economically robust solutions, will continue to be felt in every oncology clinic, infusion center, and hospital, until we solve this dilemma.

Change is always difficult and radical change is even more so. Still, if we don't involve ourselves, the resulting system will be dysfunctional, and the health of this country will be in further jeopardy. Our patients rely on our advocacy, and they deserve nothing less.

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Ira E. Felman, MD

Oncology Care Medical Associates, Montebello, California

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In Response to "Future Supply and Demand for Oncologists: Challenges to Assuring Access to Oncology Services"

To the Editor: I read with interest the ASCO-sponsored Oncology Workforce Study.¹ I am a 63-year-old medical oncologist. When I took the boards, it was only the second time they were offered. There are quite a few people in my age bracket who are about to retire, including me. My true desire would be to work part-time in my practice, but I have discovered that there are many obstacles. I happen to work for a county hospital where malpractice is covered by sovereign immunity and it is not an issue for me. There are many other physicians who are not as fortunate and who cannot work part-time because the insurance premiums are too high. The second, and most important, issue to me is the attitude of younger physicians toward older ones. I believe that part-time physicians would be fine with them as long as it had zero impact on their work loads. Gone are the days when junior MDs pitched in to keep seniors in the fold. For this, I have no answer. Perhaps ASCO could look into this issue as a way

to conserve numbers of oncologists and develop some solutions.

I have serious concerns about physician-extenders.¹ I have encountered quite a few at the hospital and a very small fraction have either the talent or the desire to do good work. More and more physicians are having extenders see patients first, and the physicians are not scrutinizing their work carefully. I am old fashioned and do everything myself, including returning my own patients' telephone calls. This type of practice helps patients feel heard and helps them to realize that you are truly concerned with their well-being and that you, their physician, are not some aloof unreachable person. The growing trend of physician-extenders will drastically diminish the role of the physician-patient relationship to the detriment of both parties.

James M. Cohen, MD

Hollywood, Florida

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