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Editorial

AI-related help to prevent increase of death rates and implement an appropriate Medicare and Medicaid

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Editorial

The sustainable development goals' ambition to end public health threats by the 2030 pandemic has been fully recognized. Although, the mortality rate from 1960 up to 2018 decreased from 20 million to 5. while from 2019 up to now increased significantly (World Banks' death rates data 2023) above 10. According to no official registrations estimated even more than >30, remarkably. One of the main reasons was preventive (a-specific) tools /means against different diseases (progression), which did not work timely, and appropriately. [1-4] Furthermore, because re-establishing an appropriate baseline is crucial, before the in-direct effects of COVID-19, and (after) Postcovid-19 pandemic attacks; One is suggesting to (re-)investigate better what happened during the last three years. It is well known that different Cancers are the number 1 killers in the 21st Century; and if the Medici and Research Scientists insist on working in the same old fashion manner may be become ´the 22´, as well. Cardiovascular and Allergic-related deaths did remain also high, eventually. A modest PubMed research exposes that there is (limited or insignificant) neither standard registration and choice for the diagnostic tools nor a common treatment for the same cancers, worldwide [1-3]. Moreover, different data are showing that in this post-covid-19 pandemic period a significant increase and acceleration in 5-years of morbidity and mortality of certain groups of patients i.e. cancer patients [4,5].

It is the remaining Medici's call to serve (future) patients objectively, based on science-based interpretation and services, available now. Using any instrument /tool/ software/ hardware to get the best therapies should be Medici's mission, worldwide. What is unknown? If….whenever Artificial Intelligence (AI) in the next decades can gather and process bias-free(mortality and morbidity rates')-data, then Medici could however, via a uniform and standard globally accepted guideline/ algorithm, prevent increasing death rates from 2030. Though, it becomes unknown! who could be trusted in an economic-based era. And which data are reliable to be used as the basis of Diagnosis/Treatment / as much as the "Cheap" possible option (DTC). One is observing more lack of know-how (collaborative aspects) in general, to reach perfect DTC options, rather than a lack of standard guidelines and/or protocols. One is observing that main management systems have to choose wisely, because of continuous environmental changes and mutations. As during COVID-19 period was observed in the last three years, pandemic attacks (if the master plan works timely) are becoming a phenomenon that is showing Ongoing- "Out of Control Process" properties. Preparing the globe in a preventive fashion seems impossible, after implementation of the AI-related systems worldwide, where "selection bias" might cause unpredicted results. Comparing the last 100 years (No AI-systems) with the last 20 years data management systems (AI- applied systems) of cancer patients who died after 5 years-survival is showing not-significant progression. [1-6] There is something wrong with all diagnostics and uninterrupted treatments of COVID-19 contracted cancer patients. A major revision is needed to find out why? And how different cancer patients, who were surviving 3 up to 15 years after diagnosis, suddenly passed away in less than 1-2 months, PostCOVID-19 infection.

Cancerogenous processes and treatments' complication affect the health status of many patients, not only irreversibly but also intensely increasing their morbidity and mortality rate, observed in the last three years [1-4]. Complications originating from bias-related diagnosis and subsequently bias-related treatments were

one of main death causes in the last three years. There are different publications, which indicate unspecific diagnostics aggravate patients' wellness continuously. One might expect a standard diagnostic and appropriate treatment after all the mouthfuls of sophisticated and developed tools, in the 21st Century. A standard guideline/algorithm for cancer treatments are mainly co-related to main surgeries, chemotherapies, radiotherapies, and /or a combination of aforementioned approaches. A simple PubMed research reveals that there is neither standard registration and choice for the diagnostic tools, nor standard treatments for the same cancer, globally. Moreover, no similar complications and side effect's registration exist in general Hospitals after all, internationally [3-6]. Some percentage of patients get well and some of them not. Because of wrong therapeutic approaches, patients are continuously getting complications and collateral damages that are causing unknown side effects with all economic-based problems. Consecutively, patients' health status aggravates toward the end-stage in an accelerated manner, and increased risk of septic shock and death, ultimately [1-6]. Recall, Platelets do differently responding to the above mentioned pathological overexpression of death receptors.

Though, how accelerated disease progression might affect pro-thrombosis and/or bleeding disorders is not elucidated completely (CAT project of European Union). Moreover, human platelets are responding inconsistently to the same activators during the day(acutely) and weeks(chronically). Subsequently, if certain patient after being infected with any random disease, the subject will die from either pro-thrombosis(thrombo-emboli) or bleeding disorder, when there is no appropriate diagnostics available offline and/or online. Of course, the AI-related data should appropriately be processed to a standardized uniform protocol. Successively, the same standard protocol should start patient management, creating a worldwide database to work uniformly. Indeed, should each subject get personalized attention, but each step could be a mandatory protocol to follow, after uniform assessments. Hereby might AI-related services help to accelerate such goals in less than one day. Take home message is don't try to use unspecific and insensitive (expensive) tools to produce revenue but rather use modern approaches for better diagnosis or therapy, which are remaining costly and painful aspects for affected patients, and their relatives [7-10].

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Conflict of Interest

No Conflict of Interest.

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