

“Ethical and Social Implications of Autonomous Robot Navigation in Healthcare Assistance”

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Abstract— The integration of autonomous robotic systems in healthcare offers transformative potential but also introduces complex ethical and social challenges. This article critically reviews the ethical, social, and philosophical dimensions associated with healthcare robotics, focusing on patient safety, data privacy, algorithmic bias, and employment impacts. Robust encryption, anonymization techniques, and decentralized data practices are essential to protect sensitive patient data, while algorithmic bias requires diverse datasets and rigorous monitoring to ensure fair treatment. Through a literature review, this paper highlights key challenges and emerging standards within ethical frameworks guiding autonomous robotics. Findings emphasize the urgent need for comprehensive regulatory oversight to ensure responsible, equitable adoption of these technologies in healthcare settings.

Keywords—Robotics, AI, Health care, Ethical, Social

I. INTRODUCTION

Autonomous robotic (AR) systems possess transformative potential within healthcare, offering enhancements in operational efficiency, precision, and accessibility across multiple domains. Recent advancements in artificial intelligence (AI) and autonomous navigation technologies have empowered these systems to perform complex tasks traditionally managed by healthcare practitioners [1]. For example, AR can now monitor patients by collecting and analyzing vital signs in real-time, alerting caregivers to possible health concerns [2]. Additionally, these robots are deployed for medication delivery, ensuring timely administration of prescriptions in hospital environments and reducing the risk of human error [3]. The role of AR in health care has been displayed in **Figure 1**. Additionally, they play a crucial role in mobility assistance, helping patients with physical impairments move independently within care facilities.

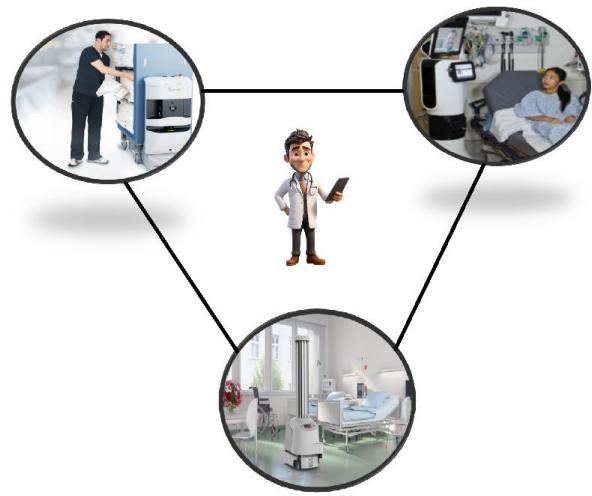


Figure 1 Applications of AR in health care

The introduction of AR in healthcare settings promises numerous benefits, such as improved operational efficiency, reduced workload for healthcare staff, and enhanced patient care. For instance, robots can perform repetitive or strenuous tasks, allowing human caregivers to focus on more complex or interpersonal aspects of care. Furthermore, robots equipped with autonomous navigation capabilities can independently traverse complex hospital environments, avoiding obstacles, locating specific rooms, and navigating crowded corridors [4].

However, deploying AR in healthcare introduces significant ethical considerations. In the sensitive, high-stakes healthcare environment, robots interact closely with patients and staff, raising concerns about privacy, patient safety, and accountability [5]. AI-powered AR systems can be susceptible to algorithmic biases, which might lead to disparities or errors in patient care. Additionally, data security is a major concern, as these robots frequently handle sensitive patient information, intensifying the risk of data breaches or unauthorized access. A review of the literature using resources like Google Scholar indicates that there are twelve primary ethical concerns associated with deploying AI-driven AR systems. These include: (1) justice and fairness, (2) privacy, (3) freedom and autonomy, (4) transparency, (5) trust, (6) patient safety and cybersecurity, (7) beneficence, (8) responsibility, (9) solidarity, (10) sustainability, (11) dignity, and (12) potential conflicts [6]. Additionally, transferring tasks traditionally handled by humans to

robots could affect the healthcare workforce, potentially displacing certain roles and altering the dynamics within healthcare environments.

As autonomous healthcare robots continue to evolve, it is essential to thoroughly assess their ethical implications to harness the potential of AI and robotics in healthcare while safeguarding the well-being and trust of patients, healthcare professionals, and society. This paper examines the ethical, social, and philosophical issues associated with AR in healthcare, providing insights for their responsible integration. Addressing ethical considerations—including privacy, fairness, accountability, and transparency—is crucial for responsible implementation. Regularly reviewing ethical frameworks, identifying gaps, and prioritizing research are necessary steps for continuous improvement. Moreover, offering targeted recommendations to policymakers, healthcare organizations, and stakeholders can help establish regulatory frameworks, training, and policies critical for addressing these ethical challenges and ensuring equitable care [7].

If not carefully designed and monitored, these systems risk embedding biases that could result in unequal treatment of patients based on race, gender, or socioeconomic status. Additionally, the integration of AR may reshape workforce dynamics, potentially displacing roles or requiring healthcare workers to acquire new skills. This section will discuss the ethical responsibility to address these impacts, strategies for reducing job displacement, and the need for policies focused on upskilling and supporting healthcare workers as they adapt to automation.

II. AI AND ROBOTICS BENEFITS IN HEALTHCARE

The integration of AI and robotics in healthcare has introduced groundbreaking improvements in patient care, diagnostic accuracy, and operational efficiency. This section highlights the key benefits these technologies bring to healthcare [7].

Enhanced Diagnosis and Treatment

AI algorithms have helped doctors or physicians globally to analyze large datasets, including genomic data, to create personalized treatment plans, enabling precise diagnoses and tailored therapies. Now, medications are better scheduled [8]. Cancer, one of the leading causes of death, was often diagnosed at later stages in the past. However, AI and robotics now assist doctors in diagnosing it at earlier stages, allowing for timely treatment. AI-powered tools detect early signs of disease by identifying subtle patterns in medical images and patient data, thereby improving patient outcomes and reducing treatment costs. Not only cancer, but many more life-threatening diseases can now be diagnosed at initial stages [9]. AI enhances diagnostic accuracy and informing treatment decisions by providing real-time, evidence-based recommendations to clinicians [10].

Improved Patient Care and Outcomes

AI and robotic systems allow for continuous patient monitoring, reducing readmissions and supporting

chronic condition management [11]. Moreover, it provides enhanced precision and stability in surgeries, decreasing complications and aiding faster recovery [12]. Robotic devices facilitate customized rehabilitation exercises, promoting faster recovery and tailored care [13].

Increased Efficiency and Productivity

AI-driven tools streamline processes like scheduling patient appointments and verifying their insurance, allowing staff to prioritize patient care [14]. These tools rapidly analyze medical images, speeding up diagnosis and aiding in timely treatment planning [15]. The role of its accelerating treatment can be explained by its potential to expedite drug discovery. Robotics has accelerated synthesis of new drug candidates [16] and allowed high throughput screening of new molecules against specific enzyme activity. Now, it has accelerated in-vivo and in-vitro biological studies [17]. Now AR systems have allowed doctors to conduct complex neurosurgeries. These applications have been displayed in **Figure 2**.



Figure 2. Applications of AR in healthcare. (A). Automation in synthesizing new drug candidate, (B).

High throughput screening, (C). AI programmed robotic tools to scan patient teeth images, (D). Robotic assisted Scans for backbone.

These advancements underscore AI and robotics' potential to elevate healthcare quality, optimize resources, and improve patient outcomes.

Ethical Considerations

As AR systems become integral to healthcare, the sector must address significant ethical challenges. While these technologies have the potential to revolutionize patient care and improve operational efficiency, their deployment raises unique concerns that demand thorough examination and proactive resolution.

Privacy and Data Security

The deployment of AR systems in healthcare generates vast amounts of sensitive patient data, making data privacy and security paramount. The AR collect, store, and process patient data in real-time, ranging from medical histories to daily monitoring of vital signs. Protecting this data against unauthorized access, breaches, and misuse is crucial to safeguard patient confidentiality. Robust data protection measures, such as end-to-end encryption, strict access controls, and secure data storage, are essential to maintain trust and ensure compliance with regulations like General Data Protection Regulation (GDPR) and Health Insurance

Portability and Accountability Act (HIPAA), which mandate high standards of privacy in healthcare [18].

Best Practices:

- **Encryption and Secure Transmission:** Implement strong encryption for data both in transit and at rest, ensuring data integrity across platforms.
- **Data Minimization and Consent:** Limit data collection to only necessary information and secure patient consent to reinforce privacy.
- **Access Control and Monitoring:** Employ role-based access control to restrict data access to authorized users, and conduct continuous audits to detect and address any unauthorized access attempts.
- **Regular Audits and Updates:** Update security protocols regularly to adapt to new cybersecurity threats, and train healthcare staff on best practices to minimize breaches caused by human error.
- **Privacy-Preserving Technologies:** Explore advanced techniques like differential privacy and homomorphic encryption to analyze patient data while preserving individual privacy [7].

Responsible Data Management

Responsible data management is fundamental to ethically deploying AR systems. Healthcare institutions must implement rigorous data anonymization practices to reduce the risk of re-identification and protect patient identity. In addition, encryption techniques and controlled data-sharing protocols are necessary to prevent unauthorized access or data misuse. Effective data governance also entails establishing protocols for data minimization—only collecting data essential for healthcare tasks—thereby reducing exposure of patient information to potential breaches or misuse. Implementing these practices not only protects patients but also upholds the healthcare provider's ethical duty to handle patient data responsibly [19].

Bias and Fairness

AI algorithms embedded within AR systems may inadvertently reflect biases present in historical healthcare data, potentially leading to unequal treatment among patients. Such biases can arise from disparities in healthcare access, historical underrepresentation of certain demographic groups in clinical data, or flawed data collection practices. For instance, an algorithm trained on a dataset that lacks diversity may yield inaccurate predictions or recommendations for underrepresented groups, resulting in disparities in diagnosis and treatment. To mitigate these issues, AR systems should incorporate fairness-aware algorithms and be subject to continuous validation to detect and address biases. Promoting equity in AI-driven healthcare decisions ensures that all patients receive fair and unbiased care [20]. Engage interdisciplinary teams, such as ethicists and sociologists, to assess the societal impacts of AI systems and uncover any biases within decision-making processes [21].

Transparency and Explainability

The development of AI algorithms with built-in transparency features is essential to fostering trust in AR systems. Patients and healthcare providers must understand the rationale behind AI-driven decisions, especially when these decisions impact diagnosis, treatment, or patient care. Explainable AI models allow clinicians to verify and interpret AI recommendations, ensuring alignment with medical expertise and patient needs. Transparent and explainable AR systems enable patients to trust the technology, as they can be assured that AI-driven decisions are grounded in valid and accessible reasoning. By fostering transparency, healthcare providers uphold patient autonomy and accountability, reinforcing trust in technology-assisted healthcare [22].

Accountability and Ethical Responsibility

Determining accountability for AI-driven actions within AR systems is complex but necessary for ethical deployment. Clear accountability frameworks should define the roles and responsibilities of developers, healthcare providers, and institutions in the event of an error or adverse outcome. If an AR system misdiagnoses a patient or fails to alert caregivers to critical health condition, it is essential to establish who is responsible and liable for the outcome. Accountability frameworks encourage ethical responsibility, compelling stakeholders to proactively address potential risks and enhance the reliability of AR systems in healthcare settings. They also offer legal clarity, helping to resolve ethical and legal dilemmas that arise from AI decision-making in patient care [23].

Ethical Frameworks and Guidelines

The dynamic nature of AI and robotics in healthcare necessitates adaptive ethical guidelines. Comprehensive ethical frameworks should inform decision-making processes and be accessible to all stakeholders, including healthcare providers, patients, policymakers, and AR system developers. Ethical guidelines should address privacy, accountability, fairness, and transparency, providing a foundation for responsible AI integration in healthcare. These frameworks must also be regularly reviewed and updated to address new ethical challenges as technology advances. By establishing clear ethical guidelines, healthcare institutions can better manage the risks associated with AR systems while ensuring they benefit patients and society responsibly [7, 24].

Societal Implications of Autonomous robots in Healthcare

The integration of AI and robotics in healthcare affects society on multiple levels, influencing accessibility, equity, and public trust. This section explores these societal implications, focusing on how these technologies impact underserved communities, may reinforce existing inequalities, and require societal trust for widespread acceptance [7].

Accessibility and Equity

Telemedicine and remote monitoring can broaden healthcare access for remote or underserved communities, reducing geographic disparities. However, ethical concerns arise when these technologies inadvertently create "healthcare deserts," excluding individuals who lack digital access or digital literacy [25-26].

Potential to Widen Existing Inequalities

AI systems trained on biased data can exacerbate healthcare disparities, potentially providing substandard care to disadvantaged groups. Additionally, the digital divide

presents challenges, as marginalized communities may have limited access to digital health technologies. Ethical considerations should incorporate strategies to bridge this divide, promoting equitable access to AI-driven healthcare [27-28].

Social Acceptance and Trust in AI and Robotics

Public trust is critical for adopting AI and robotics in healthcare. Transparency, explainability, and user-centered designs are essential to foster this trust. Additionally, ethical marketing should accurately represent the capabilities and limitations of these technologies to prevent misunderstandings and unrealistic expectations [29-30].

Algorithmic Bias

Algorithmic bias in healthcare AR systems occurs when the data or algorithms inadvertently reinforce inequities or unfair treatment. This bias can arise from various sources, including skewed data representation, historical inequalities, and unintentional human influence during model development. In healthcare, biased AI can lead to serious consequences, such as misdiagnosis, unequal access to care, or discriminatory treatment recommendations [31].

Sources of bias that may contribute to healthcare disparities owing to Algorithm bias

Algorithm bias while formulating the research problem

While addressing a research problem in terms of built AI models considering clinical trial data:

racial/ethnic bias, (2) gender bias, (3) age bias, (4) disability bias, (5) SEL bias, and (6) global misrepresentation bias could impact the model prediction. If a robot's training data lacks adequate representation of all age groups, it may fail to recognize or safely navigate around certain populations, like children or elderly individuals, who have different movement patterns and speeds. This can result in autonomous robots being less responsive or adaptive to these groups, potentially leading to unsafe navigation practices. For instance, robots may not slow down or maintain a safe distance from slower-moving individuals, increasing the risk of accidents. Another example is of cystic fibrosis (CF), which is more common among white patients while, sickle cell disease (SCD), is more common in Black patients [32]. A sex-stratified analysis of liver disease data in terms of predictive machine learning models illustrates potential bias in AI algorithms [33]. Thereby it is necessary to determine the availability of diverse patient populations and characteristics to support the hypothesis before data collection. Identify precise demographic proportions and specific patient characteristics relevant to the proposed hypothesis.

Data Collection

Algorithmic bias in data collection arises from multiple factors, including (1) **Sampling bias, (2) measurement bias, (3) exclusion bias, (4) label**

bias, and (5) social bias. For example, a model designed to predict acute kidney injury (AKI) based on data from the U.S. Department of Veteran Affairs was primarily trained on older, non-Black men, thus reducing its predictive validity for younger, female, or racially diverse populations. Measurement bias can also emerge when variations in clinical care or diagnostic accuracy occur based on demographic factors, such as women receiving fewer cardiovascular interventions than men. This bias can extend to devices like pulse oximeters, which are known to overestimate oxygen saturation in non-White patients, leading to systematic inaccuracies in AI models relying on these measurements. Label bias is another issue, arising from inconsistencies in health screening practices across communities—those with higher screening frequencies report inflated incidence rates compared to under-screened populations, creating skewed outcome data. Additionally, missing data, such as unrecorded race, ethnicity, or disability status in health databases from countries like Canada and France, can impede model generalizability and perpetuate disparities by overlooking underrepresented groups [34-38].

Data pre-processing and model building

Algorithm bias while data pre-processing includes (1) Aggregation bias (2) feature selection bias, (3) Outlier bias, (4) confounding bias. While data splitting to build model some algorithmic bias can take place including training and test dataset bias, confirmation bias, algorithmic bias, and validation bias [31].

Labor relations with AR system

The integration of AI and robotics in healthcare significantly impacts labor dynamics, raising ethical and economic questions around job displacement, role evolution, and workforce well-being. While AI-driven automation can optimize efficiency and relieve healthcare professionals from repetitive tasks, it can also reshape job roles and require new skills.

- **Job Displacement:** Automating tasks traditionally performed by healthcare professionals—such as diagnostics, routine monitoring, and data entry—can lead to fears of job displacement, especially for administrative staff or those performing routine clinical functions. As robotics takes on physical tasks, such as patient transport or medication delivery, certain support roles may face a shift or reduction. This potential displacement brings ethical considerations around workforce planning and fair treatment of affected employees [39].
- **Role Evolution:** For roles that remain, AI and robotics can significantly change job responsibilities. For example, radiologists may move from primary image interpretation to

- oversight of AI-assisted diagnostics, requiring advanced skills in data analytics and AI monitoring [40]. Similarly, nursing staff might increasingly manage and collaborate with robotic systems, necessitating a hybrid skill set that combines traditional care with technology operation [41].
- **Skill Development and Upskilling:** Ethical labor management includes offering retraining and upskilling opportunities for healthcare professionals. Organizations should provide education and resources to help workers adapt to new roles in a technology-augmented environment, thus reducing the impact of displacement and supporting professional growth. Upskilling efforts should be inclusive, ensuring equal access to all employees to prevent disparities in adaptation to technological change.
 - **Workforce Well-being and Job Satisfaction:** While AI and robotics can reduce physical and repetitive workloads, they may also introduce new stressors, such as the need to learn new technology or interact with systems that sometimes lack intuitive designs. Ensuring that AI implementations enhance job satisfaction—by reducing burnout rather than introducing new pressures—is essential. Continuous feedback mechanisms allow healthcare workers to voice concerns and contribute to shaping the AI's role in their environment.
 - **Collaborative Synergy:** Fostering a collaborative environment where healthcare professionals work alongside AI and robotic systems enhances both efficiency and human oversight. Ethical labor relations policies should prioritize human-machine collaboration, leveraging AI for support while keeping humans in decision-making loops, particularly in patient care scenarios where empathy, critical thinking, and patient-provider relationships are invaluable [31, 42].

III CONCLUSION

This paper has explored key ethical concerns surrounding the deployment of AR in healthcare, with a focus on patient safety, data privacy, algorithmic fairness, and labor market implications. Each area presents unique challenges that must be addressed to ensure safe and equitable integration of robotics in healthcare. Future studies should explore long-term impacts on patient outcomes, refine standards for AI transparency, and investigate the social effects of robots in healthcare. Research should also focus on developing robust protocols for patient privacy, data security, and bias prevention in robot-driven healthcare. Propose potential solutions, such as establishing ethical oversight bodies for healthcare robotics, creating regulatory

frameworks to safeguard data and patient rights, and developing inclusive algorithmic designs that account for diverse patient needs. Emphasize the need for ongoing evaluation of robots' ethical impact to ensure continuous improvement and societal trust in autonomous healthcare technologies.

References:

- [1]. Cantone, A.A., Esposito, M., Perillo, F.P., Romano, M., Sebillo, M. and Vitiello, G., 2023. Enhancing elderly health monitoring: Achieving autonomous and secure living through the integration of artificial intelligence, autonomous robots, and sensors. *Electronics*, 12(18), p.3918.
- [2]. Guo, X., 2021, October. Development Status of Medical Nursing Robots: Focused on Flexibility, Autonomous Mobility, and Non-contact Physical Signs Monitoring. In *Proceedings of the 2nd International Symposium on Artificial Intelligence for Medicine Sciences* (pp. 178-187).
- [3]. Geethanjali, P. and Ajay, V., 2024, May. AI-Enhanced Personal Care Robot Assistant for Hospital Medication Delivery. In *2024 5th International Conference for Emerging Technology (INCET)* (pp. 1-8). IEEE.
- [4]. Savkin, A.V., Matveev, A.S., Hoy, M. and Wang, C., 2015. *Safe robot navigation among moving and steady obstacles*. Butterworth-Heinemann.
- [5]. Rajamäki, J. and Helin, J., 2022, November. Ethics and Accountability of Care Robots. In *European Conference on the Impact of Artificial Intelligence and Robotics* (Vol. 4, No. 1, pp. 72-77).
- [6]. Li, F., Ruijs, N. and Lu, Y., 2022. Ethics & AI: A systematic review on ethical concerns and related strategies for designing with AI in healthcare. *Ai*, 4(1), pp.28-53.
- [7]. Elendu, C., Amaechi, D.C., Elendu, T.C., Jingwa, K.A., Okoye, O.K., Okah, M.J., Ladele, J.A., Farah, A.H. and Alimi, H.A., 2023. Ethical implications of AI and robotics in healthcare: A review. *Medicine*, 102(50), p.e36671.
- [8]. Topol, E.J., 2019. High-performance medicine: the convergence of human and artificial intelligence. *Nature medicine*, 25(1), pp.44-56.
- [9]. Johnson, K.B., Wei, W.Q., Weeraratne, D., Frisse, M.E., Misulis, K., Rhee, K., Zhao, J. and Snowdon, J.L., 2021. Precision medicine, AI, and the future of personalized health care. *Clinical and translational science*, 14(1), pp.86-93.
- [10]. Tsai, C.H., Eghdam, A., Davoodi, N., Wright, G., Flowerday, S. and Koch, S., 2020. Effects of electronic health record implementation and barriers to adoption and use: a scoping review and qualitative analysis of the content. *Life*, 10(12), p.327.
- [11]. Murphy, K., Di Ruggiero, E., Upshur, R., Willison, D.J., Malhotra, N., Cai, J.C., Malhotra, N., Lui, V. and Gibson, J., 2021. Artificial intelligence for good health: a scoping review of the ethics literature. *BMC medical ethics*, 22, pp.1-17.
- [12]. Krumholz, H.M., 2014. Big data and new knowledge in medicine: the thinking, training, and tools needed for a learning health system. *Health Affairs*, 33(7), pp.1163-1170.
- [13]. Honavar, S.G., 2020. Electronic medical records—The good, the bad and the ugly. *Indian journal of ophthalmology*, 68(3), pp.417-418.
- [14]. Edemekong, P.F., Annamaraju, P. and Haydel, M.J., 2018. Health insurance portability and accountability act.
- [15]. Riso, B., Tupasela, A., Years, D.F., Felzmann, H., Cockbain, J., Loi, M., Kongsholm, N.C., Zullo, S. and Rakic,

- V., 2017. Ethical sharing of health data in online platforms—which values should be considered?. *Life sciences, society and policy*, 13, pp.1-27.
- [16]. Ha, T., Lee, D., Kwon, Y., Park, M.S., Lee, S., Jang, J., Choi, B., Jeon, H., Kim, J., Choi, H. and Seo, H.T., 2023. AI-driven robotic chemist for autonomous synthesis of organic molecules. *Science advances*, 9(44), p.eadj0461.
- [17]. He, J., Zhang, Q., Wang, X., Fu, M., Zhang, H., Song, L., Pu, R., Jiang, Z. and Yang, G., 2024. In vitro and in vivo accuracy of autonomous robotic vs. fully guided static computer-assisted implant surgery. *Clinical Implant Dentistry and Related Research*, 26(2), pp.385-401.
- [18]. El Emam, K. and Arbuckle, L., 2013. *Anonymizing health data: case studies and methods to get you started.* "O'Reilly Media, Inc."
- [19]. Darby, A., Strum, M.W., Holmes, E. and Gatwood, J., 2016. A review of nutritional tracking mobile applications for diabetes patient use. *Diabetes technology & therapeutics*, 18(3), pp.200-212.
- [20]. European Data Protection Board, 2019. Guidelines 3/2019 on processing of personal data through video devices.
- [21]. Gebru, T., Krause, J., Wang, Y., Chen, D., Deng, J., Aiden, E.L. and Fei-Fei, L., 2017. Using deep learning and Google Street View to estimate the demographic makeup of neighborhoods across the United States. *Proceedings of the National Academy of Sciences*, 114(50), pp.13108-13113.
- [22]. Rajkomar, A., Hardt, M., Howell, M.D., Corrado, G. and Chin, M.H., 2018. Ensuring fairness in machine learning to advance health equity. *Annals of internal medicine*, 169(12), pp.866-872.
- [23]. Price, W.N. and Cohen, I.G., 2019. Privacy in the age of medical big data. *Nature medicine*, 25(1), pp.37-43.
- [24]. Mittelstadt, B.D., Allo, P., Taddeo, M., Wachter, S. and Floridi, L., 2016. The ethics of algorithms: Mapping the debate. *Big Data & Society*, 3(2), p.2053951716679679.
- [25]. World Medical Association, 2013. World Medical Association Declaration of Helsinki: ethical principles for medical research involving human subjects. *Jama*, 310(20), pp.2191-2194.
- [26]. Lupton, D., 2017. *Digital health: critical and cross-disciplinary perspectives*. Routledge.
- [27]. Sethi, P. and Theodos, K., 2009. Translational bioinformatics and healthcare informatics: computational and ethical challenges. *Perspectives in Health Information Management/AHIMA, American Health Information Management Association*, 6(Fall).
- [28]. of Pediatric, I.S., 2020. Summary of recommendations regarding COVID-19 in children with diabetes: Keep Calm and Mind your Diabetes Care and Public Health Advice. *Pediatric Diabetes*, 21(3), p.413.
- [29]. Yan, M., Zhang, M., Kwok, A.P.K., Zeng, H. and Li, Y., 2023, April. The roles of trust and its antecedent variables in healthcare consumers' acceptance of online medical consultation during the COVID-19 pandemic in China. In *Healthcare* (Vol. 11, No. 9, p. 1232). MDPI.
- [30]. Holifield, R. and Williams, K.C., 2019. Recruiting, integrating, and sustaining stakeholder participation in environmental management: A case study from the Great Lakes Areas of Concern. *Journal of environmental management*, 230, pp.422-433.
- [31]. Nazer, L.H., Zatarah, R., Waldrip, S., Ke, J.X.C., Moukheiber, M., Khanna, A.K., Hicklen, R.S., Moukheiber, L., Moukheiber, D., Ma, H. and Mathur, P., 2023. Bias in artificial intelligence algorithms and recommendations for mitigation. *PLOS Digital Health*, 2(6), p.e0000278.
- [32]. Farooq, F., Mogayzel, P.J., Lanzkron, S., Haywood, C. and Strouse, J.J., 2020. Comparison of US federal and foundation funding of research for sickle cell disease and cystic fibrosis and factors associated with research productivity. *JAMA network open*, 3(3), pp.e201737-e201737.
- [33]. Straw, I. and Wu, H., 2022. Investigating for bias in healthcare algorithms: a sex-stratified analysis of supervised machine learning models in liver disease prediction. *BMJ health & care informatics*, 29(1).
- [34]. Gianfrancesco, M.A., Tamang, S., Yazdany, J. and Schmajuk, G., 2018. Potential biases in machine learning algorithms using electronic health record data. *JAMA internal medicine*, 178(11), pp.1544-1547.
- [35]. Li, S., Fonarow, G.C., Mukamal, K.J., Liang, L., Schulte, P.J., Smith, E.E., DeVore, A., Hernandez, A.F., Peterson, E.D. and Bhatt, D.L., 2016. Sex and race/ethnicity-related disparities in care and outcomes after hospitalization for coronary artery disease among older adults. *Circulation: Cardiovascular Quality and Outcomes*, 9(2_suppl_1), pp.S36-S44.
- [36]. Charpignon, M.L., Byers, J., Cabral, S., Celi, L.A., Fernandes, C., Gallifant, J., Lough, M.E., Mlombwa, D., Moukheiber, L., Ong, B.A. and Panitchote, A., 2023. Critical bias in critical care devices. *Critical Care Clinics*, 39(4), pp.795-813.
- [37]. Paulus, J.K. and Kent, D.M., 2020. Predictably unequal: understanding and addressing concerns that algorithmic clinical prediction may increase health disparities. *NPJ digital medicine*, 3(1), p.99.
- [38]. El Morr, C., Maret, P., Muhlenbach, F., Dharmalingam, D., Tadesse, R., Creighton, A., Kundi, B., Buettgen, A., Mgwigwi, T., Dinca-Panaiteescu, S. and Dua, E., 2021. A virtual community for disability advocacy: Development of a searchable artificial intelligence-Supported platform. *JMIR formative research*, 5(11), p.e33335.
- [39]. CHANG, W.W.V., 2020. Labor Displacement in Artificial Intelligence Era: A Systematic Literature Review. *Taiwan Journal of East Asian Studies*, 17(2).
- [40]. Najjar, R., 2023. Redefining radiology: a review of artificial intelligence integration in medical imaging. *Diagnostics*, 13(17), p.2760.
- [41]. Metzler, T.A., Lewis, L.M. and Pope, L.C., 2016. Could robots become authentic companions in nursing care?. *Nursing Philosophy*, 17(1), pp.36-48.
- [42]. Zafar, M.H., Langås, E.F. and Sanfilippo, F., 2024. Exploring the synergies between collaborative robotics, digital twins, augmentation, and industry 5.0 for smart manufacturing: A state-of-the-art review. *Robotics and Computer-Integrated Manufacturing*, 89, p.102769.