The Medical Brain Drain

Maryam just finished her medical training in Nigeria. She dreams of using her degree to gain citizenship in the United States. This hope was, in fact, the main reason she went to medical school in the first place. She knows that the U.S., like other countries, is facing a healthcare worker deficit and prioritizes health workers in their admissions policies. If she can leverage her degree for citizenship, she can ensure a life of comfort and stability for herself as well as her family.

Yusuf is one of countless Nigerian citizens in desperate need of medical care. While healthcare worker shortages are common, the need in low-income countries like Nigeria is particularly dire. Whereas the U.S. has 2.6 health workers per 1,000 citizens, Nigeria has 0.4.[1] This is not just because Nigeria cannot train enough health workers to meet their needs, but because places like the U.S. continue offering citizenship to Nigerians with medical degrees. According to a recent estimate, there are 8,000 doctors from Nigeria working in the U.S., whereas there are only 35,000 Nigerian doctors working in Nigeria.[2] Because of this shortage, Yusuf never receives the care that he needs.

This is known as the medical brain drain. It involves high rates of medical workers migrating from low- to high-income countries. And though there is disagreement on the empirical effects of the brain drain—including whether remittances adequately compensate, whether people pursue medical training because they can migrate, and whether return migration occurs enough to mitigate the problem—there is reason to think that the brain drain undermines the ability of low-income countries to meet the healthcare needs of their already underserved citizens. In other words, the cumulative effect of high-income countries and medical workers from low-income countries pursuing their interests through migration policies is that the globally least advantaged receive even less adequate healthcare. Such people likely die prematurely and live lives with more pain and less flourishing.

Critics of the brain drain allege that high-income countries are taking advantage of their bargaining power. Because they can offer medical workers salaries that are exorbitantly higher than those offered in low-income countries, they are able to secure a large number of medical workers without having to pay for their education. Critics also argue that emigrating medical workers are taking advantage of their communities. From birth and through their medical training, scarce state resources were used to help shape their in-demand skills. After receiving this education and training they immigrate to greener pastures and larger paychecks, leaving behind an already poor—and now even poorer—community.

However, their opponents note that none of the actions undertaken are at odds with everyday morality. High-income countries receive many more petitions for citizenship than they can, or will, accept. They simply use domestic labor needs as one way to decide between would-be migrants. Moreover, people like Maryan are just seeking to escape poverty and instability. And the rights to choose where to live, where to work, and what work we want to do are among the most important rights that we have.

DISCUSSION QUESTIONS

1. Does Maryan do anything wrong by choosing to leave Nigeria for the United States? What kinds of duties, if any, does she have to her fellow Nigerians and to the Nigerian government?
2. Is it unjust for the United States to offer residency or citizenship to people like Maryan over people like Yusuf? If so, what kind of immigration policies would be just?
3. If the brain drain undermines justice in healthcare in Nigeria, is it permissible for Nigeria to place restrictions on emigration, keeping people like Maryan there for several years upon graduation?

[1] https://data.worldbank.org/indicator/SH.MED.PHYS.ZS?locations=NG
[2] https://www.un.org/africarenewal/magazine/december-2016-march-2017/diagnosing-africa's-medical-brain-drain