EDITORIAL

The Exodus of Sudanese Doctors

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The main lecture theatre of the medical school was bustling with noise, each one of those who were present took his seat of choice, and all were waiting intently, delirious with apprehension. Suddenly the door opened and in came Professor Butler, the dean of the faculty, followed by Dr. Halim the director of Khartoum Teaching Hospital and Dr. Mowafy the undersecretary of the Ministry of Health who promptly went to the podium and remained standing. The rest of the teaching staff followed and settled in the front seats. Butler then started reading "this *is the result of final MB, BS University of Khartoum…..*it took less than ten minutes after which he handed the file containing the names of the successful students, who were now literally called doctors, to Dr. Mowafy. The new doctors were then considered employees of Sudan Government and their remuneration had started at that moment. By beginning of April each will have started their new job and they would cash their first salary on 29 April.

In our present day, graduation from a medical school is just like opening the doors of hell. Thousands of young and hopeful doctors looking to the future with optimism are purposelessly distributed to different hospitals to start their first steps in the premise of clinical responsibility. There they are faced with lack of training, heavy duties and salaries that stop short of covering their basic needs and they soon realize their ensuing misfortune. Other senior ones have already comprehended the dismal future and lack of opportunities. The conception Go East, Go East doctor prevails.

The Sudan Medical Specialties Board (SMSB) has recently disclosed that more than 60% of the total medical graduates are working abroad and that 9000 work in Saudi Arabia (14% of the doctors in the kingdom), 2500 are in UK and Ireland[1]. Human Resource Health estimates that 13% of total Sudanese doctors work in US and EU countries[2]. This continuous drainage of doctors has left the country with the lowest rate of doctors per 100,000 (22) and lowest medical beds/1000, 000 of population (70); lower than Egypt, Nigeria, Saudi Arabia, Syria and Jordan[3].

It is true that those who left Sudan are providing strong support to the national economy and that some of them are now outstanding physicians, surgeons, obstetrician and cardiologists. Some have achieved the highest academic status in world renowned universities. However, the exodus have created huge vacuum in hospitals and universities that could not be covered in the past and not in the near future. The university staff, consultants and junior doctors who left the country were most indispensable and replacing them was unattainable.

One question arises, what went wrong? Without incriminating those who were responsible for the health services during the last two decades and who should bear the brunt of the

responsibility it is important to pin point the areas of defects and attempt to work out solutions.

All mistakes happen at the beginning of a scheme and if detected can be remedied while if missed all will go wrong. After a very a long wait, difficult procedures and time consuming applications and payment of fees the new medical graduate, if lucky, will find position in one of the hospitals. After twelve month of work the period of housemanship will terminate. Things start to go wrong here. All those who are now well trained to continue as medical officers are laid off. Some will go to the national service, if interested; others of considerable number will leave the country and start their profession abroad. Among the latter group are presently leading consultants in Europe and US.

The category which was previously called medical officers and who will be promoted to senior civil posts e.g. DS after the completion of the housemanship have vanished or have been neutralized. The loss or nearly disappearance of this category has resulted in the disruption of the present health human resource and consequently health service. The medical officer used to be the backbone of the medical service. He trains in the main hospitals and rotate at the different departments including administration. By the end of the second or third years of training he attains expertise and proficiency that make him capable of running a small hospital on his own. He runs his medical and pediatrics wards as well as performing surgery, obstetrics and gynecology. He deals with all emergency operations including acute abdomen appendicectomy, Cesarean sections and deals with road traffic accidents and injuries. To that extent all provincial or state hospitals would have no problem running their hospitals without deficiencies in staff. In addition medical officers used to provide the best set of doctors for future scholarships and specialization. Presently medical officers are neglected and do not have specific responsibility or training.

Other pertinent issues include financial and professional satisfaction. If health authorities are interested to keep doctors at home they must provide working and training environment that encourage doctors to stay. Salaries should be calculated to be near or equal to 30-50% of what doctors can get abroad especially in the Middle Eastern countries. Hospital environment should be clean and healthy and all prerequisites for efficient performance be provided. Doctors should be protected against physical and verbal abuse while performing.

There is still plenty of time to address the above issues but what is needed is action and commitment. Health authorities should recognize the importance of the medical officers and the welfare and prosperity of all doctors, and until that is fulfilled airplanes will continue to fly out of Khartoum airport loaded with doctors.

References

[1] Press release; Sudan Medical Specialization Board, June 2016.
[2] Michael A Clemens, Gunilla Pettersson. New data on African health professionals abroad. Hum Resour Health. 2008; 6: 1.
[3] WHO Atlas Data 2004.