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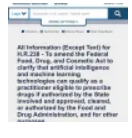
Will AI Become Your Doctor? The High Cost of Cutting Corners in Healthcare

The hidden dangers of allowing machines to replace human doctors—costly mistakes, job losses, and a healthcare system that leaves patients..



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By Dallas Ludlum

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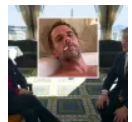
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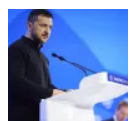
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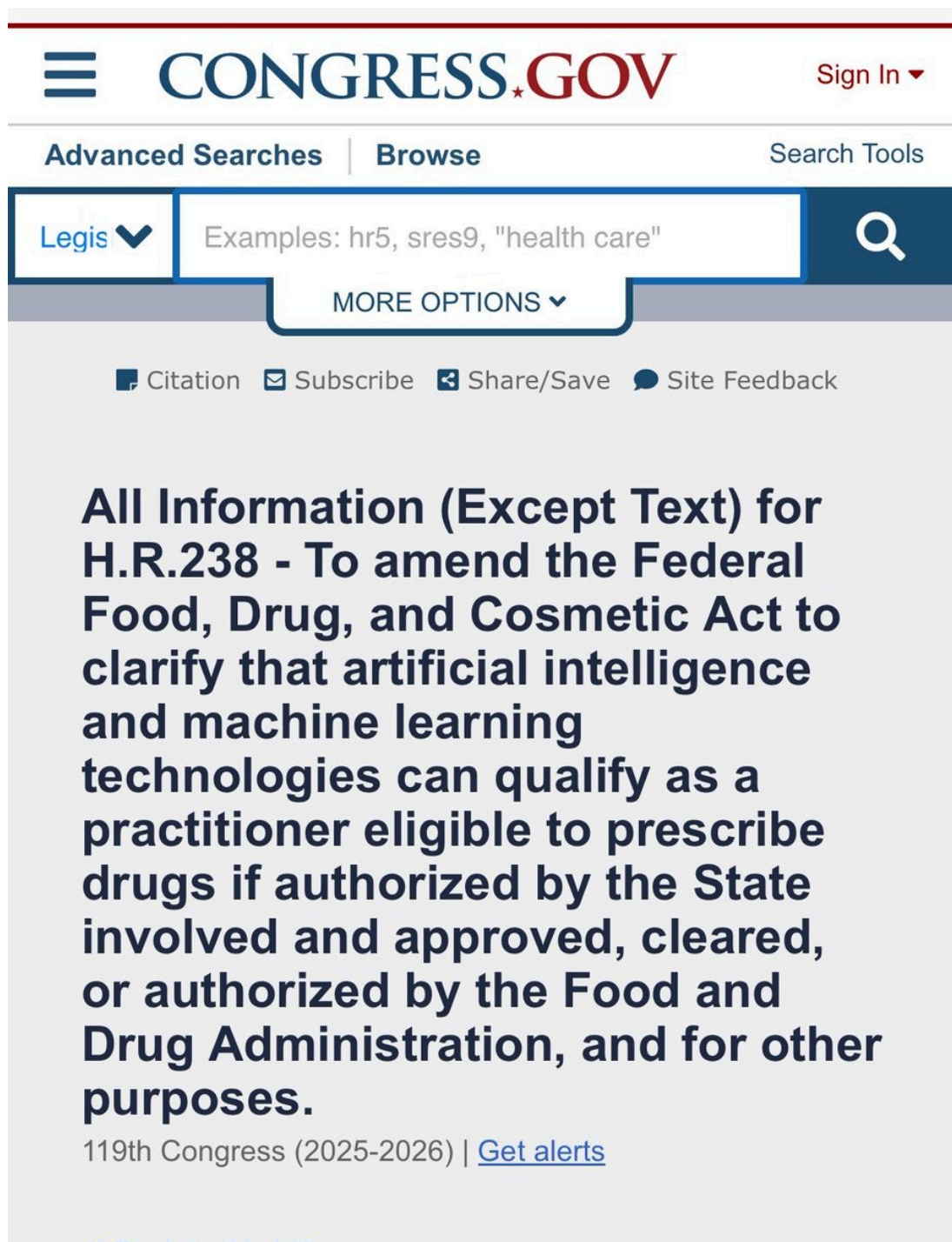
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All Information (Except Text) for H.R.238 - To amend the Federal Food, Drug, and Cosmetic Act to clarify that artificial intelligence and machine learning technologies can qualify as a practitioner eligible to prescribe drugs if authorized by the State involved and approved, cleared, or authorized by the Food and Drug Administration, and for other purposes.

119th Congress (2025-2026) | [Get alerts](#)



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In the shadowy corridors of power, where technology and policy intersect, a quiet storm is brewing. [H.R. 238](#), a bill recently introduced in the 119th Congress, seeks to grant artificial intelligence (AI) systems the authority to act as licensed practitioners capable of prescribing medications. On the surface, this may seem like a groundbreaking leap forward for healthcare innovation. However, beneath the glossy promises of efficiency and accessibility lies a Pandora's box of dangers—both to public safety and the financial well-being of countless Americans.

The Illusion of Efficiency

Proponents of AI prescribing argue that machine learning technologies can process vast amounts of medical data faster than any human doctor. They claim this capability will revolutionize healthcare, eliminating human error and reducing costs. But here's the catch: AI,

no matter how advanced, operates within the parameters of its programming. It lacks the nuance, empathy, and real-world experience that human doctors bring to the table. Healthcare decisions often hinge on subtleties—like a patient’s tone of voice, body language, or a detailed medical history that algorithms can easily misinterpret or ignore.

Imagine a scenario where an AI system misdiagnoses a patient due to incomplete data or an overlooked anomaly. The result? Incorrect prescriptions that could cause severe side effects, exacerbate illnesses, or even lead to death. Unlike a human doctor who can be held accountable, an AI lacks accountability. Who takes responsibility when a machine’s decision leads to tragedy? The manufacturers? The programmers? Or will the patient be left to navigate an endless loop of blame-shifting?

The Financial Fallout

One of the most alarming consequences of granting AI the authority to prescribe medication is the potential displacement of medical professionals. Thousands—if not millions—of doctors, nurse practitioners, and pharmacists could find themselves edged out of their professions by machines. Advocates may frame this as “progress,” but in reality, it represents an existential threat to a highly skilled and essential workforce.

Becoming a doctor requires years of rigorous education, residency, and training. For many, it’s not just a career—it’s a calling. The prospect of AI stepping into the role of a prescribing physician undermines the sacrifices and expertise of countless medical professionals. Hospitals and clinics, driven by cost-cutting motives, could choose AI over human doctors to save money, leaving dedicated practitioners struggling to find employment in a shrinking job market.

The ripple effects would be catastrophic. Unemployment among medical professionals would mean lost income, shuttered practices, and financial instability for countless families. Moreover, this would devastate rural and underserved communities, where doctors are already in short supply. Ironically, the very places AI is touted as a solution could see the most harm, as the loss of human practitioners would deepen healthcare disparities.

Beyond the immediate job losses, the erosion of human expertise poses long-term risks to the medical field. Training the next generation of doctors relies on mentorship and hands-on learning from experienced practitioners. If those seasoned professionals are replaced by machines, the pipeline of medical knowledge could be irreparably disrupted, leaving future generations dependent on AI systems without understanding their underlying decisions.

It’s also worth considering the economic impact on medical education. Universities and institutions that rely on tuition from aspiring doctors could see sharp declines in enrollment. Why would someone spend a decade and hundreds of thousands of dollars on a medical degree when they’ll be competing with machines that don’t need salaries, breaks, or benefits?

What’s worse, this isn’t just about doctors—it’s about the broader healthcare ecosystem. Nurses, administrative staff, and other support roles depend on the presence of human doctors to justify their positions. The widespread adoption of AI could lead to cascading job losses throughout the industry, further destabilizing local economies and eroding trust in the healthcare system.

In the rush to embrace artificial intelligence, we must ask: Is replacing doctors with machines really worth the cost? Because once these jobs are gone, they won't be coming back.

Erosion of the Doctor-Patient Relationship

The cornerstone of effective healthcare is trust between doctors and patients. This relationship is built on empathy, understanding, and human connection—qualities that no algorithm can replicate. Handing over prescribing authority to AI threatens to erode this trust, reducing patients to mere data points in a machine's calculations.

Consider the elderly patient managing multiple chronic conditions or the single mother struggling with mental health issues. These individuals need more than a diagnosis—they need compassion and tailored advice. An AI might recommend a medication based on statistical probabilities, but it cannot consider the broader context of a patient's life, such as financial constraints or potential social support. The result? Impersonal care that prioritizes efficiency over humanity.

A Gateway to Exploitation

The dangers don't end with misdiagnoses and financial exploitation. Granting AI prescribing power opens the door to a host of ethical dilemmas. What happens when algorithms are subtly influenced by pharmaceutical lobbying? Could tech companies manipulate AI systems to favor certain drugs or treatments, regardless of their efficacy or necessity? With billions of dollars at stake, the temptation to exploit these systems would be irresistible.

Worse still, allowing AI to prescribe medicine could disproportionately harm vulnerable populations. Communities already struggling with access to healthcare could become testing grounds for AI systems, subjected to errors and experimentation that wealthier, more influential groups would never tolerate.

The Inevitable Question: Who Benefits?

When examining the push to give AI prescribing authority, one must ask: who truly benefits? It's certainly not the average patient, who risks becoming a guinea pig for unproven technology. Nor is it the hardworking doctors, whose expertise and livelihoods are devalued by the encroachment of automation. The real winners are the tech giants and pharmaceutical companies, poised to profit from a healthcare system increasingly detached from human oversight.

The Bottom Line

While innovation is vital to the progress of healthcare, not all advancements are inherently beneficial. The idea of AI doctors prescribing medicine may sound futuristic, but it is a future fraught with peril. Before policymakers rush to embrace this concept, they must consider the devastating consequences—both human and financial—of handing over such critical authority to machines.

H.R. 238 represents a crossroads for the healthcare industry. Lawmakers and citizens alike must decide whether we prioritize technological convenience or the sanctity of human life. Because once we open the door to AI-driven medicine, it may be impossible to close it again.

Sources:

[Congress.gov HR 238](#)

[Risks and Remedies for Artificial Intelligence in Health Care](#)

[Pros & Cons of Artificial Intelligence in Medicine](#)

[The Unseen Hand: AI-Based Prescribing Decision Support Tools](#)

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