Editorial

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The Future of Specialties: How Economics Shape Medicine in Low- and Middle-Income Countries

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Historically, Medicine has always been regarded as a profession of prestige. In the low- and middle-income countries (LMICs), it not only meant the ability to serve the community, but for the most part, it offered financial security to medical professionals. The historical bottleneck in good medical care was the shortage of the qualified medical professionals. Although the urban-rural disparity still remains, the expansion of medical training coupled with slower growth in healthcare infrastructure has created new challenges for the healthcare systems. The uneven availability of specialist posts, rising practice costs and lack of oversight on the clinics operated by unqualified practitioners raise an important question: can healthcare systems sustain the expertise they train?

Specialization has transformed modern medicine. Multidisciplinary teams, advanced skills and specialized centers has made it possible to care for patients who were unable to get quality treatment previously. However, the benefits of specialized treatment will only serve the patients when specialized training is supplemented by sustainable career opportunities, robust referral networks, and institutional capacity. Evidence from LMICs highlights substantial gaps in specialist distribution and governance.[1]

Academic interest is an important motivation for pursuing advanced training but delayed earning, employment prospects and financial viability also play a role in deciding to undertake prolonged postgraduate training.[1,2] Additional years of superspecialty training is substantial investment of time with no certainty about the outcome in terms of professional growth and career advancement. When the prolonged postgraduate training are inadequately rewarded in terms of career opportunities and financial returns, a mismatch can emerge between the skills that a community needs and career growth the clinicians can sustain.

This mismatch between the specialized workforce and sustainable career opportunities may limit patient's access to specialized clinical services. Limited opportunities may encourage specialists to pursue alternative career pathways instead of improving health care services. One pathway is to opt for employment opportunities in other developed countries where there are better opportunities and remuneration. Others may gravitate towards urban practice and to focus on procedures that are financially viable. It may also discourage trainees from pursuing demanding fields. These are not carrier pathways designed but potential outcomes when specialists lack the necessary environment to function and grow.

Such a disparity in the human resource and opportunities in LMICs causes unavailability of medical services in specialized fields including development of essential specialties like emergency medicine. Even though the specialized doctors are available, the delivery of service is impaired by weak infrastructure. As most advanced skills require constant practice and require sufficient volume of cases to practice, the advanced skills acquired in the training can be lost due to lack of exposure. Specialized doctors

who had good opportunities will evolve the specialties according to the need of the community and will also train future doctors. Dinimished opportunities today will have long lasted impact on the future of healthcare as we will not only stop evolving the specialties but will also lack the capacity and will to train new specialists in the future.[3]

In the past few decades, we have made considerable advancements in expanding specialties and training specialized doctors. To realize these gains, this progress must be supported by developing good career opportunities in terms of new centers that can provide specialized integrated healthcare services and that are appropriately equipped. Certain highly skilled procedures, despite their necessity and significant demands on time, expertise and resources, may offer lower financial returns than more financially attractive procedures. Healthcare financing and reimbursement policies should therefore recognize the clinical complexity and societal value of these procedures to make them sustainable.

In conclusion, training specialists alone is not enough for the community. In order to provide specialized services, the training of specialized doctors should be backed by good career opportunities, ease of practice, proper referral systems, and control of unqualified practitioners. These measures will determine whether community will have access to advanced medical services in LMICs.

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