International Journal of Advanced Community Medicine

E-ISSN: 2616-3594
P-ISSN: 2616-3586
Impact Factor (RJIF): 5.89
www.comedjournal.com
IJACM 2025; 8(4): 05-10
Received: 10-08-2025
Accepted: 15-09-2025

Cem Cahit Barışık
Department of Radiology, Medipol School of Medicine, Istanbul Medipol University, Istanbul, Turkey

Mahmut Tokaç
Department of Medicine and Education Unit, School of Medicine, Istanbul Medipol University, Istanbul, Turkey

Emir Barışık
a) Department of Radiology, Medipol School of Medicine, Istanbul Medipol University, Istanbul, Turkey
b) Department of Biostatistics & Medical Informatics, School of Medicine, Istanbul Medipol University, İstanbul, Turkey

Abdulbari Bener
a) Department of Biostatistics & Medical Informatics, School of Medicine, Istanbul Medipol University, İstanbul, Turkey
b) Department of Evidence for Population Health Unit, School of Epidemiology and Health Sciences, The University of Manchester, Manchester, United Kingdom

Corresponding Author:
Abdulbari Bener
a) Department of Biostatistics & Medical Informatics, School of Medicine, Istanbul Medipol University, İstanbul, Turkey
b) Department of Evidence for Population Health Unit, School of Epidemiology and Health Sciences, the University of Manchester, Manchester, United Kingdom

Does physicians brain drain ethics?: What's wrong with the brain drain attempt

Cem Cahit Barışık, Mahmut Tokaç, Emir Barışık and Abdulbari Bener

DOI: https://www.doi.org/10.33545/comed.2025.v8.i4.A.420

Abstract
Aims: The aim of this study was to discuss and explore ethical aspect of brain drain and related main factors for emigration regarding future career opportunities and practice, higher salary, better living conditions, and equity.
Methods: A cross-sectional survey of 2,005 male and female Turkish physicians, aged 25-65 years old, was conducted employing the *Brain Drain* questionnaire. Associations were tested through multivariate statistical analyses.
Results: Significant differences were observed among physicians staying in Turkey *vs*. considering migration to Western countries, regarding their age, gender, marital status, educational level, occupational status, work years, hospital night shifts, income, and cigarette/nargileh smoking habits (*all* $p \leq 0.018$). The main reasons for *brain drain* included transport problems, harassment, low salary, malpractice, bad environment, job insecurity, workload, burnout, treating difficult patients, inadequate postgraduate systems, peer pressure, health safety concerns, favoritism in the workplace, as well as stress and depression caused by work overload. Additionally, key predictors of *brain drain* were better job opportunities, shortage of essential medicine and patient treatment, research weakness, dealing with difficult patients, over workload and burnout, job depression, work stress, transportation issues, bad hospital management, short consultation time and low salary payments, independently from each other.
Conclusion: The key factors contributing to physician dissatisfaction and the subsequent migration from developing to developed countries are multifaceted and significant. These include limited job opportunities, shortages of essential medicines and treatment options, insufficient research support, challenges in managing difficult patients, and excessive workloads leading to burnout. Additionally, job-related depression, high levels of work stress, transportation issues, poor hospital management, inadequate consultation times, and low salary payments further exacerbate the situation. Collectively, these issues drive many physicians to pursue better working conditions and career prospects in developed nations.

Keywords: Brain drain, physicians, equity, low salary, violence, fatigue, burnout

Introduction
Globally, most of the World Health Organization regions and developing countries report shortages, misallocation, and improper distribution of healthcare workers [1-5] In the field of medicine, some nations face difficulties in recruiting consultant physicians due to shortages, whereas other nations have an excess of training positions [2-7] The migration of healthcare workers, often termed "medical brain drain," involves the large-scale movement of trained health professionals (such as general practitioners, physicians, and surgeons) from low-income to high-income nations. This trend is causing severe staffing shortages in healthcare sectors of many impoverished countries, especially in Asia, Africa, and the Middle East. There is a general consensus that when medical brain drain worsens these shortages, it is considered unethical, and this study outlines the primary arguments supporting this perspective [2-7].
Despite widespread agreement, there is still debate over which ethically justifiable policies should be used to address brain drain and how they should be implemented. One might argue that although medical brain drain creates challenges for poorer nations, it is not inherently an ethical issue, or at least no more so than other types of labor migration, which are often accepted or even encouraged [2]. Initially, it may appear as a morally neutral result of a globalized labor market and the competition for skilled professionals [2-7].
Physicians' migration is a critical subset of brain drain in the health sector, leading to critical workforce deficits in wealthy countries [8-16].

In particular, many physicians may migrate internationally for medical education, specialty training, various academic and professional opportunities. The migration of healthcare workers, often referred to as 'medical brain drain,' is a component of the broader global health workforce crisis [8-16]. Medical brain drain describes the large-scale migration of trained and skilled health professionals, such as general practitioners, physicians, and surgeons, from low-income to high-income nations.

There is little disagreement that medical brain drain poses a significant challenge to the healthcare systems of poor countries and raises critical ethical concerns. However, policy proposals to address this issue are contentious, as they rely on how the underlying ethical dilemmas are interpreted. Consequently, the effect of physicians' migration on national health systems has been worryingly reported by researchers and policymakers [7-9].

According to recent evidence, countries such as Turkey, India, Philippines, Pakistan, Lebanon, Nigeria, South Africa, Ireland, Poland, and Romania, all experience significant physicians' emigration [8-16]. Similarly, in Turkey, a rapid emigration of highly qualified specialists observed with significant irreversible effects on the healthcare system [8-16]. Meanwhile migrants may choose not to return, and this should be addressed with specific incentives and policies in order to encourage physicians to return to their homeland [18-21]. One aspect of the wealth and welfare gap between developed and underdeveloped countries is the 'brain drain': a phenomenon where the most skilled individuals from one economy migrate to another, where they find better personal and professional opportunities.

Usually, physicians are migrating to advance their careers and improve their social and economic status [8-16] and common motivations for physicians include the higher salary, better living standards, easy access to advanced technology, gaining experience, security and stability expectations, better future for family member, and improved working conditions [8-21]. Along with these advantages, the developed countries offer international policies facilitating migration.

The aim of this study was to discuss and explore ethical aspect of brain drain and related main factors for emigration regarding future career opportunities and practice, higher salary, better living conditions, and equity.

Subjects and Methods

Participants and procedure

The study was based on a cross-sectional design. A large survey has been conducted at the national level in Turkey. The sample size was based on a total of 2,625 individuals were included in the study and enrolled between January and July 2024, with 1,905 participants completing the survey (73% response rate). A multistage, cluster sampling method was used, and the Kaiser-Meyer-Olkin Measure of Sampling Adequacy was 0.854.

Inclusion criteria

Participants were all active medical doctors working in a hospital or Primary Healthcare Center (PHC); with at least one year of professional experience, willing and able to complete all sections of the questionnaire proposed.

Exclusion criteria: We excluded those who were not medical doctors working in a hospital or PHC, reporting less than one year of professional experience or unable to complete the questionnaire for any reason.

Statistical analyses: Data analysis was conducted using the SPSS, version 25. The student-t test was utilized to determine the significance of differences between the mean values of two continuous variables. Chi-square tests (two-tailed) were employed to assess differences in the proportions of categorical variables between groups. Multivariate regression analysis was conducted to identify potential confounders and prioritize the significance of predictor factors for *brain drain*. All statistical tests were two-tailed, with $p<0.05$ considered statistically significant.

Results: Table 1 displays the comparison of socio-demographic characteristics among males and females of physicians: There were significant differences among the three groups regarding their age ($p<0.001$), gender ($p<0.001$), marital status ($p<0.001$), education level ($p<0.001$), years of work experience ($p<0.001$), night shifts ($p<0.001$), income ($p<0.001$), BMI (Body Mass Index; p=0.011), and cigarette/nargileh smoking habits (p=0.033). The status of brain drain classified as 1) those staying in Turkey; 2) those considering moving to Western countries; and 3) those who have already applied to Western countries ($p<0.001$).

Table 1: Socio-demographic characteristics of surveyed physicians (N=2,005)

Variables	Males N = 1,077 n (%)	Females N = 928 n (%)	p-value
Age group (years)			
< 35	293 (27.2)	334 (360)	0.001
35-45	358 (33.2)	332 (35.8)	
>46	426 (39.6)	262 (28.2)	
Body Mass Index-BMI (kg/m^2)			
Normal (<25 kg/m^2)	283 (24.4)	428 (30.3)	0.011
Overweight (29-30 kg/m^2)	434 (44.0)	388 (41.8)	
Obese (>30 kg/m^2)	344 (31.6)	259 (27.9)	
Marital status			
Single	149 (13.8)	10 (2.2)	0.011
Married	928 (86.2)	448 (97.8)	
Educational level			
Medical Degree	420 (39.1)	231 (50.4)	0.001
Medical degree &MSc Degree	37 (3.4)	52 (5.8)	
Medical Specialist	137 (12.7)	85 (9.2)	
Medical degree & PhD Degree	483 44.8	379 (40.8)	
Occupational status			
Basic medical specialist	119 (11)	73 (15.9)	0.215
Asst General Practice Physicians	93 (8.6)	103 (11.1)	
General Practice Physicians	325 (42.1)	386 (41.6)	

Specialized physician	102 (13.2)	101 (11.9)	
Surgery	171 (22.2)	238 (25.6)	
Working years			
<5 Years	292 (27.1)	334 (36.0)	0.001
5-15 Years	259 (24.1)	220 (23.7)	
>15 Years	526 (48.8)	374 40.3)	
Night shifts			
Yes	309 (28.7)	328 35.3)	0.001
No	768 (71.3)	600 (64.7)	
Income			
Low	441 (40.9)	496 (53.4)	
Middle	337 (31.3)	242 (26.1)	0.001
High	299 (27.8)	190 (20.5)	
Cigarette / Nargileh Smoking			
Yes	225 (20.9)	159 (17.1)	0.033
No	852 (79.1)	769 (82.9)	
Brain drain status			
Stay in Turkey	354 (32.9)	354 (38.1)	0.001
Thought Brain Drain	479 (44.5)	337 (36.3)	
Applied to Brain Drain	244 (22.7)	237 (25.5)	

Table 2 illustrates the prevalence of issues encountered by Turkish doctors, along with the main causes and motivations for *brain drain*. Significant differences were found among the three groups in terms of transport issues, abuse/harassment, low salary, malpractice risks, poor environment, job insecurity, unexpected calls /workload, professional burnout, and dealing with difficult patients (all $p<0.001$). The primary causes and motivations for *brain drain* included the inadequate postgraduate system, peer pressure, better education opportunities abroad, job prospects, unjustified underpayment, community problems, health safety concerns, favoritism in the workplace, excessive working hours, media hostility, work-related stress, as well as depression caused by work overload. All these parameters were highly impacting in the group of physicians considering migration or those who have already emigrated.

Table 2: Prevalence of issues encountered by Turkish physicians: causes and frequency of *Brain Drain* (N =2,005)

	Stay in Turkey N = 708 n (%)	Thought to move to Western countries N = 816 n(%)	Applied to move to Western countries N = 481 n(%)	p-value significance
A. Problems Encountered by Turkish Doctors				
a) Transport problem	477 (67.4)	619 (75.0)	360 (74.8)	0.001
b) Abuse / Harassment	149 (21.0)	174 (22.3)	138 (28.7)	0.003
c) Low Salary	381 (53.8)	446 (54.0)	310 (64.4)	0.001
d) Malpractice risk hazards	423 (59.7)	516 (67.2)	287 (59.7)	0.283
e) Bad Environment	221 (28.4)	192 (23.5)	148 (30.8)	0.010
f) Job insecurity	239 (33.2)	328 (39.9)	195 (40.5)	0.007
g) Unexpected Call /Workload	227 (32.1)	368 (40.0)	167 (34.7)	0.001
h) Shift intensity	335 (47.0)	409 (45.1)	265 (55.1)	0.024
i) Professional burnout	295 (41.7)	470 (57.6)	265 (55.1)	0.001
j) Dealing with difficult patients	343 (48.4)	521 (63.8)	319 (66.3)	0.001
B. Main causes and motivation of Brain Drain				
a) Inadequate postgraduate system	270 (38.8)	435 (57.3)	250 (52.0)	0.001
b) Peer pressure	291 (40.4)	458 (56.1)	284(59.0)	0.001
c) Better education abroad	361 (51.4)	516 (63.2)	321(66.5)	0.001
d) Job opportunities	138 (21.7)	361 (45.0)	204 (42.4)	0.001
e) Unjustified underpayment	437 (62.3)	567 (66.2)	364 (75.7)	0.001
f) Community problems	276 (40.3)	461 (56.5)	317 (65.9	0.001
g) Health safety concerns	312 (43.4)	389 (47.7)	251 (52.2)	0.023
h) Favoritism	422 (59.1)	472 (57.8)	319 (66.3)	0.009
i) Excessive working hours	389 (54.4)	482 (59.1)	318 (66.1)	0.001
j) Media hostility	208 (32.5)	161 (19.7)	86 (17.9)	0.001
k) Stress arising from work	372 (52.9)	601 (73.7)	356 (74.6)	0.001
l) Depression caused by overload	318 (45.0)	527 (68.0)	320 (66.5)	0.001

Table 3 presents the causes of *brain drain* stemming from the Turkish health system. All parameters demonstrated statistical significance except for the lack of time reserved for research, which over 65% of the physicians from all three groups agreed upon.

Table 3: Causes of *Brain Drain* arising from the Turkish Health System (N =2,005)

Causes of brain drain	Stay in Turkey N = 708 n(%)	Thought to move to Western countries N = 816 n(%)	Applied to move to Western countries N = 481 n(%)	p-value
a) Low research profiles and facilities	392 (55.2)	600 (73.5)	346 (71.9)	0.001
b) Lack of timing reserved for research	470 (65.6)	654 (80.1)	375 (78.0)	0.001
c) Lack of funding and budget facilities	446 (62.2)	618 (75.7)	357 (74.2)	0.001
d) Low teaching quality	364 (65.3)	516 (63.2)	320 (66.5)	0.001
e) Poor patient management	413 (57.8)	634 (77.7)	374 (77.1)	0.001
f) Inadequacy of basic health unit facilities	379 (57.7)	650 (67.4)	286 (60.3)	0.001
g) Lack of qualified general practitioners (GPs)	497 (69.1)	659 (80.8)	347 (71.2)	0.001
h) Low qualified specialists in country	398 (56.1)	557 (68.3)	288 (59.9)	0.001
i) Expensive health facilities	345 (47.4)	438 (53.7)	174 (66.2)	0.001
j) Non-available common medicines	255 (35.5)	215 (26.3)	113 (23.5)	0.001
k) Weak prioritization process and technology network	280 (41.8)	396 (48.5)	192 (39.9)	0.002
l) Lack of interest of universities and medical faculties	306 (54.4)	509 (62.4)	301 (62.0)	0.001
m) Barriers between the Ministry of Health and academic institutions	545 (78.4)	700 (85.8)	403 (83.8)	0.001
n) Shortage of trained academic and clinical human resources	465 (66.4)	606 (74.3)	356 (74.0)	0.001
o) Lack of appropriate funding by government or industry	455 (65.8)	649 (79.5)	373 (77.5)	0.001
p) Absence of audit external intervention	402 (56.6)	601 (73.7)	308 (64.0)	0.001
q) Favored private hospitals against public hospitals	355(50.6)	565 (69.2)	281 (58.4)	0.001
r) Hospitals and medical facilities are worse	414 (58.8)	636 (77.9)	314 (65.3)	0.001
s) School of medicine getting worse in terms of quality and finances	377 (48.7)	541 (66.3)	273 (56.8)	0.001

Table 4 shows the multivariable stepwise regression analysis of the problems and causes encountered by Turkish physicians leading to *brain drain*. The findings highlighted better job opportunities, shortage of essential medicine and patient treatment, research weakness, dealing with difficult patients, over workload and burnout, Job depression, work stress, transportation issues, bad hospital management, short consultation time, low salary payments were all factors contributing to *brain drain*, independently from each other.

Table 4: Multivariable stepwise regression analysis of problems and causes encountered by Turkish physicians leading to *Brain Drain* (N=2,005)

Independent variables	Regression coefficients	Standard error	Exp (coefficient)	95% Confidence interval		p-value
Better job opportunities	1.118	0.120	3.058	2.419	3.866	0.001
Shortage of essential medicine and patient treatment	0.892	0.113	2.441	1.957	3.044	0.001
Research weakness	0.866	0.110	2.378	1,916	2.952	0.001
Dealing with difficult patients	0.677	0.106	1.967	1,599	2.420	0.001
Over workload and burnout	0.667	0.106	1.948	1,582	2.400	0.001
Job depression	0.650	0.112	1.915	1.536	2.387	0.001
Work stress	0.585	0.115	1.795	1.432	2.250	0.001
Transportation	0.468	0.116	1.596	1,272	2.003	0.001
Bad hospital management	0.389	0.125	1.476	1,156	1.885	0.002
Short consultation time	0.316	0.110	1372	1,107	1.700	0.004
Low salary payments	0.253	0.112	1.288	1,033	1.605	0.024

Discussion

The current study analysis revealed that *brain drain* is driven by several factors, including salary, working shift workload, burnout, research facilities, and research funds.

Physicians play a pivotal role among healthcare professionals since are key decision-makers and the primary frontline contact for patients [8-16]. In the last 2 years, more than 3,000 physicians have emigrated from Turkey [14], reflecting a worryingly increasing trend in physicians' migration. This phenomenon leads to substantial risks for the stability and effectiveness of Turkish healthcare services.

The migration of physicians, as part of the broader *brain drain* issue, has also increasingly become a crucial point in the debate on human rights [2-6, 22-23]. Ethically, it is indefensible to discourage doctors from leaving their home countries when failing in providing them with adequate living conditions and job opportunities. According to the Turkish Medical Association's data, there has been a significant increase in the number of doctors seeking a "certificate of good standing," a document required for practicing medicine abroad [6]. This trend positions doctors among the top professionals emigrating from Turkey, with the number expected to reach 4,000 by 2023 [8]. Consequently, we believe that the notable rise in the Turkish medical brain drain could undermine Turkey's healthcare system in the near future [9, 6].

Medical brain drain is considered unethical because it breaches human rights. According to the Universal Declaration of Human Rights (UDHR) from 1948, everyone has "the right to a standard of living adequate for the health and well-being." [23]. Medical brain drain is deemed unethical because health is a unique good that entails specific responsibilities [2]. Medical brain drain is unethical because health is a special good and providing healthcare comes with particular obligations. Arguments often

emphasize that health is one of the most fundamental capabilities enabling individuals to pursue their life goals [2, 21-23]; or that health is essential for individuals to take advantage of even the simplest opportunities in life.

In this study, we have demonstrated that while medical brain drain is an urgent issue and broad ethical arguments can address it, some ethical conflicts complicate the situation, such as the conflict between individual rights of health workers to move and the societal need for them to stay. These conflicts make it challenging to develop "ideal" policy interventions [2, 6, 21-23]. A promising strategy appears to be one of "escalating" policies, starting with the uncontroversial ones, and considering variations between countries.

Where critical shortages exist, targeted development efforts to improve working and living conditions in source countries, as well as compensation for losses incurred as a first-step policies [2, 21-23]. Second-step policies aim to reduce migration flow by decreasing demand. Source countries should invest more in improving their health systems, expanding education, and implementing measures to make staying more attractive to their local workforce, thereby reducing the push factors for brain drain.

In the context of brain drain from developing to developed countries, failure can be crippling and self-perpetuating. The wider the welfare gap, the greater the incentive for those with an education to leave, effectively taking a significant part of the resources spent on them. While migration between developed countries might have a minimal impact and be balanced by reciprocal migration, migration from underdeveloped to developed countries represents a greater loss. The resources spent on migrants are proportionately higher, and the lost opportunity to the 'home' economy is likely permanent, as there will not be people migrating the other way. Thus, migration from underdeveloped to developed countries represents a catastrophic moral failure in the South. Endorsing this model of migration means supporting something unworkable.

Limitations and Strengths

This study has several limitations. Firstly, a cross-sectional study exclusively focused on physicians employed at the Ministry of Health Government hospitals. Secondly, excluding those engaged in private practice or non-hospital settings. Thirdly, the sample size of 2005 doctors may restrict the generalizability of these findings. Fourthly, the reliance on self-reported data introduces potential biases such as recall bias, social desirability bias, and subjective perceptions of complaint significance. Despite these limitations, the study offers valuable insights on the challenges faced by physicians in the public hospitals of Turkey, which may suggest future interventions aimed at enhancing working conditions and job satisfaction.

Conclusion

The primary factors driving physician dissatisfaction and migration from developing to developed countries encompass a wide range of issues. These include limited job opportunities, shortages of essential medicines and patient treatment options, inadequate research support, difficulties in managing challenging patients, excessive workloads leading to burnout, job-related depression, high levels of work stress, transportation problems, inefficient hospital management, insufficient consultation time, and low salary payments. These challenges collectively push many physicians to seek better conditions in developed countries.

Ethics Committee Approval: The authors would like to thank the Istanbul Medipol University for their support and the Clinical Research Ethics Committee of Istanbul Medipol University, Institutional Review Board (Research Protocol and IRB# 10840098-604.01.01-E.14180 and IRB# E-10840098-772.02-65154). This work met the ethical standards of the Istanbul Medipol University and was conducted in accordance with the guidelines set forth in the Declaration of Helsinki (2013).

- **Consent for Publication**: Not applicable
- **Peer-review:** Externally peer-reviewed
- **Contributors:** CCB AB, MT and EB contributed to the conception and design, organized the study, collected the data, performed the statistical analysis, contributed to the interpretation of the data and writing, revised critically, and approved the final version of the manuscript.
- **Conflict of Interest:** the authors declared no conflict of interest.
- **Financial Disclosure**: The authors declared that this study has received no financial support

References

1. World Health Organization. Health of refugees and migrants. Regional situation analysis, practices, experiences, lessons learned, and ways forward. Geneva: WHO; 2024. Available from: https://www.who.int/migrants/publications/PAHOreport.pdf?ua=1. Accessed April 14, 2024.
2. Kollar E, Buyx A. Ethics and policy of medical brain drain: a review. Swiss Medical Weekly. 2013;143(4344):w13845. Accessed July 22, 2024. Available from: https://smw.ch/index.php/smw/article/view/1760.
3. Brassington I. What's wrong with the brain drain? Developing World Bioethics. 2012;12(3):113-120.
4. Dovlo D. Taking more than a fair share? The migration of health professionals from poor to rich countries. PLOS Medicine. 2005;2(5):e109. https://doi.org/10.1371/journal.pmed.0020109.
5. Eyal N, Hurst SA. Physician brain drain: Can nothing be done? Public Health Ethics. 2008;1(2):180-192.
6. Bener A, Ventriglio A, Almas F, Bhugra D. Determinants of brain drain among physicians in Turkey: Findings from a national exploratory study. International Journal of Social Psychiatry. 2024 Oct 6;70(7):207640241285834. https://doi.org/10.1177/00207640241285834.
7. Packer C, Runnels V, Labonté R. Does the migration of health workers bring benefit to the countries they leave behind? In: Shah RS, editor. The International Migration of Health Workers: Ethics, Rights and Justice. New York: Palgrave Macmillan; 2010. p. 44-61.
8. Önal FG, Akay FE. Are Turkish doctors in deep water? The role of professional ethics and factors affecting the medical brain drain: A qualitative study from Turkey. Developing World Bioethics. 2023;1-12. https://doi.org/10.1111/dewb.
9. Genc K. Turkish doctors emigrate amid low pay and rising violence. The Lancet. 2022;400(10352):482-483.
10. Yılmaz S, Koyuncu Aydın S. Why is Turkey losing its doctors? A cross-sectional study on the primary complaints of Turkish doctors. Heliyon. 2023;9(9):e19882.

https://doi.org/10.1016/j.heliyon.2023.e19882.
11. Kadaifci C, Topcu YI, Mu E. An analytic hierarchy process contingency analysis of factors affecting the emigration decision of medical doctors in Turkey. European Journal of Investigation in Health, Psychology and Education. 2024;14(3):623-647. https://doi.org/10.3390/ejihpe14030041.
12. Erdogan A, Kaya B, Erdogan Aktürk E, Aslan E. Factors predicting the motivation to study abroad in Turkish medical students: A causal investigation into the problem of brain drain. Journal of Health Science and Medicine. 2023;6(2):526-531. https://doi.org/10.32322/jhsm.1253308.
13. Balouch MS, Balouch MM, Balouch MS, Qayyum W, Zeb Z. Career aspirations of junior doctors in Pakistan: Exploring reasons behind the brain drain. Journal of Ayub Medical College Abbottabad. 2022;34(3):501-506.
14. Vujicic M, Zurn P, Diallo K, Adams O, Dal Poz MR. The role of wages in the migration of health care professionals from developing countries. Human Resources for Health. 2004;2(3):1-14.
15. Onah CK, Azuogu BN, Ochie CN, Akpa CO, Okeke KC, Okpunwa AO, *et al.* Physician emigration from Nigeria and the associated factors: The implications to safeguarding the Nigeria health system. Human Resources for Health. 2022;20(85):1-10. https://doi.org/10.1186/s12960-022-00775-0.
16. Eastwood JB, Conroy RE, Naicker S, West PA, Tutt RC, Plange-Rhule J. Loss of health professionals from sub-Saharan Africa: The pivotal role of the UK. The Lancet. 2005;365(9474):1893-1900.
17. Moran A, Nancarrow S, Butler A. There's no place like home: A pilot study of perspectives of international health and social care professionals working in the UK. Australia & New Zealand Health Policy. 2005;2(25):1-10.
18. Dodani S, LaPorte RE. Brain drain from developing countries: How can brain drain be converted into wisdom gain? Journal of the Royal Society of Medicine. 2005;98(11):487-491.
19. Moran A, Nancarrow S, Butler A. There's no place like home: A pilot study of perspectives of international health and social care professionals working in the UK. Australia & New Zealand Health Policy. 2005;2(25):1-10.
20. Lofters A, Slater M, Thulien N. The "Brain Drain": Factors influencing physician migration to Canada. Health. 2013;5(1):125-137. https://doi.org/10.4236/health.2013.51017.
21. Lopes C. Restrictions on health worker migration proving problematic. Canadian Medical Association Journal. 2008;178(3):269-270. https://doi.org/10.1503/cmaj.071818.
22. Dwyer J. What's wrong with the global migration of health care professionals? Individual rights and international justice. Hastings Center Report. 2007;37(5):36-44.
23. Sager A. Brain drain, health and global justice. In: Shah RS, editor. The International Migration of Health Workers: Ethics, Rights and Justice. New York: Palgrave Macmillan; 2010. p. 103-117.
24. Bener A, Atak M, Kurtuluş D, Koyuncu O, Barışık CC, Bhugra D, *et al*. The impact of COVID-19 pandemic on mental health of health care workers. Minerva Psychiatry. 2022;63(4):339-346. https://doi.org/10.23736/S2724-6612.21.02230-2.

How to Cite This Article
Cem CC, Tokaç M, Barışık E, Bener A. Does physicians brain drain ethics?: What's wrong with the brain drain attempt. International Journal of Advanced Community Medicine 2025;8(4):05-10.