

Editorial

Brain drain among Sri Lankan psychiatrists

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Sri Lanka

South Asia is home to a quarter of the world's population, and the island nation Sri Lanka comprises 22 million people from multiple ethnicities. Compared to its South Asian neighbours, Sri Lanka has better health parameters, such as lower infant and maternal mortality rates and higher life expectancy (1). In 2017, Sri Lanka recorded a disability-adjusted life-year rate of 2800 per 100,000 population (2). Meeting the needs of people with psychological ailments has been difficult due to the severe shortage of trained human resources. The country has only 0.52 consultant psychiatrists per 100,000 population and only five child psychiatrists (2).

Socio-economic context

For three decades, Sri Lanka witnessed a brutal armed conflict in the North and East that caused enormous physical and psychological trauma to Sri Lankans, and it ended in 2009 (3). The relative peace and stability that lasted in the following decade were dismantled by the Easter Sunday bombings of Catholic Churches and luxury hotels in 2019, killing more than 250. Subsequently, the COVID-19 pandemic spread worldwide, with 672,606 confirmed and probably many more unconfirmed cases in Sri Lanka and 16,883 deaths (4). While the pandemic persisted, another calamity due to the depletion of foreign reserves occurred, creating a scarcity of imported fuel, gas, food, and essential medicine in the country. Children's education was heavily affected by the lack of transportation for school students and the unavailability of stationary to conduct examinations. The government imposed rolling power cuts as electricity production mainly depends on imported fossil fuel, depriving school and university students of online learning time (5). This situation led to mass protests by concerned citizens in Colombo and the resignation of the Cabinet, Prime Minister and Executive President in 2022.

Undergraduate psychiatry training in Sri Lanka

Undergraduate psychiatric teaching in medical faculties in Sri Lanka was limited to lectures and short clinical appointments for third-year students before 2000 (6).

Psychiatry did not offer a separate paper back then and was assessed only at the final MBBS examination and limited to one structured essay question and a couple of multiple-choice questions in the medicine paper. In the Faculty of Medicine, University of Colombo, the oldest state medical faculty in the country, psychiatry was introduced as a final-year subject with a separate paper. Other Sri Lankan state universities followed, and some universities also presented introductory psychology lectures during the first two years of the medical curriculum. The University Grants Commission of Sri Lanka approved the co-curriculum in psychiatry, and all medical faculties now adopt it, unifying teaching and assessments across the universities.

Psychiatry has been a final-year subject considered for the merit ranking for the internship with the other four major clinical specialities from 2018 (6). The shifting of the core clinical teaching in psychiatry to the final year allowed students to learn psychiatry with the other four major clinical disciplines. A study among state medical students in a Sri Lankan university showed that the knowledge and attitudes towards psychiatry changed after introducing the new curricula and expanding the undergraduate training programme in psychiatry (7).

Postgraduate education in psychiatry

A medical officer who has completed post-intern one-year experience could sit for the selection examination and enter the MD training programme in psychiatry conducted by the Postgraduate Institute of Medicine, University of Colombo. The MD programme in psychiatry runs for three years, and those who get through their MD examination can commence the post-doctoral training, which comprises one to two years of local training followed by mandatory overseas work experience. Trainee psychiatrists train in an approved centre as part of the United Kingdom's Medical Training Initiative (MTI) programme or a hospital-sponsored placement in Australia. In the 1990s and early 2000s, many post-doctoral psychiatry trainees did not return to their motherland (8). After the end of the war in 2009, many returned, increasing specialist numbers in Sri Lanka and establishing psychiatric services in almost all 25 districts in the country (9).

Current expert numbers

In Sri Lanka, specialisation in psychiatry is supervised and governed by the Postgraduate Institute of Medicine of the University of Colombo. Since 1983, 177 general adult psychiatrists, from 2014, 14 child and adolescent psychiatrists and three forensic psychiatrists have completed the board certification (10). A list of vacancies for specialist grade medical officers was published by the Ministry of Health Sri Lanka on 7th September 2023. According to the list, several positions for consultant psychiatrists in teaching (TH), district general (DGH) and base hospitals (BH) were shown to be vacant. This list included BH Puttalam, BH Mahiyanganaya, DGH Trincomalee, TH Anuradhapura, BH Diyatalawa, DGH Ampara, TH Badulla, TH Batticaloa, BH Kalmunai, TH Jaffna, BH Kantale, DGH Mannar, and DGH Mullativu. Many of these hospitals are the largest hospitals in their respective districts or the only hospital with a consultant psychiatrist for the entire district. The lack of permanent psychiatrists in these stations indicates the effect of the migration of psychiatrists compared to a few years ago. The decline of child and adolescent psychiatrists is quite evident, with only five out of 14 board-certified specialists in child and adolescent psychiatry in Sri Lanka remaining in the country. At present, eight out of nine provinces of the nation do not have the services of a child and adolescent psychiatrist, and there is only one board-certified forensic psychiatrist in the country.

The brain drain of doctors

A study conducted on postgraduate medical trainees from Sri Lanka from 1980 to 2009 showed that the main reasons for staying in Sri Lanka after overseas training were job security, income from private practice, proximity to family and a culturally appropriate environment. The most cited factors for migration were better quality of life, avoiding working in rural parts of Sri Lanka, career development and social security (8). Factors affecting the migration of Sri Lankan doctors have been studied and published in 2014 through data collected from medical students and pre-intern medical graduates (11). Back then, the most cited reasons for migration were better quality of life overseas, higher work earnings and further training opportunities in the host country. No socio-demographic characteristics were significantly associated with migration, indicating that it was a highly individualised decision nearly a decade ago.

Due to the COVID-19 pandemic and foreign reserve crisis, the circumstances have changed. According to the General Medical Council of the United Kingdom, less than 250 Sri Lankan doctors have joined health services there per year from 2012 to 2020. However, about 400 medical professionals in 2021 and 500 in 2022 have entered the UK health services, which is a drastic increase (12). According to the Government Medical Officers' Association, from 1st June 2022 to 31st May 2023, 842 grade medical officers have left government health

services in Sri Lanka. Further, 274 board-certified medical specialists have left (12). This figure will not demonstrate the migration of medical specialists attached to Sri Lankan universities. Also, 250 medical interns have not sought post-intern appointments in the Ministry of Health. Also, about 2000 nurses and other healthcare professionals have left, further straining the already depleted health workforce in Sri Lanka. Certain government hospitals had to cancel surgeries and clinics and close down paediatric wards because of the absence of medical specialists (13).

The inflation rose to an all-time high of 74% in September 2022. In this context, the government introduced intense austerity measures to secure a three billion US dollar bailout from the International Monetary Fund. The foreign currency reserve crisis affected the healthcare sector hard. Medical and surgical supply shortages made it impossible to provide a consistent standard of care, and the wages of medical professionals did not keep up with inflation. Most doctors feel their ability to contribute financially and support their families has been curtailed due to the economic crisis and higher tax rates. According to reports, doctors are concerned about their children's future, education, and aspirations, not just their wages (13).

The brain drain of psychiatrists from lower-income to higher-income nations contributes to the extreme inequity in access to mental healthcare across the world. This situation hinders efforts to scale up mental health services in resource-constrained settings in Sri Lanka (14). As an exodus of psychiatrists adds pressure to Sri Lanka's already strained medical system, doctors must weigh their responsibility to the public against their well-being.

Recommendations

The Postgraduate Institute of Medicine, faculties of medicine in Sri Lanka and the Ministry of Health need to promote psychiatry as a desirable speciality for young medical graduates. The current entry examination to psychiatry is held annually, and it would be appropriate to have it twice per year to attract more doctors to psychiatry. Further positions for psychiatric sub-specialities, such as child and adolescent psychiatry and forensic psychiatry, should be offered to post-MD trainees. The document process for postgraduate training and board certification should be digitalised to minimise the hassle caused for trainee psychiatrists. More medical officers should be allocated to psychiatry units in the country to support the services provided by existing and remaining psychiatrists. Many Sri Lankan psychiatrists migrate to the United Kingdom and Australia. Sri Lanka should communicate with governing authorities there to shift from brain drain to brain exchange, where these high-income countries contribute to improving mental healthcare here (15).

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Statement of contribution

MC: Design, literature review and writing of the manuscript

KALAK: Concept, design, and writing of the manuscript

Declaration of interests

The authors declare that there is no financial or non-financial conflict of interest.

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