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# Where did all the doctors go?

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## EDITORIAL

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## How can it be that Norway has a growing shortage of doctors while the number of professionally active doctors is increasing?

According to figures from the Norwegian Medical Association for July this year, Norway has 27 924 professionally active doctors under 70 years of age, of whom 15 502 are certified as specialists [\(1\)](#). The number has tripled since 1985, when there were 10 134 doctors. Currently, we have one doctor for every 200 inhabitants. In Europe, only Greece, Lithuania and Austria have a higher doctor density [\(2\)](#). Medicine is one of the most attractive courses of study in

Norway, and only a small percentage of applicants succeed in obtaining a place. A review of the websites of the four medical faculties (July 2021) shows that this year, a total of 716 talented, hard-working and dedicated young people have been offered a place. In addition, an equivalent number of Norwegian students have been enrolled in universities abroad. Should this not be enough to cover the population's need for medical services?

Apparently, it is not. On the contrary, the medical services are in crisis in several areas. The most precarious of these is the contract GP scheme, where one local community after another reports that their GPs are leaving and new ones are nowhere to be found [\(3\)](#). While a few years ago only small, rural communities felt the burgeoning crisis, large towns and cities across Norway are now struggling to replace GPs. The 'Legebarometeret' ascertains that fully 85 % of the municipalities have encountered problems in recruiting GPs over the last year [\(4\)](#). The number of municipalities with major recruitment problems has increased by 600 % since 2017 [\(4\)](#). 'The contract GP scheme is slipping between our fingers,' a desperate president of the Norwegian Medical Association stated in May [\(3\)](#). There are many who share her desperation. The specialist health service is also facing problems: the vast majority of hospitals report problems in recruiting psychiatrists in the last year, with unfilled positions and poorer patient treatment as a result [\(4\)](#). Other specialties also report recruitment problems and scarcity of doctors, including in anaesthesia [\(5\)](#), gynaecology and radiology [\(6\)](#), with reports of widespread use of expensive locum schemes to maintain a minimum level of services.

So where did all the doctors go? Unfortunately, a substantial number of recent medical graduates are queuing to take their internship before they can embark on their specialisation [\(7\)](#). This has turned into an unacceptable bottleneck that causes a considerable number of young doctors to remain in short non-merit locum positions, possibly for many years. When there is also a glaring shortage of doctors to fill vacant positions, this is something of a paradox.

*«Young doctors of today refuse to accept that being a doctor should define their entire identity and family life»*

The emergence of private medical services siphons off some of the supply of doctors. In recent years, the number of Norwegians who have obtained a medical insurance policy has steadily increased, and by the end of 2020, close to 650 000 Norwegians had this kind of insurance [\(8\)](#). The use of medical insurance has correspondingly increased, with a rise of 9 % only since 2019 [\(8\)](#). People with no such insurance also use private medical services occasionally, especially for acute, but less serious problems. Competent doctors are needed to cover this demand. 'We aim to be Norway's best workplace for doctors,' writes one of the private providers [\(9\)](#), highlighting that a job with them involves a high degree of flexibility to enjoy family life and pursue hobbies. This contrasts sharply with, for example, a position as a GP with HR responsibility, major financial investments and the burden of out-of-hours duty.

Here we come to the heart of the matter: young doctors of today are making legitimate demands. It is our impression that they refuse to accept that being a doctor should define their entire identity and family life. They do not want to constantly relocate. They want to have orderly working conditions, in both the primary and specialist health services (10). They want to be free when they are off duty, and have time to participate in the transition of their child into day-care. Both in the contract GP scheme and for most hospital specialties, the reality is far removed from this. As long as this situation prevails, a solution to the contract GP crisis or the recruitment problems in hospitals is unlikely to be found.

Mandatory placement, distribution boards for doctors and similar regulations have failed to work (11). The medical profession is changing. To avoid losing doctors to private providers at the expense of public healthcare services, municipalities and health trusts must realise that the previously acceptable working conditions no longer attract employees. Doctors, who were formerly perhaps regarded as heroes, are a dying breed and no longer an ideal.

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Publisert: 8 November 2021. *Tidsskr Nor Legeforen*. DOI: 10.4045/tidsskr.21.0701

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