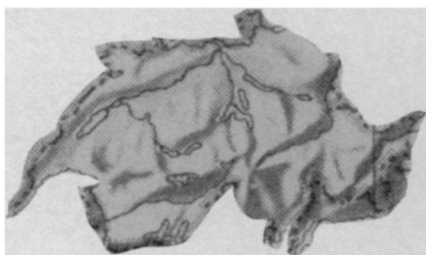


## letter from Geneva



# Doctors' choice

Physicians' propensity to choose the city is posing problems from Beirut to Havana

by David Alan Erhlich

The physician tends to be a city dweller. He is more than likely to come from a culturally advantaged background and to have been exposed during his training to an up-to-date intellectual environment. This, plus the knowledge of the better professional opportunities found in the affluent cultural centers, makes him gravitate toward the metropolis.

As a consequence there is a far greater number of doctors per capita in the cities of the world than there is in the rural areas. In some places this has led to a crisis in medical care for country dwellers. In a recent report to the World Health Organization, a panel of investigators chastises the medical community for spurning the countryside and thus creating health care's second-class citizens.

Furthermore, it is concluded, the strong desire to practice in a city, any city, rather than the country has led young medical school graduates in some underdeveloped nations, locked out of their own cities by established practitioners, to go abroad. This adds to the brain drain problem.

For example: In Costa Rica 71.5 percent of the doctors practice in the capital of San Jose. Half of Uruguay's physicians live and work in Montevideo. Havana has 3,500 doctors, all the rest of Cuba only 2,800, and it was worse before Castro came to power. The United Arab Republic's 30 million people are served by 12,000 doctors, 7,000 of them in Cairo.

Europe is in better balance, but even there the problem crops up. Better than a third of Austria's 11,315 physicians practice in Vienna, for instance. Czechoslovakia fares best of European nations, with one doctor per 520 population nationally. The ratio in Prague, the capital, is one per 260 however, so even there the problem is apparent.

Dr. R. F. Bridgeman, hospital administration unit chief for WHO, says one reason is that the cities employ large numbers of doctors in specialized hospitals. Specialists, furthermore, tend to clump together. (Vienna's disproportion in part may be due to this factor.)

The city dweller is more affluent, says Dr. Bridgeman, so is more likely to seek medical care for a given illness than his country counterpart; demand, not need, is what commands the provision of most services. Also, in the city there is less loyalty to family doctors so that a given case may be seen by several doctors instead of just one, as is the case in the country.

"All this is a source of professional interest and material gain for the doctor," Dr. Bridgeman says. "Finally, the physician, as a consumer, is attracted as are most other citizens to the city for the general services and facilities it provides."

Two approaches to the problem have been tried: incentives and direct force.

- The Russians select medical school students primarily on the basis of ability, but when other things are equal priority is given to students from rural areas, in the hope that they will go back home when they graduate. In addition an attempt is being made in the Soviet Union to provide the cultural climate sought by doctors by establishing a rural intelligentsia of doctors, teachers and others, according to Dr. L. A. Sakvarelidse, Georgian Minister of Health.

- In Yugoslavia a hitch of several years in the country is a definite prerequisite to specialty training. The incentive of postgraduate training for a specialty and better pay for those who serve three years in the provinces is a powerful carrot.

- Egypt attempts to minister to the professional loneliness of a physician working alone among peasants; rural health care revolves around thousands of small clinics where there are nurses and aides working with the doctor. In addition rural doctors are better paid.

- Iranian medical school graduates are actually conscripted like soldiers for a three-year hitch, serving anywhere they are sent.

- Cuba reportedly is developing a system whereby specialists in the cities must help the general practitioners in the country.

- Haiti has decreed that graduates must serve in the country at first.

Haiti, however, is also an example of what is happening in many places which lack either the constitutional muscle or the enforcement ability to move their doctors around like chessmen. One WHO official says doctors sent to the country in Haiti find no drugs in the dispensary, cannot practice and inevitably drift back to the city. (Haiti has 300 doctors, all in the capital.)

Most countries with some form of democratic government simply are not permitted by law to force doctors to go anywhere, and lack the money for much in the way of incentives. African nations, for instance, are trying to establish post graduate training centers in the back country, but lack of resources hampers their efforts.