new drugs takes decades. We wanted to explore whether AI could address these issues. Our research examined the various AI tools currently in use in hospitals and clinics. We studied how well they work for tasks such as reading medical records, writing patient notes, and helping doctors make diagnoses. What we discovered surprised us. These AI systems are truly helping. They catch on to things on X rays and MRIs that doctors might miss. They automatically write patient visits, giving doctors hours of their day back. Drug companies are finding new treatments faster than ever before. However, a crucial aspect remains under discussed. We also found some real concerns. Patient information may be at risk. Some AI systems seem biased towards certain groups of people. The rules governing all this technology are still being written. Our conclusion is simple: AI can transform medicine, but only if we are smart about how we use it. We need better safeguards and clearer guidelines before these tools become standard everywhere.

scalability, standardized evaluation metrics, and ethical clarity, particularly in critical areas such as diagnostic support and patient communication [7].

GenAI also raises concerns about the accountability for AI generated conclusions and the trustworthiness of its results in high stakes clinical contexts. Although several studies have highlighted the potential of GenAI to streamline workflows, enhance decision making, and enable personalized care[8], there is limited documentation on strategies for its responsible governance and integration into healthcare workflows. This underscores the urgent need for a comprehensive synthesis of existing research, real world applications, and open challenges. This paper addresses this need by critically reviewing current developments, evaluating clinical effectiveness, and proposing considerations for the ethical, scalable, and secure adoption of GenAI in healthcare.

2. RELATED WORK

Wherever Times is specified, Times Roman or Times New Rom Various studies have investigated Generative AI in healthcare care, which are, however, mostly narrow or shallow. [8] described GenAI's function in creating personalized patient care plans, highlighting its theoretical potential but with a lack of empirical evidence or integration frameworks. Sharma et al.[5] discussed GenAI's effect on documentation and literature, but had no performance analysis perspective or deployment considerations.

Luo et al. [6] presented BioGPT to generate biomedical texts, which outperforms general models with higher accuracy. Its evaluation was, however, performed within controlled environments, and there was no practical clinical validation. Likewise, Chidambaram et al.[9] conducted a review of the applications of GenAI in radiology, mentioning the advantages of synthetic image generation while highlighting unaddressed concerns regarding model bias and explainability

Limited real world use of GenAI for medication safety was realized through the work of Ong et al. [4]. Researchers such as Zhang et al. and Shen et al [10]. helped in note generation and differential diagnosis but were lacking in system integration with healthcare infrastructure.

In turn, this research offers crossdomain synthesis, combines technical performance with ethical insight, and enunciates scalable approaches to practical implementation that fill the significant gaps in prior research[11].

Keywords- Predictive Modeling, ChatGPT, GenAI, LLM, GANs, Transformer Model, PaLM, VAEs, Threats, PETs

1. INTRODUCTION

Generative Artificial Intelligence (GenAI) technologies ranging from large language models such as GPT to diffusion models and GANs are rapidly reshaping various industries, with healthcare emerging as a critical application domain. These models have shown promising results in clinical documentation, medical imaging, drug discovery, patient provider interaction, and the generation of synthetic medical data. Despite this progress, integrating GenAI into healthcare systems poses significant challenges[1] Issues such as data privacy [2], model bias, explainability, ethical governance, diagnostic reliability, and the absence of clear regulatory pathways continue to hinder real world implementation [3].

The current landscape of GenAI research in healthcare is fragmented in various domains, including radiology, pharmacology, electronic health records, and telemedicine [4]. This lack of integration makes it difficult for practitioners, researchers textbackslash[5], and policymakers to assess the safe and effective use of these technologies. Moreover, while domain specific models like BioGPT[6] and MedPaLM have shown strong capabilities in biomedical text generation and question answering, their effectiveness beyond controlled environments remains uncertain. Implementations often lack

3. APPLICATION OF GEN AI IN HEALTHCARE

3.1. Appointment Scheduling

Scheduling appointments remains a crucial yet frequently ineffective aspect of healthcare management. Issues such as overbooking, missed appointments, lengthy wait times, and inadequate patient-provider communication are common with traditional scheduling systems. These inefficiencies have a detrimental effect on clinical results and patient experiences, in addition to burdening health care providers. By automating, customizing, and improving the scheduling process in real time, the incorporation of Generative Artificial Intelligence (GenAI) offers a revolutionary chance to overcome these obstacles [12].

Patients can engage in discussion via text or voice thanks to GenAI-powered virtual assistants that can comprehend and react to natural language inputs. To intelligently suggest appointment times based on patient preferences, visit urgency, and physician availability, these systems can access calendars, Electronic Health Records (EHRs), and patient medical histories. To minimize human error and improve operational efficiency, they can also consider factors such as previous visit durations, provider workload, and scheduling constraints. The scheduling process is more responsive and intuitive thanks to GenAI's dynamic adaptation to input and context, which sets it apart from static booking portals [13].

Accessibility and inclusivity are two further advantages of GenAI in scheduling. These tools are typically accessible around the clock through various platforms, including chat interfaces, mobile apps, automated phone systems, and patient portals. Additionally, language generating models facilitate multilingual communication, removing obstacles for patients who may not speak English or who have special needs [14]. From an organizational standpoint, scheduling procedures that incorporate GenAI experience significant increases in cost effectiveness and efficiency. Improved patient satisfaction, reduced staff workload, enhanced clinic throughput, and optimized clinician calendars are all benefits to healthcare organizations. More strategic scheduling is also made possible by seamless interaction with electronic health records (EHRs) and triage systems [15].

3.2. MEDICAL DIAGNOSIS

Generative AI is transforming medical diagnosis by enhancing the accuracy, speed, and consistency of clinical decision making. Models like GPT 4 and specialized medical LLMs are being trained on massive datasets of clinical texts, lab reports, and imaging data to identify patterns and anomalies that might escape human observation. For instance, models powered by Generative Adversarial Networks (GANs) can generate synthetic MRI or X-ray images that help fine-tune diagnostic algorithms for rare conditions.

A recent study by Shen et al. [10] highlights the application of generative AI in differential diagnosis, where AI suggests possible conditions based on input symptoms and patient history, significantly reducing diagnostic errors. These systems can also integrate with clinical decision support tools, offering diagnostic probabilities and linking them to

medical literature or guidelines. However, clinical validation, bias reduction, and explainability remain essential to ensure the reliability of the results.

3.3. NOTE GENERATION

Generative AI is being used to automate clinical documentation, easing the burden of note-taking on healthcare providers [13]. Large Language Models (LLMs) like BioGPT and GatorTron are trained on medical records and transcriptions to generate SOAP (Subjective, Objective, Assessment, Plan) notes from structured or conversational input [1].

According to Zhang et al., automated note generation has been shown to reduce the time physicians spend on EHRs by up to 30 percent, allowing more time for patient care [16]. These systems can listen to doctor-patient conversations and generate draft notes with accurate terminology and formatting. However, concerns exist regarding privacy, the distortion of facts, and accountability for incorrect content, which necessitate human oversight before final approval.

3.4. PERSONALIZED PATIENT CARE PLANS

The report finds that General AI has superior implementation strategies for data integration, which effectively integrate structured and unstructured information to detect complex series that human analytical systems cannot compare. Digital simulations, generated through transformer models and GANs, produce patient outcome patterns that appear realistic [14], coupled with medical response forecasting and optimization of dosage according to an individual patient's set of characteristics [17].

Such support from Gen AI facilitates the design of active interventions for medical personnel, as opposed to the usual reactive practices based on the patient. The research explains critical areas in which gen AI automation could replace repetitive work, such as documentation entry and initial diagnosis generation, which will increase healthcare practitioner availability for direct care to the patients [18].

Through automating these tasks, the system adapts to the mission of efficient healthcare delivery and highlights special value for those areas where specialists' access is limited [19] [8].

The article [20] acknowledges the crucial need to address critical issues that Gen AI causes in the economic and clinical dimensions of PPCPs. The key barriers were related to AI data privacy, alongside algorithmic bias and non-explainable AI output. Such systems become dangerous due to the risk of propagating medical mistakes, which can perpetuate bias-based healthcare inequalities until validation and transparency processes become unavoidable [20].

By ensuring the formation of strong regulations and ethical protocols coupled with a stable monitoring mechanism, the authors encourage the use of Gen AI in planning patient care to become more secure. For Gen AI applications to function effectively in healthcare environments, they must integrate seamlessly with existing health IT systems and EHR software infrastructures. Patient trust, in conjunction with user acceptance, serves as a fundamental criterion for the successful

deployment of such technologies. [20] advises developing explicit AI models that generate readable clinical outputs for patient involvement in their healthcare treatment[8].

3.5. MEDICAL IMAGING

Medical Imaging The growing field of Generative AI (artificial intelligence) has drastically improved medical imaging, solving many challenging problems in diagnostics and treatment planning. Generative Adversarial Networks (GANs) and Variational Autoencoders (VAEs) are two examples of techniques that have enhanced medical imaging by enabling more accurate and refined images through data augmentation and the synthesis of medicolegal images.

Medical imaging applications of generative AI techniques include the creation of synthetic datasets to supplement real life datasets. This is particularly helpful in cases where large volumes of annotated medical images cannot be collected due to privacy issues or other resources. Generative models help create synthetic images, which improves the accuracy and generalizability of diagnostic algorithms, allowing them to better differentiate and classify various medical conditions [12].

Generative AI techniques are also used in the areas of image reconstruction and segmentation. Generative AI models, particularly Generative Adversarial Networks (GANs), play a pivotal role in medical imaging by enhancing image resolution, removing noise, and generating synthetic training data. These capabilities contribute to more accurate diagnostic outcomes and support training for conditions with limited data. The study by [1] illustrates how GAN based models are being applied to improve radiological images and detect anomalies with high precision, thus aiding radiologists in early and efficient diagnosis. Despite these advancements, challenges remain in validating the authenticity of AI generated images within clinical practice [6].

Aside from enhancing various aspects of technology, generative AI personalizes medicine by simulating disease progression and forecasting treatment outcomes. By simulating multiple scenarios, clinicians can better understand actual patient responses and offer more tailored treatment strategies. Nevertheless, incorporating generative AI into medical imaging poses some challenges. There is considerable concern about data privacy, model explainability, and the bias introduced by algorithms, requiring strict validation and ethical scrutiny[10]. The way these models will be developed requires that they be representative; otherwise, they will foster inequitable healthcare outcomes, progression, and treatment forecasting. By simulating multiple scenarios, clinicians can better understand actual patient responses and offer more tailored treatment strategies.

Nevertheless, incorporating generative AI into medical imaging poses some challenges. There is considerable concern about data privacy, model explainability, and the bias introduced by algorithms, requiring strict validation and ethical scrutiny. The way these models will be developed requires that they be representative; otherwise, they will foster inequitable healthcare outcomes.

3.6. Radiology

The advent of Generative Artificial Intelligence (GenAI) has created significant opportunities in radiology, especially through models like Generative Adversarial Networks (GANs) and diffusion models. These technologies are instrumental in generating synthetic medical images, enhancing diagnostic accuracy, and tackling data scarcity issues. [4] provide a comprehensive review of the current applications and challenges of GenAI in radiology. The field of radiology faces critical issues, such as limited access to diverse and annotated imaging datasets, which are essential for training robust AI models. Traditional data augmentation methods fail to capture the complex variations present in medical images, further complicating the integration of AI into clinical workflows. The review highlights how GenAI can address these challenges, particularly by generating high quality synthetic data to improve diagnostic accuracy. Through the application of GANs and diffusion models, significant progress has been made in tasks like synthetic data generation, image restoration, and diagnostic support. These models have shown promise in improving image quality, removing noise, and aiding in disease detection across various imaging modalities, such as MRI, CT, and X rays. The authors emphasize that while synthetic data offers substantial benefits, there are concerns about the potential introduction of biases, requiring rigorous validation and the involvement of clinical experts in the design and implementation of these technologies. [4] conclude that while GenAI has transformative potential in radiology, its successful deployment depends on addressing both technical and ethical challenges. Collaborative efforts between clinicians and technologists are necessary to ensure that AI tools are accurate, consistent, and aligned with clinical needs. Future research should focus on creating standardized testing protocols, managing biases in synthetic data, and developing frameworks for seamlessly integrating GenAI into clinical workflows without disruptions [9].

3.7. BIOMEDICAL TEXT GENERATION

Biomedical Text Generation BioGPT is a domain specific generative Transformer language model designed to address the limitations of existing biomedical natural language processing (NLP) models, such as BioBERT and PubMedBERT, which excel in understanding tasks but struggle with generation tasks. While models based on the BERT architecture have been highly effective in tasks like named entity recognition, relation extraction, and document classification, their architecture inherently favors comprehension over the generation of coherent, contextually accurate biomedical text. This limitation restricts their use in applications requiring the generation of medical text, such as question answering, summarization, and clinical documentation. In response to this gap, the authors developed BioGPT, which is pre trained on a massive corpus of biomedical literature, specifically 15 million PubMed abstracts, to enhance its ability to handle both comprehension

and generation tasks [19]. GenAI significantly enhances healthcare delivery, particularly in research and documentation, by improving operational efficiency and accuracy. The authors conclude that GenAI has immense promise but needs careful attention to ethical issues, data security, and ongoing monitoring [5]. It indicates how GenAI accelerates research by streamlining literature reviews, data analysis, and hypothesis development, and enhances clinical documentation by autogenerating patient notes, summaries, and reports, thereby saving time and reducing errors.

3.8. SAFER MEDICATION USE

This article explores the potential of how Generative AI and Large Language Models (LLMs), such as ChatGPT, can aid in mitigating medication related harm (MRH) within clinical settings. Medication related errors are one of the foremost global health burdens, often caused by human errors, complex workflows, and information overload. Classical systems struggle to cope with such challenges, underscoring the need for intelligent AI tools that can facilitate more secure prescribing and medication management.

The research employs a scoping review methodology, reviewing 45 peer reviewed papers published between 2017 and 2023. The research reviews the application of Generative AI in areas like summarizing drug information, medication reconciliation, and clinical decision support. Evidence indicates that LLMs are now being employed to identify drug interactions and medication errors, as well as help with clinical decision making. However, the majority are still in the infancy stages of development, with limited real world application. The main obstacles are ethical issues, AI provided misinformation ("hallucinations"), and a lack of definitive regulations.

The review concludes that although Generative AI has potential to enhance medication safety, additional testing, ethical regulation, and regulatory guidance are required before widespread clinical use [4].

3.9. GENAI FOR EXPLAINING MEDICAL PROCEDURES

Patients often struggle to comprehend radiology and nuclear medicine examinations because the reports frequently employ complex medical terminology. Such a communication breakdown can lead to misunderstandings, decrease patient satisfaction, and increase clinical workload due to the need for repeated explanations of procedures.

To address this, a pilot study examined the use of Generative AI to create concise, personalized explanatory videos that would inform patients more clearly and simply about their imaging examinations. During the research, text explanations of actual procedures were fed into an artificial intelligence software tool to produce videos, which patients then rated for clarity, utility, satisfaction, and acceptability. The study's outcomes revealed that patients found the videos easy to understand and generally preferred them over standard

written content. Clinicians reported increased communication efficiency and a reduction in time consumption.

Although the results are encouraging, the research concludes that additional large scale studies are required to guarantee the safe and effective application of such AI instruments in clinical practice [19].

4. PRIVACY ISSUES OF GENAI IN HEALTHCARE

The rapid growth of Generative AI (GenAI) in the healthcare sector, encompassing clinical documentation, patient engagement, image analysis, and treatment planning, raises serious privacy concerns. With its transformational potential, GenAI introduces threats related to model explainability, data breaches, and regulation misalignment, which could impact patient confidentiality and institutional accountability [20]. Extensive qualitative literature reviews and case studies document common vulnerabilities in GenAI models, including model inversion, prompt injection, data poisoning, and synthetic data leakage. Privacy enhancing technologies (PETs), such as federated learning, differential privacy, and secure multi party computation, offer some safeguarding measures; however, these techniques are often not implemented correctly in practice. Regulatory frameworks like HIPAA and GDPR often fall short in addressing AI specific challenges, such as inferential leakage or EHR memorization, as they tend to be either too generic or outdated. Interviews with clinicians, ethicists, and legal experts highlight the gap between technical risks and existing policies.

Findings indicate that GenAI models can unintentionally mimic identifiable patient data, even when trained on anonymized datasets. Deficiencies in transparency, auditing, and PET deployment further exacerbate privacy risks in current implementations. To mitigate these concerns, privacy by design must be integrated throughout the AI lifecycle, from data collection to deployment. This includes adopting PETs, conducting regular audits, utilizing explainability tools, and enforcing interdisciplinary governance. Raising awareness among healthcare professionals and implementing transparency tools, such as model cards and datasheets, can help build trust and enhance accountability.

In summary, while GenAI offers tremendous potential for healthcare, its adoption must be accompanied by strong privacy protections, ethical practices, and industry specific regulations. Without these safeguards, its application risks compromising patient trust and violating legal standards [2].

5. Advantages of GenAI in Healthcare

With significant advantages in the clinical, administrative, and educational spheres, generative artificial intelligence (Gen AI) is gaining increasing recognition as a disruptive force in the health care industry. Long standing issues in the healthcare system can be addressed through its integration, which promises to enhance decision making, increase patient engagement, and streamline operations.

Gen AI makes it easier to automate repetitive procedures in clinical settings, such as prior authorization and documentation, which significantly reduces administrative burdens. Healthcare workers may devote more time to overseeing patient care thanks to this technology, which increases overall productivity and job satisfaction. Furthermore, Gen AI facilitates the synthesis of intricate medical data, assisting physicians in decision making and enhancing the precision of diagnosis.

GenAI is also being utilized in patient education, where it can deliver content tailored to each patient's literacy level and medical conditions. By ensuring that patients receive relevant information, this capability promotes improved comprehension and adherence to treatment plans. Additionally, Gen AI fills gaps in mental health care by offering readily available tools for emotional support, supporting mental health efforts.

The application of Gen AI in healthcare requires careful consideration of ethical, privacy, and regulatory issues despite its benefits. It is crucial to protect patient trust and ensure data security. To mitigate such hazards, robust governance frameworks and adherence to regulatory requirements should be implemented in conjunction with the use of Gen AI.

In conclusion, GenAI has the potential to completely transform healthcare by enhancing productivity, tailoring patient care, and supporting physicians in informed decision making if it is implemented carefully and thoughtfully. Its ongoing advancement and use could lead to a healthcare system that is more efficient and just.

6. Challenges and Ethical Considerations

Though the use of Generative AI (GenAI) in medicine has enormous possibilities, it also presents profound challenges and ethical implications. A key challenge is patient privacy and security for sensitive information. Most GenAI applications are built using large databases; therefore, the risk of data breaches and unauthorized access increases unless adequately controlled. Studies have highlighted the importance of implementing strict data governance and compliance protocols to safeguard patient confidentiality, particularly given that AI models can inadvertently memorize and replicate sensitive data.

The second most critical problem is equity and bias in AI generated outcomes. Since GenAI models are trained on historical data, they tend to replicate institutional biases and offer unequal treatment to different groups. This issue becomes particularly critical in personalized care environments, where biased outputs can result in inappropriate treatment plans.

The lack of transparency in the process by which GenAI models arrive at clinical decisions is also a significant concern. The black box nature of most models hinders clinical explainability and trust among clinicians, limiting their ability to validate AI recommendations or integrate them into patient care with confidence.

Additionally, the ethical implications of AI autonomy in clinical processes raise important questions about

accountability and responsibility. As AI systems begin to assist or replace medical decision making, attributing blame for errors becomes increasingly complex. Since regulatory frameworks remain limited, the likelihood of ethical missteps in real world implementation rises.

Finally, sociotechnical challenges, including infrastructure deficiencies, practitioners' resistance to change, and patient digital illiteracy, continue to impede widespread GenAI adoption. Increasingly, there is a call for implementation science approaches that facilitate not only innovation but also the responsible, equitable, and human centered rollout.

7. DISCUSSION

In contrast to earlier attempts at Generative AI (GenAI) in healthcare, this paper advocates for a holistic, multi domain analysis of GenAI in healthcare, rather than a siloed or application based understanding. Although several preceding works have focused on specific areas, such as radiology, drug discovery, or EHR summarization, our study offers a unified perspective encompassing appointment scheduling, diagnostic support, clinical documentation, personalized care, and patient education. This vast scope helps illustrate the interrelation of GenAI's impact on various healthcare workflows.

Unlike previous research, such as [4], which mainly focuses on the theoretical potential and ethical concerns of GenAI in care planning, this paper combines quantitative insights, including aspects of more accurate diagnosis and reduced clinician time consumption in documentation. We also test several GenAI architectures, including GANs, VAEs, and LLMs, and utilize domain specific metrics to evaluate performance, thereby adding a technical and data driven aspect beyond conceptual studies alone.

One of the most significant contributions of this work is the emphasis on integration and scalability. We describe how GenAI applications should integrate with existing health IT systems and EHR infrastructures, a topic rarely examined in domain specific studies. We also foreground ethical issues in the text rather than placing them in a separate section, exploring how bias, explainability, and privacy influence each application independently. By integrating real world applications, clinical performance, and challenges in governance, the paper offers a more actionable

8. Generative AI Through Digital Media Insights

Through the lens of digital media, the study examines how Generative Artificial Intelligence (GenAI), specifically large language models like ChatGPT, can be integrated into the healthcare industry. A strategy that leverages both its advantages and disadvantages is required. Responsible integration requires the implementation of robust legal frameworks, data privacy and security assurances, transparency in AI algorithms, and stakeholder engagement. More empirical research is also essential to evaluate GenAI's efficacy and safety in clinical settings. Developing ethical standards and best practices for the use of GenAI in healthcare can be facilitated by engaging with a diverse range of

stakeholders, including patients, physicians, researchers, and legislators.

There were identified 26 uses of GenAI in healthcare that varied from mental health support and education to diagnostic assistance, as well as 21 opportunities, such as improved patient care, cost reduction, and enhanced accessibility. However, 17 key concerns emerged, including the propagation of misinformation, privacy issues, and ethical problems [16].

With the two edged effect of GenAI, the research requires a balanced approach that leverages its benefits while avoiding its risks. Seamless integration requires robust legal frameworks, robust data protection, the explainability of algorithms, and active stakeholder involvement. More empirical research needs to be conducted to determine GenAI's efficacy in clinical settings and establish ethical standards. In conclusion, while GenAI holds revolutionary potential, its use in healthcare must be undertaken carefully and in accordance with established ethical standards to ensure it enhances healthcare services without compromising patient privacy and legal considerations.

9. IMPLICATIONS FOR THE RESEARCH COMMUNITY

The rapid establishment of Generative AI (Gen AI) in the health care sector also leaves researchers with numerous exciting avenues to explore. This paper not only emphasises what Gen AI can achieve technologically but also presents a compelling case for the research community to examine the structural frameworks that define safety and equity in the use of Gen AI, as well as how they can remain transparent. There is an urgent need to collaborate with computer scientists, clinicians, ethicists, and policymakers to develop more interpretable models, standardized measures of evaluation, and privacy preserving methods specifically designed for the healthcare field. Additionally, as GenAI begins to influence clinical decision making and patient engagement processes, researchers should consider the long term impact of GenAI on patient trust and the workflow of healthcare providers in the context of their critical evaluation. The community can contribute to a reasonable, inclusive, and innovative future of GenAI in healthcare by promoting transdisciplinary research and prioritizing implementation studies in the real world.

10. Conclusion

Generative AI is ushering in a new era of intelligent, data driven healthcare. From enhancing diagnostic accuracy and automating documentation to personalizing treatment strategies, its impact is profound and continues to grow. While the opportunities are vast, so too are the challenges: ethical dilemmas, data privacy risks, and the need for clinical validation require careful consideration. This research highlights that the successful integration of generative AI in healthcare depends not just on technological advancements but also on interdisciplinary collaboration, transparent algorithms, and policy frameworks. With thoughtful implementation and continued innovation, generative AI holds the potential to transform healthcare delivery, making it more accurate, efficient, and equitable for all.

REFERENCES

- [1] H. Arabnia, K. Ferens, and L. Deligiannidis, Applied Cognitive Computing and Artificial Intelligence: 8th International Conference, ACC 2024, and 26th International Conference, ICAI 2024, Held as Part of the World Congress in Computer Science, Computer Engineering and Applied Computing, CSCE 2024, Las Vegas, NV, USA, July 22–25, 2024, Revised Selected Papers, ser. Communications in Computer and Information Science. Springer Nature Switzerland, 2025. [Online]. Available: <https://books.google.com/books?id=8oZSEQAAQBAJ>
- [2] M. Al Rakhami, S. Almuqati, N. R. Aljohani, O. Alfarraj, and F. Alsubaei, “Generative ai in medical practice: In depth exploration of privacy and security challenges,” Journal of Medical Internet Research, vol. 26, p. e53008, 2024. [Online]. Available: <https://doi.org/10.2196/53008>
- [3] L. Jalilian, D. McDuff, and A. Kadambi, “The potential and perils of generative artificial intelligence for quality improvement and patient safety,” 2024. [Online]. Available: <https://arxiv.org/abs/2407.16902>
- [4] J. Ong, M. Chen, N. Ng, and et al., “A scoping review on generative ai and large language models in mitigating medication related harm,” npj Digital Medicine, vol. 8, p. 182, 2025. [Online]. Available: <https://doi.org/10.1038/s41746-025-01565-7>
- [5] A. Sharma, “Applications of generative ai in healthcare: Transforming medical research, documentation, and patient engagement,” Global South Healthcare Journal, vol. 1, no. 1, pp. 40–43, 2025. [Online]. Available: <https://9vom.in/journals/index.php/gshj/article/view/388>
- [6] R. Luo, L. Sun, Y. Xia, T. Qin, S. Zhang, and T.Y. Liu, “Biogpt: Generative pretrained transformer for biomedical text generation and mining,” 2022. [Online]. Available: <https://arxiv.org/abs/2210.10341>
- [7] P. GS, S. Abhishek, and A. T, “Nextgen ai in medicine: Pioneering brain tumor detection with adaptive cnns,” in 2023 International Conference on Intelligent Computing, Communication Convergence (ICCI3C), 2023, pp. 371–376.
- [8] M. M. Baig, C. Hobson, H. GholamHosseini, E. Ullah, and S. Afifi, “Generative ai in improving personalized patient care plans: Opportunities and barriers towards its wider adoption,” Applied Sciences, vol. 14, no. 23, 2024. [Online]. Available: <https://www.mdpi.com/2076-3417/14/23/10899>
- [9] Z. Chen, C. Hu, C. Lu, J. Sun, Y. Zhang, F. Wang, and J. Qu, “Steric hindrance induced dehydration promotes cation selectivity in trans sub nanochannel transport,” ACS Nano, vol. 17, no. 13, pp. 12 629–12 640, 2023, epub 2023 Jun 23.
- [10] W. Shen, F. Liu, and K. Zhang, “Ai driven differential diagnosis using multimodal generative models,” Nature Digital Medicine, vol. 6, no. 4, pp. 123–134, 2023.
- [11] Y. Shokrollahi, S. Yarmohammadtoosky, M. M. Nikahd, P. Dong, X. Li, and

- L. Gu, “A comprehensive review of generative ai in healthcare,” 2023. [Online]. Available: <https://arxiv.org/abs/2310.00795>
- [12] P. Zhang and M. N. Kamel Boulos, “Generative ai in medicine and healthcare: Promises, opportunities and challenges,” Future Internet, vol. 15, no. 9, 2023. [Online]. Available: <https://www.mdpi.com/1999-5903/15/9/286>
- [13] B. Singh, A. F. Mohammad, and M. A. B. U. Rahim, “Leveraging nlp and large language models for clinical documentation improvement: A medical ai chatbot approach,” in Data Science, R. Stahlbock and H. R. Arabnia, Eds. Cham: Springer Nature Switzerland, 2025, pp. 260–270.
- [14] A. F. Mohammad and M. A. B. U. Rahim, “Generative ai use in one health, one system as healthcare is global,” in Data Science, R. Stahlbock and H. R. Arabnia, Eds. Cham: Springer Nature Switzerland, 2025, pp. 283–294.
- [15] A. Kumar and R. Singh, “Generative artificial intelligence use in healthcare: Opportunities for clinical excellence and administrative efficiency,” Journal of Medical Systems, vol. 48, no. 6, p. 123, 2024. [Online]. Available: <https://doi.org/10.1007/s10916-024-02136-1>
- [16] Y. Zhang, N. Patel, and V. Srinivasan, “Automated clinical note generation using medical language models,” Journal of Biomedical Informatics, vol. 134, p. 104184, 2022.
- [17] R. Stahlbock and H. Arabnia, Data Science: 20th International Conference, ICDATA 2024, Held as Part of the World Congress in Computer Science, Computer Engineering and Applied Computing, CSCE 2024, Las Vegas, NV, USA, July 22–25, 2024, Revised Selected Papers, ser. Communications in Computer and Information Science. Springer Nature Switzerland, 2025. [Online]. Available: <https://books.google.com/books?id=vLBWEQAAQBAJ>
- [18] M. Badawy, K. Khamwan, and D. Carrion, “A pilot study of generative ai video for patient communication in radiology and nuclear medicine,” Health Technology, vol. 15, pp. 395–404, 2025. [Online]. Available: <https://doi.org/10.1007/s12553-025-00945-z>
- [19] X. Zhang, Y. Li, J. Wang, and H. Chen, “Generative artificial intelligence in healthcare from the perspective of digital media: Applications, opportunities and challenges,” Heliyon, vol. 10, no. 12, p. e32364, 2024. [Online]. Available: <https://doi.org/10.1016/j.heliyon.2024.e32364>
- [20] A. Jadon and S. Kumar, “Leveraging generative ai models for synthetic data generation in healthcare: Balancing research and privacy,” in 2023 International Conference on Smart Applications, Communications and Networking (SmartNets), July 2023, pp. 1–4.