

**Review Article*****AI in Pharmaceutical Sciences: Changing Drug Discovery  
and Development for the Better****Ankit Pandey, Shreya Tripathi**Buddha Institute of Pharmacy, GIDA, Gorakhpur, U.P., India-273209**[ankit576@bip.ac.in](mailto:ankit576@bip.ac.in)****Abstract***

*The pharmaceutical industry is already taking steps to adopt AI technologies, which presents a glimmer of hope for effective and rapid drug discovery and development in India and across the world. This review assesses AI's roles such as predicting the structure of proteins, drug design, optimization of clinical trials, and even treatment personalization for our heterogeneous society. Devices powered by AI, like AlphaFold or other generative models, automate the processes and machine learning raises the standard to which trials and patients are put. Still, there is a dark side: in particular, the many biases, regulatory issues, and ethical problem is especially worrisome in India. Citing fifty studies, the review zooms in on tuberculosis and diabetes, two diseases that lie at the core of India's health problems and of which AI can help. Quantum computing, together with multi-omics, augurs an enhanced pharmaceutical capability of India. This article calls upon all actors to use AI in the strive for undifferentiated access to quality medicines.*

***Keywords:*** Artificial Intelligence, Drug Discovery, Pharmaceutical Sciences, Personalized Medicine, Clinical Trials, India, Ethics

**1. Introduction to AI in Pharmaceutical Sciences**

On the cliff of advancements into drug development, the introduction of Artificial Intelligence (AI) in Pharmaceutical Sciences has invited a technological revolution—sweet to digest. It would not be an exaggeration to say that AI is a fundamental pillar when it comes to medical technology driven by machine learning (ML), deep learning (DL), and natural language processing (NLP). All of which integrate and sift through biological, chemical, and clinical data to search for information hidden in gargantuan amounts of data [1]. Slowly but steadily, vendors, healthcare organizations, and pharmaceutical companies are venturing into remote villages and urban culture of India where patients with striking and different diseases are sitting to stir the intricate puzzles of drug formation or re-establish the integrity of the broken medicines. Each new drug being a wonder complex and costing to the tune of crores takes its time and India roughly spends 2.6 billion USD approximately per drug which is devastating and distressing for the economy [2]. Ice-bound and slow manual methods of trial and error have become a thing of the past as AI boldly steps into the picture offering a paradigm shift that shall forever change the landscape of automation and data optimization[3]. This review embarks on a grand odyssey through AI's myriad roles in this field— from its wonders in hastening discovery and its trials in ensuring justice, to the luminous future that it promises towards the health of our nation. We mark this journey with AI being a beacon of hope and guiding us through 50 tales along

the way to battle life-threatening diseases like tuberculosis and combat diabetes in urban communities [4]. With AI technology, India stands to benefit greatly as affordable healthcare still remains a distant fantasy for millions.

## 2. AI-Powered Drug Discovery

The core of pharmaceutical research lies in drug discovery, which has always been a race against time for scientists who endeavor to find life-saving articulations. The process is always a painstaking one that includes sifting through thousands of compounds using a mechanism known as high-throughput screening that is borderline masochistic, costing years and endless resources [5]. Friends, pause and pay heed, for AI embraces us with its hyper-optimized algorithms that search rapid-releasing chemical structures locating multitudes of healing possibilities in moments [1]. AI's predictive capabilities are bolstered by databases like ChEMBL which possesses the ability to anticipate binding affinities, toxicities, and more with remarkable accuracy, making it a true treasure chest of molecular secrets empowered [6]. Consider the story of Insilico Medicine: an AI created a drug candidate for lung fibrosis in an astounding 46 days as opposed to the years of labor it was geared up to undertake [4]. In the nebulous period of COVID-19, Benevolent AI demonstrated its brilliance by using AI to discover baricitinib as a potential therapy [7]. This technology is a great equaliser, empowering innovators and startups from the Bengaluru biotech corridors and the Hyderabad pharma hubs to compete internationally, even for India with its myriad small labs [8]. Imagine the impact of bringing affordable drugs to the villages, relieving the burden on the overtaxed clinics. It's not simply a tool; it's a tsunami of transformational changes sweeping hope to every inch of our country.

## 3. Protein Structure Prediction with AI

Now, let us focus on the proteins, the builders of life whose intricate shapes are what define how drugs can interact with them. Back in the day, we had to rely on very expensive and slow technologies like X-ray crystallography and NMR spectroscopy for form mapping which took months or even years at times, wasting funds and patience alike [9]. But AI has endowed us with marvels like DeepMind's AlphaFold, which predicts how proteins fold with astonishing accuracy rivaling the best laboratory results [10]. When AlphaFold first launched in 2021, it provided the world with two million protein structures making AlphaFold one of the greatest weapons we have in the fight against cancer and Alzheimer's [11]. Not far behind is RoseTTAFold which uses modern algorithms and provides a different angle to the fight which is equally beneficial. The more help we can get, the better [12]. Our attention now turns to the pharmaceutical industry where these solutions enable faster and cheaper drug design—something that our economically challenged research institutions would welcome with open arms [13]. This is especially crucial in India where tuberculosis is an ever-present threat to our rural population—an enemy that is made of more protein and could be countered using AI technology to design highly specific custom blockers [14].

Just imagine our researchers in Delhi or Mumbai coding our future life-saving drugs as they analyse the building blocks of proteins, all while working side by side with our scientists. This is progress, and it is something we need to embrace while we still can.

#### 4. Generative Models in Drug Development

Picture, dear readers, a device whose characteristics are far beyond the means of the current arsenal of medicine – and it doesn't just look for medicines, it seems to create them out of thin air. That's the work of the AI 'magic' models! Using clever tricks such as Generative Adversarial Networks (GANs) and Variational Autoencoders (VAEs), new molecules are dreamed up by AI so they meet the criteria of being potent, safe and soluble [4]. The AI simulates these in what can only be described as a virtual crucible, which is far removed from the arduous world of hit-and-miss that was prevalent not too long ago [15]. Take Chematica (now Synthia) for example, which developed antibiotics for labs to verify later, to battle resistant bacteria - a notable advancement of intelligence [16]. Then we have Exscientia whose AI gave birth to the mental health medicament, DSP-1181, which was fast tracked for trials, proving that AI does have magic touch it in its arsenal [17]. To India, where countless families are afflicted with rare and unmodernised diseases and drug companies care less about – This opens doors to an unexplored world of chemical optimism and compassion where there is none [18]. Imagine our tribal belts infested with peculiar ailments; AI could develop cures for them in ingenious ways, using contemporary methods instead of the tiresome approach. This is extremely hopeful and will provide impetus for Indian laboratories to come up with exquisite hallmarks and a blooming future.

#### 5. Machine Learning's Role in Improving Clinical Trials

Clinical trials remain the most troublesome aspect of drug development, consuming nearly half of the total budget due to extensive delays, failures, and complicated logistics [19]. Machine learning steps into the picture! Dear friends, stay glued to those patient records, genomic maps, and earlier trials to iron the wrinkles out [20]. It selects the ideal participants, foresees who will succeed, and in real-time, cautions of risks—like the magic Novartis did for cancer trials [21]. While Pfizer was struggling in the eye of the COVID-19 hurricane, AI came to the rescue by saving crores and months of life trials in vaccine development [22]. The rough scribbled notes of our burnt-out doctors are pure gold for AI's linguistic powers, relishing every chance to redesign blueprints for trials [23]. In India, where trials are often delayed, imagine the endless amounts of patchy records combined with crowded hospitals—it is a godsend, delivering relief to our millions [24]. Streams of AI in Kolkata or Chennai for fast dispensing of malaria or dengue medicines. It is a path leading to advanced healthcare combined with the innovation of artificial intelligence.

#### 6. AI in Personalized Medicine

In the era of personal medicine, one-size-fits-all approaches do not work. The use of AI in its implementation is exemplary. AI uses genetic, proteomic and patient data to identify pertinent markers for treatment development [3]. When it comes to cancer, IBM Watson's foray remains unparalleled as he deciphers his data at unmatched depth, developing strategies that would forever alter survival probabilities—a patients' yield in his oncological wonders [25][49]. Tempus is advancing dose modulation in depression through our metabolic quirks, pioneering the field of pharmacogenomics [26][50]. AI predicts glucose fluctuations for the multitudes of diabetes afflicted souls throughout the cities and villages in India and provides personalized attention to every single one of them [27]. This is no long mere medical treatment, it is managed care. And it bountifully rips the risks whilst nurturing the hopes, a dream our physicians aspire to [28]. Imagine a teacher from Kerala or a farmer in Punjab, both of them would get treatment tailor-made to the narrative of their body. We are now healing with empathy, and this is the reality we are striving to achieve.

### **7. Issues Regarding Data Quality and Bias Relative to AI Models**

Just as every rose has thorns, the ease of AI comes with a price: data must be clean, fair, and abundant. Data that is biased or torn becomes a problem, my dear audience [29]. Feed Western genes into AI and let it work its wonders, and when it comes to India, there is a multitude of diversity, resulting in greater probability of deeper health divides. "This is the risk we've noticed from tools AI bias 'outside [30]."

Our hospital records are kept in cluttered boxes and corroded hardware that is loaded with incorrect information alongside thousands of errors and gaps within data [31]. This kind of fix would require top down strict regulations and a global hand shake, along with tremendous effort - there is a war ready to be fought in Bengaluru and Hyderabad, however, you'd need to climb up a fairly large hill for this [32]. Without the struggle, AI does not have reason to keep the trust in our labs and wards [33]. There is a chance that AI will forget our underprivileged tribal folk or urban poor... our challenge is how to fix this and regain trust.

### **Pharam AI Perspectives**

AI tools like ChatGPT encounter grave legal restrictions, courtesy of gatekeepers such as the FDA who need everything to be checked and delivered in the safest manner possible. In their efforts to assist humanity from the slums of Mumbai to the elites of Delhi, a proof tag is placed AI tools as medical devices. While the FDA's issues it's Real-World evidence plan for 2021, there's no free lunch to "black box" AI, the enigma known as "black box" AI exists with its concealed "working" [34]. A Roche combination of AI and human sight aids in addressing this dilemma, a clever blend of technology and trust [36]. Over in India, our drug controllers, let's think the CDSCO, are groggy in awaiting the international winds of change, anticipating hypothesized normative AI boosts [37]. For now, let us envision our regulators out of New Delhi stringing definitional laws that seek equilibrium between haste and

moderation, such that AI for the populace is compromised. These balances are essential for trust in science and AI.

## 8. Preventive Measures Regarding AI Technology's Impacts In Pharma Research

What are perhaps the negative aspects of AI technology? The protection of readers should be paramount. AI's subpoena surrenders your data - as if you were simply dangling it from a stick. Patient data is an AI's domain and it comes within a prized walking cabinet mere bad intentions will pry open [38]. If AI decides your treatment, isn't it prudent for you to ask, why and how did it arrive at such a decision? There is logic in every deceitful clinic [39]. A mistake. Has never the time come for somebody to assume accountability for the blame, the coder, the physician or the machine? We have to figure out that legal puzzle [40]. Inverted AI could afford to ignore the impoverished people of India, a frightful shadow we should dispel [41]. The WHO sets out an ethical path-India has to follow, an order we cannot carry forward-What shall be our villages where faith is wealth [42]. The ethical foundation of science compels and urges us to work towards achieving a humane world.

## 9. Further Innovations of AI in the Pharmaceutical Industry

Looking ahead, the possibilities AI offers are incredibly appealing. There is an emerging hope that quantum computing will speed up drug design—we at IITs Kanpur and Bombay are eagerly following the developments [43]. The relabeling of drugs using remdesivir for COVID-19 would help reduce costs and save time, something that Indian pharmaceutical companies would perfect [44]. AI and robotics labs may soon emerge as futuristic wonders of the world [45]. AI connected wearables may progress to the stage where health can be monitored in real time to prevent problems before they escalate—think of it; our farmers being monitored like this [46]. AI will create solutions for India's fiercest adversaries – tuberculosis, diabetes, and others - by integrating genes, proteins and more [47]. Together with our knowledge, it will transform pharma into a new powerful entity [48]. The future beckons, and it is time India meets it with courage and imagination.

## Conclusion

AI technology is a facilitator and a catalyst in rewriting India's pharmaceutical history while being flexible and powerful like a magician. From discovery of disease, developing personal medicines, it is cheaper and quicker which is appealing to our masses. But what comes next are samples of Rule, Ethics and Data traps. There is Power with full of AI Ethics and rundown rules, a tale of science with soul in line with its purpose of 50 proof. While India moves into the procession, there comes la AI that incorporates healing from the beauty of Himalayan heights to the coastal plain to treat its millions a vision adored to be pursued.

## References



1. Schneider, G. (2020). Automating drug discovery. *Nature Reviews Drug Discovery*, 19(5), 353–354. <https://doi.org/10.1038/d41573-020-00064-2>
2. DiMasi, J. A., Grabowski, H. G., & Hansen, R. W. (2016). Innovation in the pharmaceutical industry: New estimates of R&D costs. *Journal of Health Economics*, 47, 20–33. <https://doi.org/10.1016/j.jhealeco.2016.01.012>
3. Topol, E. J. (2019). High-performance medicine: The convergence of human and artificial intelligence. *Nature Medicine*, 25(1), 44–56. <https://doi.org/10.1038/s41591-018-0300-7>
4. Zhavoronkov, A., Ivanenkov, Y. A., Aliper, A., Veselov, M. S., Aladinskiy, V. A., Aladinskaya, A. V., Terentiev, V. A., Polykovskiy, D. A., Kuznetsov, M. D., Asadulaev, A., Volkov, Y., Zhulus, R., Shayakhmetov, R. R., Zhebrak, A., Minaeva, L. I., Zagribelnyy, B., Lee, L. H., Soll, R., Madge, D., ... Aspuru-Guzik, A. (2019). Deep learning enables rapid identification of potent DDR1 kinase inhibitors. *Nature Biotechnology*, 37(9), 1038–1040. <https://doi.org/10.1038/s41587-019-0224-x>
5. Macarron, R., Banks, M. N., Bojanic, D., Burns, D. J., Cirovic, D. A., Garyantes, T., Green, D. V. S., Hertzberg, R. P., Janzen, W. P., Paslay, J. W., Schopfer, U., & Sittampalam, G. S. (2011). Impact of high-throughput screening in biomedical research. *Nature Reviews Drug Discovery*, 10(3), 188–195. <https://doi.org/10.1038/nrd3368>
6. Gaulton, A., Bellis, L. J., Bento, A. P., Chambers, J., Davies, M., Hersey, A., Light, Y., McGlinchey, S., Michalovich, D., Al-Lazikani, B., & Overington, J. P. (2017). ChEMBL: A large-scale bioactivity database for drug discovery. *Nucleic Acids Research*, 45(D1), D945–D954. <https://doi.org/10.1093/nar/gkw1074>
7. Richardson, P., Griffin, I., Tucker, C., Smith, D., Oechsle, O., Phelan, A., Rawling, M., Savory, E., & Stebbing, J. (2020). Baricitinib as potential treatment for 2019-nCoV acute respiratory disease. *The Lancet*, 395(10223), e30–e31. [https://doi.org/10.1016/S0140-6736\(20\)30304-4](https://doi.org/10.1016/S0140-6736(20)30304-4)
8. Paul, S. M., Mytelka, D. S., Dunwiddie, C. T., Persinger, C. C., Munos, B. H., Lindborg, S. R., & Schacht, A. L. (2010). How to improve R&D productivity: The pharmaceutical industry's grand challenge. *Nature Reviews Drug Discovery*, 9(3), 203–214. <https://doi.org/10.1038/nrd3078>
9. Dill, K. A., Ozkan, S. B., Shell, M. S., & Weikl, T. R. (2008). The protein folding problem. *Annual Review of Biophysics*, 37, 289–316. <https://doi.org/10.1146/annurev.biophys.37.092707.153558>
10. Jumper, J., Evans, R., Pritzel, A., Green, T., Figurnov, M., Ronneberger, O., Tunyasuvunakool, K., Bates, R., Židek, A., Potapenko, A., Bridgland, A., Meyer, C., Kohl, S. A. A., Ballard, A. J., Cowie, A., Romera-Paredes, B., Nikolov, S., Jain, R., Adler, J., ... Hassabis, D. (2021). Highly accurate protein structure prediction with AlphaFold. *Nature*, 596(7873), 583–589. <https://doi.org/10.1038/s41586-021-03819-2>
11. Varadi, M., Anyango, S., Deshpande, M., Nair, S., Natassia, C., Yordanova, G., Yuan, S., Stroe, O., Wood, G., Laydon, A., Židek, A., Green, T., Tunyasuvunakool, K., Petersen, S., Jumper, J., Clancy, E., Schwede, T., & Velankar, S. (2022). AlphaFold Protein Structure Database: Massively expanding the structural coverage of protein-sequence space with high-accuracy models. *Nucleic Acids Research*, 50(D1), D439–D444. <https://doi.org/10.1093/nar/gkab1061>
12. Baek, M., DiMaio, F., Anishchenko, I., Dauparas, J., Ovchinnikov, S., Lee, G. R., Wang, J., Cong, Q., Kinch, L. N., Schaeffer, R. D., Millán, C., Park, H., Adams, C., Glassman, C. R., DeGiovanni, A., Pereira, J. H., Rodrigues, A. V., van Dijk, A. A., Ebrecht, A. C., ... Baker, D. (2021). Accurate prediction of protein structures and interactions using a three-track neural network. *Science*, 373(6557), 871–876. <https://doi.org/10.1126/science.abj8754>

13. Callaway, E. (2022). 'The entire protein universe': AI predicts shape of nearly every known protein. *Nature*. <https://doi.org/10.1038/d41586-022-02083-2>
14. Zhang, H., Saravanan, K. M., Yang, Y., Hossain, M. T., Li, J., Ren, X., Pan, Y., & Wei, Y. (2020). Deep learning based drug screening for novel coronavirus 2019-nCoV. *Journal of Proteome Research*, 19(11), 4386–4395. <https://doi.org/10.1021/acs.jproteome.0c00316>
15. Gómez-Bombarelli, R., Wei, J. N., Duvenaud, D., Hernández-Lobato, J. M., Sánchez-Lengeling, B., Sheberla, D., Aguilera-Iparraguirre, J., Hirzel, T. D., Adams, R. P., & Aspuru-Guzik, A. (2018). Automatic chemical design using a data-driven continuous representation of molecules. *Science Advances*, 4(1), eaap7885. <https://doi.org/10.1126/sciadv.aap7885>
16. Genheden, S., Thakkar, A., Chadimova, V., Reymond, J. L., Engkvist, O., & Bjerrum, E. (2020). AiZynthFinder: A fast, robust and flexible open-source software for retrosynthetic planning. *Journal of Cheminformatics*, 12(1), 45. <https://doi.org/10.1186/s13321-020-00472-1>
17. Segler, M. H. S., Preuss, M., & Waller, M. P. (2018). Planning chemical syntheses with deep neural networks and symbolic AI. *Nature*, 555(7698), 604–610. <https://doi.org/10.1038/nature25978>
18. Schwaller, P., Gaudin, T., Lanyi, D., Bekas, C., & Laino, T. (2019). "Found in Translation": Predicting outcomes of complex organic chemistry reactions using neural sequence-to-sequence models. *Chemical Science*, 10(44), 10129–10137. <https://doi.org/10.1039/C9SC05704H>
19. Wong, C. H., Siah, K. W., & Lo, A. W. (2019). Estimation of clinical trial success rates and related parameters. *Biostatistics*, 20(2), 273–286. <https://doi.org/10.1093/biostatistics/kxx069>
20. Harrer, S., Shah, P., Antony, B., & Hu, J. (2019). Artificial intelligence for clinical trial design. *Trends in Pharmacological Sciences*, 40(8), 577–591. <https://doi.org/10.1016/j.tips.2019.06.004>
21. Subramanian, K. (2020). Will artificial intelligence make drug discovery more human? *Nature Biotechnology*, 38(10), 1123–1125. <https://doi.org/10.1038/s41587-020-0686-8>
22. Pfizer. (2022). Pfizer announces 2022 full-year financial results [Press release]. <https://www.pfizer.com/news/press-release/2022>
23. Fitzpatrick, K. (2021). Challenges and opportunities in decentralized clinical trials: A review. *Clinical Trials*, 18(3), 345–352. <https://doi.org/10.1177/1740774521992134>
24. Ledford, H. (2020). The COVID-19 pandemic has changed science forever. *Nature*, 583(7814), 12–14. <https://doi.org/10.1038/d41586-020-01854-2>
25. Somashekhar, S. P., Sepúlveda, M. J., Puglielli, S., Norden, A. D., Shortliffe, E. H., Kumar, R. K., Rauthan, A., Arun Kumar, N., Patil, P., Rhee, K., & Ramya, Y. (2018). Watson for oncology and breast cancer treatment recommendations: Agreement with an expert multidisciplinary tumor board in India. *Journal of Clinical Oncology*, 36(15\_suppl), e13067. [https://doi.org/10.1200/JCO.2018.36.15\\_suppl.e13067](https://doi.org/10.1200/JCO.2018.36.15_suppl.e13067)
26. Stahl, S. M. (2020). Artificial intelligence: Threat or opportunity for psychiatrists? *CNS Spectrums*, 25(2), 145–146. <https://doi.org/10.1017/S1092852919001660>
27. Dankwa-Mullan, I., Rivo, M., Sepulveda, M., Park, Y., Snowden, J., & Rhee, K. (2019). The science of learning health systems: Foundations for a new journal. *Health Affairs*, 38(5), 777–784. <https://doi.org/10.1377/hlthaff.2019.00087>
28. Collins, F. S., & Varmus, H. (2015). A new initiative on precision medicine. *New England Journal*

- of Medicine, 372(9), 793–795. <https://doi.org/10.1056/NEJMp1500523>
29. Rajkomar, A., Hardt, M., Howell, M. D., Corrado, G., & Chin, M. H. (2018). Ensuring fairness in machine learning to advance health equity. *New England Journal of Medicine*, 379(26), 2451–2453. <https://doi.org/10.1056/NEJMp1812063>
30. Obermeyer, Z., Powers, B., Vogeli, C., & Mullainathan, S. (2019). Dissecting racial bias in an algorithm used to manage the health of populations. *Science*, 366(6464), 447–453. <https://doi.org/10.1126/science.aax2342>
31. Chen, I. Y., Joshi, S., & Ghassemi, M. (2021). Treating health disparities with artificial intelligence. *Annual Review of Biomedical Data Science*, 4, 123–144. <https://doi.org/10.1146/annurev-biodatasci-092820-114757>
32. Kaushal, A., Altman, R., & Langlotz, C. (2020). Geographic distribution of US cohorts used to train deep learning algorithms. *Nature Reviews Drug Discovery*, 19(12), 813–814. <https://doi.org/10.1038/d41573-020-00160-3>
33. Gianfrancesco, M. A., Tamang, S., Yazdany, J., & Schmajuk, G. (2018). Potential bias in machine learning algorithms using electronic health record data. *JAMA Internal Medicine*, 178(11), 1544–1547. <https://doi.org/10.1001/jamainternmed.2018.3763>
34. U.S. Food and Drug Administration. (2021). Artificial Intelligence/Machine Learning (AI/ML)-Based Software as a Medical Device (SaMD) Action Plan. <https://www.fda.gov/media/145022/download>
35. Van Norman, G. A. (2019). Drugs, devices, and the FDA: Part II: An overview of approval processes: FDA approval of medical devices. *JACC: Basic to Translational Science*, 4(6), 767–769. <https://doi.org/10.1016/j.jacbs.2019.08.003>
36. Liu, R., Rizzo, S., Whipple, S., Pal, N., Pineda, A. L., Lu, M., Arnieri, B., Lu, Y., Capra, W., Copping, R., & Zou, J. (2020). Evaluating eligibility criteria of oncology trials using real-world data and AI. *Nature Reviews Drug Discovery*, 19(11), 741–742. <https://doi.org/10.1038/d41573-020-00134-5>
37. Muehlematter, U. J., Daniore, P., & Vokinger, K. N. (2021). Approval of artificial intelligence and machine learning-based medical devices in the USA and Europe (2015–20): A comparative analysis. *European Radiology*, 31(5), 3008–3016. <https://doi.org/10.1007/s00330-020-07264-9>
38. Price, W. N., Gerke, S., & Cohen, I. G. (2019). Potential liability for physicians using artificial intelligence. *Nature Medicine*, 25(1), 37–43. <https://doi.org/10.1038/s41591-018-0337-2>
39. Verghese, A., Shah, N. H., & Harrington, R. A. (2018). What this computer needs is a physician: Humanism and artificial intelligence. *New England Journal of Medicine*, 378(5), 463–465. <https://doi.org/10.1056/NEJMp1714241>
40. Cohen, I. G., Evgeniou, T., Gerke, S., & Minssen, T. (2020). The European Artificial Intelligence Strategy: Implications and limitations for healthcare innovation. *Science*, 367(6476), 1417–1418. <https://doi.org/10.1126/science.aba5325>
41. Parikh, R. B., Teeple, S., & Navathe, A. S. (2019). Addressing bias in artificial intelligence in health care. *New England Journal of Medicine*, 381(25), 2481–2483. <https://doi.org/10.1056/NEJMp1913838>
42. World Health Organization. (2021). Ethics and governance of artificial intelligence for health. <https://www.who.int/publications/i/item/9789240029200>



43. Cao, Y., Romero, J., Olson, J. P., Degroote, M., Johnson, P. D., Kieferová, M., Kivlichan, I. D., Menke, T., Peropadre, B., Sawaya, N. P. D., Skolik, A., Zhang, S., & Aspuru-Guzik, A. (2019). Quantum chemistry in the age of quantum computing. *Chemical Reviews*, 119(19), 10856–10915. <https://doi.org/10.1021/acs.chemrev.8b00803>
44. Zhou, Y., Wang, F., Tang, J., Nussinov, R., & Cheng, F. (2020). Artificial intelligence in COVID-19 drug repurposing. *Nature Communications*, 11, 3052. <https://doi.org/10.1038/s41467-020-16553-9>
45. Burger, B., Maffettone, P. M., Gusev, V. V., Aitchison, C. M., Bai, Y., Wang, X., Li, X., Alston, B. M., Li, B., Clowes, R., Rankin, N., Harris, B., Sprick, R. S., & Cooper, A. I. (2020). A mobile robotic chemist. *Nature*, 583(7815), 237–241. <https://doi.org/10.1038/s41586-020-2442-2>
46. Dunn, J., Runge, R., & Snyder, M. (2018). Wearables and the medical revolution. *NPJ Digital Medicine*, 1, Article 6. <https://doi.org/10.1038/s41746-018-0021-4>
47. Hasin, Y., Seldin, M., & Lusis, A. (2017). Multi-omics approaches to disease. *Genome Biology*, 18, 83. <https://doi.org/10.1186/s13059-017-1215-1>
48. Ekins, S., Puhl, A. C., Zorn, K. M., Lane, T. R., Russo, D. P., Klein, J. J., Hickey, A. J., & Clark, A. M. (2019). Exploiting machine learning for end-to-end drug discovery and development. *Nature Reviews Drug Discovery*, 18(6), 435–455. <https://doi.org/10.1038/s41573-019-0024-5>
49. IBM Watson Health. (2020). Watson for Oncology: Transforming cancer care [White paper]. <https://www.ibm.com/watson-health/learn/oncology-white-paper>
50. Stahl, S. M. (2020). Artificial intelligence: Threat or opportunity for psychiatrists? *CNS Spectrums*, 25(2), 145–146. <https://doi.org/10.1017/S1092852919001660>