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The International Migration of the Health Professionals: a Challenge for the Healthcare Sector in Romania

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Summary: In a global economy, the phenomenon of competence mobility is becoming increasingly visible. The interrelations between the migration and the economic development illustrate complex changes: institutional and political ones, demographic and social mutations, territorial and cultural reconstructions, disruptions in the sanitary field.

Résumé : Dans une économie mondialisée, le phénomène de la mobilité des compétences est une évidence. Les interrelations entre la migration et le développement économique sont révélatrices de changements complexes : changements institutionnels et politiques, mutations démographiques et sociales, recompositions territoriales et culturelles, bouleversements en matière de santé.

Keywords: migratory flows, competence mobility, health staff, Romania, labour globalisation.

Mots clés : flux migratoires, mobilité des compétences, personnels de santé, Roumanie, mondialisation de la main-d'oeuvre

The development of the means of transportation and of the new communication techniques facilitates the international migrations, particularly the migration of the qualified personnel. The migration of the Romanian health professionals is in line with both the phenomenon of globalisation of the labour force and the geopolitical evolution of Europe. The enlargement process of the E. U., together with the community decisions in favour of the integration within a single market, influences the enforcement of national policies in the health field. For Romania, the integration means numerous opportunities, enabling the freedom of circulation, of settlement and of working within the community area. Given the discrepancies between Romania and the countries in Western Europe, regarding the living standards, this freedom gives rise to real problems as Romania is in danger of losing an important part of its highly qualified medical staff and of having its national health system disrupted. Which will be the impact of the long-term integration on the Romanian health system? Will Romania be able to preserve «the fundamental social principles underlying the European healthcare systems: solidarity, equity, accessibility and quality» (Vandenbroucke F., 2002, p. 30).

General Framework of the Migration of the Romanian Doctors in Europe

The migration, as a social phenomenon, is conditioned by factors of an economic, social, demographic, cultural, geopolitical nature transpiring from the motivations and the aspirations of those who move from one country to the other. The classical pattern of analysis which distinguishes repulsive factors at work in the departure country and attractive factors, in the foster one, seems to be working but is incomplete. The disparities in the living standard between Romania and the more developed countries in Western EU constitute an important incentive to emigrate. The decision to leave one's country is highly influenced by the desire to improve one's living conditions by increasing one's income. The reasons that make the doctors leave their country are also closely related to the material conditions in which they are supposed exercise their profession in Romania: difficult working conditions, out-of-date technologies, limited professional career prospects. As actors of their migratory project, the Romanian doctors aspire to social recognition. They hope to regain their professional dignity and to have the possibility to enlarge their career prospects, while providing better education and training opportunities for their children.

At the same time, the demographic situation of the richest European countries generates an increase in the need for medical staff. The population's aging and the rise in the number of old persons increases the needs for the particular kind of labour force which may take charge of the very old persons, generating new jobs in the health services, both health-related and social-related, as the very old persons require particular care.

In certain countries, the aging phenomenon concerns the health staff, as well. The shortage of health professionals is such that it cannot always be covered by the local labour force. Thus, resorting to immigrants seems to have become a necessity in order to continue providing healthcare services. In France, for instance, the average age of the health professionals is 51 years¹. The number of the retiring doctors will increase in the following years, the medical population will decrease, and, by way of consequence, so will the medical density. The number of working doctors is expected to diminish by almost 10% until 2025, date when the medical density is said to reach the level it was at in the middle of 1980's².

In this context, the concerned countries are launching active policies of recruitment in order to encourage the medical staff to come and cover the shortage in their labour market. The recruitment agencies of Romanian doctors for Great-Britain, France, Germany, Belgium and many other countries are the living proof of this fact. On the other hand, Romania seems to show little concern for the health problems within its borders: no concrete political measures are taken, the decision-making process is incoherent or postponed; hence the incapacity on the part of the politicians to promote targeted policies in order to reduce the emigration of the doctors and of the health professionals in general.

Elements of Healthcare System Diagnosis in Romania

¹ According to CNOM (Conseil National de l'Ordre des Médecins).

² Report DREES, Statistics Series, n° 115, p. 61.

The transition towards the market economy that Romania embarked upon after 1989 has remained incomplete. Even if since 2000 there has been a slight improvement of the economic situation, the living conditions remain globally difficult (Delautre G. & co, 2008). The Romanian society was subject to great tensions engendered by the sizeable transformations in all the sectors of activity, particularly in the industrial one. Under these circumstances, a large number of employees lost their jobs. Deprived of their income, many of them emigrated, often illegally. In spite of the enthusiasm that it aroused on the part of the Romanian population, Romania's joining the EU represents a great challenge for the country, due to the difficulties the Romanian economy had to face while competing with the western companies on the single market. All the more so, since, in the joining moment, after 17 years of post-communism, the Romanian economy could not be qualified as solid, the discrepancies between the incomes within its borders and the incomes in the rest of Europe being quite big : in 2007 (<http://www.eurosduvillage.eu>), the monthly average income in Romania was of 150 Euros. These economic and social discrepancies were reflected in the health domain.

The analysis of several demographic indicators shows the paradox of Romania's belonging to the European area. Among these we count the life expectancy at birth, which is indicative of both the health and development stages. In 2007, in Romania, the average life expectancy at birth for men was 69,7 years, while in E.U.-15 it was of 77, 5 years. The seven-year difference is the consequence of a fragile economic and social situation which increased the impact of the sanitary risk factors. The infantile mortality rate is another significant indicator where, in 2007, Romania ranked last among all the EU countries (11,99‰ against 3,84‰, the average for EU-15 and 7,19‰ for EU-27). This infantile mortality level reflects the economic situation, the living standard, the habitat conditions, the cultural level and all the more the insufficient capacity of the health system and of the Romanian healthcare services to protect life from its very first moments.

While cutting down on the government's means, the deep economic crisis experienced by Romania had a direct impact on the resources meant for the healthcare system, since, in Romania, the latter is exclusively financed by the state³. The number of doctors for one thousand inhabitants is another indicator of the Romanian bleak medical picture. If the average value in 2006 was of 3,3 doctors/1000 inhabitants in EU at 15 and 2,5 for E.U. at 27, in Romania the number of doctors for one thousand inhabitants was only 1,9, a density equal (what a coincidence !) to the one of the ensemble of the health services providers in the region WHO Africa⁴. The same situation was in the case of the nurses, with a rate of 3,97 for 1000 inhabitants, inferior by half to the one recorded in EU-15 (8,0) and highly inferior to the one in the EU-27 (5,5). Or, the Romanian medical health system is all the more unlikely to experience an improvement of these indicators, given the fact that, in its turn, Romania goes through an aging process of its health professionals : 56% of the Romanian doctors are more than 50 years old, 27% are between 40 and 50 years old and merely 16% are less than 40 years old⁵. This means that, in 10 up to 15 years, 60% of the doctors working nowadays in Romania will be more than 60 years old. The situation is all the more serious that many doctors are going abroad to practice their job.

The «White Coats'» Exodus and its Effects on the Health System

Romanian doctors started to leave the country before 2007, but they were still few to do this was, the consequences on the Romanian health system being of little scope⁶. Starting with 2002, the free circulation in the Schengen area opened the access to Europe for the best medical students and doctors, who, once gone abroad, settled down there⁷. But it is only after Romania's joining the EU that we witnessed «the white coats' exodus ». In the first two years (2007-2008) that followed the integration⁸, there were 3600 doctors who emigrated. The movement accelerated in

³ In 2009, the Romanian government allotted for the Romanian sector of healthcare less than 3% of its GDP which represented a quarter of the one of the European developed countries. The quota allotted to the health sector in comparison to the minimum (6%) and average (8%) quota places Romania under the average of the budget of the African countries, which is close to 4,5% of the GDP (Source :Agerpress).

⁴ WHO, 2006, Report on the World Health – working together for health, p. xvii

⁵ According to the data provided by the C M R.

⁶ Less than 10 doctors for 1000 inhabitants (5 for 1000, in 1990 and 7 for 1000 inhabitants, in 1996), according to the data provided by C. M.I.

⁷ We are speaking about Romanian doctors who specialised abroad or about those having obtained an interuniversity degree of specialisation or the certificate of specialized training.

⁸ Colegiul Medicilor din România.

2009, as besides the 1800 doctors who had left Romania to work abroad, there will be other 2400 to sign agreements with recruitment agencies in Western Europe. The Romanian doctors are generally attracted by the most developed countries. France and UK are the most important destinations, being followed by Germany, Belgium and Luxembourg. In France, the number of Romanian doctors registered at the National Council of the Doctors' Order changed from 158 on the 1st of January 2007 to 1160 on the 1st of January 2009.

All the big urban teaching hospitals in Romania represent important poles of emigration. The city of Bucharest stands out through its large number of doctors who have left the country. Then there are Cluj-Napoca, for the central part of the country, and Iasi, for Moldavia (fig.1). Within the country's borders, there are consequent discrepancies due, to a large extent, to the history of Romania. The big propensity towards emigration of the doctors in the central Western regions of Romania (regions that have always made known their openness to the West), is a consequence of the fact that long ago this old part of the country used to belong to the Austro-Hungarian Empire. Thus, the Romanians lived next to the Germans and the Hungarians and these communities of different nationalities imitated each other, being rather mobile, and bilingual (V. Rey, quoted by I. Muntele, 2003).

Romania is thus being confronted to a difficult situation, for the Romanian medical profession, on the whole, has only approximately 41 000 doctors. In addition to this small number, we witness a serious shortage of doctors in the country and in the specialties that are highly required abroad (anaesthesia and emergency medicine). Just like many countries of emigration, Romania paid for the education of its health professionals and unfortunately can no longer benefit from its investment, financing thus the rich countries (<http://www.who.int/mediacentre>).

If the emigration of the health professionals keeps to the same rhythm as nowadays, Romania may well experience in the following 10 years a «collapse» of its health system. This scenario is all the more realistic that, in the late 2009, about 7% of the Romanian doctors had already emigrated (Source : Ziarul Financiar, 17th February 2010), while the WHO estimates that there is a real problem when the doctors having emigrated from a country represent more than 2% from the total number of doctors of that particular country.

Furthermore,⁹ the doctors' migration is largely underestimated, since a significant number of young «doctori rezidenti»¹⁰ is not registered as emigrants in the national database. This is the case of those who apply by themselves for positions in the hospitals of different countries, as well as of those of the interns practising in France or of those that go to the United-States without a vocational training qualification delivered beforehand by the Health Ministry, taking into account the fact that the right to practise is given after a series of exams which assess the medical knowledge of the candidates.

In spite of the large number of doctors leaving the country, the measures taken by the Romanian government take a long time coming¹¹. Instead of taking measures meant to reduce the medical «brain drain», such as higher salaries, the politicians have envisaged to cut down the remuneration of the Romanian health professionals. In its Framework Contract, the National Health Insurance Fund (actually, the state body responsible for the health services), introduced draconian measures meant to end up in a substantial reduction of the doctors' income, which can but increase the desire to emigrate.

Conclusions

The right to free circulation and the major discrepancies concerning the standard of living are likely to deepen even more the gap between the Eastern and Western parts of EU. At the same time, the demand for health professionals triggered by the demographic and health professionals aging process in the developed countries will favour the emigration of the Romanian doctors. As a consequence, Romania is facing the risk of experiencing a shortage of the medical staff, even if the foreign doctors coming from other countries could cover part of this shortage. We may also look for solutions within the Romanian borders. One of the directions to follow could be that of

⁹ The President of the Association of Interns.

¹⁰ The statute de «doctor rezidenti» in Romania corresponds to the one of «médecin interne» en France or the one of «resident» in UK.

¹¹ Source : Ziarul Financiar du 17 février 2010.

the decentralisation¹². The other countries' experience in this domain shows that the proximity of the local administration and of the users leads to an awareness of the population's health needs and to answers which are sometimes more adequate than the ones habitually proposed by national health plans. But how can we take the step from identifying the needs to implementing adequate healthcare services? The guarantee by the public authorities in Romania for equal access to treatments all over the national territory seems to be difficult to attain because of the decrease in the number of health professionals (particularly of the doctors) on account of the emigration process.

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¹² The Romanian health minister has set the final date of the hospital decentralisation for the 1st of July 2010 (Source : Ziarul de Vest from 1st of March 2010).

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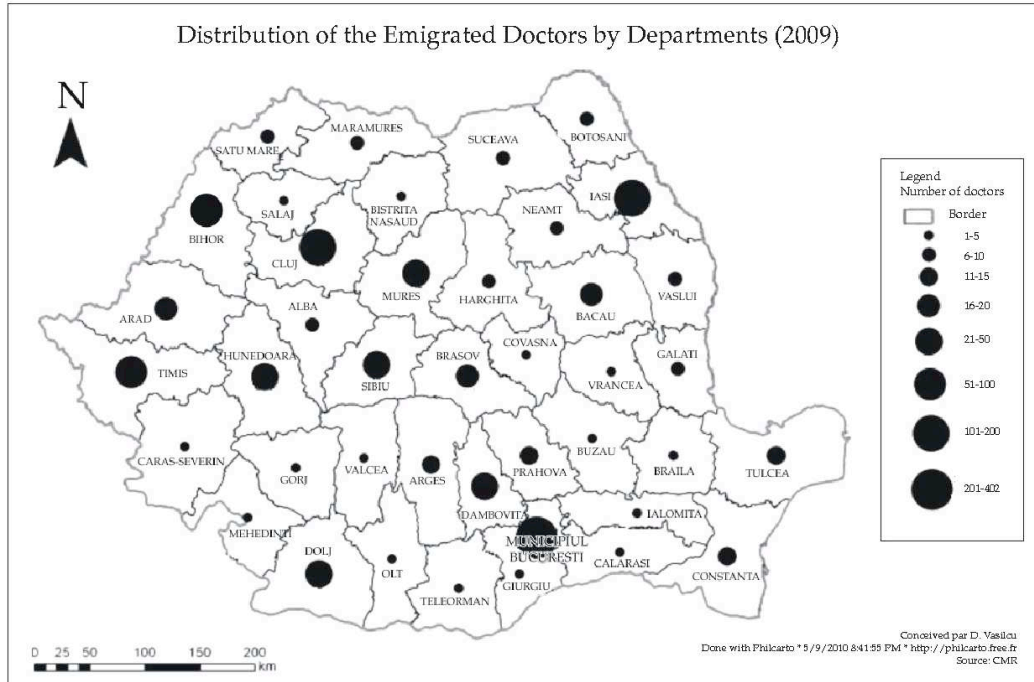


Figure 1