

# Ethical international recruitment

David Skuse

Behavioural and Brain Sciences Unit, Institute of Child Health, London WC1 1EH, UK, email: d.skuse@ich.ucl.ac.uk

In the October 2004 issue of *International Psychiatry* (no. 6), we published special papers on the recruitment of consultant psychiatrists from low- and middle-income countries. The case for such recruitment was made by Catherine Jenkins, the NHS International Fellowships Project Manager at the Department of Health, and the case against was made by David Ndetei, Salman Karim and Malik Mubbashar. Not surprisingly, because of the role played by the College in facilitating this 'brain drain', there have been many responses – mostly supporting the views of the latter authors. Because of the importance of the topic, and the intense feelings aroused by the policy among psychiatrists in the developing world, we are pursuing the subject in January 2005. We publish here two articles written by eminent psychiatrists who provide a perspective on the issue from outside the UK, and a response from Gareth Holsgrove, Medical Education Adviser at the College.

The first article is from Norman Sartorius, who directly questions the validity and ethical status of the commentary on this recruitment policy provided by Catherine Jenkins. The statement which has caused him particular concern (and is quoted by all three

authors) concerns the response of the Indian Minister of Health and Family Welfare to a parliamentary question on the issue – to the effect that 'the overall availability of doctors in India is sufficient'. It is worth noting that the Department of Health has also explained that the government of India has indicated it has a 'surplus of nurses'. Unfortunately, it is unclear on what basis these assurances were made. However, Professor Srinivasa Murthy makes much the same point, and he goes on to add a challenge to the Royal College of Psychiatrists (UK), by asking – how can the College believe it is acting ethically by supporting the International Fellowship Programme? We turn to the response by Gareth Holsgrove for an explanation. As I understand his argument, he regards the recruitment plan as 'ethical' for a variety of reasons. First, long-standing lack of strategic planning in the UK has ensured we do not have sufficient trained doctors to service our population's needs. Second, doctors in those parts of the developing world from which we recruit are underpaid, and cannot necessarily find jobs even when appropriately qualified for them. Clearly, if the placements in the UK did offer appropriate training opportunities and were time limited, much of the heat would be taken out of the debate.

## THEMATIC PAPER – INTERNATIONAL RECRUITMENT

# Ethical international recruitment – a response

Professor Norman Sartorius

Hospitaux Universitaires de Genève, 14, Chemin Colladon, CH-1209 Geneva, Switzerland,  
email: mail@normansartorius.com

This note is written for two reasons: the first is to thank Drs Ndetei, Karim and Mubbashar for their fine article (Ndetei *et al*, 2004) and for reminding the readers of *International Psychiatry* of the problems arising from the 'brain drain'; and the second is to comment on the astonishing argument presented in the paper written in reply by Catherine Jenkins, of the UK Department of Health (Jenkins, 2004).

Drs Ndetei and Mubbashar are veterans of the small army of mental health workers that has for many years fought to establish mental health programmes in developing countries. They have chosen to stay in their respective countries (Kenya and Pakistan) and spent much of

their working lives advocating better mental healthcare, educating students of health and other professions, providing services to the population and carrying out research. They have trained many of the overseas consultants and other senior staff now working in the UK and in other industrialised countries. I do not have the most recent figures for Kenya or Pakistan but would not be surprised to learn that most of those whom they have trained are working today in one of the developed countries. They would have good cause to feel bitter about a continuing brain drain, which is among the most important reasons for the slow development of mental health programmes in their countries. Yet their article is not emotional or aggressive: it states the facts and invites

The 25-fold difference in the number of fully trained psychiatrists should by itself be enough to stop any effort on the part of a richer country to take any of them away from a less industrialised country.

It is probably true that there are psychiatrists in India who have difficulties in finding a job that gives them satisfaction and a decent income. Disappointed by this they may consider the option of leaving to work in another country. This, however, should not be seen as a reason to help them get away.

action to correct a serious problem that has in recent years received continuously diminishing attention.

The editors of *International Psychiatry* are to be congratulated for inviting Catherine Jenkins to respond to the article and so helping in the search for a solution. The response that they obtained is very valuable because it illustrates the depth of the problem and some of the main reasons for it. That response tells us that 'We [the Department of Health] have worked closely with the Indian Ministry of Health in the development of the [recruitment] campaign in India' and that the Ministry 'has been very supportive of the opportunities' that are being offered to doctors who have been trained in India.<sup>1</sup> The article then goes on to say that 'the Indian Minister of Health and Family Welfare responded to a parliamentary question in July 2003 by saying that the overall availability of doctors in India is sufficient', that UK officials have met with the Indian High Commission 'regularly', and that the Indian government was asked to alert the Department to any changes of position. This statement is important because, in the next paragraph, Catherine Jenkins stresses ('It is vital to stress') that the NHS would not recruit from India if the Indian government did not 'want' it to do so.<sup>2</sup>

Thus reassured, the UK government has developed a campaign (working 'closely with the Indian Ministry of Health') to facilitate the brain drain from India. It is amazing that the answer to a question in parliament was more important to the UK government than all that has been written and is well known about the weaknesses of and problems facing mental healthcare in India.

A recruitment campaign might be justified if it were necessary to inform potential candidates from a country that had a well functioning mental health system and a surplus of trained staff (who were finding it difficult to find employment) about options in another country. A first step therefore – if the campaign were to avoid objections on ethical and practical grounds – would be to examine whether the health system was functioning well and satisfied the needs of the population. The second step would be to examine whether there were people who had been fully trained but could not find a job, for whatever reason (e.g. because of a lack of coordination between the educational system and the health system, which resulted in a surplus of trained staff).

The population of India has reached 1.1 billion and, according to the World Health Organization (2001) *Atlas* (based on government reports), there are 0.4 psychiatrists per 100 000 population in India and 11 psychiatrists per 100 000 population in the UK. What is wrong with the UK population? Do they really need 25 times more psychiatrists per capita than the Indian population? The fact that the UK Department of Health has realised that those who are mentally ill in the UK need more care and that services must be improved by an increase in the numbers of psychiatrists (among other things) is most laudable: but the same facts apply *a fortiori* to a country such as India. We know that the prevalence of many mental disorders is the same in developing and developed countries and that there are mental disorders and

impairments that are more frequent in poor countries because of insufficient perinatal care, malnutrition and other ills. People with mental illness living in the developing world need just as much care of good quality as their brethren in the developed countries. The 25-fold difference in the number of fully trained psychiatrists should by itself be enough to stop any effort on the part of a richer country to take any of them away from a less industrialised country.

The Indian Minister has spoken in parliament and said that (in his opinion) the situation concerning doctors in India is satisfactory. The UK Department of Health knows – from its own sources, from the World Health Organization and from the scientific literature – that India lacks sufficient trained personnel and other resources to provide satisfactory mental healthcare to its population. No matter what the Minister said, a campaign to facilitate the brain drain and further deplete the mental health programme in India should therefore not have been launched.

It is probably true that there are psychiatrists in India who have difficulties in finding a job that gives them satisfaction and a decent income. Disappointed by this they may consider the option of leaving to work in another country. This, however, should not be seen as a reason to help them get away: rather, this is a good reason for arguing that mental health programmes should be given higher priority and for a variety of actions that the UK Department of Health could take – through the World Health Organization, or directly, or through other agencies and institutions – to improve the mental health programmes of developing countries and the lot of people who work in them.

Finally, Catherine Jenkins also tells us that the UK Department of Health is doing its best to treat the newcomers well. They are given chances to advance to the level of consultants, obtain registration, have a 'good relocation package' and receive 'induction, mentoring and pastoral support'.<sup>3</sup> This is laudable but surprising: has the situation until now been so bad in the UK that it is necessary to emphasise that fully qualified psychiatrists who come to work in a country upon the invitation of the government will be treated similarly to those who are already in the country?<sup>4</sup> But the fact that people who have been taken away from their own country are treated decently will in no way help the Indians in India who suffer from mental illness and find it impossible to obtain care.

In many ways the situation concerning mental health personnel in the developing world is worse today than it was four or five decades ago. Mental health programmes are progressing in a manner that does not allow us to hope that they will be in a position to respond to the mental health needs of the population in the developing world in the foreseeable future. Campaigns to recruit mental health professionals from the developing world to work in industrialised countries – no matter how attractive the positions they can be offered – will make progress even more difficult and slower.

## Notes

- 1 Catherine Jenkins refers to action in India: it would be of interest to know whether the UK Department of Health had discussions with ministries in other developing countries from which psychiatrists are being recruited and what agreements have been reached with them.
- 2 Is it really true that the Indian government wants the UK government to recruit people whom it has trained at great expense? Or is it simply that it does not object to such a course of action? Or is it that it did not give the matter serious attention?
- 3 I would be interested to know how the UK Department of Health provides 'pastoral' support to Indian psychiatrists.

- 4 The other initiatives that Catherine Jenkins describes obviously have many merits but are only marginally relevant to the issues raised by Dr Ndetei *et al.*

## References

- Jenkins, C. (2004) Ethical international recruitment. *International Psychiatry*, issue 6, 18–19.
- Ndetei, D., Karim, S. & Mubbashar, M. (2004) Recruitment of consultant psychiatrists from low- and middle-income countries. *International Psychiatry*, issue 6, 15–18.
- World Health Organization (2001). *Atlas. Country Profiles on Mental Health Resources 2001*. Geneva: WHO.

## THEMATIC PAPER – INTERNATIONAL RECRUITMENT

# Human resources for mental health – challenges and opportunities in developing countries

R. Srinivasa Murthy

Professor of Psychiatry (retired), National Institute of Mental Health and Neurosciences, Bangalore, India, email: murthy\_srinivasar@yahoo.co.in

Human resources for mental health are a challenge in all countries. In countries rich and poor, there is a big gap between the need for mental health services and the availability of those services. In an unusual way, the barriers to mental healthcare appear to be universal, which is not true of non-psychiatric healthcare. Nonetheless, the *World Health Report 2001* and the World Health Organization's *Atlas* project have recorded extremely low levels of service in most developing countries (World Health Organization, 2001a,b). The recruitment of consultant psychiatrists from low- and middle-income countries, discussed in the October 2004 issue of *International Psychiatry* (Ndetei *et al.*, 2004; Jenkins, 2004), raises a number of challenges for both developing and developed countries.

The *World Health Report 2003* (World Health Organization, 2003) recognised the importance of human resources:

'The most critical issue facing health care systems is the shortage of the people who make them work. Although this crisis is greatest in developing countries, particularly in sub-Saharan Africa, it affects all nations.... Furthermore, all countries are now part of the global marketplace for health professionals, and the effects of the demand–supply imbalance will only increase as trade in health services increases. Accordingly, new models for health workforce strengthening must be developed and evaluated.'

Human resources have been described as the heart of the health system in any country, the most important aspect of healthcare systems and a critical component of health policies (Hongoro & McPake, 2004).

The present article examines the effect of the migration of specialist personnel on a national mental health programme. It addresses three aspects of the issue, using India as an example:

- the reality of mental health services within the country
- the role and responsibility of the Royal College of Psychiatrists in the recruitment of psychiatrists
- the unique opportunities open to developing countries to plan their human resources for mental health.

First, however, it is of interest to note the emotive nature of the issue.

## Professional reactions to international recruitment

In order to gain a better understanding of professional reactions to the overseas recruitment of mental health professionals, I wrote to a handful of colleagues, seeking their reactions to it. These, as expected, covered a wide spectrum. For example, one senior psychiatrist opined:

'It is to an extent an unethical and exploitative practice. It amounts to the intellectual property of poor countries going cheap to rich countries as the individuals cannot be blamed for accepting the NHS UK jobs; a country like India, which is so acutely short of psychiatrists, cannot afford to lose its highly trained manpower, leaving its own people in desperation.'

At the other extreme was the opinion of another professional: 'in this age of economic globalisation, goods move to those markets which offer better process; so will services'. Other responses included: 'people should

The statement suggests that India has more than enough psychiatrists and that the loss of some will not have any significant effect. However, while adequacy of numbers may apply to doctors in general, it does not apply in the case of psychiatrists.