

The art of medicine

“You have not remained the same, nor have I”

Now that we are in the third year of the COVID-19 pandemic, it is easy to forget the intense emotions, such as fear of contagion and managing uncertainty and disruption, among health professionals and the public early in the pandemic. Amid that fear, front-line workers were recognised as “heroes” by the public. Some of those newfound heroes while travelling to hospitals on eerily empty streets and following their vocation to care for others were simultaneously struggling with internalised turmoil about their own circumstances and choices. The challenges of being international medical graduates in the UK’s National Health Service (NHS) and health systems in other high-income countries (HICs) were made all the more painful by the pandemic. When the world closed its borders and imposed travel restrictions, physicians who had sought better career prospects and learning opportunities abroad found themselves in the eye of the storm and far from home. They worked on COVID-19 wards in HICs while their home countries were engulfed by the pandemic and innumerable tragedies befell family and friends. Many individuals struggled with feelings of impotence and desperation because they could not be there for ailing loved ones. These agonising feelings resonated with the experiences of separation and insuperable tensions about belonging for generations of migrant doctors, framed by a long history of discrimination within medicine and society. The NHS Race and Health Observatory’s review of ethnic inequalities in health care, including the NHS workforce, found evidence that minority ethnic staff face racist abuse from colleagues and patients, alongside impeded career progression and professional development and an ethnic pay gap. In this context, it is illuminating to return to a personal narrative from the past of one doctor’s experience in the NHS.

The critically acclaimed 2005 documentary *I for India* is an intimate and evocative depiction of the tensions of being a migrant doctor in the UK. The ambitious and optimistic Dr Yash Pal Suri came to the UK in the 1960s and pursued a career as a geriatrician. He was frustrated by the expense of telegrams, slowness of letters, and the poor quality of phone calls to keep in contact with his family in India. So with remarkable vision he purchased a set of Super 8 film equipment for himself and his family in India, setting in motion 40 years of video epistolary exchange long before webcams and smartphones. The director, Sandhya Suri, Dr Suri’s youngest daughter, interweaves this correspondence with archival BBC materials, including *Make Yourself at Home (Apna Hi Ghar Samajhiye)* and contemporary family footage in a portrait that spans some 40 years. The film captures the bittersweet pain of missing family weddings, of Dr Suri not being able to be with his mother in her final months, and of his family’s circumstances, against the backdrop of Dr Suri’s life at work, where patients and colleagues make no effort to pronounce his name correctly, and racism over the decades in the UK in changing political contexts.

Dr Suri’s painful longing and love for India while he learns to unlearn the old ways of life and how to assimilate into the UK are subtly and powerfully conveyed in the film, as we watch his Hindi missives start to become peppered with English vocabulary and how and he feels a misfit in his own country of birth upon return. Dr Suri describes his new property in the UK as a “house” rather than a “home” describing his dislocation and how he feels: “I haven’t still accepted I can settle anywhere else in the world, except my own country”. He expresses a heartfelt plea to not “underestimate his loyalty and patriotism” for his motherland, India. His struggles are recognisable for many migrant doctors. He relates the melancholy, conflict, and pain he suffered in choosing to build a life away from his homeland and how he feels a misfit in both places and truly at home in neither. Dr Suri’s and his wife’s expressions and emotions

speak volumes as they navigate some of the same feelings that their own parents experienced. The myth of return and the cycle of migration hang heavy over the film, with subsequent generations struggling with the same dilemmas of career opportunities versus staying close to one's roots. The film is permeated with the nostalgic tones of Geeta Dutt's 1959 *"Waqt Ne Kiya Kya Haseen Sitam"* mourning how the passage of time has irrevocably changed two lovers: Dr Suri and his romance with his motherland: *"you have not remained the same, nor have I...time has done such great injustice"*. The forced and prolonged separation due to the COVID-19 pandemic left many doctors who work abroad wrestling afresh with questions of belonging and identity. Some have been reliving Dr Suri's dilemmas while working on COVID-19 wards and serving patients in their adopted countries while experiencing feelings of betrayal, guilt, or helplessness as they watched the impacts of the pandemic in their homelands.

Migration among health-care workers is multifaceted, encompassing the personal and professional goals and aspirations of the individual, perceived opportunities in the country they move to work in, the circumstances of the country they are leaving, and broader global inequities and inequalities. The decision to migrate is not taken lightly and reflects structural inequalities across the globe, with a global shortage of health personnel and staggering differences in ratios of medical doctors per capita population between HICs and low-income and middle-income countries (LMICs). WHO has a voluntary code of practice on the international recruitment of health personnel. But without sustained and radical changes to the global economy and health systems, alongside recognition of the impacts of continuing postcolonial legacies, it will be difficult to mitigate all the factors that drive migration of health-care workers.

Health-care worker migration into the NHS since its inception in 1948 has seen two notable peaks, one during and in the aftermath of World War II and the second in the 1960s, mainly from Caribbean and South Asian countries that still followed the British system of medical education having been under British colonial rule. The 2021 BBC documentary, *Our NHS: A Hidden History* highlighted how the budding NHS relied on this migrant workforce from former colonised countries to deliver its promise of free and universal health care from cradle to grave. This reliance on non-UK trained health-care workers persists to the present day. Mirroring global inequity, the brain drain of health-care workers from LMICs to HICs continues unabated with more than 10,000 migrant doctors joining the NHS in 2020. [are these numbers the most up to date?] The reception received by such doctors is not always as warm and welcoming as one might hope. The very term "international medical graduate"(IMG) used to describe migrant doctors who hold General Medical Council (GMC) recognised qualifications to work for the NHS, is an "othering" umbrella term that perpetuates an insider-outsider dynamic and groups together doctors with disparate and diverse origins, personal journeys, and motives for migrating, including seeking safety and refuge. Migrant doctors of Dr Suri's generation were disproportionately represented in medical specialties and geographical locations where it was hard to recruit British doctors, and the frequent essential requirement for UK-training for senior positions maintained this two-tier workforce, structurally excluding many doctors from career progression. Those who currently follow in Dr Suri's footsteps are often perceived by senior clinicians and management as plugging gaps in perpetually unfilled out-of-hours rotas and encounter varying degrees of prejudice from colleagues and patients based on the intersection of factors including ethnicity, gender, nationality, and religion.

Despite some progress, ongoing discriminatory behaviours and every-day instances of prejudice range from a lack of effort, respect, and interest to learn how to pronounce your name properly, being mocked for one's pronunciation

and accent, and an impatience and intolerance of communication in clinical teams outwith the UK normative medical school templates. One in seven of the 1.3 million people who work for the NHS describe themselves as non-British and more than one in four describe themselves with an ethnicity other than white. Yet they remain a vulnerable population within the NHS. With the inherent power imbalances that accompany working in a different health system, culture, and country these moments of racism, discrimination, and microaggressions are often tolerated by the immigrant doctor as part of a coping and adaptive survival strategy to living and working in this environment. There is a stark imbalance in time and effort expended by others to learn about you as an individual, with your strengths, skills, and needs.

The 2021 NHS Workforce Race Equality Standard report reveals that one in six minority ethnic staff personally experienced discrimination at work from a manager, team leader, or other colleagues in 2020. The UK General Medical Council recognises that migrant doctors are more than twice as likely than their white contemporaries to be referred to fitness to practice hearings, and commissioned the *Fair to Refer?* report to investigate contributory factors and proposed measures, including greater support for doctors new to the UK and more positive NHS leadership and learning working cultures. Additionally, the NHS Race and Health Observatory found disproportionate impacts of COVID-19 on minority ethnic health workers.

Now, more than ever, is the time to recognise, listen, value, respect, and care about our colleagues rather than customary “thank you” for their hardwork and efforts to keep the NHS functional. It takes time, effort, and commitment to build trust, combat systemic racism, and implement compassionate leadership within the NHS and “listen with fascination” to migrant doctors. Equity between UK and international medical graduates in terms of study leave and budget, educational supervision, access to the same continuing professional development or training portfolios, pastoral support, long-term mentoring, bias recognition, and social integration within the team are fundamental to dismantle the overt two-tier system that still exists. Dr Suri died in May, 2021 after a life of service to the NHS, but his bittersweet experiences of migration as immortalised in *I for India* continue to bring us all together and offer those who have followed in his footsteps some solace that they are not alone. His emblematic experiences serve as a catalyst for us all to engage with the immigrant experience among our peers, colleagues, and friends with openness, curiosity, and a desire to address and challenge persistent injustices and discrimination in the contemporary health-care workforce.

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For **I for India** see <https://www.iforindiathemovie.com/>

For **Our NHS: A Hidden History** see <https://www.bbc.co.uk/programmes/m000xwz6>

Further reading

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