Journal of Nursing Research, Patient Safety and Practices
Vol: 06, No. 01, Jan-June 2026
ISSN: 2799-1210, DOI: 10.55529/jnrpsp.61.13.34 ❒13

Research Paper

Personalized medicine: evolution, applications, challenges, and future directions

Ravi Rai Dangi[1*], Priya Naik[2], Sandarbh Vyas[3], Nikesh Kumar[4]
[1*]Charotar University of Science and Technology, Changa, Gujarat, India.
[2]Bharati Vidyapeeth (Deemed to be University), Navi Mumbai, Maharashtra, India.
[3]Directorate of Health Services, Andaman & Nicobar, India.
[4]All India Institute of Medical Sciences, Jodhpur, India.

Article Info

Article History:
Received: 22 November 2025
Revised: 04 February 2026
Accepted: 10 February 2026
Published: 25 March 2026

Keywords:
Personalized Medicine
Genomics
Pharmacogenomics
Precision Oncology
Digital Health
Health Equity

ABSTRACT

Background: Personalized medicine represents a paradigm shift from population-based toward individualized, data-driven clinical practice, accelerated by genomics, next-generation sequencing, and artificial intelligence.
Objective: To examine the developmental trajectory, scientific foundations, research domains, ethical considerations, and implementation challenges of personalized medicine.
Methods: A narrative review synthesizing literature across genomics, pharmacogenomics, precision oncology, proteomics, biomarker diagnostics, and AI-assisted clinical decision support.
Results: Genomic medicine and pharmacogenomics optimize therapeutic selection while reducing adverse reactions. Precision oncology utilizes molecular tumour profiling for targeted therapy. AI-assisted decision support enhances real-time treatment personalization. However, clinical adoption is constrained by high costs, inadequate infrastructure, workforce skill gaps, and complex data interpretation. Ethical concerns include genetic privacy, discrimination risk, and health equity disparities, with significant implementation gaps persisting between high- and low-income regions.
Conclusions: Personalized medicine has become a cornerstone of contemporary healthcare. Sustainable integration requires robust regulatory frameworks, expanded education, cost-reduction strategies, and international collaboration to ensure equitable global access.

Corresponding Author:
Ravi Rai Dangi
Charotar University of Science and Technology, Changa, Gujarat, India.
Email: rj22bali@outlook.com

1. INTRODUCTION

Healthcare systems across the world are undergoing a paradigm shift driven by rapid advances in genomics, molecular biology, bioinformatics, and digital technologies [1]. The increasing proof about how people react differently to diseases and treatments and experience side effects from medications is creating difficulties for established biological models which use population averages to determine appropriate medical treatments [2]. The understanding that patients with identical clinical diagnoses will have distinct treatment responses has led to the development of more personalized medical care systems. The evolving medical field has established personalized medicine as an innovative treatment method which connects scientific progress with patient-focused medical practices [3].

The Human Genome Project produced exceptional results which revealed complete knowledge of human genetic diversity and its findings created a foundation for developing personalized medical treatments [4]. The scientific community and medical professionals have achieved complete comprehension of the biological pathways that cause different diseases to develop various ways since the arrival of high-throughput sequencing and pharmacogenomics and systems biology and data analytics. As a result, healthcare is progressively transitioning from reactive treatment models toward predictive, preventive, and participatory frameworks [5].

2. RELATED WORK

A substantial body of literature has examined the conceptual, scientific, and clinical dimensions of personalized medicine (PM). The theoretical and empirical framework for the current narrative review is provided by these publications taken together. The examined papers include a wide range of fields, such as pharmacogenomics, precision oncology, artificial intelligence, multi-omics integration, and health equality. The synthesis evaluates important contributions through its organization of thematic elements.

2.1 Multi-Omics Integration and Personalized Therapeutics

[2] Conducted an extensive study which showed how multi-omics data production enables personalized medical solutions through its combined effects. The research demonstrated that utilizing proteomics and metabolomics and transcriptomics and genomic data enables superior disease classification compared to using a single omic platform. The scientists did, however, note that there are substantial obstacles to computational capacity and data standards, especially in environments with limited resources. [6] Conducted a narrative review which examined genomic medicine together with customized treatment while showing how next-generation sequencing (NGS) improves targeted therapy selection and decreases adverse drug reactions (ADRs). The researchers demonstrated that early genetic diagnosis provides significant clinical advantages for treating rare diseases and neonatal conditions while genomics and multi-omics research converge to advance pediatric precision medicine.

2.2 Pharmacogenomics and Drug-Gene Interaction

The pharmacogenomics literature forms one of the most clinically mature domains of PM research. [7], [8] Reviewed the genetic approach to drug development and therapy, documenting how cytochrome P450 (CYP450) enzyme variants, particularly CYP2D6 and CYP2C19, significantly affect drug metabolism for

commonly prescribed medications. [9] Extended this analysis to drug-drug-gene interactions, demonstrating that polypharmacy in patients with complex comorbidities substantially increases ADR risk when genetic factors are not accounted for. [10] Further advanced the discourse by combining pharmacogenomics with CRISPR gene editing under an AI-enabled precision medicine framework, illustrating a future direction where genetic correction and individualized dosing converge. [11] Evaluated the current situation of pharmacogenomic individualization which shows an increasing use of genotype-based prescribing in oncology and cardiology and psychiatry although doctors still struggle with educational problems and difficulties in implementing this system into their work processes.

2.3 Precision Oncology and Targeted Therapies

Because improving cancer outcomes is clinically urgent, precision oncology has garnered significant research focus. [12] Studied the progress of developing targeted cancer therapies through their research on actionable mutations found in solid tumors. [13] Specifically examined emerging targeted therapies for HER2-positive breast cancer, documenting the expansion from trastuzumab to novel antibody-drug conjugates and bispecific antibodies. Liu et al. The research study which was conducted in 2024 examined various cancer treatment methods through their combinatorial approach which combined immunotherapy and targeted therapy into a customized treatment framework. [14] Analysis of precision oncology showed that tumor heterogeneity and resistance mechanisms still remain as major problems which need to be solved while clinical results for molecularly defined subgroups have improved.

2.4 Artificial Intelligence and Digital Health Platforms

Recent studies have examined how artificial intelligence (AI) combines with personalized medicine to create new treatment methods. [15] Established a foundational perspective on high-performance medicine, arguing that AI-enabled analysis of clinical imaging, genomic data, and electronic health records can substantially surpass conventional diagnostic accuracy. [16] Examined the future of AI-driven personalized healthcare, identifying machine learning-based risk stratification and clinical decision support as priority application areas. [17] Conducted a systematic study on generative AI applications in personalized medicine which shows that generative architectures and large language models enhance patient education and therapy planning and medication development processes. The research by [18] on AI's transformative impact on pharmacogenomics demonstrated that predictive modeling improves drug-gene interaction predictions and enhances clinical prescribing outcomes.

Evaluated digital health integration together with precision medicine implementation through his study of wearable technology and telemedicine platforms and mobile health applications which expanded personalized medicine capabilities beyond hospital-based genomic testing. Ongoing physiological data collection enables medical professionals to create dynamic treatment plans that use real-time patient data instead of fixed genetic testing results. The research of [19] demonstrates that computational pharmacology together with in silico drug development has created new methods for personalized pharmacotherapy through its ability to predict drug effects in patients before clinical testing.

2.5 Ethical, Legal, and Health Equity Dimensions

An ever growing body of research is now examining the ethical and justice issues surrounding personalized medicine, flagged up [20] established early foundational concerns regarding genetic data confidentiality within electronic health records, noting insufficient legal protections at that time. [21] Examined genetic information insecurity as a systemic vulnerability, documenting the absence of robust cybersecurity standards in genomic data repositories. [22] Investigated access disparities in genetic medicine, reporting that individuals with genetic conditions faced discriminatory insurance practices that conventional patients did not encounter. [23] The study from (2021) established a standard framework which guides present-day PM operations and provides detailed recommendations from the American College of Medical Genetics which

protect individuals from genetic discrimination in both their employment and insurance rights. The research conducted by [24] describes the ethical dilemmas and financial obstacles which exist in personalized medicine throughout the world and shows that health disparities between high-income and low-income groups will increase unless structural changes are implemented to provide subsidized genetic testing and expanded insurance coverage.

2.6 Implementation and Infrastructure Challenges

Customized medicine development faces multiple challenges which have attracted particular attention from several authors who study this field. [25] Studied the transition of precision medicine from its scientific foundation to its value-based application and discovered that three main systemic barriers which prevented progress were regulatory uncertainty and workforce shortages and infrastructural limitations. [26] Proposed integration strategies for personalized medicine through their research which showed how healthcare systems should begin their adoption process with pharmacogenomic screening in primary care environments. [27] Conducted a systematic evaluation to assess the cost-effectiveness of whole-exome and whole-genome sequencing which showed economic benefits in specific clinical environments that included rare pediatric disorders but these benefits did not reach the level required for standard population testing.

Table 1 the studied literature provides essential scientific and medical evidence which supports personalized medicine but shows ongoing difficulties with equity in treatment implementation and treatment costs and ethical decision-making and implementation of artificial intelligence systems. The current review provides a clear and thorough summary of the state and future directions of personalized medicine by synthesizing these contributions within a structured theme framework.

Table 1. Summary of Key Related Studies in Personalized Medicine

Author (Year)	Focus Area	Study Design	Key Findings	Relevance to Current Review
[2]	Multi-omics	Narrative Review	Integration of genomics, proteomics, metabolomics accelerates personalized therapy	Supports multi-omic framework discussed in branches of PM
[6]	Genomic Medicine	Narrative Review	Genomic sequencing improves targeted therapy and reduces ADRs	Directly aligns with genomic medicine section
[18]	AI & Pharmacogenomics	Review	AI reshapes drug-gene interaction prediction and clinical dosing	Supports digital/AI branch of PM
[7]	Pharmacogenomics	Review	CYP450 variants significantly alter drug metabolism and outcomes	Corroborates pharmacogenomics branch
[12]	Precision Oncology	Translational Review	Targeted therapies improve survival in HER2+, EGFR+ cancers	Supports precision oncology section
[17]	Generative AI in PM	Systematic Review	Generative AI improves clinical decision	Strengthens AI-based PM discussion

			support and drug discovery	
[24]	Health Equity	Policy Review	Cost barriers and discrimination restrict equitable PM access	Supports ethics and challenges sections
[5]	In silico Drug Design	Review	Computational models enhance pharmacokinetics and personalized dosing	Reinforces AI-based precision medicine
[25]	PM Implementation	Policy Analysis	Infrastructure gaps and workforce shortages hinder PM integration	Supports implementation challenges section
[15]	AI in Medicine	Perspective	AI convergence with clinical data significantly improves diagnostic accuracy	Foundation for AI-based PM branch

3. METHODOLOGY

3.1 Study Selection

The narrative literature review that was done to compile the most recent data on personalized medicine served as the basis for this research. The researchers conducted electronic database searches to discover studies which they evaluated based on predefined eligibility criteria. The review only considered articles that were full-text accessible and published in English. The project excluded duplicate records and conference abstracts which lacked complete papers and non-English publications and articles which did not provide complete text.

3.2 Data Sources

The literature search used multiple academic databases which included Google Scholar CINAHL SSRN Scopus and Web of Science. The researchers found extra relevant articles by using reference lists from selected research papers which helped them achieve better subject coverage.

3.3 Search Strategy

The researchers used a keyword search method that followed structured steps. The main search terms used for the study included "personalized medicine" "precision medicine" "genomic medicine" "pharmacogenomics" "precision oncology" "artificial intelligence in healthcare" "genetic variation" "targeted therapy" "biomarker-based medicine" and "digital health". The search combinations were refined through boolean operators which included AND and OR (e.g., "personalized medicine AND genomics," "precision oncology OR targeted therapy," "AI AND personalized healthcare"). The researchers focused their search on academic journal articles and review articles and relevant policy documents. The researchers treated recent articles as more important than older articles because they wanted to show current research trends.

3.4 Data Analysis

The researcher discovered multiple repeating themes which she organized into two primary themes and their associated minor themes after she examined the selected complete text articles. The research identified five main themes which include historical development key branches ethical concerns

implementation difficulties and future directions. The research organized its content through narrative synthesis while avoiding all forms of statistical and quantitative evaluation.

3.5 What is Personalized Medicine?

Medical professionals create customized treatment plans which include preventive methods and diagnostic tests and therapeutic methods to treat each patient according to their specific biological and clinical and environmental and behavioral characteristics [6]. The field of healthcare delivery which provides medical treatments specifically for individual patients represents the practice of personalized medicine. Personalized medicine uses genomic information and biomarker data and patient medical records and lifestyle information and patient treatment preferences to guide clinical decisions [7] instead of applying standard treatment methods to all patients within large healthcare facilities.

The scientific basis of personalized medicine rests on the understanding that genetic variations impact disease susceptibility and medication breakdown and immune system response and treatment outcomes. Genetic changes which affect drug-metabolizing enzymes and transporters and receptor targets bring about major alterations to both efficacy and toxicity profiles. People develop their health patterns through a combination of factors that include genetic makeup and environmental exposure and dietary habits and physical activity and socioeconomic status and mental stress. Personalized medicine functions as a complex treatment method which improves patient results by integrating medical information with environmental data [28].

The main objectives of personalized medicine research work to achieve five goals which include better diagnostic accuracy and lower negative drug effects and higher treatment success rates and earlier disease hazard identification and support for patient-focused treatment methods. The research of personalized medicine aims to enhance clinical accuracy while maintaining complete patient involvement by shifting its focus from disease categories to specific patient characteristics [29].

3.6 Difference between Traditional Medicine, Precision Medicine, and Personalized Medicine

The medical field uses standardized clinical guidelines which base their standards on results from extensive randomized controlled trials. Traditional medicine applies standardized clinical guidelines which originate from extensive randomized controlled trials to all patients. The standard practice of developing treatment recommendations for patients relies on their average population responses instead of considering individual patient differences. In this model, patients with the same diagnosis frequently receive similar therapeutic regimens despite differences in genetic background, comorbidities, or environmental exposures. Although this framework has substantially improved global health outcomes, it does not adequately account for biological heterogeneity among individuals [11], [30], [31].

Precision medicine represents an intermediate conceptual shift. The study aims to create patient groups based on their physical characteristics which need to be measured through their genetic and molecular and biomarker attributes [32]. The Precision Medicine Initiative established international policy recognition of its term during [33] presidential term. The main objectives of precision medicine focus on two tasks which involve finding patient subgroups and selecting suitable treatments. The molecular classification of tumors enables personalized cancer treatments which have shown better survival outcomes for specific patient groups [33]. The field of precision medicine mainly uses biological stratum identification but it does not consider the complete range of patient actual conditions which include their values and environmental contact and daily activities [34].

The practice of personalized medicine requires complete knowledge about an individual because it needs more than just subgroup identification. Personalized medicine looks for the optimal course of action for a particular person within their particular biological and social circumstances, whereas precision medicine examines which molecular subtype best describes a patient. The system uses shared decision-making processes together with protective behavioral patterns and environmental risk factors and clinical history and genomic

data [35]. Precision medicine functions as a specialized part of the broader field that studies personalized medicine. The approach of personalized medicine establishes a comprehensive and adaptable system which centers on patients and combines scientific progress with practical medical solutions [36].

The precision medicine approach uses biomarker-based patient categorization to enhance treatment outcomes while personalized medicine delivers customized treatment through molecular data and clinical and contextual information. The healthcare system makes a permanent transition towards predictive methods and preventative strategies and participative treatment approaches according to this conceptual development [26], [37], [38].

3.7 Why Personalized Medicine Became Important

The development of personalized medicine [39] emerged from increasing evidence which showed that people have different treatment results and different disease vulnerabilities. Traditional healthcare systems base their operations on population averages instead of recognizing biological differences between patients. The need for more customized treatment approaches became apparent as knowledge of molecular and genetic diversity grew [17]. The Human Genome Project identified major genetic differences among different human populations which established a new scientific standard. The research which showed that genetic variants and epigenetic modifications determine treatment success and disease development has established a scientific basis for targeted prevention and predictive screening [40]. The research demonstrated that different drug-metabolizing enzymes and receptor pathways create adverse drug reactions while affecting treatment results which highlights the limitations of using standard dosage methods

The rising global prevalence of chronic non-communicable diseases [41]. demonstrates the need for customized medical treatments. The biological variation between diabetes cancer and heart disease shows how complex gene-environment interactions influence these diseases. The molecular classification of diseases has developed more precise and effective treatment methods which have particularly benefited cancer research [42]. Medical clinics now use personalized medicine because of technological progress which includes next-generation sequencing and multi-omics platforms and artificial intelligence and digital health systems. Scientific and technological achievements have transformed personalized medicine from an abstract concept into a practical system which delivers accurate results and protects data and improves patient care [19], [43].

3.8 Historical Development of Personalized Medicine

Molecular biology, genetics, pharmacology, and digital technology have been gradually incorporated into clinical practice throughout the history of personalized medicine [25]. The phrase became widely recognized during the late 20th and early 21st centuries but its actual concept existed since the discovery of essential principles of molecular genetics [44]. The development of personalized medicine has three main stages which show its progression from its foundational period to its initial medical use and finally to its present-day data-based phase.

3.9 Early Foundations

The discovery of DNA's double helix structure by James Watson and Francis Crick in 1953 marked the beginning of the current path of personalized medicine. The fundamental foundation for comprehending genetic inheritance and molecular coding mechanisms was established by this seminal discovery. The research established essential scientific principles that link genetic differences to disease risk and treatment effectiveness because it identified DNA as the fundamental component of biological data [45].

Advancements in molecular biology and recombinant DNA technologies during subsequent decades led to enhanced capabilities for studying and manipulating genetic material. The Human Genome Project started in 1990 as an international research project that aimed to complete human genome mapping and sequencing [46]. The completion of the study in 2003 brought about a fundamental transformation to biomedical research. The research found that humans possess multiple genetic variations which influence their

ability to metabolize drugs and their vulnerability to diseases yet they also share a substantial portion of their genetic makeup. The discovery of structural genomic variants and single nucleotide polymorphisms offered a practical foundation for examining customized treatment approaches [47].

3.10 First Practical Applications

Pharmacogenomics developed as the first clinical use of customized medicine after the genetic revolution. According to early research on cytochrome P450 (CYP450) enzyme polymorphisms [48] genetic variations in drug-metabolizing enzymes can lead to major shifts in treatment effectiveness and safety results. The research established that CYP2D6 and CYP2C19 plus their related enzymes determine how patients metabolize anticoagulants and antidepressants and other commonly prescribed medications. The results proved that patients respond to medication in different ways which led to the introduction of genotype-guided prescribing [49] that replaced standard dose methods.

The first medical field to use molecular diagnostics as standard procedure for patient treatment was oncology. The discovery that some breast tumors overexpress human epidermal growth factor receptor 2 (HER2) led to the development of targeted treatment approaches. The introduction of trastuzumab as a monoclonal antibody that targets HER2-positive malignancies marked a major advancement in precision oncology. HER2 testing before choosing a treatment showed how molecular profiling could influence treatment choices, enhance survival rates, and reduce needless exposure to ineffective medications. The period witnessed a transformation which brought theoretical genomics to its implementation in actual clinical settings [50].

3.11 Modern Era

The year 2023 marks the end of your training period which began with your initial data training. The twenty-first century has seen personalized medicine develop into a major field through the progress of medical technology. The introduction of next-generation sequencing (NGS) technologies has enabled medical facilities to conduct whole-genome and whole-exome sequencing because these technologies have reduced the costs and time needed for genomic testing. NGS offers more comprehensive genomic change assessment compared to earlier targeted methods, which results in better disease identification and customized risk evaluation [27].

The development of big data-based healthcare models has occurred because researchers have collected extensive biomedical data. The implementation of predictive analytics together with risk assessment procedures has reached new levels of performance through the combination of genetic information with medical imaging systems and electronic patient records and extended medical history data [51]. Artificial intelligence together with machine learning technologies have created both decision-support systems and personalized treatment pathways which enable researchers to detect patterns in complicated data sets [15]. Digital health solutions which include wearable monitoring devices and mobile health applications and remote patient monitoring systems have expanded the scope of personalized medicine beyond its initial genomic focus [52]. The advanced technologies of these systems allow continuous monitoring of physical health conditions and human activities and environmental exposure patterns which supports treatment methods that adapt and interact with patients [53].

The development of personalized medicine shows a progression from molecular discovery to clinical translation which leads to the establishment of a complete data-based healthcare system. The evolution of personalized medicine operates as a central element in modern biomedical research since DNA structure discovery in 1953 and the present integration of genomics with artificial intelligence and digital health technologies [54].

3.12 Major Branches of Personalized Medicine

Personalized medicine uses multiple scientific and clinical disciplines to create medical treatments which are specifically designed for each patient. The different fields of study demonstrate how computational

science and clinical pharmacology and molecular biology and digital innovation, work together as a unified system. Together, they form the operational core of contemporary personalized healthcare systems.

3.13 Pharmacogenomics

Pharmacogenomics represents one of the earliest and most clinically actionable branches of personalized medicine. The research investigates the impact of genetic variations on the toxic effects and therapeutic benefits and metabolic processes and drug responses. The processes of pharmacokinetics and pharmacodynamics undergo major transformations through genetic alterations that affect drug-metabolizing enzymes and transport proteins and receptor targets [7]. The study analyzed how different cytochrome P450 enzyme variations, including CYP2D6 and CYP2C19 and CYP3A4, affected patient responses to antidepressants and anticoagulants and antiplatelet medications and chemotherapy drugs [48], [49].

The study of pharmacogenomic practice examines how drugs interact with specific genetic variations in people. Patients with reduced-function alleles, for instance, may metabolize drugs more slowly, which results in higher plasma drug levels and an increased risk of experiencing side effects [9]. The treatment approach for ultra-rapid metabolizers fails when they do not receive sufficient medication. Prescription decisions based on genetic information enable personalized medicine dosing methods which achieve optimal therapeutic results while minimizing harmful effects [10]. Worldwide pharmacogenomics consortia have developed clinical implementation guidelines which support genotype-guided medication use in cardiology and psychiatry and oncology and infectious disease treatment. Pharmacogenomics has advanced customized medicine development by replacing trial-and-error treatment methods with evidence-based genetic patient classification [55].

3.14 Genomic Medicine

Beyond medication response, genomic medicine encompasses the wider use of genetic information in risk assessment, disease diagnosis, and preventative therapy. Comprehensive genetic testing, including whole-exome and whole-genome sequencing, has been made possible by advancements in sequencing technologies. This has made it easier to identify harmful variations linked to inherited disorders [56]. Genomic medicine has revolutionized the field of rare diseases. Rapid sequencing technology have cut the time it takes for affected families to receive a diagnosis because many rare illnesses have a monogenic origin. Timely intervention, genetic counseling, and well-informed reproductive planning are made possible by the early detection of causative mutations. Additionally, molecular diagnostics are being used more often in newborn screening programs to identify curable metabolic and genetic disorders early on [57].

The field of genomic medicine depends on cancer genomics as its second main component. Tumor sequencing achieves better classification results through its ability to identify oncogenic somatic mutations which go beyond standard histopathological assessment [58]. The development of molecular profiling allows doctors to choose specific treatments based on the unique genetic characteristics of each patient which has transformed established medical practices. The applications of genomic medicine have brought advancements in predictive and preventive methods while creating new disease classification systems [12].

3.15 Proteomics and Biomarker-Based Medicine

Proteomics and biomarker-focused medicine research functional protein expression together with molecular fingerprints which show active disease states while genomics delivers data about both inherited and acquired genetic differences. The protein profiling technologies [59] help researchers discover specific expression patterns which are associated with inflammation and cancer and metabolic disorders and neurodegenerative diseases. Biomarkers serve as crucial elements which enable doctors to identify diseases in their early stages and track how patients respond to treatment and predict their future health status. The prostate-specific antigen test enables prostate cancer detection while medical professionals use circulating cardiac troponins to diagnose myocardial injuries during their initial stages [60]. The new multi-omic

techniques which use proteomic data together with genomic and metabolomic information enhance diagnostic accuracy. The dynamic nature of protein expression patterns enables scientists to observe real-time disease progression through environmental changes which affect their pathophysiological states [61].

3.16 Precision Oncology

The field of personalized medicine reaches its most advanced stage through precision oncology, which offers important medical benefits. The approach creates personalized cancer therapies through its combination of targeted treatments and biomarker tests and genetic studies. Molecular profiling of tumors enables treatment choices through its detection of both actionable mutations and receptor overexpression patterns which exist in the tumors [14]. Targeted cancer treatments use monoclonal antibodies and small-molecule inhibitors to block specific biochemical pathways that lead to tumor development. The drug trastuzumab shows how doctors can use molecular diagnostics to determine which treatments patients need for HER2-positive breast cancer. Immunotherapy has changed cancer treatment by using the immune system to find and kill cancer cells, which goes beyond the limits of targeted therapy [13]. Customized immunomodulatory treatments that depend on tumor biological characteristics include two main types: chimeric antigen receptor (CAR) T-cell treatments and immune checkpoint inhibitors. The combined technologies of genomics and molecular diagnostics and therapeutic innovations lead precision oncology to produce better survival rates and reduced systemic side effects when compared with traditional cytotoxic chemotherapy [62].

3.17 Digital and AI-Based Personalized Medicine

The combination of digital technologies and artificial intelligence is the newest step forward in personalized medicine. AI-based diagnostic systems analyze complex data sets which include imaging and genomics and electronic health records to assist doctors with early problem detection and treatment decision-making. Machine learning algorithms can discover hidden patterns which standard analysis methods cannot detect thus enhancing diagnostic accuracy [16].

The system uses genetic and clinical and behavioral data to predict chronic disease risk for individuals. The models create a better framework which organizations can use to develop their disease management strategies and their prevention programs. The systems use wearable devices together with remote monitoring systems to gather nonstop physiological information which includes heart rate variability and glucose levels and activity patterns. This lets care plans be changed dynamically. Telemedicine platforms take personalized healthcare even further by letting patients talk to their doctors from anywhere get follow-up care digitally and get involved in their care from anywhere. Digital and AI-based systems together take personalized medicine beyond molecular profiling and into real-time data-driven and adaptive healthcare delivery systems. This convergence of biology and technology represents the evolving core of individualized medicine in the twenty-first century.

3.18 Ethical Issues in Personalized Medicine

- Genetic privacy is critical because DNA data reveals sensitive health risks about individuals and their families. Misuse can affect personal and family confidentiality [20].
- Genetic data stored in digital systems is vulnerable to hacking and data breaches. Strong cybersecurity measures are essential to protect patient information [21].
- There is a risk of discrimination in insurance if genetic results show higher disease risk. People may have to pay higher premiums or worse may be left without coverage [22].
- Serious professional and moral considerations arise in relation to possibly misusing genetic information to negate one's chances of being hired or promoted [23].
- Informed consent is challenging because genetic tests may reveal unexpected findings. Patients may not fully understand future implications.

- Secondary use of genomic data for research requires clear, transparent consent. Patients should know how long their data will be stored and shared.
- Advanced genetic tests and targeted therapies are expensive. Limited access may widen health inequalities between populations [24].

Challenges in Implementation

Area	Key Issues	Practical Impact
Genetic Testing	Expensive sequencing, biomarker panels, and repeated testing requirements	Limits routine clinical use and restricts patient affordability
Targeted Therapies	High price of biologics, monoclonal antibodies, gene therapies	Increases treatment burden and healthcare expenditure
Laboratory Facilities	Limited availability of advanced molecular labs and NGS platforms	Delays diagnosis and restricts service expansion
Skilled Workforce	Shortage of trained geneticists, bioinformaticians, molecular pathologists	Reduces accuracy in interpretation and clinical integration
Data Storage	Large genomic datasets require secure and high-capacity storage systems	Raises operational cost and cybersecurity risks
Data Interpretation	Complexity of genomic variants and uncertain clinical significance	Risk of misinterpretation and inconsistent clinical decisions
Technology Gap	Limited access to advanced sequencing tools and AI-based systems	Creates disparity between high-income and low-income settings
Financial Constraints	Limited public funding and insurance coverage for genomic services	Reduces equitable access to personalized healthcare

Recommendations and Future Directions

- The government should invest funds in local genomic testing companies to develop affordable testing solutions which will increase public adoption of low-cost sequencing methods.
- Make it mandatory for insurance companies to cover more important genetic tests and targeted therapies.
- It is crucial that data protection laws are made more stringent in a way that could ensure genomic data storage and sharing follow strict cybersecurity rules.
- Create clear rules on the ethical use and storage of data over a long period.
- Enhance the level of learning about genomics, pharmacogenomics & Bioinformatics in the health workers community.
- It is not enough to expect health workers to lose religion in gods or ancestors and claim the faith of science; hence, it is necessary to introduce genomics education to medical and nursing students.
- The government should spend a higher share of the money on genuine research and infrastructure development in personalized medicine.
- International organizations should promote collaboration between nations to assist low- and middle-income countries with their technology transfer and capacity-building needs.
- The process of implementing personalized medicine in primary care should begin with pharmacogenomic tests which identify genetic variations that affect drug response for commonly prescribed medications.
- The availability of personalized medicine will increase when treatment costs decrease and medical facilities improve their capabilities. The healthcare system will become more precise and secure and effective through ongoing international policy support and collaborative efforts.

4. RESULTS AND DISCUSSION

This narrative review integrated published evidence from various fields of personalized medicine, including pharmacogenomics, genomic medicine, precision oncology, proteomics, and AI-driven digital health. The results present scientific evidence and clinical applications and ethical considerations and implementation challenges of personalized medicine as separate thematic elements. The following sections present essential discoveries through tables and figures which demonstrate their comparison.

4.1 Conceptual Evolution: From Traditional to Personalized Medicine

The transition of healthcare from population-centric to personalized models signifies a profound paradigm shift propelled by advancements in molecular biology and digital innovation. Standard medical treatment relies on established protocols which provide guidance for doctors based on typical patient responses that researchers observed during randomized clinical trials. The existing treatment guidelines fail to recognize the unique biological characteristics that separate each person from others. Precision medicine introduced biomarker-based patient classification which enabled medical professionals to deliver targeted treatment to distinct patient groups. Personalized medicine develops customized clinical pathways for each patient through the integration of genomic information, individual lifestyle patterns and patient treatment preferences.

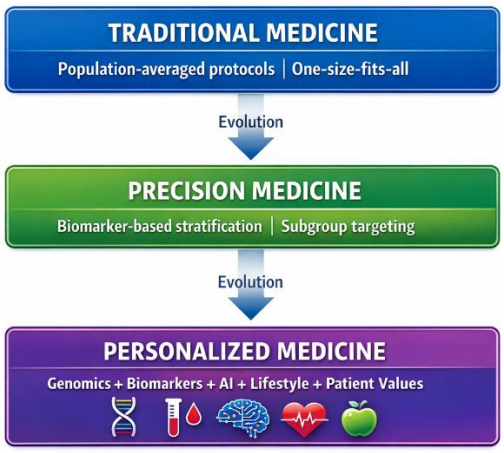

Figure 1. The Concept has Evolved from its Original State of Traditional Medicine to Current Precision Medicine and Finally to Personalized Medicine

Figure 1 the evolution of care now provides patients with individualized treatment through genomic analysis and contextual assessment which replaces standard protocols that were designed for typical individuals. The system develops through multiple stages which accumulate particular biological and behavioral and environmental data that pertains to each individual patient. The process results in a comprehensive healthcare system that delivers customized medical treatment through data analysis.

4.2 Major Branches of Personalized Medicine: Comparative Overview

Five main areas of personalized medicine are used in modern clinical practice. Pharmacogenomics, genomic medicine, proteomics and biomarker-based medicine, precision oncology, and AI-based digital health. Different molecular and computational techniques are applied by each branch to improve their clinical accuracy results. Table 2 compares these branches based on their core mechanisms, uses, strengths, and weaknesses.

Table 2. Comparative Overview of Major Branches of Personalized Medicine

Branch	Core Mechanism	Clinical Application	Strength	Limitation
Pharmacogenomics	Drug-gene interaction via CYP450 variants	Genotype-guided dosing (antidepressants, anticoagulants)	Reduces ADRs, improves efficacy	Limited gene-panel coverage
Genomic Medicine	WGS/WES for pathogenic variant detection	Rare disease diagnosis, cancer genomics	Early detection, preventive care	High cost, data complexity
Proteomics & Biomarkers	Protein expression profiling and biomarker panels	Troponin for cardiac events, PSA for prostate cancer	Real-time disease monitoring	Limited standardization
Precision Oncology	Tumor molecular profiling + targeted therapy	Trastuzumab (HER2+), CAR-T cell therapy	Improved survival, reduced toxicity	Drug resistance, high cost
AI & Digital Health	ML pattern recognition on multi-modal data	Risk prediction, wearable monitoring, telemedicine	Scalable, real-time adaptive care	Data privacy, bias risk

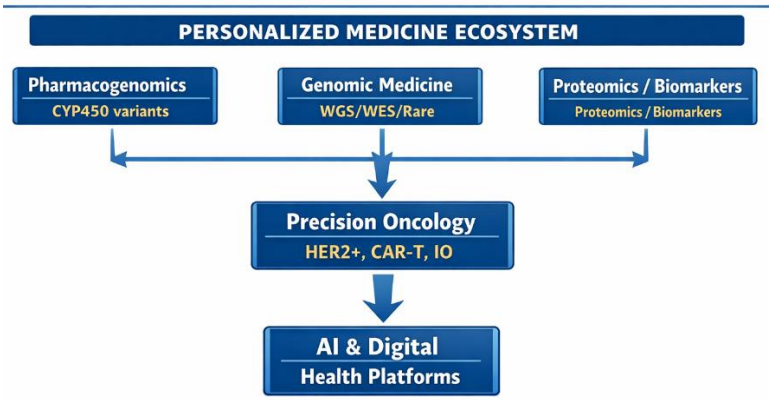

Figure 2. The Personal Medicine System Develops Multiple Branches which Establish a Hierarchical Relationship between its Components

Figure 2 the diagram shows how pharmacogenomics, genomic medicine, and proteomics are basic data inputs that help precision oncology. The combination of AI technology with digital health platforms results in improved outcomes for precision oncology. The convergent model enables healthcare professionals to make clinical decisions through a multi-dimensional process that includes both molecular analysis and real-time monitoring of patient body functions.

Pharmacogenomics stands as the most developed medical field because established organizations like CPIC have created guidelines that enable doctors to prescribe medications according to patients' genetic profiles in psychiatric and cardiac practice. Genomic medicine has changed how rare diseases are diagnosed through its use of fast whole-exome sequencing which shortens the time required for doctors to reach a diagnosis. The most outstanding clinical outcomes in precision oncology come from HER2-targeted therapy and immune checkpoint inhibitors which improve patient survival rates across specific molecular subgroups. The

two main areas of new development in digital health platforms today exist as artificial intelligence and digital health platforms. The system would gather data from wearable devices and electronic health records and imaging systems to create adaptive care algorithms that operate in real time.

4.3 Historical Timeline of Key Milestones

The field of personalized medicine has developed through more than seventy years of scientific progress which started with the discovery of DNA structure in 1953 and reached its current state through artificial intelligence-based medical systems. The Human Genome Project which lasted from 1990 until 2003 and the U.S. Precision Medicine Initiative launch in 2015 and the approval of trastuzumab for HER2-positive breast cancer and the NGS cost drop to under $1,000 per genome and the current use of AI and wearable monitoring systems in clinical workflows represent major milestones in medical history.

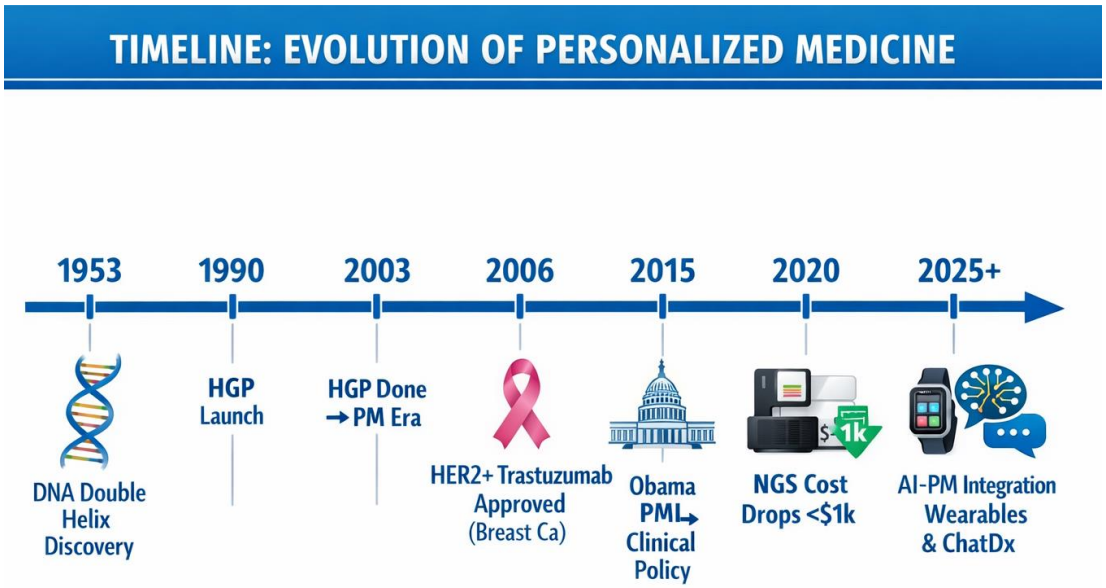

Figure 3. The Timeline Provides a Complete Overview of 70 Years which Documents Major Developments in Personalized Medicine from its Beginning in 1953 until its Future Progress that Extends to 2025 and Beyond

Figure 3 the timeline shows 70 years of scientific and clinical progress, starting with the discovery of DNA's double-helix structure and ending with the current era of AI-integrated personalized medicine. Each milestone sped up the next.

4.4 Ethical Issues in Personalized Medicine

The ethical landscape of personalized medicine exists as a complex system which makes its implementation process difficult. The main issues that need to be addressed include genetic privacy protection, cybersecurity risks, health insurance and employment discrimination, challenges in obtaining informed consent, and health equity issues. The Table 3 displays three different levels of public concern which have been organized according to their real-world impact and the table presents strategies to address these concerns which have been documented in previous research.

Table 3. Ethical Issues in Personalized Medicine Impact and Mitigation Strategies

Ethical Concern	Description	Impact	Recommended Mitigation

Genetic Privacy	DNA data reveals sensitive familial health risks	Breach of patient and family confidentiality	Strict data protection laws, anonymization protocols
Cybersecurity Risk	Genomic databases vulnerable to cyberattacks	Unauthorized access to sensitive genomic data	End-to-end encryption, regular audits
Insurance Discrimination	Higher risk profiles lead to premium hikes or denial	Unequal healthcare access for genetically at-risk individuals	Genetic non-discrimination legislation (e.g., GINA)
Employment Misuse	Employers may misuse genetic risk profiles in hiring	Workplace discrimination based on predispositions	Legal frameworks prohibiting genetic-based employment decisions
Informed Consent	Patients may not understand long-term implications of testing	Poorly informed decisions and unexpected findings	Enhanced genetic counseling, tiered consent models
Health Inequity	High cost of PM restricts access to wealthy populations	Widens the gap between high- and low-income groups	Subsidies, insurance expansion, international collaboration

Genetic privacy continues to be a critical issue because genomic information enables researchers to trace individual identities while revealing medical details about a person and their family members. The permanent nature of genomic information prevents its standard medical data protections from being used to establish patient identity. The Genetic Information Nondiscrimination Act (GINA) and other US laws protect workers from discrimination based on genetic information in employment and insurance situations but do not protect life insurance disability insurance and long-term care insurance. These types of protections do not exist in most developing nations.

Informed consent in the context of whole-genome sequencing is particularly complex because sequencing inherently generates incidental findings unrelated to the original clinical indication. Patients may not be adequately prepared to receive information about conditions for which no treatment currently exists. As a more ethical alternative to binary consent approaches, tiered consent models that let patients choose which types of secondary findings they want to receive have been suggested.

4.5 Implementation Challenges and Proposed Solutions

Personalized medicine shows great potential for clinical use, but its current barriers to fair and widespread implementation stem from structural and economic and technical obstacles. The existing problems become worse in low and middle-income countries because their laboratory systems and genomic research capabilities and healthcare funding mechanisms remain underdeveloped. The main problem areas of research, along with their potential solutions, are displayed in a structured format in Table 4.

Table 4. Implementation Challenges in Personalized Medicine with Proposed Solutions

Challenge Area	Core Problem	Practical Impact	Proposed Solution
Cost of Testing	Expensive NGS, biomarker panels, repeated testing	Restricts routine clinical use and patient affordability	Government subsidies, local NGS manufacturing
Targeted Therapies	High price of biologics, gene therapies	Increases treatment burden and healthcare expenditure	Insurance coverage reform, biosimilar promotion

Infrastructure	Limited molecular labs and sequencing platforms	Delays diagnosis, restricts geographic access	Public investment in regional genomic centers
Skilled Workforce	Shortage of geneticists and bioinformaticians	Misinterpretation of complex genomic data	Genomics in medical curricula, training programs
Data Management	Large genomic datasets need secure high-capacity storage	High operational cost and cybersecurity risk	Cloud-based secure platforms, interoperability standards
Global Disparities	LMICs lack sequencing tools and AI platforms	Inequitable distribution of PM benefits	Technology transfer, international partnerships

The cost of genomic testing is still the most common reason people don't want to do it. The price of whole-genome sequencing has decreased from approximately USD 3 billion in 2001 to less than USD 1,000 today but medical facilities still find it difficult to acquire standard clinical-grade sequencing which includes all necessary analysis and genetic counseling services. Targeted gene panels are a cheaper option, but they don't cover as many complex polygenic conditions. The government provides financial assistance while insurance companies establish their own coverage standards and US-made sequencing platforms receive increased access in developing nations all work to improve accessibility.

Another big problem is that there aren't enough people working in medical genetics and bioinformatics and molecular pathology. The healthcare system requires special knowledge to interpret complex variant reports which most systems do not provide. Medical and nursing programs need to teach genomics skills to create human capital for large-scale PM integration.

4.6 Comparative Discussion and Evidence Synthesis

The evidence examined demonstrates that personalized medicine offers better clinical outcomes than population-based treatment methods in specific medical situations. The use of pharmacogenomic information for prescribing medications has resulted in fewer adverse drug reactions and treatment failures in psychiatric and cardiology medical settings. Precision oncology offers better progression-free survival and overall survival rates than standard cytotoxic chemotherapy for various molecularly defined cancer subgroups while reducing systemic toxicity. The clinical decision support systems which use artificial intelligence for diagnosis display higher accuracy rates than traditional methods in radiology, pathology, and risk assessment procedures.

The evidence base shows different levels of strength which varies between different applications. The clinical utility of broad genomic screening in healthy populations is still up for debate. Cost-effectiveness analyses have shown different results depending on the condition, population, and healthcare system context. The research shows that AI tools perform better in laboratory tests than in actual medical work because of problems with data quality and algorithm discrimination and absence of uniform rules for AI medical device evaluation.

The research shows that personalized medicine achieves its maximum transformative effects when molecular diagnostics work together with computational systems and genetic counseling and regulatory systems in the medical field. The complete system requirement establishes that personalized medicine functions as a unified healthcare system which demands simultaneous funding across all medical system elements.

Future directions identified in the literature encompass the expansion of population-scale biobanks associated with electronic health records, the formulation of polygenic risk scores for prevalent complex diseases, the incorporation of real-world wearable data into clinical decision algorithms, and the global standardization of genomic data sharing frameworks. The implementation of personalized medicine as a sustainable practice requires the development of new medical technologies and the establishment of policies

that guarantee universal access to these technologies and the creation of ethical standards and the training of medical personnel in genomic knowledge.

5. CONCLUSION

Personalized medicine has developed from its initial genetic discoveries to its current medical applications which use advanced genomic sequencing technologies and artificial intelligence. The system brings about a change which shifts treatment from standard methods that treat whole groups of people to individual-based medical care which relies on scientific data. Personalized medicine uses genomic profiles, biomarker insights, and patient-specific factors to make interventions more targeted and possibly more effective. The medical field applies its principles through three main areas which include pharmacogenomics and genomic diagnostics and precision oncology. The situation contains fundamental ethical dilemmas together with practical issues which include public concerns about genetic information protection and data safeguarding and the high costs and unequal access to services. The combination of infrastructure deficits together with the insufficient number of trained personnel creates an obstacle which prevents large-scale implementation, particularly in low- and middle-income regions. The development of personalized medicine requires us to establish affordable pricing together with strengthened regulatory frameworks and better accessibility and continuous governmental support for the policy. The system possesses substantial potential to enhance healthcare delivery through improved precision and safety and superior quality of services when all stakeholders collaborate effectively.

Limitations

The document presents an operational summary which does not include essential research data or systematic review research methods. The discussion covers extensive conceptual areas while failing to provide specific technical details and information about particular diseases. Rapid developments in genomics and AI may also limit the long-term applicability of some content. Further empirical and region-specific research is needed for deeper understanding.

Acknowledgement

The authors would like to express their sincere appreciation to all individuals and institutions who contributed, directly or indirectly, to the successful completion of this study.

Funding Information

This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

Author Contributions Statement

Name of Author	C	M	So	Va	Fo	I	R	D	O	E	Vi	Su	P	Fu
Ravi Rai Dangi	✓	✓		✓	✓	✓		✓	✓	✓	✓	✓		✓
Priya Naik		✓	✓	✓		✓	✓			✓		✓		✓
Sandarbh Vyas	✓	✓		✓	✓	✓		✓	✓	✓	✓	✓		
Nikesh Kumar	✓	✓	✓	✓		✓	✓		✓	✓		✓		✓

C : **C**onceptualization
M : **M**ethodology
So : **So**ftware
Va : **Va**lidation
I : **I**nvestigation
R : **R**esources
D : **D**ata Curation
O : Writing - **O**riginal Draft
Vi : **Vi**sualization
Su : **Su**pervision
P : **P**roject administration
Fu : **Fu**nding acquisition

Fo : **Fo**rmal analysis E : Writing - Review & **E**diting

Conflict of Interest Statement

The authors declare that there is no conflict of interest regarding the publication of this article.

Informed Consent

All participants were informed about the purpose of the study, and their voluntary consent was obtained prior to data collection.

Ethical Approval

The study was conducted in compliance with the ethical principles outlined in the Declaration of Helsinki and approved by the relevant institutional authorities.

Data Availability

The data that support the findings of this study are available from the corresponding author upon reasonable request.

REFERENCES

[1] D. Giansanti, 'The future of healthcare is digital: Unlocking the potential of mobile health and E-health solutions', Healthcare (Basel), vol. 13, no. 7, p. 802, Apr. 2025. doi.org/10.3390/healthcare13070802

[2] G. Molla and M. Bitew, 'Revolutionizing personalized medicine: Synergy with multi-omics data generation, main hurdles, and future perspectives', Biomedicines, vol. 12, no. 12, p. 2750, Nov. 2024. doi.org/10.3390/biomedicines12122750

[3] V. Subbiah, 'The next generation of evidence-based medicine', Nat. Med., vol. 29, no. 1, pp. 49-58, Jan. 2023. doi.org/10.1038/s41591-022-02160-z

[4] S. Deepta Saha, 'Exploring the building blocks of life: The human genome project, its impact in todays world', Int. J. Adv. Res. (Indore), vol. 11, no. 07, pp. 423-425, July 2023. doi.org/10.21474/IJAR01/17245

[5] L. Marques et al., 'Advancing precision medicine: A review of innovative in silico approaches for drug development, clinical pharmacology and personalized healthcare', Pharmaceutics, vol. 16, no. 3, p. 332, Feb. 2024. doi.org/10.3390/pharmaceutics16030332

[6] A. Khan et al., 'Genomic medicine and personalized treatment: a narrative review', Ann. Med. Surg. (Lond.), vol. 87, no. 3, pp. 1406-1414, Mar. 2025. doi.org/10.1097/MS9.0000000000002965

[7] R. Qahwaji, I. Ashankyty, N. S. Sannan, M. S. Hazzazi, A. A. Basabrain, and M. Mobashir, 'Pharmacogenomics: A genetic approach to drug development and therapy', Pharmaceuticals (Basel), vol. 17, no. 7, p. 940, July 2024. doi.org/10.3390/ph17070940

[8] R. Ghai et al., 'Role of personalized medicine in clinical practice: An overview of current and future perspectives', Biomed. Pharmacol. J., vol. 17, no. 4, pp. 2111-2133, Dec. 2024. doi.org/10.13005/bpj/3011

[9] M. A. Malki and E. R. Pearson, 'Drug-drug-gene interactions and adverse drug reactions', Pharmacogenomics J., vol. 20, no. 3, pp. 355-366, June 2020. doi.org/10.1038/s41397-019-0122-0

[10] A. K. Srivastav, M. K. Mishra, J. W. Lillard Jr, and R. Singh, 'Transforming pharmacogenomics and CRISPR gene editing with the power of artificial intelligence for precision medicine', Pharmaceutics, vol. 17, no. 5, p. 555, Apr. 2025. doi.org/10.3390/pharmaceutics17050555

[11] F. Marques-Garcia and C. Martinez-Bravo, 'A review of pharmacogenomics in the individualization of pharmacological treatment: present and future', J. Lab. Precis. Med., vol. 11, pp. 6-6, Jan. 2026. doi.org/10.21037/jlpm-25-9

[12] M. Jamalinia and R. Weiskirchen, 'Advances in personalized medicine: translating genomic insights into targeted therapies for cancer treatment', Ann. Transl. Med., vol. 13, no. 2, p. 18, Apr. 2025. doi.org/10.21037/atm-25-34

[13] M. F. Mercogliano, S. Bruni, F. L. Mauro, and R. Schillaci, 'Emerging targeted therapies for HER2-positive breast cancer', Cancers (Basel), vol. 15, no. 7, p. 1987, Mar. 2023. doi.org/10.3390/cancers15071987

[14] D. Qiao, R. C. Wang, and Z. Wang, 'Precision oncology: Current landscape, emerging trends, challenges, and future perspectives', Cells, vol. 14, no. 22, p. 1804, Nov. 2025. doi.org/10.3390/cells14221804

[15] E. J. Topol, 'High-performance medicine: the convergence of human and artificial intelligence', Nat. Med., vol. 25, no. 1, pp. 44-56, Jan. 2019. doi.org/10.1038/s41591-018-0300-7

[16] K. B. Johnson et al., 'Precision medicine, AI, and the future of personalized health care', Clin. Transl. Sci., vol. 14, no. 1, pp. 86-93, Jan. 2021. doi.org/10.1111/cts.12884

[17] A. Mishra, A. Majumder, D. Kommineni, C. Anna Joseph, T. Chowdhury, and S. K. Anumula, 'Role of generative artificial intelligence in personalized medicine: A systematic review', Cureus, vol. 17, no. 4, p. e82310, Apr. 2025. doi.org/10.7759/cureus.82310

[18] H. Taherdoost and A. Ghofrani, 'AI's role in revolutionizing personalized medicine by reshaping pharmacogenomics and drug therapy', Intelligent Pharmacy, vol. 2, no. 5, pp. 643-650, Oct. 2024. doi.org/10.1016/j.ipha.2024.08.005

[19] D. Giansanti, 'Precision medicine 2.0: How digital health and AI are changing the game', J. Pers. Med., vol. 13, no. 7, p. 1057, June 2023. doi.org/10.3390/jpm13071057

[20] A. L. McGuire et al., 'Confidentiality, privacy, and security of genetic and genomic test information in electronic health records: points to consider', Genet. Med., vol. 10, no. 7, pp. 495-499, July 2008. doi.org/10.1097/GIM.0b013e31817a8aaa

[21] G. J. Schumacher, S. Sawaya, D. King, and A. J. Hansen, 'Genetic information insecurity as state of the art', Front. Bioeng. Biotechnol., vol. 8, no. 591980, p. 591980, Dec. 2020. doi.org/10.3389/fbioe.2020.591980

[22] N. E. Kass et al., 'Access to health insurance: experiences and attitudes of those with genetic versus non-genetic medical conditions', Am. J. Med. Genet. A, vol. 143A, no. 7, pp. 707-717, Apr. 2007. doi.org/10.1002/ajmg.a.31576

[23] L. H. Seaver et al., 'Points to consider to avoid unfair discrimination and the misuse of genetic information: A statement of the American College of Medical Genetics and Genomics (ACMG)', Genet. Med., vol. 24, no. 3, pp. 512-520, Mar. 2022. doi.org/10.1016/j.gim.2021.11.002

[24] K. K. Y. Francisco et al., 'Personalized medicine and health equity: overcoming cost barriers and ethical challenges', Int. J. Equity Health, vol. 25, no. 1, p. 4, Dec. 2025. doi.org/10.1186/s12939-025-02710-0

[25] G. S. Ginsburg and K. A. Phillips, 'Precision medicine: From science to value', Health Aff. (Millwood), vol. 37, no. 5, pp. 694-701, May 2018. doi.org/10.1377/hlthaff.2017.1624

[26] D. E. Pritchard, F. Moeckel, M. S. Villa, L. T. Housman, C. A. McCarty, and H. L. McLeod, 'Strategies for integrating personalized medicine into healthcare practice', Per. Med., vol. 14, no. 2, pp. 141-152, Mar. 2017. doi.org/10.2217/pme-2016-0064

[27] K. Schwarze, J. Buchanan, J. C. Taylor, and S. Wordsworth, 'Are whole-exome and whole-genome sequencing approaches cost-effective? A systematic review of the literature', Genet. Med., vol. 20, no. 10, pp. 1122-1130, Oct. 2018. doi.org/10.1038/gim.2017.247

[28] S. Mani, S. R. Lalani, and M. Pammi, 'Genomics and multiomics in the age of precision medicine', Pediatr. Res., vol. 97, no. 4, pp. 1399-1410, Mar. 2025.doi.org/10.1038/s41390-025-04021-0

[29] M. Edvardsson and M. K. Heenkenda, 'Precision medicine: Personalizing healthcare by bridging aging, genetics, and global diversity', Healthcare (Basel), vol. 13, no. 13, p. 1529, June 2025. doi.org/10.3390/healthcare13131529

[30] N. J. Schork, 'Randomized clinical trials and personalized medicine: A commentary on deaton and cartwright', Soc. Sci. Med., vol. 210, pp. 71-73, Aug. 2018. doi.org/10.1016/j.socscimed.2018.04.033

[31] L. Sbitan, N. Alzraikat, H. Tanous, A. M. Saad, and M. Odeh, 'From one size fits all to a tailored approach: integrating precision medicine into medical education', BMC Med. Educ., vol. 25, no. 1, p. 90, Jan. 2025. doi.org/10.1186/s12909-024-06138-y

[32] D. J. Duffy, 'Problems, challenges and promises: perspectives on precision medicine', Brief. Bioinform., vol. 17, no. 3, pp. 494-504, May 2016. doi.org/10.1093/bib/bbv060

[33] S. F. Terry, 'Obama's precision medicine initiative', Genet. Test. Mol. Biomarkers, vol. 19, no. 3, pp. 113-114, Mar. 2015. doi.org/10.1089/gtmb.2015.1563

[34] I. D. Gray, A. R. Kross, M. E. Renfrew, and P. Wood, 'Precision medicine in lifestyle medicine: The way of the future?', Am. J. Lifestyle Med., vol. 14, no. 2, pp. 169-186, Mar. 2020. doi.org/10.1177/1559827619834527

[35] E. Juengst, M. L. McGowan, J. R. Fishman, and R. A. Settersten Jr, 'From "personalized" to "precision" medicine: The ethical and social implications of rhetorical reform in genomic medicine', Hastings Cent. Rep., vol. 46, no. 5, pp. 21-33, Sept. 2016. doi.org/10.1002/hast.614

[36] C. Delpierre and T. Lefèvre, 'Precision and personalized medicine: What their current definition says and silences about the model of health they promote. Implication for the development of personalized health', Front. Sociol., vol. 8, p. 1112159, Feb. 2023. doi.org/10.3389/fsoc.2023.1112159

[37] L. H. Xu, H. Zheng, D. D. Sedmak, and W. Sadée, 'The re-emerging concept of personalized healthcare', Per. Med., vol. 5, no. 5, pp. 457-469, Sept. 2008. doi.org/10.2217/17410541.5.5.457

[38] V. Subbiah, 'The next generation of evidence-based medicine', Nat. Med., vol. 29, no. 1, pp. 49-58, Jan. 2023. doi.org/10.1038/s41591-022-02160-z

[39] M. A. Hamburg and F. S. Collins, 'The path to personalized medicine', N. Engl. J. Med., vol. 363, no. 4, pp. 301-304, July 2010 doi.org/10.1056/NEJMp1006304

[40] R. A. Gibbs, 'The Human Genome Project changed everything', Nat. Rev. Genet., vol. 21, no. 10, pp. 575-576, Oct. 2020. doi.org/10.1038/s41576-020-0275-3

[41] Fang Z. Pharmacogenomics: Enhancing Therapeutic Efficacy and Quality Care through Genetic Information. Longdom [Internet]. 2024 Jul 2; Available from: doi.org/10.35248/2161-1025.24.14.320

[42] R. Colomer et al., 'Usefulness and real-world outcomes of next generation sequencing testing in patients with cancer: an observational study on the impact of selection based on clinical judgement', EClinicalMedicine, vol. 60, no. 102029, p. 102029, June 2023. doi.org/10.1016/j.eclinm.2023.102029

[43] A. A. Durmaz, E. Karaca, U. Demkow, G. Toruner, J. Schoumans, and O. Cogulu, 'Evolution of genetic techniques: past, present, and beyond', Biomed Res. Int., vol. 2015, p. 461524, Mar. 2015. doi.org/10.1155/2015/461524

[44] W. Liu et al., 'The 1% gift to humanity: The Human Genome Project II', Cell Res., vol. 34, no. 11, pp. 747-750, Nov. 2024. doi.org/10.1038/s41422-024-01026-y

[45] U. M. Zanger and M. Schwab, 'Cytochrome P450 enzymes in drug metabolism: regulation of gene expression, enzyme activities, and impact of genetic variation', Pharmacol. Ther., vol. 138, no. 1, pp. 103-141, Apr. 2013. doi.org/10.1016/j.pharmthera.2012.12.007

[46] J. K. Hicks et al., 'Clinical pharmacogenetics implementation consortium (CPIC) guideline for CYP2D6 and CYP2C19 genotypes and dosing of selective serotonin reuptake inhibitors', Clin. Pharmacol. Ther., vol. 98, no. 2, pp. 127-134, Aug. 2015. doi.org/10.1002/cpt.147

[47] A. C. Wolff et al., 'Human epidermal growth factor receptor 2 testing in breast cancer: ASCO-College of American Pathologists guideline update', J. Clin. Oncol., vol. 41, no. 22, pp. 3867-3872, Aug. 2023. doi.org/10.1200/JCO.22.02864

[48] G. S. Ginsburg and K. A. Phillips, 'Precision medicine: From science to value', Health Aff. (Millwood), vol. 37, no. 5, pp. 694-701, May 2018. doi.org/10.1377/hlthaff.2017.1624

[49] L. Piwek, D. A. Ellis, S. Andrews, and A. Joinson, 'The rise of consumer health wearables: Promises and barriers', PLoS Med., vol. 13, no. 2, p. e1001953, Feb. 2016. doi.org/10.1371/journal.pmed.1001953

[50] D. K. Ming et al., 'Continuous physiological monitoring using wearable technology to inform individual management of infectious diseases, public health and outbreak responses', Int. J. Infect. Dis., vol. 96, pp. 648-654, July 2020. doi.org/10.1016/j.ijid.2020.05.086

[51] D. A. Mrazek and C. Lerman, 'Facilitating clinical implementation of pharmacogenomics', JAMA, vol. 306, no. 3, pp. 304-305, July 2011. doi.org/10.1001/jama.2011.1010

[52] H. N. Patel et al., 'Genomic medicine: Applications in disease prevention and treatment', J. Pharm. Bioallied Sci., vol. 17, no. Suppl 2, pp. S1101-S1103, June 2025. doi.org/10.4103/jpbs.jpbs_541_25

[53] S. Zampatti, 'The revolution of genetic diagnosis: An example from rare disorders', Genes (Basel), vol. 15, no. 10, p. 1328, Oct. 2024. doi.org/10.3390/genes15101328

[54] I. R. Watson, K. Takahashi, P. A. Futreal, and L. Chin, 'Emerging patterns of somatic mutations in cancer', Nat. Rev. Genet., vol. 14, no. 10, pp. 703-718, Oct. 2013. doi.org/10.1038/nrg3539

[55] S. Al-Amrani, Z. Al-Jabri, A. Al-Zaabi, J. Alshekaili, and M. Al-Khabori, 'Proteomics: Concepts and applications in human medicine', World J. Biol. Chem., vol. 12, no. 5, pp. 57-69, Sept. 2021. doi.org/10.4331/wjbc.v12.i5.57

[56] M. Celeski et al., 'The role of cardiac troponin and other emerging biomarkers among athletes and beyond: Underlying mechanisms, differential diagnosis, and guide for interpretation', Biomolecules, vol. 14, no. 12, p. 1630, Dec. 2024. doi.org/10.3390/biom14121630

[57] C. Chen et al., 'Applications of multi-omics analysis in human diseases', MedComm, vol. 4, no. 4, p. e315, Aug. 2023. doi.org/10.1002/mco2.315

[58] B. Liu, H. Zhou, L. Tan, K. T. H. Siu, and X.-Y. Guan, 'Exploring treatment options in cancer: Tumor treatment strategies', Signal Transduct. Target. Ther., vol. 9, no. 1, p. 175, July 2024. doi.org/10.1038/s41392-024-01856-7

[59] E. A. Jafleh, F. A. Alnaqbi, H. A. Almaeeni, S. Faqeeh, M. A. Alzaabi, and K. Al Zaman, 'The role of wearable devices in chronic disease monitoring and patient care: A comprehensive review', Cureus, vol. 16, no. 9, p. e68921, Sept. 2024. doi.org/10.7759/cureus.68921

[60] A. Haleem, M. Javaid, R. P. Singh, and R. Suman, 'Telemedicine for healthcare: Capabilities, features, barriers, and applications', Sens. Int., vol. 2, no. 100117, p. 100117, July 2021. doi.org/10.1016/j.sintl.2021.100117

[61] P. Kumar, D. J. Benjamin, S. Darabi, G. Kloecker, and A. Rezazadeh Kalebasty, 'Implications of genetic testing and informed consent before and after genetic testing in individuals with cancer', World J. Clin. Oncol., vol. 15, no. 8, pp. 975-981, Aug. 2024. doi.org/10.5306/wjco.v15.i8.975

[62] M. Martyn et al., 'Secondary use of genomic data: patients' decisions at point of testing and perspectives to inform international data sharing', Eur. J. Hum. Genet., vol. 32, no. 6, pp. 717-724, June 2024. doi.org/10.1038/s41431-023-01531-5

How to Cite: Ravi Rai Dangi, Priya Naik, Sandarbh Vyas, Nikesh Kumar. (2026). Personalized medicine: evolution, applications, challenges, and future directions – a narrative review. Journal of Nursing Research, Patient Safety and Practise (JNRPSP), 6 (1), 13-34. https://doi.org/10.55529/jnrpsp.61.13.34

BIOGRAPHIES OF AUTHORS

Ravi Rai Dangi, is affiliated with the Charotar University of Science and Technology, Changa, Gujarat, India. He is interested in conducting research that combines disciplines between technology and applied sciences and data-driven problem-solving methods. He has conducted extensive research and academic activities to study new technological applications and their impact on society. Dangi participates actively in academic publishing and joint

	research efforts which focus on advancing scientific understanding and developing practical solutions. Email: rj22bali@outlook.com
	**Priya Naik**, works for Bharati Vidyapeeth (Deemed to be University) in Navi Mumbai, Maharashtra, India. She studies how technology enhances classroom instruction and educational practices across different academic fields. She has written for a number of academic publications that deal with current issues in research and innovation. Naik writes academic content which she combines with her collaborative research work with other scholars to advance research-based teaching methods in universities. Email: piyu7291@gmail.com
	**Sandarbh Vyas**, is an employee of the Directorate of Health Services Andaman & Nicobar in India. His work interests include managing healthcare systems and public health systems and applying technology to health services. Vyas has worked on projects that aim to make healthcare delivery and policy implementation better. He participates in research that investigates innovative methods for improving healthcare accessibility and operational efficiency. Email: vyassandarbh17@gmail.com
	**Nikesh Kumar**, works at the All India Institute of Medical Sciences Jodhpur, which is one of the best medical schools in India. His research interests include medical research and healthcare technology and interdisciplinary scientific studies. Kumar has worked on research projects that aim to improve medical knowledge and healthcare practices. His academic work includes active participation in health and biomedical research partnerships and scholarly publication activities. Email: nikeshmalviya1178@gmail.com