Editorial article:

Challenges faced by young third-world doctors

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Health care profession is always considered a sensible and prior choice while planning careers, particularly in terms of occupational prestige. Contemporaneously, lamentation is frequently noticed among recent graduates in the third-world countries like Pakistan, Bangladesh, Columbia, Nigeria and Philippines.¹ According to recent facts from respective medical and dental student governing bodies, in Punjab, Pakistan almost 15 students competed for a single admission slot.² Whereas, in Dhaka, Bangladesh 24 students competed for one slot.³

After struggling to secure this slot, striving through the toughest four to five years of professional examinations and completing one year of resident training, the young graduate stands facing a future of utter despair. With the ever growing inflation that has struck these countries, doctors are forced

to either work an average of 14–16 hours a day or queue up again for licencing examination and immigration to developed countries.⁴

The level of frustration is relative to an individuals' environment. According to Wu and colleagues, an element of antagonism against and among young doctors have been reported.⁵ In our case, "aversion" has manifested in the forms of protests, banner raising and long marches. Such behaviours on part of doctors could be attributed to the financial paucity or a matter of prestige. To boil it down, raising the minimum wages, promising incentives, and post-graduate scholarship programs for young doctors could alleviate the situation. We faithfully intend convey this message to the concerned governing bodies for a better and prosperous future.

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