

The U.S. Preventive Task Force caused quite a stir recently when they revised their recommendations on the frequency and age for women to get mammograms. Many have speculated on the timing for this government-funded report, with the Senate vote on health care looming, and cost estimates being watched closely. Just the hint that the government would risk women's health to cut costs is causing outrage on both sides of the aisle.

Even the administration is alarmed at its own panel's recommendation. One official, the Secretary of Health and Human Services, Kathleen Sebelius told women to ignore the new guidelines, keep doing what they are doing and make the best decisions for themselves after consulting with their doctors.

This sounds like an excellent idea to me. As a physician myself, I understand the importance of ensuring that patients are able to consult their doctors and make their own decisions without interference from government bureaucrats or government-favored corporations.

However, I am confused by the administration's reasoning and apparent change of heart. Have they reversed their position on healthcare reform and now decided that patients and doctors should be in control of individual healthcare decisions? Or are they still in the healthcare central planning business? The healthcare reform plans currently aim to empower Congress to dictate to insurers minimal standards of coverage.

Those government standards will ultimately be determined by politicians and bureaucrats, not individual patients and doctors.

It is naive to think that recommendations by an authoritative government panel will never be used to deny services to people that want them. It is sad to think that people will be forced to spend their hard-earned money for a one-size fits all, government mandated healthcare delivery model, but then have to scrape together additional funds to pay out of pocket for healthcare they really want or need – that is, if the government allows them to at all.

After all, the federal government currently forbids Medicare beneficiaries from spending their own money on services covered by Medicare, if for whatever reason they need to.

Why wouldn't the government eventually apply these kinds of restrictions to everyone, if they are successful with this takeover?

Beware of the supposed gifts offered to you by government, for when it gives you things with one hand, the other hand takes away your liberty and independence.

It remains to be seen what provisions will be in the final bill. We do know we have no funds to pay for it except for debt and money printed out of thin air.

We know that the nation's creditors are getting very nervous about the government's continuous spending sprees and bailouts.

We know this healthcare bill, like all government programs, will be expensive.

There will be a day of reckoning when the credit stops and the bills for all this spending come due. When that day comes and politicians and bureaucrats have to deal with reality, it will be very uncomfortable to find yourself in their liability column, which is where healthcare reform will put many more Americans.