

## *Addressing the Internal Brain Drain of Medical Doctors in Thailand: The Story and Lesson Learned*

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Thailand is a lower middle-income country in Southeast Asia. Its publicly led health care system has long been suffering from a problem of inequitable distribution of qualified health professionals. The main cause is the increasing demand for health care services in urban private hospitals aggravated, in the past decade, by the aggressive export of health services. In 2006, there was an estimated 2m foreign patients, with annual growth of 10–20%. Increasing demands from these foreign patients result in increasing demands for health professionals in the private sector, especially highly qualified medical doctors and nurses. In 2004–5, more than 350 highly qualified doctors left the public sector, mainly from the medical school hospitals, to join private hospitals. In addition, most public medical doctors also practise in the private hospitals during non-official hours. The ‘internal brain drain’ of health professionals, from rural public health facilities to urban private health facilities, due to this ‘medical tourism’ has aggravated the long-term problem of inequitable distribution of health professions. However, it is not the main cause of inequity as it is estimated that additional demand for medical doctors in the private sector, due to an increase in number of foreign patients, will account for 23–34% of total private medical doctors or a mere 9–12% of all doctors in the country, in 2015.

In Thailand, the public sector, notably the Ministry of Public Health, is the main provider of health services and owns the majority of health resources, including health professionals. However, well-trained professionals, especially doctors, concentrate their services more in the richer urban areas while para-professional health workers serve in poorer rural facilities. In 2005, the doctor:population ratio in the poorest Northeastern region was 1:7015. This is a concentration of almost 10 times less compared with 1:7867 in the capital city, Bangkok. This situation was improved from the 21 times disparity in early 1970s, but was worse than the 8 times disparity of the mid-1980s.

Income gap among private and public health professionals is one of the factors contributing to the inequitable distribution. A study found that the gap of incomes between the private and the public health personnel is highest among doctors, up to 6–11 times in 1997, and the situation remains unchanged. Particularly, those that serve foreign patients tend to have higher income.

Compared with other developing countries, especially those in Africa, Thailand does not have the problem of ‘external brain drain’ of health professionals. Favourable income, good working environment, opportunity for career development, and limited capacity in foreign language are considered the major contributing factors that retain qualified health professionals in the country.

In order to overcome the situation of inequitable distribution and ‘internal brain drain’ of qualified health professionals and to retain them longer in the