

# Emigration of doctors, military service and alternative service

## Some proposals based on a survey of medical students

I. MICHELOW, E. SILBER, M. R. PRICE

### Summary

In the face of a critical shortage of skilled medical personnel, especially in the rural areas of South Africa, and high rates of emigration of doctors, a survey was conducted in 1989 of white male medical students at the University of the Witwatersrand to assess their intentions to emigrate, their reasons for emigrating and their attitudes to alternative civilian service. Ninety-five per cent of respondents still had military service obligations; 39% said they were considering emigrating. Military service was ranked as the first or second most important reason by 59% of those intending to emigrate and 47% said they would remain in South Africa if alternative service were available. The majority of those willing to do alternative service were also willing to do this in rural areas. The introduction of the option of alternative service would reduce emigration, increase the provision of medical care in rural areas, and acknowledge the right of individuals to serve the country in a non-military capacity.

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There is a critical shortage of skilled health personnel in various parts of South Africa. The personnel shortage is compounded by the ever-increasing number of professionals who are emigrating. It has been claimed that military service obligations are one of the most significant reasons for the high rate of emigration among doctors.<sup>1-5</sup>

Furthermore, there is a massive discrepancy between the proportion of the South African population living in rural areas (over 60% of blacks live in rural areas and 'homelands')<sup>6</sup> and the percentage of doctors who service these areas (22%).<sup>7</sup> The resulting highly variable doctor:population ratio in various geographical locations reflects the extent of the skills shortage, ranging from 1:930 in Natal cities to 1:32 000 in KaNgwane.<sup>7,8</sup>

Against this background, a survey was conducted at the Medical School of the University of the Witwatersrand in January 1989 to assess the extent to which undergraduate white male medical students intend to emigrate and their reasons for doing so. Students' attitudes towards alternative service and service in rural areas were investigated in order to assess what influence this option might have on the rate of emigration.

### Subjects and methods

The survey included all white (i.e. classified as white according to the Population Registration Act) men in the 4th, 5th and

Centre for the Study of Health Policy, Department of Community Health, University of the Witwatersrand, Johannesburg

I. MICHELOW, 5th-year medical student

E. SILBER, 5th-year medical student

M. R. PRICE, M.B. B.CH., B.A. (OXON.), M.SC. (LOND.)

6th years of study at the University of the Witwatersrand Medical School in January 1989. Foreigners not eligible for military service and students exempted from military service were excluded.

Information was collected using a self-administered, anonymous questionnaire. All questions were closed-ended. The data were coded twice by independent coders and double entry into a microcomputer was performed.

### Results

Of the total of 269 eligible students, 232 returned the questionnaires giving a response rate of 86%. (Confidentiality of questionnaires precluded any follow-up of non-responders.) All calculations that follow are based on the 232 responders.

Of the responders 91% had not done any military service and a further 4% had completed the initial 2 years but still had camps to do.

Thirty-nine per cent said that they were considering emigrating in the near future as opposed to 59% who said that they were not. Students who were considering emigrating were asked to rank reasons for emigrating on a scale of 1 - 5 (1 being most important and 5 being least important). Military service was ranked as the first or second most important reason by 56% of students intending to emigrate. The detailed ranking of the reasons for emigrating are given in Table I.

For different questions 1,7 - 3% of respondents used ticks instead of numbers to rank reasons for emigrating. These have been excluded in our calculations. If they were to be included as equivalent to 1 or 2, this would raise the percentages as follows: military service = 62%; political instability = 58%; economic recession = 25%; career opportunities = 23%; other reasons = 12%.

Students were asked whether they were prepared to do military service; 47% stated that they were definitely or probably prepared to do military service; 18% said 'perhaps'; whereas 30% indicated that they were definitely or probably not prepared to do military service. Five per cent of responders left this question blank (Fig. 1).

All students were asked whether they were prepared to do alternative service as a civilian doctor for a period equivalent to military service. Eighty per cent were definitely or probably prepared to do alternative service, whereas 7% were definitely or probably not prepared to do this.

Of those students who gave military service as a major reason for emigrating, 86% stated that they would be prepared to do alternative service.

Of all students who were considering emigrating, 47% said they would definitely or probably remain in South Africa if alternative service were available (this is equivalent to 19% of all respondents) and 20% would definitely or probably not remain in South Africa even if alternative service were available (Fig. 2).

Of all students who stated that they would be willing to do alternative service, 60% were prepared to do alternative service in a rural area as opposed to 13% who were not.

TABLE I. RESPONDENTS RANKING EACH REASON FOR EMIGRATION ON A SCALE OF 1 - 5\*

Reason for emigration	1		2		3		4		5		Tick†		Blank	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Military service	33	36,3	18	19,8	13	14,3	7	7,7	2	2,2	5	5,5	13	14,3
Political instability	24	26,4	25	27,5	9	9,9	5	5,5	8	8,8	4	4,4	16	17,6
Economic recession	7	7,7	13	14,3	21	23,1	23	25,3	3	3,3	3	3,3	21	23,1
Career	6	6,6	8	8,8	20	22,0	22	24,2	9	9,9	7	7,7	19	20,9
Other	6	6,6	4	4,4	1	1,1	5	5,5	24	26,4	1	1,1	50	54,9

\* Scale: 1 = most important; 5 = least important.  
 † See text for explanation.

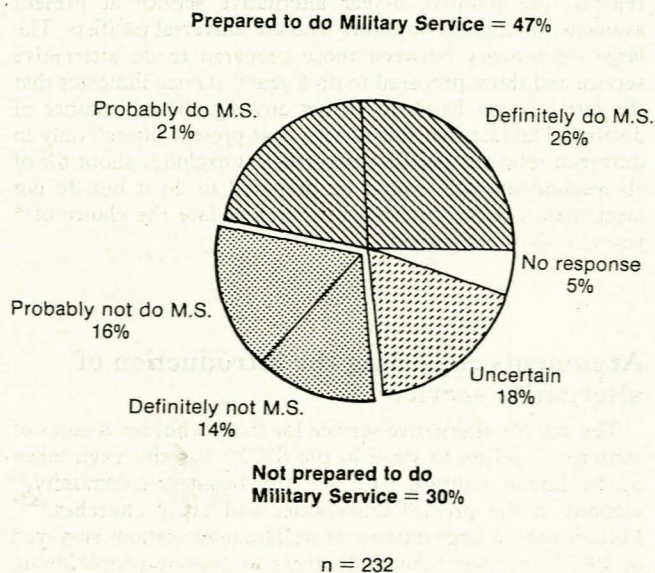


Fig. 1. Intentions of white male medical students with regard to military service.

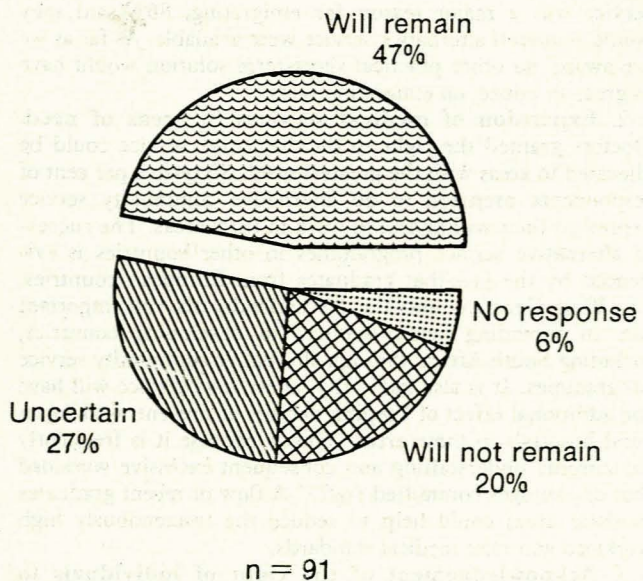


Fig. 2. Percentage of those students intending to emigrate who would remain in South Africa if alternative service were available.

At present, religious objectors to military service are allowed to do an alternative service of 6 years (i.e. 1½ times the total period of military service including camps). In the survey 6% of students said they would definitely or probably be prepared to do the 6 years' alternative service, whereas 68% indicated that they were definitely not prepared to do 6 years.

### Discussion

Our discussion has four parts. We look first at the rate of emigration, situating our findings in the context of national statistics and other local studies. Secondly, we look at the reasons for emigration, again comparing this with other reports. Thirdly, we discuss our findings concerning attitudes to military and alternative service. Finally, we conclude with a summary of the arguments regarding the introduction of alternative service for conscientious objectors.

### Emigration rates

Our survey has shown that approximately 40% of white men in the clinical years of medical study are seriously considering emigrating. This finding is supported by the national emigration statistics. Between 1982 and 1986, 48 747 people left the country although immigrants still exceeded emigrants. However, since 1986 emigration has exceeded immigration with a net loss of 9 938 recorded in 1986 and 1987 (Fig. 3).<sup>9</sup> A poll conducted in 1987 found that over 160 000 urban white South Africans intended to live elsewhere within the next 5 years.<sup>10</sup> Migration figures show that professionals constituted

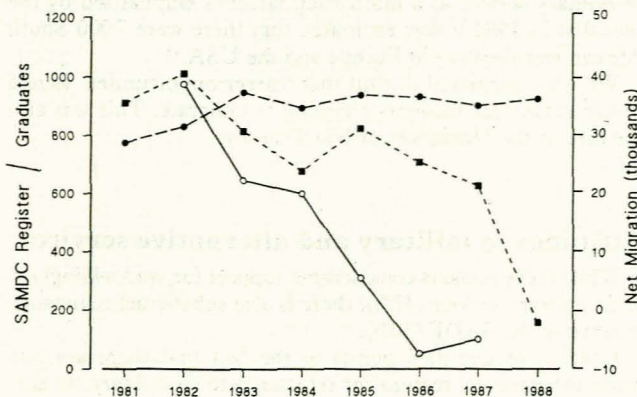


Fig. 3. Annual change in number of doctors on the SAMDC register (1982 - 1988), compared with doctors graduating and net migration for all occupations (1982 - 1987). Note: the annual change in the number of doctors on the SAMDC register is calculated as a 3-year moving average (■ = change in number on SAMDC register; ● = No. of graduates/yr; ○ = net migration).

49% of the net loss of economically active migrants in 1986<sup>11</sup> and 84% in 1987.<sup>9</sup> A National Manpower Commission report in 1988 stated that the exodus of professionals increased from 700 in 1982 to over 2300 in 1986.<sup>12</sup> This report further predicted that by the year 2000 there would be a shortage of up to 228 000 people with a university degree or diploma.

The medical profession has a particularly high rate of emigration. According to some press reports, over half of particular classes have emigrated.<sup>13,14</sup> The official emigration figures underestimate the true rates, since many people are known to leave South Africa without emigrating formally.<sup>9,15,16</sup>

One indicator of the net flow of doctors is the trend over time of the number registered with the South African Medical and Dental Council (SAMDC). In the absence of migration, the number of doctors on the register should increase annually by the difference between the number of new graduates and the number who have been removed from the register owing to death or retirement.

Data we have collected indicate that for the past 10 years about 880 doctors a year have been graduating from South African medical schools, increasing from 767 in 1978 to 924 in 1988. The SAMDC register indicates that whereas between 1980 and 1982 the number of doctors on the register increased by about 1 000 per year, between 1987 and 1988 the number decreased by 227, despite there being 164 more graduates in 1986 than in 1978 (note that graduates only come onto the register 2 years after graduating) (Fig. 3). Expressed differently, there were about 3 000 fewer doctors on the register in 1988 than one would have expected had the trends of the early part of the decade been maintained. This can only be explained by changes in net migration. And even this indicator underestimates the loss, since many doctors living abroad retain their SAMDC registration.

## Reasons for emigration

This study indicates that the most important motivation for the emigration of white male medical graduates is compulsory military service in the South African Defence Force. Our findings are similar to those from some other university campuses. A 1987 survey of students at Rhodes University found that 55% of respondents were considering emigrating. Conscriptation was the sole motivation in 28% of cases and played a role in a further 25%.<sup>17</sup> A survey at the University of Natal found that the leading factors motivating emigration were 'instability of South Africa' and 'conscriptation' cited by 77,6% and 56,1% of respondents, respectively.<sup>1</sup> The significance of military service as a motivating factor is emphasised by the fact that in 1984 it was estimated that there were 7 000 South African war resisters in Europe and the USA.<sup>18</sup>

We were surprised to find that 'career opportunities' were a minor reason for students planning to emigrate. This was also the case in the University of Natal survey.<sup>1</sup>

## Attitudes to military and alternative service

While there remains considerable support for, and willingness to do military service (47%), there is also substantial reluctance to serve in the SADF (30%).

Analysis of our data points to the fact that there are two broad categories of reasons for reluctance to do military service. The first category consists of reasons of conscience, including moral, religious and political reasons. The second category involves opposition to military service for material reasons. Reasons here include 'loss of earnings', 'waste of time', 'interruption of specialisation', 'separation from family' and other personal reasons. Our survey suggests that the first category

— reasons of conscience — is most important. Seventy-seven per cent of students who stated that they were not prepared to do military service were willing to do alternative service. In other words, the opposition to military service is largely an ideological, rather than a material one, since alternative service will also entail inconvenience and personal sacrifice.

This is part of the growing national resistance to conscription manifested by the willingness of conscientious objectors to face jail sentences and by collective public refusals to serve.<sup>19,20</sup> Figures released by the Minister of Defence in 1985 showed that over 7 500 conscripts failed to report for service that year. This figure was a tremendous increase from the 1984 figure of 1 596.<sup>21</sup> Subsequent figures for conscripts failing to attend for call-up have been withheld.

We noted, however, that the vast majority (87%) of students rejected the punitive 6-year alternative service at present available to religious objectors who are universal pacifists. The large discrepancy between those prepared to do alternative service and those prepared to do 6 years' service indicates that the latter is too harsh to attract any significant number of doctors. The fact that this service is at present offered only to universal religious pacifists nevertheless excludes about 6% of all respondents who would be prepared to do it but do not meet these narrow criteria and therefore face the choice of 6 years in jail or emigration.

## Arguments regarding the introduction of alternative service

The call for alternative service for those who, for reasons of conscience, refuse to serve in the SADF has also been taken up by liberal political parties,<sup>22</sup> the business community,<sup>23</sup> sections of the press,<sup>24</sup> universities and many churches.<sup>25,26</sup> Furthermore, a large number of welfare organisations surveyed in 1987 expressed their willingness to employ people doing alternative service (National Community Service Group, Cape Town — unpublished survey). Three arguments are offered in favour of alternative service.

1. **The important role of keeping medical graduates in South Africa.** Our research has shown that nearly half all those students considering emigration would remain if alternative service were available. Of those who stated that military service was a major reason for emigrating, 86% said they would remain if alternative service were available. As far as we are aware, no other practical short-term solution would have as great an impact on emigration rates.

2. **Expansion of medical services in areas of need.** Doctors granted the right to do alternative service could be allocated to areas with the greatest need. Sixty-five per cent of respondents prepared to do alternative community service expressed their willingness to work in rural areas. The success of alternative service programmes in other countries is evidenced by the fact that graduates from European countries, e.g. West Germany and the Netherlands, play an important role in providing health services in developing countries, including South Africa, through alternative community service programmes. It is also likely that alternative service will have the additional effect of keeping doctors at present working in rural hospitals in these areas. This is because it is frequently the chronic understaffing and consequent excessive workload that discourages committed staff.<sup>27</sup> A flow of recent graduates to these areas could help to reduce the tremendously high workload and raise medical standards.

3. **Acknowledgement of the right of individuals to serve the country in a non-military capacity.** By granting alternative service to all who, for reasons of conscience, refuse to do military service, South Africa will be aligning herself

with the majority of Western democracies where conscription co-exists with the right to do alternative service.\*

### Would the SADF still get enough doctors?

Opponents of alternative service have stated that the granting of such service will deplete the army of its required number of doctors. This argument can be countered on a number of levels. We offer the following comments:

- This survey has shown that 50% of students (probably a larger percentage at other medical schools) are probably or definitely prepared to do military service.

- The conditions of alternative service could be such that, without being harshly punitive, it would not be seen as the easier option.

- The survey has also shown that many students who are intending to emigrate to evade military service will remain if alternative service were available. Alternative service is thus not depriving the SADF of these conscripts since they would otherwise emigrate.

- It is notable that many countries have fought wars with volunteer armies. This includes South Africa in World War II, when the rights of sectors of the population not to participate in war were respected.

- Finally, we would like to see an objective study analysing how many doctors the SADF really needs. Such a survey should maintain a perspective of the needs of the military *vis-à-vis* the medical needs of other communities in South Africa.

### Conclusion and recommendations

A recent decision of the South African Medical and Dental Council has stimulated a debate<sup>29</sup> around the issue of compulsory community service for all medical graduates. This survey supports the view that any system of compulsory community service should include the option of community service for those conscripts who, for moral reasons, are unwilling to do military service.

It is widely accepted that there is an urgent need for medical professionals in many under-served areas of South Africa. This lack of personnel is compounded by the large number of medical graduates emigrating. The major factor causing emigration of white men is military service. We have

shown that there is overwhelming support for alternative national service, including service in rural areas, and that the implementation of such service is likely to reduce emigration significantly.

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\* Among countries that recognise conscientious objectors are: Austria, Belgium, Denmark, the Federal Republic of Germany, Finland, France, Italy, the Netherlands, Norway, Poland, Portugal, Spain, and Sweden. Countries which do not recognise conscientious objectors include: Argentina, Chile, Cuba, Czechoslovakia, Egypt, Ethiopia, Greece, the German Democratic Republic, Israel, Iran, Korea, and Libya.<sup>28</sup>