Doctors as Nurses: How to Brew a Health Crisis

By Ramil Añosa Andag

A Not So New Phenomenon

Filipino health professionals, particularly our nurses and doctors, are most in-demand abroad due to their world famous virtues of patience and compassion. The phenomenon of Filipino doctors leaving for more lucrative jobs abroad is therefore not entirely new. The Philippines has been exporting human capital in the form of doctors to other countries, particularly to the United States and the Middle East, since the early part of the 60s.

The second quarter of 2005, however, saw an emerging trend in the outward mobility of Filipino medical practitioners. This trend gave rise to doomsday warnings that, unless abated, it will contribute to the collapse of the health sector. This alarm was issued due to the phenomenon of doctors leaving for other countries and working as nurses.

This trend has not spared any medical field as the ranks of doctors who are training to be nurses include those who are practicing in the fields of surgery, orthopedic, obstetrics, pediatrics, anesthesiology, internal medicine, family medicine, general practice and public health.

Even as the exodus of doctors to work as nurses abroad seemed to have reached alarming proportions by the 2nd quarter of 2005, this trend is, although fairly recent, not entirely new.

The doctors-as-nurses phenomenon is a cumulative result of various factors and challenges which have been besetting the Philippine health sector for a long time. However, this gained public notice when in March of 2004, Elmer Reyes Jacinto, a magna cum laude graduate
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from Our Lady of Fatima university, and a topnotcher in the medical board exams for that year, grabbed headlines when he announced his decision to work abroad as a nurse.

Jacinto was quoted as saying: “If only the market for medicine graduates were good here. Regretfully, many have chosen to become nurses abroad because the pay here is no longer commensurate to what they have attained in the profession. It has become a trend. Whether I passed the board or not, my application abroad was already in motion. While it pains me to do so, I’m looking forward to going abroad and not to let the opportunity pass. Nursing jobs in the US command monthly salaries that could go into 6-digit figures in Philippine pesos.”

Jacinto is now reportedly working as a nurse in the US state of Florida.

Weak vital signs

The second quarter of 2005 offered a glimpse of what is now popularly known as the exodus of Filipino doctors who work as nurses abroad. Some called it the brain-drain phenomenon; others are even calling it a brain hemorrhage.

And this alarm is not baseless if we consider the current figures.

Since the year 2000, an estimated 3,500 doctors have left the country for various destinations to work as nurses. And there seems to be no end in sight to this mass departure. In 2005, some 4,000 Filipino doctors are enrolled in abbreviated nursing courses, obviously in preparation for nursing jobs abroad.

The Department of Health (DOH) even estimates a higher number of doctors studying as nurses saying that the number of licensed doctors training as nurses now stands at 6,000.

Based on data provided by the Movement of Idealistic and Nationalistic Doctors (MIND), an advocacy group for doctors in the country, a total of 2,374 medical doctors took the nursing board exams in 2004 and 2005. Meanwhile, in a baseline survey conducted by the National Institutes of Health-Philippines (NIHP), more than 1,500 doctors passed the nursing board in 2003 and early 2004. In 2005, some 800 doctors took the nursing board conducted in June that year, according to the Board of Nursing.

Another symptomatic trend to the hemorrhage of doctors in the country is the fact that the number of examinees taking the National Medical Admissions Test (NMAT), a pre-requisite to a medical degree, is dwindling. In 2005-2006, only 4,159 took the NMAT compared to 6,400 in 2001-
2002 – indicative of a 35% decline. This statistic exhibits a downtrend in the interest of students in the field of medicine. Furthermore, data revealed that the year 2005 saw a decrease in the number of applicants for residency training positions.

The popularity of nurses-as-exports has spawned more nursing schools. Presently there are 250 nursing schools, compared to 186 in 1999. Enrollment in these schools also jumped from a total of 26,000 in SY 1999-2000 to 92,000 in SY 2002-2003.

Meanwhile, even as doctors are leaving the country in droves to work as nurses abroad, an annual average of 3,600 medical graduates, in the past four years, hurdle the medical board exams.

And in a country where the patient-to-doctor ratio of 1:20,000 is far from ideal ratio of 1:10,000, these figures paint a more than bleak backdrop of the state of the country’s right to health.

Triggers and causes

To generalize that doctors are leaving the country for nursing jobs abroad because of purely economic reasons is, at the very least, unfair to medical doctors. It also obscures the other relevant reasons. Surely, economic opportunities abroad play a big role in this decision. But it is equally important to understand the other factors that play into this alarming trend.

In the Philippines, medical residents in private hospitals earn about P15,000-18,000 a month. Meanwhile, a public health doctor nets about P12,000 a month. According to MIND, contrary to the prevailing public perception that being a doctor in the Philippines is a lucrative job, some 90% of doctors earn somewhere between P15,000 to P20,000 a month – an amount that can be earned in a call center at the present going rates.

Compare this to the $35 per hour (or P300,000 a month) a nurse earns in the U.S. It should not come as a surprise that some doctors choose to downgrade their credentials and work in other countries as nurses.

Poor working conditions also figured as a reason for this outflow. Recent news reports indicate that even as private hospitals in the Philippines offer 8-hour working days, one patient a bed and a room, the realities in government-run facilities are not as bright. These facilities are usually understaffed and overcrowded.

In an interview recently, the Alliance of Health Workers (AHW) said that the classic example of understaffing and overcrowding are found at the...
Dr. Jose Fabella Memorial Hospital in Manila and the state-run Philippine General Hospital. According to AHW, beds lining the corridors and throngs of impoverished mothers are a usual sight in these health facilities. An obstetrician interviewed by the Agence France Presse who had worked in both private and public hospitals, said she has experienced working for 14 hours or more a day.

In the message board exchanges of medical doctors (http://mind.pinoy.md/), complaints regarding poor working conditions are a staple. Comments range from long working hours to insufficient benefits including health (meaning, even doctors themselves cannot avail of quality health care). One doctor related that it is normal for them to work 36-hour shifts without sleep.

Also, Philippine education remains highly driven by foreign demands. Nursing, for instance, saw decreased enrollment in the 1990s when the US froze its outsourcing of nursing demands. However, with the opening of job opportunities for nurses recently, the number of nursing schools in the country mushroomed from 170 in the late 90s to 370 in April 2004 to absorb the subsequent increase in enrollment. Forty to fifty percent of the present enrollees in nursing are “second courses,” meaning professionals in other fields who are taking up nursing.

To accommodate the enrollment of doctors in nursing courses, a special abbreviated nursing course was designed. Instead of the regular 4 year curriculum nurses take, doctors are offered a course which lasts anywhere from 1½ to 2 years before they are allowed to take the nursing board.

In a primer released by the Philippine Medical Association quoting former Health Secretary Jaime Galvez-Tan, doctors are shifting careers to nursing due to the following reasons: political instability, poor working conditions, threat of the medical malpractice law, low salary, high taxes imposed on practitioners, inadequate resources to perform functions, the peace and order situation in the country, and the decreased stature of doctors.

**Disturbing effects and government Rx**

All these symptoms and the unaddressed trigger factors are only indicative of a looming crisis in the field of human resource in the health sector.

From September to November of 2005 alone, 31 medical facilities have closed in various parts of the country. The Private Hospitals Association of the Philippines (PHAP) revealed that only 700 privately-run hospitals are operating throughout the country. This means that only 40% of the total privately-run hospitals five years ago are operating today. These closures were primarily brought about by lack of doctors and nurses.
Historically, access to health services in the Philippines is at best minimal, with quality health care remaining largely inaccessible to more than 50% of the population. Also, for the past ten years, more than 100 municipalities remain doctorless and nurseless. And in a country where the doctor-to-patient ratio stands at 1:20,000, a far cry from the World Health Organization (WHO) ideal ratio of 1:10,000, the Filipino doctors exiting as nurses is indeed a big problem, indicative of a bigger problem which is the collapse of the entire Philippine health care as foreseen by various organizations.

What has been done so far?

That the people’s health is the responsibility of the State is clearly outlined in Section 15 Article II of the 1987 Philippine Constitution, which says that the State should “protect and promote the right to health of the people.” Furthermore, Congress has enacted the Migrant Workers and Overseas Filipino Act in 1995. This Act disclaims that it promotes labor migration as a means to sustain economic growth and achieve national development.

However, the Philippine government seems to be inconsistent as it has traditionally depended on dollar remittances from its foreign based workers to sustain its economy, instead of addressing its structural weaknesses, particularly provision of quality jobs in the country.

This is clearly reflected in the 2001-2004 Medium Term Development Plan of the Philippines (MTPDP) which puts premium on overseas employment as a major factor in economic growth.

The end of 2005 saw the government harking as a positive economic indicator the fact that for the period of January-October 2005, $8.8B were remitted to the Philippines by its overseas labor force – 27.1% higher than the previous year. Bangko Sentral ng Pilipinas also stated that over 5M OFWs are expected to send some $10.3B by December 2005 compared to the $8.5B they sent last year.

Meanwhile in the labor market, the Philippine Overseas Employment Agency (POEA) reported that 809,140 Filipinos were deployed abroad in 2005, higher than the 794,806 in 2004.

This policy is sadly shared by Secretary Patricia Santo Tomas of the Department of Labor and Employment (DOLE). She was recently quoted as saying that the brain drain is just a perception and people should not worry about the draining of our medical professionals because those who leave to work abroad will be replenished by new graduates.

The less-than-serious take of the government on the health sectors is also
reflected in the national budget. Even as the WHO advises a minimum of 5% of the national budget to be allocated for the health sector, figures show that budget allocation for health is experiencing a continuous decrease, instead of progressively addressing the health needs of the Filipinos. In 2000, the health budget was 2.15% of the total national budget, which was decreased to 1.49% in 2004. For the year 2005, it was further decreased to 1.47%.

Clearly, a national economy largely dependent on the foreign remittances of its “Bagong Bayani” and a policy environment which promotes labor exportation is slowly draining the medical human resource of the country. At the expense of the 50% of Filipinos who are not able to access basic health services. At the expense of doctorless and nurseless municipalities in the countryside.

Prescriptions to doctors

To address the health care crisis in general, the National Institutes of Health-Philippines has proposed a 10-Point Strategic Solution, both at the international and national levels. Some of these are:

- Initiation of high level bilateral negotiations with the major Northern Countries importing human resources from the health/medical professions, which includes an ethical framework on recruitment procedures and compensation and funds packages to benefit the sender country and its health practitioners;

- North-South Health Facility Partnership Agreements which will provide that a corresponding amount will be given to the exporting health facility for every nurse, doctor and other health professional that foreign hospitals will acquire for their facility. This will go to the Health Human Resource Development Trust Fund;

- Creation of a National Commission on Health Human Resource Development which will oversee the planning, production, deployment, retention, etc. of health professionals in the country;

- Enactment of a National Health Service Act which will require health science graduates from state-subsidized medical schools to serve an equivalent number of years in the country (because the present situation is already of crisis proportion), to ensure long-term impact;

- Establishment of a Health Professionals Registry, a database which can be a helpful management tool to locate and monitor health human resources of the country;
• Development of new learning and career opportunities; for example, well designed post-graduate programs and scholarships are possible attractions for health practitioners to remain in the country; and

• Reforms in health financing, management of medical education and medical services in the country.

Meanwhile, a more focused strategy which zeroes in on the phenomenon of doctors working as nurses abroad is being forwarded by MIND. According to its founder, Dr. Willie T. Ong, these suggestions were culled from discussions with over a hundred doctors.

These suggestions ranged from internal changes among the ranks of doctors, to structural reforms which call on the concerned government units.

The internal suggestions included mentoring from influential and senior residents for younger doctors, where the latter are treated properly by the former and not made to feel like servants. It also called upon the medical societies to use their organization’s resources and funds to lobby for reforms like increased wages and humane working conditions.

Meanwhile, they are also appealing (in light of the devolution of public health service) that concerned local government units institute ways to improve the conditions of public doctors in terms of better pay and lesser bureaucracy to enable doctors to concentrate on their work. They would also want that public doctors be treated as partners in ensuring the health of the people.

If the Philippine government is serious in addressing the brain drain phenomenon in particular, and to make basic health services accessible to the Filipinos in general, maybe it will be best for our leaders, policy makers and managers, to follow what the doctors have ordered.

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