Foreign doctors

Wasted resources?

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Foreign-trained medical graduates from poor countries have never had an easy time getting licences to practise in Ontario. But since the social contract agreement was translated into law (Bill 50) in January, their chances for licensure have been even slimmer.

At the last minute the government and Ontario Medical Association negotiators agreed to reduce costs by simply cutting the number of new doctors who start practising in the province, saying that no one who had graduated outside Ontario could bill the government fee-for-service. That not only excluded all the people who had graduated in other provinces, it also excluded a much larger number who graduated in other countries.

"It was well known that we have been licensing a lot more doctors than we graduate from our medical schools," said Dr Michael Dixon, registrar of the College of Physicians and Surgeons of Ontario (CPSO), "but it only became interesting to the OMA when there was talk of global caps. It focuses one's attention." Since 1988 the College of Physicians and Surgeons has licensed on average more than 200 foreign medical graduates yearly.

Most of them would have taken training positions in hospitals under certain specialists, particularly surgeons and pediatricians, who want to have more time in their offices and to do research while the interns do some of their legwork. "Service fodder for the specialists," is the way one doctor put it. In return the interns get training, then get their licences, and then can set up a practice wherever they like.

But how many of these foreign medical graduates came from poor countries? The CPSO could not provide information on the country of origin of their licencees. In some provinces, such as Manitoba and Alberta, there is a "preferred country list" that guides the provincial licensing bodies in choosing which foreign graduates are licensed. The countries on Manitoba's list are England, Ireland, South Africa, New Zealand, and Australia.

An increasing proportion of Canada's population has emigrated or fled from the poorer countries of the world, including some who were trained as doctors in their own countries. Ontario's Pre-Internship Program still guarantees 24 internships to non-Canadian graduates. But now all foreign graduates will be funneled through this internship program, which already had 800 applicants in 1989. Those who come from poorer countries now have virtually no hope of ever practising here.

"We're caught between a rock and a hard place," said Dr Alan Pavilanis, a family physician who works with the lucky winners of the 10 residency positions saved for foreign medical graduates in Quebec. In addition, Quebec issues between 10 and 15 restricted licences to foreign medical graduates annually. "Every time a foreign-trained doctor gets into practice, there's a Canadian-trained one who would have loved that job. On the other hand, there's the skilled, dedicated foreign-trained doctor who we're not going to allow to practise because we made up some rules."

But would the Canadian-trained doctors really have loved that job? Then wherefore the problem of underserviced areas? Dr Abdul Qadir Omar, who graduated in community medicine in Somalia, believes that the number of doctors in Ontario is not the issue. "There may be too many in Toronto, but there are lots of places where there aren't enough. That should be tackled instead of preventing competent people from practising."

There are 60 000 Somalis in Ontario and no licensed Somali physicians. There are more than 30 Somali doctors in metropolitan Toronto alone, but none have licences. "We pass our exams and don't get an internship," said Omar, frustrated that there is such a clear need for him and yet no way to be of service.

Bill 50 does make a stab at placing doctors where they are needed. For those who graduated outside Ontario, a Minister's exemption can be made if the doctor fits into certain categories. One category encompasses those who plan to serve a group who have difficulty accessing services that are culturally or linguistically appropriate.

"Of course I would want to work with the Somali community!" said Omar indignantly, when asked. "I went to medical school in Somalia because the need was there and I wanted to help. Why would that change?"

Although Omar wants passionately to serve the Somali community, should his licence depend on his agreeing to do so? The new special exemption category raises entirely different questions for multicultural Ontario.

Culture-matching

"When I took my father to the doctor, I looked for a Lebanese one," says Hadi Khouri, a recent immigrant. "First of all, there's the language. But also, no one else would begin to understand what my father's situation is: his cultural background, the kind of family we are, the way he thinks, his diet, the illnesses he might be prone to."

Many community health organizations assume that patients are best served by doctors of the same cultural background as themselves.

"Community health centres believe that staff should reflect the community they serve, culturally and linguistically," said Sonny Arrojado, Executive Director of the Association of Ontario Health Centres. But many people disagree.

Dr Ralph Masi, founding president of the Canadian Council on Multicultural Health, remarked: "As an Italian doctor, am I somehow not good enough to look after Greeks? Is that not racist? Does it not have the same implications as asking, if I'm white, 'Do I have to go to a black doctor?'"

Masi believes that a better approach is to make our institutions more accessible to all ethnic groups, making use of cultural interpreters when necessary. "People of varying backgrounds should be able to work with people of all backgrounds," he said. "In our system a lot of 'ethnic' people want to be looked after by people of their own background because the system hasn't encouraged them elsewhere." He says licensing foreign doctors in order to serve immigrants would be like licensing women doctors to serve women. "But if we license them to serve equity, then the other will take care of itself."

For Shanti Radcliffe, Director of the London Intercultural Health Centre, providing doctors of the appropriate cultural background is not feasible, even if it were desirable. With patients from 76 different countries and two doctors to serve them, which two groups are going to get lucky?

"In our diverse society," she said, "I don't believe one should aim to target a doctor to his or her own particular group. We'd be ghettoizing people and assuming they are more different than the same. We should cope with people as people, rather than as examples of different cultures. If you know me, a Sri Lankan, do you know all Sri Lankans? In Sri Lanka there are five different cultures, languages, scripts, religions."

The London Intercultural Health Centre runs a volunteer program using the talents of a huge number of foreign-trained doctors, nurses, and psychologists in the London, Ont, area. "We make it clear we can't hire them," said Radcliffe, "but we use them as translators or to develop support groups. They are happy to do it, and hope that any exposure to the Canadian system will help them in the long run."

She is angry with Canada for disappointing so many professionals, who were encouraged to immigrate precisely because they were so highly skilled. "It's a great big tunnel at the end of their light," she said. "Either give them a path to the medical system here, or some training so that they can hope to eventually use the skills that it's taken them a lifetime to acquire, instead of ending up driving ambulances and washing dishes."

Omar proposes an evaluation and retraining program for foreign-trained doctors that would meet the needs of underserviced sectors. "If we need physicians in the area of AIDS," he said, "then foreign graduates could apply for training in that particular area. But they ignore the pool of potential that is already here, and instead they advertise for someone in the Johannesburg papers."

Arrojado agrees. Many foreign-trained doctors work as health educators in community health centres, "but if they were licensed, they would be able to help us with our recruiting problem." She thinks that restricted licenses could be used for this purpose. "With a carte blanche approach to licensing, we are missing an opportunity to tap resources already here. It requires some political will and bureaucratic courage, but no other profession has that exclusivity about the choice of where to practise. You go where you're needed."

Khan Rahi, Director of the Access Action Council of Toronto, also sees allowing foreign-trained medical doctors to practise here as essential to sensitizing Canadian medical institutions. Cross-cultural training programs in medical schools are not enough, he says. "There is no point trying to sensitize everyone cross-culturally. If we opened up the system to 15 minority doctors and had positive results, then we could incorporate cross-cultural training and it would mean something. But just saying, 'You should accept other cultures,' is not enough; it's tokenism."

Dr Brian Hennen, Chair of Family Medicine at the University of Western Ontario, would heartily object to such a characterization of cross-cultural training. He and his colleagues have just spent 3 years developing videotapes and workbooks to help in teaching about culture and health, one of them specifically to educate hospital boards about dealing with multicultural issues. "Quite frankly, it's not possible for everyone to be served by doctors of their own cultural background," he said. "But we do need to include more culturally sensitive curricula. You stereotype people if you try to compartmentalize cultural groups, but you can learn to get the cultural information you need from the patients themselves, and get sensitive about variability. There's as much variability within their culture as there is within yours."

A spectrum of cultural backgrounds is now represented at medical schools, but unless foreign-trained doctors can get access to them, new immigrant groups will have to wait another generation to be served by people of their own

background: their children who have gone through the school system. And by that time, points out Liz Feltes, Director for the South Riverdale Community Health Centre, some of the doctors will have lost their language. "Still, when people come here they like being seen by someone who even has the appearance of being from their country," she said.

Dr Nancy Craven, a family physician in Winnipeg, helped train interns in a program for refugee doctors that Manitoba has now canceled. She believes that, for some groups, waiting another generation is going to be too late. "The people who went through the program all went to work with their cultural groups, which were Laotian and Vietnamese," she said. "It's not just the language; these doctors know a range of other subtleties about the culture, an essential understanding in dealing with the psychosocial problems of refugees. They would understand the religion, the mythology, for example, and the value of elders in the community. They might elicit the support of elders in the case of a battered woman, instead of sending her off to a shelter. They would work through the elders to tell the man that violence is not a legal option and what its ramifications are."

However, Craven's is a rare voice among physicians. When discussing the reasons for continuing to exclude foreign-trained medical graduates from practising in Ontario, many physicians speak sympathetically about those outside the system, but ultimately fall back on the disputed figures of physician resource management (formerly known as manpower or as "too many doctors") and talk of the future in terms of better cross-cultural training for Canadian-trained graduates.

Those excluded use older, cleaner words such as power, turf, and money. Perhaps the most eloquent is Omar, who emigrated from Somalia in 1989: "Nowhere on earth is the health system so aristocratic as it is in North America. But to be a healer you should be humble, not arrogant. In Europe, doctors are middle class, but here they are the rich. It's all a question of money, but it's the wrong philosophy. You don't heal to get rich."