

# Comparing Source and Destination Country Perspectives on Medical Migration

Ivy Lynn Bourgeault, Ph.D.

Professor, Interdisciplinary School of Health Sciences  
CIHR/Health Canada Chair in Health Human Resource Policy  
[ivy.bourgeault@uottawa.ca](mailto:ivy.bourgeault@uottawa.ca)



## Objectives:

The primary objective of this poster is to compare source and destination country perspectives on medical migration. Destination countries will focus on Canada, the U.S., the U.K., and Australia. Source countries will focus on India, South Africa, the Caribbean and the Philippines.

## Methods:

Data for both cases are primarily derived from a broad scoping review of the literature – both published and grey – focusing primarily on post 2000. Supplementing these data for the destination country cases are over 100 interviews with key informants representing a variety of stakeholder groups – from professional associations, certification/regulatory bodies, training institutions and government officials and policy decision makers at a variety of levels (national/federal, state/provincial, regional). Both datasets have been analyzed thematically in a linked fashion according to standard procedures of qualitative constant comparative analysis.

## Emerging Findings:

**Destination Countries** differ to the extent that their concerns with the medical brain drain affect nationally based certification and integration policies.

- The U.K. stands out in this instance in terms of its explicit policies to address the ethical issues resulting from the active recruitment of health workers from countries in need.
- Though these issues are also salient in Canada and Australia, the decentralized and federated nature of their health systems make coordinated policy and action in this regard difficult.
- Despite having some of the most vocal critics of the brain drain, the U.S. has little policy nor action.

In terms of the **Source Countries**, we see in the case of India and the Philippines, a bifurcated policy in regards to the migration of health workers – an increasingly active policy to 'export' health workers but at the same time concerns with the negative consequences of this policy.

- India and some key sending countries in the Caribbean are also pursuing a policy of medical tourism to keep their physicians – but this may be yet another form of providing care to patients in developed nations.
- South Africa and some Caribbean countries experience both an outflow, but also benefit from an inflow from other even more disadvantaged nations.

## WHO Global Code of Practice

All countries will need to at least consider how to address these concerns in light of the WHO activities to develop an Global Code of Practice for the International Recruitment of Health Personnel, scheduled to be tabled at the World Health Assembly in May, 2010.

- The Guiding Principles include:

- Member States should strive to create a self-sufficient health workforce and work towards establishing effective health workforce planning that will reduce their need to recruit migrant health personnel.
- International recruitment of health personnel should be conducted in accordance with the principles of **transparency**, **fairness** and **mutuality of benefits**.
- All Member States have the sovereign right to strengthen their health systems in order to attain the highest standard of health.
- Nothing in this code should be interpreted as impinging on the rights of health personnel to migrate to countries that wish to admit and employ them.