Middle Articles

The Medical Emigration Controversy*

JOHN SEALE, M.D., M.R.C.P.

Brit. med. J., 1964, 2, 1522-1524

The number of doctors who have emigrated from Britain in recent years is a matter of great public importance because of the growing shortage here. There are already difficulties in staffing the hospitals with doctors, and since 1958 expansion in the number of general practitioners has fallen behind expansion in the general population.¹ The shortage is likely to become more marked in the years ahead because of several factors. Firstly, there has been a substantial decline in the number of medical students in training, from 14,201 in 1950 to 12,254 in 1962, which was almost back to the 1938 level. Medical students formed 24% of all university students in 1938, 16.6% in 1950, but only 10.8% in 1962.¹ Secondly, the continued supply of doctors from low-income countries, on which the hospitals have become so dependent, is by no means assured. In 1960 36% of the doctors in junior hospital posts in England and Wales (a total of 2,847) were born outside the United Kingdom and Eire. By 1963 the percentage from overseas had risen to 42%, and the total had risen by 1,094 to 3,941.² A change in the currency regulations of the Indian Government caused an abrupt fall in the number of Indian doctors arriving in Britain from about 250 in the year 1962 to only 50 last year.³ If such policies continue the number of overseas doctors in our hospitals could fall as rapidly in the future as it has risen in the recent past. Thirdly, the shortage is likely to become more pronounced because advances both in medical science and in economic prosperity increase the demand for doctors.

In the face of a shortage of doctors it is particularly important to know how many have been leaving the country to practise abroad, because the numbers must influence both the severity of the shortage and the remedies required to alleviate it. I have taken a particular interest in medical emigration, and in this paper I wish to show how my interests in it arose and to trace the controversy which my publications have caused.

Early Experiences

From experience gained working in Health Service hospitals I concluded some years ago that the methods of finance and administration of the National Health Service were not entirely satisfactory and that they could affect adversely the standard of medical practice. To obtain better understanding of the problems I spent a year of study and research at Harvard Graduate School of Business Administration. On returning to England I published articles in the *Lancet* on the economics of medical care⁴ and on the finance⁵ and management⁶ of the National Health Service. These studies made me receptive to the work on the supply of medical manpower which Lafitte and Squire published in the *Lancet* in September 1960, in which a crisis in the supply of doctors by 1965 was predicted.⁷ Three months later, in my first publication on the subject, I stated that the high rate of expansion in the number of British doctors in the Health Service of the early 1950s had already ceased and that soon the number would decline.⁸ Events appear to be confirming these predictions.

While examining trends in the number of doctors in Britain I found that, although during the late 1950s the output of the medical schools appeared to have exceeded the loss of doctors by death and retirement by about 500 per year, there had nevertheless been little or no expansion of the number of British doctors in the National

Health Service. In May 1961 Dr. R. H. Davison published in the *Lancet* official Canadian figures of British doctors entering Canada as immigrants.⁹ Davison's paper led me to think that emigration might account for the disappearance of most of the 500 doctors a year I had noted, and to test the hypothesis I obtained from official sources overseas the number of British doctors who had been entering various countries since 1930.

The data obtained were relatively crude, and fallacies would arise from a facile interpretation of them. Nevertheless, the evidence was, in my view, sufficiently strong to publish the estimate that recently 600 doctors trained in the British Isles had emigrated annually, which is about five times the annual number in the 1930s,¹⁰ and about five times the rate of general emigration.¹¹ In May 1964 with new data available, I was able to publish more precise figures and estimated that in the ten years 1954-63 5,000 doctors born and trained in the British Isles (4,000 from Britain and over 1,000 from Ireland) had emigrated—the equivalent of one-quarter of the output of the medical schools.¹²

Conditions of Medical Practice in the N.H.S.

The facts which I had available in 1962 were not as precise as one would have wished, and I was aware that a thorough detailed investigation would be required to confirm my estimates. Nevertheless, in view of the developing shortage of doctors, and the aggravation of it which continued large-scale emigration would cause, publication of the limited data I had available with my preliminary conclusions was desirable. A shortage of doctors would make it difficult for the Minister of Health to fulfil his duty in the National Health Service to provide the people of Britain with whatever medical care they needed, and heavy emigration endangers the future of a Health Service. As the heavy loss of doctors from Britain appeared to have started after the introduction of the National Health Service and has persisted, and as few doctors left Britain during the 18 years preceding it, I put forward the hypothesis that the loss of doctors was partly caused by conditions of medical practice in the National Health Service. I stated in 1962 that the cause might be that practice in the National Health Service is relatively unattractive economically, professionally, and idealistically to young doctors.¹⁰

In March 1962 the British press referred to my paper on medical emigration in the *British Medical Journal*¹⁰ because the subject was of public importance, because the facts given were new, and because the facts contradicted the opinion of such authoritative bodies as the Royal Commission on Doctors' and Dentists' Remuneration.¹³ But events in Britain's Health Service are also of international interest. In 1959 I had lectured at Harvard¹⁴ on the achievements and shortcomings of the National Health Service. In March 1962 I was again asked to lecture in the United States, and I referred to the growing shortage of doctors in Britain and in the United States of America, and to the high rate of medical emigration from Britain. The lecture was reprinted in medical journals in the United States¹¹ and Canada,¹⁵ it was inserted in full into the Congressional Record of the United States of America,¹⁶ and it was used by the Library of Congress as source material for the debate topic of the year 1963-4 in high schools throughout the United States.¹⁷

The unbiased observer who was given strong reason to believe that many doctors left Britain after the National Health Service started, but that few left before, would like to see further investiga-

* An address given at the Annual General Meeting of the Fellowship for Freedom in Medicine, at the Caxton Hall, on 7 November 1964.

† Whereas there is about one doctor per 1,000 population, about one in every 200 emigrants is a doctor.

tions carried out, firstly, to confirm that this was indeed true, and if so, secondly, to try to identify any causal relations between the nature of the National Health Service and the phenomenon of medical emigration. He might reasonably expect that those responsible for the operation of the National Health Service and those who believed in its superiority to all other medical systems would be anxious to establish the facts beyond dispute so that remedial action could be taken if required. When my paper was published, however, the British Government and the Socialist Opposition, instead of accepting the prima-facie evidence and determining either to confirm or refute it with better evidence, initially united in summarily dismissing it as invalid.

Official Attitude

The Minister of Health, Mr. Enoch Powell, refused to accept the assessment of medical emigration which I published and reacted to it with some vigour. When questions were asked in Parliament about medical emigration, he had previously been accustomed either to saying that no figures were available¹⁸ or to giving the Oversea Migration Board figures¹⁹ which the Board itself had indicated to be unreliable.²⁰ The Ministry of Health, using Board of Trade figures on emigration which included none who travel by air, had earlier assured the Royal Commission that emigration of doctors was no greater than that of the general population;⁹ the assurance had been accepted,¹³ and the subject was considered closed. Statements that medical emigration was abnormally high therefore reflected on the Ministry of Health. The day before my paper was published in March 1962¹⁰ I had been warned that my estimates of emigration had caused some annoyance and that an attack on me from a high level within the Ministry of Health had been prepared. The Minister himself had planned to launch the attack and did so at the Faculty of Anaesthetists on 21 March,²¹ but just four days before he delivered his speech my paper was published. The paper was factual and based on official overseas sources, but Mr. Powell's speech was almost devoid of relevant facts and relied heavily on ridiculing what had been written about emigration as "nonsense." A leading article in *The Times* six days later, saying that "sense has been more conspicuous than its opposite"²², criticized the Minister. An editorial in the *British Medical Journal* observed that as "the Ministry of Health has as yet no statistics on the subject the Minister himself may be in danger of talking nonsense."²³

In the meanwhile, the extensive references in North America to medical emigration brought many requests to the British Information Services in the United States for the official British Government figures of British-born and trained doctors who had emigrated. The requests were transmitted to the Ministry of Health in London, but the Foreign Office was informed that neither the Ministry nor the Board of Trade had such figures. The reply that there were no official figures, which had to satisfy Members of Parliament, satisfied neither the Foreign Office nor the inquiries from North America, for the denial of any knowledge of a problem does not disprove its existence. It was, I believe, the inquiries from North America that were stimulated by my lectures in the United States which, in the end, forced the British Government to ensure that a really thorough search for the facts was made which would settle the issue beyond further dispute.

"Proper Perspective"

In the weeks immediately after my paper was published, however, Mr. Powell apparently hoped to be able to gather figures from readily available sources which would very quickly refute my estimates. The deans of the British medical schools were asked to provide at short notice the location of their British graduates of the 1950s. Twelve schools provided data, but these were unsatisfactory because there was neither the time nor the money available to make an adequate investigation. From the information obtained, the Minister decided that only

6% of recently qualified British-born doctors were abroad, whereas I had said that the emigration had been equivalent to about 30% of the output of medical schools. Mr. Powell also tried to refute my paper by showing that the number of registrations in Australia in 1957 of doctors with British degrees exceeded the number of British doctors who emigrated there in 1957—a point which I had discussed in my paper.

On the basis of very limited and possibly misleading figures which were all the Ministry could collect at such short notice, Mr. Enoch Powell gave a speech to the Conference of Local Medical Committees at B.M.A. House on 6 June 1962 devoted to putting the facts of medical emigration "in their proper perspective."²⁴ In this he used figures which were designed to prove that few doctors were emigrating, but at no time did he give any estimate of the actual number, as he had little of the necessary data. What the speech lacked in hard fact and sound reasoning it made up with intemperate language, and it was unusual in being a public speech by a Minister of Health almost entirely devoted to attacking an individual doctor and his research publications. Although the references to "slander," "irresponsible opinions," "grotesque allegations," and "nonsense" would have been not unusual from the floor of the House of Commons in the heat of debate and under the cloak of parliamentary privilege, it was surprising to hear them from a Minister of Health reading a prepared speech to a conference of doctors at the Headquarters of the British Medical Association. Such strong comments apparently referring to a particular doctor and his writings, and made with maximum publicity at a conference of his professional colleagues, can damage his professional reputation, and under the circumstances it is particularly desirable that the comments should be fair and based on facts which are true.

Mr. Powell had drawn support for his conclusions from the B.M.A. Committee on Recruitment to the Medical Profession, which suggested that it was unlikely that medical emigration had increased substantially.²⁵ He also referred to Sir Robert Platt's "rough check" on Manchester graduates which Sir Robert had reported in a letter to *The Times*, ending: "We in this country may not take Dr. Seale's statements [about emigration] very seriously, but he is at present in the United States, where I hope our American colleagues will realize how very weak his evidence is."²⁶ In his turn, Mr. Powell and his views on emigration were strongly supported by the *Economist*,²⁷ and by leading Socialists who appeared unaware of the weakness of his case. Although Mr. Kenneth Robinson, who is now himself Minister of Health in the Labour Government, would give no credence to papers published by "amateur statisticians" like myself, he urged Mr. Powell to institute forthwith a survey to find out how many doctors were leaving, to refute my paper.²⁸ Before the results of a thorough survey were available, however, Mr. Robinson wrote in an article in the *New York Times Magazine* that my figures were as much as 800% in error.²⁹ Professor Titmuss, who had already told an American audience in a lecture at Yale in 1957 that under the N.H.S. "newly trained doctors have been less inclined to emigrate or serve overseas,"³⁰ dismissed my emigration figures as "superficial and misleading" when writing in *Medical Care*.³¹

The speech by the Minister was not only made for home consumption, it was also designed as the official British Government denial of statements made about medical emigration abroad, particularly in the United States. The verbatim text was distributed in the U.S.A. by the British Information Services in New York, on 13 June 1962,³² and it formed the basis of official statements made in North America asserting that few doctors had emigrated and denying the validity of my published estimates. The intention of the Minister was presumably to allay public anxiety about medical emigration and to silence criticism abroad of the Health Service based on the facts of emigration. Mr. Powell met with some success, but it was not complete because some of the figures given in his speech were mutually contradictory, and many of his conclusions

could not withstand critical analysis. *The Times* gave nearly as much space to my analysis of some of the fallacies in the Minister's reasoning as it did to the words of the Minister himself.³³ The *Sunday Times* devoted its entire report on the subject to my rebuttal of the Minister.³⁴ A leading article in the *British Medical Journal* was highly critical of him.³⁵ The British Information Services in the United States and the Foreign Office were not satisfied with the bluster and mass of largely irrelevant figures provided by Mr. Powell for dissemination abroad.

Losses Confirmed

It was only after widespread doubts on the validity of the Minister's rebuttals had been expressed overseas that a really comprehensive survey of medical emigration was announced. In July 1962 a letter from the Ministry of Health sent to the General Medical Services Committee of the B.M.A. stated that Dr. Brian Abel-Smith, of the London School of Economics, was to make an independent study of medical emigration financed by the Nuffield Provincial Hospitals Trust.³⁶ The Ministry was anxious to give him all the help it could and asked for the co-operation of the B.M.A. It was apparently widely expected that the study would confirm that the Minister's views on emigration were essentially right and mine were wrong. In the event, after two years' hard work by Abel-Smith and his colleagues, the opposite proved to be the case.³⁷

Abel-Smith and Gales traced the 1962 country of residence of each doctor in a random sample of 5% of those whose names first appeared in the home *Medical Register* in the years 1925 to 1959. From their sample they estimated that over 6,100 doctors trained in medical schools in Great Britain and Ireland left the British Isles in the ten years 1952-61 and were still abroad in July 1962.³⁸ Their estimate of the number of doctors who were both born and trained in Great Britain alone who left during the ten years up to 1963 and were still abroad was, they wrote, very close to my estimate of 4,000. They said that the annual loss of about 400 British-born doctors, nearly one-quarter of the output of the medical schools, can be regarded as a serious matter, and "we are in full agreement with Dr. Seale that the scale of medical emigration has been substantially greater than has apparently been believed by the Ministry of Health."

Abel-Smith and Gales primarily set themselves the task of discovering the number of doctors who had emigrated and where they went, rather than elucidating the reason for leaving. Nevertheless, they found that, apart from some doctors working in the underdeveloped countries and some of those with research appointments in the U.S.A., very few of the British doctors abroad had any intention of returning to Britain. Although few doctors expressed general objections to the principle of a National Health Service, the findings of the Abel-Smith study, so far as they go, confirm my view expressed in 1962 that a cause of emigration is that practice in the National Health Service has been relatively unattractive professionally, idealistically, and economically to young British doctors. Medical emigration would not have occurred in the absence of demand overseas, but the international demand for British medical skills has indeed been high and shows signs of becoming higher.

Lesson to be Learned

There is an important lesson to be learned from the medical emigration controversy. It is that in the scientific analysis of a problem the facts should lead to belief about the nature of the problem, rather than belief (or prejudices) lead to the production of unreliable facts to support the belief. The data I obtained while studying the trends in the number of doctors in Britain indicated heavy medical emigration, and I deduced from this fact that many doctors were dissatisfied with conditions of medical practice in the National Health Service. Prior to the studies on emigration by myself and Abel-Smith I had been unaware of the extent and intensity of the dissatisfaction. Enoch Powell appeared to believe that doctors were generally satisfied under the National Health Service and therefore could not be emigrating. To support the belief he published unreliable facts and fallacious reasoning to show that little emigration had occurred. The divergence of views about the facts of emigration between him and myself was so great that at least one of us was certain to be proved wrong in the end. As it was he who was wrong, and as he had expressed his views so emphatically, he was left wide open to ridicule when his error was confirmed.³⁹

Mr. Enoch Powell also made the British Government look rather absurd in North America for its part in the controversy. The initial inability of the Minister to provide official figures was unsatisfactory, but subsequently feeding the British Information Services in the United States with misleading information was worse. Canadians and Americans are keenly interested in developments in the National Health Service and in other aspects of British life, and from the British Information Services they expect an accurate presentation of the facts. Because of the high standard of British Information Services, this is what they usually get. The British Information Services may have had some difficulty in 1962 in explaining why over 500 doctors from the British Isles had been emigrating annually, but it may now have even more difficulty explaining why it had categorically denied emigration on this scale when it indeed had been occurring.

Conclusion

The emotion generated in the controversy has supported the view that the problem of medical emigration is important. At times it seemed as though a lot of fuss was being made about a matter of small importance. Much effort and time and thought were required to obtain the facts and publish them effectively, but the scale of the reaction indicated that if they were true they were important. We now know conclusively that they are both true and important. It is clear that expansion in the number of medical students alone will not be sufficient to remedy the shortage of doctors in Britain; it will also be necessary to make conditions of medical practice in Britain attractive enough to retain our young doctors in the country after they have completed their training. The Minister of Health in the new Labour Government, Mr. Kenneth Robinson, has recently acknowledged⁴⁰ that the emigration of British doctors is aggravating the shortage in the National Health Service, and it will be interesting to see what action he will take in the light of this knowledge.

REFERENCES

- 1 Central Statistical Office, Annual Abstract of Statistics, 1961 and 1963.
- 2 Ministry of Health. Written answers to Parliamentary Questions.
- 3 Fellowship for Freedom in Medicine, *Bulletin*, 1964, No. 58, p. 18.
- 4 Seale, J. R., *Lancet*, 1959, 2, 555.
- 5 — *ibid.*, 1960, 1, 1399.
- 6 — *ibid.*, 1961, 2, 476.
- 7 Lafitte, F., and Squire, J. R., *ibid.*, 1960, 2, 538.
- 8 Seale, J. R., *Brit. med. J.*, 1961, 1, 203.
- 9 Davison, R. H., *Lancet*, 1961, 1, 1107.
- 10 Seale, J. R., *Brit. med. J.*, 1962, 1, 782.
- 11 — *Northw. Med. (Seattle)*, 1962, 61, 448.
- 12 — *Brit. med. J.*, 1964, 1, 1173.
- 13 Royal Commission on Doctors' and Dentists' Remuneration, p. 53, 1960. H.M.S.O., London.
- 14 Seale, J. R., *J. Amer. Hosp. Ass.*, 1960, 34, 50.
- 15 — *Brit. Columbia med. J.*, 1962, 4, 393.
- 16 Congressional Record—Senate, 11 July 1962, p. 12386.
- 17 Library of Congress Legislative Reference Service, Education and Public Welfare Division, 9 April 1963.
- 18 *Brit. med. J.*, 1962, 1, 414.
- 19 — 1962, 1, 493.
- 20 Overseas Migration Board, Seventh Report, 1961, p. 10. H.M.S.O., London.
- 21 *Brit. med. J.*, 1962, 1, 936.
- 22 *The Times*, 27 March 1962.
- 23 *Brit. med. J.*, 1962, 1, 1535.
- 24 Powell, J. E., *Brit. med. J., Suppl.*, 1962, 1, 267.
- 25 British Medical Association, *Recruitment to the Medical Profession*, p. 33, 1962.
- 26 *The Times*, 14 April, 1962.
- 27 *Economist*, 9 June 1962.
- 28 *Brit. med. J.*, 1962, 1, 1018.
- 29 *New York Times Magazine*, 18 November 1962.
- 30 Titmuss, R. M., *Essays on the Welfare State*, p. 162, 1958.
- 31 — *Med. Care*, 1963, 1, 21.
- 32 British Information Services, Reference and Library Division, 13 June 1962. New York.
- 33 *The Times*, 7 June 1962.
- 34 *Sunday Times*, 10 June 1962.
- 35 *Brit. med. J.*, 1962, 1, 1675.
- 36 *Brit. med. J., Suppl.*, 1962, 2, 15.
- 37 Abel-Smith, B., and Gales, K., *British Doctors at Home and Abroad*, 1964. The Codicote Press Welwyn.
- 38 — *Brit. med. J.*, 1964, 2, 53.
- 39 *Brit. med. J.*, 1964, 2, 1, 52.
- 40 *Guardian*, 21 July 1964.