

# EDITORIALS

## Supporting refugee doctors *Real opportunities for Christians*

It's all too easy to write off asylum seekers as scroungers or economic opportunists. Among the asylum seekers who find themselves in Britain are highly qualified professionals, many of whom possess experience and skills that could be put to good use. Included among them are a surprisingly large number of doctors.

The exact numbers are not known but the *Student BMJ* reports that estimates range from 500 to 2,000. These are people who suffer a form of bereavement – loss of country, loss of family and friends and loss of status that goes with being a respected professional. They also have to contend with living on or below the poverty line in a country and culture that is unfamiliar.

What is certain, however, is that most refugee doctors want to make a contribution to their host community. Most have a strong sense that they would like to put something back into the community that has offered them a home. Few want to live off social services handouts or allow their professional skills to lapse. The NHS suffers an acute shortage of doctors, to a point where recruiting from abroad is on the agenda. It makes lots of sense to ensure that the resource of refugee doctors is tapped as much as possible.

All this sounds straightforward, but there are obstacles. Genuine refugees often did not have the time to collect references or all the needed documents to prove their status and qualifications. It is possible for refugee doctors to undertake clinical attachments in order to acclimatise to the British system and hone and update their skills, but not all refugee doctors can afford the fees involved. To register with the General Medical Council they need to pass English-language examinations. Where there are serious financial pressures these can prove very difficult.

It is therefore encouraging that the government has taken up the issue of refugee doctors in two important documents<sup>1</sup> that report on the scope of the issue and suggest strategies for the integration of refugees. This is not a problem that can be solved overnight and a lot depends on the willingness of members of the profession to get involved in practical ways. There are opportunities here for Christian doctors. One way might be to offer to mentor a refugee doctor, the first step being to join the BMA register of volunteers.

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<sup>1</sup> Home Office statistics. [www.homeoffice.gov.uk/index.htm](http://www.homeoffice.gov.uk/index.htm); Department of Health. *NHS plan*. London: HMSO, 2000



## Where is your treasure? *Why debt relief is not enough*

Critics of the Jubilee 2000 campaign opined that remission of international debt would give the green light for corrupt governments to fritter away the proceeds. This has not proved to be true. There is powerful evidence that debt cancellation is already directly helping the poor. In Uganda debt relief has helped double primary school enrolment. In Mozambique half a million children have been vaccinated against killer diseases. Extra schooling has been provided in Honduras and money saved from servicing debt has financed half of Guyana's national development plan.

We should not be complacent, however. Some 22 countries have had debts cancelled and a further 14 are in the pipeline, but this is well short of the 50 or so that Jubilee 2000 has been campaigning for. They include some of the world's worst-off countries including Bangladesh, the Philippines and Nigeria. Moreover, while debt relief has reduced repayments of the 22 countries by one third, these countries are still spending more on debt repayments than, for example, health.

Then it is clear that debt repayments by some countries are set to increase by the end of the decade through the combination of new loans and the end of concessional periods. Some observers have suggested that there may be a case for a new Jubilee 2010 campaign. But we need to get the issue fully in perspective. A recent World Bank document has warned that the current debt initiative is not a long-term solution to the world economic crisis. Countries with fragile economies will always be vulnerable to spiralling debt and their hopes lie not from piecemeal action but from sustained economic progress.

Christians should welcome the direct interventions in the debt campaign by organisations such as Medact, MedSIN and even the BMA. They have certainly succeeded in raising general consciousness on this issue. But we also need to be willing to take stock of lifestyle issues. Do we really need to invest all our financial surpluses for maximum return? Do we have to accept without question the general mores in Western society with its ever-present spur to live to ourselves rather than living simply (as the old saying goes) that others may simply live?

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