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Brain Drain: A Medical perspective

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ABSTRACT

The recruitment of health care practitioners from developing to developed countries is now an important topic in global health ethics. Brain drain worsens the already depleted healthcare resources in poor countries and widens the gap in health inequities worldwide. Developing countries need to address the structural, political, and economic problems that lead to the brain drain. This paper explores the various aspects of framework of brain drain which is an important ethical debate that has created a huge demand-supply gap for doctors in India.

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1. Introduction

Human capital flight, more commonly referred to as "brain drain", is the large-scale emigration of a large group of individuals with technical skills or knowledge. Although the term originally referred to technology workers leaving a nation, the meaning has broadened into: "the departure of educated or professional people from one country, economic sector, or field for another, usually for better pay or living conditions".[1] Brain drain is usually regarded as an economic cost, since emigrants usually take with them the fraction of value of their training sponsored by the government or other organizations. Brain drain is often associated with de-skilling of emigrants in their country of destination, while their country of emigration experiences the draining of skilled individuals.

The term brain drain was coined by the Royal Society to describe the emigration of "scientists and technologists" to North America from post-war Europe.[2] This term was first used in the United Kingdom to describe the influx of Indian scientist and engineers.[3] The converse phenomenon is "brain gain", which occurs when there is a large-scale immigration of technically qualified persons. There is also relevant phrase called "Brain waste" which occurs when health workers end up working outside the health sector or as unskilled labour in the country they move to.

2. Discussion:

2.1. Reasons:

The World Health Report 2006 from the WHO summarized a number of reasons why health workers moved to richer countries:

- o Workers' concerns about
- o Lack of promotion prospects,
- o Poor management,
- o Heavy workload,
- o Lack of facilities,
- o A declining health service,
- o Inadequate living conditions, and
- o High levels of violence and crime
- Prospects for
- o Better remuneration,
- o Upgrading qualifications,
- o Gaining experience,
- o A safer environment, and
- o Family-related matters

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Other key reasons for emigrating include security, the threat of violence, [4] and the wish to provide a good education for their children.

The factors arising from concerns are described as “push factors” for they push people away, and those factors that offer prospects for better circumstances are known as “pull factors.”

Impact:

Migration of medical professionals has attracted concern in light of their impact on health policy goals.[5] In a seminal 2004 report, the Joint Learning Initiative (JLI) devoted an entire chapter to international flows of doctors and nurses, and their potentially harmful effects on the less well off in developing countries. As the report points out, “while the absolute numbers may not be very large, the outflows can be ‘fatal’ for disadvantaged people in source countries”. [6] The world health report 2006: working together for health, also reached a similar conclusion. [7] This brain drain worsens the already depleted healthcare resources in poor countries and widens the gap in health inequities worldwide. In 2000, India was the first sending country of physicians with 57,383 or 9.9% of the total number of physicians trained in the country going abroad.[8] India has only one doctor for every 1,700 people. In comparison, the doctor-population ratio globally is 1.5:1,000. Compared with other large origin countries, India records higher expatriation rate of doctors: 8%; while the expatriation rate of, say, Chinese doctors is about 1%. A recent Planning Commission report said India is short of six lakh doctors, 10 lakh nurses and two lakh dental surgeons. Indian doctors, however, form 5% of the medical workforce in developed countries. According to the Medical Council of India (MCI), till July 27, 2011, 767 doctors may have left for foreign shores. Over 53% of AIIMS students leave India to work abroad. Despite increasing internal demand, India still has a very low density of doctors (0.6 per thousand people in 2004) compared with 3 in the US and 2 in Canada.

Solutions:

It is time that international organisations collaborated to protect the value of this “intellectual property”: Developing countries need to address the structural, political, and economic problems that lead to the brain drain. Possible solutions include demanding compensation from departing professionals; delaying their departure through compulsory service; increasing salaries in the public health sector; permitting health professionals in the public sector to do some private practice; providing educational benefits for their children; and training paramedics who can fulfil many of the roles of doctors but whose qualifications are not recognised outside the country. They must aim to provide a stimulating environment for professional growth with adequate funding, facilities, and a vibrant intellectual community.

The ministry has taken a number of steps in that direction. According to report by times of India dated may 2012, Ghulam Nabi Azad , Union minister of health and family welfare has announced that medical students who go abroad for PG from 2012 will have to sign a bond to return, in order to stop brain-drain. The ministry said

that it has stopped issuing “No obligation to return to India” certificates required under US visa rules by foreign medical graduates who wish to remain in the United States after study periods lasting up to seven years. It also said that it would provide Indian medical graduates with documents needed for US visa applications only if they pledge through notarised affidavits to return to serve in India for two years. This has been done to prevent doctors from leaving the country on the pretext of higher studies and eventually settling down there.

On their part, developed countries should think of the impact of brain drain on health care in poorer countries and consider reimbursing these countries for the cost of training the health professionals they import. They need bilateral agreements with these countries and a recruiting process that would minimise the adverse effects on the health care of the exporting countries. The recently published guidelines by the UK Department of Health[9] address the ethical issues involved in the international recruitment of nurses and doctors. They recognise that old practices of recruitment without regard to the negative impacts in the country of origin are no longer acceptable. Some countries which have shown the foresight and commitment to improve domestic conditions have succeeded in effecting a brain gain by attracting back medical professionals. Thailand and Ireland have reverse brain drain programmes offering generous research funding and monetary incentives as well as services and assistance.

What part should international organisations play, given the global nature of the brain drain? The World Health Organization could convene a forum of governments and international organisations such as the International Organization for Migration, the United Nations Educational, Scientific, and Cultural Organization, the United Nations Development Programme, the World Bank, the World Medical Association, and the Council of International Organizations of Medical Societies. They could agree on a declaration and an international code of ethical guidelines,[10] keeping in mind the harm that migration of medical professionals may cause. A global perspective, agreed ethical principles between countries, and a systematic approach using the convening power of international organizations should be the way to address the problem of brain drain.

3.Conclusion:

The brain drain in medical professions needs to be addressed immediately. Just as intellectual property rights need to be discussed by developed and developing countries together, so also should the preservation of the intellectual property of a nation, embodied in its health professionals, be addressed by international organisations so that Brain drain, the much touted phenomenon of the 90s should set for a role reversal.

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