


AM I MY MIGRANT BROTHER'S KEEPER? Justice and the Integrity of Medicine

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This Presentation

- ▣ Injustice relating to health worker migration
- ▣ Migrant workers deprived of needed health care in country of work
- ▣ Inequity in migration of Human Resources for Health (HRH)
- ▣ Injustice not merely a matter of economic inequity
- ▣ The ends of medicine and integrity of the health profession

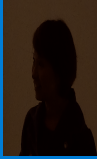


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International migrant worker in a highly developed country

- ▣ Lita left the Philippines at 21 to work in another country
- ▣ Domestic helper, nanny to a 4-year-old boy
- ▣ After 3 years of work, she fell ill

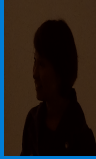


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International migrant worker in a highly developed country

- ▣ After a few days of rest, reluctantly agreed to see a doctor
- ▣ Advised to rest while undergoing a series of examinations



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International migrant worker in a highly developed country

- ▣ Lita had health insurance, paid for by her employers
- ▣ Minimum required insurance cover –
- ▣ Not enough for kind and length of treatment she needed




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International migrant worker in a highly developed country

- ▣ Lita was concerned — she thought no one else could take care of the child while the parents were at work
- ▣ But:





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International migrant worker in a highly developed country

- ✚ No money to pay for needed health care
- ✚ No job security:
 - If hospitalized, she could be dismissed by employer
 - Visa condition -- work only as domestic helper

(ONCE A SLAVE, ALWAYS A SLAVE?!)



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International migrant worker in a highly developed country

MIGRATION PARADOX

- ✚ How could Lita lack access to badly needed health care in her country of work?
- ✚ The citizens of that country have good healthcare because thousands of Lita's countrymen HRHs have moved to that country to work!?





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Part of the explanation:


- Migrants contribute significantly to host countries' economic growth
- But receiving country maximizes gain by not paying too much for salaries and healthcare of domestic workers



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Part of the explanation:




- Migrants are mere (?) instruments to gain economic benefits
- Their health is seen as a tool to reach others' ends
- The **ends of medicine and the integrity of health care are subordinated to economic ends**



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Right to Receive Urgently Required Medical Care

- Article 28:
"Migrant workers and members of their families shall have **the right to receive any medical care that is urgently required** for the preservation of their life or the avoidance of irreparable harm to their health on the basis of **equality of treatment with nationals** of the State concerned.






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International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families

A migration tragedy


- ✚ Pedro - skilled Filipino carpenter working in Middle East
- ✚ After 2 years, first company paid trip home
- ✚ Not enough savings



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A migration tragedy


- 🚩 Learned that ME government had a policy of rewarding organ donors.
- 🚩 Rewards were substantially bigger than his savings



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A migration tragedy


- 🚩 Pedro went after reward
- 🚩 His kidney was transplanted to a rich national of the ME country
- 🚩 Recipient was so thankful he bought more presents for Pedro to bring home to his family.



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A migration tragedy


- 🚩 Pedro's country sends HRHs, helping provide adequate health care services to this recipient country
- 🚩 Now his country also provides kidneys



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A migration tragedy


- 🚩 Pedro: a hero or another modern-day slave?



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A migration tragedy


- 🚩 Another illustration of the ends of medicine being subordinated to economic gain
- 🚩 Integrity of health care is rendered absurd when it is regarded as a mere instrument for other ends



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HRH Migration-Related Imbalance: HRH vs Global Disease Burden

North America and Europe	Africa
🚩 65% of global HRHs	🚩 3% of global HRHs
🚩 20% of global disease burden	🚩 24% of global disease burden




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HRH Migration

Human Capital Investment **LOSSES** for All Doctors Currently Working in Destination Countries

- Sub-Saharan Africa: \$2.17b
- South Africa: \$1.41bn
- Malawi: \$2.16m

(Mills et al, 2011,4)




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HRH Migration

Human Capital Investment **BENEFITS** for Destination Countries

- TOTAL: \$4.55bn
- United Kingdom: \$2.7bn
- United States: \$846m
- Australia: \$621m
- Canada: \$384m

(Mills et al, 2011,4)




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HRH Migration-Related Imbalance: Density of Physicians (per 1000 population)

Source Countries	Destination Countries
PH : 1.153	USA : 2.554
India : 0.702	UK : 2.806
Indonesia: 0.201	Canada : 2.477
Ethiopia : 0.025	Australia : 3.374
	SG : 1.95

http://gamapserver.who.int/gho/interactive_charts/health_workforce/PhysiciansDensity_Total/atlas.html




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HRH Migration Imbalance: Nursing / Midwifery Density

Source Countries	Destination Countries
India : 1.711	USA : 9.815
Costa Rica : 0.771	UK : 8.801
PH : 2.1	Australia : 10.65
	Korea : 4.9


http://gamapserver.who.int/gho/interactive_charts/health_workforce/PhysiciansDensity_Total/atlas.html



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Global HRH Burden is Borne by Poorest Countries


The **poorest countries**, with the lowest HRH densities and poorest health outcomes, **contribute** the most physicians and medical graduates **to rich countries**



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HRH Migration for Economic Gain


- As a source country, the Philippines depends on its HRHs for economic survival
- Remittances from migrant workers constitute 10% of GDP
- Growing at almost the same rate as GDP



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HRH Migration for Economic Gain

- ▣ Globally, USD 529 billion was sent back to source countries in 2012
- ▣ For Lesotho, HRH remittances represented about 50 % of GDP



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Economic Cheers

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Economic Worries

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Need for more Migrant HRHs

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HRH Migration Promoted by Source and Recipient Governments

The Saudi government is also providing paid annual vacation and even free tickets for the family.

Qualified applicants may register online at www.poea.gov.ph or www.eregister.poea.gov.ph and personally submit the required documents.



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And more Need for more Migrant Doctors

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... and Migrant Nurses

transportation allowance, and air ticket from place of origin to the country destination and vice versa from the first deployment and in case of contract renewal.

Another 1,000 female nurses are also being sought by Saudi hospitals.

"The Ministry of Health (MOH), KSA is in urgent need of qualified applicants for 1,000 staff nurses (female) in all




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Money going out of healthcare

- Remittances represent huge capital inflow, BUT
- Loss of human capital is massive
- Money does not proportionately flow back to health systems
- No improvement in locals' access health care




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Marchal and Kegels, 2003

Health expenditure as % of GDP

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http://gamapserver.who.int/gho/interactive_charts/health_workforce/PhysiciansDensityAtlas.html

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PER CAPITA TOTAL HEALTH EXPENDITURE

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INJUSTICE

Millions of people from poor countries are contributing in order to ease the burden of health care in rich countries

What are the rich countries contributing in order to ease the burden of health care in those poor countries?



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Global Social Justice

A country ought to ensure that an institutional system it helps establish avoids causing adverse health care conditions

If that institutional system causes adverse health care conditions, the alleviation of those health care conditions is (at least partly) its responsibility



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Global Social Justice

- Those who contribute to ... injustice have a responsibility to work to remedy the injustice
- The greater the power to remedy the greater the share in the responsibility



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HRH Exodus to Rich Countries

Aggressive recruitment
Driven by rich country HRH shortages

- “Growing aging population”
- “Increasing burden of chronic diseases”
- “High-tech and expensive healthcare that requires highly-trained health professionals in developed countries”



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How a rich country causes migration (How a country poaches HRHs)

- Active recruitment in source countries
- MEDICARE subsidy for residency training positions -- residency positions available each year are 27% more than US medical school graduates
- Waivers on resident visa requirements



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Stop Freeloading

- Recipient country should assume greater responsibility for the problems that migration brings about in the source countries
- An ethical responsibility -- not merely an optional act of charity



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Justice is not enough

- Lost in implementation
- Lost in translation
- Enhanced framework needed



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More than benefits and losses

- Not enough to address source country losses by measures transforming them into economic gains of another kind
- This approach is still ethically compromised because
- It makes a mere instrument out of health status and the practice of medicine and healthcare.




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HRH Migration and the Inherent Value of Medicine

- Health as “state of complete physical, mental, and social well-being ...”
- Practice of medicine and healthcare must be dedicated to the pursuit of health as an end.
- That end ought to guide the pursuit, especially because health is also “a fundamental right of every human being.”




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HRH Migration Ethics: A Paradigm Shift

- Using a framework based on the ends of medicine and the integrity of the health care profession, policy proposals that have been put forward by WHO, IOM and other migrant advocates would make better sense



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Recommendation: Keep Health Care Money in Health Care

- Improved dialogue between the health and trade sectors
 - Balance health trade economic opportunities with domestic health needs
 - Consider equity issues



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Why HRH Migration at Clinical Ethics Consultation Conference?

- Victims of HRH Migration appear in the clinics




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Why HRH Migration at Clinical Ethics Consultation Conference?

- Clinicians who attended to Lita and Pedro could have done something with lasting impact had they been aware of the HRH Migration Context in which their problems were rooted




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HRH Migration Epidemic

- Epidemics like AIDS AND SARS highlighted the need for scientists throughout the world to collaborate on finding solutions



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HRH Migration Epidemic

HRH migration is a global epidemic that has afflicted clinicians—clinicians must help provide solutions



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GOOD DAY!

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