VIEWPOINT

Oncology Knows No Borders

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Recent initiatives and executive orders of the US federal administration have brought into question America's openness to immigrants across the world who seek a successful, valued life and career in the United States. There are many personal stories of surprised and anguished clinicians, graduate students, and clinical fellows studying and working in major US health care centers who have now found themselves in a border limbo, unable to return to their new home or to have their children and family join them solely based on a heavy-handed and uninformed executive action that is both perplexing and troubling.

Unbeknownst to many, this immigration and travel ban may have a disproportionate domestic impact on rural and inner-city citizens of the United States. Immigrants have always done what no one else wants to do—and this includes providing high-quality medical care for underserved patients. As physician shortages continue in many underserved and geographically isolated regions of the United States, including an oncologist shortage projected by year 2020,[1] J1 and H1B visa waivers have been a successful mechanism of bringing young, motivated, and talented physicians to practice in these regions. Many of these clinicians establish long-term practices in these communities. Undoubtedly, hundreds of currently practicing physicians and physicians-in-training within these visa waiver programs are directly affected by this immigration ban, and the attractiveness of these programs to future international candidates will likely decline. Consequently, patients likely will disproportionally feel the ill-effects of these policies because their care will either have to take place at greater distances or be provided by competent, but short-term, *locums tenens* physicians. In President Trump's home state of New York in 2015, there were 477 J1-sponsored physicians caring for hundreds of thousands of patients,[2] and although most were not from the countries with travel restrictions, these physicians across primary care and specialty clinics will likely have a more pessimistic outlook on their future and acceptance in the United States regardless of their country of origin. To be clear, this will have an impact on all states.

We seek to affirm our commitment to more (not less) diversity and inclusion as it pertains to multifaceted missions of patient care, research, teaching, and community service. We believe that the potential ramifications of these policies are substantial. Oncology is enriched with a diverse mix of male and female clinicians and scientific investigators from all different ethnicities, races, and religious views. Furthermore, the promulgation of ideas through international conferences (many of which take place in the United States) is a major priority within our field, and the uncertainty of cross-border travel in 2017 will surely have a negative impact on future international collaborations and dissemination of research, new techniques, and potentially life-saving therapies. Upward of one-third of attendees to some of the major oncology subspecialty meetings are from international institutions, and under the current travel restrictions most could legally travel to the United States. However, if our current (and potential new) colleagues from outside the United States are reluctant to travel to this country, our specialty and others will suffer.

The possible fluidity of these executive actions to better align with preinauguration campaign pledges of exclusion based more widely on religious views and ethnic background echoes many regretful times in this country's 238-year history. Oncologists, in particular, and physicians, in general, occupy a special place in the US social conscience, and given so, we must use this platform to advocate for the respect of people affected by these unusual, yet oft-repeated, set of circumstances. These first few weeks of the new administration must not detract from one of the most primary motivations of being a physician, compassion. Moving forward in 2017, as oncologists we must find a way to constructively adapt and support our colleagues and patients who may be personally affected by bigotry or racism.[3] Regrettably, patients with terminal illnesses who have loved ones in countries included in the ban face an impossible decision—whether to continue to receive life-preserving therapies or forfeit all of it to see a loved one for a last time. Such choices are unwarranted. As Dr Martin Luther King Jr. described in his "I Have a Dream…" speech, our freedom is inextricably bound by their freedom.

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