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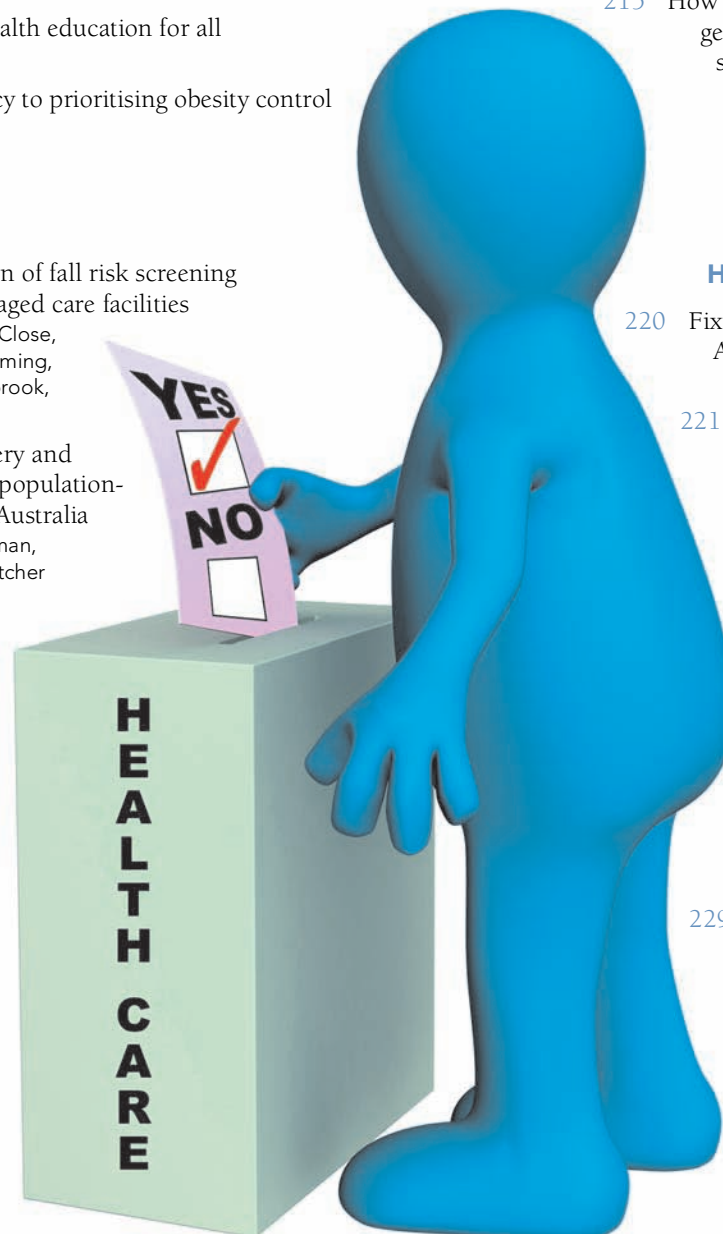
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### COVERT COLONIALISM

In times past, maps of the world were liberally scattered with patches of pink, representing the colonies of the British Empire. European powers of the Old World competed for colonies, and the rewards were immeasurable. France had territorial possessions in Africa and South-East Asia, and Holland in the East Indies, but none were deemed as grand as those of the British Empire — the empire on which the sun never set. The colonies were unashamedly exploited for their immense natural wealth and, in exchange, received the benefits of Old World traditions in governance, law and education.

Such overt colonialism has now become a thing of the past. However, it may be said that its spirit lives on as we witness developed nations, in the face of their workforce shortages, recruiting health professionals from the developing world. Despite the World Health Organization signalling that the suboptimal workforces of developing countries contribute in no small way to the dire health status of their people, the developed world unashamedly continues to poach medical professionals from the developing world. Such behaviour is unconscionable, especially when we consider that poorer countries are effectively cross-subsidising the cost of medical education for their wealthier counterparts.

Organised medicine has policies governing international medical graduates, but generally remains silent as the poaching of these graduates from developing countries continues. The extent of the problem is evidenced by the 11 000 overseas-trained doctors currently employed in Australia.

We all undoubtedly agree that there is a moral obligation to ensure that poor countries are not starved of their own doctors and nurses. At the very least, a recruiting country should compensate the country of origin for the cost of the medical education of its imported workforce. Sadly, however, this covert colonialism continues unabated, not only here in Australia, but also in the United Kingdom and, paradoxically, in the United States.



Martin B Van Der Weyden

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