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. According to recent facts from respective medical and dental student governing bodies, in Punjab, Pakistan almost 15 students competed for a single admission slot. Whereas, in Dhaka, Bangladesh 24 students competed for one slot. 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. 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. 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.

References:

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