

# The 21<sup>st</sup> Century Doctor

## Global Challenges & the Role of Trade Unions



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# Our Journey Today

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## Global Snapshot

Workforce trends, migration patterns, and working conditions worldwide

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## Critical Problems

Shortages, excessive hours, inadequate pay, violence, burnout, and emigration

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## Global Examples

Country comparisons and lessons from the field

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## Regional Highlights

Deep dive into different continents

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## Union Response

Challenges facing trade unions and proven strategies for success

06

## Action Plan

Concrete commitments and next steps for our movement



## Global Healthcare Workforce: A System Under Strain



### Critical Shortages

Worldwide physician shortages and severe geographic maldistribution threaten healthcare access



### Unsustainable Hours

Increasing reliance on overtime and temporary contracts to maintain basic services



### Privatization Surge

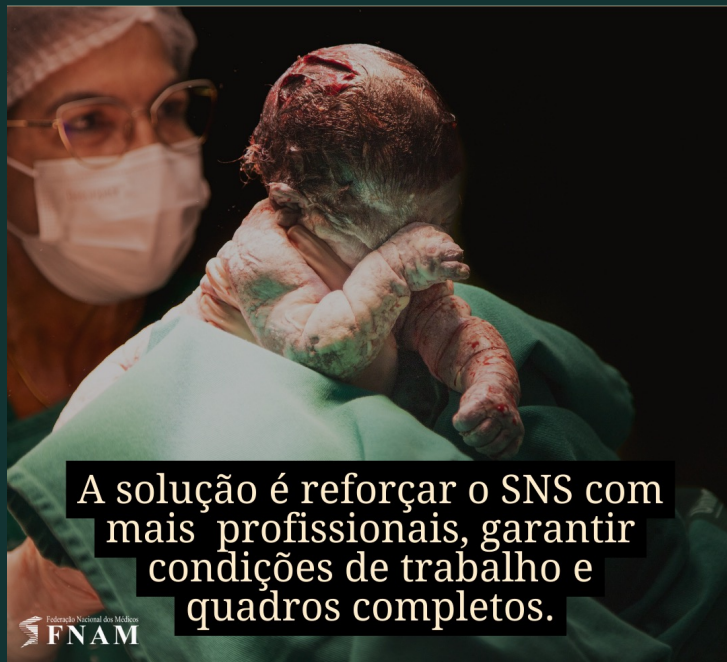
Shift towards private provision and market-driven models across healthcare systems



### Breaking Point

Rising rates of burnout, workplace violence, and early exit from medical profession

# The Human Cost: Why This Crisis Matters



A solução é reforçar o SNS com mais profissionais, garantir condições de trabalho e quadros completos.

## Quality of Care Declines

Reduced quality and continuity of care as overworked physicians struggle to maintain standards

## Access Barriers Grow

Longer waiting times and strained emergency services limit patient access to timely treatment

## Safety Compromised

Increased medical errors and costly staff turnover threaten patient safety and system stability

## Equity Under Threat

Universal, equitable access to public healthcare increasingly at risk across the globe

# Africa & Middle East: Fighting the Brain Drain

## Severe Workforce Crisis

Critical physician shortages in many countries with extreme urban-rural maldistribution leaving remote populations underserved

## Hemorrhaging Talent

High emigration of trained doctors to wealthier nations — the devastating brain drain undermines local health systems

## Financial Fragility

Weak health system financing combined with heavy dependence on unpredictable external funding sources

## Danger Zones

Serious safety concerns for healthcare workers operating in conflict zones and unstable regions





## Asia & South Asia: A Tale of Extremes

### → Dramatic Disparities

Enormous internal variation: from high physician density in urban centers to acute shortages in rural areas creating a two-tier system

### → Privatization Wave

Rapid privatization and shift to out-of-pocket care in many countries, making healthcare unaffordable for millions

### → Crushing Workloads

Intense workloads and contractual precarity for junior doctors, with minimal protections or career stability

### → Export Pipeline

Systematic international recruitment from South Asia to wealthier countries depletes local healthcare capacity





## Europe: Austerity's Legacy



### Aging Workforce

Mixed picture across the continent: aging medical workforce in many countries, though Western Europe maintains higher physician density than other regions



### Austerity Scars

Post-2008 austerity-era cuts in several countries leading to long hours, pay freezes, and deteriorating working conditions



### Bargaining Power

Stronger traditions of collective bargaining in some member states, but with highly varied success rates and protections



### Cross-Border Movement

Intra-EU mobility remains an important factor, with physicians moving to better opportunities within the union

# The Americas: Inequality and Pressure

## Latin America

Persistent shortages in rural and underserved urban zones. High rates of dual practice (public and private) as doctors seek adequate income

## Brazil's Challenge

Public SUS system under severe pressure with stark regional inequalities in physician distribution and resource allocation

## North America

Workforce shortages in certain specialties and regions. Heavy commercialization and continued private sector growth reshaping care delivery



# The Work Crisis: Hours, Pay & Precarity

## Unsustainable Hours

Excessive ordinary and extraordinary hours required just to keep basic services operational, with mandatory overtime becoming the norm

## Eroding Protections

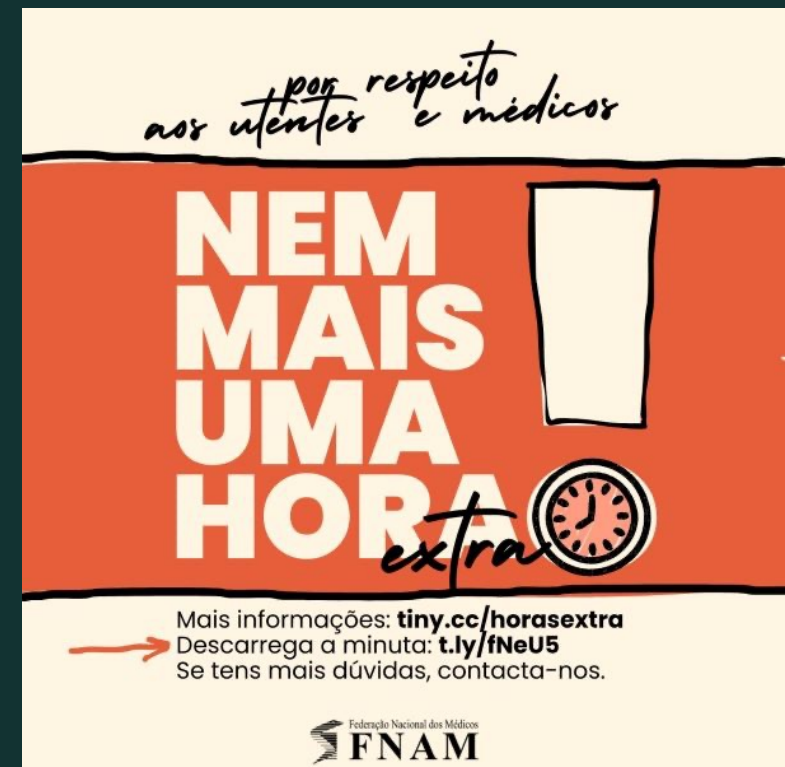
Intense pressure to accept flexible shift systems, banks of hours, and removal of age-based and night-work protections

## Contract Insecurity

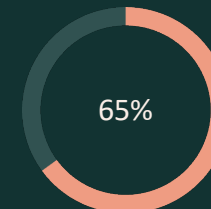
Growing use of precarious contracts and 'service provision' models that strip away employment rights and benefits

## Pay Disconnect

Compensation often completely misaligned with professional responsibility, risk exposure, and years of training required

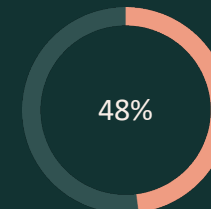


## The Breaking Point: Safety, Recognition & Burnout



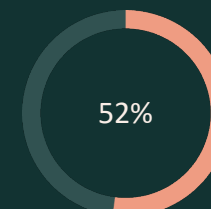
### Workplace Violence

Increasing incidents of violence and threats against medical staff worldwide



### Trust Erosion

Decline in public trust and professional recognition in multiple countries



### Burnout Crisis

High prevalence of burnout and moral injury threatening workforce sustainability

Early career exit rates are climbing as young physicians seek better conditions elsewhere  
— a profound threat to the future of healthcare.

# Migration & Privatization: Twin Forces of Disruption

## Push-Pull Dynamics

Emigration driven by poor conditions (push) combined with higher pay and stable careers abroad (pull)

## Reinforcing Cycle

Each factor reinforces the others, creating a vicious cycle that weakens public healthcare globally



## Internal Brain Drain

Privatization and preference for service contracts creating internal brain-drain from public to private sectors

## Predatory Recruitment

International recruitment relieves shortages in wealthy countries but devastates source country healthcare systems



## Trade Union Challenges

### Negotiation Barriers

Difficulty in negotiating with governments that prove intransigent or refuse to engage in good-faith bargaining

### Union Fragmentation

Some unions aligned with government interests may accept rollbacks, undermining collective worker power

### Legal Restrictions

Legal and political limits to collective bargaining rights in numerous countries constrain union effectiveness

### Diverse Membership

Need to represent multiple generations, employment types, and specialties with different priorities and concerns





## Winning Strategies: How Trade Unions Succeed



### Binding Agreements

Negotiate comprehensive collective agreements that protect work hours, ensure fair pay, and guarantee career progression pathways



### Stay Grounded

Keep unions rooted in everyday medical practice — ensure delegates and leaders work alongside members on the frontlines



### Multi-Level Campaigns

Combine legal action, public mobilization, social media pressure, and strategic alliances with patient advocacy groups



### International Solidarity

Share bargaining victories across borders, coordinate responses, and collectively oppose predatory international recruitment





## Learning from the Field: Country Comparisons





## Our Call to Action: Building the Future Together



### Defend Public Health

Protect public, universal, high-quality health services for all



### Strong Agreements

Build collective agreements on hours, pay, careers, and safety



### Next Generation

Keep unions connected to daily practice and younger physicians



### Global Cooperation

Scale up international solidarity and share winning strategies

**Let us use this conference to commit to concrete joint actions.** The physicians of the 21st century deserve dignity, safety, and respect. Our patients deserve nothing less than our collective commitment to excellence.

Together, we can transform the future of healthcare work. The time to act is now.

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**Thank you for your attention!**