

MEDICAL MIGRATION AND BRAIN DRAIN: LEGAL AND ETHICAL RESPONSIBILITIES OF DEVELOPED NATIONS

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Abstract

The problem of medical migration and the ensuing brain drain has become relevant on the global agenda, especially to the developed countries, which are finding a greater need to rely on foreign-trained medical workers to staff their ever-increasing workforce requirements. Such mobility of the medical workers due to the disparity in wages, working conditions, and expertise development opportunities contributes to the global healthcare dynamics and affects the distribution of competent staff. Developed countries have significant legal and moral roles since their recruitment patterns and immigration policies directly affect the stability of the health care system in other areas. Ethical issues are created by ethical challenges particularly domestic shortages are recruited, thereby resulting in world health workforce imbalances. One of the key aspects of responsible global interaction is ensuring fairness, eliminating exploitation, and ensuring the advancement of healthcare in a sustainable manner. The enhanced collaboration on the international level, ethical recruitment practices, and collective responsibility can contribute to allowing developed countries to meet their healthcare demands and support the creation of a more balanced and equal global medical network.

INTRODUCTION

Across the world the issue of medical migration and brain drain has been a major issue of concern to healthcare systems, especially in developing nations that are unable to provide due to deficient resources (Tariq et al., 2023). Skilled medical professionals leaving low income countries for high income countries introduce considerable gaps in healthcare provision and compromises the capacity of national healthcare (Meo & Sultan, 2023). It is also evident that developed countries continue to depend on foreign-trained workers to fill gaps, which only increases the workforce

inequalities across the globe (Khan & Ali, 2024). Researchers say that this continued drain of talent is one of the main causes of the weakening of the systems in the home countries (Nadir et al., 2023). Medical migration has complex legal and ethical implications for developed countries. When the high-income nations are involved in aggressive practices of recruiting, the ethical issues are raised as the vulnerable healthcare systems are attacked (Ahmed et al., 2024; Soltanizadeh et al., 2025). The international health organizations emphasise the duty of more developed countries to implement equitable recruitment practices, not

causing damage to existing fragile systems (Sarwar et al., 2024; Shakir et al., 2024). The WHO Code of Practice also underlines the ethical principles of cooperation and collective responsibility (Organisation for Economic Co-operation and Development, 2025).

Migration patterns are also influenced by political, economic and social factors, creating problems in the legal approach and international policy reaction. On the one hand, migration increases the career opportunities of individuals, and on the other hand, it burdens developing countries with the burden of population health (Zafar, 2023). It is in light of these challenges that the role of the developed nations should be considered to ensure equity and global justice in the healthcare systems.

Research Justification

The study of medical migration and brain drain is necessary since the migration of medical care providers across the world has significant implications for both developing and developed countries. Many low-income countries spend a lot of resources on educating medical staff, yet most of the staff end up migrating to other countries, where they are paid better salaries, safer working conditions, and they also find an opportunity to advance their careers. Such a continuous drainage undermines already weak healthcare systems, reduces access to crucial medical care and adds to global health disparities. This trend is important in understanding the role of recruitment practices and immigration policies of the developed countries in perpetuating these disparities.

Moreover, the problem brings up significant ethical and legal concerns regarding global responsibility, equity, and fairness. As developed countries are progressively using foreign-trained medical professionals to address the domestic gaps, there arises a need to determine whether their recruitment tools are in tandem with the ethical standards and the international standards. The analysis of these obligations is used to find the gaps in the accountability, cooperation, and implementation of the policies. The pressing need to come up with sustainable solutions that would strike a balance between the freedom of movement of individuals and the societal requirements to keep proper healthcare systems is

also the reason why this research is necessary. Through these dimensions, the research will help to gain a better idea of how global health systems can be more equitable and resilient.

Literature Review

The migration of medical workers is a well-researched multidimensional international phenomenon that has impacted the healthcare capacity, workforce distribution, and equity. Evidence suggests that the emigration of healthcare professionals significantly detracts from the healthcare systems of developing countries, exacerbating existing resource limitations (Meo & Sultan, 2023). This phenomenon is fundamentally systemic and structural, driven by a combination of wage disparities, professional limitations, and safety concerns, which collectively foster the ongoing migration of skilled personnel (Zafar, 2023).

Several studies highlight the negative effects of losing trained professionals, such as gaps in clinical knowledge, inefficient use of resources in medical education, and increased reliance on foreign aid (Nadir et al., 2023; Tariq et al., 2023). These problems are particularly serious in rural and underserved areas, where the shortages are already significant. It is also claimed by scholars that the dependence on international recruitment in high-income countries generates ethical conflicts in terms of fairness and exploitation (Khan & Ali, 2024).

The implications of global health governance are also further discussed in the context of international literature. The Global Code of WHO promotes responsible international recruitment, yet it is not adhered to in a consistent manner (OECD, 2025). Educational mobility also influences the migration patterns, as several medical graduates also pursue international training that would result in eventual long-term settlement in a foreign country (Shakir et al., 2024; Soltanizadeh et al., 2025).

Economic studies indicate that, whereas brain drain would mean a loss to the developing nations, it produces high remittances, which give rise to the complicated cost-benefit effects. Nevertheless, the economic benefits are usually not as much as the

loss of skilled labour in the crucial areas such as healthcare (Sarwar et al., 2024; Zafar, 2023). Generally, the literature highlights that the ethical recruitment policy, better local working conditions, and international collaboration are needed to deal with the imbalance in the workforce of the global population.

Historical Context of Medical Migration and Brain Drain

The historical background of medical migration dates to the post-colonial migrations, where new states that gained independence obtained weak healthcare systems (Khan & Ali, 2024; Meo & Sultan, 2023). This practice started in the 1960s and 1970s, when developed countries like the UK, Canada, and the U.S. began active recruitment of foreign physicians to address domestic shortages initiated early, long-term patterns of brain drain (OECD, 2025; Zafar, 2023). This process of recruitment reflected global demographic shifts and rising demand for specialized healthcare services in high-income nations.

With the growth of medical education in developing countries, the graduates have become increasingly prone to migrating for better opportunities, creating long-term systemic workforce gaps (Tariq et al., 2023). The end of the 20th century also promoted this trend as globalization made the recognition of credentials easier and increased labour mobility across international borders (Sarwar et al., 2024).

When the WHO proposed ethical standards of recruiting, the discussion about the problem changed dramatically because it focused on the disproportionate loss of low-income countries (Soltanizadeh et al., 2025). Gradually, the problem developed into a significant policy issue, and scholars stressed the necessity to trade individual freedom of movement for healthcare equality on the global level (Nadir et al., 2023; Shakir et al., 2024). Such a historical development shows that structural inequalities have already predetermined contemporary trends of medical migration.

Theoretical Context of Medical Migration and Brain Drain

The ethical and socio-economic theories that model the theoretical background of medical migration and brain drain include a number of ethical and socio-economic frameworks explaining the motivation factors behind migration and the duties of states. Other ethical theories, like deontology, stress that countries should not inflict harm on vulnerable health systems, no matter the benefits they may get from the foreign-trained professionals. Utilitarianism is interested in the assessment of policies in their overall outcome, which influences the states to approach the impact of practices of recruitment on both the sending and receiving countries.

Virtue ethics emphasizes the value of fairness, responsibility, and character in state action, especially in the way developed countries have approached international healthcare recruitment. This view is further extended to the idea of global justice, which argues that the developed countries have a moral responsibility to deal with global inequalities, particularly in basic sectors such as healthcare.

Migration theories have been found to be central in explaining brain drain. According to the push-pull theory, the poor working conditions, resource scarcity, and low career growth drive healthcare professionals out of the developing countries and lure them to the developed countries due to better salaries, technology, and favourable working environments. The human capital theory further explains that human capital will migrate to ensure that they optimize their professional worth and returns in the long run. Collectively, the theories offer a perfect explanation of the dynamics of medical migration.

Laws Regarding Medical Migration and Brain Drain

The international, regional, and national laws interact to contribute to the medical migration and brain drain, as they govern the mobility of the workforce in healthcare, recruitment procedures, and state ethical responsibilities.

1. The World Health Organization (WHO) Global Code of Practice on the International

Recruitment of Health Personnel (2010) is one of the most important instruments in the world. Though voluntary, it sets a clear set of principles and guidelines on ethical recruitment, discourages aggressive hiring in countries with severe workforce shortages in the area of healthcare, and encourages developed countries to invest in capacity-building in sending countries. The Code is an important guideline on international cooperation.

2. The other applicable international law will be the International Labour Organisation (ILO) Migration for Employment Convention (Revised), 1949 (No. 97) and the ILO Migrant Workers (Supplementary Provisions) Convention, 1975 (No. 143). These conventions safeguard the rights of migrant workers, offer the same treatment, and control the recruitment procedures, which directly impact the migration of healthcare specialists.

3. Some of the developed countries at the regional level work under agreements like the European Union Directive 2005/36/EC on the Recognition of Professional Qualification, which helps in the movement of healthcare professionals within the member states of the EU by harmonising the recognition of credentials.

4. Likewise, the United Kingdom's Immigration Rules (Health and Care Worker Visa Framework) and Canadian Immigration and Refugee Protection Act (IRPA) establish special routes for the immigration of foreign healthcare workers.

5. In Pakistan, the national measures are the Pakistan Medical and Dental Council (PMDC) Act, which is the act that regulates the licensing, registration and exportation of medical professionals.

6. Also, universities in the majority of states have bonded scholarship or mandatory service policies, which require graduates to work in government hospitals before going to work in foreign countries.

A combination of these legal frameworks emphasizes the conflict between the rights of people to migrate and the role of states, particularly developed countries, to provide ethical hiring of employees and a global labour balance.

Challenges for Medical Migration and Brain Drain

Migration of medical professionals is an issue that builds an unfortunate situation for both the developing and developed countries, but most of the contributors are countries that already have poor healthcare facilities. A shortage of healthcare personnel in developing countries is one of the most significant problems because losing trained medical workers, nurses, and experts causes hospitals to be understaffed and communities to be underserved. This deficiency causes patient overload, poor quality of care, and delays in access to crucial medical services, which eventually affect the health outcomes in the countries.

The other challenge is the loss of money involved in the emigration of professionals with high qualifications. Third-world countries spend a lot of their budgetary resources on medical training, and although the economic gains of this investment are usually enjoyed by the developed countries, which absorb the professionals. This disparity compounds the disparity and leads to dependency in the long run, on foreign aid or external assistance.

The third issue is the ethical concern of aggressive recruitment methods used by wealthier nations. When developed countries take the initiative of targeting healthcare professionals belonging to countries with shortages in their workforce, there are questions about the aspect of fairness, world justice and the exploitation of the vulnerable health systems. Although the international guidelines suggest otherwise, the practice is encouraged by the growing healthcare needs in the ageing population and the chronic under-staffing. There are also some challenges that healthcare professionals working in foreign countries have to go through, such as the inability to have their credentials recognized, discrimination in the workplace, adjusting to the culture, and a lack of career growth. These aspects may cause psychological pressure and influence job performance, even if the economic opportunities were better. Moreover, medical migration is also another cause of internal inequalities, with urban centres possibly remaining partly the recipient of a certain amount of healthcare services and the rural

populace being worst hit by the effects of brain drain. These challenges are likely to increase because of the increasing competition for skilled medical workers around the world. Altogether, such a combination of economic, ethical, and systemic forces causes medical migration to be a rather complicated problem that needs global and national measures.

Opportunities for Medical Migration and Brain Drain

Although there are a number of challenges linked with medical migration and brain drain, Pakistan does not exclude a number of significant opportunities that are capable of serving to its advantage, as far as the healthcare industry, economy and global status are concerned. Among the opportunities that can be noted is the creation of a workforce competing globally in healthcare. It is really driven by the fact that the international market of competent medical workers prompts Pakistani institutions to improve the standards of medical education and training and the accreditation systems. With the improvement of the global standards of healthcare in institutions in upgrading their curricula and facilities, the overall healthcare training in the country improves, benefiting not only the domestic but also the international systems.

Medical migration also creates a large amount of foreign remittances that are beneficial to the economy of Pakistan. Doctors, nurses, and other health workers working in Pakistan, who work in other countries, would remit money back home, which is used to stabilize the household income and the country's economy. These remittances have the indirect strength to reinforce the healthcare sector, as the family is able to invest in the healthcare industry, in education, and in small enterprises.

The other opportunity available is due to knowledge transfer and professional exposure. Medical practitioners who have studied or worked in foreign countries usually come home with updated clinical skills, exposure to new technology, and exposure to the best practices globally. This sharing of experience improves the medical services in Pakistan, and it leads to

advancement in research, patient treatment and medical education. Moreover, medical migration has an opportunity to allow Pakistan to establish international collaboration with the developed countries. Such partnerships can lead to joint research, exchange, special training and bilateral health agreements. These collaborations can assist Pakistan in developing its health care systems and eliminating the problem of unemployment.

Lastly, Pakistani medical professionals are known all over the world, a factor that contributes towards improving the international image of the nation. Such acknowledgement may bring in foreign capital inflows into the healthcare and education industry to promote the setting up of globally linked institutions. Although brain drain is a huge problem, it also brings about chances of economic development, career development, and international partnerships that can be exploited by Pakistan.

Discussion

The migration of health professionals from Pakistan is a critical challenge often described as a medical brain drain. The perennial exodus of medical practitioners adds to the imbalanced deficit in the healthcare system that restricts the capacity of the country to access quality health services, especially in rural and underserved areas. Such a deficit strengthens the existing disparities and puts an extra burden on an already weak healthcare system. Simultaneously, the constant need of the developed countries for medical professionals who have received foreign training poses an ethical problem in relation to the recruitment strategy and international health accountability. Migration can provide people with improved career opportunities and with the experience of modern medical care, but at the same time, it can overwhelm the developing nations with the inability to ensure decent levels of healthcare.

Notwithstanding these issues, medical migration has also been fruitful for Pakistan. The national revenue and support of families. Economic support of families through the influx of remittances by overseas professionals. Besides, expatriates who have been taken back home are

able to offer specialised knowledge, new technologies, and overseas experience that can be used to enhance the standards of healthcare in the country. International relations that have been formed by the mobility of medical professionals across the world also increase the training opportunities and research collaborations. The discussion shows that there is a need to implement balanced policies that would protect the national interests of healthcare and simultaneously assist medical workers in developing their professional goals.

Conclusion

Pakistan is still facing the problem of medical migration and brain drain that is affecting the healthcare facility, economic stability and international interaction of this country. The constant drain of trained professionals in the shape of doctors, nurses, and specialists intensifies the issue of workforce shortages and undermines the provision of the necessary healthcare services, particularly in underserved regions. This trend indicates even more structural problems, such as the lack of career development, poor working conditions, low salaries and inadequate compensation in the internal healthcare system. Meanwhile, the healthcare worker movement demonstrates moral obligations on the part of the developed countries, whose staffing policies have a substantial impact on the workforce inequality across the globe.

In spite of these obstacles, there are opportunities that arise. The remittances, exposure to other nations and skills acquired abroad are positive factors towards the development of Pakistan. Reentry professionals increase medical education, clinical practice, and research capacity. Pakistan and international partners need to cooperate, In order to alleviate the adverse impacts but to maximize possible advantages, in ethical recruitment methods, reinforce staffing policies, and make investments in long-term healthcare changes. These activities are critical towards a healthy world that is sustainable.

Recommendations

The issue of medical migration and brain drain in Pakistan can only be resolved on a multi-level basis, where the solution promotes the rights of individuals but at the same time meets the healthcare demands of the nation. To begin with, Pakistan needs to empower its healthcare system by providing superior working conditions, good salaries, and career growth to the skilled professionals to retain them. The satisfaction at the workplace may be increased by improving workplace safety, investing in modern equipment and offering specialization programs and hence diminishing the urge to migrate.

Second, the government ought to institute efficient retention measures, such as ensuring mandatory service agreements, scholarships that come with mandatory service requirements, and incentives to serve in rural and underserved localities. Such measures ought to be contrasted with a clear implementation so as to be fair and compliant. Third, it is necessary to cooperate with developed countries. Pakistan ought to promote the use of ethical recruitment methods in line with the global standards; receiving countries should not engage in hiring of areas that have been severely shortchanged. Bilateral agreements may facilitate training excellence, cooperative research and capacity building programs.

Research Limitations

In Pakistan the studies of medical migration and brain drain have a number of significant constraints that impact the thoroughness and quality of the study. A key constraint is that there are no available comprehensive national statistics on the precise numbers of migrating healthcare professionals, their destinations and long-term career outcomes. It is not easy to come up with accurate policy recommendations without the support of good statistics. Further, a lot of the literature available is based on second-hand data, which may not reflect the dynamic nature of healthcare mobility across the globe.

The topic being sensitive is another weakness because the topic is sensitive, especially when it comes to government policies, recruitment practices, and performance of the institutions.

These problems may affect the level of information availability and transparency. The fact that there are regional differences in Pakistan also constrains the generalizability of the findings, with rural and urban migration patterns being very different. In addition, international disease patterns and immigration policies in the developed countries also evolve at a high pace and lead to a rapid obsolescence of research. The above restrictions indicate that there is a necessity for ongoing data gathering and revised empirical research.

Research Implications

The results focus light on the fact that The research of medical migration and brain drain has some important implications for policymakers, healthcare organizations, and international stakeholders that Pakistan must enhance its healthcare workforce planning to tackle the structural problems of insufficient resources, training opportunities, and poor working conditions. These issues can be used to develop specific retention policies that can minimise the push factors of skilled professionals to other countries, as understood by policymakers.

The paper also highlights the need to promote the use of evidence-based policy changes, especially when it comes to aligning the national health priorities with the global ethical standards of recruitment. In the case of developed countries, the study will give them a clue on the ethical and legal obligations when recruiting medical practitioners in countries where there is a shortage of medical professionals. Moreover, the results highlight the importance of global collaboration and the contribution of bilateral accords to the sustainable distribution of the workforce. These implications all lead to a fairer global healthcare system through promoting a sense of collective responsibility, ethical recruitment, and better investments in local healthcare systems.

Future Research Directions

The recent studies on medical migration and brain drain in Pakistan should be developed in the future to provide an extensive amount of empirical data to understand the reasons, trends, and consequences of medical workers working in

foreign countries. Longitudinal studies of medical graduates to provide better insights regarding factors affecting their decisions to migrate or return. Also, it is necessary to investigate regional differences in Pakistan since the rural and underserved regions are affected the most by the problem of the workforce shortage.

The implementation of a comparative analysis of Pakistan and other developing nations may contribute to the discovery of effective retention practices and the models of successful policies. It is also necessary to analyse how global health crises, i.e. pandemics, can affect migration patterns and recruitment in developed countries. In addition, subsequent studies may also be conducted to assess the effectiveness of bilateral agreements, codes of ethics in recruiting people and capacity building programs to minimise the negative brain drain. By discussing these aspects, scholars will be able to make the global health workforce policies more sustainable and equitable.

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