

## **Deep learning in action**

### **Deep Learning in Predictive Medicine: Promises and Perils**

**Overview:** Predictive medicine leverages deep learning algorithms to analyse vast amounts of patient data, including genetic information, lifestyle factors, and medical history, to predict future health outcomes and disease risks. This technology aims to shift healthcare from a reactive to a proactive model, enabling earlier intervention and personalised treatment plans.

**How it works:** Deep learning models, particularly convolutional neural networks (CNNs) and recurrent neural networks (RNNs), are trained on large datasets comprising medical images, genomic data, electronic health records, and wearable device data. These models can identify complex patterns and relationships that may not be apparent to human observers. For instance, a CNN might analyze medical imaging data to detect early signs of diseases like cancer, while an RNN could process longitudinal patient data to predict the likelihood of developing chronic conditions like diabetes or heart disease.

#### **Potential Impacts:**

##### **Positive:**

1. **Personalized Medicine:** By analyzing an individual's genetic makeup and other health data, deep learning models can help tailor treatments to each patient's unique profile, potentially improving efficacy and reducing side effects (Topol, 2019).
2. **Early Disease Detection:** These models can identify subtle indicators of disease long before symptoms appear, allowing for earlier interventions and potentially better outcomes (Esteva et al., 2019).
3. **Resource Optimization:** Predictive models can help healthcare systems allocate resources more efficiently by identifying high-risk patients who may need more intensive care or monitoring.

##### **Negative:**

1. **Privacy Concerns:** The use of deep learning in predictive medicine requires access to vast amounts of sensitive personal and medical data, raising significant privacy concerns (Price and Cohen, 2019).
2. **Insurance Discrimination:** There's a risk that insurance companies could use predictive health data to deny coverage or increase premiums for individuals with higher predicted health risks, even before any symptoms manifest. This could lead to genetic discrimination and exacerbate healthcare inequalities (Joly et al., 2020).
3. **Psychological Impact:** Knowledge of one's predicted health risks could cause anxiety and affect life choices, potentially leading to self-fulfilling prophecies or unnecessary medical interventions.
4. **Data biases:** If the training data is not representative of all populations, the predictive models may perpetuate or exacerbate existing healthcare disparities (Gianfrancesco et al., 2018).

5. Overreliance on Technology: There's a risk that healthcare providers might overly rely on AI predictions, potentially overlooking other important factors or intuitions based on clinical experience.

**Ethical Considerations:** The application of deep learning in predictive medicine raises complex ethical questions. While it has the potential to greatly improve health outcomes and efficiency, it also risks deepening health inequalities and infringing on individual privacy and autonomy. There's a need for robust regulatory frameworks to ensure that these technologies are used ethically and equitably, with safeguards against discrimination and misuse of personal data.

As we move forward with this technology, it's crucial to balance the potential benefits with the risks, ensuring that predictive medicine enhances rather than compromises patient care and societal well-being.

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### References:

- Esteva, A., Kuprel, B., Novoa, R. A., Ko, J., Swetter, S. M., Blau, H. M., & Thrun, S. (2017). Dermatologist-level classification of skin cancer with deep neural networks. *Nature*, 542(7639), 115-118.
- Gianfrancesco, M. A., Tamang, S., Yazdany, J., & Schmajuk, G. (2018). Potential biases in machine learning algorithms using electronic health record data. *JAMA internal medicine*, 178(11), 1544-1547.
- Joly, Y., Dupras, C., Ngueng Feze, I., & Song, L. (2020). Genetic discrimination in Canada: a systematic review of the scholarly literature. *Genetics in Medicine*, 22(6), 1039-1049.
- Price, W. N., & Cohen, I. G. (2019). Privacy in the age of medical big data. *Nature medicine*, 25(1), 37-43.
- Topol, E. J. (2019). High-performance medicine: the convergence of human and artificial intelligence. *Nature medicine*, 25(1), 44-56.