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Venkat, Kaavya

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INTERNATIONAL PHYSICIAN MIGRATION

A Comparative Study of Healthcare in the US, UK, & India

By Kaavya Venkat

Physician migration patterns are a phenomenon that affects the healthcare system within developing countries, but there is no strong evidence to show why doctors migrate to the West after getting an education from elite Indian medical institutions. This study aims to explain why physicians from India choose to leave given the different push and pull factors. Prior research shows that better opportunities for higher education, socioeconomic status, upward mobility, and equitable healthcare systems contribute to why physicians are attracted to the US and the UK. This leads to the next main question: which country do doctors prefer after moving away from India, the US or the UK? With further investigation through interviews, it becomes evident that there is no actual preference for one country. Each country has unique assets within the types of healthcare and lifestyles offered. Physicians note that social networks, support systems, and recruitment are all reasons for moving to the West. Female and lower caste/class doctors with adequate resources who left India discuss that they were able to feel more valued for their merit outside of the country. Some upper caste/class physicians were privileged enough to have more autonomy when deciding where to go; for them, the West was just another option. Upper-caste narratives also shed light on the politics they fled from, such as the medical education quota system for undergraduate and postgraduate institutions. To summarize: physicians didn't worry too much about the destination. Rather, they just wanted to leave India.

Introduction

Many Indian physicians and healthcare workers are incentivized to migrate to the Global North. The goal of this thesis is to understand why there is a drive for Indian professionals, who are educated in India, to move to first-world countries. There are two sides to a coin, but the outcome leads to emigration. Factors such as harsh working conditions, high burnout rates, low pay, lack of governance, lack of clinical exposure during medical school, and the sociological "West is Best" epidemic are all considered push factors for why young physicians want to emigrate.

Countries such as the United States and the United Kingdom provide valuable incentives for physicians to relocate including better pay, existing social networks, and better higher education. Recruitment due to the scarcity of physicians in developed countries is also a major influencing factor. By looking at the various incentives and reasons physicians have, the decision to move to the US or the UK can be understood through a comparative analysis of each of the Western country's pull factors. While both countries might seem like good options, a deeper dive into which one is more popular among physicians can explain why outward migration is popular among healthcare professionals.

Through interviews, various anecdotes from different physicians regarding why they chose to move out of India have been collected. Some of the main themes that resonated with the interviewees were that they migrated out of India for "opportunities" abroad. Another important factor to keep in mind is that the Indian medical education system is taught in English. It is already modeled in a Western manner, so it made sense for graduates to seek jobs or higher levels of education in the UK or America. This is where the comparative qualitative findings come into play. Most doctors that eventually moved to America (or those who want to move to America) view the UK as a stepping stone in their professional journey. But those who stay in the UK have chosen to continue their careers there because of the National Health Service (NHS) system. This is a socialized form of healthcare, which is aligned with the goals and ethics of the physicians who consciously decided to stay in the UK.

Overall, however, doctors did not make clear conscious choices between the US and the UK. Some physicians automatically choose to go to the UK after or for their postgraduate studies, as the UK has a similar education system to the one in India. Others would directly write the USMLE (medical entrance exam for the US) as they believed in the American dream, the concept that everyone, regardless of background, can achieve their own version of success in a society where everyone has the opportunity for upward mobility. Usually, recruitment or social networks will sway them to go to one country over the other. This does not necessarily mean that they preferred one country over the other at the time they were deciding to leave India. The goal was more oriented towards leaving due to the negative push factors of India rather than specific pull factors of the US or the UK. The general pull factor of these Western countries was simply the idea of having a more privileged and profitable lifestyle.

There was an overall lure to the West, but this is related to the push factors of India: lack of infrastructure, resources, and opportunities for newly trained medical graduates. Physicians moved to first-world countries for better postgraduate education, familial reasons, and to escape the hierarchical systems of India. On the other hand, doctors who chose to stay in India are those who were already privileged enough to be established within the medical field. In terms of the doctors' backgrounds, they were all trained at government institutions within India. Government medical schools are rigorous and provided an adequate foundation for them to carry out their practical knowledge beyond India. Government schools are also more difficult to be accepted into due to their high selectivity. At the same time, getting into a government institution meant that students would not have to pay large amounts of tuition fees. However, due to the quota system (reservations), some doctors felt academically restricted or not seen for their merit.

These findings can be grouped into three main categories. The first was that doctors who attended high-caliber medical schools in India had a higher chance of migrating to a Western country. Their undergraduate education impacted their experiences and exposure to modern Western medicine, which was both attractive and beneficial for their social status. The second main finding is that social networks within destination countries mattered to migrating physicians, but this was not a single defining factor. The truth is that people who want to

migrate rely on three different social networks: academic support systems, social support systems, and financial support. Whether these networks exist in the US or the UK was not a major pull factor. Finally, push factors from India are more specific compared to the pull factors of Western countries; the main pull factor of the US and the UK is that they are not India. This is due to variables such as poor infrastructure, lack of funding, poor governance, hierarchies based on caste, and the lack of opportunities to grow as physicians within the medical system in India.

Prior Research

Due to the highly prevalent poverty, lack of governance, and inadequate education systems in India, many doctors tend to leave the country after their higher education is complete. Socioeconomic gaps, such as systemic class/caste inequalities might also contribute to the desire to leave. Countries like the US or the UK are known to offer better opportunities for career advancement while also allowing those with families to have a higher quality of life. Healthcare staff shortages in the West, lack of specialist training within "poor" countries, and the financial lure of the West (such as America or the UK) have resulted in the migration of physicians and essential healthcare workers from developing source countries to more developed host countries.[1]

India is known for its harsh working conditions and physician burn-out rates. In a study, doctors noted that a lot of their stress comes from how they don't have adequate time with their loved ones.[2] They experienced work burnout. With the already existing shortage of doctors and healthcare workers in India, newly licensed physicians may be concerned about burnout. This can lead to feelings of wanting to leave the country. As of July 2019, India has one doctor for every 1,457 citizens.[3] This is an overwhelming statistic that explains why physicians might want to escape such a medical system.

There is a huge divide between the public and private health sectors in India in terms of the funding that is available to each. The public sector often does not get as much attention as the private sector, which leads to more polarization and lower levels of development. The most widely cited reasons for reluctance to work in the public sector were a lack of professional development opportunities, a lack of basic infrastructure, and low pay. Almost 85% of respondents were disappointed by the public sector's lack of pay.[4] The public sector funds government hospitals and physicians in India, however, due to the lack of funding, there is a rising challenge to recruit and retain government doctors in some states, notably in Gujarat.[5] When there is less of a desire to serve in the public sector, physicians might decide to take up the option of immigrating to more developed countries for their benefit. "Demotivating working conditions, coupled with low salaries, are set against the likelihood of prosperity" for the individual.[6]

The political impact on social life is important, and health and medical services are often beyond the reach of lower caste/class/income communities. One of the prevailing sentiments behind India's great emigration rate is the belief that moving overseas to the West would provide a better quality of life.[7] India's government only distributes 5.1 percent of the nation's GDP to the health sector, which is less than the US's funding (15.6 percent).

1 Onyebuchi A. Arah, Uzor C. Ogbu, and Chukwudi E. Okeke, "Too Poor to Leave, Too Rich to Stay: Developmental and Global Health Correlates of Physician Migration to the United States, Canada, Australia, and the United Kingdom," American Journal of Public Health 98, no. 1 (January 2008): 148–54, https://doi.org/10.2105/ajph.2006.095844.

2 Hirak Dasgupta and Suresh Kumar, "Role Stress among Doctors Working in a Government Hospital in Shimla (India)," European Journal of Social Sciences 9, no. 3 (September 2009): 356–70.

3 Press Trust of India, "India Has One Doctor for Every 1,457 Citizens: Govt," Business Standard India, (July 4, 2019), https://www.business-standard.com/article/pti-stories/india-has-one-doctor-for-every-1-457-citizens-govt-119070401127_1.html.

4 Seetharaman N. and Logaraja M., "Why Become a Doctor? Exploring the Career Aspirations and Apprehensions among Interns in South India," Nat.J.Res.com.Med 1, no. 4, (August 22, 2012): 188–95,

5 Baskar Purohit and Tim Martineau, "Issues and Challenges in Recruitment for Government Doctors in Gujarat, India," Human Resources for Health 14, no. 1, (July 19, 2016), https://doi.org/10.1186/s12960-016-0140-9.

6 Sunita Dodani and Ronald E. LaPorte, "Brain Drain from Developing Countries: How Can Brain Drain Be Converted into Wisdom Gain?", Journal of the Royal Society of Medicine 98, no. 11, (November 2005): 487–91, https://doi.org/10.1177/014107680509801107.

7 Sujatha, "Why Do Indians Want to Leave India to Settle Abroad?", My India, February 19, 2017, https://www.mapsofindia.com/my-india/india/why-do-indians-leave-india.

Additionally, the Indian health expenditure primarily goes to the private sector while only 0.9 percent of the GDP is spent on public-sector health programs. The government claims to support hospitals in urban areas as well as a staffed nationwide network of primary health centers (one physician and four paramedics per 35,000 patients). While there may be some exceptions, most of the hospitals in large towns and urban centers are overcrowded and their facilities are not maintained. The primary health centers mentioned, in reality, are in dire need of funds, equipment, medications, and healthcare workers.[8] This does not reflect a healthy or sustainable work environment, which can motivate physicians to move out of the country.

Relationship Between Going Abroad, Education, & Status

Educational factors have frustrated the Indian doctor and student populations. These frustrations are regarding the reservation/quota system within medical school admissions, which motivates the privileged caste/class to seek medical education abroad.[9] In addition, private colleges in India almost function as a pipeline for migration to the West. "Although private colleges do not explicitly educate for emigration, multiple observers [reported] that the rationale for the development of more private schools was continued high interest in emigration. The quality of education at these institutions was also a subject of concern—in particular, the shortages of trained faculty and clinical learning opportunities."[10] Clinical training after earning a medical degree in India is becoming less and less available. Many Indian postgraduate programs also charge high entrance fees of approximately $50,000. Both factors contribute to travel abroad for medical specialization.[11]

Western educational opportunities are viewed as better for postgraduate studies. Britain's political dominance infected India's culture by instilling what K. Ramakrishna Rao calls, "colonial syndrome." This colonial syndrome mainly affected populations that were first exposed to English education and western culture. With further development and urbanization, the population carried out Western ideals, as the English-educated elite were granted positions of power. The education system and governance within the subcontinent have been restructured greatly due to this phenomenon.[12] Saranya Nandakumar describes this phenomenon as the "West is Best Epidemic," a belief that is carried out by young doctors and their relatives that professional training is better outside of India in a country like the US or the UK. This is a "marker of success."[13] There might be an allure to the West due to its highly esteemed education system. In a series of interview analyses done by Aalok Khandekar, he notes that people view the "US educational system as an unquestionably better model of higher education than the one prevalent in India. These perceptions were typically elaborated based on three interrelated rationales: better integration of research into the curriculum in the USA, stronger linkages between universities and industries in the USA, and the relative scarcity and difficulty of getting into quality educational institutions domestically."[14]

Relationship Between Socio-economic Hierarchies & Social Networks

Despite not passing the entrance exams, a large number of aspirants can afford to pay for medical education within private colleges. Meanwhile, within government institutions, applicants are admitted based on their caste and merit. Since medicine deals with human life, there is a common belief among most applicants that medical school admissions in India should be based solely on merit, which can be determined by entrance exams. Caste-based reservation sparks debates and one's choice of side is determined by one's caste. Many people have questioned the entire admissions process, accusing it of being focused on money and caste rather than academic ability. Many people sympathize with reservations based on economic criteria. Indeed, even those who oppose caste-

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8 Fitzhugh Mullan, "Doctors for the World: Indian Physician Emigration," Health Affairs 25, no. 2 (March 2006): 380–93. https://doi.org/10.1377/hlthaff.25.2.380.

9 Aalok Khandekar, "Education Abroad: Engineering, Privatization, and the New Middle Class in Neoliberalizing India," Engineering Studies 5, no. 3 (December 2013): 179–98, https://doi.org/10.1080/19378629.2013.859686.

10 Mullan, "Doctors for the World: Indian Physician Emigration," 380–93.

11 Mullan, 380-93.

12 Ramakrishna K. Rao, Colonial Syndrome: The Videshi Mindset in Modern India, New Delhi: Dk Printworld, 2018.

13 Saranya Nandakumar, What's up Doc?, New Delhi: Parity Paperbacks, 2004.

14 Khandekar, "Education Abroad: Engineering, Privatization, and the New Middle Class in Neoliberalizing India," 179–98.

based reservations often agree to some form of reservation for the marginalized members of society. However, their contradictory concern that caste-based reservations jeopardize merit continues to be debated. Abhijit Bal, a researcher from the Crosshouse Hospital in Scotland, notes that "this reflects a deep-seated bias in the minds of the majority of Indians. It is only fair that social settings are taken into consideration when providing opportunities for higher education."[15] Many upper-caste Indians seek education abroad for the sole purpose of avoiding the reservation system in India.

It is also important to note that the patriarchal society in India impacts many women physicians from an early age and into their marriage. Medicine is one of the most competitive educational fields in India and can be seen as a barrier for women to even enter the system. Even if women were able to cross this barrier, their career decisions might be influenced by their future spouses' life circumstances. According to the 2011 Census, 46 percent of total migrants moved because of marriage, with 97 percent of these being women. This means that 70 percent of married women migrated out of India, but not on their terms.[16]

Relationship Between Recruitment & Westward Migration

A social and pull factor to consider is how many Indian immigrants might have existing social networks and cultural communities within destination countries. Many students immigrating from India to pursue higher education usually have support systems, in the form of friends or family, who already live in the US. Having a social network that spans both nations ensures that students feel comfortable and adjusted to the American education system and culture.[17] This is an incentive to develop their human capital with elite education while also feeling at home with a community of people they already know. "Migration researchers have typically defined migrant networks as interpersonal ties linking kin, friends, and community members in their places of origin and destination. But other kinds of social ties also exist for migrants. Many migrants have ties to institutions and organizations that help them to migrate, get jobs, or adjust to society in the destination country in other ways."[18]

Recruitment also played an important role in pulling Indian-trained doctors into the US and the UK. Significant numbers of foreign-trained doctors have been hired by economically developed countries to compensate for their own workforce shortages. By 2010, thirty-seven percent of registered physicians within the United Kingdom were trained overseas, with a large majority being from India.[19] Opportunities with recruitment are helpful for Indian-trained doctors who are interested in going abroad for the various push factors mentioned above, but also, they might feel like they are filling an unmet need of physicians in these Western countries.

Research shows the aforementioned reasons for why physicians move away from India, but prior literature does not quite contextualize the comparative analysis of why doctors are driven to choose between the US and the UK as their final destination. Therefore, further qualitative research is required to probe the underlying reasons for relocation. This can be achieved via personalized interviews that will allow for a better understanding of physicians' stories and thought processes about leaving India.

Methods

To answer this research question, qualitative data collection via interviews was conducted. Since this paper is comparing doctors' decisions to move to the UK versus the US, an even sample of American and British physicians, originally from India, were carefully selected and included. The data collection process included an even number of male and female physicians. The main constant throughout the interview sampling was to make

15 Abhijit M. Bal, "Medicine, Merit, Money and Caste: The Complexity of Medical Education in India," Indian Journal of Medical Ethics, no. 1 (January 2010), https://doi.org/10.20529/ijme.2010.009.

16 Varun B. Krishnan, "What Is the Biggest Reason for Migration in India?" The Hindu, July 22, 2019, sec. Data. https://www.thehindu.com/data/india-migration-patterns-2011-census/article28620772.ece.

17 Khandekar, "Education Abroad: Engineering, Privatization, and the New Middle Class in Neoliberalizing India," 179–98.

18 Maritsa Poros, "Migrant Social Networks: Vehicles for Migration, Integration, and Development," Migration Policy Network, March 30, 2011. https://www.migrationpolicy.org/article/migrant-social-networks-vehicles-migration-integration-and-development.

19 Claire Blacklock et al., "Effect of UK Policy on Medical Migration: A Time Series Analysis of Physician Registration Data." Human Resources for Health 10, no. 1 (September 25, 2012), https://doi.org/10.1186/1478-4491-10-35.

sure that all doctors completed their undergraduate medical education within India. The sampling criteria ensured that interviewees came from different class and caste backgrounds; this was used to study diversity and how/if it affected upward mobility. It is critical to examine variances in elements such as urban versus rural upbringing, language, and social caste groups when conducting research on Indian populations. Informal caste classifications in India hinder socialization and employment opportunities.[20] During the initial stage of the interviewing process, there was a realization that more perspectives regarding the difficulties or disinterest of migrating to Western countries were needed, which led to the decision of interviewing doctors who stayed in India after medical education. Among the Indian doctors interviewed, the ratio of males to females were equal so that different perspectives and gender-specific struggles could be highlighted.

Prior to conducting interviews, a list of questions was drafted, which would be relevant to the variables that would impact either the push or pull factors of migrating out of India. Each question was constructed to maintain relevance to the research question. After a few rounds of interviews, an adjustment to the method of probing for details was necessary, especially when asking about factors that encouraged them to move to a specific country. The first seven interviews were very straightforward narratives of Indian doctors who had the opportunity to move away from India. After noticing a similarity among them within the answers to the questions, a shift in focus was needed; interviewees needed to be transported to the past instead of reflecting through the present lens. This helped probe interviewees into remembering details within their educational background and specific motives as young physicians (refer to Table 1).

The best way to recruit interviewees was via the snowball sampling method. For example, after interviewing a doctor from the UK, the protocol was to ask them to recommend two to three Indian doctors they were associated with. Out of the two or three contacts, at least one of them would respond with the interest of being interviewed. Recruitment was successful towards the beginning, but it became increasingly difficult to confirm appointments with physicians towards the end. One communication tool that was helpful with recruitment was WhatsApp. Many Indian immigrants use this messaging platform, so it made forwarding messages efficient within existing social networks and colleagues.

The only major downfall with the snowball sampling method is that many of the interviewees had similar stories to share since they came from relatively similar backgrounds. After all, a social network is based on people who are like one another in some capacity. One main variable was the socio-economic/socio-cultural hierarchies, which meant venturing out of the WhatsApp circles. More contacts were acquired through personal/family connections in India. My grandparents live in a small town, which was helpful when trying to get in touch with their friends. This took a lot of cold-calling and following up, but eventually a few people were able to devote some time and provide unique points of view. Additionally, with my connections to South Asian organizations at UC Berkeley, I was able to have a wide outreach regarding this research (this was communicated through Slack, Facebook, and other social media platforms). Peers and colleagues would respond by providing contact information of their parents that were interested, which helped diversify my sample. Below is the list of the interview questions along with a clear reason as to why it is included (refer to Table 1).

Table 1: Interview Questions and its Theoretical Justification

Questions	Theoretical Justification
What made you decide to go into medical school? Where did you get your medical education from? What was your medical education experience like?	Helps understand if there was any frustration with the education system in India

20 Salonia Bhatia, "Global View on Social Mobility - Focus on India." In Diverse Company, June 4, 2020, https://indiversecompany.com/global-view-on-social-mobility-focus-on-india/.

What made you pursue any further medical education outside of India? Did you face any challenges within the medical undergraduate program in India?	Educational pull factors outside of India
Did you have any work experience in India? What was that experience like? Did this shape your decision to leave or stay in the country? If you did move to one of the Western countries (US/UK), did you have to sacrifice any of your previous education?	Evaluates the push factor of working conditions in India while probing at their experience away from their country of origin
What was your family background before you migrated? Was the salary ever a major factor in your decision to move?	Will decide if they considered the Indian healthcare system to offer less pay for their services
What are your thoughts regarding the Indian government's impact on the healthcare system or health education system?	This question will probe for any resentment towards the Indian government, which might be a reason for leaving India
Did you view living in the US/UK as desirable or as a marker of success? Why?	Analyzes whether the "West is Best" ideology persisted in their lives
Were you recruited by the US/UK to practice abroad? If not, were you ever convinced to migrate due to the shortages of physicians in the US/UK?	This question can be used to get a sense of whether recruitment by Western countries every affected their decision to migrate
What drew you to the US/UK? Probe: Why did you not want to go to the other (US vs. UK) country? Were you given the opportunity to work in another country?	Comparing preferences and getting to the root of why people choose one over the other
Did you have any friends or family living in the country you chose to migrate to? Would you have moved out of India if you did not have any friends or family in the US/UK? Did you have any networks in the UK/US that helped you in terms of your professional development?	Analyzing the importance of social networks in migration decisions
Are you satisfied with the cost of living in the country you chose to migrate to? Did you ever compare the cost of living between the US/UK (if applicable)?	Evaluates if people take into consideration the cost of living while making the decision to migrate to a certain country

Findings & Discussion

Some of the main themes that resonated among the interviewees were that they migrated out of India for

"opportunities" abroad. This highlights the "Videshi Dream", which is similar to the American dream, except this concept refers to the general idealization of western culture and lifestyles. The "Videshi Dream" is a lingering legacy that India has yet to overcome. Going abroad to study or work is a source of pride for Indian families as emigrating to a Western country has become a status symbol.[21] My findings show that doctors move to first-world countries for better postgraduate education, family obligations, to escape the hierarchical systems of India, and to have a Westernized/modern lifestyle. On the other hand, doctors who chose to stay in India were already privileged enough to be established within the medical field and could continue living with luxuries even in a developing nation.

In terms of each of the doctors' backgrounds, most of them had some exposure to governmental health institutions in India through internships or their undergraduate education. Government medical schools are rigorous and provided an adequate foundation for them to carry out their practical knowledge beyond India. Government schools are also more selective in their admissions process. At the same time, getting into a government institution meant that students would not have to pay large amounts of tuition fees. However, due to the quota system (reservations), some doctors feel that they are academically restricted or not seen for their merit.

My findings can be categorized into three main sections:

1. The prestige of a medical career and high caliber educational institutions exposing people to opportunities abroad
2. The importance of social networks and support systems when migrating
3. The major push factors from India that motivated doctors to leave the country

High-caliber Medical Schools & Exposure to Western Medicine

Medical graduates who attended high-caliber undergraduate schools in India are more likely to migrate to the US/UK because they are more likely to be exposed to Western medicine and opportunities abroad. A medical education ultimately elevates one's social and economic status as it has a prestigious image in Indian society. To start this discussion, it is important to note the drivers for why Indian people value medical education because this detail allows us to understand the foundation of people's journeys.

According to nearly all the interviewees, obtaining a medical degree has socio-economic benefits such as higher respect and status. Indian society has shaped generations of students to believe that there is a binary for what path people should take: either one becomes a doctor or an engineer. So much of people's self-worth was closely tied to academic and career-related accomplishments, but the caliber in which Indian students were trained has always been valued in Western countries such as the UK and the US. The origin of the model minority myth plays an important role in career choices, which is tied to the desire that young doctors have to migrate to the US/UK. Western society benefited from foreign-trained physicians who helped fill the gaps in Western healthcare, and many Indian doctors truly believe that they did earn more respect in such societies. Climbing the socio-economic ladder is difficult in India since there is a complex caste/class hierarchy that disables many people from achieving socio-economic mobility. Even though there are a lot of nuanced problems with access to education for all classes and caste communities within India, almost all my interviewees agree that education is the best way to try to climb at least a few rungs of the ladder. So, it is not surprising that many people choose to go into medical school, one of the most elite forms of higher education.

Another common trend among all physicians was that they were encouraged or pushed to study medicine by their families. This was either because their parents were physicians or because their parents aspired to be physicians but lacked the means to do so. Parents' unfulfilled career goals and advice were major influencing factors for the future generation; every Indian family's dream is to have a doctor in the family, which was a self-proclaiming prophecy for my interviewees. All the interviewees indicated that their families and societal values played a role in their career goals.

21 Rohith Rangwani, "We Live in a Country Where Our Biggest Achievement Is to Leave It!", Times of India Blog, June 15, 2019, https://timesofindia.indiatimes.com/readersblog/mycontroversialworld/we-live-in-a-country-where-our-biggest-achievement-is-to-leave-it-4093/

Dr. Kranthi Purimetla, a physician in Dallas, Texas reflected upon her decision to enter the medical field. She stated that her choice was pretty simple and straightforward: "we had to choose early on regarding what field to go into for college. So, this choice was made during tenth grade. I was pretty good at math and science. I found the sciences and the medical field to be glamorous, so it was not a tough choice." The glamorization of STEM education and career was a common sentiment among most of the interviewees.

Dr. Karthik Velu, who is a pediatrician in the UK, also recounted his decision to become a doctor. He adds that there was pressure/encouragement from his parents to go into this field, which as mentioned earlier is a general theme among older generations of Indian parents. The parents conform to the societal ideals as they are the ones constructing these ideals. He shared his thoughts on the way the older generation impacted the careers of their children:

> "The main reason I chose to go into medicine was because of my parents. There is a lot of respect for doctors in India as it is a highly specialized field. I came from a middle-class family, and they wanted me to have a better education and career than the one they had. So usually, they would encourage their sons and daughters to pursue a career in medicine or engineering. These were the typical options. I don't think, culturally, anyone really encouraged their children to go into any other streams. No one told their children to study business or accounting. And this has been a norm for years."

This quote stood out due to the cultural and social norms that were mentioned regarding education and career paths. He also later goes on to talk about how being a doctor, or even obtaining a medical degree from India could help him attain the ideal desired "status." Coming from a middle-class family, this was important to him and to those who shared a similar background: "As I grew, I would see the respect and good status doctors had in the society, and I was impressed by the way they were able to conduct themselves. So, this was very important to me as a young person."

While being a physician comes with a glamorous title and image, one of my interviewees noted that one of his main reasons for entering the field of medicine was his commitment to fill the unmet need for more healthcare workers in India. But he also was influenced by his parents: "The reason to become a doctor is that India needs more healthcare providers. I was influenced by my family to pursue a medical education. My parents were heavily inclined towards these fields."

Another physician mentioned that his decision was a combination of the image associated with the profession and the fear of unemployment if he were to go into any other sector: "I went to medical school in Calcutta because my whole family saw this as a very positive image. When I was in high school there was a lot of news about the unemployment of engineers, so this also made me steer towards medicine."

High-caliber medical institutions in India would bring awareness about Western medicine through the student and alumni network, which would bring about more interest in going abroad. Those who went to top government schools were streamlined into having a successful career. Since government medical institutions are extremely competitive to get into, many high schoolers would aim to go to these schools. Going to such schools would not only give you an edge over others academically, but it would also provide you with a really important resource: social networks.

Dr. Dilip Pillai, who is now a physician in the US, shared his experiences at the Jawaharlal Institute of Postgraduate Medical Education and Research (JIPMER). JIPMER is a central government institute run by the Ministry of Health, India. It has the best facilities to study medicine and conduct medical research. Within the National Institutional Ranking Framework , a part of the Ministry of Human Resource Development (MHRD), JIMPER was ranked one of the top-notch medical colleges one can attend within India (ranked within the top ten universities for medical degrees). Dr. Pillai states that most of his batch-mates would eventually want to lead a life in the UK or the US after completing their degree at JIPMER.

> "I think about 50 percent of the folks I went to JIPMER with have immigrated out of India...the pull was mostly due to the stories you hear from your seniors who graduate from medical school and go abroad, so you feel a bit envious like "why can't I do it?" So, you get into a rut and take all the exams you need in

order to get out of India to go to the UK. And I did both, so I went to the UK first then I came [to the US]."

In this example, Dr. Pillai was encouraged by his peers and alumni. They were not necessarily social networks that acted as support systems when migrating, but rather they just pushed the Western ideals further by bringing back glamorous stories, which relates to the concept of the Videshi or American dream.

More than caliber, the specialization one chooses to take is more impactful. Doctors who choose to do a postgraduate degree are seen as more competitive candidates for jobs. Most people prefer to stay in India for both their basic undergraduate medical degree and their postgraduate degree as it is cheaper and faster to complete if they go to government institutions. As mentioned earlier, government schools are also harder to get into, so getting accepted into programs within the government's framework garners much recognition. Dr. Pillai also notes that his postgraduate (MD) program prepared him well for a future in healthcare abroad:

> "There was absolutely no comparison [to the kind of education I received in India]. If I had to compare myself to my contemporaries in the UK, I was way ahead. But then I think there was a little bias there because again I came from one of the top medical schools in India. Indian medical students at that time are all very well read, which was only transferable in practices in the UK and the US. I think that's why my exposure in the UK made me very comfortable. It gave me a sense of confidence in what I can and cannot do. And that was the strong point in Indian education."

Dr. Velu similarly applauds the Indian education he had in terms of the vast knowledge that he was able to acquire: "Most South Asian countries have a heavy theory-based education system. We had to read a lot of textbooks and the knowledge base was very large. Therefore, many South Asians are prepared to go abroad and practice." Even though India's system would enforce medical/science content for the exams, it was useful to have that knowledge and apply it practically in the real work field.

While the Indian education system was generally considered to be a solid foundation, one interviewee talked about the struggle of leaving India after getting just a medical degree from India. He was doing a postgraduate degree in India as a back-up plan but then was able to get into a residency program in the US: "It is not easy for anyone to come directly [to the US] after just medical school in India, so yeah I did postgraduate study in India. I was in the process of doing a postgraduate degree when migrating. I was in my third year when I came here (final year)." He does not think it is that important to have a postgraduate degree to come to the US, as the US does not recognize certain postgraduate degrees. He states that you will have to repeat residency anyways if you choose to come to the US. This is also another reason why he thinks it is not worth going to the UK.

> "They will recognize your medical school degree as long as you went to a school that is included in the Ministry of Health list of India. This list is recognized by the WHO. So, the US recognized my basic medical degree, but that is the only degree that the US will recognize. It will not recognize any postgraduate degree from another country. Even if you are a postgraduate, you have to come here and repeat a residency and fellowship."

Since the Indian education system is modeled after the UK education system, many people find that it makes sense to go to the UK since they have the same undergraduate curriculum. This creates an India to UK pipeline. Many of the textbooks and lesson plans are the same within these two countries. Dr. Pillai even mentions how it was easy for him to assimilate into the UK system due to the similarities. The common trend is that doctors who were trained in India are able to adapt well in the UK while also being able to practice and apply their past education, which was not as easy as in India due to the lack of resources, facilities, and pharmaceutical supplies. Dr. Velu also commented in agreement that application-based learning is better in the West since there are case scenarios and peer supervision. This displays a big push factor many doctors conveyed: working in the Indian healthcare system was difficult because they were lacking essential infrastructure. Dr. Pillai notes that his education and experience had a disconnect:

> "When you are in the real world (in India), I could only prescribe medicine that is closest to the medicine described in the book (what the government provides to us since they do not have the resources to give us exactly what was written in the books). So, there was a total disconnect growing up in India at that time because a lot of things that we could read in textbooks don't translate to what you can actually do."

Dr. Moorthy notes that medical schools in Tamilnadu were based on the British medical system. He realized the similarities of both systems once he moved to the UK, especially when becoming a lecturer. What he went through in India was astonishingly similar to the UK system. He goes on to describe that he was really influenced to go to the UK because of the exposure he had to the UK's culture and ethical practices (both medically and socially).

The Role of Social Networks and Support Systems

Physicians who choose to migrate out of India rely on three different types of social networks: academic, social, and financial support systems. However, social networks are not a primary motive for why physicians migrate. Simply put, social networks are not a huge pull factor for immigrants. While it is nice to have support, most doctors were driven to come to the UK, or the US based on the opportunities that were available to them. Usually, the networks and role models in India were more impactful towards their decision to move abroad; these were either family members or people that were connected by caste/cultural communities.

Dr. Moorthy's role model, an older doctor who had experiences in the UK, guided Dr. Moorthy to pursue a career in medicine in the UK. This role model would provide the exposure Dr. Moorthy needed to solidify his plans of moving abroad. He noted that since this older doctor was from the same community and caste as him, he was able to meet with him to learn more about going abroad and the opportunities available with Western medicine.

Depending on the country in which people would want to enter to further their medical career, they would need to pass the PLAB (for the UK) or the USMLE (for the US). Sometimes the ability to pass the exam depended on the support people had during their medical education. This could be in the form of coaching classes or even just financial support. At the end of the day, the amount of privilege one had helped with achieving the ideal status and the goal of emigrating. There is no real evidence that coming to one country is easier than the other. It came down to preference. Most doctors were not consciously comparing the US or the UK. They would just go where they could.

While many doctors do note that they have friends/family in the US/UK, only one of my interviewees (a physician who currently resides in the UK) has noted that his social networks were the main motivation to move out of India. For the rest of the employees, having friends or family was just a convenience. For the one anomaly who mentioned social networks impacting his decision, he mentioned that he would have never left the country if he wasn't influenced by his friends: "If I hadn't come to the UK, I wouldn't have gone anywhere else. One of the big driving factors was that all my friends were coming here. If they weren't here, I wouldn't have come here or gone anywhere else. I would have just looked for options in India."

Others mentioned that their social networks were helpful towards the beginning of their careers. These social networks were usually close friends or family members who had already been abroad. Most of the physicians who decided to move to the US had these social networks; none of the UK physicians mentioned having an existing network to fall back on for support. In terms of the types of support provided, interviewees would comment on how their families/friends would provide housing while they were still training or undergoing residency. Only one doctor mentioned that he had a support system that guided him throughout his career since he had established a network back home (in India): "Initially, that support was there. And the institute supported me as well. There are actually a lot of students from the US and the UK that come over for training here at the Aravind Eye Hospital. So, they extend a very helping hand. Training and facilities are free of cost." But regardless of having family and supportive staff, he decided to go back home as he had a better "ecosystem" himself.

As mentioned above, it was more common for physicians who were seeking opportunities in the US to have pre-existing social networks and support systems in the US. Having a family eased the stress of looking for

housing immediately after moving to the US. One physician noted that his family helped him in the initial stages of his career. His wife and her family were able to support him through residency and provided housing, which made the transition into a new country easier. Another interviewee mentioned that she wishes that she had more of a support system in the US when moving here. She had her husband, who was also a physician in the States, but she misses the feeling of being at home or a part of a community. Her biggest sacrifice was to leave her family behind for a life in the US. She then goes on to say that this was detrimental to her health as not having family or social support led to high levels of stress and burnout.

This leads to my next major finding that women physicians mostly migrated due to their husbands' jobs. While it might have already been a goal for them to leave India to further their careers, marriage played a huge role in why they chose to go abroad: "I just wanted to get the best education in the best place, and so I applied for entrance exams all over the country, but then there was the pressure of getting married. So, I got married and I was pretty naive, but anyways I decided to give USMLE a shot. I was able to solidify my move to the US because of my marriage."

None of these women were recruited to be a physician in the US or the UK. Even if they were thinking about doing a postgraduate medical degree in the US, the decision to move out of India was usually solidified after they were sure about their significant other's ability to move. One physician, during her interview, mentioned how she didn't even have time to think about her own goals after getting an education in India. By the time she was done with her postgraduate studies there, her marriage was fixed, and she would have to plan to get qualified to practice in the US:

> "I didn't have any plans to move to the US when getting my medical education...I had an arranged marriage, and my husband was already here. He was a physician, and we met through our families. So, when we decided to move together to the US, I decided that I wanted to pursue medicine in the US as well. So, the decision to move was much later in my career."

This might be indicative of the time in which these physicians were planning on settling outside of India. Most women did not have the same level of autonomy to make decisions about their careers in ways men were able to do so. Women had to think about their families and didn't have the same opportunities to explore their career options, even though they had similar qualifications as their male peers.

The next push factor that motivated female doctors was the patriarchal nature of society. Something common for the female physicians was that the patriarchal system was very restrictive. Two female physicians agreed that they feel more comfortable and freer in the US compared to India. They truly believe that women are more respected in western countries for their academic achievements and professional development. These examples show how it is limiting to be a caregiver in a society that does not value you based on caste, class, and gender:

> "India is a very patriarchal society. The South is less conservative than the North, but the university I went to was more conservative than the city I grew up in. I was in the age when I wanted freedom (age 17-22). So, I wanted to go to a place that could give me the freedom that I needed. I just really like my lifestyle and my freedom here, so I never thought of going back. After I moved here, I fell in love with the place. I could just walk at night and be independent. These were things I couldn't do in India. The little things mattered a lot to me. I really appreciated this new freedom."

They go on to describe that women do not get treated the same way as men due to the hierarchical/ patriarchal system in India. For them, the freedom of living elsewhere was a huge reason for moving abroad.

Finally, the concept of having privilege in India is important to understand in the context of how it can lead to comfortable lifestyles. To stay in India means that one must have immense privilege and a strong network to thrive. Many doctors find it hard to sustain themselves in India. Some believe that you would need to already be from a privileged family to be "successful" in India. This could mean immense financial privilege, or it could also mean that the parents are doctors as well, with their own established private practice. Serving the country while

also being comfortable was a privilege that was hard to achieve unless doctors were able to leave the country.

Among the interviewees, some show the frustration of not being able to climb the ladder in India due to the obstacles of the existing status quo. For instance, Dr. Velu notes:

> "It would be really hard to go up the ladder in terms of your career if other people already have more privileges than you. This puts off people who are really hard working. It is not a very fair system overall in India. Professional and personal returns are just inadequate."

> Another doctor has a similar view as Dr. Velu; she notes:

> "Back home (in India) it would have been a bigger struggle to establish ourselves. But some of my friends from India were already established in the sense that their parents were doctors and had a lot of resources. So even if they pursued a postgraduate education abroad, they intended to always go back to India to help their family's hospital. Those who went back to India were/are privileged."

The generational privilege that is built around doctor families generates a success loop that is comfortable but also a barrier for those who do not come from privileged backgrounds.

One physician shared her perspective as someone who was able to go abroad and return to India. She had a very strong support system to financially help her continue her postgraduate studies in the UK. Both her parents and husband were physicians. With all this support, she was able to build her own practice and is recognized in her field as a leading OB GYN specialist. Due to her background and well established lifestyle in India, she was never too keen on going abroad:

> "If I were to work in the UK or the US, I would have to work at a large hospital with 15-20 other consultants. I would just be one among them. The hospital name is what drives patients to get care there, but here that is not the case. Here they come for you, not the hospital name. I am recognized for my specialty, and I am able to become familiar due to my work. It is a satisfying job when you know that people recognize your work especially when other patients and doctors recommend you."

Due to her background, she was able to have the right connections and resources to develop her career. Even the fact that she was able to go abroad for her postgraduate studies shows that she had a very easy time progressing through her career compared to the other interviewees. Her views on Indian medicine and healthcare extremely contrasted with the anecdotes shared by the rest of the sample. She disagrees that India does not have technological advancements. But again, it is important to keep in mind that she also works in her own private practice, so she can obtain any kind of medical technology that fits her practice.

On the other hand, some doctors stayed in India even with the opportunity to leave. They felt needed. Three physicians claimed that they had the chance to go abroad but decided to stay in India to serve a population that needed them more. It was interesting to hear their reasoning for staying in the country; the main points were that they were able to establish a good lifestyle for themselves, earned a good salary within the private sector, had an identity as a healthcare provider who was not tied to any one institution, were given respect in society, and wanted to stop the existing brain drain in India. One common trend among these doctors was that they all switched from government hospitals to private practices as they felt that government institutions were not satisfying their ethical values nor their requirements to have a quality lifestyle. For instance, Dr. Singh currently resides in India and works for the private medical system. He and his wife both had the option to go abroad but decided to stay in India. They noted that the Indian healthcare system is very different from the American system, so they did not feel the need to leave an environment that they were already accustomed to:

> "We have thought about this, but I think the healthcare system is just very different in the US. The US society is very self-centered and very institutionalized in some sense. People go to the institution when faced with a problem in the US. But in India, people come to us for who we are as physicians. There is a

level of recognition, but most importantly trust in doctors here."

Indian doctors like to have an individualized identity as healthcare providers. The level of recognition in India does not seem to compare to the recognition they would receive in any other country. It is interesting how doctors who stayed in India do not like being tied to the name of the institution. Essentially their names are the brand in which patients seek care: "Mainly, we feel that we are able to have more of an identity here. Our names are not tied to an institution; our names are the institution," noted Dr. Singh. India allowed doctors to be flexible with their medical interests and practices. "There are a lot of private medical institutions that are supported by the government. So, there is so much space to do whatever you like. For example, I was able to change my specialty from gynecology to IVF and Infertility. Additionally, when you have your own institute, you can learn, invest, and study and make that shift."

While identity as a healthcare provider is a significant factor to stay in India, some of my interviewees also noted that they view this as an opportunity to provide service to a vulnerable population. Brain Drain is a fact, and essential resources are being pulled from India, and these resources are healthcare providers. The conversation around medical brain drain arose while talking to some current Indian physicians. One doctor stated that he chose to stay in India even after doing a fellowship at Johns Hopkins. He returned to his home country to provide for those who needed it more. He feels more needed within the healthcare system in India, and believes that the US is overfed with doctors. He stated that India needs more doctors to serve the vast population.

As a final note to the analysis of this category of findings, a discussion of "sacrificing" home is necessary. Every physician that moved out of India felt as if they sacrificed their homes in the process of Westernizing their careers. While they are confident and satisfied with their decision to move, they feel that they are missing out on their culture and heritage. Dr. Ramesh Pamula notes how his connection to India slowly faded with time: "Materially, you are better than what you were back in India. The minus side is that you slowly become distant from your homeland. Eventually, you will settle here, and you sever your ties with your home, background, and culture. Those are the things that you slowly begin to lose."

The West is Not India

Push factors from India are more specific and might have had more of an influence on physicians compared to the pull factors of Western countries. The first factor that influenced almost all of the interviewees was India's poor infrastructure and corruption at the government level. Without adequate funding or resources, government hospitals face a crisis. While it might not seem like an obvious reason why doctors move abroad, it is highly internalized by physicians. This then results in their desire to go somewhere "better." Dr. Moorthy shares his experience at a private practice in India and how it scarred him. He could not tolerate the unethical practices that were occurring in India. Additionally, since he was in a specialized field of medicine, it was hard to find a government job, which also ultimately led him to migrate to the UK. In his anecdote, he mentioned how he witnessed poor medical care as a naive new doctor in the real world:

> "I realized that India does not have a strong evidence-based medical system; so many things are very commercially driven. There was always a conflict of interest that I noticed in hospitals in India. It was always about what the doctor would get out of something rather than what a patient would get out of the treatment."

He did not appreciate that treatment wasn't based on clinical trials and research in India. Additionally, the methodology of providing care was not rooted in evidence-based practices. For example, one of the head doctors he worked with was telling his patients to get surgery when that was not necessary. Dr. Moorthy then realized this was a trend; these procedures were scheduled as deals with other doctors that could financially benefit from performing surgeries. Innocent people were essentially being misguided, and this disturbed Dr. Moorthy:

> "I was still naive and gave him the benefit of the doubt because I thought he was experienced in gynecology.

> But then, as more time went by, I realized that this was a pattern. So, every patient that came in for back pain would get the same diagnosis. Then I told my father that I don't want to work there. In the angle of evidence-based medicine, I didn't see the point of continuing. And I realized that this was not a special case; this had been happening in many private hospitals. The commercialization of medicine was a huge problem. This hastened my decision to write my exams to leave the country."

Another doctor also remembers that Indian healthcare was a pretty corrupt system: "Government hospitals do have some level of corruption as well. We would be promised funds for supplies during our rotations or for our apparatus, but then no one will ever know where the money goes. Someone will just pocket the money since there is very little accountability." Since India is such a large and diverse country, it is hard to have one standardized form of medicine throughout the country. This might be the reason there is no regulation. Corruption is a huge issue, and it heavily impacts dissatisfaction and burn-out for healthcare workers in India.

Government hospitals are essentially free of cost for all citizens, so when doctors who stayed in India switched from government to private care, they mentioned that they were not able to sustain themselves within a government setting. Ethically, government hospitals could not function without the interference of politics. Additionally, government institutions were simply resource-poor, which meant the same level of treatment could not be provided.

> "So, we were actually under the government sector for around five years before making the switch to the private sector. There was constant shifting around, which made it difficult especially during the winter seasons and snowstorms. The roads would constantly be shut down, and the infrastructure was not adequate at all. Sometimes I would have to be in the hospital for around fifteen plus hours a day because the other doctors simply could not come in. Even when we did move to more accessible places, I was told to perform a hysterectomy on multiple patients using the same syringe, which was just not proper, and this upset me. There was just too much interference with politics at that time. Ethically a doctor wouldn't do such procedures, but a few doctors had no option because leaving the job was not an option for everyone."

The next main push factor is the hierarchical structure of caste in India. While someone's caste or class background could shape their entire educational and professional journey, it was not a significant barrier for most of the interviewees. Essentially, all of my interviewees were privileged as they had access to quality education growing up and also were able to take advantage of their caste/class communities. However, Dr. Velu did share stories from his medical school days of witnessing caste divides and clashes:

> "In India, due to history, the country tried to uplift backward caste communities within the educational system. And this is the reason why there was a quota system. This system tries to change the overall demographic of the country. But the downside is that around 20% was reserved for certain lower class/ caste communities, so some of the very able people from forward communities could not get through to pursue their dreams."

It was a tough situation and a nuanced problem. And this impacted the culture of educational institutions. He noted that there was resentment between the different castes and classes of people, and there was a divide. This is interesting because it seems to be a pattern that it's mostly upper and middle caste members that would seek opportunities abroad. It is the best alternative, and they had the means to achieve their goals abroad without the complications of the caste reservation system.

One quote that stuck out to me while talking to one of the physicians was the narrative of a privileged student who did not believe in the caste reservation system. He wanted to be recognized for his merit, and was able to escape the hierarchy to pursue higher education in the US:

> "In India, there is a reservation system, similar to the affirmative action that we have here. But in India, the hierarchy is based on the caste system. I happen to belong to the forward caste. There are already very

few seats available for postgraduate studies in India, and half of them seemed to be reserved, so I was not even able to access them easily. It was very difficult to pursue further studies, so I thought I would do better in the US."

This is interesting because my prior research conveyed that many upper-caste people made up a sizable proportion of the physicians who were able to migrate abroad since they are the ones with more privilege, which leads to more opportunities and better access to resources. Educational factors have frustrated the Indian student population. There are some frustrations regarding the reservation/quota system within medical school admissions, which motivate the privileged caste/class to seek medical education abroad.

Some other major push factors were the lack of technological advancements and the lack of opportunities to grow in a specialization within India. Dr. Pamula noted the main difference between Indian and American healthcare systems: "the facilities are not comparable to what we have here. Technology here that goes into medical science, or even the pharmaceutical side of things in terms of medications, is advanced in the US. Then comes research: there is no other developed country that does research to the scale the US has established. Our access to technology is vast." All the physicians who have moved to either the US or the UK have agreed with this. Dr. Purimetla states that American medicine lured her with all the cutting-edge technology. She was able to provide better care with the resources offered to her in the US. This was not the case in India:

"Care-wise, you are not able to do as much, especially if it involves expensive stuff or technology. Those things could be available, because India does have the capacity to have nice things, but it's just that once the money trickles down from the top, there is really not much left once it gets to what it was intended to fund. Healthcare is severely mismanaged in India. And private healthcare is highly unregulated in India. The whole system has become very untrustworthy and expensive there. There was a lot of easy access to technology here that we didn't have there. So that was really enticing to practice medicine with advanced technology."

A common theme among the interviewees who were able to migrate out of India is that they all spoke about the opportunities that were available to them in the US or the UK. In terms of opportunities, they were able to grow more as physicians within their specializations or they were able to pursue sub-specializations that were not available in India. When asked why one physician and his group of friends wanted to move to the UK, he simply states: "I wanted to do a sub-specialization, which was not super accessible or easy to get into in India." In terms of higher education, one physician from the UK noted that he used to believe that having qualifications or a higher degree from abroad would open doors to new opportunities, as foreign qualifications seemed elite compared to an Indian higher education: "I used to think that foreign degrees were good or that they were of a higher caliber. I thought that foreign qualifications would make me stand out among my peers."

As mentioned above, doctor shortages in the US also opened up opportunities for physicians who chose to pursue a career in medicine in the US. Some physicians found it easier to come to the US as there was less competition for higher education spots and job opportunities: "There were more openings for residency at that time. There were not enough US medical school graduates who were filling up the spots at that time. So, they needed foreign graduates to fill up those positions." While this is not the same as a recruitment process due to physician shortages in the western world, it does show that privileged Indian citizens could seek these opportunities easily as long as they had the right resources and support systems available to them.

The next sub-finding is regarding the recruitment process of physicians into high-income countries with a doctor shortage. In my prior research, recruitment was one main cause of brain drain. It was surprising to find that brain drain is relative. Some physicians who have already migrated to the US or the UK talk about how there is not a shortage of doctors, rather just a distribution problem. Meanwhile, out of the few interviewees from India, one of them mentioned brain drain as a serious problem as important resources are taken away from a country that is in dire need of more healthcare professionals and care.

Usually, recruitment was more popular within the UK, so all the physicians that mentioned getting recruited are now residents of the UK. None of the US resident interviewees were recruited, but some of them had

mentioned hearing about the process through colleagues. Dr. Batra is one of the UK doctors who moved primarily due to recruitment. His transition to the west was smooth, and having pre-existing social networks benefitted his job search.

> "So, I was recruited from India [to the UK]. I didn't have to take any licensing exam since my degree was recognized here. So, I came with a job in hand. The recruitment process was quite straightforward. I just had to fill out an application form and get a few references. So, on the basis of that, they approved my training, which meant that I could apply for various posts. So, I applied, but the job I got was a job that my friend of mine was already doing. So, he recommended me, and they interviewed me, so then I was able to come here. It was a smooth transition."

Another physician, like Dr. Batra, noted that worldwide doctor shortages made it easier for him to move abroad. There was a demand for his presence. As the prior research suggests, significant numbers of foreign-trained doctors have been hired by economically developed countries to compensate for the shortages abroad.

> "I was recruited, but I came to the UK around 2003, so at that time there was a shortage/dearth of doctors in the country. So, they were quite liberal in recruiting people all over the world."

In terms of the academic struggle to migrate out of India, the data reveals that the UK system is far more lenient in recognizing Indian postgraduate degrees. To even be eligible to practice in the US, one would have to redo a residency program in the States, which will prolong the amount of time it would take to settle down. Indian doctors were more accepted as qualified practitioners in the UK, which simplified and expedited the migration process for those who wanted a better lifestyle outside of India.

When comparing the US and the UK, neither country pulls more doctors than the other. It all depends on the support systems, social networks, and other factors that will ultimately benefit the individual who is moving to a new place. Certain key points that were of major influence for immigrants were India-British education and societal pipeline, the Videshi/American Dream, and the unanimous belief that the West is more "patient-oriented." Almost all of the doctors commented on how practice outside of India was more patient-centered because they were able to give care without the interference of the social hierarchies and the politics that engulfed their experiences in India. They were required to follow their institution's policies mandating a certain quality of care for those who would come to them. This also reflects the point on how doctors who wanted to stay in India were able to have private practices that would benefit their image and their views on how they wanted to treat patients. There was no central unifying or regulating procedure to which they had to yield to.

> US Physician Perspective: "Here it is very patient-oriented vs. working there. So, my residency experience here has been way superior. My training in the US was much better than in India, so I am very happy that I got a chance to experience the better side."

> UK Physician Perspective: "The biggest thing about the UK system is that it is universally available and free of cost. The fact that everyone can afford the same treatment is amazing. You don't have to deal with the moral dilemma of not being able to treat someone if they are not able to fund themselves."

When choosing between the UK and the US, physicians' had to consider the best place for their financial and career growth depending on their preferred medical specialization. While most doctors have randomly chosen to either go to the US or the UK, they do have strong opinions regarding the economic benefits of their destination in comparison to the other country. When asked to think about the reason they chose either the UK or the US over the other, some believe that financially the US is more lucrative than the UK. This is because of the wide variety of opportunities available to them to explore. Overall, however, they do think that it is easier to advance one's financial status abroad than it is in India.

> "Unless they are already from an affluent background, it is hard for doctors to break out of the lower-middle to middle-class status. So, I was amazed, because these people went through the same time and education as me, but the only difference was that I was in the US, which enabled me to advance faster economically. I doubt anyone will say this openly, but I really do feel that financial reasons are the biggest reason for why most people want to migrate to the US."

Dr. Velu made an interesting point about how economic growth is limited. Everything is proportional because your rise in salary money will also correlate with high costs of living:

> "Economically, I think there is a misconception that you will earn more if you go abroad. To a certain extent that is true because the pound is worth more than a rupee. So, people always convert their earnings into rupees, but what they don't consider is that a loaf of bread is more expensive in the UK compared to India. So, people forget to think about the cost of living. In fact, I advise a doctor coming from India to not come to the UK for money."

This quote demonstrates that he cautions people to think about where they want to end up if they want to migrate for financial reasons. As a permanent resident of the UK, Dr. Velu reflects on his decisions and agrees that the US is probably a better place to move to if you want more luxuries as medicine in the US is highly privatized.

Another common theme was that people who migrated to the UK and the US ended up staying there since they started families. Once they had kids and established themselves within a community, they wanted to maintain their lifestyles while providing the best for their children. Dr. Pillai thinks about how he could have not been as successful of a doctor in India as he is now in the US: "Like if I were in India right now, I am not sure if I would be giving my daughter the education, she is having right now at a top-notch university." Additionally, Dr. Pamula has similar sentiments regarding providing the best for his family. When asking him about what his long-term goals were when migrating, he simply stated: "it was mostly the job opportunities and the better quality of life for myself and my family."

In terms of specializations, doctors who had moved to the US noted that lateral movement within medicine is easier in the US than in the UK. Dr. Pillai's interview was the most interesting since he had experience working in India and the UK before ultimately choosing to come to the US. So, he is truly the only person who truly made conscious decisions to choose the US over the UK. His main reasons were that the US was able to offer more opportunities to do research in specialized fields of medicine and for the opportunity to go into private practice while simultaneously climbing the socio-economic ladder. He also noted that he would be more able to advance within medicine in the US. If he had stayed in the UK, under the NHS system, he would have been restricted to just one position for an extended period.

> "You don't have much lateral movement. If you don't want to stay in one place, and if you want to move on to go somewhere else, that mobility is restricted in the UK. Usually, you just take up a job in one place and you keep doing what you are doing for the rest of your life, which is why most people retire from the same spot. If you are very ambitious and want to make a lot of money while being at the top of your field, it is very difficult in the UK."

This quote further exemplifies that it is economically wiser to go to the US if a doctor is pursuing a career that can provide more for them financially. This next quote shows what doctors mean when they say that the US provides more opportunities for physicians:

> "You have more choices when you come here. And it's entirely up to you how you want to make use of your opportunities. If you want to stick to private practice and make a ton of money, yes that option is available. If you want to stick to teaching and just be a good teacher, that's available. If you want to go into research and excel in that, yes it's available."

This summarizes the main push/pull factors of migration from India to the US and the UK. As you can see, there was no real preference for either the US or the UK among all the physicians. While the above example just highlights one story of a doctor who was able to successfully climb the social-economic and professional ladder after migrating to the US, all of the UK doctors that were interviewed for this project noted their extreme satisfaction with their work and settlement in the UK; the NHS was highly praised throughout each conversation for its successful socialized healthcare system.

Conclusion & Future Work

The goal of this paper was to understand why physicians leave their home country, India, even though there is a high demand for healthcare professionals in the developing nation. Additionally, this paper sought to understand why physicians would migrate after getting an undergraduate medical degree from India. When looking through the push and pull factors for migration, the findings show evidence that push factors in India are more influential in shaping the perception for why pull factors in the US and the UK are attractive to physicians who are trying to escape the Indian healthcare system. Ultimately migration to the West was a way to increase personal economic capital, which gave physicians the opportunity to grow more within their specializations. While the initial intention was to do a comparative study of the US and the UK to see which country physicians preferred going to from India, the findings don't support the hypothesis that one country is more favorable than the other. The decision to move to the US or the UK was very situationally based, and many different factors such as family, marriage, higher education, and even recruitment played a role in the final outcome.

India displays an odd juxtaposition of immense privilege and poor infrastructure, making it a unique developing country. The findings and quotes covered in this paper add to the greater conversation regarding brain drain. By understanding why certain push and pull factors have a major influence on migration patterns of physicians, we can uncover the underlying issue within the healthcare and government systems in India. The Indian healthcare sector sounds ideal on paper but is poorly maintained. Additionally, it is hard to find unique opportunities for personal development within the government sector, and the private sector can be corrupt or unethical. Therefore, going abroad is the best option for those who have the means to make that dream a possibility. The problem is that there are not enough physicians who want to go into general medicine or primary healthcare, leaving rural areas in India with a dearth of resources. For future studies, it would be interesting to analyze the effects on outward international migration with a specific focus on rural healthcare in India. Overall, there is a need for doctors all over the globe. The main inequalities and inequity of care come with how well physicians are distributed based on the population's needs.

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Contributor's Note

Kaavya Venkat is a recent graduate from UC Berkeley (Class of 2021). She received her Bachelor of Arts in Interdisciplinary Studies and was heavily involved in Global Health & Development research throughout her academics. While at Berkeley, she was a part of multiple South Asian organizations; her cultural roots and passion to serve her community sparked her interest in studying the disparities within the South Asian diaspora and region. Kaavya is now a Master in Public Health graduate (Class of 2022) from The Dartmouth Institute of Health Policy & Clinical Practice. She is committed to a future in healthcare and wants to work toward creating a more equitable world.

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