Doctors Behind Borders: The Ethics of Skilled Worker Emigration

Yusuf Yuksekdag
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I would like to state that I am responsible for all of the faults, mistakes, and errors in this thesis.

Yusuf Yuşekdağ
Bern, Switzerland, April 2019
This doctoral thesis within applied ethics consists of four articles together with a cover essay. All articles concern the ethics of skilled health worker emigration from under-served and resource-poor regions, often referred to as ‘medical brain drain’. Methodologically, the thesis utilises normative ethical theory to analyse the justifiability of temporary or long-term emigration restrictions, such as compulsory health service programmes, that are employed by developing countries with the aim of safeguarding their needs for health care provision. Such programmes restrict the mobility of individual health workers and give rise to conflicts between different types of rights and interests.

The ethics of skilled worker emigration warrants an exploration of the ethical implications of such restrictive programmes for different stakeholders, such as the under-served countries and health workers; and a clarification of the rights and duties of the concerned parties. This thesis provides a thorough analysis and clarification of such rights restrictions and offers theoretically and empirically grounded recommendations as to how they ought to be managed. Rights theory and accounts of individual responsibilities are employed to assess the acceptability of restrictive health service programmes.

In brief, the thesis (a) discusses the conditions under which individual health workers may have responsibilities to attend to the basic health needs of a population, (b) explicates the rights at stake such as the freedom of movement and the right to exit, (c) offers insight into what it means to restrict one's right and its implications and (d) suggests ways for conflicting rights and interests to be balanced and resolved.

Taken together, the thesis presents a nuanced approach towards individual responsibilities in under-served contexts and an improved understanding of the right to exit as well as the implications of restricting the right. The thesis also contributes to the ethics of skilled worker emigration with a discussion on the responsibilities of skilled workers when the other parties do not fulfil their fair share of responsibilities.

Article I discusses the conditions under which the would-be emigrant health workers would have responsibilities to attend to the basic health needs of populations that suffer from the effects of health worker emigration. A nuanced vulnerability approach is offered to discuss the individual health worker responsibilities in under-served contexts. The article utilises HIV/AIDS care in Zimbabwe as a case in point in order to show that local health workers may have responsibilities to assist the population who are vulnerable to their mobility. This responsibility is contingent upon factors such as (i) the prevalence of ill-health and mortality, (ii) the extent to which the context is under-served and (iii) the level of urgency for the care provision. Notably, it is not only the level but also quality of (iii) that is of relevance. In addition, a shared history between the health workers and the population (e.g. via visitations or operations during the training of health workers) might also accentuate the responsibility. In addition, the responsibilities of the state towards both the health workers and the population must be recognised.
Article II explores different ways of understanding limitations on the right to exit with respect to losses associated with health worker emigration from under-served contexts. This article shows that the limitations of the right to exit can be understood as a matter of scope or as a matter of weight/emergency. It conveys that the way we treat the limitation of the right to exit in the case of health worker emigration has different implications. First, it is argued that we should be wary of treating the limitation of the right to exit as a matter of scope for many practically relevant reasons. Second, treating the limitation as a matter of weight/emergency requires compensation. The paper also discusses what constitutes an emergency from a normative perspective.

Article III argues that the reasons behind the right to exit are decisive for the ethical justifiability of the contract-based compulsory health service programmes. The normative debate focuses on the justifiability of the contracts mostly by discussing if they can be legitimately offered and signed. It is argued that, even if the service contracts are voluntary, and thus the would-be medical students voluntarily relinquish their right to exit, this does not mean the reasons behind the right to exit are irrelevant. These reasons should be taken into consideration when analysing the content and form of the compulsory health service programmes. A clear understanding of the right that is bargained – the right to exit – is necessary for the service contracts to be morally binding. Two accounts of the right to exit are provided by (1) presenting Patti Lenard’s discussion of the right and by (2) arguing for a right to exit on the basis of James Griffin’s account of human rights. This article concludes with important guiding ethical considerations grounded in the reasons for the right to exit to guide the content and the form of compulsory health service programmes.

Article IV reviews responsibilities that different stakeholders may hold, such as state officials, individual health workers and developed countries. It also discusses whether the individual health workers’ fair share of responsibilities to address the basic health delivery decreases or increases when the other parties do not fulfil their fair share. As argued in this article, there are compelling reasons against increasing or decreasing individual health workers’ fair share of responsibilities.

Keywords: brain drain, compulsory service, contracts, emigration, ethics, health workers, medical brain drain, skilled workers, responsibility, the right to exit, vulnerability, non-ideal theory
SVENSK SAMMANFATTNING

Denna avhandling i tillämpad etik består av fyra artiklar jämte en längre introduktion. Samtliga artiklar behandlar etiska aspekter på emigrationen av högutbildad vårdpersonal från utvecklingsländer och resursfattiga regioner, ett fenomen som ofta beskrivs som medicinsk kunskapsflykt (Medical Brain Drain). Utifrån normativ etisk teori analyseras i vilken utsträckning, om alls, utvecklingsländer ansatser att säkerställa nationella vård- och omsorgsbehov med hjälp av begränsningar av vårdpersonals mobilitet kan anses vara etiskt försvarbara. I avhandlingen analyseras också olika intressenters skyldigeter och rättigheter utifrån teorier om ansvar och rättigheter. Det gäller bland annat frågan om sjukvårdspersonalens individuella ansvar att stanna i hemlandet för att tillgodose grundläggande vårdbehov hos befolkningen.

Avhandlingen bidrar med ett klargörande av (i) argument för och emot begränsningar av vårdpersonals rätt att lämna landet, (ii) relaterade rättighets- och intressekonflikters natur och (iii) teoretiskt förankrade rekommendationer för hur denna typ av konflikter bör hanteras.

Avhandlingen synliggör etiskt relevanta följder av obligatoriska vårdprogram för olika intressegrupper (stakeholders) som stater, vårdgivare, vårdpersonal och vårdtagare, liksom vilka rättigheter och skyldigheter som står på spel, som exempelvis rätten att fritt lämna sitt land och rätten till grundläggande hälso- och sjukvård. Sammantaget bidrar avhandlingen med en grundlig analys av skäl för och emot begränsningar av den fundamentala men sparsamt analyserade mänskliga rättigheten att lämna det egna landet.
LIST OF ARTICLES

This doctoral thesis includes a cover essay and the following research articles. I shall refer to them by their Roman number.


IV. Yuksekdag, Yusuf. Individual Responsibilities in Partial Compliance: Skilled Health Worker Emigration from Under-served Regions (*submitted article*).

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INTRODUCTION

The emigration of medical expertise from under-served and resource-poor regions remains a matter of concern and has garnered the attention of scholars of medical ethics, migration studies and global justice. The mass exodus of health workers from resource-poor regions in particular is sometimes referred to as ‘medical brain drain’, which can be described as the large scale international movement of physicians, nurses, dentists, medical researchers and technicians seeking better payment or facilities, an improvement in their career or merely socio-political stability (Hooper 2008; Kollar and Buyx 2013; Chikanda 2006). I will refer to this phenomenon as ‘health worker emigration’.¹

Health worker emigration poses various challenges for developing countries, particularly for their institutional capacity-building and their populations’ access to basic health delivery (Brock and Blake 2015). The basic health care delivery deprivation associated with health worker emigration and the restrictive counter-measures that target the emigration of health workers raise many ethical questions. Different restrictive measures are deliberated or are already being employed by developing countries with the aim of safeguarding basic health care provision. There may be coercive emigration restrictions or programmes that condition the publicly funded tertiary education on the provision of mandatory service within the country for a certain number of years. This thesis analyses the justifiability of (temporary or long-term) restrictive measures, such as compulsory health service programmes, from an ethical point of view. In order to conduct such an analysis, it is necessary to discuss both sides of the debate: the reasons to restrict the emigration of health workers and their interests and rights at stake. The following set of questions are addressed:

- Is health workers’ emigration from under-served contexts such as the Sub-Saharan African (SSA) region morally wrong, and, if so, why?
- How does health worker emigration affect the interests and rights of concerned parties, i.e. the (emigrant) health workers and vulnerable populations in the sending countries?

¹ In the beginning of this research, I have used the term ‘medical brain drain’, as can be seen in Article I. Hans Ingvar Roth pointed out to me that it may be more fruitful to use a less value-laden definition. To that end, I use ‘health worker emigration’ to describe this phenomenon. Notably, the term ‘brain drain’ has been a locus of a conceptual and methodological criticism as such (Clemens 2013; Sager 2014; Sager 2016). I will, however, continue to use the term ‘brain drain’ when I refer to a specific discussion or account that particularly uses that term.
On what normative basis do states have the right to restrict the emigration of their skilled labour?

- Under what conditions, if any, do the health workers have the responsibility to serve the basic health needs of populations in under-served contexts?

- What is the meaning of the right to exit, and what are the ethical implications of restrictions of the right to exit?

- How and under what conditions can restrictive policies such as compulsory service programmes be justified? What should be the guiding ethical considerations for restrictive measures?

- Do individual health workers still have the responsibility to serve vulnerable populations when the state fails to fulfil duties towards the population?

My thesis is written within the emerging research field of the ethics of migration, which is a sub-discipline of applied ethics and political philosophy. This sub-discipline deals with ethical issues pertinent to the emigration and immigration of individuals. It questions individuals’ rights to move and the justification of states’ prerogative to restrict different forms of migratory movements including skilled worker emigration.

This compilation thesis consists of a cover essay and four articles that address questions concerning the ethics of health worker emigration. The articles take a broad view on health worker emigration, its restrictions and its ethical implications. The articles also make a normative contribution in the articulation of the rights and duties of the concerned parties. This cover essay motivates the articles by presenting the background, the ethical problem and the questions addressed. It also discusses the aim, method and main arguments of the thesis.

**Ethical Perspectives on Health Worker Emigration**

Health worker emigration constitutes a considerable part of the recent body of literature on the ethics of migration, human capital management and global justice. This is understandable given the vast number of physicians and nurses who pursue their professional lives outside of their country of origin. In 2013, approximately 7% of the world’s health workers resided outside of their countries of origin. It was also reported in 2015 that from 2005 onward, the number of immigrant physicians and nurses in the Organisation for Economic Co-operation and Development (OECD) countries has increased by 60% (Dhillon, Campbell, and McKinnon 2016).
Health worker migration may provide positive outcomes for some stakeholders. Of course, migrant health workers themselves benefit from this scheme, as it allows them to provide their families with better means of education, health care and career opportunities, and their households in the source countries benefit from remittances (Bollard, McKenzie, Morten, and Rapoport 2011). The destination countries enlarge their health care expertise and meet the demands of their health care systems by welcoming migrant workers.

Nevertheless, emigration of health workers raises concerns about the global imbalance of medical labour, access to basic health care delivery and the achievement of development goals in resource-poor countries. According to the World Health Organization (WHO), the necessary number of health workers for adequate health delivery is 2.3 per 1,000 of the population (WHO 2017b). But more than 40% of the countries have less than 1 physician per 1,000 of the population (WHO 2017a). With this background, the migration of health care workers from some of the most vulnerable and under-served regions in the world, such as the Sub-Saharan African (SSA) region, is indeed troubling. Notably, also other forms of skilled worker emigration might pose similar concerns over basic needs delivery and access to basic rights, such as the right to education (Sager 2014).

Both medical ethicists and scholars of global justice have criticised active recruitment, negligent to the needs of the source countries, as it may contribute to higher rates of ill-health and mortality for vulnerable populations (Hooper 2008; Kollar and Buyx 2013). The same concern is also voiced in the WHO’s Global Code of Practice on the International Recruitment of Health Personnel that was adopted in 2011 (Harris 2011). This is a voluntary code for the recruiting agencies, medical institutions and the governments of the developed countries to respect the basic health care delivery in the source countries.

Some scholars have also proposed immigration restrictions on ‘brain drain’ grounds (Ferracioli 2016; Oberman 2013). They have discussed the conditions under which the receiving countries can legitimately restrict the immigration of skilled workers (Oberman 2013). Some discussants have pointed to the need for institutionalised international aid targeting the effects of health worker emigration. Others have called for collaborative recruitment with the source countries so that the emigration of skilled workers does not harm the developmental prospects in resource-poor regions (Hooper 2008; Mackey and Liang 2012).

Until recently, few scholars have argued for constraints on health worker emigration in the form of compulsory service programmes or more coercive emergency restrictions on the
right to exit. The right to exit is an internationally recognised human right as the ‘freedom to leave one’s country’. Such policies that would limit the freedom of movement have generally been considered as illiberal (Hidalgo 2012: 1; Brock and Blake 2015). That being said, a recent body of literature has drawn attention to the justification of exit restrictions to diminish the effects of skilled worker emigration in general (Oberman 2016b; Brock and Blake 2015; Vice 2017; Hobden 2017; Stilz 2016). However, the ethics of health worker emigration deserves more attention. For instance, the question of whether individual health workers themselves would hold the responsibility to stay has thus far not been addressed. In addition, the right to exit is still under-theorised in terms of its justification and limitation (Yuksekdag 2017).

Why is emigration of health workers from under-served contexts morally problematic? What does the right to exit entail, and under what conditions can the state limit this right? These questions serve as the starting point for this thesis. In discussing these questions, the thesis accommodates an empirically informed ethical discussion by providing, for instance, a review of the potential effects of health worker emigration on HIV/AIDS care in the under-served regions and the interests and challenges of health workers on the basis of surveys conducted in the SSA region.

Aim and Outline of the Thesis

It is my contention that a study on the ethical aspects of health worker emigration and its restrictions should incorporate these aspects:

(1) An articulation of the interests of the vulnerable populations to establish why health worker emigration is morally problematic in a given context.

(2) A critical discussion of the ethical implications of health worker emigration and the individual responsibilities of health workers.

(3) An inquiry into the interests and the rights of the would-be emigrant skilled workers, and more specifically their right to exit.

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2 Article 13 of the Universal Declaration of Human Rights states that “everyone has the right to leave any country, including his own, and to return to his country” (UN 1948).

3 While health worker emigration has always been treated as a paradigm case of ‘brain drain’, interestingly enough, particular reasons why health worker emigration is morally problematic and what its implications are on individual health workers’ responsibilities have not been clearly outlined.

4 The term ‘limitations’ is used in the rights theory to describe and discuss permissible limitations on an individual’s exercise of the concerned right.
A delineation of the necessary conditions and guiding ethical considerations under which restrictive migration policies can be justified.

A discussion of the duties and responsibilities of the recruiting or affluent states.

To address (1) and (2) in a nuanced way, Article I offers a vulnerability approach to explain why health worker emigration is ethically problematic. Taking HIV/AIDS care in Zimbabwe as a case in point, I argue that individual health workers may have responsibilities to assist with the basic health needs of the populations who are vulnerable to their mobility.

Article II and Article III address (3) and (4) by clarifying what the right to exit entails and how to understand and justify its eventual limitations. It is paramount to discuss the normative value of the right and the conditions under which it can be justified to limit the exercise of the right (Stilz 2016). Article II provides a clarification of what it means to limit a right by focusing on the limitations of the right to exit with respect to losses associated with health worker emigration. I argue that the limitations of the right to exit might be understood as a matter of scope or as a matter of weight/emergency, both of which have different implications on the implementation of emigration restrictions. Article III discusses what the right to exit entails and conveys its relevance for the discussion on compulsory service programmes.

Article IV partially addresses (5) by discussing the reasons why health workers in under-served regions should (not) still fulfil their duties to assist despite the lack of efforts on the part of their government or other global actors.

Overall, the thesis applies a nuanced approach to individual health worker moral responsibilities in under-served contexts and an improved understanding of the right to exit as well as the implications of restricting the right. Moreover, the thesis argues for certain conditions and considerations under which the restrictions on health worker emigration are justifiable. Overall, the thesis both theoretically and practically contributes to the discussion of the permissibility of emigration restrictions on skilled workers by delineating the reasons to

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5 Here I use two terms – ‘conditions’ and ‘considerations’ – that should inform restrictive policies. The latter refers to ethical considerations that should guide policymakers when reflecting on the content of restrictive measures such as compulsory service programmes. For instance, in Article III, I point to the reasons behind the right to exit as one of the guiding ethical considerations for the compulsory service programmes. It is implied that there is a certain dialogical flexibility in determining how they should shape the service programmes. The conditions, on the other hand, might imply a stricter clause, such as being of a legal age to sign a contract.
implement restrictions in an ethically informed manner and by highlighting certain practical concerns and implications of restrictive measures.

The purpose of this cover essay is to provide a general background for the articles. In the first chapter, I introduce the issue of health worker emigration in under-served regions and point out the need for a nuanced ethical approach to the issue of health worker emigration and health worker responsibilities. In the second chapter, I provide a brief introduction to the debate on the right to exit and stress the need for a clear understanding of what the right to exit entails and its limitations. In the third chapter, I discuss the potential responsibilities of other stakeholders, such as developed countries, and emphasise that individual health workers may still hold responsibilities. The fourth chapter outlines the main problems and questions of the thesis, and the fifth chapter introduces the thesis’ overall aim and methodological preliminaries. Thereafter, I present a summary of the articles and a final discussion of the arguments of the thesis.
1. HEALTH WORKER EMIGRATION, ETHICALLY RELEVANT CONCERNS AND THE BASIS OF INDIVIDUAL RESPONSIBILITIES

Care is one of the substantial aspects of public health delivery, and decent health care provision requires an adequate number of physicians, nurses and other care providers (Eyal and Hurst 2008: 180). The critical shortage of health workers in, for instance, the Sub-Saharan African (SSA) region is considered as one of the prominent reasons why the populations are extremely vulnerable to ill-health and mortality under the threat of the enduring epidemics of, for example, HIV/AIDS, malaria and tuberculosis. The background factors of poverty, the lack of medical equipment and health illiteracy accompany these epidemics (Chikanda 2006).

The critical shortage of health care workers is a long-lasting phenomenon for the SSA region. One reason is that many trained health workers emigrate from the region in order to work abroad as medical professionals (or in other professions). Moreover, both private and public medical institutions of developed countries are actively recruiting them – a phenomenon labelled as ‘poaching’ (Mackey and Liang 2012). The prospects of family reunification, already existing transnational migration networks in the destination countries or the prospect of better opportunities might accentuate migration aspirations to emigrate, and skilled workers do tend to have better migration prospects.

As migrant health workers exercise their right to mobility, the absence of an adequate number of care providers in the source countries undermines public health, not least because of epidemics such as HIV/AIDS. In the SSA, the ‘drain’ of expertise implies diminishing access to basic health care delivery and high financial costs for the SSA countries considering that the countries need to compensate for the loss of trained health workers.

Critical Shortages, Diminishing Access to Basic Health Delivery and Financial Costs

The number of health workers in the SSA countries does not meet the figures necessary for adequate health care delivery. As the World Health Organization (WHO) (2017b) estimates, in order to provide essential health care delivery, national health systems need to provide at least 23 health workers (counting only physicians, nurses and midwifery personnel) per 10,000 people. This figure stands at 2.8 in Ethiopia, 1.5 in Somalia, 3.6 in Malawi and 1.6 in Niger.
Although the figure reaches 13.1 in Zimbabwe and 11.4 in Ghana, only 10% of the workforce comprises physicians. The shortage also signifies a global imbalance of medical labour and points to the fact that medical expertise is distributed unequally in the world. Gillian Brock (2009) asserts that although Europe and North America have 21% of the world’s population, they have 45% of the world’s physicians and 61% of all nurses.

Notably, economic studies have emphasised the long-term positive return effects of skilled worker emigration from developing countries in the form of incentivising tertiary education (Clemens 2009). However, the developmental effects of skilled worker emigration on low-income countries are controversial (Upreti 2018). While increasing physician emigration leads to a higher number of graduates in medical education, researchers argue that the extent to which this leads to a beneficial effect for health outcomes is very minimal (Bhargava, Docquier, and Moullan 2011; Kapur 2017). The gap between resource-rich and resource-poor countries regarding the health workforce is nonetheless unlikely to disappear in the near future (Table 1). In addition to this, the active recruitment policies of the developed states and private recruiting agencies seem to aggravate the unequal distribution. Alongside push factors, admission policies of the affluent states, which generally favour skilled labour, facilitate the process (Kapur and McHale 2009: 1108).

Table 1: Estimates of health worker needs-based shortages (in millions) in countries below the SDG index threshold by region, 2013 and 2030 (WHO 2016: 44).

<table>
<thead>
<tr>
<th>Region</th>
<th>Physicians</th>
<th>Nurses/ midwives</th>
<th>Other cadres</th>
<th>Total</th>
<th>Physicians</th>
<th>Nurses/ midwives</th>
<th>Other cadres</th>
<th>Total</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Africa</td>
<td>0.9</td>
<td>1.8</td>
<td>1.5</td>
<td>4.2</td>
<td>1.1</td>
<td>2.6</td>
<td>2.2</td>
<td>6.1</td>
<td>-45%</td>
</tr>
<tr>
<td>Americas</td>
<td>0.0</td>
<td>0.5</td>
<td>0.2</td>
<td>0.8</td>
<td>0.1</td>
<td>0.5</td>
<td>0.1</td>
<td>0.6</td>
<td>-17%</td>
</tr>
<tr>
<td>Eastern Mediterranean</td>
<td>0.2</td>
<td>0.9</td>
<td>0.6</td>
<td>1.7</td>
<td>0.2</td>
<td>1.2</td>
<td>0.3</td>
<td>1.7</td>
<td>-1%</td>
</tr>
<tr>
<td>Europe</td>
<td>0.0</td>
<td>0.1</td>
<td>0.0</td>
<td>0.1</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>-33%</td>
</tr>
<tr>
<td>South-East Asia</td>
<td>1.3</td>
<td>3.2</td>
<td>2.5</td>
<td>6.9</td>
<td>1.0</td>
<td>1.9</td>
<td>1.9</td>
<td>4.7</td>
<td>-32%</td>
</tr>
<tr>
<td>Western Pacific</td>
<td>0.1</td>
<td>2.6</td>
<td>1.1</td>
<td>3.7</td>
<td>0.0</td>
<td>1.2</td>
<td>0.1</td>
<td>1.4</td>
<td>-64%</td>
</tr>
</tbody>
</table>

The second concern is the effect of a lack of health workers on health outcomes in the SSA region. While it is difficult to substantiate a direct causation, the correlation between the

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6 The data coming from the SSA is unfortunately not up-to-date, nor do the figures represent the numbers from the same year.

7 On the other hand, the inequality of political power related to migration governance raises yet another concern pertaining to the developed countries’ dominative practices.
two is a shared understanding among the scholars of public health (WHO 2006; Dreesch et al. 2005; Gupta et al. 2011). A lack of medical expertise endangers essential health care delivery, which is needed to improve child health and to address HIV/AIDS, tuberculosis and malaria. For instance, countries with high child mortality rates are also likely to suffer from a lack of qualified health workers (WHO 2013: 75). Arguably, health outcomes also largely depend on the inefficient management of the public health workforce. In addition to this, internal migration is partly accountable for diminishing health outcomes, as many physicians leave the public sector or migrate to urban areas (Hidalgo 2012). The social determinants of health, such as access to health services, the physical environment, income and social status, are also significant for basic health delivery in a region. However, international emigration also plays a role in this. The adverse effects of health worker emigration are still a concern, and the emigration of skilled workers still seem to detrimentally affect health outcomes (Uprety 2018). In his study conducted on the region, Alok Bhargava (2013) states that “doubling of medical brain drain rate predicted a short-run increase of approximately 10% in adult deaths due to AIDS” (617). In order to limit the negative effects of health worker emigration, compulsory service programmes are already being implemented in the medical schools of 16 countries in the SSA region. These restrictive programmes condition the provision of tertiary education in exchange for 2-3 years of mandatory service (Chen et al. 2012). These programmes are proven to be effective and viable if they are implemented without being overly demanding of the health workers. The challenge, however, lies in offering less-frustrating service conditions that do not deter health workers from staying in the country after the completion of their service (Frehywot et al. 2010; Bradley et al. 2015)

Government spending on health workforce training is another concern for the SSA countries. For instance, Liberia spends almost the same percentage of GDP on health expenditure as Switzerland (WHO 2012). Nonetheless, the emigration of health workers has risen to 63% per year among the graduates of medical schools in Liberia (DIIS 2008). Although this is partly explained by the political and social instability of the country, the total figures for the whole region are still troubling. A study conducted on the SSA region in 2011 estimated that countries in the region have spent almost $2.17 billion on training migrant doctors who were, at the time, working in the destination countries (Mills 2011: 4). The source countries pay for the education and training of some of the migrant health workers but fail to gain a return on their investment when the health workers emigrate from the countries (Hooper 2008). Indeed, other factors may also mitigate the negative effects of human capital emigration on the
developmental prospects of developing regions. The remittances and induced development effects of emigration, such as being a stimulus to domestic education, are certainly worth mentioning (Rapoport 2016). However, the developmental effect of remittances is debateable given that they are largely used for daily and personal needs rather than for developmental purposes (Yuksekdağ 2012).

Despite the contested positive developmental effects of high skilled emigration on developing countries, the effects of health worker emigration on basic health delivery in underserved and resource-poor regions are still worrisome. The contested developmental effects of skilled worker emigration should not deter ethicists from theoretically investigating the ethical justifiability of restrictions on the emigration of human capital (Kapur 2017). The fact that empirical studies are open to diverse interpretations also invites caution regarding the universal policy recommendations on how health worker emigration and its effects should be understood and avoided (Kapur 2017). As for the SSA countries, the prospects of return effects of medical emigration are quite limited, both spatially and temporally, given the pre-existing physical, financial and developmental challenges, in addition to the existing critical shortages. The severity of potential and actual ill-health due to diseases such as HIV/AIDS, malaria and pneumonia as well as the increasing mortality rates due to a lack of health workers in the SSA region are indeed troubling issues that deserve ethical scrutiny.

Ethical Approaches to Health Worker Emigration: The Basis of Individual Responsibilities

In the last decade, much attention has been paid to the ethical questions pertaining to health worker emigration from Sub-Saharan African (SSA) countries. These questions cover a variety of aspects of health worker emigration including, but not limited to, its moral implications, its effects on both sending and recruiting countries and its implications for the international movement of health care workers. Many scholars, such as Gillian Brock, Nir Eyal, Samia A. Hurst, Iain Brassington, Chris R. Hooper and Eszter Kollar, perceive the effects of skilled worker emigration, especially for the SSA countries, as more than a mere misfortune and as a moral wrongdoing of some sort (Brock and Blake 2015; Kollar 2012; Hooper 2008; Eyal and Hurst 2008; Brassington 2012; Brock 2013). As Jeremy Snyder (2014) points out, the source of the wrongdoing is disputed.

If source countries are to restrict the emigration of health workers due to the need for basic health care delivery, the first challenge is to identify the interests at stake in retaining the trained
health workers and to articulate the nature and extent of the harm. What, then, are the relevant interests at stake? How should health worker emigration be ethically assessed? Why might the international migration of health workers constitute a wrong?

Some scholars question whether skilled workers have certain responsibilities that they fail to fulfil by emigrating. Drawing on the notion of reciprocity, Brock (2015) aims to show why the emigration of health workers is morally problematic and argues that skilled workers have duties to protect the vital state institutions and that when they leave, they may fail to fulfil their duty. Moreover, Brassington (2012) focuses on the unfairness involved in emigrant health workers’ free riding on public goods. Health workers’ emigration has also been considered and problematised in reference to global inequalities and injustices (Brock 2009). Furthermore, Kollar (2012) shifts the focus to the structural human rights violations in particular, including the right to basic health care. This approach problematises the global imbalance of labour and lack of access to basic health care. While these approaches are not mutually exclusive, they mostly assess skilled worker emigration overall as well as at different levels such as individual, national and global. Depending on how they ethically assess the situation and the source of the wrongdoing, they may reach different conclusions on the individual responsibilities of skilled workers and emigration restrictions. However, in each of these accounts, it is not fully clear why health worker emigration, in particular, is morally problematic in certain contexts. A neglected aspect in the discussion is the duties of individual health workers.

It is important to note here why an applied ethics focus on health worker emigration is warranted. First, it can be argued that health worker emigration poses a particular case because health workers’ services are more important for vulnerable populations than the services that other skilled workers provide. Second, it can be argued that a focus on health worker emigration is warranted not necessarily because it poses graver moral problems but because it might have specific normative details, questions and implications. I believe that the advocates of both perspectives would appreciate a perspective that focuses on health worker emigration and individual health worker responsibilities.

In what follows, I will briefly introduce ethical approaches towards skilled worker emigration that are based on reciprocity, global inequalities and human rights violations. I will explain why health worker emigration may be morally problematic on the basis of these approaches. I will also point to the need for a complementary approach that particularly focuses
on health worker emigration and that also accounts for why health workers may have individual 
responsibilities towards their compatriots.

Reciprocity

One common argument against the emigration of skilled workers from developing countries is 
that it is unfair. These workers get the benefits of professional training in their home countries, 
but rather than performing their fair share of duties, they move their acquired skill sets to 
another country. They then do not fulfil their reciprocal duties towards the state and fellow 
citizens (Brock and Blake 2015; Brassington 2012; Ferracioli and De Lora 2015).

Further, Brassington argues that skilled worker emigration is morally wrong because the 
emigration of health workers poses an unconsented privatisation of public benefits (Brock and 
Blake 2015; Brassington 2012). Reciprocity nonetheless goes both ways. Arguably, the state 
should also provide, at the least, decent opportunities for individual health workers in the form 
of fair wages, as well as decent working and living environments. Therefore, a reciprocity-
based perspective implies that individual skilled workers have a duty to compensate for the 
benefits they enjoy on the condition that their interests and rights are respected. This argument 
of reciprocity is applied to the issue of skilled worker emigration in general. However, it is not 
fully clear what ‘compensating for the use of public goods’ or ‘reciprocity’ would imply for 
individual health workers.

Global Inequalities

The issue of skilled worker emigration is also discussed in relation to global inequalities in 
wealth and opportunities. The emigration of skilled workers from developing to developed 
countries is seen as a symptom of global injustices (Kollar and Buyx 2013; Sager 2010). The 
focus is on the structural injustices behind emigration and the responsibilities of the recruiting 
countries to the source countries to remedy the unjust effects of global inequalities. More 
attention is paid to the problems caused to those remaining behind in accessing basic health 
care delivery, in relation to the substantial benefits enjoyed by destination countries.

The global justice debate on health worker emigration from the SSA region also highlights 
that the region and its developmental prospects are already at risk due to poverty and the lack 
of an adequate number of health delivery resources. Brock (2009), for instance, problematizes 
the global imbalance of skilled labour in her account of global justice. According to Brock’s 
notion of global justice, we should assume a global duty of distributive justice through which
every individual has her basic rights and basic needs fulfilled. This, then, would confer responsibilities on both individuals and states to distribute resources and goods in accordance with basic rights and basic needs fulfilment. However, the precise implication of this account of global justice for health worker emigration is unsettled. Hooper (2008) argues for more demanding duties on the part of the recruiting states to ameliorate the health care systems in the source countries given the benefits they enjoyed from receiving trained health workers. In a similar way, Ruth Groenhout (2012) asserts that the issue exemplifies how the global economic structure exploits resources from the ‘periphery’.

One implication of the global inequalities approach is that the associated effects of health worker emigration from under-served regions are primarily the responsibility of global institutions and the developed/recruiting states. However, the effects of health worker emigration are still troubling, especially in the short-term. Additionally, one should consider the alternative measures in case the affluent countries do not fulfil their fair share of responsibilities.

**The Right to Basic Health Care**

The third way to show the moral wrongness of health worker emigration in particular is by emphasising that the citizens are deprived of their right to basic health care. This view would hold that health worker emigration in certain contexts is morally wrong because it facilitates a situation where an individual’s right to basic health care is violated (Kollar 2012). The Universal Declaration of Human Rights (UN 1948) states the following:

> Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care. (UN 1948)

In addition, the International Covenant on Economic Social and Cultural Rights (UNHR 1966) offers this statement:

> The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. (UNHR 1966)

The correlation between the mass exodus of medical expertise and the diminishing quality of basic health care is the assumption behind this approach that aims to explain the wrongness of health worker emigration. In some cases, it would even be possible to suggest that the exodus
of health workers threatens the lives of those remaining behind and their right to subsistence. Then one can suggest that the potential violation can either be prevented through a duty to rescue the ones in severe danger or through a duty to compensate for the diminishing health status of those whose exercise of the right to basic health care is at stake. However, such a duty for the health workers does not necessarily follow from the potential violation of individuals’ right to basic health care. In other words, it is not obvious why individuals’ lack of access to the right to basic health care imply responsibilities for the health workers. It is plausible to first and foremost consider the state and its officials as the responsible parties to establish and sustain the institutions that cater to the basic needs of individuals. The claim that the exercise of the right to basic health care is at stake due to the emigration of health professionals does not necessarily vindicate that the health workers themselves should hold the responsibility to satisfy basic health care delivery in under-served and resource-poor contexts (Evans 2002). Therefore, this line of reasoning still requires an additional set of arguments to show why individual health workers would hold the responsibility to facilitate the exercise of individuals’ human right to basic health care.

These three approaches are insightful when it comes to discussing skilled worker emigration and its implications for the basic needs delivery in resource-poor regions (Table 2). However, there is still a need for a complementary discussion that specifically addresses health worker emigration from under-served contexts and its implications for the responsibilities of individual health workers. Such an approach would also help us better grasp why individual health workers themselves may have responsibilities to assist with their compatriots’ basic health needs satisfaction. There is also a need for more empirically informed debates on why and to what extent health worker emigration may leave the populations more vulnerable to harm.
Table 2: The existing ethical approaches to the ethics of skilled (health) worker emigration

<table>
<thead>
<tr>
<th>Ethical Approach</th>
<th>The Basis of Wrongness</th>
<th>Particular Concerns for Health Worker Emigration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fairness and reciprocity</td>
<td>Not fulfilling duties to support vital</td>
<td>Failure of the medical institutions that provide the basic needs of the citizens</td>
</tr>
<tr>
<td></td>
<td>institutions</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Free-riding</td>
<td>Costs of training and no return</td>
</tr>
<tr>
<td>Global justice</td>
<td>Global inequalities</td>
<td>Global imbalance of medical labour, global unfairness, inequality of opportunity</td>
</tr>
<tr>
<td>Human right to basic health care, the</td>
<td>Violation of a human right, threat to</td>
<td>Diminishing basic health care delivery, lack of medical expertise to address deadly</td>
</tr>
<tr>
<td>right to subsistence</td>
<td>subsistence</td>
<td>diseases</td>
</tr>
</tbody>
</table>

Notably, the ethical approaches provided here do not directly imply an unconditional set of responsibilities on the part of health workers so that emigration restrictions of any kind would be justified. There are many interests, concerns and rights at stake for the individual health workers in the context of emigration restrictions and compulsory service programmes, including the right to exit, the right to the free choice of employment and the right to just and favourable conditions of work, all of which are recognised in the UDHR (UN 1948). In the next section, I will introduce the right to exit and different accounts on what it may entail.⁸

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⁸ Methodologically, I confine my analysis to what is at stake for individual health workers when the exercise of their right to exit is curtailed in the context of emigration restrictions and compulsory service programmes. This is not to say that other ethical considerations are not warranted.
2. THE MOBILITY RIGHTS OF THE SKILLED WORKERS: THE RIGHT TO EXIT

In order to address the effects of health worker emigration, different forms of restrictions on the emigration of health workers are discussed (Brock and Blake 2015). These restrictions may take the form of either temporary restrictions on health workers or compulsory service programmes that condition the provision of tertiary education on the mandatory service for a certain number of years (Brock and Blake 2015; Chen et al. 2012).

A clear understanding of the value of the right to exit, first and foremost, is necessary in order to determine how this right should be treated when in conflict with other competing rights or interests as in the case of health worker emigration. Second, it is also important to have a clear understanding of what it means to limit or restrict a right and the implications of such restrictions.

This chapter briefly introduces the concept of rights, the existing approaches to the right to exit and different ways in which the right to exit can be restricted. I show that it is paramount to discuss (i) what the right to exit may entail and (ii) the implications of different forms of restrictions.

Rights

The discussion of rights is significant – both politically and morally. Notably, rights are not the only realm of morality. Not every moral consideration, interest or value is in the realm of rights. Rights are nonetheless of significance as they envisage the importance of having claims or entitlements (not) to perform or to be subjugated to certain actions while also pointing to correlative obligations and justifiable limitations (Feinberg 1970; Raz 1986).

Joel Feinberg (1970) introduces the distinctiveness of rights as grounded in a certain capacity for individuals to make claims that derives duties for others. The idea of ‘claim-making’ here does not refer to a physical or cognitive capacity to make a claim but rather to having an entitlement to make claims towards others to respect their rights (Kamm 2002; Orend 2002: 24). Rights give individuals the capacity to be owed something and to claim what is due to them. Similarly, for Joseph Raz (1986), “rights are grounds of duties in others” (167). Raz (1986) suggests that an individual has a right if, other things being equal, an aspect of an individual’s well-being or her interest is a strong enough reason to hold other agents to be under
an obligation. This is a definition *simpliciter*. In other words, it describes that to which the concept of right is normatively constitutive (Martin and Nickel 1980).

Again, at a conceptual level, there is an important distinction between the benefit theory and the will theory of rights. According to the benefit theory, a right protects an individual’s interest. According to the will theory, the function of a right is to assign an individual control over some of her state of affairs (Preda 2015: 409; Martin and Nickel 1980: 165).

Lastly, there are also different views on the ground and justification of rights as well as justifiable limitations. The justification debate questions in virtue of what individuals should have rights (Valentini 2016). What are the reasons behind a right? According to Martin and Nickel (1980), one might characterise the ground of rights by referring to different justificatory bases, such as some fundamental or strong interests or basic needs, or by appealing to the worth or normative agency of individuals. The latter is generally referred to as ‘status-based’ justification of rights, while the former is called either the ‘interest-based’ or ‘instrumental’ justification of rights (Wenar 2015).

Rights, then, confer a claim-making capacity or an entitlement to individuals as a function of protecting interests or conferring control over one’s life that is justified in virtue of certain normative reasons.

What about the notion of human rights? Notably, the freedom of movement is a recognised human right and different mobility rights such as the right to immigrate and the right to exit are seen as rights derived from the freedom of movement (Stilz 2016). Human rights can be understood as claims on the basis of being a person as such, along with some practical implications for the international system of nation-states (Griffin 2008). Simon Caney (2010) refers to H. L. A. Hart’s distinction between general and special rights to provide an understanding of the concept of human rights. Special rights are considered as the claims one makes in regard to a relationship one has to others, such as through contracts, or to an entity,

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9 It is plausible to think that understanding a right conceptually in the line of the benefit theory, for instance, would also suggest that the rights should be grounded instrumentally or in strong interests. However, as Adina Preda (2015) shows, justifications for rights do not necessarily always follow from the conceptual accounts on the function of rights (409).

10 The instrumental approach to justification of rights is not necessarily based on a utilitarian understanding of rights. It simply suggests that rights are justified in relation to a certain fair or optimal distribution of opportunities, interests or certain goods. This way, certain rights that are justified in the Rawlsian original position might also be based on an instrumental or interest-based reasoning as such (Wenar 2015).
such as through being born into a citizenship regime. General rights, on the other hand, are the claims one can make pre-institutionally, merely in virtue of being a person. As Caney suggests, Hart’s conception of general rights better grasps the idea of human rights. Human rights can then be justified, for instance, by appealing to some fundamental interests human beings have or by referring to the normative agency of individuals (Miller 2016; Griffin 2008).

Lastly, the different approaches to the limitations of rights or human rights should be explicated. Some rights and human rights can be considered absolute, meaning that they should not be subject trade-offs or limitations under any circumstances (Gewirth 1981). The right not to be tortured is one example. Alternatively, rights in general can be considered as a significant entitlement, while not ruling out some conditions under which they may be justifiably overridden or infringed. According to some authors, this nonetheless leads to the concern that if we create space for rights to be overridden in consideration of other interests and values, it would contradict the very purpose of having rights that provide individuals certain entitlements in a world surrounded by value pluralism (Preda 2011).

Regarding possible trade-offs between different rights or with other moral considerations, there are different ways to treat right limitations. First, some scholars suggest that rights have inherent limitations in terms of their scope and that potential trade-offs can be resolved by specifying the content of the right in question – while not diminishing the reason behind the right-claim (Brock and Blake 2015; Collste 2011). For instance, we can argue that the right to free movement does not entail a right to enter someone else’s private property without permission. This is considered as an inherent limitation of a right (Nickel 2007). Hence, restricting someone’s free movement to prevent her from entering into someone else’s private property would not be a violation or an infringement of the right to free movement. This would not even constitute a justifiable infringement of the right since it can be claimed that the right to free movement does not entail a right to enter someone else’s private property (Nickel 2007).

Second, the trade-offs in between different rights or between rights and other moral considerations can be deliberated by comparing and balancing the reasons they entail in any given case. For instance, if one is in a dire situation, where the only chance of survival is to enter into someone else’s private property to take shelter, this can constitute a case of justifiable infringement on someone’s right to private property. In this case, the right in question is limited when faced with another overriding valid claim.
In the next sections, I will introduce different ways in which the right to exit is hitherto justified as well as the way its limitations are discussed in the context of restrictions on health worker emigration. In the literature, there are two paramount strategies used in arguments about what the right to exit entails: an indirect strategy and a direct strategy. The former discusses the reasons behind the right to exit in relation with other rights such as the freedom of internal movement or the right to immigrate, while the direct strategy aims at discussing the particular reasons to value the right to exit.

**The Right to Exit**

Freedom of movement as an institutionalised human right only recognises a right to leave or exit one’s country and a right to move within one’s country – as expressed in Article 13 of the Universal Declaration of Human Rights (UDHR) (UN 1948). Individuals move across countries for different reasons that are meaningful to them or essential to their lives and life-plans – from reasons of personal and material safety or to simply explore different parts of the world. However, there is a political asymmetry here. If there is a right to exit, what about a corresponding right to immigrate? The asymmetry is rooted in the international system of nation-states, which means that the right to exit cannot be exercised without a corresponding right to entry (Cole 2000; Ypi 2008). Since there has been a recent interest in emigration restrictions and their permissibility, scholars have also focused on the reasons to value the right to exit. This political (a)symmetry has led scholars to investigate the normative basis of the right to exit in connection with the right to entry since their exercise is considered interrelated within the international system of nation-states.

One example is Kieran Oberman’s argument for the human right to immigrate and his consecutive debate on the right to exit (Oberman 2016a, 2016b). Oberman firstly conceptualizes the ‘right to (im)migrate’ as an individual’s right to freely immigrate into a country of her choice with the intention of short-term or long-term residence. He claims that human rights protect the essential interests of an individual in having access to a full range of life options. His assumption behind arguing for a human right to immigrate is that, within our fairly globalised world, access to a full range of options is possible only if an individual has access to options and opportunities available in different states that are essential to exercising our basic freedoms, such as free expression, free association and practising religion (Oberman

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11 David Miller (2016) also uses similar terms to describe different strategies through which scholars argue for the human right to immigrate. I partially borrow his terminology to make this emphasis.
Oberman strengthens his argument by suggesting that the codified human right to freedom of internal movement is also based on the same idea of protecting the essential interests of an individual to access a full range of life options within her country of residence. In his recent work on the human right to emigrate, Oberman (2016b) then appeals to the same line of reasoning when discussing the moral basis of the right to emigrate that both the right to exit and the right to entry protect basic human freedoms by providing access to a certain range of life options.

**Direct Strategy**

The right to exit can also be asserted and examined solely by discussing what it specifically entails or protects. Patti Lenard (2015) makes an important case for a direct strategy by pointing out the need to distinguish between strong interests protected by a right to entry, including the right to take up residence and citizenship elsewhere, and a right to exit. For Lenard, the former is usually grounded in protecting the ability of individuals to access a fair number of opportunities or range of goods that they deem valuable, while the latter may be grounded in more fundamental interests that she explains in reference to individual security and political legitimacy (Lenard 2015; Oberman 2016a).

Michael Blake (2015) also makes a case against appealing to the political asymmetry in favour of a more direct strategy to understand what the right to exit may entail:

Rights are not reducible to the states of affairs they make possible. We are, in general, concerned not just with what a particular state of affairs brings about but also with the relationship between the parties in question […] It is one thing, then, for me to be denied the right to leave because no other state will have me—and quite another for me to be denied the right to leave because my own state wants to continue its relationship with me. The simple idea here is that we may not reduce the right to its results. If I am prevented from marrying Melissa because she finds me repulsive, the result is similar to that produced when I cannot marry Melissa because the state prevents my marriage. The latter, though, rightly strikes us as morally much more problematic than the former. (Blake 2015: 202-203)

Blake (2015) focuses on the different forms of political relationships with which the right to exit and the right to entry may deal. That is why he points to the need to discuss the particular
reasons behind treating the right to exit as an important liberty. Yet, he does not clearly provide an account of what the right to exit entails.

Notably, the line of reasoning behind an indirect strategy should not be dismissed. The right to exit might also derive its importance from protecting other basic rights such as the freedom of association, the right to marry and the freedom of conscience. However, the right to exit and the reasons behind the right deserve ethical scrutiny in order to also articulate what the right to exit in particular may entail. This way, we can better grasp what is at stake for individual health workers facing emigration restrictions, such as compulsory service programmes.

**Limitations of the Right to Exit and Its Different Forms**

Notably, while immigration restrictions are conventionally left to the discretion of the states, emigration restrictions have been mostly treated as an illiberal form of migration management until very recently (Ypi 2008; Brock and Blake 2015). The recent debate on skilled worker emigration has revived the question of emigration restrictions. These restrictions can take different forms, such as temporary restrictive measures or compulsory service programmes, which have implications on individuals’ exercise of the right to exit. The ethical approaches that are mentioned in the previous chapter provide certain reasons (e.g. reciprocity and free-riding) when considering the permissibility of restrictions on skilled workers’ exercise of their right to exit. It is important not to treat a limitation of the right to exit and different forms of limitations cursorily or as granted only because there are plausible reasons to restrict emigration, such as the effects of health worker emigration in resource-poor contexts.

For instance, one of the implications of the political asymmetry argument might be to treat a plausible reason for limiting a person’s right to immigrate or freedom of internal movement also as a reason for limiting the right to exit (Ypi 2008). However, an ostensible reason to justify restrictions on both rights does not imply that the reasons behind the right to exit and the right to entry or the right to internal movement would be identical.

In addition, the limitations some may take for granted in regard to freedom of internal movement, such as not being able to also move into another individual’s private property, should not lead us to presume that there should be such conventional limitations pertaining to the right to exit (Brock and Blake 2015). For instance, Brock (2015), without much elaboration, asserts how there might be inherent limitations of the right to exit in consideration of other
moral considerations such as public health care delivery. However, the ways in which the right to exit can be restricted warrant more scrutiny.

Lastly, it is important to be considerate of different degrees and forms of restrictions and what they may imply for the reasons behind valuing the right to exit. For instance, in comparison to more coercive restrictions, it might be more plausible to offer compulsory service programmes to address the otherwise perverse effects of skilled worker emigration. Michael Blake (2015), for instance, considers the compulsory service programmes *prima facie* permissible since the individuals voluntarily waive or relinquish their right to exit. However, even if individuals voluntary enter these programmes to benefit from a free tertiary education, they limit their exercise of the right to exit. Interestingly, there is so far not much debate on what kind of ethical considerations should guide the terms and the content of such programmes. Scholars have so far offered some general conditions that the service contracts should be signed by individuals of legal age and the compulsory programmes should be viable (Callies 2016; Brock and Blake 2015).

All in all, a thorough understanding of what the right to exit may entail, what it means to limit the right and the resulting implications and guiding ethical considerations for different restrictive measures is necessary for a thorough study on the ethics of skilled worker emigration.


3. RESPONSIBILITIES OF OTHER STAKEHOLDERS

In this chapter, I briefly review the ground of responsibilities for other agents (e.g. affluent countries, recruiting agents and the source countries) in addressing the effects of health worker emigration.

First, affluent countries might be held morally responsible for the effects of health worker emigration even if their actions or omissions did not cause the diminishing basic needs satisfaction of individuals in the source countries. Responsibilities to assist might, for example, be derived from principles of global distributive justice. In her account of cosmopolitan justice, Brock (2009) suggests a distribution of resources and burdens in order to provide certain basic needs to every individual regardless of her citizenship or residence. It is also plausible to refer to a general duty to aid for individuals in dire need that can be extended to a global scope for every individual or state.

Second, the unfavourable conditions from which the under-served regions suffer can be problematised and largely attributed to past injustices or colonial ties. A certain form of rectificatory duties might also arise due to the effects of past injustices (Collste 2015).

The developing states also have responsibilities, towards both their own citizens and their health workers, if they restrict their emigration to sustain a basic health care delivery. For instance, the state may be responsible to ameliorate background factors that lead to a diminishing health care delivery. In the end, institutional interference is needed to address background factors such as uneven resource allocation and corruption, which have a role in deprived health care delivery systems. The developing states should take all the necessary, yet feasible, measures to address push factors behind migration and to motivate voluntary retention. For instance, if the state and state officials are unable to fully achieve decent working conditions, they can be expected to at the least show good-faith efforts towards meeting such conditions (Brock and Blake 2015).

Nonetheless, the responsibilities of the other stakeholders do not necessarily negate the individual responsibilities of health workers given the worrisome short-term effects of health worker emigration. However, what if none of these other parties fulfil their responsibilities? Would the individual health workers still have the same responsibilities to assist? Interestingly, this question is not specifically addressed in the literature.
4. PROBLEM, LITERATURE GAP AND QUESTIONS

What is then the ethical problem this thesis addresses? How do the existing approaches discuss this problem, and what is the gap I aim to fill? These aspects require a recap to contextualise the articles. This chapter serves that purpose.

Health worker emigration poses concerns for the resource-poor populations’ access to basic health care delivery in under-served contexts. In Chapter 1, I explained why this is the case by highlighting the critical shortages of health workers in regions such as the SSA and its effects on populations’ diminishing access to basic health care delivery. I also pointed out that health worker emigration may result in developing countries’ incurring of financial costs.\(^\text{12}\)

The effects of health worker emigration, or of any form of skilled worker emigration for that matter, open up the question of restrictions on the emigration of skilled workers. The restrictions can take different forms. They can be temporary or long term. They can also be offered in return for a publicly-funded tertiary education such as the compulsory service programmes. They can take more coercive forms that do not require a voluntary agreement. Either way, by implementing restrictions, the sending countries would aim to retain their skilled professionals in their vital institutions, such as medical institutions, that provide the basic needs fulfilment for the citizens.

The permissibility of emigration restrictions on health workers is the ethical problem this thesis addresses. This problem has two essential dimensions. On the one hand, we need to articulate the reasons why the resource-poor countries may restrict the emigration of their health workers. On the other hand, we have the interests and the rights of health workers that are at stake if their emigration is restricted.

As discussed in Chapter 1, the literature provides insightful arguments (reciprocity, global inequalities and the right to basic health care) for why the sending states may restrict skilled worker emigration in general. Scholars argues that skilled workers should be expected to contribute to the interests and needs of their compatriots. If they leave the country, they would end up not fulfilling their responsibilities. However, there is still a need to address two important issues if states will permissibly implement restrictive measures on the emigration of health workers. First, the approaches in the literature do not vindicate why the skilled workers

\(^{12}\) Remittances can be considered a balancing financial compensation for those costs, yet as pointed out in Chapter 1, their developmental effects on vital institutions are contested.
themselves have a responsibility to contribute by staying and assisting with the basic needs satisfaction. Second, there is also a need to particularly analyse individual health workers’ responsibilities as a complementary approach to the existing approaches on skilled worker emigration.

There are indeed strong arguments in favour of emigration restrictions on health workers. However, on the other side, these restrictions might be detrimental to health workers’ interests and may violate their rights. First and foremost, these programmes restrict health workers’ right to exit. Hence, in order to reach a justified position, the rights and interests of those vulnerable people left behind must be weighed against health workers’ right to exit. As discussed in Chapter 2, the literature already discusses the meaning and value of the rights to entry/immigrate and exit/emigrate, while the focus has been on the former. This has led to a gap in the literature in terms of the meaning and the value of the right to exit and the implications of its justifiable restrictions. More needs to be said on that regard, especially in connection with the different forms of exit restrictions that may be applied towards skilled health workers in under-served regions.

In addition, there is one more issue that should be addressed. As briefly introduced in Chapter 3, many scholars emphasize the responsibilities of the affluent countries and recruiting agencies to address the negative effects of health worker emigration. However, what if the affluent countries do not fulfil their responsibilities? Would it be unfair to demand individual health workers in the sending countries to stay and assist the populations’ basic health care needs? This is a matter of ‘taking up the slack’ that was recently discussed in the context of responsibilities for refugee protection when some countries refuse to accept asylum cases (Owen 2016). A similar discussion is also warranted for the case of health worker emigration.

With this background I will focus on the following ethical questions: First, is the emigration of health workers from under-served contexts, such as the SSA region, morally wrong? Under what conditions do health workers have the responsibility to attend to the basic health needs of the populations residing in under-served contexts?

Second, how strong are the moral reasons for health workers’ right to exit? How should we assess permissible restrictions on the right to exit? Moreover, how should we assess the ethical acceptability of compulsory service programmes?

Third, do individual health workers hold the same responsibilities even in the cases where affluent countries do not fulfil their duties of global justice?
In light of the previous chapters and these three sets of questions, I will specify the overall aim of this thesis in addition to article-specific aims in the following chapter. I will also discuss the methodological preliminaries of the four articles that constitute the basis of this thesis.
5. AIM AND METHOD

Social, economic and political institutions face many ethical dilemmas. Sometimes we might think it is best if certain limits are imposed on our freedoms; sometimes we prioritise them in the face of other considerations. For instance, in situations where our dire needs are at stake, we tend to have an intuition to address them first even if doing so ends up limiting the exercise of some of our freedoms. We should nonetheless always question our primary judgements or moral positions. Any issue or any ethical dilemma warrants a detailed analysis of, at least, two potentially conflicting aspects. This is important for making practical suggestions on how our socio-political institutions should deal with such ethical dilemmas, and it is also essential to advancing the theoretical tools we use in our ethical discussions.

The basic health needs of vulnerable populations provide a plausible reason to consider emigration restrictions on the would-be emigrant health workers. However, it is of significance to thoroughly discuss the permissibility of restrictions. These restrictions can be permanent or temporary, and more or less coercive, such as in the form of a compulsory service programme. The overall aim of this doctoral thesis is to explore the conditions under which emigration restrictions would be morally permissible. This thesis aims to provide some ethically-informed suggestions on how to manage the emigration of health workers in under-served contexts.

In order to achieve the overall aim, the four articles address the three sets of questions described in the previous chapter.

Article I aims to exemplify the extent to which under-served countries and their basic health care delivery suffer from the effects of health worker emigration. It also seeks to develop a normative account of individual responsibilities to discuss health worker responsibilities.

Article II aims to clarify different ways to understand limitations of the right to exit. It attempts to identify the moral implications of implementing restrictions on the right to exit. Article III aims to utilise rights theory to explore what the right to exit entails. It also seeks to provide guiding ethical considerations for compulsory service programmes.

Article IV aims to establish non-ideal approach to the distribution of responsibilities. It compares the reasons why individual health workers should keep their responsibility, even if other stakeholders, such as the developed countries, do not fulfil their fair share of responsibilities to address the effects of health worker emigration.
By approaching the emigration restrictions on health worker emigration in these three ways, this thesis also aims to contribute to the theoretical discussion about individual responsibilities, mobility rights and their limitations in general, as well as to the discussion about the ethics of skilled worker emigration in particular. By doing so, we can point to compelling reasons, if any, as to why individual health workers should still assist their compatriots.

Methodological Preliminaries and Material

The aim of studies in applied ethics is to provide considered and justified moral positions regarding the cases or principles (Collste 2012). Discussing moral positions is not a descriptive examination; rather, it is a normative one that focuses on what ‘ought to’ be done in any given case. Any type of ethical assessment relies on conceptual clarity and a thorough analysis of relevant and constitutive arguments (Collste 2012). The first methodological preliminaries, then, focus on conceptual clarity and a thorough examination of the arguments pertaining to different views and positions (Collste 2012). There are also subject-specific methodological issues that should be addressed.

Let us first focus on the conceptual clarity and examination of arguments. As an example of conceptual analysis, Article I provides a conceptual clarification of the notion of vulnerability that is used to understand what is at stake for the under-served and resource-poor populations. It is also important to make a distinction between a concept and a conception of it (List and Valentini 2016). We can define, for instance, the concept of ‘freedom’ as the absence of limitations on individuals’ actions. A certain specification of those limitations, individuals and actions would constitute a conception of freedom (List and Valentini 2016). Article I also points to different conceptions of vulnerability and their implications for the arguments.

When it comes to thoroughly assessing arguments, there are different levels of analysis: internal and external (List and Valentini 2016). The internal level investigates the internal coherency of the arguments, if the arguments follow from the premises or if the asserted implications are in conjunction with the arguments. For instance, in Article II, I discuss important and diverse implications of different ways to understand limitations of the right to exit.
The external analytical level tests the premises and arguments in relation to intuitions or other arguments. Thought experiments or intuitively appealing examples are some of the methods that can be used.

A more refined exemplary method of moral justification is called ‘reflective equilibrium’, which John Rawls (1971) originally developed. This method proposes a systematic analysis of moral positions and their justification. For Rawls, justification of a moral position aims to involve our moral intuitions, our ethical principles and our background social, psychological or philosophical theories; it attempts to bring all of them into a state of harmony (Arras 2007: 47). For instance, the intuition or judgment that ‘killing is wrong’ may provide a benchmark to assess our moral principles. Then, any moral principle that justifies killing would be either reformulated or rejected altogether. In the meantime, an assessment of principles is used to question our moral intuitions. Is killing in self-defence also wrong? This way, we both specify the moral principles and extend our ability to assess different cases (Arras 2007). In this method, our moral intuitions, background theories and moral principles become subject to a back-and-forth discussion about certain cases or issues to approximate a coherent moral assessment (Arras 2007). For instance, in Article I, while discussing different conditions under which individual health workers may have responsibilities to assist their compatriots, I appeal to the moral intuitions of individual responsibilities to assist under the conditions of dire need. However, I do not attempt to come to a judgement on the individual responsibilities solely on the basis of intuitions. Instead, I also consider other moral judgements, moral principles and their implications in order to provide a thorough analysis of individual responsibilities. Studies in applied ethics often target certain social practices and institutions as well. For this purpose, empirically-driven approaches may be necessary (Collste 2012). To that end, for instance, Article I contains an empirical review of the effects of health worker emigration on the HIV/AIDS care in Zimbabwe.

As mentioned, depending on the subject matter, we may also need to use certain ethical theories and address specific methodological issues. This doctoral thesis is a study on the ethics of migration, which is a sub-field of political philosophy. This field mainly focuses on the responsibilities and rights migration raises, and it investigates moral demands and the duties of national or global institutions. To provide such a focus on health worker emigration, this thesis also relates to ethical theory. In Article I, for instance, I offer a normative vulnerability approach to individual responsibilities. In Article II and Article III, I relate to theories of rights
and human rights in my discussion of what it means to a limit a right and what the right to exit may entail.

Political philosophy also accommodates many particular methodological questions or preliminaries that should be briefly addressed. One of the issues pertains to ways in which we should pay respect to non-ideal conditions when discussing rights, responsibilities and institutions. This leads to methodological questions for a matter, such as health worker emigration. This is because non-ideal and unfavourable conditions shape health worker emigration from under-served and resource-poor settings (Valentini 2012).

There are at least two important questions that arise from the issue of non-ideal theorising. First, to what extent should we take unfavourable conditions into account when discussing, for instance, individual responsibilities? One idea is that the non-ideal conditions should not deter us from delineating what is ideal, what rights individuals should be entitled to and how to approximate what we consider ideal under the unfavourable conditions (Valentini 2012). Article I, for instance, accommodates an account of responsibility that takes into account the unfavourable conditions. Article III, on the other hand, emphasises the importance of respecting the value of the right to exit even in the under-served and resource-poor regions that implement compulsory service programmes.

Second, non-ideal theorising deals with the issue of non-compliance. The idea of assigning responsibilities to individuals mostly assumes that all the agents will respect their responsibilities. This is the assumption of full-compliance (Valentini 2012). However, what if some do not fulfil their fair share of responsibilities? Would we commit a wrong, then, if we do not fulfil ours? Article IV addresses this issue of partial compliance and how we should rethink the individual health worker responsibilities under such non-ideal conditions.

Lastly, it is important to note that when discussing issues such human rights, different cultural values or norms might challenge the universalism of human rights. This issue concerns the universality/contextuality of ethics (Collste 2016). Firstly, we should address whether it is possible to overcome cultural differences and agree on common values in issues such as ‘human rights’. Second, there is quite a pejorative connotation assigned to the ‘liberal’ paradigm, such as in some scholarly work about human rights. The premise is that the Western-based or liberal perspectives have the inclination to be hegemonic and interventionist, or merely too exclusive (Namli 2014; Donnelly 2007). For that purpose, it may be argued that the discussions over issues such as skilled labour emigration from the SSA should give attention
to non-Western or non-liberal moral paradigms as well. Notably, there has been recent interest in understanding the issue of skilled worker emigration from the SSA on the basis of, for instance, the norms and ideals formulated in the Sub-Saharan moral tradition (Metz 2017). While this inclination is plausible, I also would like to draw attention to a potential problem embedded in placing emphasis on the use of paradigms that are conceptualised as ‘non-Western’.

Too much emphasis on ‘non-Western’ ideas might also harbour the issue of overlooking some rights or interests at stake. Arguably, the rise of political Islamist conservatism in the countries such as Turkey has diminished the prospects of individualistic ideals and liberties in public discourse to some extent. Norms and ideals, if conceptualised in reference to certain cultures or geographies, carry the potential to be perceived exclusively. As much as the Western scholars might have the tendency to overlook other viewpoints, the same might happen in some non-Western contexts. Therefore, in the context of non-Western countries, the (liberal) rights talk may still be crucial - as long as it is not being used a tool for an illegitimate intervention of any kind. Hence, methodologically discussing what the right to exit entails and why we should uphold it, such as in Article III, should accommodate different reasons and norms. It should also be open to contributions from other ideas or understanding of rights.

Overall, the theoretical approach of this thesis is developed on the basis of a normative account of individual responsibilities, rights theory and empirical surveys on the health worker emigration and its effects – while also considering the relevance of non-ideal theorising.
6. SUMMARY OF ARTICLES

In this chapter, I summarize the articles and provide the arguments and conclusions that respectively address the three sets of questions and aims of this thesis (as pointed out in Chapter 4 and Chapter 5).

Article I: Health Without Care? Vulnerability, Medical Brain Drain and Health Worker Responsibilities in Underserved Contexts

It is important to discuss first why health worker emigration is morally problematic in certain contexts and to determine if health workers have moral responsibilities that they fail to fulfil by emigrating. Therefore, in Article I, I examine the conditions under which individual health workers may be held responsible for attending to the basic health needs of the population in their country. In order to do so, I offer a vulnerability approach that is also relational in that it puts emphasis on dependency relations (Yuksekdag 2018a). Aside from background factors, such as poverty and health illiteracy, that make an individual vulnerable to a certain risk of harm, dependency is an important but overlooked aspect of vulnerability (Dodds 2014). This aspect of vulnerability specifically addresses to whom the individuals are vulnerable. Individuals, who have access to deprived health care delivery systems with critical shortages of health workers, are critically dependent on the assistance of health workers who can provide the much-needed care (Yuksekdag 2018a: 19). This means that there is a morally relevant dependency relationship between health workers and the individuals deprived of basic health care, and that the latter is vulnerable to the movement of the former in such a situation (Yuksekdag 2018a).

This approach shows that health workers have a responsibility to assist individuals who are vulnerable to their actions, including their emigration. Four criteria are offered for such a responsibility to hold:

(a) The risk of harm is urgent and vital.

(b) Certain skills are required to satisfy the health care needs.

(c) The region where the health care needs arise is under-served.

(d) A shared history between the health workers and the population reinforces the responsibility of health workers. (Yuksekdag 2018a)
I also assert that the responsibility of health workers is dependent on the country’s efforts to diminish background factors of vulnerability at the same time (Yuksekdağ 2018a). As mentioned above, vulnerability approach to individual responsibilities alone does not vindicate a duty of health workers to stay. This approach is also not mutually exclusive to the other ethical approaches (e.g. reciprocity, global inequalities) to skilled worker emigration in general; rather, it is complementary that taken altogether they provide reasons why health workers have responsibilities to promote the satisfaction of basic health needs of their compatriots.

As a case in point, I then discuss the prospects of HIV/AIDS care in Zimbabwe. The HIV/AIDS patients in Zimbabwe are vulnerable to the movement of health workers on the basis that the region is under-served, and the population is dependent on the presence of the (locally trained) caregivers (Yuksekdağ 2018a). By including this example, the article also provides insight into one of the cases in which a population requires urgent and continuous health assistance.

**Article II: How to Understand Limitations of the Right to Exit with Respect to Losses Associated with Health Worker Emigration: A Clarification**

A study on the ethics of skilled worker emigration should also provide an understanding of the different ways to limit skilled workers’ right to exit. In Article II, I explore different ways to restrict the right to exit. I show that the limitations of the right to exit can be understood as a matter of scope or as a matter of weight/emergency that requires compensation (Yuksekdağ 2018b).

Thereafter, I briefly explore the nuances between different ways to limit the right to exit in the case of health worker emigration. I demonstrate that the way we understand the limitation of the right to exit in the case of health worker emigration has different implications. I argue that we should be wary of treating the limitation of the right to exit as a matter of scope for many practically relevant reasons (Yuksekdağ 2018b). For instance, a right, such as the right to free movement within a country might be understood as limited by its scope that it does not include a right to enter into someone else’s private property. Similarly, one might argue that the restriction of the right to exit in consideration of population's needs is an inherent limitation of the right. This would entitle the states with a prerogative to restrict emigration of their skilled worker without actually infringing their rights (Nickel 2007). Because of such implications, I warn against taking it for granted that the right to exit has justified scope-based limitations.
Then, I show that treating the limitation as a matter of weight/emergency requires compensation. This is because an emergency-based limitation, unlike a scope-based limitation, is a wrong imposed upon the right-holder, even if the freedom of movement is temporarily circumvented (Brock and Blake 2015). Given that the nature and the form of such compensatory mechanisms are open to question, I suggest undemanding compensatory schemes, other than of monetary nature, such as recognition of the infringement or honouring the infringed party with an official acclaimed professional status (Yuksekdağ 2018b).

I also discuss what constitutes an emergency from a normative perspective. I delineate basic need and human rights approaches to determine what may constitute the normative threshold of an emergency (Yuksekdağ 2018b).

Article III: The Right to Exit and Skilled Labour Emigration: Ethical Considerations for Compulsory Health Service Programmes

Even if we have a better understanding of different ways to restrict the right to exit and their implications, we still need to explain what the right to exit entails. In addition, even in the case of less-restrictive emigration measures such as compulsory service programmes, the right to exit is partially restricted. So it is important to discuss the value of the right to exit and its relevance for the ethical justification of compulsory service programmes (Yuksekdağ 2018c).

In Article III, I provide two accounts of the right to exit: first, Patti Lenard’s (2015) view of the right and, second, utilizing James Griffin’s (2008) account of human rights. Lenard (2015) argues that the right to exit is grounded in strong interests, such as personal safety or political voice. Griffin sees human rights as protections of the normative agency of individuals. I argue that the right to exit can also be grounded in the status/normative agency of individuals. “The reason why the right to exit can be taken as significant for one's basic normative agency is that it entitles individuals” to freely form a conception of a good life and not be subjugated to a feeling of imprisonment (Yuksekdağ 2018c: 7).

In Article III, I also show the relevance of the right to exit for the compulsory service programmes which condition the provision of tertiary education on completing a temporary mandatory service. I argue that that the reasons behind the right to exit represent a significant and relevant locus from which to derive important ethical considerations for the contract-based compulsory health service programmes (Yuksekdağ 2018c). The normative debate mostly focuses on the justifiability of the contracts and the conditions under which they would be
legitimately offered and signed. It is argued that, “even if the service contracts are voluntary and thus the would-be medical students voluntarily relinquish their right to exit,” this does not mean that the reasons behind the right are irrelevant (Yuksekdag 2018c: 2). I argue that the programmes should also accommodate ethical considerations on the basis of the right that is bargained – the right to exit. To that end, on the basis of the two accounts of the right to exit, I discuss and provide some guiding ethical considerations for the compulsory service programmes.

The following conditions are offered in the literature for the compulsory service contracts to be morally permissible: “(1) background conditions, (2) individual responsibilities to assist, (3) viability constraint, (4) legitimacy constraint for the states and (5) capacity of an individual to consent” (Yuksekdag 2018c: 11). In addition, Article III provides the following ethically relevant considerations on the basis of different accounts of the right to exit:

(6) Personal safety in the workplace
(7) Extra protections for personal and material safety in some areas
(8) Delegating a professional association with a bargaining power
(9) Introduction of a compulsory service board offering less frustrating exit option strategies
(10) Ethical-reflection training
(11) Promoting the viability of an exit and making respective life-plans
(12) Encouraging international postgraduate and career opportunities. (Yuksekdag 2018c: 11)

Article IV: Individual Responsibilities in Partial Compliance: Skilled Health Worker Emigration from Under-served Regions

Lastly, the question remains if and for what reasons individual health workers would still hold their responsibilities towards their compatriots in the situation of partial compliance or non-compliance of other agents, such as affluent countries. Then, we must first make clear potential responsibilities of other agents. In Article IV, I first review different sets of responsibilities that different stakeholders (e.g. the state officials, individual health workers, developed countries) may have. The aim is to identify different stakeholders’ fair share of responsibilities. Then I
discuss, whether individual health workers should do less than their fair share, fulfil their fair share, or take up the slack when other parties fail to fulfil their responsibilities. I argue that there are compelling reasons against health workers doing less than their fair share or taking up the slack. I also argue that it is morally worrisome for the non-complier source country governments to enforce individual health workers to fulfil their fair share or take up the slack.

In summary, this thesis addresses the ethical aspects of health worker emigration, ranging from the problems on the ground to the individual responsibilities of health workers as well as their rights and liberties. All these aspects warrant due consideration to implement restrictive measures, such as compulsory service programmes, in a morally acceptable way. I explore the basis of health workers’ responsibilities and their rights and interests; I also provide some ethically informed and practical suggestions to balance the interests and rights of vulnerable populations with of health workers. While the focus is mostly on health worker emigration, the discussion on right limitations and the right to exit are also of relevance for skilled worker emigration in general.
7. DISCUSSION

In this chapter, I critically approach the articles and address the overall and article-specific limitations of the arguments. In addition, I state the theoretical and practical contributions of the thesis and conclude with suggesting some further research questions.

Limitations and Potential Objections

The arguments and conclusions in the articles warrant critical scrutiny both in terms of their overall limitations and some specific potential objections. In this section, I acknowledge some of the limitations and their implications. I also respond to some anticipated objections in order to account for relevant issues that may be left out in the articles.

First, the thesis overall depends on surveys and data whose veracity might be open to question. This is an empirical limitation of the thesis and has implications on determining whether or not individual health workers have responsibilities to assist their compatriots, such as in the case of Zimbabwe. Regardless, the vulnerability approach to individual responsibilities is still of relevance to discuss other cases. That is also why the case of Zimbabwe is referred to ‘as a case in point’ in Article I.

Second, while the thesis discusses health worker emigration and refers to health needs, it does not provide an account on the meaning, value or significance of health needs. This is a very crucial limitation because the reader might require a clear idea about what the author, at the least, assumes on that regard. The reason why the thesis does not include such information is to refrain from making any judgement on a longstanding and highly debated issue about the value, significance and distribution of health. I do have an intuition that health-related needs are more important than some other basic needs, such as education. However, I assume that health worker emigration may point to certain specific concerns and implications for individual responsibilities and that is why I focus on the ethics of health worker emigration.

As argued in Article I, health workers can be obligated to fulfil basic health needs of their compatriots on the basis of their vulnerability. One might rightly question the implications of this approach on other skilled workers and their responsibilities. Imagine that a region in a resource-poor country has problem with the water supply. Engineers are needed to maintain the water supply system, but the engineers migrate to countries where they have better job options. Would that be different than health worker emigration in terms of ascribing responsibilities to skilled workers? While the need for water is as basic as health needs, I think
that basic health needs generally require highly specialised skills to be fulfilled, thus creating a higher degree of dependence on health workers. This is my line of reasoning behind arguing for individual health worker responsibilities on the basis of the vulnerability approach. However, if one can determine that the engineers fulfil all the necessary conditions of the vulnerability approach and that there is also a high level of dependency on their specific skill-sets, then I would not find it problematic to also argue for individual responsibilities for engineers to assist their compatriots.

Another limitation is that the thesis does not provide a comprehensive theory of rights. I should note here that a more general discussion on human rights was initially planned and underway for this thesis. However, it was omitted to focus on particular issues such as what the right to exit entails, its relevance for compulsory service programmes and different ways to limit the right to exit.

Lastly, the thesis does not provide an account of global responsibilities to address the effects of health worker emigration. This was an intentional choice. I believe that there are already various insightful accounts that argue for responsibilities as such. Article IV reviews potential ways to argue for the responsibilities of affluent countries. I contended that a more fruitful contribution to the literature would have been a realistic or non-ideal perspective to the distribution of responsibilities and a questioning of the fairness of placing the burdens on individual health workers.

More argument-specific potential objections may also be raised. In what follows, I will provide some anticipated objections and will briefly respond to them.

Objection 1: Why do we burden relatively underprivileged individual health workers? Would not foreign health workers also have responsibilities to assist the vulnerable populations?

My response to such an objection is two-fold. First, this thesis does not argue for or against foreign health worker responsibilities. Rather, I question the permissibility of emigration restrictions. Notably, any account that argues for the responsibilities of foreign health workers should also pay attention to the different interests at stake in enforcing someone to relocate to a different country for a short- or long-term service. While I would not exclude the plausibility of such an account, it should be acknowledged that there is a morally relevant difference between asking someone to stay in a country and asking someone to relocate to a different country.
Second, it is important to draw attention to the implications of some of the policy recommendations that involve foreign health worker interventions. Foreign health worker exchange programmes might, for instance, send newly graduated surgeons to do their exchange service in resource-poor regions. Notably, the newly graduated surgeons have more probability of causing medical complications in their first incisions. The exchange programmes should also be attentive to such issues so that the patients in the resource-poor regions do not become an intentional subject of training newly graduated foreign surgeons.

**Objection 2:** Would not restrictions deter individuals from being physicians or health workers in general? Are restrictions viable for bringing about the desired outcomes?

It is the very reasoning of this thesis that restrictions should pay regard to the interests and rights of medical graduates. Even if the existing measures of retaining health workers may not lead to viable results, one of the presumptions of the suggestions given in this thesis is that once such conditions and guiding ethical considerations are taken into account, it may also lead to higher levels of viability.

It is also important not to assume that the physicians or nurses working in under-served and resource-poor regions are already unmotivated to work in their respective countries. Some of the surveys conducted in the SSA show that nurses, for instance, actually accommodate high levels of motivation for working in their respective under-served contexts – despite their discontent for the working conditions (Frehywot et al. 2010; Bradley et al. 2015).

**Objection 3:** It is argued that a shared history would strengthen the individual health workers’ responsibility to assist with the basic health care delivery in under-served contexts. It is unclear how a health worker’s history of interacting with some patients in the local community could create or strengthen responsibilities towards other patients in that community.

While the shared history condition is not a necessary condition in my vulnerability approach to individual responsibilities, this would nevertheless be a very important objection. Perhaps it is possible to argue for a morally relevant link between the two groups of patients. We might assume that it is in the interest of group A, who have a shared history with the medical student or physician, for group B to receive basic health care. However, would the interests or preferences of A establish a morally relevant link or shared relationship between the physician and B? I think not. What would be a compelling link in that regard?
One plausible link would be that, as mentioned in Article I, the medical students already come into contact with patients during their training and that is argued as an example of a shared relationship. What is not shown in Article I is that this shared relationship also involves risks and complications for the patients, their families and the community in general. If a student misdiagnoses a patient with a contagious disease, the whole community faces a certain amount of risk.

Second, a communitarian argument that supports an already established shared history or fate might be a more plausible alternative. This view would hold not only for medical students or physicians but also for the whole population. Nevertheless, a shared history is not treated as a sufficient condition in my vulnerability approach.

Objection 4: Why do we also need the reasons behind the right to exit while considering the moral permissibility of compulsory service programmes? Some of the suggested considerations could already be conventionally considered part of a fair contract, e.g. safety protections, acceptable working conditions. It seems that we could end up with similar practical conclusions. Why do we need to consider the underlying reasons for the right to exit in addition to such a general idea of fairness?

First, the guiding ethical consideration of respecting the values behind the right to exit is not merely a practical suggestion but a normative ideal. It is based on the idea that when an individual bargains away a right for a good or service, one must pay attention to what the bargained away right protects. So that individuals are not rendered vulnerable to neglect or breach of interests and values that are protected by the right to exit. One might assume that these suggestions could be incorporated in many contracts without explicitly considering the value of the bargained away right. Our normative discussions, nevertheless, should not take such issues for granted. Second, the contexts in which these service programmes are offered might lack a certain level of accountability or transparency. I believe there is merit in suggesting that the states should explicitly reflect on a bargained away right and its value while offering a service contract to would-be medical students.

I should also acknowledge another potential shortcoming of the thesis here: I do not offer a clear method to derive such considerations from the reasons behind the bargained away right. In the end, Article III provides only two accounts of the right to exit. While some of the considerations I derive might resemble some general suggestions for a fair contract, there is
still a possibility of offering a different account of the right to exit that might entail different values, and thus might offer different sets of guiding considerations for the service contracts.

Objection 5: The health workers also have other rights and interests. Why focus mostly on the right to exit?

This thesis answers the primary question of the permissibility of emigration restrictions. In order for a state to offer such restrictive measures, we need to first determine if it is permissible to implement limitations on the right to exit. Without doubt, this is not a moral trump card to treat the health workers in any way possible afterwards. There are also other moral considerations.

Contribution and Further Research

In this section, I highlight the theoretical and practical contributions of the thesis. I conclude this cover essay with suggestions for further research.

Theoretically, this thesis first contributes to the ethics of skilled worker emigration literature by providing a nuanced theoretical account of individual responsibilities. The existing ethical approaches to why skilled workers have the responsibility to assist are theoretically insightful and deserve more elaboration. This thesis contributes to that discussion by providing a complementing vulnerability approach to skilled health worker responsibilities in under-served and resource-poor contexts. In addition, I also show why, in some cases, individual health workers should fulfil their responsibilities even if affluent countries do not fulfil theirs. This non-ideal theory approach to skilled worker responsibilities is neglected in the current body of literature. In the end, I contribute to the literature by providing more support for the reasons to restrict the emigration of health workers in particular.

The second theoretical contribution of this thesis concerns the meaning and value of the right to exit. There is an emerging interest in the literature on the limitations of the right to exit but not so much on its meaning and value (Oberman 2016b). This is an important matter for the ethics of migration in general. This thesis contributes to that body of literature by providing certain reasons to value the right to exit on the basis of utilising James Griffin’s theory of human rights.

More practically, this thesis contributes to the literature by listing the conditions under which the restrictions can be offered. It also raises certain practical concerns (e.g. abuse of power, corruption and the lack of respect for rights) about the ways in which some countries
would implement restrictions on the right to exit. More specifically, it highlights the importance of the reasons behind the right to exit as a guiding ethical consideration in delineating the content and the terms of the compulsory service programmes. All these aspects are discussed so that the states manage the emigration of their skilled workers in an ethically conscientious manner.

However, there is also one reality we should not ignore. There are already many bilateral and multilateral agreements governing different forms human capital and migratory management. These deals are the outcomes of more or less structured international negotiations. The terms of the international migration and human capital migration – the principles to be governed with, the distribution of goods and burdens and the rules of conduct – are largely worked out in international negotiations (Albin 2003). It is also common that the parties with the less remunerative and punitive power in the international arena endure the challenge of convincing the other party continue taking part in the discussion, let alone come to terms with a particular demand they may have. This specifically pertains to international negotiations of the non-intergovernmental kind that pose concerns over fairness not only for the outcome of these negotiations but also for the very procedures through which the act of negotiating takes place. However, relatively little attention is given to what it means to have a fair procedure to govern bilateral and multilateral negotiations that target different forms of global or bilateral issues. What then are the duties of recruiting states towards the source countries? What would a fair bilateral agreement on skilled worker migration look like? While these aspects are not in the scope of this doctoral thesis, they should guide future research on the ethics of skilled worker emigration.
REFERENCES


Clemens, Michael A. 2013. What Do We Know about Skilled Migration and Development? MPI Policy Brief No. 3. Migration Policy Institute, Washington, DC.


Articles

The articles associated with this thesis have been removed for copyright reasons. For more details about these see:

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This doctoral thesis within applied ethics consists of four articles together with a cover essay. All articles concern the ethics of skilled health worker emigration from under-served and resource-poor regions, often referred to as ‘medical brain drain’. Methodologically, the thesis utilises normative ethical theory to analyse the justifiability of temporary or long-term emigration restrictions, such as compulsory health service programmes, that are employed by developing countries with the aim of safeguarding their needs for health care provision. Such programmes restrict the mobility of individual health workers and give rise to conflicts between different types of rights and interests.

The ethics of skilled worker emigration warrants an exploration of the ethical implications of such restrictive programmes for different stakeholders, such as the under-served countries and health workers; and a clarification of the rights and duties of the concerned parties. This thesis provides a thorough analysis and clarification of such rights restrictions and offers theoretically and empirically grounded recommendations as to how they ought to be managed. Rights theory and accounts of individual responsibilities are employed to assess the acceptability of restrictive health service programmes.

In brief, the thesis (a) discusses the conditions under which individual health workers may have responsibilities to attend to the basic health needs of a population, (b) explicates the rights at stake such as the freedom of movement and the right to exit, (c) offers insight into what it means to restrict one’s right and its implications and (d) suggests ways for conflicting rights and interests to be balanced and resolved. Taken together, the thesis presents a nuanced approach towards individual responsibilities in under-served contexts and an improved understanding of the right to exit as well as the implications of restricting the right. The thesis also contributes to the ethics of skilled worker emigration with a discussion on the responsibilities of skilled workers when the other parties do not fulfil their fair share of responsibilities.