

# Professional ethics and migration

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We live in uncertain times. Even as historians tell us that humans have never had it better, fear of scarcity and loss are all around us. Nor are these fears unreasonable. As inequalities grow, scarcity and loss are indeed all around us even in the midst of plenty. For some of the values of medicine, this is a difficult context. Equal access to care, a right to be rescued from the effects of illness: This ought not to depend on social status or fortune. Since Roman antiquity, we have reminded ourselves that our answer must be to need and not to payment [1]. This much is accepted. At least, it is accepted in countries which, like Switzerland, have developed a universal health system or are working towards this goal [2].

In real life this leads to predictable difficulties. According to a “nationalist” position, only legal residents of a country have a right to access care there. In this view, the right to access health care in a country presupposes the right to *be* there. In the past, such views have led to calls that illegal immigrants should be denied even emergency care. This view clashes with another one. According to a “humanist” position, every sick person has the right to health care simply in virtue of being a person and in need of care. Health care providers typically recognize that some form of this humanist position is inherent to their profession. Recognition of a *right to health* in international law is also based on this humanist tradition [3] although applications of this right have often sidelined illegal migrants and refugees [4].

Restrictive migration policies towards the sick are based on the nationalist position. This, predictably, leads to tensions and even clashes as health professionals and authorities wrestle over the justifications – or lack thereof – for allowing the sick to remain in countries where they will receive treatment rather than being forcefully sent to places where they will not. The focus of *Medicine and Migrants*, which was proposed and directed by Michelle Salathé for this issue, is a difficult and important one.

Health professionals are not the only ones facing such difficulties at this time. Pilots in Germany and Israel have grounded their planes rather than assist in flying refugees back to countries where their safety was at risk. In Switzerland, a border patrol officer was condemned for not halting the deportation of a seven-month pregnant Syrian asylum seeker when it became clear that she was miscarrying [5]. All policies, whether humane or inhumane, require the collaboration of professionals. When policies are in tension with professional duties, this requires difficult choices.

How, then, should health professionals position themselves and act? Professions – jobs fulfilled in the service of persons more vulnerable than the professional – imply power over others. Professional ethics is, at its core, a promise never to abuse this power. The tools of medicine could in theory be used for a multitude of goals. They must never, however, be used *against* rather than *for* the patient, and they must never be used beyond what medicine is actually capable of doing. The Swiss Academy of Medical Sciences honors this by setting clear limits to the medicalization of forced deportation [6]. The Swiss Societies for Pediatric Radiology and for Pediatric Endocrinology and Diabetology honor this by refusing to assess the age of asylum seekers using methods that do not yield scientifically valid results [7]. Although this is a good beginning, other opportunities to take such stands remain untaken.

The twin topics of this double issue, which appears with some delay for which we apologize to our authors and our readers, thus come with an uncomfortable interface. Several contributions address it. If they stir discussion, so much the better. We will be happy as always to publish follow-ups and replies in the off-focus sections of future issues. We hope to encourage clarity and, yes, sometimes courage in situations where professional ethics cannot be merely explored, but must be sustained as well.

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