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Shaohua Wan, Zonghua Gu, Qiang Ni

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Cognitive Computing and wireless Communications on the Edge for Healthcare Service Robots

Shaohua Wan^{a,b,*}, Zonghua Gu^{c,d}, Qiang Ni^e

^a*School of Information and Safety Engineering, Zhongnan University of Economics and Law, Wuhan 430073 China.*

^b*State Key Laboratory for Novel Software Technology Nanjing University, Nanjing 210023, China.*

^c*Department of Applied Physics and Electronics, Umeå universitet, 90187 Umeå, Sweden.*

^d*College of Computer Science, Zhejiang University, Hangzhou 310027, China.*

^e*School of Computing and Communications, Lancaster University, Lancaster, LA1 4WA, UK.*

Abstract

In recent years, we have witnessed dramatic developments of mobile healthcare robots, which enjoy many advantages over their human counterparts. Previous communication networks for healthcare robots always suffer from high response latency and/or time-consuming computing demands. Robust and high-speed communications and swift processing are critical, sometimes vital in particular in the case of healthcare robots, to the healthcare receivers. As a promising solution, offloading delay-sensitive and communicating-intensive tasks to the robot is expected to improve the services and benefit users. In this paper, we review several state-of-the-art technologies, such as the human-robot interface, environment and user status perceiving, navigation, robust communication and artificial intelligence, of a mobile healthcare robot and discuss in details the customized demands over offloading the computation and communication tasks. According to the intrinsic demands of tasks over the network usage, we categorize abilities of a typical healthcare robot into alternative classes: the edge functionalities and the core functionalities. Many latency-sensitive tasks, such as user interaction, or time-consuming tasks including health receiver status recognition and

*Corresponding author

Email addresses: shaohua.wan@ieee.org (Shaohua Wan), zonghua.gu@umu.se (Zonghua Gu), q.ni@lancaster.ac.uk (Qiang Ni)

autonomous moving, can be processed by the robot without frequent communications with data centers. On the other hand, several fundamental abilities, such as radio resource management, mobility management, service provisioning management, need to update the main body with the cutting-edge artificial intelligence. Robustness and safety, in this case, are the primary goals in wireless communications that AI may provide ground-breaking solutions. Based on this partition, this article refers to several state-of-the-art technologies of a mobile healthcare robot and reviews some challenges to be met for its wireless communications.

Keywords: healthcare robot, wireless communication, edge computing, artificial intelligence.

1. Introduction

Edge computing is expected to be a key enabler of processes where a rapid response to sensor input is necessary, such as wireless health monitoring, virtual reality, and robotics. Providing such healthcare gets expensive on a daily basis, especially for the elder population around the world. This is important in particular when dealing with chronic and psychological diseases. Nursing and carereceiving often require long-term intensive human labor. Robotics, as a promoting solution, has open a way to explore a constantly-accompanying and automatic caregivers to help provide "a mobile healthcare robot".

A mobile healthcare robot enjoys enormous superiorities over human-labor in healthcare, including but not limited to the following. Under the support of artificial intelligence, a robot can learn massive intelligence and experience from human medical experts, or sometimes even outperforms their human counterparts. Such intelligent robots can provide more efficient diagnosis and treatment than a human caregiver. Subsequently, a healthcare robot either autonomously moves or is incorporated into a mobile digital device. Mobility of the robot means superior adherence anywhere at any time. For example, a psychological therapy robot can be a table-top device connected with a smart phone [1].

Afterwards, a robot is equipped with various sensors and enabled to capture
 20 excessively more details of the care-receiver and the environment than a human
 care-giver. The captured information is vital for improving the health condition
 of a care-receiver [2]. Finally, a robot is more adept at repetitive work and less
 error-prone than humans. For instance, a robot can remind a care-receiver of
 the medication schedule at any given time [3].

25 Efficient communications between robots and data centers are essential for
 improving customer services. However, the risk of potential high response la-
 tency at the data center end is critical for healthcare robot, especially in the
 case of emergency aid. In addition, many time-consuming tasks, such as human
 understanding. Such tasks can be completed by the robot and only summarized
 30 messages. Such messages as the category of behaviors, are communicated with
 the centers with very limited communication burden. A careful design of the
 framework in balancing edge computing and centralized computing is important
 for researchers from both robotics and communication communities [4][5][6][7].

The rapid development of Internet of Things (IoT) [8][9][10] is getting a wide
 35 acceptance and a growing adoption in many aspects of our daily life. By applying
 IoT technologies to healthcare, it is expected to witness dramatic improvement
 of healthcare and thus increase the service quality to humans [12][13][17]. To
 release the heavy communication burden of healthcare robots, in particular
 from their various equipment. It is preferred to pre-process the huge amount
 40 of data by the robots, or the edge computing [11][18][19][20][14][15][16]. In this
 paper, we aim to introduce applications of edge computing scenarios of mobile
 healthcare robots and give details on edge/centralized computing analysis in a
 task-driven fashion. The main contribution of this paper are as follows:

- Investigate on the application and key technologies of mobile healthcare
 45 robots.
- Discuss and analyze several peripheral and core functionalities that the
 robot development will require.
- Embracing edge computing and healthcare robots in image understanding,

sensor and path planning technologies will speedup the progress toward
 50 practice.

The rest of this paper is organized as follows. Section 2 summarizes typical needs and functionalities of the robot. Section 3 points out the task-driven demands of healthcare robots in edge computing. Section 4 analyzes the centralized case. Section 5 gives the conclusion and future work.

55 2. Typical Applications of A Mobile Healthcare Robots

The result of edge computing can be rapid machine-to-machine communication or machine-to-human interaction. This paradigm takes localized processing farther away from the network right down to the sensor by pushing the computing processes even closer to the data sources. The sensor can act as a dispatcher
 60 that can send information to another edge device or to the cloud if need be. This allows each edge device to do its part in processing information instead of sending all its data to a centralized server. Edge computing help improve patient care as well as increase efficiency from a business perspective. By spreading out the network, organizations can enhance productivity by concentrating resources
 65 on certain tasks and making health IT systems more efficient by decentralizing IT infrastructure. Fig. 1 illustrates representative application scenarios and functionalities of a mobile healthcare robot. We have listed several applications that a mobile healthcare robot may fit in.

2.1. Elder and Chronic Patient Nursing

70 Seventy percent of U.S. citizens take at least one prescription medication and over fifty percent take at least two, according to FDA and CDC. Among these patients, forty percent arises from elders. Failing to maintain medication adherence is a dramatic barrier to pursue health for patients, in particular those of elder people or chronic patients. A typical task consists of detection, communication with cloud, processing and returning message. A healthcare robot in
 75 this case is expected to be able to detect any abnormal actions, such as falling

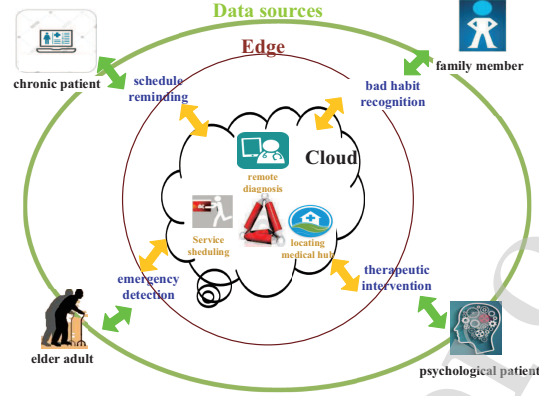


Figure 1: Needs on mobile healthcare robots

down, faint or asking for help. The robot then processes the raw detections and uploads compressed information to the cloud by reliable wireless connections. Messages are sent back to the robot to act properly. Frequently missing
 80 of medication doses, consequently and unfortunately, will likely lead to diseases aggravation.

2.2. Unhealthy Habit Recognition

Healthy lifestyle plays an important role in health maintenance. Harmful habits may lead a person towards unhealthy conditions even if he/she is temporarily healthy. However, a habit is an unconscious behavior. One usually fails
 85 to realize that a negative habit is doing harm. Professional suggestions, in this case, are essential for early-preventing.

2.3. Mental Healthcare

Although psychological issues like depression are increasingly prevalent, many
 90 people still face high barriers to access mental healthcare facilities. Some suffers do not realize the necessity of mental healthcare for fear of the social stigma associated with receiving psychotherapy. Other suffers desire healthcare but are impeded by high financial costs of mental health services.

3. Edge-Computing-Friendly Functionalities

95 According to the tasks a healthcare robot may meet, many functionalities of a robot are edge-computing-friendly in nature. In this section, we list and analyze this kind of tasks and discuss the corresponding edge computing techniques. In general, many user-orientated applications, such as user-friendly interfaces, intelligent perceptions, automatic navigations and innovations, as shown in Fig. 2, can be computed and processed on the robot rather than uploading to the center.

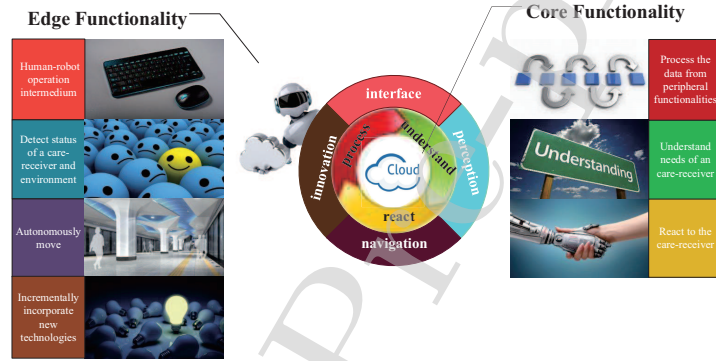


Figure 2: Key technologies of mobile healthcare robots in edge/centralized computing.

3.1. Interactivities

Typical interactivities between a robot and its users are commonly accomplished by the robot although several intelligent interfaces are more data-center-orientated. Traditional reaction of a robot to a human behavior is often defined off line and fixed in operation. Very limited communications, always a pre-defined message in describing user activities is sent to the center for services' improvement. However, as the rapid growth of customized services with support from the cutting-edge AI techniques, robot-human interactivity demands more communications than before [21]. For example, Google Siri, a popular virtual assistant, employs the state-of-the-art AI and machine learning technologies to recognize speech and answer questions and prefer to link to the data center for

an accurate reaction. It is a common choice in using the combination of an on-line and off-line interactive algorithms [29], in which in common scenes, the well-trained off-line model is adapted for the purpose of efficiency and on-line is selected in some special applications. Human-robot interactivities are also the main source of data stream in an edge computing environment, where the state-of-the-art resource allocation [23] or computation offloading strategy [24] can be applied.

3.2. Perception

Perception is capable of capturing passive inputs and enhances the ability of data collection. This edge function should preliminarily understand the perceived data, which is the basis of further analysis on the cloud.

Mobile-phone-based method: A virtual agent installed in a smart phone can directly collect incoming and outgoing text messages of all online-chatting APPs [1]. Thus, the virtual agent can simply perceive the user's activities through text messages. Obviously, this method is limited to text information and inevitably omits a lot of user behaviors, which may be important, sometimes even fatal, to healthcare-receivers. The virtual agent extends its perception capability by capturing the user's facial expressions using the front camera of a smart phone.

Facial recognition: Under the support of facial recognition technology, a tabletop healthcare robot can monitor each family member and his or her medications [3]. The robot reminds patients in pursuing their medication schedule, recognizes a patient's health crisis and contacts a healthcare provider if necessary. Moreover, such robot is enabled to connect to wireless networks and serves as interchanging communication medium between patients and healthcare providers. State-of-the-art facial recognition technologies can further improve recognition accuracy [27].

Special sensors: Human activity recognition is an essence to enable a robot to identify the behavior of a specific care-receiver [28]. Rather than facial expressions, an activity recognition can perceive behaviors of a care-receiver, who may be an elder adult, a children or a chronic patient. By activity recognition,

a robot tracks the care-receiver's action and recognize human behaviors such as anomalous activities and unhealthy habits. To ensure a robust and accurate recognition, sensors like accelerometers and gyroscopes are important in autonomously detecting human behaviors under certain scenarios.

Although the equipment of special sensors may improve human activity recognition performance, those sensors are still not user-friendly and, as a result, not welcome in industry [22]. Special sensors are typically not pressure-free to the wearer, which means low comfort level or restriction of the care-receiver mobility. In addition, deployment and maintenance of such sensors commonly induce heavy financial burden. Consequently, a more feasible approach is camera surveillance and image-classification-based human behavior recognition. Nevertheless, recognizing human activities solely from images is an extremely challenging task. Many challenges, such as background disarray, diversity of viewpoint, resemblance of distinct human behavior, may dramatically depress classification performance. Thanks to the rapid development of cutting edge machine learning schemes, promising solutions may arise from several state-of-the-art deep learning algorithms, including Convolutional Neural Network (CNN)[30], Generative Adversarial Network (GAN)[31].

CNN and GAN models enable robots make informed decisions based on the tasks they're presented with. CNN-based framework is able of navigate an endovascular surgery robot based on surgeons' skill learning. CNN-based method shows its capability of adapting to different situations and achieves similar success rate and average operating time. Robotic operation performs similar operating trajectory and maintains similar level of operating force with manual operation. The CNN-based method can be easily extended to many other surgical robots. A semi-supervised learning approach with generative adversarial networks GANs that enables a robot to learn from unlabeled tactile sensory data from interactions with everyday objects. By leveraging unlabeled sensor data that are more abundant in unstructured environments, we mitigate the need for massive labeled training sets.[52, 55]

The application of deep learning in robotics has also greatly improved the ac-

curacy of the robot's work. The robot's understanding of complex environments
 175 is the first step in intelligence. Vision-based scene recognition and understand-
 ing is important to the robot's understanding of the surrounding environment
 and improving its intelligence level. Obtaining real-time data in the current en-
 vironment is of great importance for the robot to construct the current working
 environment map. It is also necessary to consider the situation of the robot in
 180 the room. It is necessary to realize the correlation between the indoor three-
 dimensional map and the semantic information, not only the aforementioned
 ring needs to be considered. The map of the environment also needs to be
 classified to identify the scene in the scene.

Feature extraction is a key step in scene recognition. In this step, we do
 185 not use the traditional method of applying local features through human in-
 tervention, but apply the convolutional neural network model in deep learning
 to the scene recognition of the robot so that it can automatically capture the
 hidden in the original image. Number of feature information according to. In
 the process of object recognition and large-scale natural scene image process-
 190 ing, the convolutional neural network and superpixels can be combined with
 the depth Boltzmann machine respectively, wherein the large-scale scene image
 is preprocessed by the convolutional neural network to obtain a volume. Af-
 ter the product feature, the result is used as the depth visual layer input of
 the Boltzmann machine, feature extraction, and then use the softmax classifier
 195 implements the classification of the scene. In the indoor scene, it is necessary
 to realize the correlation between the three-dimensional map and the seman-
 tic information in the room, and use the decentralized modular technology to
 enable the robot to simultaneously perform scene object recognition and map
 reconstruction, thereby realizing its indoor recognition function.

200 3.3. Navigation

Navigation is a user-specific function and directly determines the behavior
 of the robot. Consequently, navigation is an edge functionality. However, this
 functionality may need support from the cloud.

Some mobile healthcare robots need to autonomously move, especially when
 205 they perform tasks like touring the care-receiver's activity area or tumble pre-
 ventation [32, 33]. Such robots usually need to find an optimal routine linking the
 destination and avoid obstacles in a crowded environment like a living room.
 Therefore, many research topics still need further investigation to achieve effi-
 cient navigations. Among these topics, one vital problem is endowing a robot
 210 with the ability to move through narrow spaces between two barriers and effec-
 tively avoid collision with them. Among numerous existing anti-collision meth-
 ods, the artificial potential field method (PFM) enjoys the following promising
 characteristics: being comparatively simple to implement, high efficiency, high
 speed and accuracy in most application scenarios.

215 Despite the advantages, traditional PFM suffers from local minima in the
 potential field, which leads to a couple of restrictions: failing to pass a narrow
 space between obstacles and oscillations in narrow passages. An improved PFM
 in [34] is shown to ease the aforementioned burden and validated on a mobile-
 robot-developing platform (Turtlebot 2). This robot captures visual information
 220 via a RGB-D Kinect sensor and converts to 3D images using Point Cloud Library
 (PCL). Then, the barrier detection is completed based on the 3D images.

Traditional supporting techniques of robot navigation cannot handle dy-
 namic environments, i.e., the obstacles or people are moving stochastically. Fur-
 thermore, a perfect navigation system not only finds the right routine but also
 225 enhances comfort of care-receivers. Such high-level demand base support of
 novel path planning methods.

3.4. Innovation

Similar to navigation, innovation is also tightly tied to user requirements.
 This functionality furnishes an upgrading interface for the whole system. In the
 230 literature, several work aimed to design an integrated information architecture
 that effectively facilitates a remotely teleoperated mobile health robot at home
 [37, 48, 49, 50, 51, 53, 54]. This kind of work interprets the robot developing task
 from the perspective of software engineering. Systematic technology renovation

like teleoperated healthcare robot should consistently fit into the requirements
 235 of healthcare delivery.

The development of integrated information architecture, which may link with
 health professionals or technical personnel, is necessary for healthcare robots.
 The main challenge is prioritizing various possible functionalities of a robot and
 handling the complexity of home physical environments. The main constraints
 240 include limits on the structural, perceptual and processing technologies of the
 robot. A teleoperated robot is a realistic choice that leverages currently mature
 technologies and depends on human operations to overpass existing limitations.

A mobile healthcare robot is a data-centric system. A usable and exten-
 sible system supports all information flows and their integration fitting into a
 245 consistently integrated, unitary and secure information system. In this manner,
 this architecture enables all stakeholders to felicitously access the system at any
 proper moment.

4. Data-Center-Orientated Communications

Core functionalities rely on the support of artificial intelligence techniques,
 250 including machine learning, semantic model, sentiment analysis and so on.
 These techniques put forwards high demands on hardware platform as well
 as artificial intelligence abilities. To meet the extreme requirements for user
 experience, efficiency, performance in wireless robot networking environments,
 novel designs, configurations and optimizations for wireless communications and
 255 networking are in great need to satisfying the service requirements. As a re-
 sult, the core functionalities run on the cloud and provide support to the edge
 functionalities. Fig. 3 summarizes the core functionalities and representative
 supporting technologies.

4.1. Uncertainty handling

260 Uncertainty handling is a critical issue especially when we refer to healthcare
 tasks, in which an unexpected operation may cause disastrous consequences.

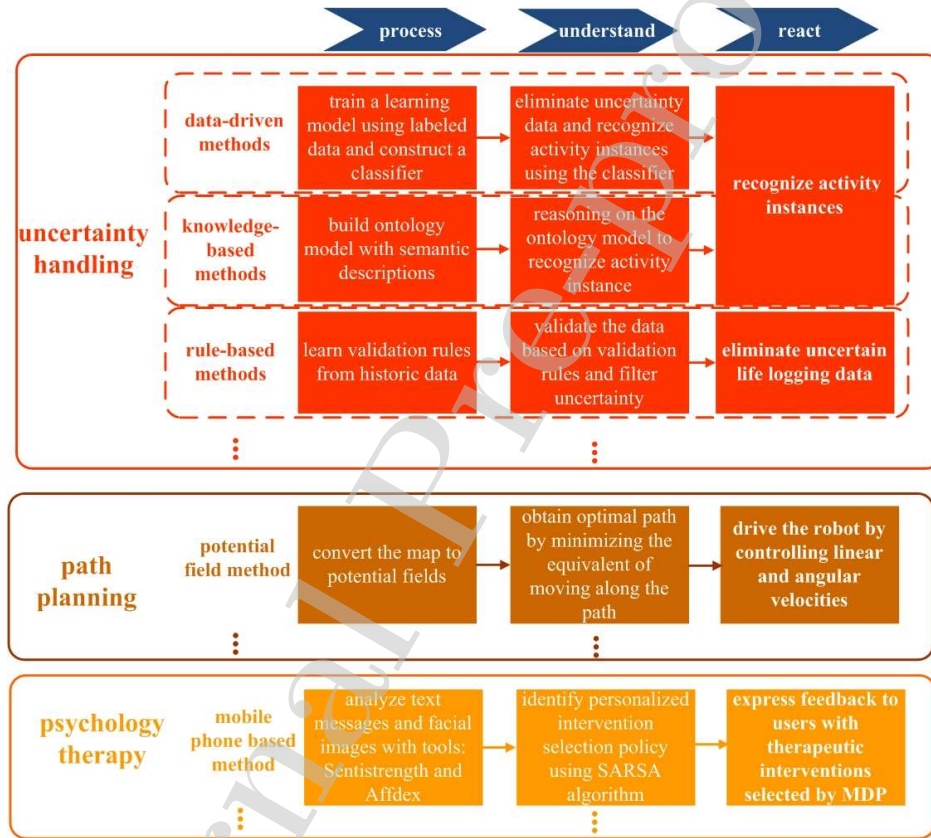


Figure 3: Core functionalities and representative supporting technologies

As an example, Fig. 4 demonstrates sensor uncertainty in a mobile healthcare robot system. Edge computing can solve the inefficiency of moving all data to a centralized point by creating a network of smaller datacenters with dedicated purposes and features that are tailored to meet specific demands. Digital projects that create or require data can be processed much faster when the computing power is close to the device or person generating it. By spreading out the network, organizations can enhance productivity by concentrating resources on certain tasks and making health IT systems more efficient by decentralizing IT infrastructure.

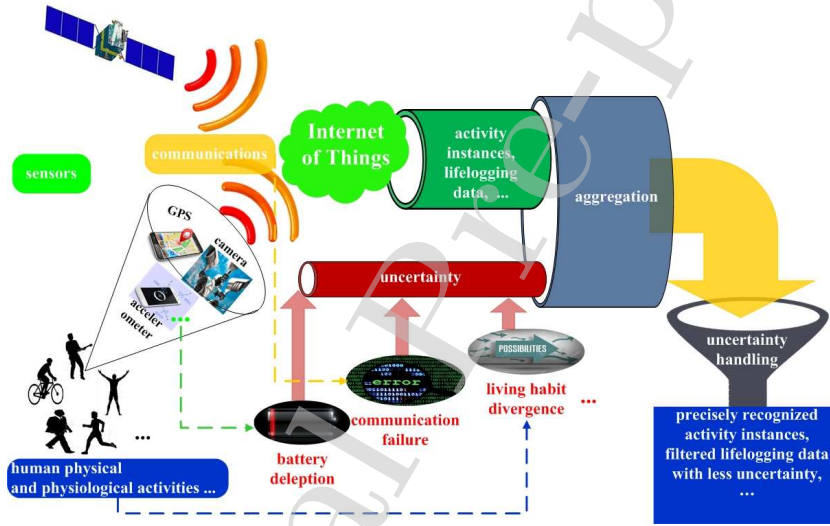


Figure 4: Sensor uncertainty in a mobile healthcare robot system

Inevitability of sensor uncertainty: Sensors suggest a promising solution to convey human's physical, physiological or even psychological activities to a robot. Internet of Things (IoT) integrates heterogeneous wearable or mobile sensors and creates a huge amount of opportunities to recognize human activities and collect human life logging data. With the support of IoT, physical activities can be remotely logged. Consequently, care-receivers are able to obtain more opportunities to enjoy a personalized healthcare.

Nevertheless, leveraging IoT in healthcare systems is challenging due to the

fact that various sensors (wearable devices) of IoT are generating massive high-dimensional heterogeneous data all the time. Effectively validating such data becomes an essential task. Owing to advances in accelerometer technologies and GPS, physical activities are generally well-observed. Life-logging physical activity data (LPD) exhibits remarkable uncertainty due to various reasons such as diversity and alterations of personal living habits, sensor errors (battery depletion, inaccurate outputs, etc.) and communication malfunction. Consequently, a mobile healthcare robot is required to make right decisions based on uncertain inputs, i.e., incomplete and inaccurate sensor data. The next generation of communication networks, such as the global centralized Software Defined Network (SDN) [41][42], provide robust link for IoT connections. Other cutting-edge technologies, such as cognitive radio sensor networks [35], may also improve the robustness and efficiency of a public network.

Knowledge-based and Data-driven Solutions: In order to recognize human activities and handle sensor uncertainty, popular solutions always adopt data-driven or knowledge-based methods. The primary superiority of data-driven methods is their capability to deal with uncertainty. Knowledge-based methods utilize prior knowledge to construct semantic activity models and perform inference processes on input sensor data. Such methods enjoy superior interoperability and wide adaption to diversified application scenarios, which are vital for a context-aware system. Additionally, knowledge-based methods leverage formal data structures to denote sensor data and contexts under the support of semantic descriptions, which make sensor data and contexts comprehensible to both developers and robots. Ontology-based activity recognition is a typical knowledge-based method and possesses advantages of expressiveness and comprehensive reasoning mechanisms [39, 46, 47]. A barrier to its broad application is the imperfect observations which may depress the activity recognition performance.

Data-driven and knowledge-based methods have shown their success in many applications. Data-driven methods adopt supervised machine learning algorithms to categorize sensor data into groups, each of which represents one kind

of human activity. For instance, Hidden Markov Models (HMM) and Support Vector Machine (SVM) are two widely used classifiers. Despite the success of data-driven methods, such methods fail to work efficiently with limited size of training data because they require large volume of training data to guarantee the classification accuracy. Moreover, it is difficult to acquire adequate training data because users may implement activities in various ways. In addition, gathering and manually labeling large volume of sensor data are known for their tremendous time-consumption. Furthermore, data-driven methods are difficult to process high-dimensional data.

In view of disadvantages of data-driven and knowledge-based methods, a combination of both methods enjoys broad prospects. Some recent works design hybrid models to recognize human activities. However, existing hybrid models lack specialized solutions to uncertainty handling. A hybrid model named AGACY Monitoring can cope with the inherent uncertainty of sensor data. This model handles long-enduring activities and their uncertainty values by adopting a new feature extraction method. Along with this model, a novel algorithm called AGACY infers activities by probing the collected uncertainty values [38]. Currently, the primary drawback of this method is that it lacks the ability to reuse existing upper ontology like DOLCE ontology.

A validation-rule based method can eliminate irregular uncertainty as well as relieve the negative influence of regular uncertainty [2]. This kind of methods still faces some challenges despite its success in experiments. First, extensibility should be enhanced to flexibly incorporate new validation rules. Second, a formal rule of human-in-loop validation needs to be investigated so that the method can more efficiently leverage user feedbacks to update validation rules. Third, the flexibility of the method needs to be validated by more users.

4.2. Social-aware Path Planning

A mobile healthcare robot may work in a crowd environment. The issue of path planning thus extends far beyond a collision-free and shortest path if a care-receiver requires high-quality user experiences. A robot needs to obey

340 social conventions and avert collision with human, in particular in walking. Path
 planning in dynamic environment aims at human-robot mutual understanding,
 i.e., social-aware path planning, with highlights such as comfort, naturalness
 and sociability.

A social-aware path planning framework typically contains the following
 345 components [40, 43, 44, 45]. First, a global planner provides to a robot the op-
 timal path linking to the destination. Similar to traditional path planning like
 PFM, a global planner demands that a static map of the environment is at least
 partially prior known. Second, a local planner takes in charge collision avoidance
 with regards to moving obstacle. A typical method adopted by a local planner
 350 is the dynamic window approach (DWA). DWA prunes non-reachable velocity
 values and thus shrinks the searching space. Afterwards, DWA minimizes an
 objective function by choosing possible velocity values from the shrunk search-
 ing space. Third, prediction model will forecast human movements and further
 raise efficiency of path planning in a crowded dynamic environment. A simple
 355 way to predict human movement is leveraging the linear model where human
 motion trajectories mostly constitute of straight lines. An efficient social-aware
 path planning framework is required to properly unify all these components.

In terms of the three-component social-aware path planning framework,
 there still exist open questions. First, response should be as fast as possible.
 360 For example, the local planner should swiftly adjust the routine of a fast-moving
 robot when an obstacle abruptly blocks the way. Second, new patterns of human
 motion may keep arising in the dynamic environment. Therefore, the local plan-
 ner should be capable of updating collision avoidance models accordingly. This
 capability means a lifelong ability that can update a learning model using data
 365 collected. Third, it is a challenge to move in a crowded dynamic environment.
 In addition, it is even more complicated to plan the optimal paths for a swarm
 of robots, a trend in robotics with promising performance. The primary topic,
 in the case of swarm robotics, is fusing the latest refreshed collision avoidance
 models of all robots into one. Subsequently, all robots abide the fused model
 370 and achieve their globally optimal paths.

4.3. Psychotherapy

Although psychological issues like depression are increasingly prevalent, many people still face high barrier to access mental healthcare. Mobile phone based socially assistant robot provides a promising solution to depress the accessibility barrier due to the ubiquity of mobile phone. A mobile mental therapeutic system consists of an active mobile phone and a tabletop robot connected by specific APP(s). This kind of APP records all incoming and outgoing text messages and capture the care-receiver's facial expression through the front camera of a mobile phone, and further analyzes messages and facial images for automatic psychological analysis [1]. Thus, the system selects therapeutic interventions in pursuant to the analysis results. The system adopts State-Action-Reward-State-Action (SARSA) algorithm to learn a customized intervention strategy regarding a care-receiver. A robot can make the care-receiver more engaged than a virtual agent thanks to physical presence of the robot.

Currently, the psychological status of users are usually inferred from text message or facial expressions, which restricts the effect of therapy. Improving existing therapies demands novel perception interfaces as well as supporting psychology analysis methods. Possible future works include leveraging various devices to collect human data, such as heartbeat, blood pressure, and constructing more powerful mental health intervention technologies. In summary, we list state-of-the-art supporting technologies in Fig. 5.

5. Conclusion and Open Research Issues

In this article, we investigated on the application and key technologies of mobile healthcare robots. We also pointed out several peripheral and core functionalities that the robot development will require. Fundamental development in communication, IoT, image understanding, sensor and path planning technologies will speedup the progress toward practical robots.

Open research issues include intelligent communications, ground-breaking biosensors, cutting-edge AI and state-of-the-art deep learning algorithms. How-

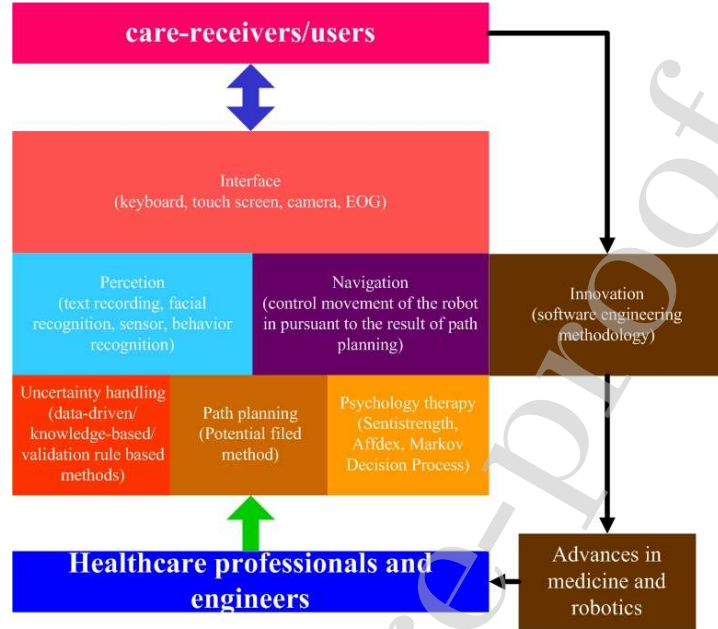


Figure 5: State-of-the-art supporting technologies of mobile healthcare robots

ever, each of the open issues still lacks advanced development, requiring further research and implementations. To this end, both academic and industrial research and development activities are highly recommended to overcome the limitations of the existing systems.

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Conflict of interest

The authors declare that there is no conflict of interests regarding the publication of this article.