



## Digital Health in the 21th

Michel Dojat

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Michel Dojat. Digital Health in the 21th. The 4th Annecy Round Table on CPR, Jean-Christophe Richard, Apr 2025, Annecy, France. hal-05048258

**HAL Id: hal-05048258**

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Submitted on 27 Apr 2025

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*Inria*



# Digital Health in the 21th



**The 4th Annecy Round Table on CPR**

24th and 25th April 2025,  
The Mérieux Foundation Les Pensières Center for Global Health

Michel Dojat

Deputy Scientific Director for Digital Biology and Digital Health



I declare relationships with the company Pixyl  
(pixyl.ai)

# Warning ...

I think if you work as a radiologist, you're like the coyote that's already over the edge of the cliff but hasn't yet looked down. People should stop training radiologists now. It's just completely obvious that within five years deep learning is going to do better than radiologists.

G. Hinton (2016)

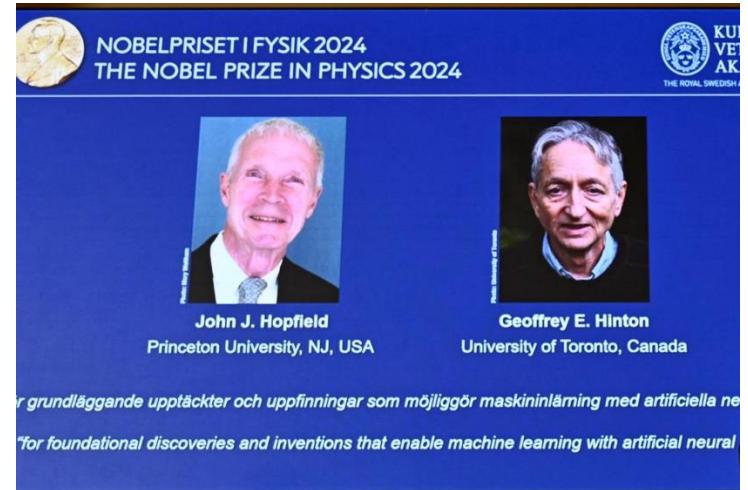
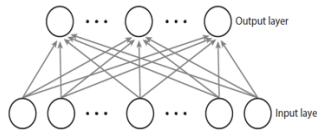
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G. Hinton (2016),

Turing Prize (2018), Nobel Prize in Physics (2024)

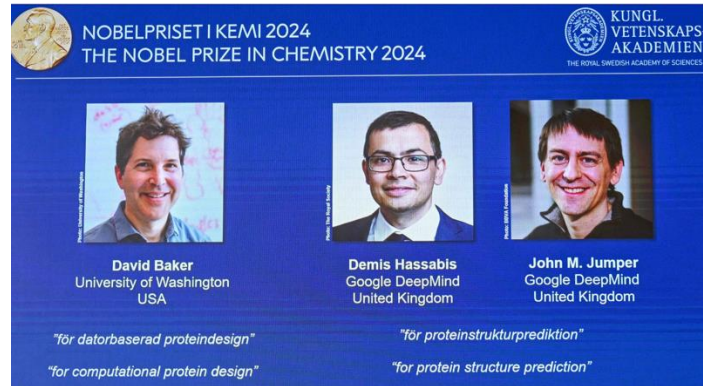
## Artificial Neural Networks



# Mastering the game of Go without human knowledge

David Silver<sup>1\*</sup>, Julian Schrittwieser<sup>1\*</sup>, Karen Simonyan<sup>1\*</sup>, Ioannis Antonoglou<sup>1</sup>, Aja Huang<sup>1</sup>, Arthur Guez<sup>1</sup>, Thomas Hubert<sup>1</sup>, Lucas Baker<sup>1</sup>, Matthew Lai<sup>1</sup>, Adrian Bolton<sup>1</sup>, Yutian Chen<sup>1</sup>, Timothy Lillicrap<sup>1</sup>, Fan Hui<sup>1</sup>, Laurent Sifre<sup>1</sup>, George van den Driessche<sup>1</sup>, Thore Graepel<sup>1</sup> & Demis Hassabis<sup>1</sup>

AlphaGO: approximately 4.6 million parameters\*



## Highly accurate protein structure prediction with AlphaFold

<https://doi.org/10.1038/s41586-021-03819-2>

Received: 11 May 2021

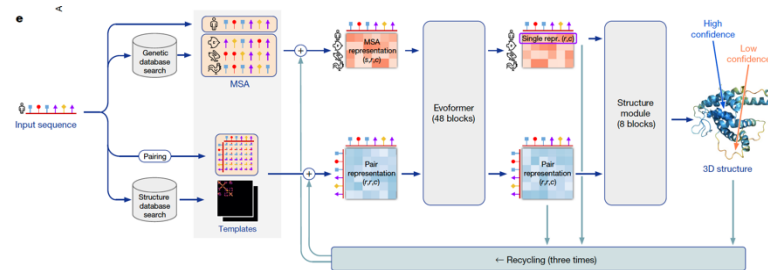
Accepted: 12 July 2021

Published online: 15 July 2021

Open access

Check for updates

John Jumper<sup>1,4,5,6,7</sup>, Richard Evans<sup>1,4</sup>, Alexander Pritzel<sup>1,4</sup>, Tim Green<sup>1,4</sup>, Michael Figurnov<sup>1,4</sup>, Olaf Ronneberger<sup>1,4</sup>, Kathryn Tunyasuvunakool<sup>1,4</sup>, Russ Bates<sup>1,4</sup>, Augustin Židek<sup>1,4</sup>, Anna Potapenko<sup>1,4</sup>, Alex Bridgland<sup>1,4</sup>, Clemens Meyer<sup>1,4</sup>, Simon A. A. Kohl<sup>1,4</sup>, Andrew J. Ballard<sup>1,4</sup>, Andrew Cowie<sup>1,4</sup>, Bernardino Romera-Paredes<sup>1,4</sup>, Stanislaw Nikolov<sup>1,4</sup>, Rishub Jain<sup>1,4</sup>, Jonas Adler<sup>1</sup>, Trevor Back<sup>1</sup>, Stig Petersen<sup>1</sup>, David Reiman<sup>1</sup>, Eilán Clancy<sup>1</sup>, Michal Zieliński<sup>1</sup>, Martin Steinegger<sup>2,3</sup>, Michalina Pacholska<sup>1</sup>, Tamas Berghammer<sup>1</sup>, Sebastian Bodenstein<sup>1</sup>, David Silver<sup>1</sup>, Oriol Vinyals<sup>1</sup>, Andrew W. Senior<sup>1</sup>, Koray Kavukcuoglu<sup>1</sup>, Pushmeet Kohli<sup>1</sup> & Demis Hassabis<sup>1,4,5,6,7</sup>



approximately tens of millions of parameters parameters\*

\*: from perplexityAI

## To be in the race ...

WASHINGTON — President **Donald Trump** on Tuesday talked up a joint venture investing up to **\$500 billion** for infrastructure tied to artificial intelligence by a new partnership formed by OpenAI, Oracle and SoftBank. **January, 21st 2015**

**EU launches InvestAI initiative to mobilise €200 billion of investment in artificial intelligence**

**Feb 11, 2025**

**Macron pledges to catch up with Trump with €109B AI investment**

“We have to be in the race,” the French president says.

**Feb 10, 2025**

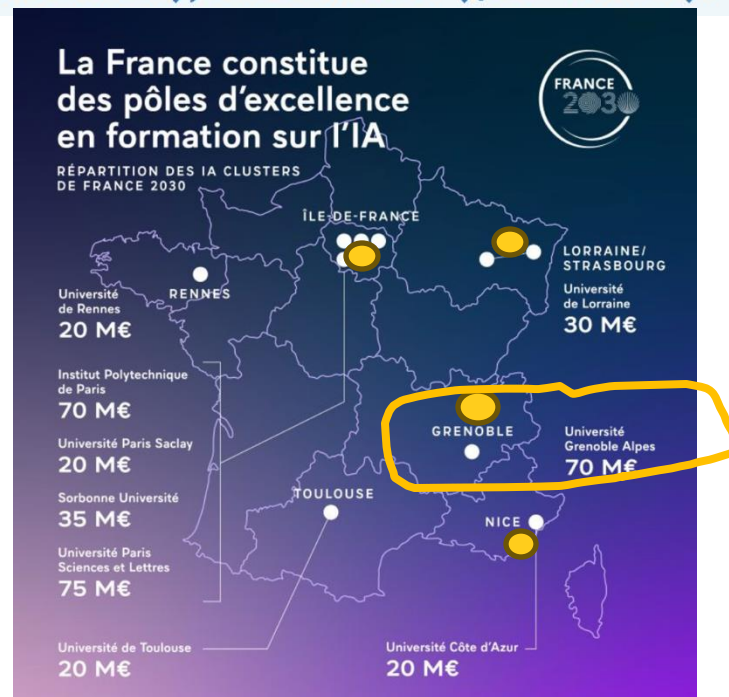


# AI clusters

In 2022, the AI focus area with the most investment was medical and healthcare (\$6.1 billion); followed by data management, processing, and cloud (\$5.9 billion); and Fintech (\$5.5 billion).

AI in Health  
Macron wants us  
to be the best

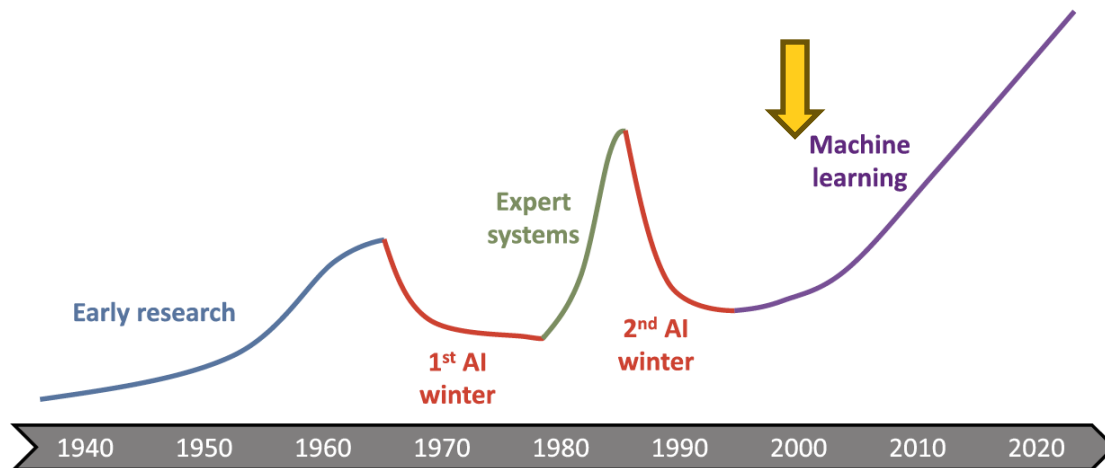
La Dépêche du midi  
Feb 2025



With a digital health program



# To surf the (new) wave ...



# Two main streams in AI

**Intelligent Agent:** an entity that takes the best possible action in a situation



How to build such an artificial intelligent agent?

## Machine Learning

- Bio-inspired
  - > Artificial life
  - > Neural Networks
- Classification (SVM,...)

*Operations on vectors*

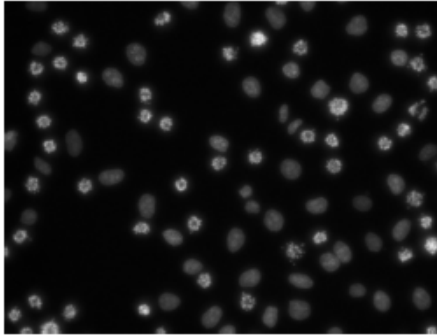
## Symbolic Processing

- Problem-solving
- Planning
- Logic
- Knowledge representation
  - Common knowledge
  - Meta-knowledge
  - Ontology
- Multi-agents
- Co-construction

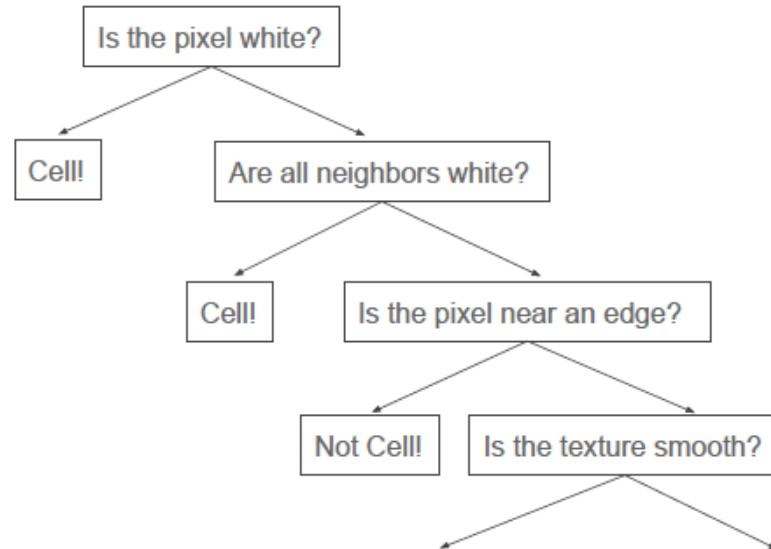
*Symbols manipulation*

# Rule-based approach

Cells vs background segmentation

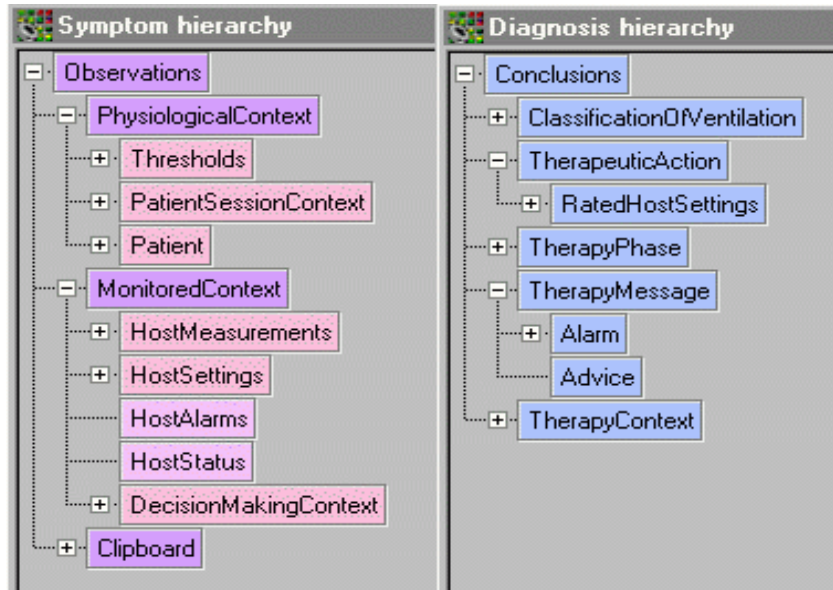


[Image: Gerlich Lab]



Courtesy A. Kreshuk

# A knowledge base system for the Weaning



64 symptoms  
50 diagnosis

Derivation of "Rated_P_ASB"	
Common rules for deriving	
S->S [ P_ASB [ before 1 Session ] ] IF	AcuteVariableDecreaseOfInvasiveness = ESTABLISHED AND P_ASB = KNOWN [ before 1 Session ]
[ P_ASB [ Now ] + 4 ] IF	P_ASB = KNOWN [ Now ] AND AcuteFixedIncreaseOfInvasiveness = ESTABLISHED EXCEPTION: IF AcuteVariableDecreaseOfInvasiveness = ESTABLISHED
[ P_ASB [ Now ] + "Stepwidth" ] IF	P_ASB = KNOWN [ Now ] AND Stepwidth = KNOWN AND AcuteVariableIncreaseOfInvasiveness = ESTABLISHED EXCEPTION: IF AcuteVariableDecreaseOfInvasiveness = ESTABLISHED
S->S [ P_ASB [ Now ] ] IF	P_ASB = KNOWN [ Now ] AND SteadyStateOfInvasiveness = ESTABLISHED EXCEPTION: IF AcuteVariableDecreaseOfInvasiveness = ESTABLISHED
[ P_ASB [ Now ] - 4 ] IF	P_ASB = KNOWN [ Now ] AND AcuteFixedDecreaseOfInvasiveness = ESTABLISHED EXCEPTION: IF AcuteVariableDecreaseOfInvasiveness = ESTABLISHED
S->S [ P_ASB [ BeginOfInstability ] ] IF	P_ASB = KNOWN [ BeginOfInstability ] AND TolerateInstabilityDuringAdaptation = ESTABLISHED EXCEPTION: IF AcuteAdjustment = ESTABLISHED
[ P_ASB [ Now ] - 2 ] IF	P_ASB = KNOWN [ Now ] AND TolerateInstabilityDuringPerturbedMaintain = ESTABLISHED EXCEPTION: IF AcuteAdjustment = ESTABLISHED
S->S [ P_ASB [ Now ] ] IF	P_ASB = KNOWN [ Now ] EXCEPTION: IF AcuteAdjustment = ESTABLISHED OR InstabilityHandling = ESTABLISHED OR RegularAdjustment = ESTABLISHED
S->S [ "P_ASB_low" ] IF	P_ASB_low = KNOWN AND TolerateInstabilityDuringObservation = ESTABLISHED OR TolerateInstabilityDuringNormalMaintain = ESTABLISHED EXCEPTION: IF AcuteAdjustment = ESTABLISHED
[ P_ASB [ Now ] - "Stepwidth" ] IF	P_ASB = KNOWN [ Now ] AND Stepwidth = KNOWN AND TolerateInstabilityDuringPostponedMaintain = ESTABLISHED EXCEPTION: IF AcuteAdjustment = ESTABLISHED
[ P_ASB [ Now ] - "Stepwidth" ] IF	P_ASB = KNOWN [ Now ] AND Stepwidth = KNOWN AND RegularAdjustment = ESTABLISHED EXCEPTION: IF AcuteAdjustment = ESTABLISHED OR InstabilityHandling = ESTABLISHED

# Evita: Smartcare



Dojat et al. Am J Res Crit Care Med 96  
Dojat et al. Am J Res Crit Care Med 00



# Some limitations ...

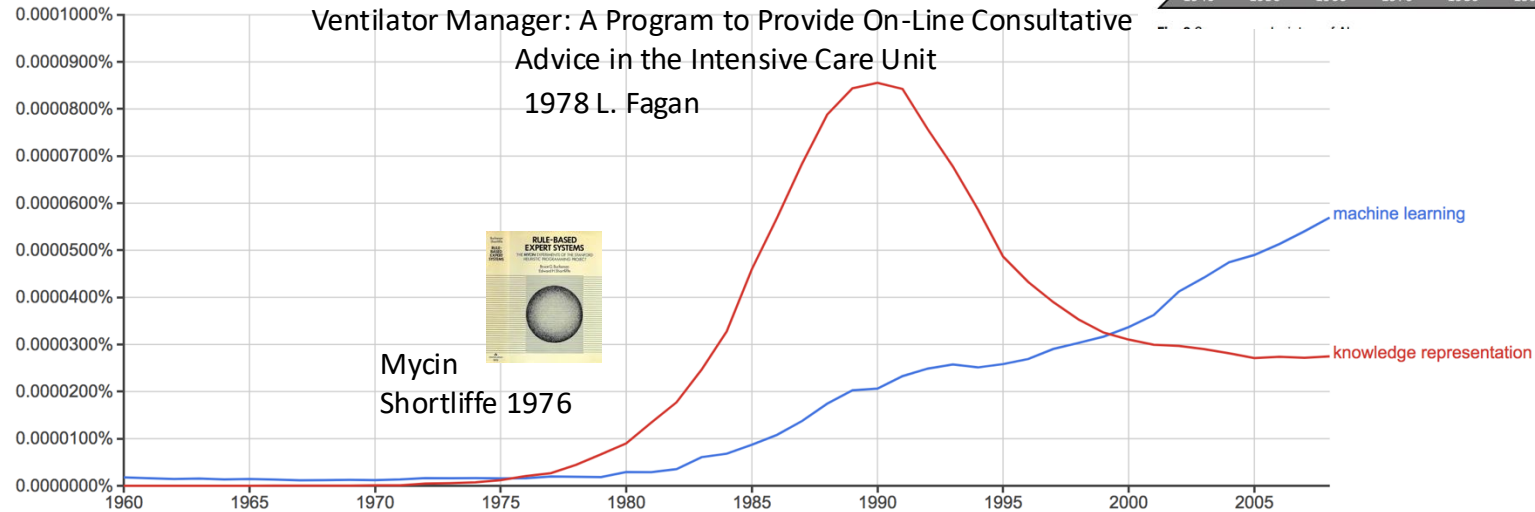
- Traditional rule-based systems have continue to perform in clinical tasks (adverse drug event ...)

BUT:

- Difficult to formalize expert's knowledge
- A lot of situations to represent
- Costly to develop and maintain

# Trends ...

*Medical domain, a target application of AI*



# How did AI (DNN) take the power?

Back to the future ...





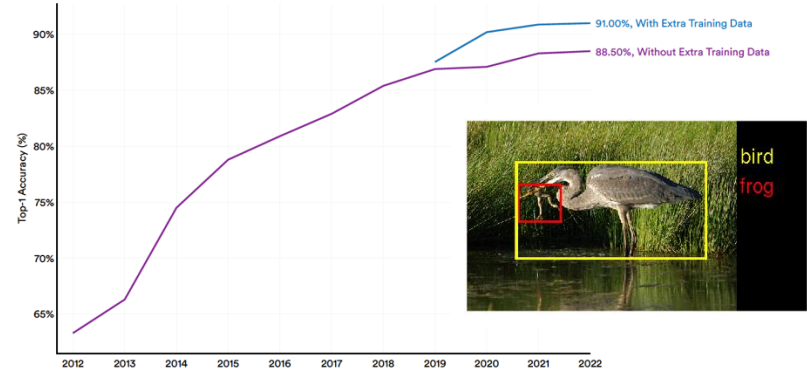
# Pioneered the deep learning revolution ...

[Krizhevsky et al 2012]



ImageNet 14 M images  
20000 different object categories  
2022 91% accuracy

ImageNet Challenge: Top-1 Accuracy  
Source: Papers With Code, 2022; arXiv, 2022 | Chart: 2023 AI Index Report

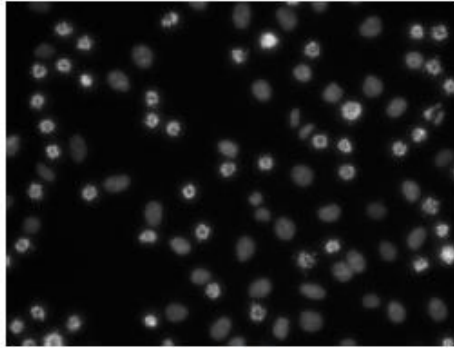


8 layers (5 convolutional + 3 fully connected), 60 Millions parameters

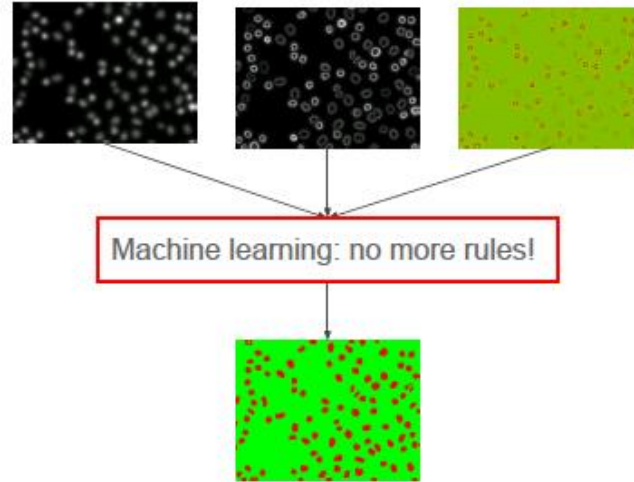
1.2 M annotated images, 1000 classes => reduced the top-5 error rate from ~26% to 15.3%

# ML approach: a new paradigm

Cells vs background segmentation



[Image: Gerlich Lab]

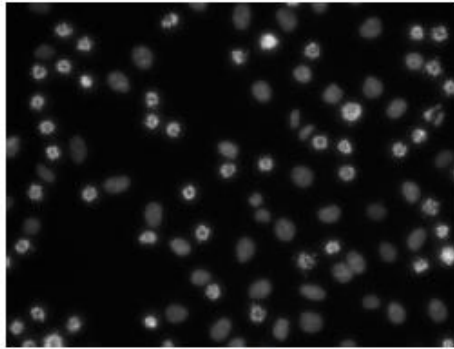


Automatic discovery of probabilistic regularities  
in the provided examples

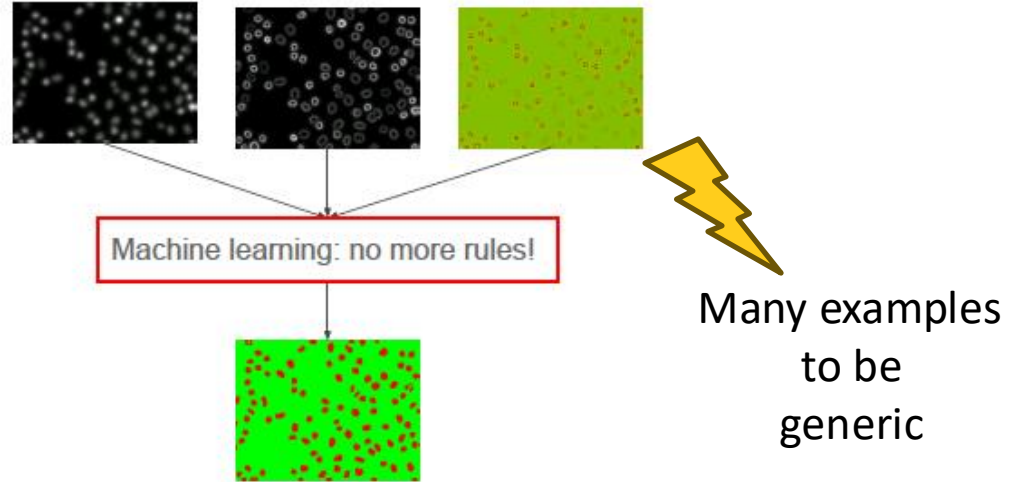
**Courtesy A. Kreshuk**

# ML approach: a new paradigm

Cells vs background segmentation



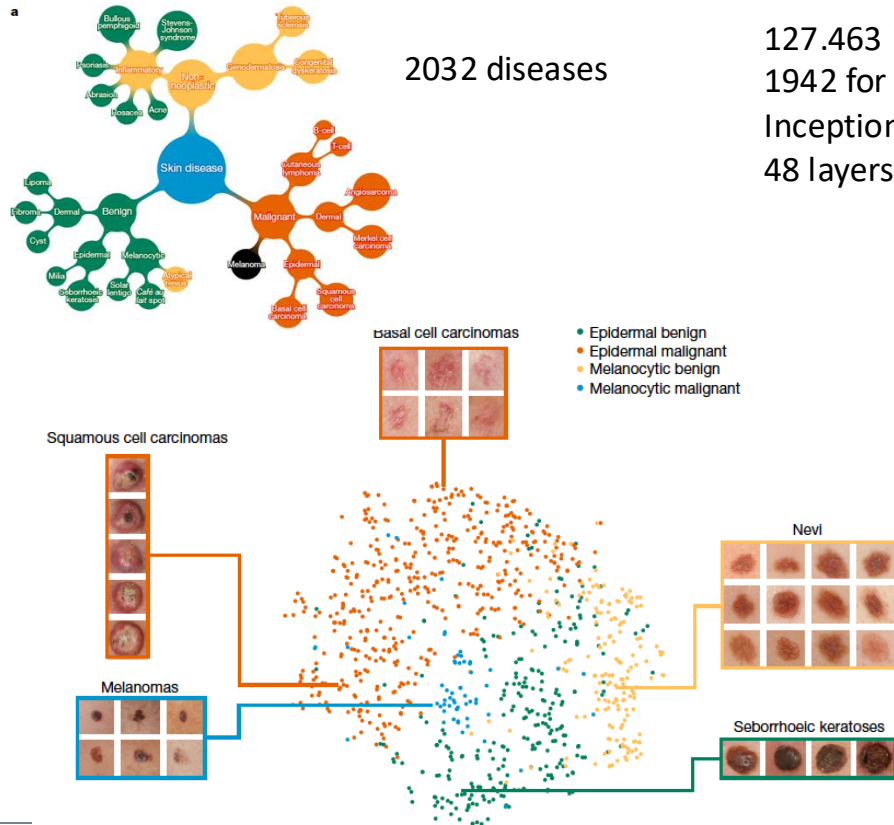
[Image: Gerlich Lab]



Automatic discovery of probabilistic regularities  
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Courtesy A. Kreshuk

## Skin cancer classification



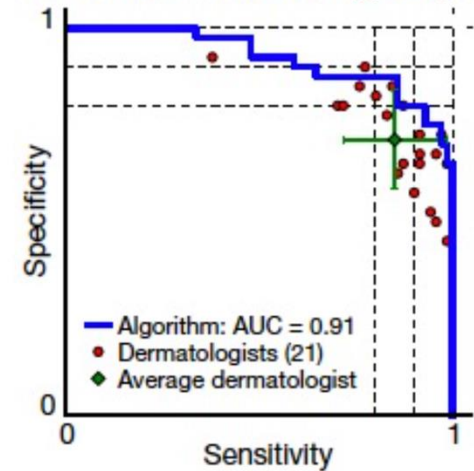
127.463 biopsy images for training

1942 for validation

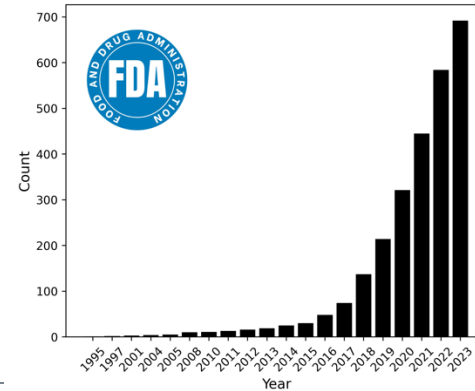
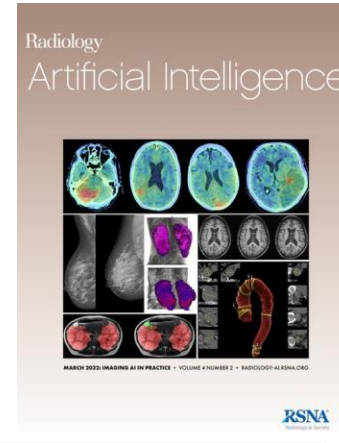
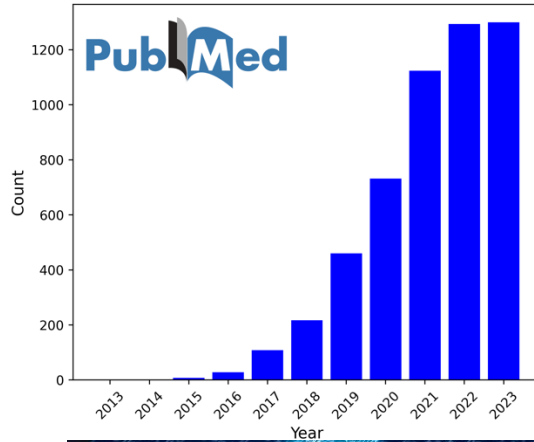
Inception v3

48 layers, 23 M parameters

Melanoma: 111 dermoscopy images

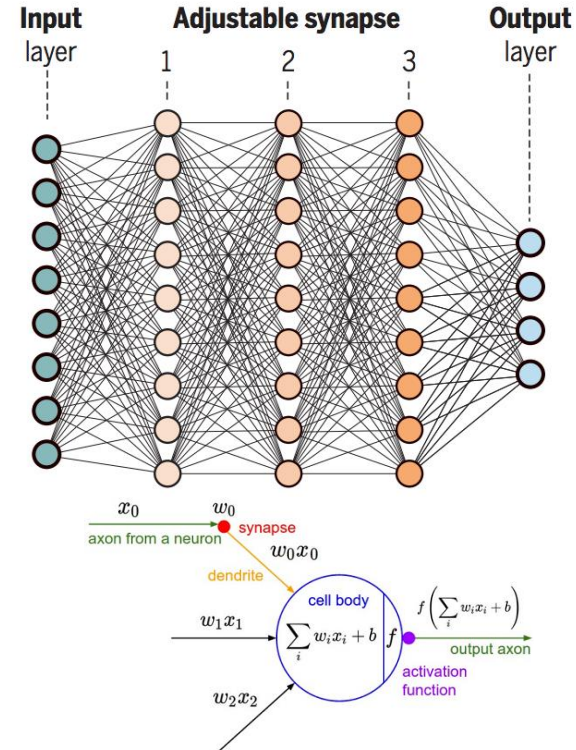


# Automatic analysis of medical images: The winner takes all ...





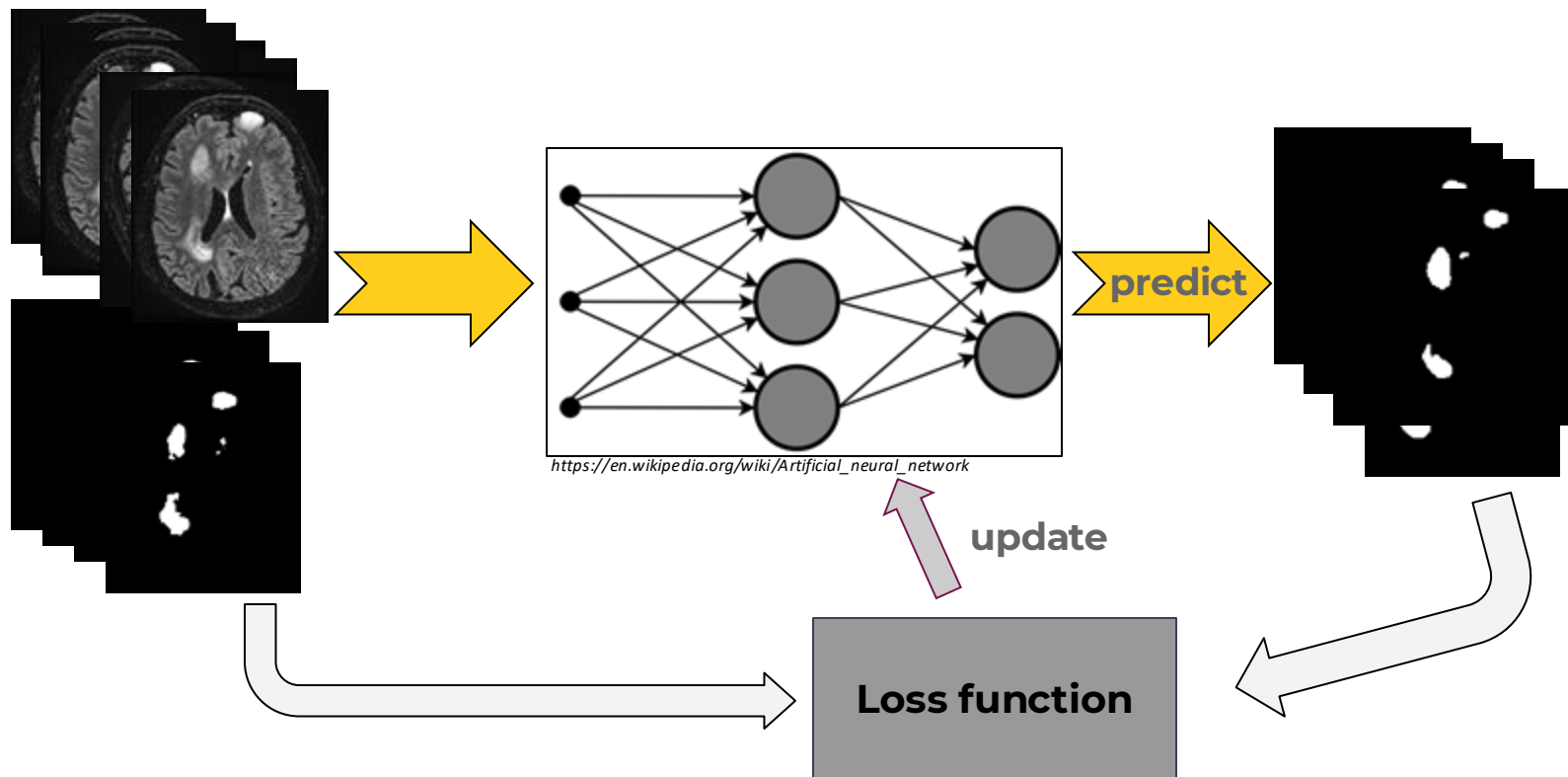
# How does it work?



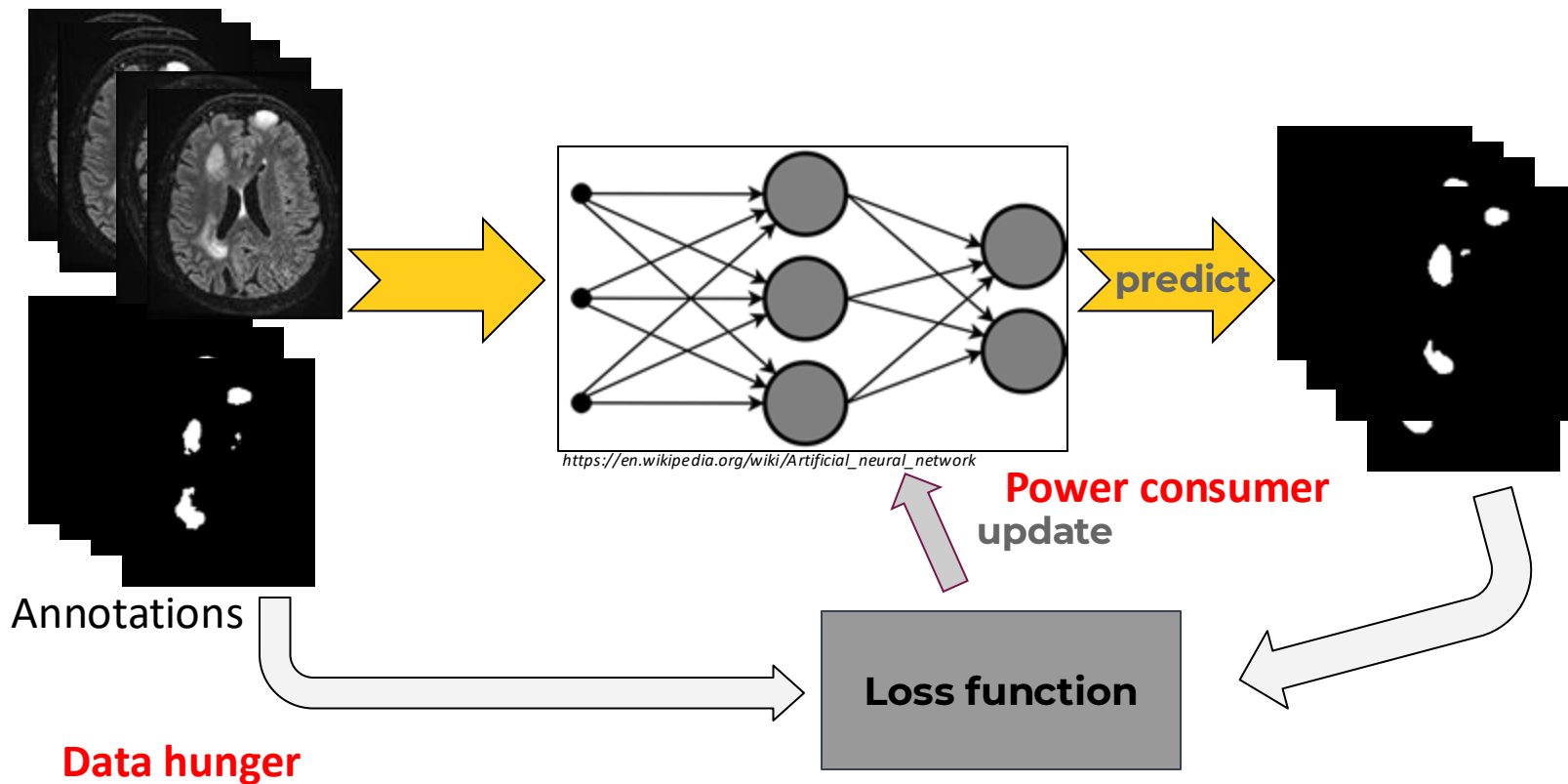
Ullman Science 2019

Artificial neurons (bio-inspired)

# How does it works?



# How does it works?





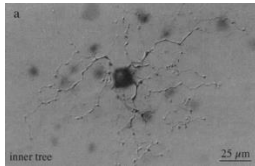
# A brief old bioinspired story: the pioneers

1940-1970

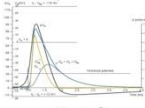
McCulloch & Pitts (1943)  
Neurology & Psychology  
The first formal neuron



Hodgkin, A. L., & Huxley, A. F. (1952)  
Neuroscience  
Temporal dynamic in synapses modification



Donald Hebb (1949)  
Neuropsychology  
Learning=Synaptic modification



$$w_{ij} = \frac{1}{p} \sum_{k=1}^p x_i^k x_j^k$$

Frank Rosenblatt – Psychology

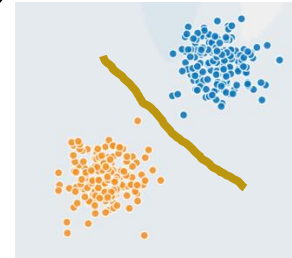
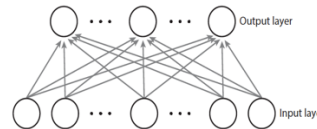
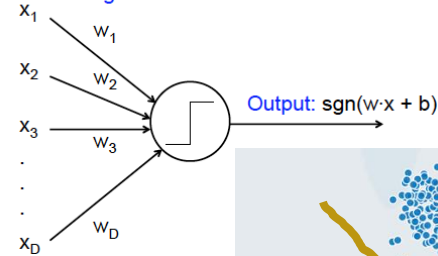
**The Perceptron, the first Artificial Neural Network**

Rosenblatt, F. (1958). The perceptron: a probabilistic model for information storage and organization in the brain. *Psychological review*, 65(6), 386.



Input

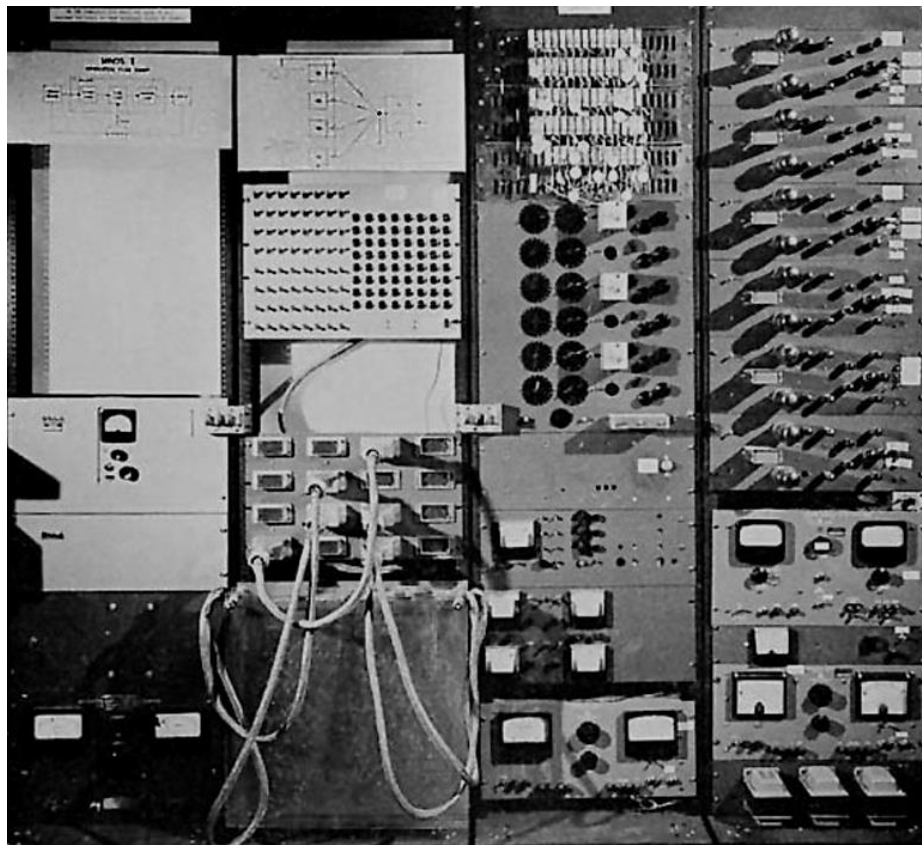
Weights



# The pioneers ...

Minos

1960  
Stanford  
Research  
Institute



# A brief bioinspired story: the pioneers

1940-1970

Donald Hebb (1949)  
Neuropsychology  
Learning=Synaptic modification

Frank Rosenblatt – Psychology

**The Perceptron, the first Artificial Neural Network**

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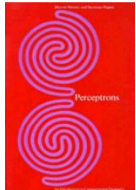
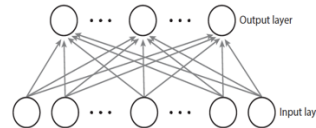
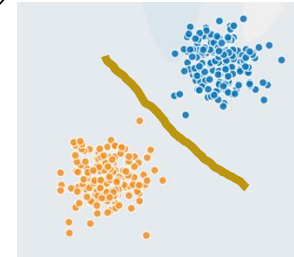
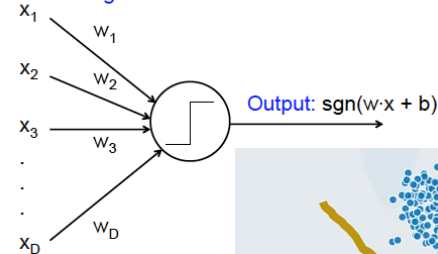
Hodgkin, A. L., & Huxley, A. F. (1952)  
Neuroscience  
Temporal dynamic in synapse modification

$$w_{ij} = \frac{1}{p} \sum_{k=1}^p x_i^k x_j^k$$



Input

Weights



**The fall of Perceptron**

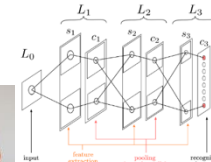
# The new story ...

1980-....

Kunihiko Fukushima - Bio-inspired Computer Science

Fukushima, K. (1980). Neocognitron: A self-organizing neural network for a mechanism of pattern recognition unaffected by shift in position. *Bio Cybern* 46-193-202

**Convolutional filter**



Beyond the Perceptron: the **Multi-Layer Perceptron**

**Deep Learning:** the direct offspring of the Multi-Layer Perceptron

LeCun, Y., Bengio, Y., & Hinton, G. (2015). Deep learning. *Nature*, 521(7553), 436.

**Turing Prize**

**2018**

Yann LeCun  
Computer Science

Geoffrey Hinton  
Cognitive Psychology &  
Computer Science



Yoshua Bengio  
Computer Science

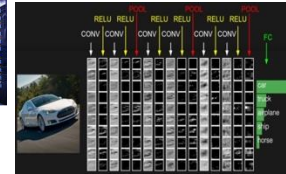


**Nobel Prize**  
**2024**

John Hopfield  
Life science  
Mimics brain memories

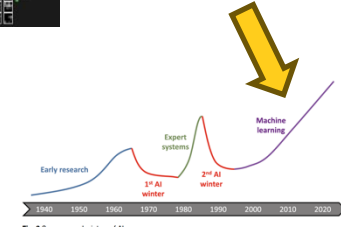
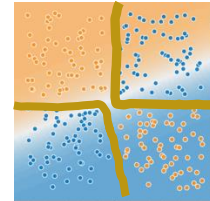
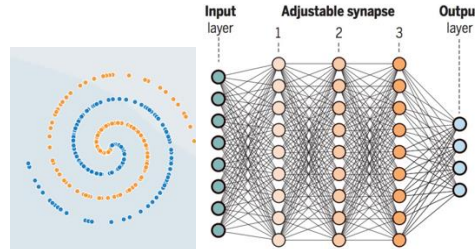
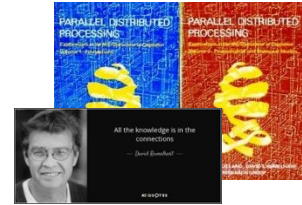


**Machines  
& data**



**BackProp Algorithm**

David Everett Rumelhart - Cognitive Psychology  
Rumelhart, D. E., Hinton, G. E., & Williams, R. J. (1986). Learning representations by back-propagating errors. *Nature*, 323(6088), 533-536.



# AI for Medical Imaging

## Reconstruction

- Improve S/N, faster acquisition, finger printing

## Analysis

- Classification, Segmentation, Anomalies detection, Triage, Signature

## Generation

- Another modality synthesis, Report, Prediction

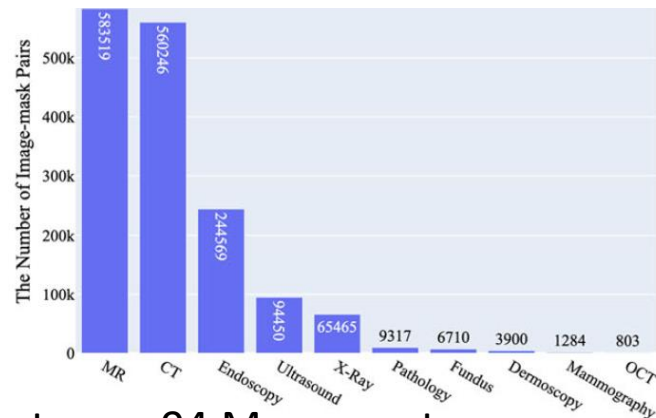
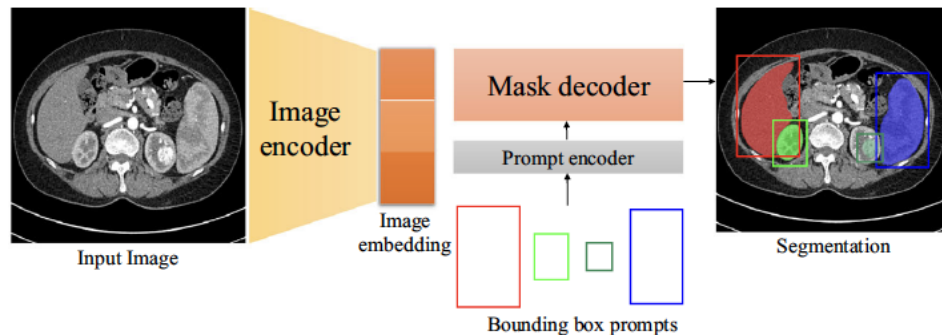
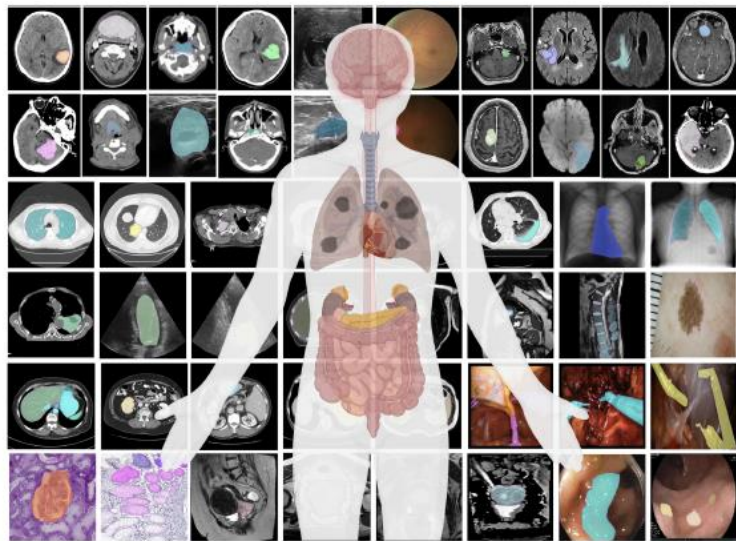
## Fusion

- Time series, across modalities and subjects

## Repositories

- Large databases: MJ Fox, Enigma, UK BioBank, Ofsep, ...

# A foundation model for medical image segmentation: MedSAM (Segment Anything Model)



Ma et al Nat Comm 2024

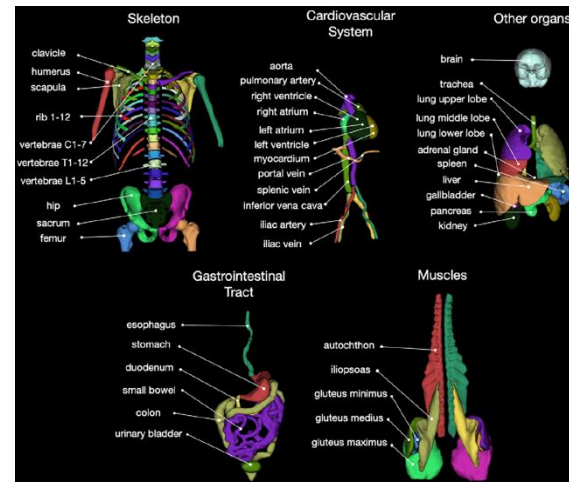
1.570.263 images, 10 imaging modalities, 30 cancer types, 94 M parameters



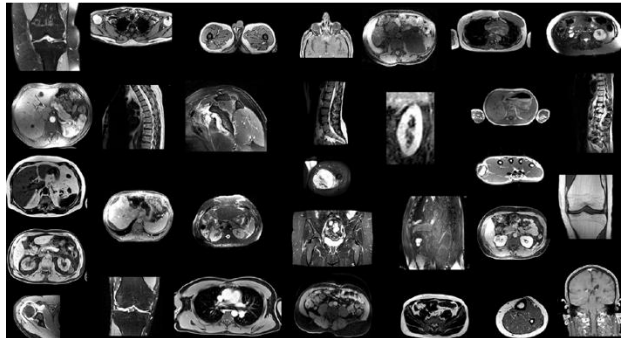
# Total Segmentator

Wasserthal et al Radiology: AI 2024

12043 (CT), 104 structures, 27 organs, 59 bones, 10 muscles

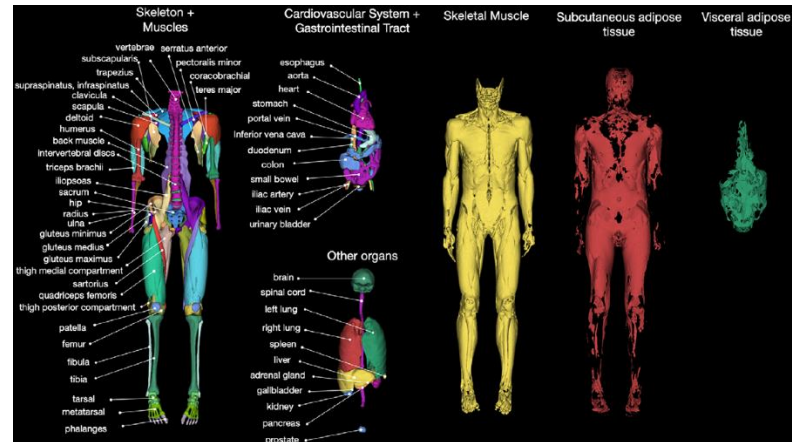


# Total Segmentator MRI



D'Antonoli et al Radiology 2025

1143 (616 MRI, 527 CT), 80 structures



# Main medical applications

## Neurodegenerative diseases, aging

- support to diagnostic, prediction,...

## Oncology

- mechanisms, new treatment

## Handicap, rehabilitation,

- neuroprosthesis, BCI

## Pharmacology, drug resistance

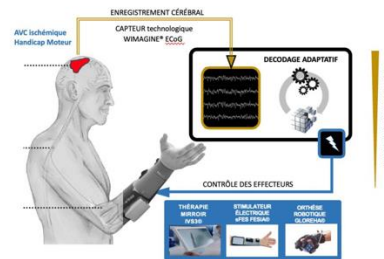
- math. epidemiology

## Public health

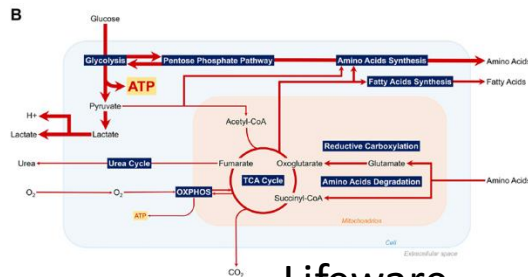
- clinical trials

## Medical robotics

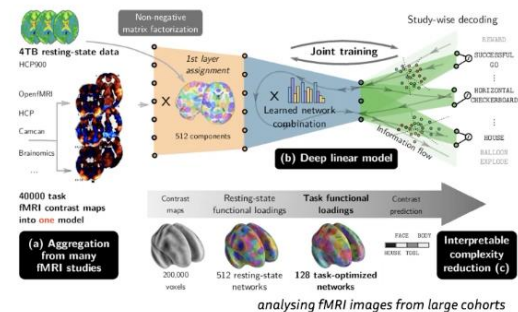
- surgery, endoscopy



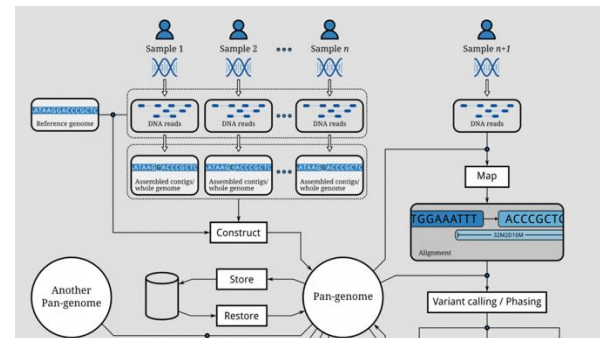
## Mind



## Lifeware



## Aramis



## Genscale





# MS:Lesion load quantification



Pixyl.Neuro.BV  
Longitudinal report

## Patient Information

Name: John Smith | Sex: M | Born in: 1945 | ID: 2620  
Visit Date: Jan 1, 2020, Prior Visit Date: Jan 1, 2015

## Quality Control



Pass

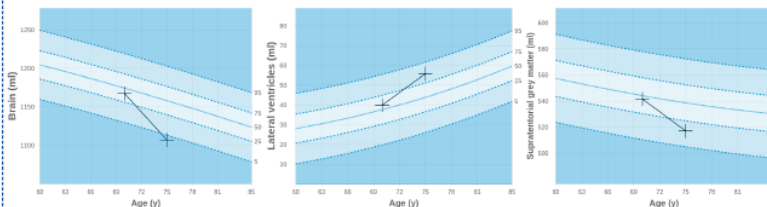
## Observations

-

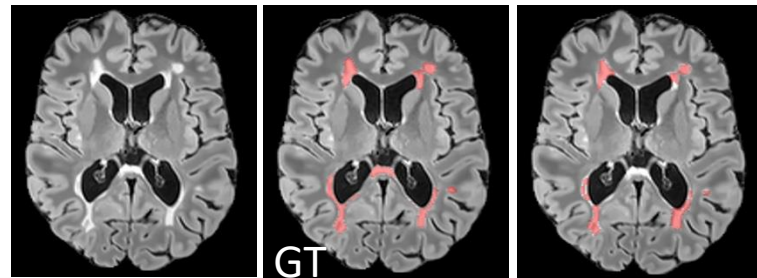
THIS AUTOMATED REPORT DOES NOT REPLACE MEDICAL EXPERTISE.  
PLEASE REFER TO THE RADIOLOGY REPORT.

## Brain T1 volumetry and comparison with normative population values

	Prior visit		Current visit	
	Volume(ml)	Volume(ml)	Change(%)	Normal range(ml)
Brain	1167.37	1106.92	-5.18%	1113.29 - 1202.98
Supratentorial grey matter	541.59	517.07	-4.53%	504.91 - 572.4
Supratentorial white Matter	495.43	461.44	-6.86%	433.03 - 509.91
Cerebellum GM+WM	130.35	128.41	-1.49%	128.34 - 167.72
Left lateral ventricle	19.93	27.89	39.94%	13.02 - 32.26
Right lateral ventricle	19.96	27.87	39.63%	12.39 - 29.96



The normative distribution is calculated over 2700+ normal subjects. Volumes are normalized by the volume of the intracranial cavity when compared with the normative population of the same age. The curves displayed correspond to the 95th, 25th, 50th, 75th and 95th percentile for healthy subjects.



Pixyl.Neuro.MS  
Longitudinal report

## Patient Information

Name: Jane Doe | Sex: F | Born in: 1989 | ID: 2622  
Visit Date: Oct 5, 2023, Prior Visit Date: Oct 6, 2022

## Quality Control



Pass

## Observations

-

THIS AUTOMATED REPORT DOES NOT REPLACE MEDICAL EXPERTISE.  
PLEASE REFER TO THE RADIOLOGY REPORT.

## Disease Activity

T2 FLAIR lesions			
New	7	Enlarging	2

## Lesion Load

	Volume(ml)	Change(ml)	Lesion count *
Periventricular	9.87	0.61	≥ 1
Juxtacortical	2.27	0.47	≥ 1
Infratentorial	0.25	-0.09	≥ 1
Deep WM	0.95	0.1	≥ 1
Whole Brain	13.34	1.09	≥ 9 **

\* The lesion count is based on the 2017 revision of the McDonald criteria.

\*\* The Barkhof MRI criteria for MS diagnosis includes at least 9 lesions on T2-weighted images.

# OxyTC: French national multicenter study

## Intracranial pressure monitoring with and without brain tissue oxygen pressure monitoring for severe traumatic brain injury in France (OXY-TC): an open-label, randomised controlled superiority trial

The Lancet 2023; **22: 1005–14**

*Jean-François Payen, Yoann Launey, Russell Chabanne, Samuel Gay, Gilles Francony, Laurent Gergele, Emmanuel Vega, Ambroise Montcriol, David Couret, Vincent Cottenceau, Sebastien Pili-Floury, Clement Gakuba, Emmanuelle Hammad, Gerard Audibert, Julien Pottecher, Claire Dahyot-Fizelier, Lamine Abdenmour, Tobias Gauss, Marion Richard, Antoine Vilotitch, Jean-Luc Bosson, Pierre Bouzat for the OXY-TC trial collaborators\**

### Summary

**Background** Optimisation of brain oxygenation might improve neurological outcome after traumatic brain injury. The OXY-TC trial explored the superiority of a strategy combining intracranial pressure and brain tissue oxygen pressure (PbtO<sub>2</sub>) monitoring over a strategy of intracranial pressure monitoring only to reduce the proportion of patients with poor neurological outcome at 6 months.

**Interpretation** After severe non-penetrating traumatic brain injury, intracranial pressure and PbtO<sub>2</sub> monitoring did not reduce the proportion of patients with poor neurological outcome at 6 months. Technical failures related to intracerebral catheter and intracerebral haematoma were more frequent in the intracranial pressure and PbtO<sub>2</sub> group.

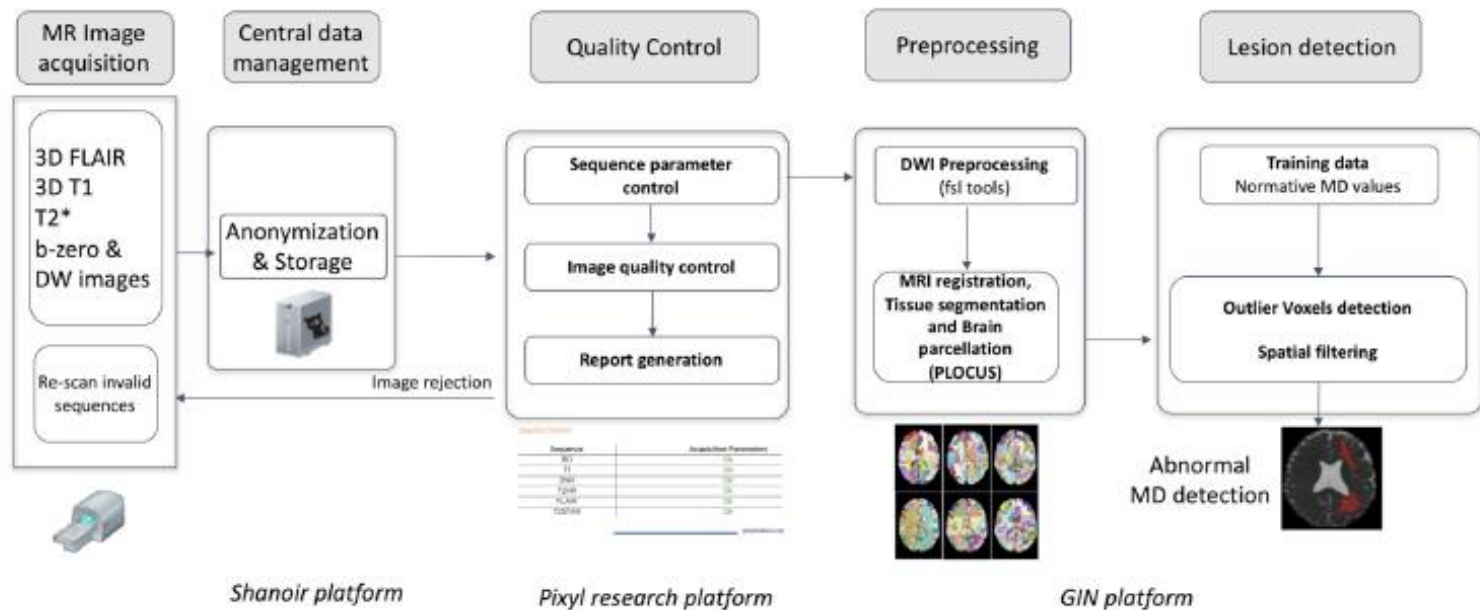
144 vs 147 patients

# MRI study

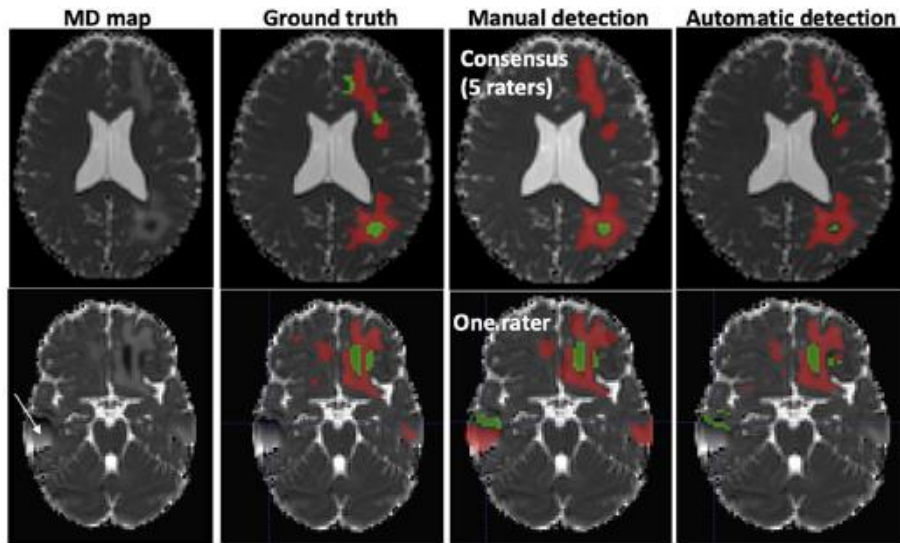
Goal: detection of abnormal mean diffusivity (MD) and fractional anisotropy (FA)

reduction MD cytotoxic edema, increase MD vasogenic edema

**N=85, Gose 1-4, Diffusion Tensor Imaging, 23 centres**

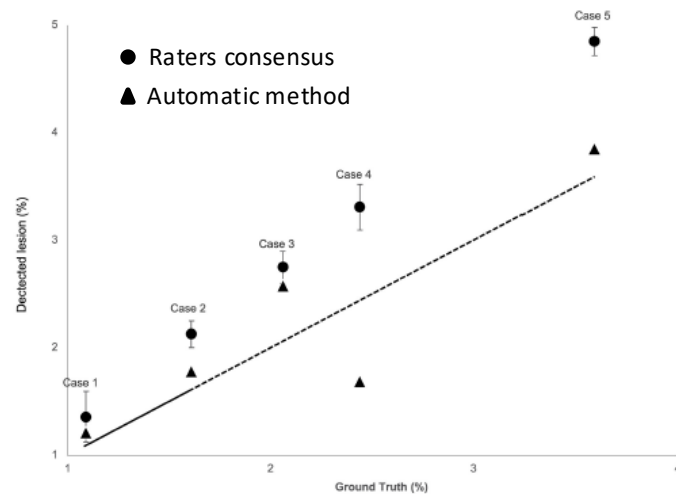


# MRI study



Mistral et al 2022 Front Neuro

Patients data: work in progress





# Verare Project

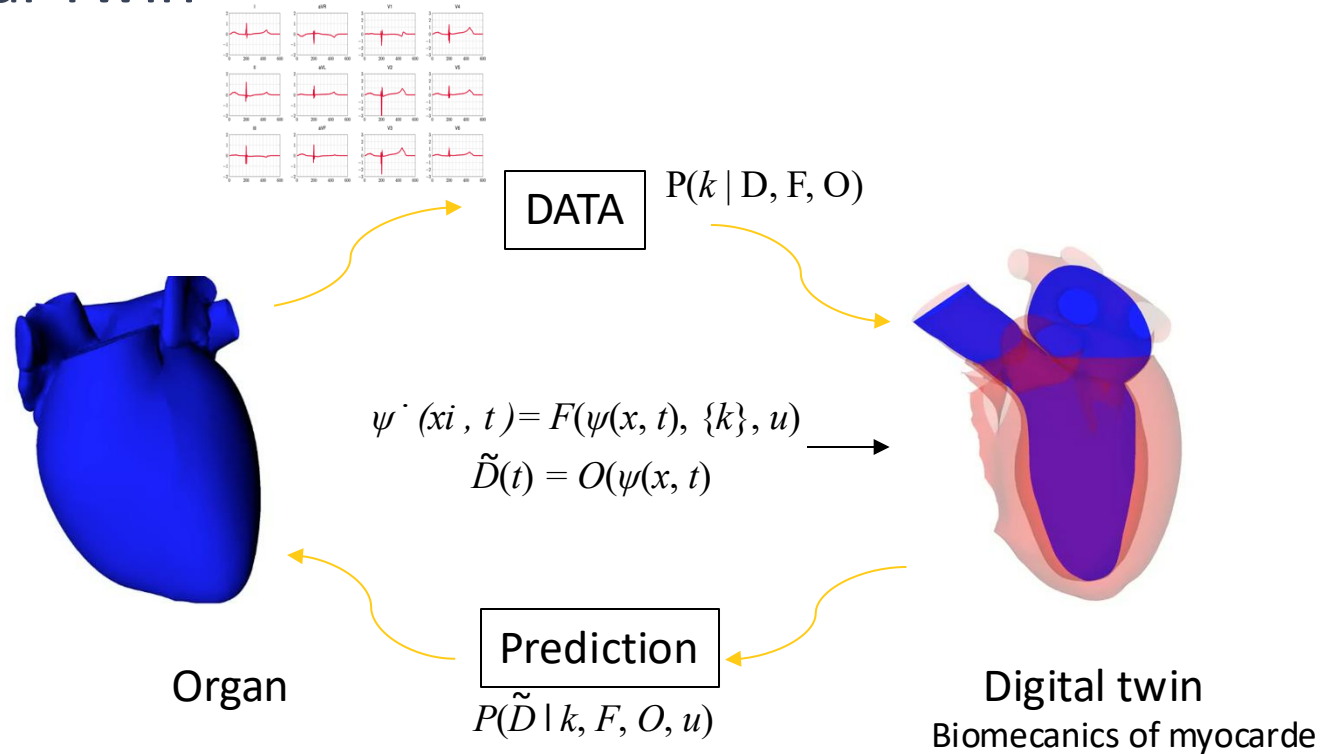
Inria  
Mission Covid-19



65 patients included 2025

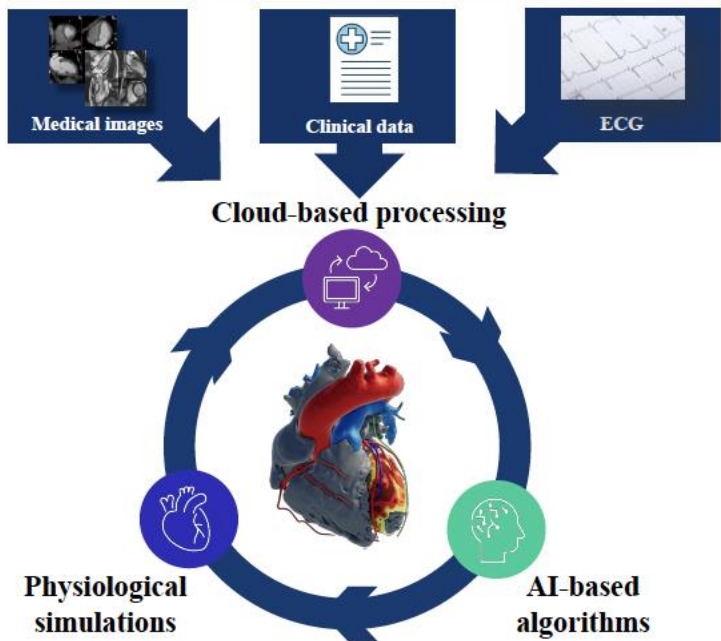
Seamless, courtesy A. Lecuyer

# Digital Twin

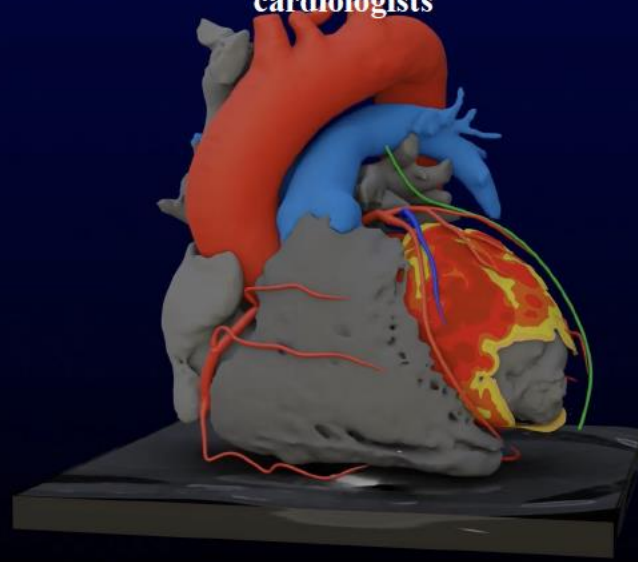


Inspired by Wang et al *Natl Sci Rev*, 2024

# inHEART: a cardiac twin



Cloud-based & web-based SaaS for cardiologists



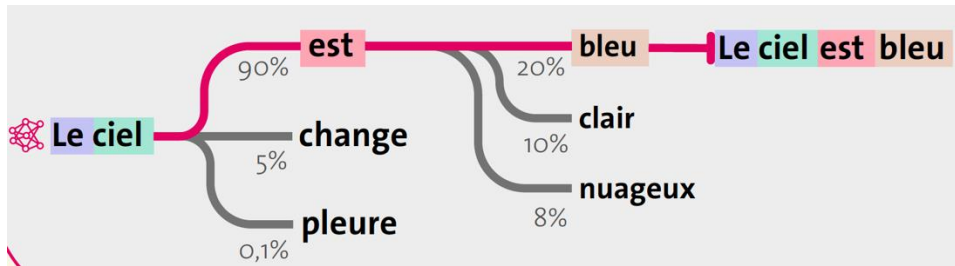
Courtesy N. Ayache



# Text + Image + voice ...

No grammatical rules !!!

Probability of words sequences  
based on a large corpus of text



	GPT-1	GPT-2	GPT-3	GPT-4
Date	2018	2019	2022	2023
Nb of parameters	117 M	1.5b	175b	?
Nb of layers	12	48	96	?
Context length	512	1024	20248	?
Dimensions	768	1600	12288	?

# Text (LLM) + Image + voice ...

## *For GP*

- Analyse of medical files
- Writing of medical report
- Action coding
- Training
- Analyse of medical publications

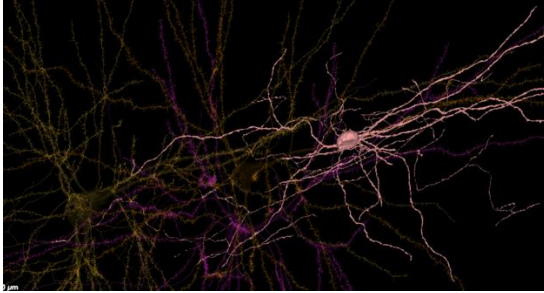
## *For Researchers*

- Medical decision support
- Triage, cohort constitution
- Discovery of signatures
- Evolution prediction ...

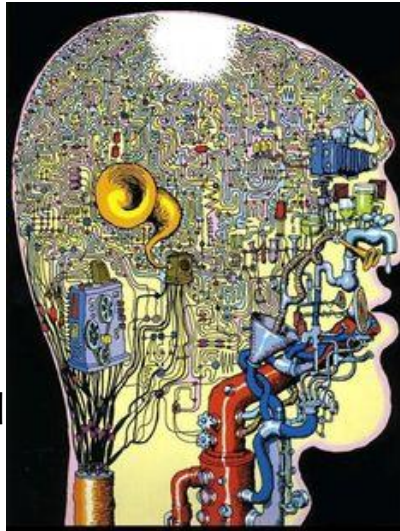
## *For Patients*

- Documentation
- Prevention
- Patient interview (chatbot)
- Follow-up chronic disease

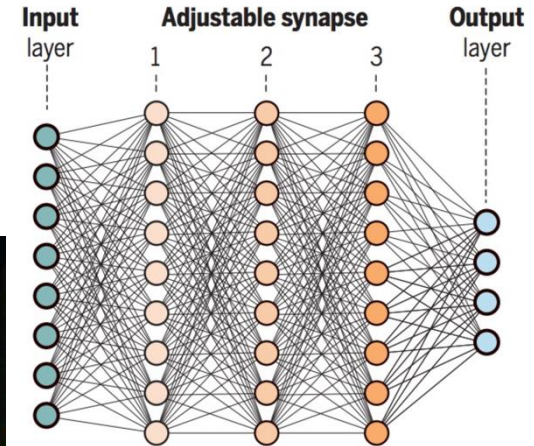
# The curse of the Black-Box



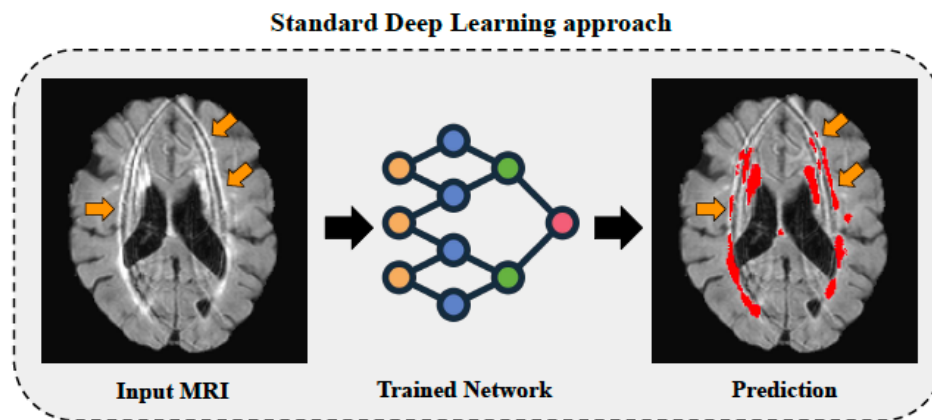
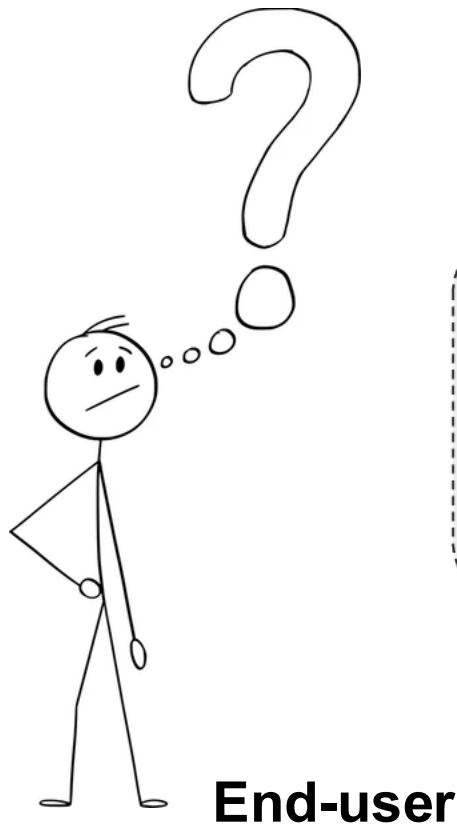
[Shapson-Coe et al.  
Science 384, 635 (2024)]



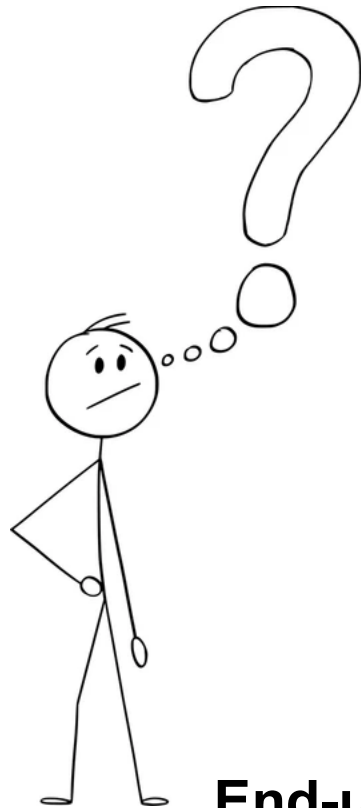
[Crumb, Says 1967 Num 1]



# The curse of the Black-Box



# The curse of the Black-Box

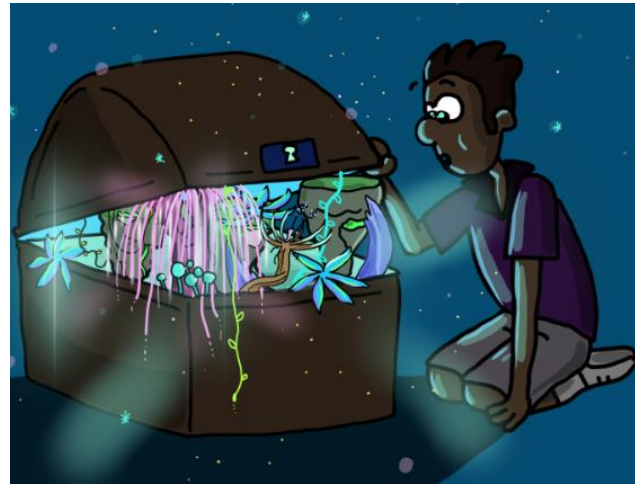


**End-user**

Explainability (XAI)  
Interpretability  
Understandability

[Erasmus et al 2021 Philosophy & Technology]

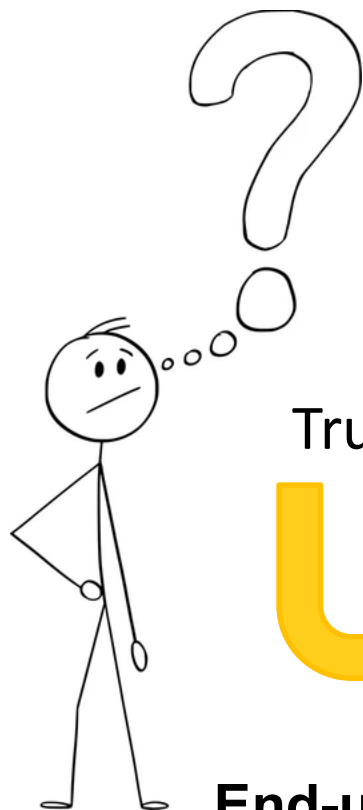
*For who?*  
*About what?*  
*At which level?*  
...



# The curse of the Black-Box

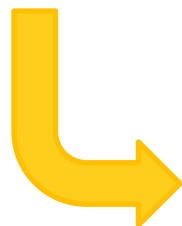
~~Explainability (XAI)  
Interpretability  
Understandability~~

*For who?  
About what?  
At which level?  
...*



Trusted AI

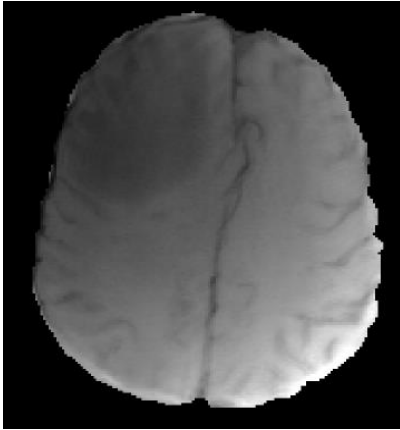
G. Hinton [In response to how do we trust systems?] ***You should regulate them based on how they perform.***



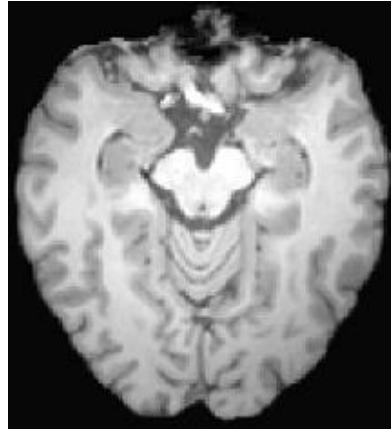
## Uncertainty Quantification in NN decision

End-user

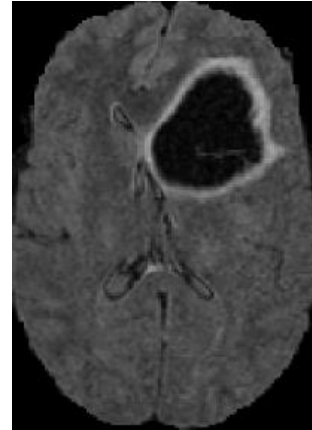
DLL trained for Glioblastoma detection on T1w



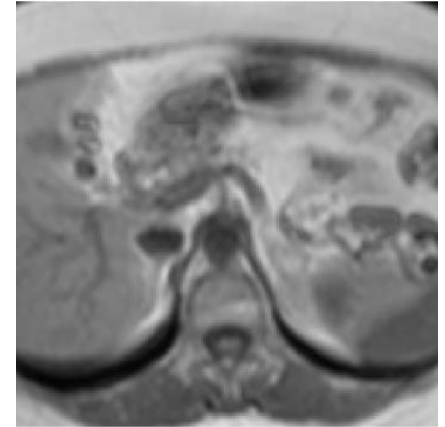
Artefacted T1w



Healthy subject

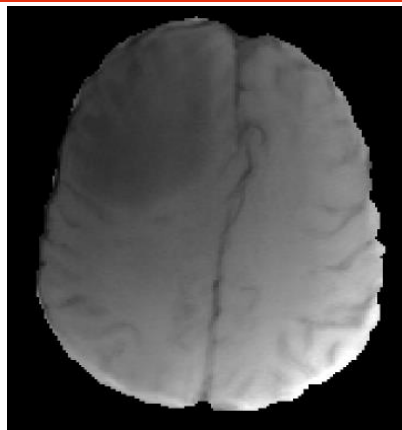


FLAIR

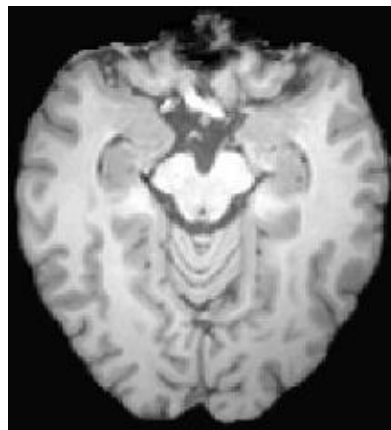


Abdominal T1w

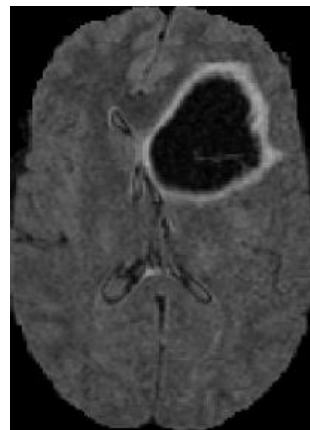
# Know-it-all



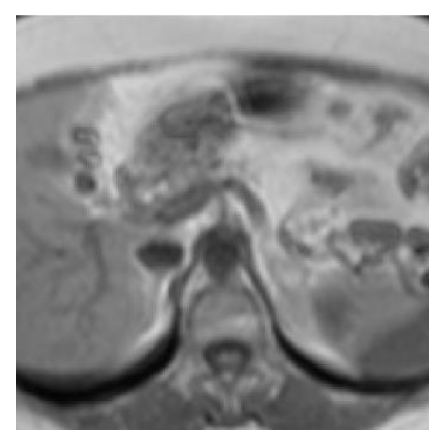
Artefacted T1w



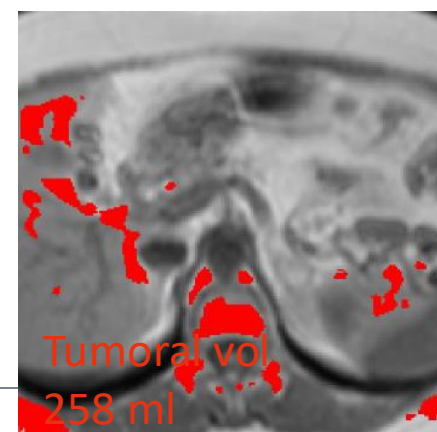
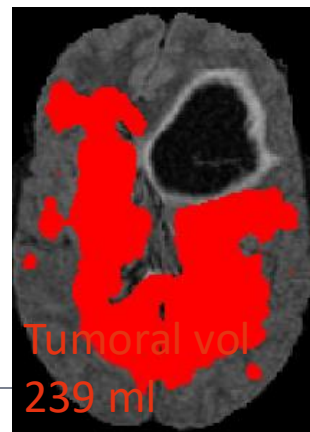
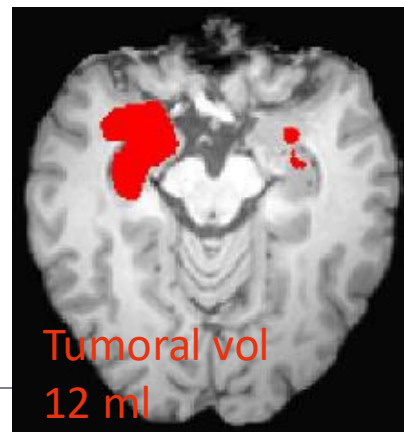
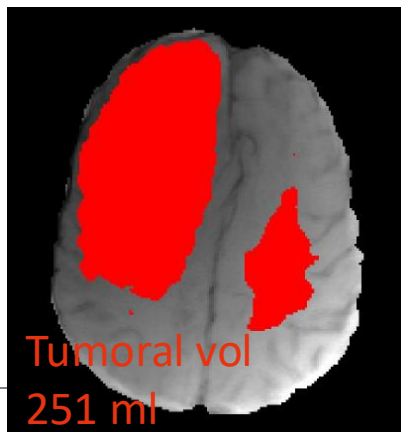
Healthy subject



FLAIR

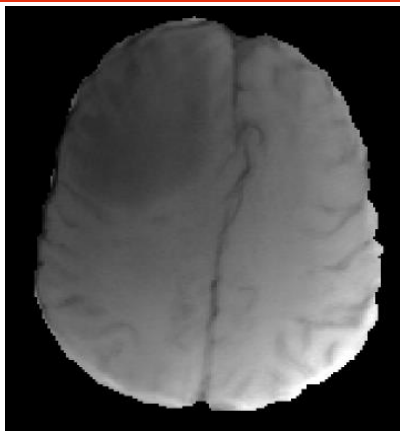


Abdominal T1w

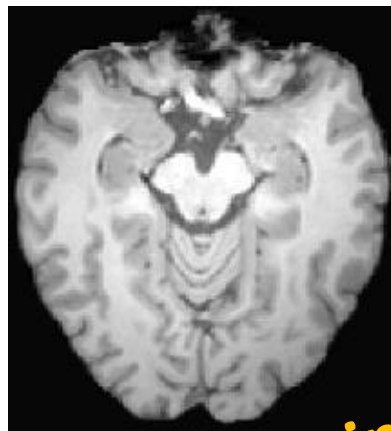




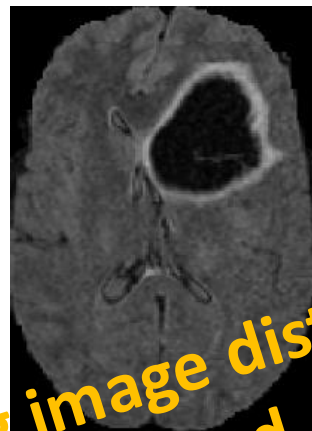
# Know-it-all



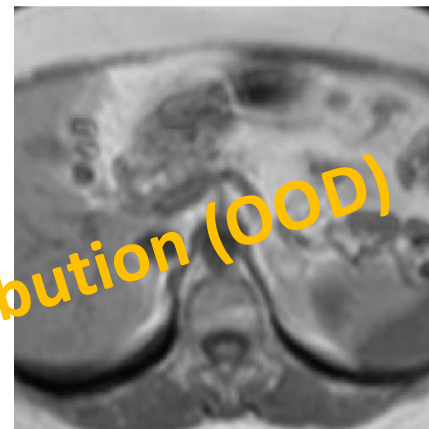
Artefacted T1w



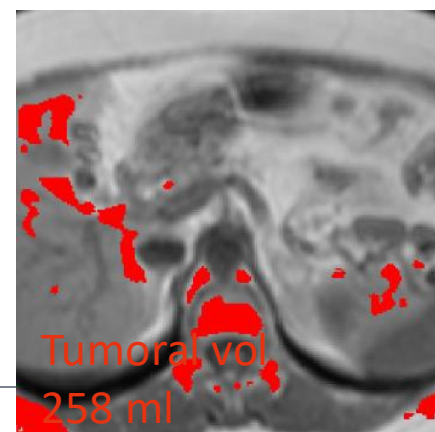
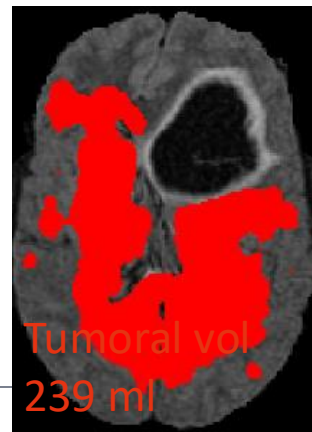
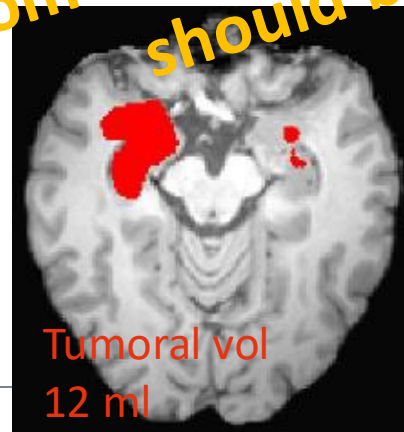
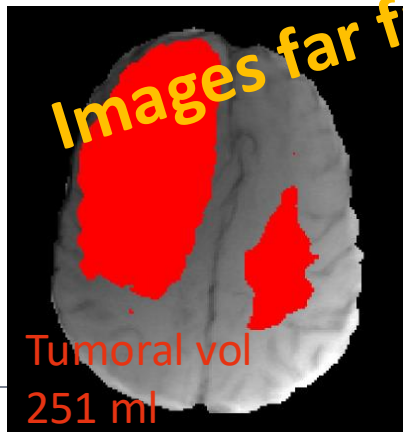
Healthy subject



FLAIR



Abdominal T1w



Images far from the training image distribution (OOD) should be detected



**Section 1 – Robustness**

**Section 2 - Validation, Transparency and Reproducibility**

**Section 3 – Bias and Fairness**

**Section 4 - Explainability, Interpretability and Causality**

**Section 5 - Privacy-preserving ML**

**Section 6 - Collaborative Learning**

**Section 7 - Beyond the Technical Aspects**

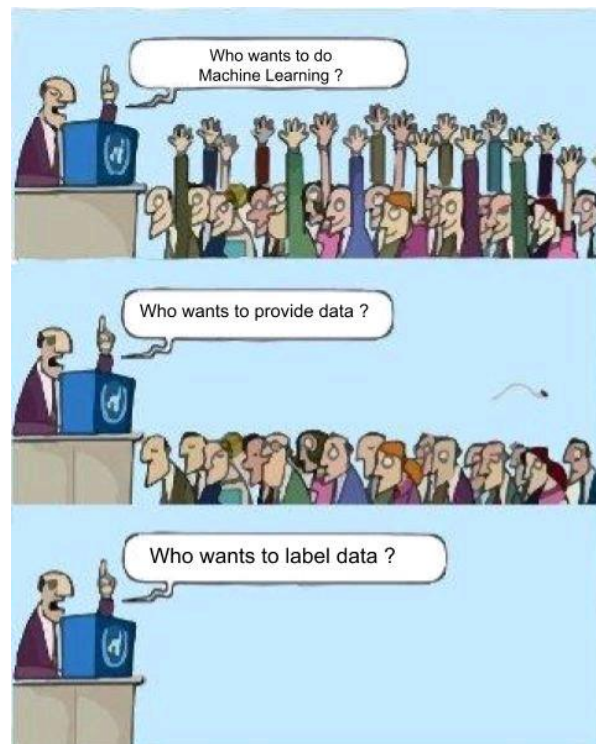
# AI for Medical Imaging

## - Pros:

- Excellent performances
- Automatic feature learning
- Knowledge emergence
- On the shelves tools
- Discharge Expert
- Automatic Quantification

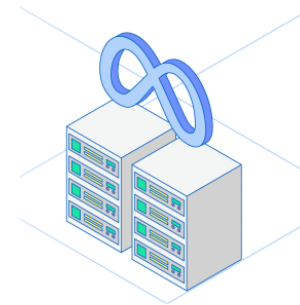
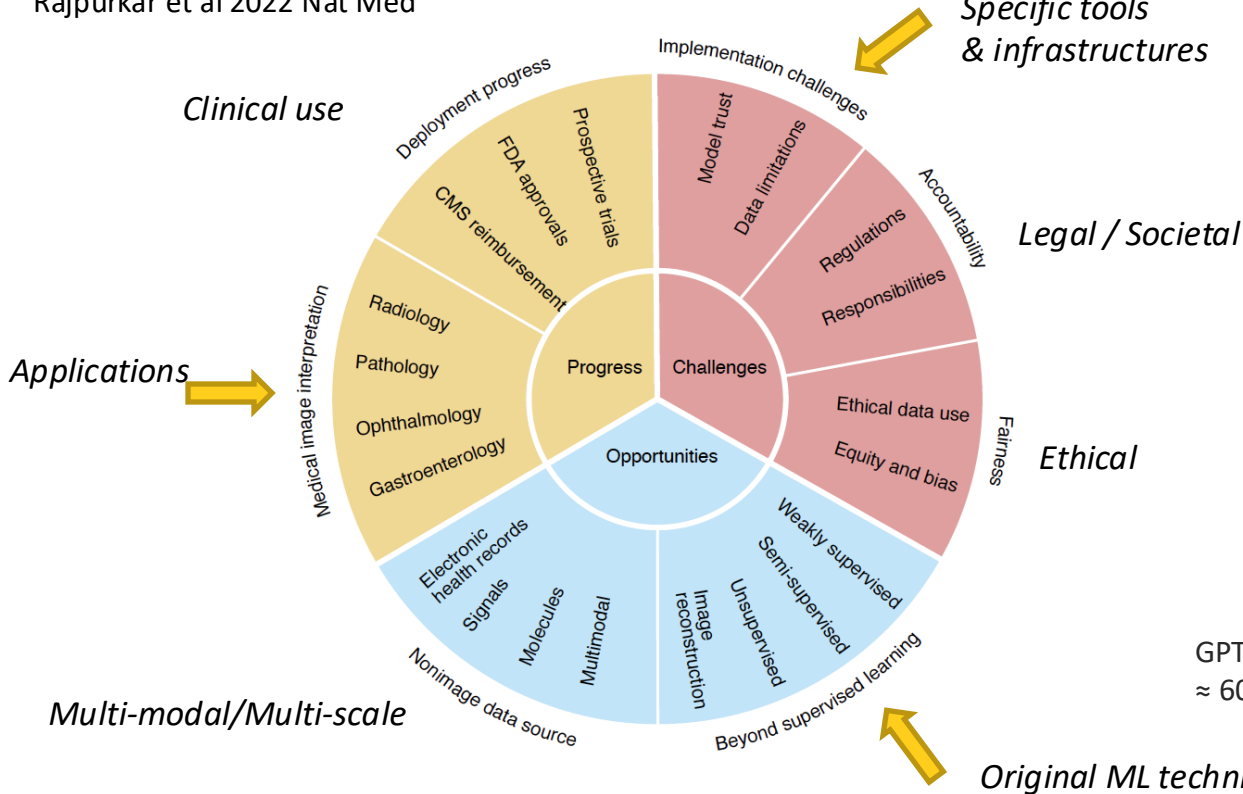
## - Cons:

- Importance of Image Quality
- Annotation
- Data hungry
- Computational cost
- Black box / trustability
- Specific to one problem
- Adversarial attack
- Catastrophic forgetting
- Ethic, social and law
- Needs for specific tools & infra



# Challenges

Rajpurkar et al 2022 Nat Med



**Meta** used **22 million liters of water** training its LLaMA- -- 3 open source AI model



**Frugality:**  
**Small is beautiful**

GPT-4,  $\approx 10$  GWh for training,  
 $\approx 6000 \times$  energy a European per year

# Intelligent Agent: an entity that takes the best possible action in a situation



How to build an artificial intelligent agent?

Test our models of natural intelligent agents?

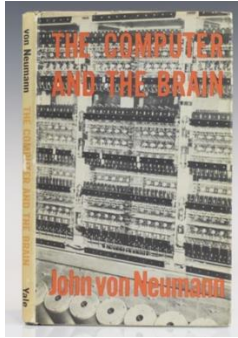
Computer  
science



Neurosciences

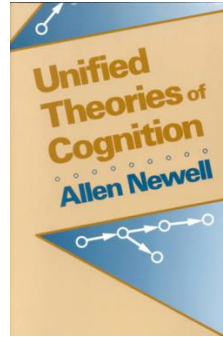


# Computer & Brain

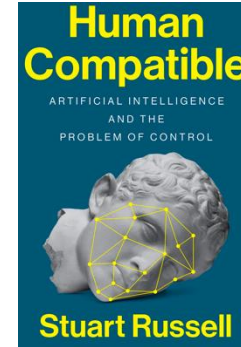


1958

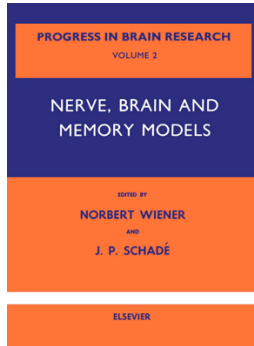
Yale University Press, New Haven



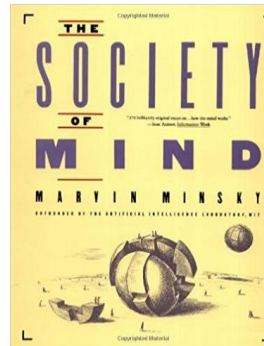
1982



2019



1963



1988



REVIEW

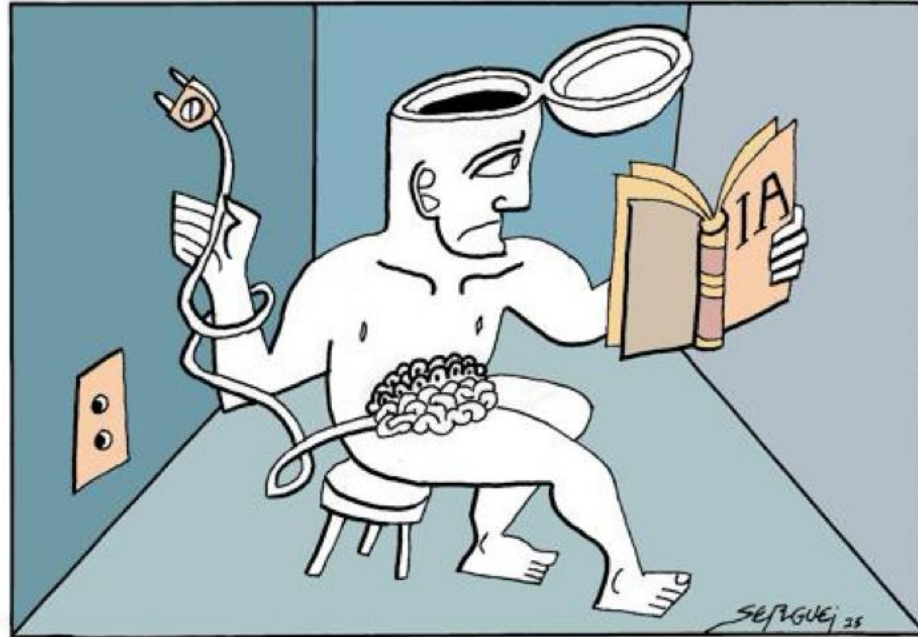
What is consciousness, and could machines have it?

Stanislas Dehaene,<sup>1,2\*</sup> Hakwan Lau,<sup>3,4</sup> Sid Kouider<sup>5</sup>

2017 Science

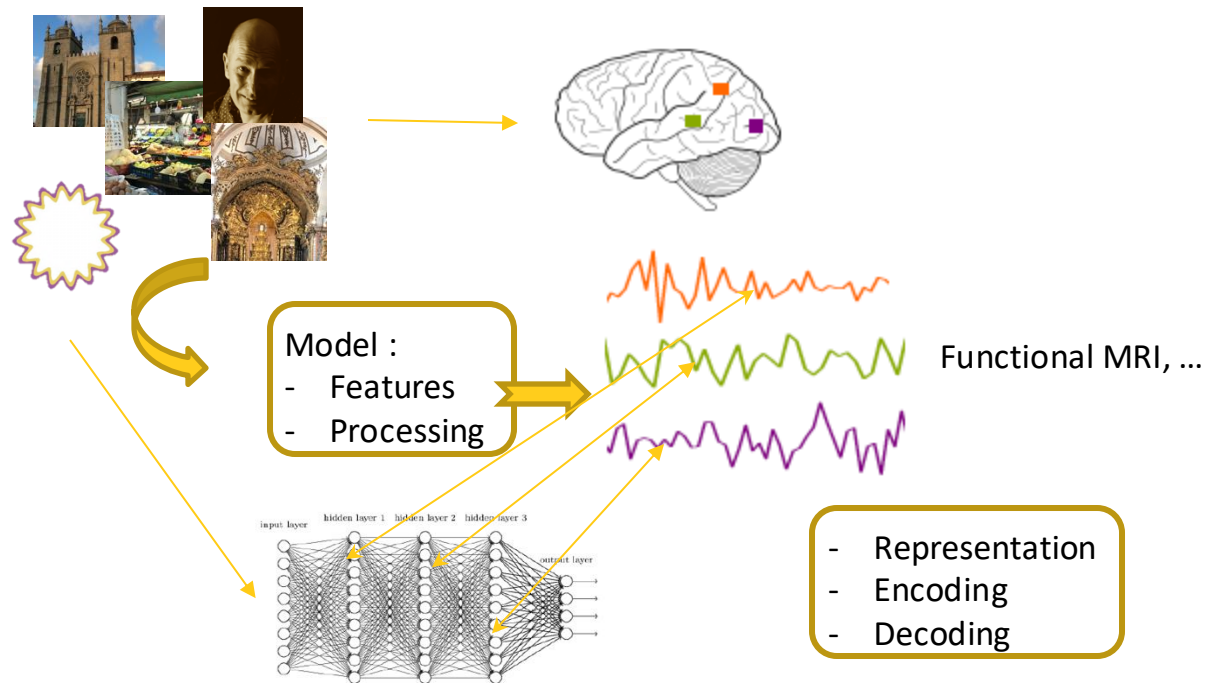
# NN: a framework for modelling the computational brain?

Instructions for use

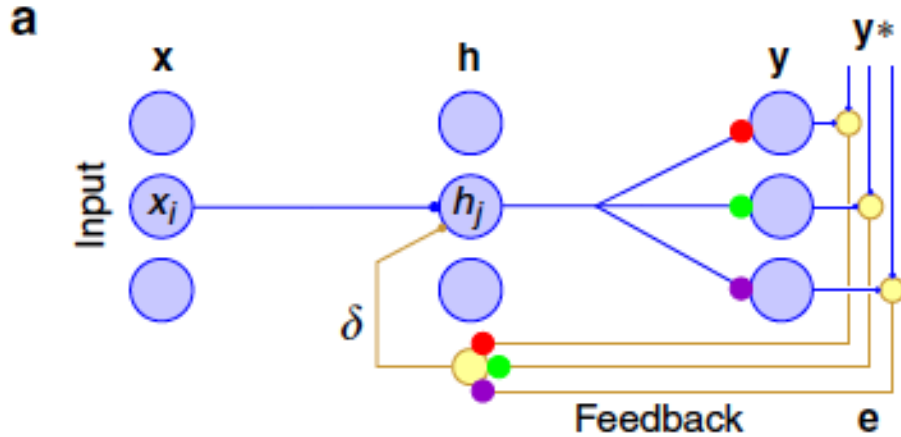




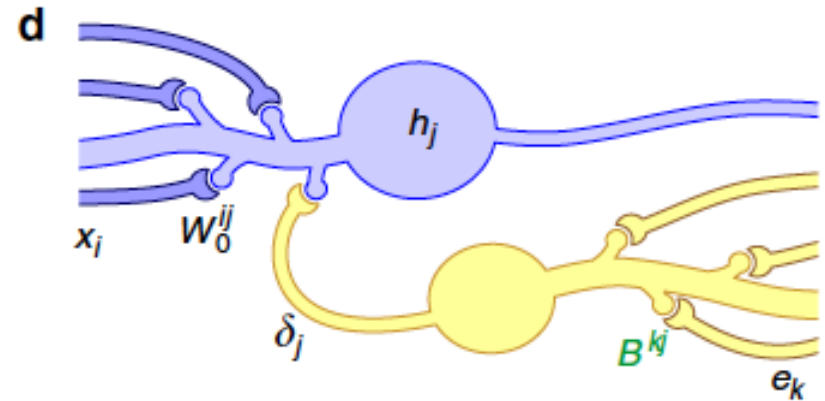
# NN: a framework for modelling human vision?



# Backprop: the weight transport problem



[Lillicrap et al Nat Com 2016]



# Take home messages

- **NN: A disruptive technology in Health**
  - From bedside to the understanding of complex patho-physiological states
- **Several drawbacks**
  - Data hunger
  - Consummation
  - To be in the race
- **NN: Model to investigate brain functions**

# To conclude

## Human Cognitive Limitations

Broad, Consistent, Clinical Application of Physiological Principles Will Require Decision Support

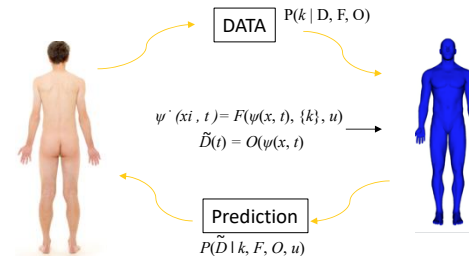
Alan H. Morris

2017

« I counted **236** variable categories being considered by the intensive care unit clinicians » (wo various notes)

« Those experts should be aided by detailed **computer protocols** that embrace core **physiological constructs** and deliver personalized clinical instructions. »

Digital Twin



# To conclude

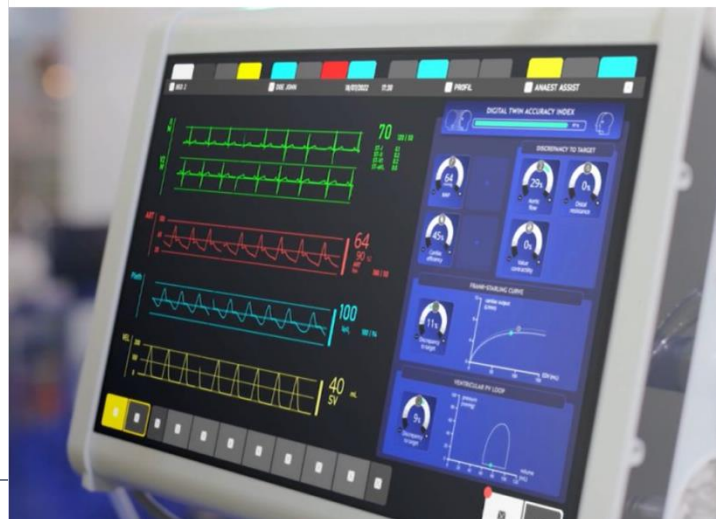


Dans le cadre d'une collaboration entre le département d'anesthésie-réanimation de l'hôpital Lariboisière [Greater Paris University Hospitals - AP-HP](#) et [Inria](#) (équipes [#COMMEDIA](#) et [#M3DISIM](#)), des outils de modélisation et simulation numérique sont développés afin de construire des jumeaux numériques permettant d'améliorer le monitoring, notamment cardiovasculaire, des patient-es sous anesthésie générale. La personne recrutée, pour une durée de 15 mois (prise de poste souhaitée en juin 2025), aura pour mission de développer des outils de simulation permettant ainsi la mise en oeuvre de jumeaux numériques des systèmes cardiovasculaire et cardiopulmonaire, et confrontera également les résultats de simulation aux données cliniques de manière à en évaluer le domaine de validité.

Pour plus de détails et postuler, voir <https://lnkd.in/eE53PWiz>

Céline Grandmont François Kimmig Alexandre Mebazaa Bernoulli Lab

Show translation





# Thank you!

[www.inria.fr](http://www.inria.fr)

<https://neurosciences.univ-grenoble-alpes.fr/fr/michel-dojat>

Michel.Dojat@inria.fr



*Inria*