**[No place for medics](https://www.dawn.com/news/1821158/no-place-for-medics)**

[Rafia Zakaria](https://www.dawn.com/authors/410/rafia-zakaria) Published March 13, 2024 Updated 2 days ago

IT has been 13 years since the US raid on the Osama bin Laden compound. A CIA-operated fake vaccination drive was used to locate the Al Qaeda chief. The repercussions involved a rise in vaccine hesitancy and refusal. Many have attributed the trend of killing polio vaccinators to the fake vaccination drive. In January this year, Dr Abdul Rahman, a senior polio eradication official in KP, was [gunned down](https://www.dawn.com/news/1807081). Dr Rahman was trying his best to increase the number of vaccinations. Having devoted his life to this purpose, he died for it as well.

Dr Rahman’s death is a tragedy, and one hopes that someone in the government takes proper note of it and ensures that his heirs are given financial remuneration and his achievements are properly recognised. For far too long, Pakistan’s true heroes, men like Dr Rahman, have lived and died in obscurity, while conniving politicians have enriched themselves.

However, most in the health profession in Pakistan do not die on the job. Nevertheless, their state is often precarious in other ways. First of all, jobs are difficult to obtain without connections, and clinics cannot be set up without capital. Those who are smart begin to study for certification examinations that allow them to go abroad where they can obtain employment.

If a Pakistani medical graduate can obtain a job outside the country, such as Saudi Arabia or the UAE, his family’s economic situation can be transformed. It follows, then, that Pakistan exports doctors all over the world, with the medical system in the Gulf countries relying heavily on the services of Pakistani physicians.

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Others who have the ability, intellect and drive to take difficult examinations that qualify them for work in Western countries don’t let go of opportunities in this direction.

The ability of Pakistani medical graduates to take the United States Medical Licensing Exam was thrown in [jeopardy](https://www.dawn.com/news/1702412) when the US Educational Commission for Foreign Medical Graduates, whic controls foreign graduate admissions in the US, announced that only those from countries that were accredited by the World Federation of Medical Education would be eligible.

Luckily, the WFME has approved Pakistan’s application and, therefore, Pakistani medical graduates can continue to take the USMLE and apply for medical residency.

While some people consider doctors leaving the country to be problematic, given Pakistan’s own needs for medical care, these doctors help the country by sending huge amounts of remittances and foreign currency. Ironically, in economic terms, these Pakistani doctors do more for the country by leaving than they would have been able to do had they stayed on and been unemployed or underemployed.

The bigger problem is the loss of resources spent by medical education centres on women medical graduates. Girls often score more than boys in medical school entrance examinations and are able to obtain admission into medical colleges. When they enter these state institutions, where the fees for medical education is quite nominal, they fully intend to finish their education and graduate. Most of them do, indeed, finish their medical education and graduate having endured all the long hours of studying and the attendant trials and tribulations. However, as a report based on the Labour Force Survey 2020-21 found, 35 per cent of women medical graduates were not working as doctors two years after graduating from medical colleges.

I have written about ‘doctor wives’ earlier in this column. The term has now become one that is commonly used to describe the phenomenon where female doctors get married and then stop working as doctors.

Often, people seek out doctors as wives for their sons, but without having any intention at all of allowing their daughter-in-law to practise medicine once the pair are married or once she has children. It is very easy to blame all of this on the girl herself. Some even suggest that such students be required to pay back the cost of a medical education to the government. One practising woman doctor told me that she regularly impresses upon female medical graduates that their not working is equivalent to condemning a male applicant’s family to a lifetime of poverty. The female doctor who does not work is complicit in this complicated injustice.

At the same time, it is quite unlikely that doctor wives are not working out of choice. Women’s work requires much more social and cultural support than is available in Pakistan in general. It is not just that they must obtain ‘permission’, but there needs to be understanding around the hours that they have to work and a support system that helps them with housework, meal preparation and childcare.

Without these arrangements, female doctors cannot work and it is futile to lament that resources are wasted when they take up a seat in a government-run institution and then do not use their education. Perhaps a fine should be imposed on the husband or father of these women so that those people who are encouraging their daughters to study medicine simply to increase their value in the marriage market are deterred at the outset.

‘I want to be a doctor’ is probably the most popular response that Pakistani children still give when asked what they would like to be when they grow up.

The dream will be impossible for the vast majority. The rest have a chance at a better life but with varying degrees of cultural support. Sometimes, obscurantism impedes the truly noble, while Pakistan’s lack of medical infrastructure and demand in the Gulf region means many will have to leave to spend their working lives elsewhere.

Finally, seats and resources are wasted when women doctors are not provided the requisite support they need to be able to practise after they are married and have children. Becoming a doctor may be difficult, but for those graduating from medical school, another battle has just begun.

*The writer is an attorney teaching constitutional law and political philosophy.*

[*rafia.zakaria@gmail.com*](NULL)

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