Brain-drain problems in Korea

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It is my honour to present to you the brain-drain problems in my country on behalf of the Korean Delegates.

Contrary to a remarkable economic development Korea achieved during the 1960's, the program was to materialize a balanced development of her public health and medical service was not satisfactory.

In spite of continuous efforts made by the Korean Government, many of her public health problems remain to be solved, and many rural areas lack doctors because her public health and medical facilities and personnel are concentrated in urban areas.

As of the end of 1972, the statistics concerning medical personnel in this country were as follows:

There were 16,925 physicians, 2,483 dentists, 19,722 nurses, and 16,636 midwives. Of them all, a total of 7,940 medical personnel including 2,903 physicians, 4,932 nurses, and 105 dentists were staying overseas.

Not including those staying overseas, the above medical personnel were broken down into urban and rural areas as follows: 81 per cent of physicians, 84 per cent of dentists, 88 per cent of nurses, and 61 per cent of pharmacists were either practicing or employed in urban areas.

Meanwhile approximately 50 per cent of medical assistants were working in urban areas. In other words, a relatively great proportion of medical assistants were working in rural areas.

The above statistics indicate that considerably great proportions of physicians and nurses are working overseas. The trends rapidly developed during the decade of the 1960's. In order to improve the public health status of Korea, the Government and other agencies concerned are trying to rectify the trends.

Thus, the problems concerning medical manpower in this country boils down to the unbalanced distribution of medical manpower within the country and its outflow to foreign countries.

Medical personnel are leaving this country, seeking higher rates of pay and better work conditions overseas. This should be stopped at an appropriate level. The concentration of medical personnel in urban areas should also be checked as far as possible for the sake of equal opportunities of medical service for all the people.

To this end the Government has already worked out measures and is now enforcing them to limit the outflow of specialised medical personnel including physicians but not including medical assistants.

In order to rectify the unbalanced distribution of medical manpower within the country, the Government is sending doctors, who are working as residents at the training hospitals, to work for the period of six months in the rural areas.

From 1974, the Government is going to make the newly licensed medical personnel, including medical and herb doctors and nurses, work in the rural areas under the period of two years.

However, until 1976, a total of approximately 1,400 physicians is expected to be yearly turned out from the 14 medical colleges throughout the country. Therefore, the compulsory measures calling for their service in rural areas are believed to be discontinued by that time.

Ultimately, however, many problems, it is feared, will remain unsolved unless developed nations adopt a definite immigration policy to end the introduction of medical manpower from underdeveloped countries to cover their shortage of medical manpower. Certainly, the developed nations should end their policy of importing medical manpower. At the same time, it is hoped that the public health authorities and medical associations of the developing countries will overcome such problems by trying to train physicians in such a way as to meet their social requirements towards the goal of better public health. Thank you.

Discussion

DATUK (DR.) KESHMAHINDER SINGH (Malaysia) referred to a publication titled "Migration of Medical Manpower" which is a report on an international conference on the movement of doctors sponsored by the MACY Foundation and was held in Italy in 1970. Speakers from 15 countries both developing and developed presented papers at this conference and the papers presented at this conference were very relevant to the subject being discussed. He commented that it was a report worth studying.

He mentioned a few points from this report among which were the factors responsible for the migration of medical graduates from developing (donor) to developed (receipient) countries. The factors which encouraged the doctors to leave their countries (push factors) were:—

(a) Strife which may take the form of social, political or religious tensions in the donor country. Sometimes this strife may be a medical matter such as the introduction of compulsory service in government health schemes.

(b) Material Gain The lower salary offered in the developing countries again acted as a push factor. To this may be added the higher social status they enjoyed in the donor country.

(c) Achievement or desire to fulfil themselves, to achieve or simply to accept a challenge and to prove their ability in a more competitive world.

(d) Intellectual companionship and stimulation at a medical centre in a developed country are added factors.

The factors which resulted in young doctors returning to their own country after a period of postgraduate training in a developed country (pull factors) were:—

(a) Patriotism and love for one's country. A desire to serve in its health programmes etc.

(b) Family and Cultural Ties where the young doctor is unable to adjust himself to the new social and cultural environment of the developed country.

(c) Scholarships Those doctors undertaking postgraduate courses on scholarship generally returned on completion of their course.

It is said that in Canada one-third of the physicians are foreign trained and the proportion of foreigners is increasing. From 1965 Canada has more emigrant doctors than graduates from its own medical schools.

Speakers from developing or donor countries