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EUROPEAN BUSINESS

Long-Haul House Calls

Doctors are commuting across the EU to ease shortages

Doctor Johannes Wantzen began his commute to work one recent morning by steering his Honda (**HMC**) four-wheel-drive past the half-timbered houses and castle ruins that line the Rhine River north of his home near Mainz, Germany. He arrived at the Cologne Bonn Airport two hours later and caught an easyJet flight for Liverpool. From there, he drove a rental car another three hours to Gwynedd, Wales. Starting at 10 p.m., Wantzen spent the night visiting patients in an area so isolated that older people sometimes speak only Welsh.

Germany to Wales is a heck of a house call, but Wantzen is not the only European physician giving new meaning to the term "doctors without borders." Faced with a shortage of local practitioners willing to work nights and weekends, Britain has been recruiting doctors from around Europe to fill the gap. Wantzen, 49, is one of hundreds attracted not only by hourly pay that starts at more than \$90 but also the chance for broader work experience. "I've always had a weakness for working abroad," says Wantzen, who helped squelch cholera and plague outbreaks during a four-year stint in Madagascar. Since January he has been spending as many as 10 days at a stretch away from his practice near Mainz, treating patients in Gwynedd and other locations.

The number of jet-setting European doctors is sure to grow. Right now the need is most acute in Britain, the result of a rule change by the country's National Health Service Corps last year that allowed local doctors to turn down weekend and night shifts. That has led to surges in foreign doctors taking advantage of incentive pay that, in times where local health authorities have nowhere else to turn, can top \$500 an hour. The number of German doctors registering in Britain for the first time more than doubled last year, to 771, according to the General Medical Council, while the number of Czech doctors rose sevenfold, to 228. And judging from preliminary 2005 data, the influx shows no sign of letting up. At the same time, shortages are developing elsewhere in Europe as fewer young people opt for the rigors and long hours that go with the profession.

ECONOMIC EFFICIENCY

In theory, this is one of those times when the European single market proves its worth. Instead of being trapped by national borders, workers are free to move where they are most needed, creating a more efficient economy. Thanks to the advent of budget airlines such as Ryanair (**RYAAY**), it is now possible to live at one end of Europe and fly inexpensively to a job at the other. "Many times it's cheaper to hire a European general practitioner and fly them in" rather than pay the hourly rates British doctors demand for night and weekend work, says Steve Moore, who handles marketing for Medacs Healthcare Services PLC, a provider of temporary staff to Britain's National Health Service.

But traveling workers often stir controversy. Reports of Polish plumbers invading Paris and Polish slaughterhouse workers taking jobs from Germans have stoked fears of an influx of cheap labor from new European Union members. Facts often play a secondary role in the debate. Dr. Wantzen was surprised by British tabloid reporters one morning as he emerged from his Welsh hotel. British media reported, erroneously, that Wantzen and other German doctors got travel and living expenses from Welsh health authorities on top of the regular hourly rate. "Once this was clarified, the interest died down," says David Phillips, assistant director for unscheduled care at the Gwynedd Local Health Board.

It is true, though, that wealthier countries are luring doctors from poorer ones. In Poland, British recruitment agencies have advertised annual salaries of \$90,000, below average for a British doctor but a fortune in Poland,

where experienced doctors earn only about \$15,000. Although there is considerable paperwork involved, EU regulations make it fairly easy for gynecologists, pediatricians, and other specialists to work outside their home countries. Already more than one-tenth of Poland's anesthesiologists have left, according to the Polish Chamber of Physicians and Dentists. "If the trend continues, Poland will have problems," says Malgorzata Brozowska, head of the group's foreign department.

Britain isn't the only European country using financial incentives to lure doctors. The eastern German state of Saxony offers \$70,000, payable over five years, to physicians who take over the practice of a retiring colleague. Some local mayors are going further, offering cheap office and living space and even hard-to-find day-care slots for doctors' children. "Half of our general practitioners are over 60, and the region is not so attractive to outsiders," says Helke Zirm, director of the Public Health Office for the government of Torgau-Oschatz, a rural area near Leipzig.

Local physicians don't always appreciate the foreign competition. A team of orthopedic surgeons from the Helsingpark Clinic in Augsburg, Germany, has won several contracts to help Britain's National Health Service whittle down long waiting lists for day surgery. "The patients were happy they didn't have to wait any longer," says Ulrich Boenisch, medical director of the clinic. But some British doctors seemed to look down on their foreign colleagues -- even though a few had trained in Britain.

The underlying problem: Too few physicians are graduating from medical schools in Britain, Germany, and other European countries. British universities are struggling with a shortage of medical school professors that crimps enrollment and the supply of new doctors. In disciplines such as pathology, psychiatry, anesthesia, and surgery, the number of academics is 75% or less of the level in 2000, largely because teachers are retiring faster than new ones can be recruited. In Germany there are enough students in medical schools, but too many are either dropping out before they graduate or choosing to work in related fields, such as pharmaceuticals, rather than see patients. In 2003, 23% of Germans with medical degrees were not practicing, vs. 18% in 1991. A survey conducted earlier this year for Germany's Health Ministry found that many younger physicians complained about dictatorial head doctors in hospitals and shifts of 30 hours or more.

PERSONAL FULFILLMENT

The answer is not just more pay but more professional fulfillment. Doctors often say that while the money is a factor, they are drawn to work abroad by the personal autonomy that the British health system offers doctors, as well as the challenge of practicing in a different system and using a different language. "Some doctors are in it to make a quick buck, but others use it as a way to broaden their knowledge and training," says Thomas Hellwig, a 35-year-old German doctor who works in a Paris hospital and moonlights occasionally in Britain.

That's the upside of the medical migration. "Disease doesn't stop at borders," says Lisette Tiddens-Engwirda, secretary general of the Brussels-based Standing Committee of European Doctors, which has lobbied to make it easier for doctors to practice outside their home countries. "It's so important to learn from others and see how others work." Good medicine should be contagious.

By Jack Ewing in Frankfurt, with Rachel Tiplady in Paris, Laura Cohn in London, and Bogdan Turek in Warsaw

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