Letter to the Editor

The brain drain of postgraduate doctors in Sri Lanka: Perspectives of a trainee.

B M Munasinghe

District General Hospital, Mannar, Sri Lanka.

Key words: brain drain, doctors, Sri Lanka

Introduction

The Sri Lankan economic crisis and its effects on healthcare have been dissected and discussed in detail [1,2]. The impact on the health care personnel was predicted earlier; unfortunately, these have become true [3]. Importantly, the emigration of healthcare professionals on a temporary and permanent basis has increased to a distressing proportion affecting healthcare delivery in the country. Drastic measures have been taken by the authorities to halt this brain drain and it has resulted in unease and desperation specially among a significant proportion of postgraduate doctors.

The causality of this accelerated brain drain is multiple. The greater career opportunities, lucrative job opportunities, favourable work-life balance, and living conditions, and better schooling and prospects for children are among the commonest reasons for this.

Retaining postgraduate doctors in the country is unquestionably a necessity given the already existing and worsening lack of specialist doctors. The strategies to improve this time-sensitive crisis are multiple. These can be implemented at the national and institutional levels.

1. Increasing the number of postgraduate trainees selected for specialties where the emigration had significant effects (such as Anaesthetics and Emergency Medicine). The logistics of the selection process and the training process will have to be assessed prior to ensuring the selection of proper candidates and the quality of the training provided.
2. Incentives to specialist doctors who work in remote centers. These might include allowances for fuel for transport, additional cost of living payments, accommodation facilities, and schools for their children.
3. Increasing the cadre of specialist posts in the central hospitals so the junior doctors would get an early opportunity to work in such centers.
4. Regularly appointing postgraduate trainees to peripheries during their local training (under distant supervision) will improve both the service provision and ability to work independently.
5. A marking system for the rotation of specialist doctors that recognizes and commends the doctors who work in remote centers.
6. Government-led contracts in overseas hospitals for a given period for specialist doctors which would be beneficial individually and nationally.
7. Efficient transfer system without undue delays.
8. Adherence to legislations already in place concerning postgraduate trainees who wish to emigrate overseas following completion of their training in a humane way.

These are a mere fraction of solutions which might positively influence the current crisis of brain drain. It should be an effort of mutual respect and understanding between all the parties involved.

References