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“Is active recruitment of health workers really not guilty of enabling harm or facilitating wrongdoing?”

Gillian Brock

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Hidalgo argues that, contrary to widespread belief, active recruitment of health workers “generally refrains from enabling harm or facilitating wrongdoing”. In this commentary I argue that the case is not yet convincing. There are a number of problems with the argument, only some of which I can sketch here. These include:

(i) Hidalgo gives an insufficient account of the relevant harms that are inflicted when healthcare workers emigrate. Relatedly, he does not take account of the underlying causes of migration and what might assist in remedying the situation. He thus fails to catalog a wide range of losses that are born when health workers emigrate from developing countries and fails to appreciate how his recommendations undermine some of the constructive initiatives that might assist poor, developing countries.

(ii) Hidalgo misrepresents the situation in developing countries, incorrectly describing government funding of tertiary education as some kind of gift, rather than an investment in creating important human capital to provide for citizens’ needs, which can mean that fair returns on investment are quite justified. With the correct descriptions in place, the grounding for various duties to reciprocate is rendered secure.

(iii) There are some important problems with the empirical studies cited, such that they do not provide support for Hidalgo's argument.

I begin with the case for (i). There are large disparities in life prospects between developing and developed countries. Indeed, this wide disparity is one of the main reasons healthcare workers want to leave in the first place. If that is the main reason healthcare workers seek to exit, it is not insignificant what would address the causal, underlying problems. How do we promote prosperity in developing countries? A lively debate on this topic flourishes. However, one factor that has widespread support from all sides of the debate is that the quality of institutions in that country is a key issue, whatever other factors are significant.¹ Institutions that promote accountability and respect for the rule of law all provide an environment conducive to stimulating investment in healthcare, education, infrastructure and other ingredients known to alleviate poverty. Strengthening institutions (and their sustaining conditions) that can maintain law and order, enable social and political stability, sustain regulatory capacity, promote trust, and so forth, all create the right institutional environment for promoting beneficial development. One of the most devastating effects of emigration of high skilled workers from developing countries is the way this undermines the quality of institutions, and therefore the losses that are sustained for promoting beneficial development.

There are pervasive losses that are suffered when high levels of human capital are absent. There are negative fiscal consequences – losses of revenue, losses of opportunities for more progressive taxation regimes, and the fact that poorer citizens must now absorb yet more of the cost of sustaining key public

goods in that society. There are knowledge spillover losses – high skilled workers’ knowledge typically spreads to others in organizations providing a key resource in disseminating ideas about best technical practices or innovative delivery ideas. There are economic opportunity costs – high skilled workers’ departure reduces income levels and growth rates for those left behind in developing countries. And there are important losses for institutional development: the key people who might demand and supply what is needed for institutional improvements are no longer available to mobilize for, or provide, the expertise needed to build institutions that will promote beneficial development.²

The argument I have sketched covers a vast area that I cannot do justice to here.³ We can draw out the key point for the purposes of Hidalgo’s argument: At best, Hidalgo presents only a partial list of harms that developing countries must bear when health workers depart. So, even if we consider all the evidence he cites concerning health outcomes as important, it provides only an incomplete list of the relevant harms that must be considered if we are to declare that active recruitment “refrains from enabling harm”.

Hidalgo draws attention to the power of remittances in efforts to show that few negative net effects result from emigration. However, there is no evidence that remittances *alone* can catalyze the broad institutional transformations necessary to remedy the underlying poor institutional environment that sustains the desire to emigrate.⁴ Though there are many positive features of remittances, they are often a mixed blessing. Typically helping families of the better off, they often do little to relieve the suffering of the worst off, frequently exacerbate widening inequalities which worsens the

position of the most vulnerable, create dependence, excuse local governments from making necessary reforms to create the kinds of reforms necessary to keep citizens, trail off after a period of about five years, and most importantly, do little to address structural causes of poverty or remedy poor institutional environments.⁵

A further worry with Hidalgo's analysis is it undermines some of the very features that are likely to bring about positive change for developing countries by undermining the rudimentary steps at co-operation that are now in place. Let me elaborate. The problems of poor, developing countries are unlikely to be solved *solely* by poor countries.⁶ Importantly, both people living inside and outside a particular developing country have a role to play in fortifying the necessary institutions. We certainly cannot leave this all up to citizens of developing countries -- the way international actors behave and the architecture of our international institutions have a key role to play in assisting or thwarting governments' attempts to implement institutional reforms.⁷ So developing countries must rely on co-operation from many nations. In particular, they will need co-operation from destination countries to enforce terms of exit (such as repayment of loans, taxation agreements, or compulsory service periods, where these do exist). The recruitment codes of conduct constitute first steps towards success in co-operative efforts in the healthcare sector. To undermine these early attempts to gain the necessary co-operation by suggesting that recruitment companies need not comply with their terms, seems quite unhelpful and, indeed, morally culpable.

Hidalgo cites epistemic limitations on the part of recruitment companies as relevant to absolving them of responsibilities to play a part in ensuring

recruitment transactions are mutually beneficial for all stakeholders affected by the transaction. But this argument is weak. The point is not that recruitment agencies should single-handedly determine fair compensation by themselves. We need to work together to collect the relevant information about harms and benefits, ways to help, and ways in which we harm. (Collecting evidence is a costly affair but it is anyhow difficult for any single party to collect the relevant evidence. How does a particular developing country know, for instance, who has gone on vacation and who has left permanently? They frequently are not in a position to gain this information. We need to co-operate in gathering the relevant evidence.) At any rate, the argument from individual ignorance and uncertainty would, if strong, undermine the possibility of pretty much any international agreement or code of conduct.

(ii) The idea that governments' contributions to subsidizing the education of developing world citizens is analogous to their giving such citizens some gift -- willingly and with no expectations of return -- seems not to reflect accurately the nature of expectations and levels of knowledge in the cases at issue.

Start by imagining a case where a legitimate government fully recognizes its responsibilities to provide core goods for its citizens (such as health care) and where it responsibly aims to provide these goods necessary for a decent life for those to whom it has duties. However, it has only sufficient funds to train a small number of health workers per year (let us say only 5) and it is widely known that this is the case, as the government is fully transparent about its plans and budgets. It seems disingenuous for someone who willingly accepts training

under such conditions to claim that they did not know about the scarcity of resources, nor that acceptance of benefits would create some large expectation that that person would provide particular services and benefits to other citizens in the future.

That imagined case is relevantly close to our actual world in many cases. In conditions of scarcity, where governments are open about trying to fulfill their duties with scarce resources, and this is widely known to be the case, the expectations do seem to be communicated and moreover, widely understood, as Hidalgo's quote from the Ghanaian doctor underscores. And anyhow, governments in developing countries could start advertising the state of their budgets even more widely and the nature of their expectations, perhaps asking those who accept tertiary funding to sign agreements acknowledging the expectations this creates, or perhaps specifying short terms of compulsory service (explicitly or by default) as happens today in South Africa, Malaysia, Singapore, Ghana and, soon, in India. In these cases, at least, there surely is full information about what would be expected on qualification. The basis for duties to provide service or compensate for lack thereof can be rendered quite clear.⁸

(iii) Since relying on evidence is an important part of much of Hidalgo's argument, let me make some more remarks about it. I have suggested that the evidence cited is inadequate to suggest that no net harms have been suffered by those left behind, as many relevant losses are simply not discussed. The empirical evidence collected also seems incomplete in other ways. Even in the cases where it looks like there were no significant declines in health outcomes, we have insufficient knowledge to make a judgment that migrants' departure

made no difference. We need further information about, for instance, what other initiatives were also taking place during the same period. Donors, governments, and NGOs might all have been making significant efforts at improving health outcomes and, if they had retained enough personnel, the outcomes could have been expected to be far more positive. The fact that health outcomes appear to remain the same in some time period might therefore represent a decline, relative to the expected outcomes that should have taken place if all initiatives had been more successful.

What should we make of the evidence that many who are left behind are unemployed or underemployed? One of the central reasons for this unemployment is lack of public funds to employ the workers they need to deliver key services. But note that fiscal losses are exactly one of the more neglected losses sustained through emigration. If citizens had stayed, taxation revenue streams would exist to employ more health workers. Their presence would have contributed to increased tax collection, growth and income levels, knowledge spillover effects, institutional improvements, and the like, all of which can rapidly increase the size of government budgets. So the fact that health workers are unemployed in those countries may well be a direct result of patterns of losses of income from generations of departing health skilled workers.

Let me make some much briefer final remarks:

(iv). While it is true that health care workers can play a beneficial role for developing countries once they leave, the vast majority do not, nor do they return, even if they express the *hope* that one day they might.

(v). Hidalgo's argument takes no account of cumulative effects. Any individual may not cause significant harm, but when the recruitment practices

include recruitment agencies actively and aggressively recruiting the entire staff of hospitals and graduating years of university classes, the sum total of all those recruitments can be devastating.

(iii). What should we say about those people who change occupation and therefore constitute something of a similar loss from the vantage point of developing governments' plans? The vast majority of health workers who leave do not change occupational direction and continue working in the same area in which they initially trained. So within the context under review, the problem of occupation change is insignificant.

¹ For a summary of relevant issues concerning the debates about causes of prosperity and the importance of institutions see Gillian Brock *Global Justice: A Cosmopolitan Account* (Oxford: Oxford University Press, 2009), Chapter 5.

² For excellent, accessible treatment see Devesh Kapur and John McHale *Give us your best and brightest: the global hunt for talent and its impact on the developing world* (Washington: Center for Global Development, 2005).

³ But see Kapur and McHale, *Give us your best and brightest*, for an excellent overview.

⁴ Kapur and McHale, *Give us your best and brightest*, p. 162.

⁵ Gillian Brock *Global Justice: A Cosmopolitan Account* (Oxford: Oxford University Press, 2009), Chapter 8.

⁶ Thomas Pogge, 2nd ed., *World Poverty and Human Rights* (Cambridge: Polity, 2008).

⁷ For more on these arguments see Brock, *Global Justice*.

⁸ For more on how to make these arguments see Michael Blake and Gillian Brock *Debating Brain Drain*, forthcoming Oxford University Press, 2014.