

Brain Drain of Doctors

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Doctors are pillars of healthcare system and there is significant shortage of doctors. To produce a well-trained competent doctor costs a lot. Third world countries' Governments heavily subsidize public medical colleges so medical students in these colleges pay very little. On the other hand in "developed" countries most doctors on their graduation carry heavy loans along with interest on their backs to pay off. Not surprisingly numbers of medical graduates fall short of their demand and hence these countries lure foreign doctors from third world. This brain drain is however a sheer loss for the third world. Their massive investment in producing doctors to serve the country goes waste. Amazingly third world countries appear to care less about this brain drain from their lands. Third World Countries are generally victim of bad management; at times thanks to the interventions by the Governments of "developed" countries.

Due to gross mismanagement there is unwelcoming attitude toward the returning qualified consultants of their own countries. On the other hand these consultants themselves find foreign abode far more comfortable, attractive, lucrative and hence very few choose to return to their motherlands. They forget that their progeny may have to pay far too costly a price; for example they will not have luxury to get almost free education and training in medical schools.

Strong motivation to go abroad has its own basis; lack of confidence in our own examination systems. Many who passed far tougher foreign post graduation examinations would have failed in local examinations. Quality, merit, fairness and transparency are lacking in many third world countries. Developed countries pick up the best of the best from third world. They impose strong competitive examinations and for some of these had to be taken in the host countries. Heavy fees and travel expenses put additional burden on the third world foreign exchange and they are left with fewer competent and a lot more incompetent doctors.

Another bitter fact is that burdensome curriculum containing superfluous contents and details relying mainly on memorization favors female gender. Students spend hours on memorization hardly leaving

any time for outdoor activity thus putting boys on distinct disadvantage as by nature they would play outside and do outside chores. In Pakistan for example females far outnumber males in the medical colleges. Perhaps gender would have had no problem if all female doctors contributed toward healthcare as males do. But that's not happening, 50-70% of them hardly practice as their priority is getting married and raising family; that's biologically and socially quite natural, but it does deprive the society from qualified doctors' valuable services. Worse there is no room for part time work for married female doctors so they can give some time to their families and at the same time also contribute towards healthcare and remain abreast of current developments in medical field.

In pursuance for going abroad and/or induction in postgraduate training programs many young doctors do not contribute towards active patient care in official duty time. Many become bookworms reading the books in offices or libraries all the time thus not actively sufficiently participating in the patient care. The faculty of so called basic sciences also contribute little if any toward active patient care although they have plenty of time and energy to do so in official time; patients again suffer. There is starvation among the plenty in the major city hospitals with active undergraduate programs. As far as villages are concerned there is marked deficiency of the doctors. This leads to poor health services and help in flourishing quackery.

Many students fail to get required marks for admission in the public medical colleges. This leads to commercialization of medical education. Wealthy parties invest while rich parents are ready to pay hefty fees. These well to do parents don't want to see their children fail in examinations which opens up another avenue of corruption and compromise on standards. Local Regulatory Medical Bodies inspect these Medical Colleges and check their standards but again inspectors are human beings and vulnerable to all sorts of temptations and pressures.

It is alarming that some big countries are doing the same tricks in order to earn foreign exchange. They

give admissions to the foreign graduates, teach them basic sciences through didactic lectures only but then do not allow them to even touch their patients; they then influence and bribe various people and institutions in their original countries to let these students get "clinical training" to fulfill the requirement for getting medical degree. This simply expands the pool of poorly trained and incompetent doctors in the third world countries.

It's high time for third world Governments to take serious note of this pathetic and serious situation. There is also need to make regulating bodies as well as medical organizations truly representative. All

members must be facilitated to vote through postal ballots as it's not possible for extremely busy doctors to waste many hours to stand in long lines to vote. The winning candidates must have over 50% votes. Merit, honesty, competency and commitment must prevail.

If we try hard, practical solutions could be found to not only stop brain drain of doctors but also reverse it. We must also create suitable welcoming environment to accommodate highly trained foreign qualified specialists. High ethical values must be inculcated in young doctors and develop their conscience to serve their people