



Short Communication

Will artificial intelligence replace the clinician in neurology?

Divya KP¹, Ajith Cherian^{1*}

Dept. of Neurology, Sree Chitra Tirunal Institute for Medical Sciences and Technology, Trivandrum, Kerala, India

Abstract

The integration of artificial intelligence (AI) into healthcare has prompted significant discussions about its potential to transform various medical specialties, including neurology. Neurology, with its intricate diagnoses and treatment plans, presents unique challenges and opportunities for AI applications. This article explores the current landscape of AI in neurology, examining its capabilities, limitations, and the implications for clinical practice. Ultimately, we will address whether AI can or should replace clinicians in this specialized field.

Keywords: Robot, Deep learning, Machine learning, Clinical datasets

Received: 27-10-2024; **Accepted:** 03-02-2025; **Available Online:** 14-04-2025

This is an Open Access (OA) journal, and articles are distributed under the terms of the [Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License](#), which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

For reprints contact: reprint@ipinnovative.com

1. Introduction

The advent of artificial intelligence (AI) has sparked considerable debate regarding its potential to revolutionize various fields, including healthcare. In neurology, where complex decision-making and nuanced patient interactions are critical, the question arises: will AI replace the clinician? This review article explores the current state of AI in neurology, its capabilities, limitations, and the implications for clinical practice.

2. Discussion

2.1. The role of AI in neurology

2.1.1. Definition and Scope of AI

Artificial intelligence refers to the simulation of human intelligence processes by machines, particularly computer systems.¹ This includes capabilities such as learning, reasoning, problem-solving, perception, and language understanding. In neurology, AI is primarily utilized through two branches: machine learning (ML) and natural language processing (NLP).² These technologies analyse vast datasets from diverse sources such as electronic health records (EHRs), neuroimaging studies, and genetic information.³

2.1.2. Current applications

AI technologies are increasingly being integrated into neurological practice. AI tools assist clinicians in diagnosing and managing neurological disorders. Algorithms have shown promise in automating the interpretation of MRI scans and EEG readings, significantly enhancing diagnostic accuracy and efficiency.^{4,5,6}

1. Diagnostic assistance: One notable application is in the management of conditions such as Parkinson's disease (PD). AI can analyse patient data to predict disease progression more accurately than traditional models, which often rely on limited clinical variables.⁷ Furthermore, AI-driven tools can assist neurologists in interpreting neuroimaging results, thereby improving patient outcomes by facilitating timely interventions.⁸
2. Enhancing clinical decision-making: AI's ability to process and synthesize large datasets allows it to support clinical decision-making. By providing real-time analytics and recommendations based on comprehensive data analysis, AI can help neurologists make informed choices about patient management.⁶ For example, AI systems can identify patterns in patient responses to treatments, guiding clinicians toward personalized therapy options.⁹

*Corresponding author: Ajith Cherian
Email: drajithcherian@yahoo.com

2.1.3. Limitations of AI in neurology

1. **Complexity of Clinical Practice:** Despite its advantages, AI faces significant challenges in fully replacing clinicians. Clinical examination is an essential aspect of neurology that involves direct interaction between a trained clinician and the patient. The examination of a patient is a learned skill and includes assessing various domains like muscle power, tone, superficial and deep tendon reflexes, sensory responses, cerebellar functions, praxis and cognitive domains, all of which require the nuanced judgment of a human examiner. Unlike AI, which currently operates primarily on theoretical knowledge and lacks the capability for hands-on assessment, clinical examinations necessitate the presence of a skilled practitioner who can interpret complex examination findings and physiological responses in real-time. Neurological practice involves a myriad of tasks that require human intuition, empathy, and ethical considerations—qualities that AI cannot replicate.¹⁰ The work of a neurologist encompasses diagnostic reasoning, clinical decision-making, procedural tasks, and patient communication.¹¹ Each of these activities involves complex cognitive processes that are not easily automated.
2. **Ethical Considerations:** The integration of AI into healthcare raises ethical concerns regarding patient privacy, data security, and the potential for bias in algorithmic decision-making. Ensuring that AI systems operate transparently and equitably is crucial for maintaining trust between patients and healthcare providers.^{5,6}
The reliance on AI in clinical settings raises significant other ethical and legal concerns. Decisions made by AI systems often lack clear accountability; in the event of a system failure, it remains ambiguous who bears responsibility for the consequences. This gap in accountability is not adequately addressed in existing AI frameworks, which complicates its integration into healthcare.¹²
3. **Dependence on quality data:** AI systems are only as good as the data they are trained on. In neurology, where patient data can be heterogeneous and incomplete, ensuring high-quality datasets is essential for accurate outcomes. Moreover, variations in healthcare practices across different regions may affect the generalizability of AI models.

2.1.4. The future of AI in neurology

1. **Collaboration rather than replacement:** Rather than viewing AI as a replacement for neurologists, it is more productive to consider it as an augmentative tool that enhances clinical practice. Many experts argue that the most effective use of AI will be as an assistant that

supports neurologists in their work rather than as a substitute for human expertise.^{4,11} For example, while AI can automate certain tasks such as data analysis or preliminary diagnostics, the final decision-making process should remain with the clinician who can integrate clinical findings with contextual knowledge.

2. **Training and adaptation:** For neurologists to effectively utilize AI technologies, there is a pressing need for education and training focused on understanding these tools. Medical curricula must evolve to include instruction on AI applications in clinical settings to prepare future neurologists for this changing landscape.^{5,11} Moreover, ongoing professional development will be essential for current practitioners to stay abreast of technological advancements.
3. **Enhancing patient interaction:** AI can free up neurologists from time-consuming tasks such as documentation and data entry, allowing them to focus more on patient interactions. By streamlining administrative duties through automation, clinicians can spend more time building rapport with patients—an essential aspect of effective healthcare delivery.



2.2. Examples Illustrating AI's impact

2.2.1. Stroke management

In acute stroke care, AI has demonstrated its utility by rapidly analysing imaging data to identify ischemic changes. In one case study, an AI system processed CT images within seconds to provide critical diagnostic information that enabled timely treatment decisions.¹¹ This exemplifies how AI can enhance the efficiency of care delivery without replacing the clinician's role.¹³

2.2.2. Parkinson's disease monitoring

AI applications have also shown promise in monitoring patients with PD through wearable devices that collect continuous data on motor function. These systems can alert clinicians to changes in a patient's condition that may require

intervention.^{4,14,15} Such technology underscores the collaborative potential between AI and clinicians in managing chronic neurological conditions.

2.2.3. Monitoring chronic conditions

AI applications have also shown promise in monitoring chronic neurological conditions such as epilepsy and multiple sclerosis through wearable devices that collect continuous data on patient activity and physiological changes.¹⁶ These systems can alert clinicians to changes in a patient's condition that may require intervention. For example, wearable EEG devices can provide real-time monitoring of seizure activity, enabling timely adjustments to treatment plans.^{16,17}

2.2.4. Regulatory considerations

As AI technologies become more prevalent in healthcare settings, regulatory frameworks must evolve to ensure safety and efficacy. Regulatory bodies like the FDA are beginning to establish guidelines for evaluating AI algorithms used in medical contexts. Ensuring compliance with these regulations will be crucial for successful implementation.

3. Conclusion

The question of whether artificial intelligence will replace clinicians in neurology is complex. While AI offers significant advancements in diagnostic accuracy and efficiency, it cannot supplant the nuanced understanding and empathetic care provided by human neurologists. The future likely holds a collaborative model where AI serves as an invaluable tool that enhances clinical practice rather than replacing it entirely. While advancements are being made, the potential limitations and risks associated with the evolving role in clinical practice must be critically examined. As we move forward into this new era of healthcare technology, it is imperative for neurologists to embrace these innovations while maintaining their essential role as caregivers. By leveraging the strengths of both human expertise and artificial intelligence, we can improve patient outcomes and advance the field of neurology. The integration of AI should enhance and supplement, rather than replace, the indispensable human elements of empathy, ethical judgment, and adaptability that characterize effective medical care.

4. Source of Funding

None.

5. Conflict of Interest

None.

References

1. Ramesh AN, Kambhampati C, Monson JRT, Drew PJ. Artificial intelligence in medicine. *Ann R Coll Surg Engl*. 2004;86(5):334–8
2. Deo RC. Machine Learning in Medicine. *Circulation*. 2015;132(20):1920.
3. Gulshan V, Peng L, Coram M, Stumpe MC, Wu D, Narayanaswamy A, et al. Development and Validation of a Deep Learning Algorithm for Detection of Diabetic Retinopathy in Retinal Fundus Photographs. *JAMA*. 2016;316(22):2402–10
4. Bhidayasiri R. Will Artificial Intelligence Outperform the Clinical Neurologist in the Near Future? Yes. *Movement Disorders Clin Pract*. 2021;8(4):525.
5. Gergi L. AI in Clinical Neurology: Revolutionising Patient Care and Navigating Ethical Frontiers. *EMJ*. 2024;9(3):10–3.
6. Ganapathy K, Abdul SS, Nursetyo AA. Artificial intelligence in neurosciences: A clinician's perspective. *Neurol India*. 2018;66(4):934.
7. Reddy A, Reddy RP, Roghani AK, Garcia RI, Khemka S, Pattoor V, et al. Artificial intelligence in Parkinson's disease: Early detection and diagnostic advancements. *Ageing Res Rev*. 2024;99:102410.
8. Hosny A, Parmar C, Quackenbush J, Schwartz LH, Aerts HWJL. Artificial intelligence in radiology. *Nat Rev Cancer*. 2018;18(8):500.
9. Kalani M, Anjankar A. Revolutionizing Neurology: The Role of Artificial Intelligence in Advancing Diagnosis and Treatment. *Cureus*. 2024;16(6):e61706.
10. Grace K, Salvatier J, Dafoe A, Zhang B, Evans O. Viewpoint: When Will AI Exceed Human Performance? Evidence from AI Experts. *J Artif Intell Res*. 2018;62:729–54.
11. Yeung JA, Wang YY, Kraljevic Z, Teo JTH. Artificial intelligence (AI) for neurologists: do digital neurones dream of electric sheep?. *Pract Neurol*. 2023;23(6):476–88.
12. Naik N, Hameed BMZ, Shetty DK, Swain D, Shah M, Paul R et al. Legal and Ethical Consideration in Artificial Intelligence in Healthcare: Who Takes Responsibility?. *Front Surg*. 2022;9:862322
13. Akay EMZ, Hilbert A, Carlisle BG, Madai VI, Mutke MA, Frey D. Artificial Intelligence for Clinical Decision Support in Acute Ischemic Stroke: A Systematic Review. *Stroke*. 2023;54(6):1505–6
14. Rodríguez-Martín D, Cabestany J, Pérez-López C, Pie M, Calvet J, Samà A, et al. A New Paradigm in Parkinson's Disease Evaluation With Wearable Medical Devices: A Review of STAT-ONTM. *Front Neurol*. 2022;13:912343.
15. Voigtlaender S, Pawelczyk J, Geiger M, Vaios EJ, Karschnia P, Cudkowicz M et al. Artificial intelligence in neurology: opportunities, challenges, and policy implications. *J Neurol*. 2024;271(5):2258–73.
16. Nielsen JM, Rades D, Kjaer TW. Wearable electroencephalography for ultra-long-term seizure monitoring: a systematic review and future prospects. *Expert Rev Med Dev*. 2021;18(Sup1):57–67.
17. Frankel MA, Lehmkuhle MJ, Spitz MC, Newman BJ, Richards SV, Arain AM. (2021). Wearable Reduced-Channel EEG System for Remote Seizure Monitoring. *Front Neurol*. 2021;12:728484.

Cite this article Divya KP, Cherian A. IP Will artificial intelligence replace the clinician in neurology?. *IP Indian J Neurosci* 2025;11(1):53-55.