

HEALTHREGIO ABSTRACT

„Health policy after the accession to the European Union – illustrated through the example of Hungary”

Migration pattern and trends of Hungarian medical doctors – the characteristics and obvious and potential consequences of physicians’ brain drain, including health policy considerations

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Introduction

Accession of Hungary to the European Union has made the country face several challenges next to the possible potential benefits of the process. The problem of migration of health care professionals and its adequate, appropriate and “strategic” handling are inevitably among these challenges.

We attempt to outline the current situation and predictable trends of migration of medical doctors (using the term migration mainly to address the outflow/ emigration), based on an ongoing own research study of us. An evaluation is provided and potential consequences and policy implications are discussed.

The necessity and priority of researching this issue, both at national and international level, is out of question. Solution should be found, acceptable for each involved party (source countries, target countries, professionals, patients, etc.), ideally in the near future.

Main content

Training of medical professionals, especially the one of medical doctors, always has been considered to be at a high professional level in Hungary also according to international standards.

Even before the accession of our country to the European Union on May1, 2004, there had been an inevitable brain drain of highly qualified, experienced medical doctors and researchers (among other highly qualified professionals) towards Western Europe and the U.S.A. The extent of it was relatively moderate by volume, even after the political changes Hungary went through in 1989 (resulting in more liberate mobility for professionals than in previous decades). Taking into consideration the quality part, we had disproportional big losses even at that time; also it is hard to measure and evaluate this aspect.

It was a common, although “informal”, but also reasonably predictable hypothesis, that the migration of medical doctors would increase in both direction: out of Hungary – emigration; outflow – and into Hungary – immigration; inflow. On one hand accession to the European Union opened the gates for any Hungarian citizen to look for work anywhere in Europe, while on the other hand made Hungary an “attractive” country for professionals, who live east of us in a state that is not member of the European Union yet and want to work in the European Union.

We considered the potential emigration and thus transient or final loss of well-trained Hungarian medical doctors, with all its relevant consequences, as a very important issue that must be investigated. Therefore the Semmelweis University Health Services Management Training Centre and the Association of Hungarian Resident Doctors decided to run a research project to explore the migration pattern of Hungarian medical doctors. The project was started in 2003. It is still running by continuous evaluation of the already gathered data.

Our purpose is to get real, authentic data; to evaluate the current situation and trends; to conclude what lessons should be learnt and used in further handling of the issue. The valid information about the situation and expectable changes could and should help cooperation and

discussion among stakeholders, including health policy level, to develop a strategic plan to deal with this problem and its consequences now and further on, both at national and international level.

The research project was planned to address different age groups of Hungarian medical doctors at various level of their professional carrier (medical students, resident doctors, physicians already gained their specialization(s), potential emigrants, definitive emigrants) and explore the patterns of their migration intentions in details.

The methods include questionnaires and structured interviews.

We introduce the evaluation of data gained so far by more than one thousand questionnaires were filled by medical students and young resident doctors. We especially emphasize the main incentives “pushing” towards emigration and the ones “pulling” back from emigration.

Our results strongly support the importance of this issue. Altogether more than 60 per cent of medical students and young medical doctors consider working for some years or finally in another European Union country than Hungary. The incentives of “going” and “staying” outline a scheme that can serve as a framework for strategy planning.

Our data should be evaluated with great caution as they implicate intentions, not facts yet (we talk about the difficulties of clear follow ups and fact gathering as well); but much information can be gained out of the answers, and migration patterns and trends can be drawn.

We put the problem into broader context, outline the potential consequences and examine the health policy steps should be considered both at national and international level.

Summary; conclusions

Migration of health care professionals in the European Union is a legal and “natural” phenomenon, but raise up several challenges because of its consequences, including economic relations, both in source and target countries. Our research of potential emigration patterns and trends of young Hungarian medical doctors highlight the importance to explore this problem and the calls for strategic approach both at national and international level.