

Physician migration through the lens of patient and physician rights: A qualitative evaluation from the Turkish Parliament

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Abstract

Physician migration, which maintains global importance in terms of health ethics, is a phenomenon that has gained momentum in Türkiye throughout the recent years. However, there are limited studies on this subject, and no research has been found that addresses the issue in terms of health ethics and rights. In this regard, this study is likely to contribute to a better understanding of Türkiye's physician migration. Furthermore, draw some attentions for solutions and health policies through the lens of physician and patients' rights. The population of the retrospectively designed study consists of research proposals related to physician migration in the Turkish Grand National Assembly and the statements of members of parliament in the general assembly proceedings during the same period. Data obtained from transcripts that were searched using keywords such as "physician," "doctor," "health," "migration," and "foreign countries" were coded and subjected to content analysis using a qualitative method. Multifaceted findings emerged in the context of physician and patient rights in the categories of "reasons," "consequences," and "solutions". It was observed that certain rights were more affected by the process, that rights were interdependent, and that structural regulations in the healthcare system were necessary for their fulfillment. There is a need for legislation that would concretely demonstrate physician rights in a legal status. In the context of physician rights, the prominence of "reasons" and the emphasis on patient rights in the "consequences" category also point to a significant ethical dilemma. The dilemma between the autonomy of the physician and the principle of justice, which is central to the ethical debate about physician migration, has been confirmed, indicating a need for further in-depth research on this topic. The purpose of this study is to evaluate how physician migration, which has recently increased in Türkiye, is addressed by members of the Turkish Grand National Assembly in terms of physician and patient rights.

Keywords: Physician migration, health ethics, patient rights, physician rights

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Introduction

The purpose of this study is to evaluate how physician migration, which has recently increased in Türkiye, is addressed by members of the Turkish Grand National Assembly (TGNA) in terms of physician and patient rights. While the phenomenon of migration, which holds great significance for healthcare ethics, has ancient roots in human history, its relevance has been progressively expanding in our century. In order to understand migration, an inevitable feature of modern societies, different definitions have been proposed and theories have been developed in the literature. Migration can simply but effectively be defined as “the voluntary or mandatory departure of an individual or a community from their geographical and sociocultural environment, to settle permanently or semi-permanently in another environment” [1,2]. On the other hand, brain drain, a noteworthy development in recent years, is considered a separate category. It refers to qualified individuals with higher education, creative and research capacities, leaving their home country to settle temporarily or semi-permanently in other countries and practicing their professions for the benefit of the host country [1,3,4].

Over the last two decades, there has been a considerable growth in physician migration, making medicine one of the most active sectors while also facing the most severe labor shortage among highly trained professionals. The number of foreign-trained physicians working in Organisation for Economic Co-operation and Development (OECD) countries has increased by 50% between 2006 and 2016 [5]. The escalation of medical brain drain in vulnerable and disadvantaged nations has worsened crucial staff shortages, resulting in inequity in access to essential healthcare services, raising ethical issues, and yielding an abundance of literature [6,7]. While some bioethicists argue for restrictions on physicians migrating from impoverished countries [8], some believe that such restrictions would interfere with physicians’ professional autonomy [9].

Furthermore, the positive aspects of medical brain drain have been highlighted in World Health

Organization (WHO) document “Addressing the International Migration of Health Workers”. It maintains that besides addressing professional shortages in some countries, migration also has positive factors to it as enhancing individual skills, career opportunities, and living standards. However, the WHO is also working on regulating the ongoing acceleration through future projections and generating novel rules [10].

Physician migration from Türkiye to abroad has also gained momentum in recent years. According to data from the Turkish Medical Association (TMA), the number of physicians applying for the Good Standing Certificate, which is mandatory to practice abroad, was around 40 in the early 2010s, but it started to rise by 2021. The number reached 1403 in 2022 and 1649 in the first 7 months of 2023, with 288 applications in July, reaching the highest monthly number to this date [11].

In today’s world, patient rights, which have gained legal status in many countries, are defined as “the rights guaranteed by international treaties, constitutions, laws, and other regulations to individuals in need of healthcare services simply because they are human beings” [12]. Additionally, this definition does not ensure the implementation of these rights, and patient rights are frequently confused with various other types of rights. A more comprehensive description of patients’ rights that provides a more specific framework for identifying responsible parties is “as patients we gain rights from the moment we seek care at a healthcare facility”. This definition indicates separate responsibilities for the state, healthcare institutions, healthcare administration, and healthcare workers [13].

In terms of legal regulations concerning patient rights in Türkiye, several steps have been taken in line with global developments. Before 1998, relevant provisions were scattered across various legislations such as the Law on the Practice of Medicine and Medical Arts (1928), Medical Deontology Regulation (1960), General Public Health Law (1930), Law on Socialization (1961), Decree on the Organization and Duties of the Ministry of Health (1983), Basic Health Services Law (1987), Code of Obligations, Turkish Criminal

Code, Turkish Medical Association Law, and so forth. The 1998 Patient Rights Regulation consolidated fundamental concepts and concretely outlined patient rights. It identified many detailed rights under the categories such as “Equality in Access to Services,” “Respect,” “Request for Information,” “Choosing and Rejecting Treatment,” “Confidentiality,” “Security,” and “Selecting and Changing Professionals” [14].

Regarding Physician Rights, the relevant provisions are still scattered across various regulations, as was the case with patient rights in earlier stages. Laws and regulations that include these rights encompass the Constitution, Law on the Practice of Medicine and Medical Arts, Medical Deontology Regulation, Treatment Services Regulation, and State Civil Servants Law. Particularly, the Medical Deontology Regulation that came into effect in 1960 in Türkiye includes aspects related to both patient and physician rights. For instance, the following statement emphasizes physician autonomy: “Physicians and dentists shall act in accordance with their conscience and professional opinion, without succumbing to any influence or pressure, and they are free to determine the treatment they will apply” [15].

The TMA has published the “Physician Rights Declaration,” which this study focuses on, to demonstrate the components of physician rights and consolidate them into a single document. This declaration is based on two main axes: “Physician’s Rights Regarding the Individuals and Society to Whom Health Services are Provided” and “Physician’s Rights Regarding the Institutions Where Health Services are Produced, Provided, and Financed.”

Under the axis of “Physician’s Rights Regarding the Individuals and Society to Whom Health Services are Provided,” physicians have rights such as the ability to withdraw from providing services in cases of violence, the ability to refer patients to other establishments when conditions are not favorable, and the right to decline requests based on scientific knowledge and the benefit of the patient/society, within the framework of professional independence and autonomy.

The “Personal Rights,” classified as “Rights Regarding Employment,” include the right to request payment and achieve a sufficient income, rights concerning working hours, on-call duties, rest, and leave, the right to enhance professional knowledge and skills, the right to seek consultation, the right to refuse participation in criminal executions, the right to abstain from giving testimony, and the right to seek legal assistance [16]. Based on this general information, it can be expected that the implementation of both physician and patient rights could have an impact on physician migration.

The dynamics of the recent physician migration in Türkiye have been changing, an intricate phenomena that needs further research to be understood. Moreover, studies on this topic are quite limited, and there has been no research that addresses the issue from the perspective of healthcare ethics and rights. The purpose of this study is twofold: firstly, to present the recent migration factors in Türkiye from the perspective of the Turkish Grand National Assembly (TGNA); and secondly, to evaluate the implications of migration on physician and patient rights from a healthcare ethics standpoint. This study will contribute to the understanding of the phenomenon of migration, creating solutions to the problems it poses, and shaping healthcare policies related to rights. One of the significant developments of our era is the evolution of new rights in healthcare, particularly the increasing importance of patient rights. Therefore, evaluating the potential impacts of the migration process on patient and physician rights could be of strategic importance.

Materials and Methods

The scope of this retrospectively designed study comprises research proposals related to physician migration submitted to the TGNA and the minutes of general assembly sessions during the same period. The reason for selecting the TGNA as the data source is the limited availability of official sources related to the subject and the fact that parliamentary documents are the only reliable public data. The general assembly minutes and research proposals are openly accessible on the TGNA website. Research data were collected online through

the website by conducting searches using keywords such as “physician,” “physicians,” “health,” “migration,” and “abroad” within the documents. The first proposal addressing physician migration was submitted on December 13, 2021, and research proposals and general assembly minutes covering the period from that date until the start of this study on June 01, 2023, were coded and subjected to content analysis using consecutive numbers (T.1, T.2, T.3, *etc.*).

Although there are documents related to brain drain in the TGNA, they were excluded from the scope of this study as they do not directly address physicians and do not contain data related to healthcare ethics.

Content analysis, a method frequently used for evaluating qualitative research data, is employed to categorize recurring concepts or common themes and present data in a more comprehensible format for readers. In line with this major objective, the qualitative data obtained were analyzed in four stages: (1) Data coding, (2) Identification of themes, (3) Organization of codes and themes, and (4) Identification and interpretation of findings [17,18].

Key questions asked while scanning the minutes were approached from an exploratory perspective, and the opinions expressed by members of parliament were categorized under three main categories: “reasons for physician migration,” “problems caused by physician migration,” and “proposed solutions to halt migration.” The researcher conducting the qualitative evaluation examined meaningful data related to healthcare ethics and rights in the texts, identified recurring concepts, and highlighted the physician and patient rights relationship indicated by these concepts.

Ethical standards were maintained throughout the research process. Ethics Committee approval was not required as all data were collected from publicly available sources. In the study, the principles of confidentiality and respect for the issues discussed in the parliamentary minutes were adhered to, and no personal or sensitive information was included in the analysis.

Results

The first research proposal related to physician migration in the TGNA was submitted on December 13, 2021, followed by three additional research proposals in 2022. The period between December 13, 2021, and June 1, 2023, corresponds to the 5th and 6th legislative years of the 27th Term of the TGNA. Out of a total of 163 minutes, 26 minutes that were relevant to the context of physician migration were coded and included in the analysis. The sessions in which the suggestions were submitted, as well as those that took place during the Medical Day celebrations on March 14, 2022, were the dates and times allocated for the context of physician migration being most fully addressed within the General Assembly. Furthermore, the context of physician migration was brought up by Members of Parliament during periods when verbal and physical violence incidents against physicians occurred. In a significant portion of the statements, discussions revolved around the rates of migration increase, critical assessments, and proposed solutions.

The rationale behind the proposals was to highlight the increase in physician migration rates and emphasized that if this trend is not reversed, it could lead to adverse and serious consequences. During the General Assembly sessions, the reasons for the increase and proposed solutions were more extensively discussed. The opinions of Members of Parliament regarding “causes of physician migration,” “consequences of migration,” and “proposed solutions” were ranked based on the frequency of statements and presented in Table-1.

TGNA Members’ Evaluations on Physician Migration and the Context of Rights

When the statements related to the categories of causes, consequences, and solutions of physician migration in the TGNA general assembly minutes are considered within the context of physician and patient rights, multiple findings related to rights for both physicians and patients emerged. These findings are presented in Table-2.

Table 1. Evaluations and opinions of members of the Turkish Grand National Assembly on physician migration.

1.1. Reasons for physician migration
<ul style="list-style-type: none"> ▪ Poor working conditions, staff shortages, excessive workload, and long working hours ▪ Occupational safety and health issues in the workplace, cases of violence and mobbing, impunity for violence ▪ Inadequacy of legal regulations protecting healthcare workers' professional rights ▪ Low wages leading to poverty and affecting quality of life, inflation affecting livelihood ▪ Loss of reputation and its impact professional status, language that marginalizes healthcare workers ▪ Lack of merit and failure to recognize achievements ▪ Malpractice lawsuits, compensation, and complaints to Presidency of the Republic of <u>Türkiye</u> Communication Center ▪ Difficulty in working during retirement, unequal and low salaries ▪ Career expectations, concerns about the future, promises from abroad as an attractive factor ▪ Alienation from the profession causing mental health problems, burnout syndrome ▪ Neoliberalism, impact of problematic health policies, such as performance-based systems and weak welfare state, on the healthcare system ▪ Insufficient time allocated for proper care of patients ▪ Challenges in the domains of freedom and democracy, pressure on professional organizations
1.2. Challenges caused by migration
<ul style="list-style-type: none"> ▪ Shortages, vacant positions in certain specialties, surgical restrictions, and public health issues ▪ Low patient satisfaction with healthcare services, loss of qualified services ▪ Lack of access to services for patients, difficulty in obtaining appointments through the Central Physician Appointment System (MHRS) ▪ Discrediting or negative opinions about healthcare service providers or institutions, increased violence in healthcare settings ▪ Challenges in medical education, regression in education quality ▪ National economic costs due to loss of physicians and increased health problems ▪ Increase in foreign doctors and language barriers ▪ Disruptions in cancer patients' treatments ▪ Insufficient focus on elderly health and care ▪ Problems affecting health tourism due to difficulties in healthcare services

1.3. Proposed solutions
<ul style="list-style-type: none"> ▪ Comprehensive legal regulations to improve rights and prevent reputation loss ▪ An effective and deterrent law to prevent violence in healthcare ▪ Salary increase, gradual increase of additional indicators, determination of salary scale based on education level, years of service, and professional risk factors ▪ Increase in on-call payments, utilization of post-call leaves without causing economic loss ▪ Regulations regarding retirement rights and occupational hazard pay ▪ Termination of subcontracted and contracted services, secure employment under a single umbrella (in accordance with OECD average) ▪ Comprehensive legislation on occupational diseases, recognition of healthcare workers who lost their lives due to Covid-19 as martyrs, recognition of Covid-19 as an occupational disease ▪ Ending mobbing and antidemocratic practices, participation of labor and professional organizations in decision-making mechanisms ▪ Functioning medical faculties aligned with their purpose - quality medical education ▪ Priority given to preventive healthcare services and implementation of referral chain ▪ Cancellation of fees collected under names like "contribution fee" or "prescription fee" <p>Equal, accessible, and free healthcare services addressing structural problems instead of populism</p>

Table 2. Ethical and rights-related dimensions of physician migration.

Physician rights
<ul style="list-style-type: none"> ▪ Right to practice the profession while adhering to ethical principles ▪ Right to protect one's own health by avoiding professional risks ▪ Right to request an increase in income ▪ Right to participate in decisions related to the profession ▪ Right to allocate sufficient time to patients ▪ Right to receive necessary training for the profession ▪ Right to preserve dignity and intellectual identity
Patient rights
<ul style="list-style-type: none"> ▪ Right to access healthcare services and receive quality health care ▪ Right to benefit from medical innovations ▪ Right to respect for one's time ▪ Right to safety and quality standards ▪ Right to receive respect and recognition

The statements of Members of Parliament within the context of physician rights included: "Right to protect one's own health by avoiding professional risks," "Right to request an increase in income level," "Right to receive necessary education for the profession," "Right to participate in decisions related to the profession," "Right to allocate sufficient time to patients," "Right to practice the profession while adhering to ethical principles," "Right to preserve dignity and intellectual identity," and "Right to utilize modern and scientific methods."

Prominent rights in terms of patient rights include the "Right to access and receive quality healthcare services," "Right to safety and quality standards," "Right to respect for one's time," "Right to dignity," and "Right to benefit from medical innovations."

Factors causing physician migration are generally classified in the literature as "push" and "pull" factors. In the minutes, the increase in migration is predominantly attributed to "push factors." Many Members of Parliament made comparisons between the number of physicians per capita in Türkiye and OECD data, highlighting the inadequacy of the number of physicians and the potential risks. For example, following were stated: "More physicians want to go abroad than the number of graduates produced by the country's best faculties in a year" (T.3), "Türkiye has the lowest number of physicians per capita - these are global statistics - and the highest number of patients per physicians is also in Türkiye" (T.13), "The migration of tribes has ended in these lands, and the migration of physicians has begun" (T.15), "We cannot retain our physicians in Türkiye, this is the largest migration of physicians abroad in the history of our nation" (T.23).

On the other hand, different less prevalent perspectives that highlight attractive offers from abroad as "pull factors" and view them positively: "They say from abroad, 'Come running, I'll improve your well-being and opportunities. Among the reasons are the facilitation of the difficulties that Europe used to impose on physicians, and the increased trust in Turkish physicians'" (T.15).

Findings Related to Physician Rights

In the TGNA minutes, causes of physician migration included issues related to healthcare workers, especially violence against healthcare professionals, as well as problems related to working conditions and the professional rights of physicians. Discourses using "othering language" were extensively addressed: "Physicians who are forced to go abroad due to working conditions in Türkiye mostly complain about overwhelming workloads, decreasing returns on overtime, serious loss of respect for the profession in recent times, losses in professional and retirement rights, and increasing violence in healthcare" (T.14), and "Pushed to the wall, they are seeking for solutions abroad" (T.23).

When the statements of Members of Parliament are evaluated within the context of physician rights, the "Right to protect one's own health by avoiding professional risks" encompassed issues such as violence against physicians and the impunity for such violence: "Approximately two-thirds of healthcare workers experience violence at least once in their professional lives. About one-third of the perpetrators are not held accountable, one-third are superficially detained and released, and the remaining one-third escape this situation with non-deterrent penalties" (T.14).

Under the umbrella of professional risks, the need for comprehensive legislation regarding occupational diseases, including Covid-19 and other hazardous situations, was also emphasized multiple times: "We need comprehensive legislation on occupational diseases, especially for Covid-19 and other work-related illnesses" (T.21).

The adverse effects of problematic working conditions on physicians' health, particularly on their mental health and "Burnout Syndrome" were highlighted. "at least 100 physicians with Burnout Syndrome leave our country every month" (T.3), "The problem is not just about money. The issue is the discomfort and unhappiness our physicians experience" (T.14), and "They feel alone and unsupported" (T.21).

While the decision of physicians to migrate is not solely based on economic reasons, low salaries

and the high cost of living were frequently cited factors. This issue, related to “the right to request an increase in income level,” within the context of physician rights, was expressed by Members of Parliament in statements like: “Healthcare workers are not getting the value of their efforts. When the hours they work are considered, their salary is the lowest hourly wage in Türkiye” (T.8), and “They are leaving due to income levels that have regressed to the poverty line and problems related to their professional rights” (T.9).

Economic factors leading to migration also included inter-institutional salary inequality and retirement-related problems as a separate category: “It is essential to make arrangements to address salary inequality” (T.14), and “Regulations are needed regarding seniority bonuses, and there are serious issues for physicians in retirement” (T.15). Here, the problems arising from Türkiye’s departure from being a welfare state were discussed, while commentaries regarding young physicians concerns about their career expectations and education-related problems were made: “They leave the country because they cannot progress” (T.2), and “In desperation, they seek a future in other countries” (T.11).

“The right of physicians to receive the necessary education for their profession,” was addressed in accordance with challenges in medical schools and specialty training: “The main task of medical faculties is not just to treat patients but to train physicians. The deterioration of the quality of education due to the migration of faculty that would train specialist physicians is a major wound” (T.15).

In this context, the references to intergenerational differences and the “gerontocratic” attitudes, which means the dominance of older generation in leadership roles were found to be significant: “Our young people believe they are not understood by the leaders; they have lost so much hope that they choose to leave” (T.15).

Moreover, the right to “Participation in decisions related to one’s profession,” which is a fundamental right not only for young physicians but for all generations, was emphasized: “It is necessary to ensure the participation of labor

and professional organizations in the decision-making mechanisms regarding the planning and delivery of health services” (T.14).

In the context of physician rights and professional ethics, another important finding was the statements related to the right to “devote adequate time to patients”: “They say they cannot adequately and appropriately care for their patients due to the intensity of working conditions” (T.14). “Preventing violence in healthcare and ensuring patient satisfaction cannot be achieved by conducting patient examinations every five minutes” (T.15).

The inadequacy of the examination duration was associated with patient dissatisfaction and violence in the minutes. However, it is also within the scope of the physician’s right to “practice the profession in accordance with ethical principles,” due to its connection to the principles of “beneficence” and “non-maleficence” in medical ethics. There were direct statements in the minutes regarding this right: “They are troubled by not being able to perform their professions in a manner consistent with professional ethics” (T.15). Additionally, opinions concerning the physician’s right to “preserve respectability and intellectual identity” can be evaluated in this context: “Physician respectability has disappeared, the right to a humane life is not granted” (T.7).

Statements were also uttered in the context of the right to “apply contemporary and scientific opportunities,” which is significant given the rapid developments in science in our century: “We see that physicians and healthcare personnel are alienated from their work, and the spirit of research has almost disappeared” (T.14). “Scientists who are subjected to mobbing and humiliation by administrators” (T.16).

In this context, problems related to meritocracy and pressures in the workplace together with recruitment processes were particularly highlighted: “Immediate cessation of antidemocratic practices such as unwarranted appointments, investigations, and mobbing is demanded” (T.14). “Incompetent managers make the situation even more difficult to handle” (T.15).

Findings Related to Patient Rights

The TGNA transcripts include statements that assess the impact of physician emigration on healthcare services within the context of patient rights. Members of the parliament have expressed concerns primarily about the “right to access services and receive healthcare” and have framed the situation as a public health issue: “This is why Türkiye is facing a very deep public health problem. And a physician’s shortage is awaiting” (T.3). “It will lead to a situation that will also affect public health” (T.4).

In this context, problems related to preventive healthcare services and structural issues in the healthcare system were specifically mentioned: “It is necessary to prioritize services that focus on preventive healthcare” (T.14). “Primary care is disappearing, people are getting sick” (T.23).

Within the transcripts, the commercialization of healthcare services was also mentioned within the context of the right to access services: “The healthcare fees collected under names of “contribution,” “participation fee,” and “prescription fee” should be abolished” (T.14). “If you have money, go to a private hospital; otherwise, wait for months or even years” (T.22).

Another frequently mentioned issue related to access to services was the Central Hospital Appointment System and the inability to obtain appointments: “Our citizens cannot get appointments on time, appointment dates extend from six months to two years” (T.14). “Hospitals are without physicians, people cannot find appointments for examinations and treatments” (T.20).

On the contrary, these problems are also related to the “right to respect for the patient’s time and right to their dignity.” Not only the inability to access services but also problems related to the quality of services were mentioned. In this regard, the patient’s “right to security and quality standards” comes into play. Criticisms have been expressed, particularly against attempts to fill the physician gap with immigrant physicians: “What is important is to produce quality service and be able to provide it. It is not about increasing the number of Syrian physicians who even have difficulty speaking Turkish and enter medical

faculties without exams” (T.22).

In the views of members of parliament, problems related to the quality of services were also associated with a loss of quality in medical education: “There are no physicians at the level of professors. Just as we lost our trained physicians, the number and quality of future physicians in Türkiye are also at serious risk” (T.15).

This issue is also related to the patient’s “right to benefit from innovations in medicine.” Especially due to medical malpractice cases and defensive medicine, it was mentioned that there will be more physician shortages in certain specialties, and the situation will deteriorate: “Some specialties don’t even attract newly graduated physicians. Our physicians are afraid of these specialties due to the high workload and responsibility” (T.14).

Additionally, within the context of patient rights, issues related to specific groups, such as cancer and elderly patients, were highlighted: “Imagine what will happen if the treatment of cancer patients is disrupted” (T.17). “The brain drain of self-sacrificing physicians and nurses who will provide health and care services to our elderly going abroad” (T.15).

Discussion

There are limited studies regarding the recently increasing emigration of physicians from Türkiye, and no study has evaluated the aspects related to physician and patient rights. However, there are studies in the literature that generally discuss migration factors. The findings were evaluated in light of rights-related legislation along with these studies. Among the reasons for physician emigration stated by Members of Parliament, the prominence of “push” factors and the presence of a multifactorial process have been noted, which was also supported by studies conducted in Africa, the Middle East, South Asia, and Eastern Europe [19-24].

Dimensions Related to Physician Rights

When the statements of Members of Parliament regarding physician rights are evaluated, the prominent right mentioned was the “right to protect one’s own health by avoiding professional risks.” In this regard, the opinions

are consistent with both the TMA's Physician Rights Declaration and the Medical Deontology Regulation (TDR). Physicians have the right to protection against risks such as infection, radiation, and violence that they may encounter during their professional practice. Taking these risks into account and making arrangements for the protection and support of physicians in working conditions is a prerequisite for practicing medicine in our era [15,16,25].

Article 15 of the TDR states, "Physicians should make an effort to adhere to hygiene and protection rules, even at the cost of refusing to continue treatment when necessary, in other words, it is both a right and an obligation to protect their own health and the health of those around them." Thus, alongside the right, the regulation also imposes a responsibility on the physician.

One of the problems that may arise when this right is not fulfilled is Burnout Syndrome, which was raised by numerous members of parliament. The most widely accepted definition of this syndrome and the scale developed regarding it was by Maslach, who describes it as follows: "A syndrome observed in individuals who are required to work face-to-face with people and encounter intense emotional demands, characterized by physical exhaustion, prolonged fatigue, feelings of hopelessness and helplessness, and reflected in negative attitudes towards work, life, and other people" [26]. Maslach emphasizes organizational factors such as "workload, control, rewards, justice, and values" more than individual factors in its formation. Maslach suggests the "Workplace Civility and Respect" approach as an intervention strategy for this syndrome, stating that the same approach should be applicable during the medical faculty education process [26].

To overcome Burnout Syndrome, it is essential for physicians to work in conditions where they can apply the knowledge acquired in medical schools. This right, defined as the "right to apply modern and scientific opportunities," has been frequently mentioned in records. In fact, the Basic Health Services Law also refers to this right. According to Article 3/I of the Law, in

order to achieve the desired level of healthcare nationwide, it is stated that "modern medical knowledge and technology should be brought to the country and be encouraged for" [27].

The issue of bringing contemporary medical knowledge and technology to the country undoubtedly should begin with the medical education process. In this regard, another issue observed among the reasons for physician emigration and its negative consequences is the "right to receive necessary education for their profession." This educational process, which concludes with completing medical school, is not a discontinuous process and is applicable not only during specialized training but also throughout continuous medical education after graduation. Parallel to the speed of medical knowledge production, physicians should be enabled to continuously sustain their professional development through continuous education without any interruptions [25].

On the other hand, fulfilling these rights undoubtedly requires the allocation of necessary time in addition to technical resources to keep up with scientific developments, thus necessitating the regulation of working hours accordingly. For public health workers, Article 99 of the Civil Servants Law, titled "Working Hours," generally sets the weekly working hours at 40 hours. However, with the amendment made in 2018, the phrase "different working hours may be determined in consideration of the characteristics of institutions and departments, through this law, special laws, presidential decrees, or regulations based on them" was added to the law [28]. The provision of different durations for public service health workers in the law and the absence of an upper limit for daily working hours can be subject to abuse, particularly to the disadvantage of consultants. The impact of long working hours for physicians and the issues faced by consultants on the decision to emigrate have been emphasized by members of parliament. The violation of these rights is also contrary to the regulations in the "Regulation on the Operation of Inpatient Treatment Institutions." Especially under Article 41/e titled "Principles of On-Call Duty," regulations regarding rest periods and compensation after on-call duties have been

established, and violations in this regard are frequently mentioned in records [29].

Considering the training that healthcare workers receive, the professional risks they undertake, and the effort they invest, it is widely accepted that they have a natural right to receive sufficient and satisfactory compensation [30]. From this perspective, regardless of who the recipient of the healthcare workers' demand for wages is, it is emphasized by members of parliament that the wages they receive should be sufficient; the "right to request an increase in income" is frequently discussed. Many situations mentioned in records regarding working hours and wages within the context of employment rights, which can actually be intertwined with the "right to preserve one's dignity," which implies the physician's and other healthcare workers' right to receive respect from patients and to allocate adequate time for themselves and their families.

Another right that is significant from a healthcare ethics perspective and is heavily emphasized is the "right to practice the profession while adhering to ethical principles." According to the TMA Physician Rights Declaration, when a physician encounters ethical dilemmas where legal, political, societal, aesthetic, and economic values conflict while practicing their profession, they should have the right to make free and independent decisions. Article 6 of the TDR states that a physician should act according to their conscience and professional judgment while practicing the art and profession of medicine, and they are free to choose the treatment they will apply, emphasizing physician autonomy and guaranteeing the right to choose the method of treatment. Furthermore, every physician is not only obliged to adhere to medical ethical principles themselves but also has the right to demand that their colleagues adhere to these principles. This right is explicitly stated in Articles 38 and 39 of the TDR [15,16].

Another dimension frequently mentioned in relation to practicing the profession while adhering to ethical principles while also related to patient rights is the "right to allocate sufficient time to the patient." It is expected that a physician should show necessary care to their patients,

maintain good record-keeping of information and documents, and provide the patient with information regarding their illness. In accordance with this, the professional organization recommends regulating the daily patient load and time allocated to each patient in compliance with international standards, suggesting an average of 20 patients per day with a consultation time of 20 minutes. A study conducted by compiling national and international sources on the subject has concluded that outpatient examination times should not be less than 10 minutes, and this time should be even longer for complex medical conditions [31]. The study also highlights the need for a detailed analysis of the time allocated for outpatient visits in both primary and secondary healthcare services in Türkiye, suggesting that ideal timeframes should be determined and shared with the public based on this data.

In the context of physician rights, another important dimension expressed in records is the democratic rights outlined in the Physician Rights Declaration, including the right to seek solidarity and cooperation among colleagues, the right to organize, and the right to participate in and oversee administrative and department-related decisions within the institutions where they work. The "right to participate in decisions related to the profession" is frequently emphasized by members of parliament. Physicians have the right to contribute to decisions in the institutions where they work and in administrative matters related to the country, as well as to express their opinions on healthcare legislation. This right is based on both their active and influential role in the institutions they serve and their respected status as educated individuals in society due to the nature of their occupation. Additionally, the ability to "exercise control," allowing individuals to use initiative in their work, giving them a sense of agency and empowerment, is also protective against Burnout Syndrome [26].

The utilization of democratic rights is also interconnected with the physicians' "right to preserve an identity as an intellectual." A physician has the right to practice their profession without being under pressure and to avoid situations that conflict with their values. It

should be noted that the identity of a physician is shaped by a demanding and arduous learning process that begins with entering medical school. Throughout the evolutionary development of medicine, one of the reasons for the prominence of physicians has been their “intellectual” qualities. Both globally and in our country, there are many historical and contemporary examples of physicians being initiators, directors, or shapers of social and political movements [25].

It has also been extensively discussed in the records that there are pressures on professional associations, physicians, and all healthcare workers regarding their right to organize, while obstacles to the pursuit of rights should be removed in today’s environment of increased violence and challenging working conditions. However, research indicates that the professional and union organization of physicians is not at the desired level. The most significant reasons for this are both the inadequacy of these organizations in meeting the demands of their members and the pressures on healthcare workers who engage in organizational activities within the institutions where they work [32].

Aspects Related to Patient Rights

In the World Medical Association’s Declaration of Patient Rights, while explaining the logic of rights, emphasis is placed on the need for physicians to maintain their professional independence, especially when determining what is best for the patient. It is highlighted that one of the indirect paths to patient rights goes through the “autonomy of the physician” [13,33]. Indeed, physician rights and patient rights in healthcare are mutually influential rights under the same umbrella. The findings related to patient rights in our study also confirmed this. The dimensions of physicians’ rights expressed in the statements in the TGNA records correspond to patient rights. For instance, the right of physicians to provide qualified healthcare services corresponds to the right of patients to “access and receive quality healthcare services,” and this correlation was frequently emphasized. In the Patient Rights Code (PRC), the right to “Benefit from Services in a Just and Fair Manner” (Article 6) [14] obliges not only

the healthcare workers but also all institutions and organizations in the healthcare services to provide it in accordance with the principles of justice and fairness. Therefore, it references not only physicians but also the entire healthcare system. When we pay attention to the other problems expressed in the records, difficulties in accessing services, physician shortages, and similar issues are not only mentioned in relation to patient rights but reference the healthcare system in general. For example, a frequently mentioned concrete issue raised in the records is patients’ inability to secure appointments and long wait times. This issue can be interpreted in the context of the right of “Respect for Patients’ Time,” which is included in the Patient Rights Code implicitly and mentioned explicitly in the European Charter of Patients’ Rights Basis Document (Rome, November 2002, Article 7). In this article, it is stated that “The determination of waiting times is the responsibility of healthcare services. If healthcare services cannot be provided within the predetermined time, the use of alternative services of the same quality should be ensured, and the resulting expenses should be reimbursed to patients within a reasonable period. Physicians should allocate sufficient time to inform their patients, including the time for information sharing.” These statements signify both the right of physicians to allocate time to patients and the necessity for these rights to be regulated by the healthcare system.

Similarly, Article 11 of the PRC regulates the right to “Diagnosis, Treatment, and Care in Accordance with Medical Necessities.” According to this, “patients have the right to request their diagnosis to be made, treatment to be conducted, and care to be provided in line with the requirements of modern medical knowledge and technology.” The fulfilment of this right inherently necessitates ensuring the physician’s right to follow contemporary scientific developments. Thus, it requires structural adjustments within the healthcare system. The right to “Safety and Quality Standards” for patients, regulated in Article 37 of the PRC, can also be approached in this manner.

Another implication of the healthcare and physician shortages caused by migration,

frequently emphasized in the records, pertains to the patient's freedom of choice. This is in line with the "Right to Choose and Change Healthcare Facility" (Article 8) and the "Right to Recognize, Choose, and Change Personnel" (Article 9) in the PRC.

Beyond all these rights from a perspective of healthcare ethics and values, the "Right to Preserve Dignity and Respect," which is included in all regulations regarding patient and physician rights deserves special attention. This right has been emphasized by almost all members of parliament who spoke on the issue of physician migration. This finding not only supports legislation related to rights but also numerous Constitutional norms, especially the right to protect and enhance one's material and spiritual existence [34].

Conclusion

In this study, we evaluated how the increasing physician migration in Türkiye is addressed in the TGNA in the context of physician and patient rights. It was observed that brain drain in healthcare, which is inherently value-driven, has consequences in terms of ethical values and rights. Firstly, physician rights and patient rights are mutually influential and that fulfilling these rights requires structural adjustments within the healthcare system. Secondly, there is a need to consolidate physicians' rights, scattered throughout regulations, in a legislation that concretely demonstrates their components, and thus to establish legal status. Lastly, we discussed physician migration within three main categories: "causes," "consequences," and "solutions."

Physician rights predominantly fall under the "causes" category, while patient rights are highlighted in the "consequences" category, indicating an important ethical dilemma. In the literature, the central ethical dilemma in the discussions of physician migration in relation to medical ethical principles revolves around the autonomy of the physician and the principle of justice. While our findings also demonstrate a similarity in terms of rights, further in-depth research is needed in this regard. In conclusion, comprehensive studies evaluating the both "push and pull" factors and implementations that can

be taken for the future of Türkiye's healthcare system are needed.

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