“The Metrics of the Physician Brain Drain”

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Physicians brain drain was a hot topic a few decades ago. It was reopened about a year ago in the New England Journal of Medicine. This paper was what it said it was—quantification of the problem. Additionally, host countries, or the four major recipients of the “medical brains,” were identified in that article as being the United States, the United Kingdom, Canada, and Australia. The term “international medical graduates” (IMGs) has also replaced the former “foreign medical graduate” (FMGs), because this newer term also covers the large number of the United States citizens who obtain their medical education outside the United States.

The phenomenon of physician brain drain really reflects the boundless capacity of the American society to absorb health manpower, regardless of source. Even more disconcerting is the fact that all four host countries have officially announced that they intend to expand the total pool of IMGs in their countries over the next few years, further threatening worsening the situation in the future. The harmful impact of such policies upon the donor countries, mostly developing ones in the Third World, has been acknowledged, and medical leaders and statesmen of developed countries do lament the fact that they are draining the medical manpower of developing countries. To soften the blow, reference is sometimes made to the remittance emigrating physicians can make to their native country from their increased income in their new home. A more egregious benefit proclaimed for donor countries is that the prospects of their people receiving a visa to America or Australia is bound to stimulate them to greater investment in education.

The fact is that physicians brain drain is neither exploitation nor active recruitment, emigrating physicians leaving on their own for greener pastures. And, it is neither illegal nor immoral for developed countries to keep their doors open to the influx of medical graduates. After all, the phenomenon has a 2000-year history behind it, beginning with the Ionian physician Galen emigrating to Rome. It is not even a manifestation of the “tragedy of the Commons,” the metaphor used to illustrate the conflict between individual interest and common good. Human nature has always held the upper hand when it comes to self-preservation, and it would be naive to think that physicians would behave any differently than expected.

Only donor countries, themselves, can staunch hemorrhaging their trained health manpower to recipient countries. What have some of them done in this respect? The Chinese produced barefoot doctors for some years, knowing that they could not be exported. Iran, in a perfectly natural revolutionary spirit, educated rapidly a large number of physicians. This was a grave mistake. Not only was there an unavoidable drop in the quality of medical education, but this policy contributed to an oversupply of physicians in the country—a situation worse than not having enough doctors. Those who raise the issue of improper distribution of health manpower pool, fail to grasp the futility of forcing physicians to serve in outlying posts. The results of all these efforts on the part of donor countries to stem the tide of physicians brain drain, as the New England Journal of Medicine article points out, is that none of them works.

It is assumed that Third World countries, development is hampered by emigration of their educated manpower, physicians included. This point has not and cannot be proven. It may, in fact, be an unwarranted assumption. Development is too inclusive and its description elusive. The basic fallacy is that doctors are attracted to development,
but by themselves, do not create development. All
governments of developing countries suffer under
the illusion that health of their citizens is assured
by physicians. Their tacit policy is therefore, to
train more doctors. A policy actively encouraged
by their people who view technical education as
the surest way to emigration. The resulting surfeit
of physicians is counterproductive resulting in
discontent among the educated classes. Emigration
of physicians is in reality a social safety valve, a
welcome brain flush. In sub-Saharan Africa, with
one doctor for quite a few thousand population, is a
totally different matter. Here also, the issue has
become clouded by sociologists and economists
who, sharing government’s perspective, cannot see
that what these countries need is better public
health, not more practicing doctors.

Very little has been said about or written on the
physicians’ perspectives on the subject of brain
drain. True, many, if not most, emigrating
physicians depart with some pangs of conscience.
Economic imperatives, however, overshadow such
deliberations. There are other factors, some even
more potent than economic ones, which propel
physicians to leave their native country. These
include having tasted the benefits of higher
education, physicians seek better educational
opportunities for their children, a powerful
attraction of developed industrial countries. It is
often not realized how much the practice of
medicine rests on team work and prompt backup
support in the form of technicians, equipment,
associates, and above all, proper administrative
practices. For this very reason, while job
opportunities for physicians are plentiful in
industrialized countries, they are far more limited
in developing countries, handicapping physicians
in developing countries. Next in line are
interpersonal tensions, something universal and not
restricted to the field of medicine. Rivalries and
misunderstandings among physicians in
industrialized countries are resolved by established
and accepted rules and guidelines which have
evolved over decades. These are weak or non-
existent in developing countries. Worse, friction
among professionals in developing countries are
not settled promptly, but linger on with a negative
impact on everybody else in the working
environment.

Physicians who are truly dedicated to research
are often strapped for financial and technical
support. And, those enlightened enough to go into
public health—an unglamorous but vitally
important career in developing countries—are
often mired down in slow moving bureaucracies
and poor economic support. While modern medical
concepts and practices, including those related to
medical education which evolved in the West, have
been successfully transplanted to the East,
administrative and managerial systems necessary
for their smooth operation, have not been fully
adopted as yet by the latter.

A special group within the brain drain pool are
physicians who have had part or all of their medial
education and training in western countries. These
physicians upon return home face a cultural shock
that sends them right back to where they came
from. Invariably, they exonerate themselves by
claiming lack of appreciation or support for their
skills at home. Rarely do they admit that they
themselves reinforce and perpetuate the very
circumstances that engender the brain drain
phenomenon. This comes about in a number of
ways. Most often, these professionals consider
themselves academic elites and, accordingly,
demand better treatment. All too often they
gravitate towards political posts and high
administrative appointments. Many delude
themselves into thinking, firstly, that their western
education has also prepared them for assuming
leadership. They set their sight on becoming part
of the superstructure instead of improving the
existing infrastructure. Rather than offering
solutions, they become part of the problem. Their
jealousies, back biting, cronyism, politicking, and
whatever else is needed for personal advancement
becomes second nature to them. One would expect
western-educated professionals to join hands and
overcome problems that affect them all, rather than
embarking on internecine struggle which sends
many of them packing.

The whole phenomenon of physicians brain
drain is far more complex and multifactorial than
can be dissected into its many components to be
solved in a Cartesian manner. What is perfectly
obvious is that in the process, donor countries lose
and host countries gain. The former seemingly
cannot do anything about it, and the latter clearly
do not wish to do anything about it.

References
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