

# Ethical Considerations in AI-Based Clinical Trials and Drug Development

YASWANTH SAI GAMPA<sup>1</sup>, PAVAN VENKATA SAI SUHAS KOTA<sup>2</sup>, REVANTH KRISHNA<sup>3</sup>,  
SOMASEKHAR SAI GUTTI<sup>4</sup>, KEVIN BARASA SITATI<sup>5</sup>

<sup>1,2</sup>University of Denver

<sup>3</sup>University of Colorado Anschutz

<sup>4</sup>University of Colorado

<sup>5</sup>Chuka University

**Abstract-** Artificial intelligence (AI) augments the drug discovery process and clinical trials through faster drug discovery times, better predictive modeling, and efficient patient recruitment protocols. Advanced artificial intelligence systems integrate machine learning with deep learning and natural language processing technology to handle big data at lower costs and higher operational speeds. The application of AI in clinical trials leads to ethical issues arising from biased training data and introducing patient privacy risks, and requiring accountability in the application of AI in making clinical decisions. The need for large quantities of health data, as well as sensitive patient data, creates privacy concerns, which merge with algorithmic bias to form problems in unbalanced treatment process outcomes for enrolled patients. One of the most significant obstacles to using AI is its inability to explain decision-making procedures, so it fails to meet regulatory and doctor-patient trust requirements. The EMA and FDA, along with the WHO, are developing guidelines that attempt to address the issues with the use of AI in clinical trials. The structure put forward for implementing AI establishes standards regarding transparency as well as safeguarding data together with equitable deployment systems. Ethical regulation of AI requires government representatives along with doctors and researchers having to work together for the utilization of the right working framework. The research analyzes ethical problems during AI application in clinical trials and evaluates current regulatory frameworks and outlines guidelines for acceptable AI implementation in drug development.

**Indexed Terms-** The sectors of Artificial intelligence, clinical trials, drug development, ethical AI, bias in

*AI, data privacy, AI regulation, FDA, machine learning and transparency in AI require analysis.*

## I. INTRODUCTION

• The Rise of AI in Clinical Trials & Drug Discovery Artificial intelligence (AI) is deskilling healthcare, drug development, and clinical trials in the pharmaceutical industry. Big data, machine learning (ML), deep learning, and natural language processing (NLP) have improved how big data are handled, making the clinical trial process more efficient and accelerating drug discovery. Traditional clinical trials are time-consuming and costly and suffer from recruitment problems. Due to potential efficiency in increasing efficiency and reducing costs overall, automation using AI-based systems has been shown to be an efficient solution to patient selection, treatment outcome prediction, and data analysis (Gupta et al., 2021).

Improving efficiency is not an application of AI in clinical trials alone. EHRs, genomic data, and real-world evidence can all be read by algorithms which can then map patient cohorts to clinical trials. AI-based models can model drug interactions, thus reducing the amount of monitoring required in the laboratory. More importantly, AI can easily identify complex biomedical data patterns faster than humans. It can even result in accelerating therapeutic development, in some cases, precision medicine specifically, medicine based on specific genetic profiles (Mak et al., 2024). On the other hand, however, it entails new problems in terms of ethical, transparency and accountability issues in its application in clinical studies.

- Importance of Ethical Considerations in AI Applications

While the potential efficiency and positive patient outcomes generated by AI technologies in drug discovery are exciting, the greatest ethical concerns are what make drug discovery with AI so attractive. One of the most important ones that can be designed into bias in AI algorithms is designed by imbalanced training data sets. It can be biased just by being largely trained on data for particular patient populations and unable to predict anything else. This would then be in opposition to the universal principles of medical ethics: beneficence, non-maleficence, and justice (Harrer et al., 2019).

Additionally, AI clinical trials must be fueled by data safety and security. Patient data needed by the models, though, introduce the question of how to comply with the Privacy Law like the General Data Protection Regulation (GDPR) and the Health Insurance Portability and Accountability Act (HIPAA). Data encryption for the protection of patient confidentiality, restrictions on unauthorized data access, etc., would be needed for applying AI in medicine.

The explainability and interpretability of AI models are also another major ethical issue. However, most AI algorithms, intense learning models, in their black box form, are very opaque to clinicians and regulators alike regarding how decisions are made. In cases where the patient experiences adverse outcomes from AI-recommended interventions, this can raise accountability issues. These barriers must be overcome by making an AI model transparent, having transparent decision-making, and a strong regulatory structure.

- Research Objectives & Scope

The current paper discusses ethical aspects of AI-driven clinical trials and pharmaceutical development in terms of bias, data privacy, accountability, and regulation. The research has the following objectives: Detail AI uses in drug development and clinical trials, i.e., trial design, patient enrollment, and predictive modeling.

Discuss relevant ethical issues, i.e., bias, data privacy, and interpretability of AI models.

Evaluate existing regulatory frameworks governing the use of AI in healthcare, including FDA, EMA, and WHO guidelines.

Develop recommendations for AI use in clinical research for patient equity, transparency, and safety.

By fulfilling the above objectives, this study adds to the literature on the ethical application of AI in drug discovery. The study will be of use to researchers, policymakers, and clinicians who are interested in applying AI ethically in clinical trials.

- AI Application in Drug Development and Clinical Trials

Application of artificial intelligence (AI) in drug development and clinical trials is transforming traditional processes into efficient, cost-saving, and patient-centric processes. AI algorithms have the potential to scrutinize large amounts of data, facilitate trial design efficiency, and allow drug development with predictive results. AI is utilized from the very planning of trials through patient enrollment, data monitoring, to regulatory issues. Some of the most significant applications of AI to clinical trials, real-case studies, and challenges to AI-based drug development are elaborated in this section.

- AI Applications in Trial Design, Patient Recruitment, and Drug Discovery

#### AI in Clinical Trial Design

Detail AI has applications in drug discovery and clinical trials, such as trial design, patient enrollment, and predictive modeling.

Explain some ethical issues surrounding AI, e.g., bias, data privacy, and explainability of AI models.

Evaluate the already set regulatory guidelines for AI use in medicine, such as FDA, EMA, and WHO guidelines.

Make recommendations regarding using AI in clinical research for equity, transparency, and patient safety (Lampreia et al., 2024).

Along with contributions to the literature on the ethical use of AI in drug discovery, this study will achieve these objectives sequentially. This study could help researchers, policymakers and clinicians who are

interested in using AI on application ethically in clinical trials (Askin et al., 2023).

- **AI Application in Drug Development and Clinical Trials**

Application of artificial intelligence (AI) in drug development and clinical trials has completely revolutionized the age-old, time-consuming and costly processes of drug development and clinical trial operations into easy, cost-effective and patient-centric procedures. Since AI algorithms deal with enormous data to sort through, these can be used to improve the efficiency of trial design or development in order to achieve credible results. From planning trials right at the beginning to patient recruitment, monitoring of data through regulatory, AI is applied. Some of the most vital uses of AI for clinical trials, real-world case studies and challenges to using AI for drug development are what we describe in this section.

- **AI in Drug Discovery and Development**

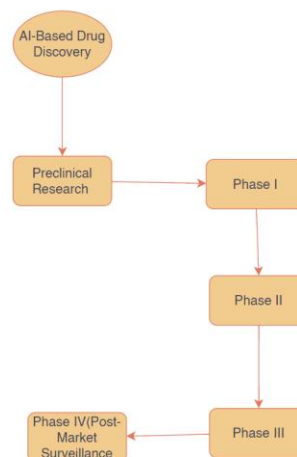
Traditional drug discovery is time-consuming and costly, with 10–15 years of research prior to approval to the market. AI-based drug discovery reduces this timeframe through the use of deep learning models that are capable of predicting target-drug interactions, reading chemical compounds, and choosing likely drug candidates (Maliha et al., 2021).

AI enables high-throughput screening, a process that searches vast chemical libraries for candidate drug compound molecules. Instead of manually screening thousands of compounds, AI algorithms predict the most promising compound molecules to be effective from known molecule-to-biology interactions. AI-driven insights streamline inefficiencies in preclinical research and reduce the need for massive lab experimentation (Mirakhori & Niazi, 2025).

Another application of AI in drug discovery is de novo drug design, in which generative models trained on AI create novel molecular structures with the best properties. AI platforms, such as DeepMind's AlphaFold, predict protein structures with unprecedented accuracy, enhancing drug-target modeling and enabling researchers to design targeted treatments (Chen, 2024).

- **AI's Role in Clinical Trial Phases**

The diagram below illustrates AI's role at different phases of a clinical trial:



AI is transforming clinical trials by accelerating efficiency, accuracy, and decision-making at every step. In clinical research, AI translates biological data to predict drug efficacy and toxicity. In Phase I, AI facilitates dosage optimization and toxicity prediction to safeguard patient safety. In Phase II, AI models maximize patient selection criteria to improve trial success rates. Phase III uses AI for real-time monitoring of patient responses and adverse events. Finally, in Phase IV (Post-Market Surveillance), AI analyzes real-world data to assess long-term drug safety and effectiveness, with continued surveillance and regulatory compliance.

- **Real-World Case Studies of AI in Clinical Trials**

**Case Study 1: AI-Driven Patient Recruitment in Oncology Trials**

The best use of AI in clinical trials is probably seen in oncology studies. Chen (2024) described an instance where IBM Watson for Oncology used AI-driven NLP and machine learning to qualify cancer patients and connect them with clinical trials most appropriate for them based on their genetic profiles. The AI program scanned over 25 million medical records and identified qualifying participants within days, the impact of which was reducing recruitment delays.

**Case Study 2: AI-Powered Drug Discovery – Insilico Medicine**

Insilico Medicine, an AI-backed biotech company, identified a new candidate drug for pulmonary fibrosis using deep learning models. The computer system analyzed tremendous information on protein structure, disease biology, and chemistry interaction to identify probable drug candidates. The computer program, in 46 days only, designed and screened a functional drug candidate, demonstrating the ability of AI to speed up drug discovery (Lampreia et al., 2024).

#### Case Study 3: Adaptive AI-Based Clinical Trials in COVID-19 Research

During the COVID-19 pandemic, AI played a crucial role in identifying potential antiviral treatments. Researchers at BenevolentAI developed an AI model that screened existing drugs for repurposing opportunities. The AI system identified baricitinib, an anti-inflammatory medication, as a potential COVID-19 treatment, leading to its inclusion in clinical trials. The AI-driven approach shortened the drug repurposing process from months to weeks, highlighting AI's capability in emergency medical research (Maliha et al., 2021).

- Challenges and Future Directions

Although AI has revolutionized drug development and clinical trials, there are a number of challenges still:

**Data Bias and Ethical Issues:** Biased data will result in biased model generation by AI models that are trained on such biased data, creating mismatches between the efficacy of the treatment.

**Regulatory Uncertainty:** Present regulations for conducting clinical trials don't have guidelines for the proper implementation of AI. The regulatory authorities of FDA and EMA still establish the framework for the validation of AI.

**Transparency and Interpretability:** Deep learning models' "black box" nature makes them difficult for regulatory clearance and clinician acceptance.

#### Future Research Directions

Developing explainable AI models to enhance transparency in decision-making.

Developing standardized regulatory guidelines for AI-based clinical trials.

Merging AI with blockchain technology to enhance data security and integrity.

AI is revolutionizing clinical trials and drug development by improving trial design, shortening patient recruitment periods, and accelerating drug discovery. While case studies in the real world validate the effectiveness of AI, regulatory and ethical challenges must be addressed to encourage the application of AI responsibly. With the further development of AI, there will be a requirement for multidisciplinary engagement between researchers, clinicians, and policymakers to unlock its full potential while upholding ethics.

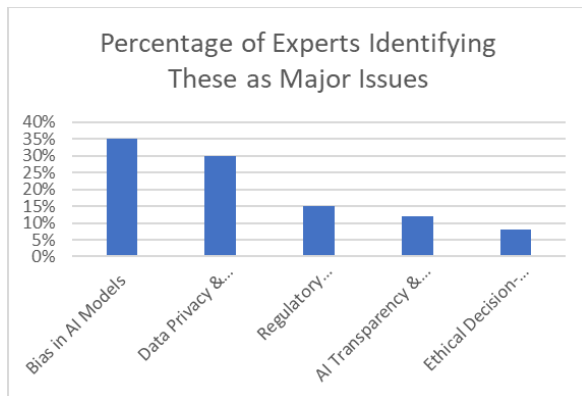
#### Key Ethical Challenges in AI-Supported Clinical Trials

##### Fairness and Bias

Artificial intelligence (AI) in clinical trials is extremely ethically problematic, and the majority of these issues are equity- and bias-related. AI algorithms are trained on populations that may not be generalizable to heterogeneous patient populations, thereby imparting bias to deciding recruitment and treatment efficacy. Cross et al. (2024) and Stroud et al. (2024) have performed studies that prove that AI-driven recruitment tools preferentially exclude minority groups, older patients, or patients belonging to lower socioeconomic status backgrounds predominantly.

Bias in machine learning can result from a plethora of sources including biased training data, algorithmic design flaws, and embedded human bias during data labeling. For example, if a machine learning system is trained nearly entirely on data that has been pulled from clinical trials conducted in Western countries, it may not be able to generalize to other patients in other geographies who have varied genetic, environmental, and lifestyle profiles (LIU et al., 2022).

To address these issues, regulation bodies and AI researchers recommend algorithmic transparency, diverse and representative training datasets, and constant auditing for bias. Fairness-enhancing algorithms such as adversarial debiasing and reweighting of training datasets also minimize bias (Thai et al., 2023).



The bar graph reveals major ethical concerns in AI-enabled clinical trials, and the most significant one is bias within AI algorithms (35%), followed by data privacy and security (30%). The other concerns include regulatory compliance (15%), transparency of AI (12%), and ethical decision-making (8%). Addressing these concerns is crucial in achieving fairness, patient safety, and regulatory requirements.

#### Data Privacy and Security

The application of AI in clinical trials involves the handling of enormous amounts of sensitive patient data, which is a data security and privacy issue. AI handles electronic health records, genomic data, and wearable sensor data, so there is a requirement for robust data protection controls (Thai et al., 2023).

Through regulations such as the General Data Protection Regulation (GDPR) and the Health Insurance Portability and Accountability Act (HIPAA), strict protocols govern processing, storing, and transmitting patient data. Mohammad Amini et al. (2023) cite that AI systems must deploy privacy-enhancing techniques such as federated learning, differential privacy, and encryption to ensure patient confidentiality.

Despite this, cross-border exchange of information is still a concern, especially prone to de-identification threats, and if it is hacked. Insurers and marketers are able to abuse and sell to the disadvantaged exposure of AI driven clinical trial information. Williamson & Prybutok (2024) believes that advanced cyber security, such as blockchain-based data management and multi-factor authentication, must be explored in order to make the data secure.

#### Legal and Regulatory Issues

AI clinical trials are most closely associated with an innovative regulatory reality. For purposes of patient protection, guaranteeing patient data integrity and conformity to its company vision and mission, they are subject to the provisions of guidelines and legislation by regulating entities such as the U.S. Food and Drug Administration (FDA), the European Medicines Agency (EMA) and the World Health Organization (WHO).

Rather, the FDA characterizes AI Medical Research framework as transparency, risk assessment, and ongoing monitoring of AI model. The EMA mirrors that use of AI in drug trials must comply with the Good Clinical Practice (GCP) guidelines. One of the key regulatory challenges, as noted by Warraich et al. (2025), is the clinical validation of AI-driven models owing to the nature of AI models being dynamic and learning, making the conventional method of clinical validation incompatible.

The second and other legal concern is responsibility for AI-driven decision-making. When the incorrect AI platform recommends that a patient should enter or that the dose should be altered, it makes responsibility as much in the case of software coders, practitioners or sponsors of clinical trial. As per Pino & Triana (2024), it is essential that there must be well-defined legal norms and rules that regulate the (legal) role and responsibility of AI in clinical trials.

#### Accountability and Explainability

The "black-box" characteristic of AI is troublesome from an explainability and accountability standpoint in clinical trials. A majority of AI algorithms, including deep learning, are opaque in the manner they make their predictions, and it is thus challenging for regulators and researchers to determine how a specific prediction is being formulated (Mennella et al., 2024). Unexplainability may undermine trust in AI-powered clinical trials, especially among patients and clinicians. According to Ménard & Bramstedt (2025), it is imperative to increase transparency in AI through XAI techniques such as attention mechanisms, feature importance analysis, and decision trees to uphold clinical credibility.

Also, accountability is a central concern. It is difficult to determine liability when an AI model makes a wrong decision, which has a negative impact on patient outcomes. According to Thai et al. (2023), for greater accountability against AI models, regulatory practices must be adopted to subject the models to extensive testing and documentation of decision-making.

#### Ethical Use in Decision-Making

AI contributions to clinical decision-making are not only increasing trial efficiency but also improving therapeutic effects and patient safety. AI supports clinical decision-making in the process of predicting patient response and reducing protocol trial development but beyond that it poses ethical dilemmas as algorithms are making recommendations.

Youssef et al. (2024) call upon medical physicians to exercise care that AI can lead to too much reliance on outcome, which might be faulted. In AI enabled clinical trial, such a danger necessitates human intervention. Sharma & Manchikanti (2024) opine that AI can assist rather than replace clinical wisdom with its usage in a hybrid model.

Apart from that, there are also ethical problems of watering down treatments suggested by AI. For example, pharmaceuticals companies using the analysis of AI can have a strong inclination towards profitable drug candidates or treatment candidates for orphan diseases. However, any AI solution must comply with ethical issues, such as the fact that a company's commercial aims must always remain clearly secondary to patient care (Kulkarni & Kamble, 2024). The second set of most significant ethical issues is related to AI incorporation in clinical trials: bias and protection of data, compliance and responsibility. All of these are an interdisciplinary task of building ubiquitous minimization of bias, robust data safety, solid legal infrastructure, transparent AI approaches, and ethical decision-making frameworks. All these protections must exist for AI to be transformative to clinical research without compromising ethical principles and public trust.

#### Regulatory Guidelines and Frameworks

In order for artificial intelligence (AI) to be used at a large scale within clinical trials, it is needed that a

strong regulatory framework in place to adhere to practice ethics, patient care, and the resiliency of medicinal research. However, such "regulations" are already in place by various world level regulators in the form of the FDA (US), EMA (EU), WHO (worldwide), and MHRA (UK). Below are regulations for managing AI adoption in clinical trials, which are also shown as a cross-national comparison of a regulatory approach for managing AI adoption in clinical trials (Derraz et al., 2024).

#### Global Regulations on AI Used in Clinical Trials

##### 1. U.S. Food and Drug Administration (FDA)

The FDA issued guidelines in its Software as a Medical Device (SaMD) strategy to guarantee AI technology used in clinical trials is safe and effective. The FDA's Digital Health Center of Excellence is responsible for this, prioritizing:

Pre-market review of AI tools.

Ongoing monitoring of AI system flexibility.

Collection of real-world evidence (RWE) for post-market evaluation.

##### 2. European Medicines Agency (EMA)

The EMA controls AI in clinical trials through Good Clinical Practice (GCP) principles for transparency and accountability. The key EMA policies include:

Ethical development of AI compliant with GDPR for patient privacy.

Control of AI-based decision-making to ensure human oversight.

Standardized validation protocols for AI algorithms prior to usage (Warraich et al., 2025).

##### 3. World Health Organization (WHO)

The WHO provides global recommendations regarding AI in health, and it proposes taking a risk-based policy for the regulation of AI. Important WHO recommendations emphasize:

Fairness and inclusivity of AI in clinical studies.

AI system interoperability in different healthcare frameworks.

Recommendations for AI in low-resources settings to give equal access.

#### 4. Medicines and Healthcare Products Regulatory Agency (MHRA) (UK)

The MHRA closely tracks EMA but with some AI-specialized recommendations such as:

Real-time AI auditing during clinical trials.

Monitoring long-term safety of AI in post-market performance.

Bias detection frameworks to alleviate differences in AI-based healthcare (Pitel et al., 2024).

#### Regulatory Comparison Table – AI Guidelines Across Regions

Regulatory Body	Key Focus Areas	AI Compliance Measures
FDA (U.S.)	AI in SaMD, real-world evidence	Pre-market evaluation, adaptive learning monitoring
EMA (Europe)	GDPR compliance, human oversight	Ethical AI, decision transparency
WHO (Global)	Global AI safety, interoperability	AI fairness, equitable access
MHRA (UK)	AI auditing, bias detection	Real-time auditing, post-market monitoring

#### Challenges in AI Regulation for Clinical Trials

However, there are still challenges (regulations development) in AI regulations like:

Inconsistencies as a result of the lack of standardized worldwide AI policies.

GDPR and HIPAA law data privacy concerns.

AI explainability for clinical decision making: transparency is the objective.

Thus, evading the bias in the AI algorithm to avoid having its findings of patient care inconsistent.

The governance of AI in clinical trials is developing constantly across the globe in search of effective regulation and innovation. Regulators can offer guarantees for AI clinical research on the grounds that if they render normal compliance requirements and ethical requirements mandatory, the requirements can be mastered by AI. Sustaining AI integrity in healthcare will be dependent on frequent policy updates (Resnik & Hosseini, 2024).

#### Future Directions and Recommendations

There is tremendous potential in AI-driven clinical trials, yet regulatory and ethical precedent for how it can be utilized needs to be carefully traversed. Next-generation AI frameworks need to include transparency, accountability, and fairness such that clinical research is health care that is trusted. Explainability, thus, for ethical reasons of AI, then assumes importance such that stakeholders' trust is built and the 'black box' effect of AI models is reduced. AI may aid in equitable recruitment and trial decision-making by helping to remove bias and increase the diversity of patient participation. A balance between worldwide regulations and AI development is needed, in order to provide harmonized ethical oversight in the different territories and jurisdictions globally (George et al., 2024).

Multidisciplinary feedback is crucial in employing AI in clinical trials ethically. Clinician, AI innovator, bioethicist, and policymaker harmonization provides balanced AI adoption. Medical feedback can be provided by clinicians to support conclusions made available by AI, whereas AI model interpretability and optimization are the concerns of AI developers. Legal professionals and policymakers ensure compliance with regulations, e.g., FDA, EMA, and WHO regulations, and ethicists ensure patient rights and patient autonomy. Intersectoral collaboration among pharmaceutical companies, medical organizations, and AI researchers can facilitate innovation at the intersection of scientific integrity.

Future growth of AI-based medical research will depend on the continuous development of ethical frameworks, greater interdisciplinary cooperation, and adaptive regulatory strategies. Solving these

challenges will allow AI to accelerate clinical trials, advance better patient outcomes, and uphold ethical standards in drug development. Adopting responsible AI practices now will ensure future clinical trials are innovative and ethically sound.

### CONCLUSION

Drug discovery, like many areas of AI, is a paradigm shift for healthcare and more so for clinical trials. AI assists in drug discovery, trial design, a patient recruitment, data analysis, and decision making. It is partnered with ethics in the form of of bias, patient protection of data, regulatory compliance and accountability. To enable ethical, open and patient centric use of AI in clinical research, these challenges need to be met.

Regarding algorithmic bias and potential differences on patient selection and outcomes, the latter is the most important ethical concern. There are also data protection and security concerns to taking AI widely to process massive amounts of sensitive patient data. Such regulatory agencies as the FDA, EMA, WHO must help develop the international AI standards, but periodic updates are to be made to follow the fast pace of development. Explainability and accountability are extremely high in the list, because black boxes in decisions making could be lethal to trust and clinician adoption (Sætra, 2024).

The ethical frameworks that support the creation of robust AI in pharmaceutical development are the basis of future AI use in pharmaceutical development. Unleashing responsible AI applications in clinical settings lies in creating room for collaborations between clinicians, bioethicists, AI researchers, and drug regulatory agencies. AI can help in the revolution of drug development by supporting transparency, fairness, and compliance with ethical guidelines while ensuring patient safety and trust. As the use of AI technologies is developed further, clinical research and innovation in the realm of healthcare will be based on innovation and ethical integrity as two sides of the same coin (Sætra, 2024).

### REFERENCES

- [1] Askin, S., Burkhalter, D., Calado, G., & El Dakrouni, S. (2023). Artificial intelligence applied to clinical trials: opportunities and challenges. *Health and technology*, 13(2), 203-213.
- [2] Chen, T. (2024). Artificial Intelligence and Drug Design: Future Prospects and Ethical Considerations. *Computational Molecular Biology*, 14.
- [3] Cross, J. L., Choma, M. A., & Onofrey, J. A. (2024). Bias in medical AI: Implications for clinical decision-making. *PLOS Digital Health*, 3(11), e0000651.
- [4] Derraz, B., Breda, G., Kaempf, C., Baenke, F., Cotte, F., Reiche, K., ... & Gilbert, S. (2024). New regulatory thinking is needed for AI-based personalised drug and cell therapies in precision oncology. *NPJ Precision Oncology*, 8(1), 23.
- [5] George, A. S., George, A. H., & Baskar, T. (2024). Artificial Intelligence and the Future of Healthcare: Emerging Jobs and Skills in 2035. *Partners Universal Multidisciplinary Research Journal*, 1(1), 1-21.
- [6] Gupta, R., Srivastava, D., Sahu, M., Tiwari, S., Ambasta, R. K., & Kumar, P. (2021). Artificial intelligence to deep learning: machine intelligence approach for drug discovery. *Molecular diversity*, 25, 1315-1360.
- [7] Habibi, F., Ghaderkhani, S., Shokoohi, M., Banari, T., Morsali, M., Abadi, R. N. S., & Kiamehr, H. (2025). Harnessing artificial intelligence in Alzheimer's disease management: navigating ethical challenges in AI. *AI and Ethics*, 1-17.
- [8] Harrer, S., Shah, P., Antony, B., & Hu, J. (2019). Artificial intelligence for clinical trial design. *Trends in pharmacological sciences*, 40(8), 577-591.
- [9] Kulkarni, A. A., & Kamble, S. C. (2024). Balancing Innovation and Responsibility: Ethical, Legal and Social Considerations. *Nanomedicine: Innovations, Applications, and Breakthroughs in the Quest for Health and Medicine's Future*, 451.



- [10] Lampreia, F., Madeira, C., & Dores, H. (2024). Digital health technologies and artificial intelligence in cardiovascular clinical trials: A landscape of the European space. *Digital health*, 10, 20552076241277703.
- [11] LIU, X., LU, X., WU, Y., YU, H., & WANG, X. (2022). Ethical analysis and countermeasures of artificial intelligence application in clinical trials. *Chinese Journal of Clinical Pharmacology and Therapeutics*, 27(3), 322.
- [12] Mak, K. K., Wong, Y. H., & Pichika, M. R. (2024). Artificial intelligence in drug discovery and development. *Drug discovery and evaluation: safety and pharmacokinetic assays*, 1461-1498.
- [13] Maliha, G., Gerke, S., Cohen, I. G., & Parikh, R. B. (2021). Artificial intelligence and liability in medicine: balancing safety and innovation. *The Milbank Quarterly*, 99(3), 629.
- [14] Ménard, T., & Bramstedt, K. A. (2025). Developing a Set of AI Ethics Principles to Shape Ethical Behavior in Drug Development. *Therapeutic Innovation & Regulatory Science*, 1-4.
- [15] Mennella, C., Maniscalco, U., De Pietro, G., & Esposito, M. (2024). Ethical and regulatory challenges of AI technologies in healthcare: A narrative review. *Heliyon*, 10(4).
- [16] Mirakhori, F., & Niazi, S. K. (2025). Harnessing the AI/ML in Drug and Biological Products Discovery and Development: The Regulatory Perspective. *Pharmaceuticals*, 18(1), 47.
- [17] Mohammad Amini, M., Jesus, M., Fanaei Sheikholeslami, D., Alves, P., Hassanzadeh Benam, A., & Hariri, F. (2023). Artificial intelligence ethics and challenges in healthcare applications: a comprehensive review in the context of the European GDPR mandate. *Machine Learning and Knowledge Extraction*, 5(3), 1023-1035.
- [18] Mourya, A., Jobanputra, B., & Pai, R. (2024). AI-powered clinical trials and the imperative for regulatory transparency and accountability. *Health and Technology*, 14(6), 1071-1081.
- [19] Mourya, A., Jobanputra, B., & Pai, R. (2024). AI-powered clinical trials and the imperative for regulatory transparency and accountability. *Health and Technology*, 14(6), 1071-1081.
- [20] Pino, L., & Triana, I. Editorial and ethical approach to the review and grading of medical research based on artificial intelligence models.
- [21] Pitel, E., Leașu, F., Nicolau, A., & Rogozea, L. (2024). Ethical aspects in the use of artificial intelligence in the process of drug development[Aspecte etice în utilizarea inteligenței artificiale în procesul de dezvoltare a medicamentelor]. *Jurnal Medical Brasovean*, 53-61.
- [22] Resnik, D. B., & Hosseini, M. (2024). The ethics of using artificial intelligence in scientific research: new guidance needed for a new tool. *AI and Ethics*, 1-23.
- [23] Sætra, H. S. (2024). Preprinting in AI Ethics: Toward a Set of Community Guidelines. *Communications of the ACM*.
- [24] Sharma, K., & Manchikanti, P. (2024). Artificial intelligence in drug development and healthcare—nature and scope. In *Artificial Intelligence in Drug Development: Patenting and Regulatory Aspects* (pp. 1-33). Singapore: Springer Nature Singapore.
- [25] Stroud, A. M., Anzabi, M. D., Wise, J. L., Barry, B. A., Malik, M. M., McGowan, M. L., & Sharp, R. R. (2024). Toward Safe and Ethical Implementation of Healthcare AI: Insights From an Academic Medical Center. *Mayo Clinic Proceedings: Digital Health*, 100189.
- [26] Thai, K., Tsiandoulas, K. H., Stephenson, E. A., Menna-Dack, D., Shaul, R. Z., Anderson, J. A., ... & McCradden, M. D. (2023). Perspectives of youths on the ethical use of artificial intelligence in health care research and clinical care. *JAMA network open*, 6(5), e2310659-e2310659.
- [27] Thakkar, S., Slikker Jr, W., Yiannas, F., Silva, P., Blais, B., Chng, K. R., ... & Tong, W. (2023). Artificial intelligence and real-world data for drug and food safety—a regulatory science perspective. *Regulatory Toxicology and Pharmacology*, 140, 105388.
- [28] Vora, L. K., Gholap, A. D., Jetha, K., Thakur, R. R. S., Solanki, H. K., & Chavda, V. P. (2023). Artificial intelligence in pharmaceutical

technology and drug delivery design. *Pharmaceutics*, 15(7), 1916.

- [29] Warraich, H. J., Tazbaz, T., & Califf, R. M. (2025). FDA perspective on the regulation of artificial intelligence in health care and biomedicine. *JAMA*, 333(3), 241-247.
- [30] Williamson, S. M., & Prybutok, V. (2024). Balancing privacy and progress: a review of privacy challenges, systemic oversight, and patient perceptions in AI-driven healthcare. *Applied Sciences*, 14(2), 675.
- [31] Youssef, A., Nichol, A. A., Martinez-Martin, N., Larson, D. B., Abramoff, M., Wolf, R. M., & Char, D. (2024). Ethical considerations in the design and conduct of clinical trials of artificial intelligence. *JAMA network open*, 7(9), e2432482-e2432482.