

## Could joining EU club spell disaster for the new members?

Almost a third of Lithuania's doctors have said they would like to go abroad when the country joins the European Union in May. Health minister **Juozas Olekas** tells Katka Krosnar how he hopes to keep them at home

Despite his cheerful manner Lithuania's health minister Juozas Olekas faces a serious problem—how to keep doctors in the country.

According to the ministry's own research, 61% of doctors in training and 27% of practising doctors said they wanted to work abroad once the Baltic country joins the European Union this May, along with nine other states. Of those, 15% of doctors in training and 5% of practising doctors firmly intend not to return.

For the new member states, such as Lithuania, being part of the European Union means the axing of borders and therefore free movement of people within the bloc, as well as automatic and unconditional recognition across the union for qualifications and training obtained in their own country. In short, that makes migration easier and, with average wages significantly lower in most of the 10 new member states than in the 15 existing ones, much more likely.

Lithuania may not be the only nation facing a major migration of its doctors, but it is a small country with just 3.5 million inhabitants. It is treating the problem extremely seriously and seeking ways to limit the effects. With average wages just 1400 litas (£277; \$503; €405) a month before tax—one tenth the level of that earned by their counterparts in Germany—the health system could be particularly vulnerable.

Olekas admitted that an increase in migration was virtually inevitable and outlined his plans to at least limit the exodus.

"Of course some of our doctors will leave, so we must improve the healthcare system in Lithuania to make them more likely to stay. One thing we are doing is raising doctors' average salaries by 10% each year for the next few years, and I hope that pay levels will come close to those in the EU," he said. "Also, last year

we started to reform the whole healthcare system to make it better organised, more efficient, and less centralised."

One key focus of the reforms is streamlining hospital care; last year eight hospitals, including six in the capital city, Vilnius, were closed down, with the proceeds from the sale reinvested directly into the health system. Another aspect is improving primary care in the regions, establishing well equipped facilities in each town or village with more than 2000 residents.

"The hospital system has been too centralised and inefficient, with too many beds. Restructuring the system will boost staff motivation," he insists.

Even so, Olekas believes that won't be enough to keep staff. Recognising that some migration is inevitable, the intake of medical students at Lithuanian universities has been increased by 10% this year, as it was in 2003 for the first time in many years, to counter an expected rise in medical staff working abroad.

The ministry has even drawn up a proposal for tackling the financial implications of training staff who leave immediately.

"We think it would be fair for Western countries to recognise that countries like ours are footing the bill for training medical staff which they then use. We are proposing that we reach an agreement where such countries would pay towards medical training for these staff," said Olekas.

Taking the principle even further, the ministry is mooting a plan in which Western nations would sign agreements whereby Lithuania would train a certain number of doctors for them.

"The cost of training doctors is much lower in a country such as Lithuania, so it would be a win-win situation for everyone," he added.

The most popular destination for Lithuanian doctors wanting to

work abroad is Germany, followed by the United Kingdom, then Scandinavia.

Olekas believes, however, that many of the doctors who go to the West will eventually return. "I think most will leave Lithuania only for a few years, and it's good for staff to gain experience of medical practice abroad—as long as everyone doesn't leave at once," he said.

While welcoming the pay rise, the Lithuanian Union of Doctors points to the huge discrepancy that remains in wages compared with the rest of Europe—not only a low wage but a 36% tax rate on top. Doctors' pretax starting salary of 800 litas a month is less than double the 450 litas minimum wage.



Juozas Olekas: "We must improve the healthcare system in Lithuania to make [doctors] more likely to stay"

"Lithuania faces a serious problem with the migration of doctors. We expect that around 15% of doctors will leave after our country joins the EU, particularly younger doctors with fewer ties," Asta Grigaliuniene, general secretary of the doctors' union (which represents 7000 of Lithuania's 10 000 doctors), told the *BMJ*. "That could exacerbate ongoing difficulties in recruiting medical staff in the regions." Grigaliuniene agrees though that many of those leaving will eventually return.

Lithuania is the fifth smallest of the 10 countries joining the European Union in May, the oth-

er nine countries being Poland, the Czech Republic, Hungary, Slovakia, Latvia, Estonia, Slovenia, Malta, and Cyprus; until 1991, Lithuania was part of the former Soviet Union.

The Permanent Working Group of European Junior Doctors, based in Finland, expects migration rates from most of these countries (apart from economically well off Slovenia and Malta) to rise significantly once they join the European Union. "Doctors, particularly junior doctors, will move not only for much higher pay but also better training opportunities and working conditions," Nina Tiainen, the association's president, said.

Top of the list, according to Tiainen, is Britain because of pay levels, language, and unfilled posts.

Harmonising wages and training would help limit the exodus, Tiainen says. "Every doctor has the right to work where they want, but many accession countries are very worried about a brain drain and losing doctors that they educated at high cost," she added.

Another aspect of free movement is that patients will be free to seek non-urgent medical care in other EU countries. "That could have negative financial implications for the system; if patients try to claim back the cost of non-emergency treatment abroad from the state health insurance fund by arguing that such treatment was not available, or available quickly enough, in this country," said Olekas.

At the same time, he says, Lithuania could see a boom in private patients from abroad seeking cheaper treatment. Olekas highlights the country's international reputation for cardiac surgery and dental care as two particular areas likely to attract private patients from the West.

Joining the European Union also means harmonising medical training in line with European directives from this year, including greater focus on clinical training during undergraduate medical studies.

Olekas expects the healthcare system to reap many benefits from EU membership. "It will be easier to exchange experiences and information, raise the standard of qualifications, and give us better access to medicine from other countries. All that will be better for Lithuania," he predicts. □

Katka Krosnar *Vilnius*