Refugee Doctors a Wasted Resource?

By Lila Abassi — August 10, 2017

The American medical system ranks as the highest quality health system in the whole world. It is not cheap to become a doctor in the United States. Nor is it easy. The road to doctoring is one of the most grueling and challenging paths to embark on and becoming a credentialed physician in the US guarantees the individual has successfully completed the required training.

What our health system has not been able to do is meet the needs of the under-served regions of our country meaning mostly rural areas. Additionally, there also a concomitant physician shortage. What if we could fill that void? There are refugee doctors who come to this country fully trained who are working as cab drivers. Can we utilize this resource? What are the benefits and drawbacks of doing so?

A CNN video recently made its way through the social media circuit which brought this issue to the fore. Among the refugees coming from war-ravaged areas of the world, some are fully-trained physicians. These individuals end up working menial jobs as the process to re-train in the US is not only extraordinarily restrictive and costly but also redundant. This results in a wasted precious resource that is tough to accept when there is a great need for doctors. Physician shortages and the need to reduce costs of the healthcare system has allowed mid-level providers (e.g., Nurse practitioners and physician's assistants) to function at a physician level – a practice that is questionable at best and potentially dangerous at its worst – it would seem a reasonable choice to hire actual doctors.

However, there are many considerations. As a colleague of mine, an ophthalmologist by training from Iraq confided in me, the medical school he attended was pulverized making it impossible to obtain his transcripts. This can be a likely scenario for many refugees. And there can be a lack of uniformity in the credentialing process. When it comes to verifying attendance and assessing the quality of education, it is impossible to just “take someone’s word for it.” It is essential, in this
vetting process, to confirm with confidence, that an individual successfully accomplished the rigorous training required to be awarded the privilege of caring for people.

What then, qualifies a foreign-trained doctor to be able to train in the US? There is no way to go straight into a specialty without doing a residency first. Aside from providing medical school transcripts with clinical experience, one must pass the requisite board exams (USMLE Step 1, 2 and 3). Each of these exams takes months of preparation, and they are also not cheap. Study material such as review books, practice questions, board review classes, taking the actual exams - each of these come with a hefty price tag. As one could imagine, a refugee fleeing their country may not have the means to pay for all this and if they can't - well, that is the end of the road. We have not even factored in life circumstances such as providing for their families.

For refugee doctors who are 10, 15, 20 years out of medical school in their home countries, taking exams that cover basic sciences seems futile. Does an accomplished veteran anesthesiologist from Syria really have to go back and memorize mnemonics for the brachial plexus? Would it also be reasonable to ask that the doctor scrap Anesthesia and go into Family Medicine instead – which requires a whole other skill set? Mind you; this also requires fluency in the English language, which may not be the case with many refugee doctors. One of the most critical aspects of medical practice is being able to communicate effectively with your patient population. Essential information getting lost in translation may compromise patient care.

Another issue is that specialty training in foreign countries may not be as competitive as it is here in the US. If you want to do a residency in dermatology, ophthalmology, orthopedic surgery, etc., which are considered the toughest specialties to get into, you have to be at the top of your class. Would it be fair for specialist refugee physicians to bypass medical students vying for these competitive residencies? That would likely not sit well with many medical students.

I agree that refugee physicians should not have to settle for menial tasks when they could be out there providing health care needs of under-served areas. For all the foreign-trained physicians that are in this country, I am shocked that we have not streamlined a more expedient credentialing process. Residency is a physically demanding part of training and youths have the advantage. For veteran doctors the stamina may not be there.

Some have argued that it seems highly unfair that if you have a doctorate in chemistry from Iran, for example, you could still obtain a career in your field here in the US. Why can we not do the same for medical doctors?

This is not an issue that will be solved overnight, but one which I feel is warranted to pursue. We should develop a specific credentialing board for foreign doctors that would not require them to jump through useless hoops yet still maintain the integrity of the credentialing process. We should require passing specialty board exams. Training should be performed with a qualified physician supervisor for a year at least. Once all is said and done, these doctors can be assigned to locations that are experiencing a physician shortage with a service of at least five years.
These are simply off the cuff recommendations. It will require a significant investment that may be worth it. Refugee doctors are an asset. Wasting their skills would be a shame and helping them, in my opinion, would be the right thing to do.