Book Review: The International Migration of Health Workers: Ethics, Rights and Justice

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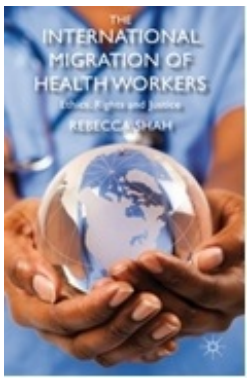
Avery Hancock *considers the part the UK has to play in the global health crisis, as covered in a new book by Rebecca Shah.*

The International Migration of Health Workers: Ethics, Rights and Justice. Edited by Rebecca S. Shah. Palgrave Macmillan, September 2010.

There is no doubt that the health conditions among the global poor are of crisis proportions; throughout the world today, 2.5 billion people lack adequate sanitation, 2 billion lack access to basic medicines, and life expectancy across sub-Saharan Africa is over 30 years lower than in North America and Europe. This edited volume closely examines a major phenomenon which contributes to the health crisis in many African and Asian countries: the migration of thousands of health-care professionals to more affluent countries. The UK has traditionally been a major employment destination for health care workers, where in 2004 more than one third of registered doctors were trained overseas.



The authors, a collection of philosophers, health economists, and ethicists, generally agree that while on an individual level nurses and doctors from the developing world should enjoy freedom of movement and the opportunity to improve their standard of living through migration, the much-exaggerated benefits of remittances and 'knowledge transfers' do not compensate for losses poor countries sustain in terms of education capital, the loss of potential tax revenues, and the number of health care professionals. For example, the World Health Organization recommends that for every 100,000 people in a country there should be at least 20 doctors. In the UK there are between 100 and 300. Ghana has just six, losing 70 per cent of its trained doctors to the developed world. The critical shortage of health-care workers in Angola means that the country has only one hospital bed per 10,000 people. Anne Rasustol puts it blithely in her chapter *Should I Stay or Should I Go?*: as health-care workers leave, health centers are often forced to shut down and 'it is highly likely that patients will die.' Nick Sigler, a UNISON representative, points out in his chapter *Global Health, Justice and the Brain Drain*, that Southern trade unions often ask how they are to distribute anti-retroviral drugs for AIDS treatment and provide primary health care, testing and counseling for populations when all their healthcare professionals are working in hospitals in Britain.

It is clearly a system out of balance and the winners are unequivocally patients in rich countries who receive good quality, free or low-cost health care without having to invest in the education of more health professionals. But with whom does the responsibility lie for balancing the global healthcare scales? Is it with the nurses who choose to leave appalling living conditions for better pay and prospects?

Why should she hold more duties towards her compatriots than British nurses who work abroad even though there is also a lack of nurses in the UK? Is it with the governments of developing countries? India for example, has experimented with coercive measures to keep health workers in the country by requiring trained personnel to work in the country after their studies for a certain number of years before receiving their diploma. Medical studies are also focused on low-tech, community-based skills which are greatly needed there, but reduces an individual's employability abroad.

Rebecca Shah's excellent chapter *The Right to Health, State Responsibility and Global Justice* argues that the governments of developing countries hold the primary responsibility for protecting the right to health for its citizens, but that the realities of global inequalities require that rich countries do not *actively* contribute to harmful migration. To that end the UK has made significant progress by adopting a an ethical code in 2001 prohibiting 'active recruitment' from certain countries, and since 2008 has stopped issuing work visas to doctors and other health workers from anywhere outside the EU. Other countries are yet to follow suit, and Shah urges them to play their part in re-balancing global health inequalities.

The book is decidedly academic and on the whole shorter on policy than theory. For a reader new to the field it offers an interesting introduction to the complex and competing web of rights, duties and

responsibilities incumbent on health workers, states, and the ‘international community,’ itself a window intro broader themes of global inequality and global governance.