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Digital Health and Artificial Intelligence: A Jurisprudential Inquiry into Patient Rights, Data Protection, and Forensic Implications

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Digital Health and Artificial Intelligence: A Jurisprudential Inquiry into Patient Rights, Data Protection, and Forensic Implications

ABSTRACT

Artificial Intelligence (AI), a defining feature of the Fourth Industrial Revolution, is transforming digital health and medical practice by enabling advanced data analysis, improving diagnostic accuracy, and optimizing treatment pathways. The integration of AI-driven technologies in healthcare enhances efficiency, supports personalized medicine, and aids in addressing complex challenges such as antibiotic resistance. However, these advancements also raise critical legal and ethical concerns within the domain of medical jurisprudence. The doctor-patient relationship, traditionally grounded in trust and empathy, is increasingly mediated by algorithmic systems that cannot fully replicate human judgment. Issues of patient rights, informed consent, and transparency regarding AI-assisted decision-making remain central to safeguarding autonomy. Additionally, concerns relating to data protection and privacy highlight the risks associated with the storage and dissemination of sensitive medical information. The paper further examines the growing role of digital health data as forensic evidence in criminal justice, raising questions regarding admissibility, reliability, and evidentiary standards. Moreover, the expansion of telemedicine and digital healthcare systems introduces new regulatory and ethical challenges, particularly in ensuring accountability and maintaining standards of care. This paper adopts a comparative, and socio-legal methodology, supported by analytical and evaluative approaches, to examine statutory frameworks, judicial precedents, and international practices governing AI and digital health technologies. It critically assesses existing legal mechanisms and identifies gaps in regulation and enforcement. The paper concludes that while AI holds immense potential to revolutionize healthcare delivery, its responsible integration requires robust legal safeguards, ethical accountability, and strict adherence to patient rights. A balanced approach that harmonizes technological innovation with established jurisprudential principles is essential to ensuring both clinical excellence and public trust in the evolving digital healthcare landscape.

KEYWORDS

Telemedicine, medical jurisprudence, forensic, ethical

accountability, human judgment.

INTRODUCTION

Artificial Intelligence, heralded as a defining feature of the Fourth Industrial Revolution, has inaugurated a profound transformation in healthcare. Its integration into medical practice signals a paradigmatic shift from traditional, experience-based decision-making to algorithmically mediated processes. Sophisticated computational systems now synthesise vast and heterogeneous datasets, enhancing diagnostic precision, refining therapeutic interventions, and optimising institutional efficiency. Hospitals increasingly deploy AI to augment patient monitoring, reduce systemic inefficiencies, and streamline administrative functions. These developments promise improved clinical outcomes and a more responsive healthcare infrastructure. Yet, the incorporation of AI into medicine invites complex ethical and legal considerations. The doctor-patient relationship, historically anchored in trust, empathy, and human judgement, is undergoing subtle reconfiguration in the face of algorithmic mediation. In this context, questions of informed consent, transparency, accountability, and data security assume heightened importance, demanding a jurisprudential re-examination of established doctrines. This paper advances the central argument that the integration of Artificial Intelligence into healthcare necessitates a paradigm shift from traditional negligence-based frameworks to a structured, risk-tiered legal model grounded in transparency, shared accountability, and enforceable patient rights. It contends that without statutory recognition of algorithmic responsibility and explainability as legal obligations, the expansion of AI in healthcare risks creating an accountability vacuum that undermines both patient autonomy and constitutional guarantees of dignity.¹

1. CONTEXTUAL FOUNDATIONS: DIGITAL HEALTH EXPANSION AND SYSTEMIC IMPERATIVES

Healthcare systems globally are beset by demographic ageing, the proliferation of chronic diseases, and escalating fiscal burdens. These systemic pressures necessitate innovative solutions capable of enhancing efficiency without compromising quality of care. Artificial Intelligence emerges as a compelling response, offering predictive analytics, improved disease surveillance, and more effective allocation of medical resources.

In India, the advancement of digital health technologies reflects a

¹ Helen YuanYuan Cao & Dan Ma, Digital Health: Transforming Healthcare Through Technology, Springer Nature Link, (April 04, 2026, 5:40 AM), https://link.springer.com/rwe/10.1007/978-3-658-46399-1_21-1

broader commitment to technological modernisation and systemic reform. The National Digital Health Mission seeks to establish an integrated healthcare ecosystem through unique digital health identities and interoperable medical records. Substantial financial investments, including the Union Budget 2025 allocation of one billion dollars for AI-enabled health infrastructure, underscore the state's intent to harness AI for healthcare innovation. Industry projections anticipate India's AI healthcare market will grow at a compound annual growth rate of 40.6%, reaching 1.6 billion dollars by 2025. While these developments signify progress, they simultaneously foreground concerns relating to data governance, equitable access, and ethical accountability. The imperative lies in ensuring that technological progress is accompanied by robust safeguards that uphold patient rights and institutional integrity.²

2. CLINICAL APPLICATIONS OF ARTIFICIAL INTELLIGENCE: TRANSFORMATIVE POTENTIALS AND OPERATIONAL REALITIES

Artificial Intelligence has become integral to clinical practice, significantly enhancing diagnostic capabilities and treatment precision. By analysing electronic health records and medical imaging, AI systems can identify subtle patterns that may elude human observation, facilitating early detection of diseases and personalised treatment planning. Within India, AI-driven innovations exemplify both ingenuity and scalability. Apollo Hospitals operates South Asia's first AI-enabled precision oncology centre, integrating algorithmic systems into cancer diagnosis and treatment planning. Sigtuple pioneers digital pathology, enabling remote analysis of blood samples and extending specialised diagnostics to underserved regions. Practo deploys natural language algorithms to facilitate multilingual teleconsultations, bridging linguistic and geographical barriers. Tata Elxsi advances AI-powered medical imaging technologies, while collaborations between Google, Forus Health, and AuroLab scale diabetic retinopathy screening in rural India. These developments exemplify promise and limitation. While AI accelerates diagnosis and expands access, its reliability remains contingent upon the quality of training datasets and the presence of adequate clinical oversight.³

² Kameswara Natakusumah, Erna Maulina, Anang Muftiadi, Margo Purnomo, Digital transformation of health quality services in the healthcare industry during disruption and society 5.0 era, Research Gate, (April 4, 2026, 8:00 PM), https://www.researchgate.net/publication/362477198_Digital_transformation_of_health_quality_services_in_the_healthcare_industry_during_disruption_and_society_50_era

³ Sophie Park MPH., Javier Garcia-Palacios PhD., Andrew Cohen & Zsuzsanna Varga

3. ARTIFICIAL INTELLIGENCE IN EXPANDING EPISTEMIC FRONTIER:

AI has redefined medical research by enabling the analysis of complex datasets and facilitating predictive modelling. Its capacity to integrate genetic, environmental, and behavioural data yields novel insights into disease causation and progression, informing both clinical practice and public health policy. In India, AI accelerates drug discovery, generates synthetic datasets for rare conditions, and enhances epidemiological forecasting. The utilisation of AI during the COVID-19 pandemic exemplified both potential and limitation, as varying degrees of accuracy highlighted the critical importance of data quality and governance.

4. PATIENT AUTONOMY AND DATA GOVERNANCE

4.1. *Reconfiguring Rights in the Digital Era*

The informed consent requires substantive rearticulation in the context of AI-driven healthcare. Patients must be apprised not only of medical procedures but also of the role of algorithmic systems in clinical decision-making. Meaningful consent necessitates clarity, transparency, and accessibility of information. The centrality of data in AI systems renders data protection paramount. The aggregation and processing of sensitive health information expose patients to risks of breaches and misuse. Regulatory frameworks must ensure stringent safeguards, effective enforcement, and patient control over personal data. The absence of algorithmic transparency renders consents procedurally valid but substantively hollow. Consent, in such contexts, risks becoming a legal fiction rather than an expression of genuine autonomy.⁴

4.2. *Ethical Dimensions of AI Integration*

Algorithmic bias constitutes a significant ethical concern, particularly in diverse societies where unrepresentative datasets may yield discriminatory outcomes. Addressing such bias requires deliberate efforts to develop inclusive datasets and implement corrective mechanisms. The opacity of AI systems, often characterised as black-box functioning, poses challenges to transparency and accountability. Ensuring explainability is essential to fostering trust among patients and

PhD, From treatment to prevention: The evolution of digital healthcare, nature portfolio, (April 4, 2026, 9:18 PM), <https://www.nature.com/articles/d42473-019-00274-6>

⁴ Nidha Shapoo, Naveed Shapoo, Abdul Rehman, Noella Boma, Smart Healthcare: The Role of Digital Health in Modern Medicine, Wiley Online Library, (April 6, 10:06 PM), <https://onlinelibrary.wiley.com/doi/full/10.1002/hcs2.70019?msocid=0e58a33d01596f7a1c32b57f003b6ebb>

practitioners alike. While AI enhances efficiency, it cannot replicate the empathy and relational depth inherent in human interactions. Preserving the human dimension of healthcare remains essential to maintaining the integrity of the doctor-patient relationship. Algorithmic bias is not merely a technical flaw but a constitutional concern, as it may directly infringe the principles of equality by embedding systemic discrimination within clinical decision-making.⁵

4.3. Digital Health Data as Evidentiary Material Interfaces

The incorporation of AI-generated medical data into forensic processes introduces novel evidentiary challenges. Questions concerning authenticity, reliability, and methodological validity must be addressed to ensure compliance with legal standards. The integrity of digital evidence necessitates strict adherence to chain-of-custody protocols and robust validation mechanisms. Courts must exercise judicious scrutiny to ensure that reliance on AI-generated evidence does not compromise procedural fairness. The Bharatiya Sakshya Adhiniyam 2023 provides the statutory foundation for admissibility of digital records, requiring authentication and certification.

For instances, let's consider a scenario where an AI-generated diagnostic report is introduced as evidence in a criminal trial to establish cause of death. If the underlying algorithm remains opaque and its training data unverifiable, the evidentiary value of such material becomes deeply contested. Judicial reliance on such systems without adequate scrutiny risks elevating probabilistic outputs to the status of legal certainty. In the absence of explainability, AI-generated evidence may satisfy technical admissibility while failing the deeper test of evidentiary reliability.⁶

4.4. Redefining Access of Digital Telemedicine Systems

Telemedicine has emerged as a vital instrument for expanding healthcare access, particularly in underserved regions. AI-powered platforms facilitate remote consultations, mitigating geographical constraints. The proliferation of telemedicine raises complex questions regarding liability, particularly in instances of misdiagnosis. Additionally, the digital nature of such platforms necessitates stringent data protection measures to safeguard patient information. Ensuring equitable access to

⁵ Chin Lin, PhD, Lun-De Liao, PhD & Hooi Min Lim, PhD, Prospective and Interventional Clinical Evidence in Medical AI Research, npj digital medicine, (April 6, 10:10 PM), <https://www.nature.com/collections/gdagbfjdah>

⁶ Wei-Qi Wei, MD, PhD, Lequan Yu, PhD & Dinh Nguyen, MD, MSHI, Evaluating the Real-World Clinical Performance of AI, npj digital medicine, (April 7, 2026, 1.00 PM), <https://www.nature.com/collections/hcdeibadid>

telemedicine remains a critical concern. Policies must address infrastructural disparities to prevent exclusion of vulnerable populations. Initiatives such as BharatNet strengthen broadband connectivity for rural health centres, enabling AI-driven telemedicine delivery.⁷

5.1 REGULATORY ARCHITECTURE AND LEGAL OVERSIGHT TOWARDS COHERENT GOVERNANCE

The regulatory landscape governing AI in healthcare is characterised by fragmentation and overlapping frameworks. A coherent and unified approach is essential to ensure consistency and effectiveness. Establishing clear lines of accountability among stakeholders, including developers, clinicians, and regulatory bodies, is imperative. Mechanisms such as audits, certification, and independent oversight can enhance compliance and public confidence. Globally, frameworks such as the European Union's AI Act adopt a risk-based approach, imposing stringent obligations on high-risk systems. India's mosaic of NDHM, DISHA, Medical Device Rules, and ICMR guidelines requires harmonisation under a comprehensive AI in Healthcare Code.

5.1. Normative Foundations: Advancing Patient-Centric Ethical Principles

A principled approach to AI integration necessitates adherence to foundational values, including privacy, autonomy, accountability, fairness, and equity. Embedding these principles within policy frameworks ensures that technological advancements align with broader societal objectives and ethical imperatives. These principles must be operationalised through enforceable standards, ensuring that AI systems are not only innovative but also just, transparent, and trustworthy.⁸

6. COMPARATIVE JURISPRUDENCE OF GLOBAL AI GOVERNANCE

The regulation of Artificial Intelligence in healthcare has evolved differently across jurisdictions, offering valuable lessons for India.

⁷ Nidha Shapoo, Naveed Shapoo, Abdul Rehman, Noella Boma, Smart Healthcare: The Role of Digital Health in Modern Medicine, Wiley Online Library, (April 6, 10:06 PM), <https://onlinelibrary.wiley.com/doi/full/10.1002/hcs2.70019?msocid=0e58a33d01596f7a1c32b57f003b6ebb>

⁸ Johnny Sakr, Guardrails for GenAI drafted replies in patient portal messaging, npj digital medicine, (April 8, 10:00 AM), <https://www.nature.com/articles/s41746-026-02621-6>

1. The European Union's AI Act adopts a risk-based framework, classifying healthcare applications as "high-risk" and imposing stringent obligations relating to transparency, accountability, and human oversight. This model ensures that patient safety remains paramount while encouraging innovation.
2. The United Kingdom, the Medicines and Healthcare products Regulatory Agency (MHRA) has emphasised transparency obligations, requiring developers to disclose algorithmic processes and validation data.
3. The United States, through the Food and Drug Administration (FDA), has adopted a more incremental approach, focusing on adaptive regulatory pathways for AI-enabled medical devices.

These comparative models highlight the importance of harmonisation. India's fragmented landscape comprising NDHM, DISHA, and ICMR guidelines lacks coherence. By adopting elements of the EU's risk-tiered approach and the UK's transparency mandates, India can strengthen its regulatory credibility while tailoring frameworks to its socio-economic realities. These models collectively demonstrate that effective AI governance is not merely regulatory but constitutional in character, embedding values of dignity, fairness, and accountability within technological systems.⁹

7. PROFESSIONAL LIABILITY AND MEDICAL NEGLIGENCE IN THE AGE OF AI

The integration of AI complicates traditional doctrines of medical negligence. When an AI system contributes to misdiagnosis, questions arise as to whether liability should rest with the clinician, the hospital, or the technology developer.

1. Indian tort law, grounded in negligence principles, presumes human agency; yet algorithmic mediation challenges this presumption. Statutory codification of AI liability is therefore essential.
2. Consumer protection jurisprudence under the Consumer Protection Act, 2019 may also evolve to encompass algorithmic decision-making, ensuring remedies for patients harmed by AI errors.
3. Comparative insights reveal that in the United States, courts have begun to consider shared liability models, while the EU AI

⁹ Tithishri Kundu, Mainak Bardhan, Artificial intelligence in neurology, ethics, recent guideline, and law-an Indian perspective, *frontiers*, (April 9, 2026, 6:26 PM), <https://www.frontiersin.org/journals/neurology/articles/10.3389/fneur.2025.1515041/full>

Act explicitly mandates human oversight to preserve accountability. India must similarly develop jurisprudence that balances innovation with responsibility, ensuring that clinicians are not scapegoated for systemic failures while patients retain access to remedies.

Such continued reliance on human-centric negligence doctrines in an era of machine-assisted decision-making creates a doctrinal mismatch. Without explicit statutory recognition of shared or tiered liability, the legal system risks misallocating responsibility and eroding trust in both medical and technological institutions.¹⁰

8. NOTION OF HEALTHCARE IN DIGITAL ERA

8.1. Socio-Economic Dimensions: Equity, Accessibility, and the Digital Divide:

AI's promise risks being undermined if access remains confined to urban or affluent populations. Rural connectivity challenges, digital literacy deficits, and affordability barriers exacerbate inequities. Initiatives such as BharatNet, which seeks to expand broadband infrastructure, and Ayushman Bharat, which provides financial protection for vulnerable populations, are crucial instruments for bridging these divides. Yet, legal frameworks must mandate inclusivity, ensuring that AI-enabled healthcare is equitably distributed. Without statutory obligations, private providers may prioritise profitability over accessibility, deepening disparities. Comparative jurisprudence underscores the importance of equity: the EU AI Act explicitly references fairness and non-discrimination, while Indian constitutional jurisprudence under Article 14 enshrines equality before the law. Embedding equity into AI regulation ensures that technological progress does not entrench existing social hierarchies but instead advances distributive justice.¹¹

8.2. Interdisciplinary Integration: Training, Education, and Professional Adaptation

The successful integration of AI into healthcare requires interdisciplinary collaboration. Medical curricula must evolve to include AI literacy,

¹⁰ Imane Ihaddouchen, Stefan Buijsman, Giorgia, Davy van de Sande, Andreas Alois Reis, Reggie Townsend, Jeroen van den Hoven, Diederik Gommers, Michel E van Genderen, Responsible artificial intelligence in healthcare: a systematic review on the use of ethical principles in the development and deployment of artificial intelligence, *BMJ Journals*, (April 10, 2026, 7:15 AM), <https://bmjdigitalhealth.bmj.com/>

¹¹ Rishabh Kumar Rana, Neelesh Kapoor, Dewesh Kumar, Madhur Verma, Gunjan Taneja, Digital Health Revolution in India: Transforming Health and Medicine, *National Library of Medicine*, (April 10, 2026, 8:15 AM), <https://pmc.ncbi.nlm.nih.gov/articles/PMC11927824/>

ethical training, and jurisprudential awareness. Doctors must understand the limitations of algorithms, while lawyers must appreciate the technical nuances of machine learning. Embedding ethical AI modules in medical education and legal studies prepares professionals for the realities of digital health. Interdisciplinary collaboration between doctors, technologists, ethicists, and legal scholars fosters holistic governance. For instance, joint training programmes can simulate medico-legal scenarios involving AI, equipping practitioners to navigate complex liability questions. Comparative models reveal that the United States has begun integrating AI ethics into medical training, while the UK emphasises professional adaptation through continuous learning. India must similarly institutionalise interdisciplinary education to ensure that professionals are equipped to manage the ethical and legal complexities of AI-driven healthcare.

8.3. Public Trust and Democratic Accountability in Digital Health

Public trust is indispensable for the adoption of AI in healthcare. Without confidence in algorithmic systems, patients may resist innovation, undermining efficiency gains. Mechanisms such as Right to Information provisions, public audits, and participatory governance can enhance transparency and accountability. Democratic accountability requires that opaque algorithms influencing medical decisions are subject to scrutiny. Constitutional values of transparency and dignity serve as anchors for trust. Comparative jurisprudence demonstrates that the EU AI Act mandates explainability, while the UK emphasises public consultation in regulatory development. India must similarly embed democratic accountability into its digital health frameworks, ensuring that patients retain agency and oversight. By institutionalising transparency obligations and participatory mechanisms, India can cultivate trust in AI systems, thereby facilitating their responsible adoption.¹²

8.4. Future Trajectories: AI, Genomics, and Predictive Medicine

Frontier technologies such as genomic analytics, personalised medicine, and predictive healthcare represent the next phase of AI integration. Genomic analytics enable the identification of genetic predispositions, facilitating preventive interventions. Personalised medicine tailors treatment to individual genetic and environmental profiles, enhancing efficacy. Predictive healthcare leverages AI to anticipate disease trajectories, enabling early detection and long-term planning. Yet, these

¹² Tuan Pham, Ethical and legal considerations in healthcare AI: innovation and policy for safe and fair use, Royal Society Open Science, (April 10, 2026, 10:00 AM), <https://royalsocietypublishing.org/rsos/article/12/5/241873/235732/Ethical-and-legal-considerations-in-healthcare-AI?>.

innovations raise profound ethical and legal questions. Consent becomes more complex when patients must agree to predictive diagnostics that may reveal unsettling information. Privacy concerns intensify as genomic data, uniquely identifying individuals, becomes vulnerable to misuse. Psychological impacts must also be considered, as predictive diagnostics may induce anxiety or stigma. Legal frameworks must therefore evolve to regulate genomic data, mandate informed consent, and provide safeguards against discrimination. Comparative insights reveal that the United States has enacted the Genetic Information Non-discrimination Act (GINA), while the EU emphasises data minimisation. India must similarly develop jurisprudence that balances innovation with protection, ensuring that predictive medicine advances without compromising dignity.¹³

9. ACCOUNTABILITY AND SAFEGUARDS IN THE AGE OF ARTIFICIAL INTELLIGENCE

9.1. *Safeguards for Medical Practitioners*

Doctors occupy the frontline of AI integration in healthcare. The law plays a crucial role in clarifying liability when algorithmic systems contribute to diagnostic or therapeutic errors. By delineating responsibility between human judgement and technological malfunction, legislation ensures that clinicians are not unfairly penalised for relying on validated AI outputs. Moreover, statutory frameworks can protect practitioners who act in good faith, provided they adhere to established protocols and ethical standards. Mandatory training and certification regimes further guarantee that doctors possess the requisite competence to deploy AI responsibly, thereby reinforcing professional accountability while enabling innovation.

9.2. *Institutional Accountability and Governance within Healthcare Organisations*

Hospitals, as primary adopters of AI systems, face unique challenges in compliance, governance, and contractual relations. Legal oversight ensures that institutions conduct regular audits and safety checks, thereby safeguarding patient welfare and institutional integrity. Clarification of institutional liability is essential, particularly when AI systems fail or produce erroneous outputs. By distributing responsibility across hospitals and technology vendors, the law prevents the unjust

¹³ Shotaro Kinoshita, Shuo Wang, Hiromi Yokoyama, and Taishiro Kishimoto, *Broadening Ethical and Social Perspectives for AI in Healthcare*, Cambridge University Press, (April 10, 2026, 11:28 AM), <https://www.cambridge.org/core/journals/journal-of-law-medicine-and-ethics/article/broadening-ethical-and-social-perspectives-for-ai-in-healthcare/2F6A2DD4A6DB549833C6496FE6F7D96D?>.

concentration of blame upon individual clinicians. Furthermore, contractual agreements with AI developers must be subject to fair legal regulation, protecting hospitals from exploitative terms and ensuring transparency in procurement and deployment.

9.3. Patient Rights and Remedies in Algorithmically Mediated Healthcare

Patients remain the most vulnerable stakeholders in AI-driven healthcare. Legal frameworks guarantee informed consent, requiring that individuals are made aware of the role of AI in diagnosis and treatment. Transparency obligations ensure that patients understand both the benefits and limitations of algorithmic systems. Privacy and data rights are protected under instruments such as the Digital Information Security in Healthcare Act (DISHA, 2018) and the National Digital Health Mission (NDHM), which mandate secure storage and ethical use of sensitive health information. Crucially, the law provides remedies and compensation when harm occurs due to AI errors, thereby reinforcing trust in digital health systems and ensuring that technological innovation does not erode fundamental patient protections.¹⁴

10. RECOMMENDATORY LEGAL FRAMEWORK FOR AI IN HEALTHCARE

A coherent regulatory framework for AI in healthcare must rest on five foundational pillars:

1. **Risk-Tier Classification** – Categorising AI systems based on their potential impact on patient safety, with stricter obligations for high-risk applications.
2. **Explain-ability as a Legal Right** – Recognising the patient's right to receive intelligible explanations of AI-assisted decisions.
3. **Shared Liability Model** – Allocating responsibility among clinicians, institutions, and developers through statutory provisions.
4. **Data Sovereignty and Protection** – Ensuring patient control over health data through robust enforcement mechanisms.
5. **Independent Regulatory Oversight** – Establishing specialised bodies to audit, certify, and monitor AI systems.

Such a framework would reconcile innovation with accountability, ensuring that technological advancement does not outpace legal

¹⁴ Nishtiman Othman Mohammed, Ethical and legal challenges of AI in healthcare: A global perspective, *International Journal of Law, Justice and Jurisprudence*, (April 10, 2026, 12:10 PM), <https://www.lawjournal.info/article/160/5-1-8-125.pdf>

protection.

10. CONCLUSION

Artificial Intelligence is not merely a technological innovation; it is a transformative force that challenges the foundational assumptions of medical jurisprudence. As healthcare transitions from human-centred judgement to algorithmically assisted decision-making, the law must evolve in tandem to preserve its normative core. The central challenge lies not in resisting innovation, but in regulating it with precision, foresight, and constitutional fidelity.

The future of digital health will be defined not by the sophistication of algorithms, but by the robustness of the legal frameworks that govern them. A system that prioritises efficiency over accountability risks eroding public trust, while one that embeds transparency, fairness, and patient autonomy can transform AI into an instrument of justice.

In the final analysis, the question is not whether Artificial Intelligence can revolutionise healthcare, but whether the law can ensure that such a revolution remains anchored in human dignity. The legitimacy of AI in medicine will ultimately depend not on its computational power, but on its compliance with the enduring principles of justice, equity, and accountability.