

# CASE STUDY 9



*... there can be no greater freedom  
than living in your own country.*  
- Dr Mani Shankar

**DR MANI SHANKAR** has been practicing dentistry in Pala, in the province of Kerala for almost 37 years. Dr Mani's father is a reputed dental surgeon and he took up dentistry to share his father's vision. He has 3 siblings, but none of them are in the medical profession. He graduated in 1998 from a college in the adjoining state of Tamil Nadu and in 2003, he completed his post-graduate work in Maxillo-facial surgery at a private college in Mangalore K. He lives with his wife, also a dentist, and their two small children in Pala, Kerala.

## PRE-MIGRATION

After his post-graduation work in 2003, he started practicing dentistry in his father's clinic. In addition, he taught dental science at a private dental college. The college was 140 km from his home, but since it was newly established he was allowed to follow a flexible schedule of 3-4 visits monthly as an additional faculty. He continued teaching there for 3 years until 2006. While he was successful in his profession in India, he felt some of his dreams were taking a long time to be fulfilled. As the eldest of his siblings, he wanted to build a house for his family, but needed substantial amount money to see that dream through. The opportunity to pursue this dream came to him in the form of a well paying job in Saudi Arabia with the Ministry of Health (MoH).

The procedure for applying for work in Saudi Arabia was fairly simple. Health professionals did not need to clear any qualification examination. Specialists were not required to take a written test, though non-specialist doctors did have to clear one. He found the post advertised on the internet and he applied directly for it. He received a call from a recruitment agent (in Kochi) a few days later asking for an interview. The agent functioned as a mediator for Saudi Arabia recruitments and the interview was conducted by Saudi Arabian MoH officers. After being selected for the post from his interview, it took less than 6 months for the processing of documents and other arrangements, including having his family go with him. No preparation was required for the migration process except for buying a 'parda' for his wife, which his friends had advised him to buy since it was essential for women to wear one. Dr Mani and his family left for Saudi Arabia in 2006.

## MIGRATION

Dr Mani worked as a specialist in a, 600 bedded public hospital in Saudi Arabia. His 3 years work experience as a post-graduate provided him with the pre-requisites of the position.

Although he had asked for accommodation to be arranged for his family, this had not been done when they arrived. The MoH offered initial stay for him and his family in a hotel, but he wished to live in a rented apartment and he had to arrange for these accommodations himself. Being new in the country and accompanied by a wife and a small child, this process was “tough and tense”. Eventually, he received the help of a Malayalam (native language) speaking person and was able to find a house to rent.

There was no formal induction process at the hospital. The first 10 days were spent doing paper work and applying for a resident permit ‘iqama’. This permit is mandatory for any foreigner to work and travel in the country. Papers for the permit were provided by the MoH, who also took him to the passport office. Along with the form, some photos were required to procure the iqama. The hospital supported new staff by not giving them on-call duties for 2 months, until they got familiar with the system and the local Arabic language.

The working schedule for specialists were 5 working days – 2 for out-patient duties , 1 for surgery duties, and 2 for the hospital wards. Dr Mani was on a team of 3 specialists - a Jordanian, a Pakistani, and him. At that time there was no consultant and the post remained vacant until the end of 2009, when someone joined just weeks before he was leaving the job. The team operated together. Since there were no consultants, difficult cases were referred to a higher centre. They also had to do 7 days of emergency call duty, where they worked 24/7. If any duty coincided with a holiday, they were compensated by an extra day of leave.

Dr Mani found his working experience in Saudi Arabia excellent. He worked in the maxillo-facial surgery unit, doing mainly trauma care and pathology. The department had excellent technological equipment and well functioning infrastructure. Signing of the attendance register was proof of one’s work. There was no interference from the management. For all patients admitted under a particular doctor, this doctor’s decision determined the treatment. While performing surgeries on his/her patients, this doctor would be the main surgeon and the other specialists would assist him. Such trust and responsibilities were a great motivating force.

The salary and benefits he received with the post were very good. “The day you land at the airport, your salary starts”, he said. He received housing allowance which was equivalent to three month’s salary. All MoH employees and their families were eligible for free medical treatment. Although there was no Provident Fund provision for employees, anyone working for 3 years was entitled to get extra salary of one month. Staff worked for 7 hours in a day, 5 days a week, with 2 days of official leave every week. All employees received 60 days of paid leave in a year. In Ramadan and Haj, there were 5 days holiday for each. Staff working those days got an additional 10 days of leave, which was added to the annual vacation period. Compensatory offs for working on holidays could also be added to the vacation days. He was provided a food allowance of 10% of his salary, transport allowance of 5%, and travel with family for vacations was also reimbursed.

Dr Mani bought a car within a month and got a driving license from transport office. The system for doing so was simple: 5 officers test the applicant’s driving and give the license if satisfactory. The system was made even easier for him since “the transport office staff ‘mudir’ and the hospital ‘mudir’ were friends, the process was easier for doctors applying for the license”.

Work contacts, though for a minimum period of 3 years were subject to annual renewal , based on performance. Specialists like him reported to the head of general surgery who noted their capacities and gave them points as per their performance. Certain minimum points were required for renewal of the contract. Based on the points scored for performance, all employees received a yearly salary hike ranging from 15-25%. Employees scoring fewer points, received a lesser hike.. If a person worked there for 10 years, she/he could be rewarded with 10 months extra salary.

Strict rules and regulations were followed in Saudi Arabia and Dr Mani deemed them as the “worst or best”. For example, if while driving someone has an accident and his wife and kids die, he would be punished. This is very different from Indian laws and was difficult for him to understand. Severe crimes are punished by decapitating the criminal, especially for murder. The punishment is carried out in the public after the Friday prayers. “Criminals get the death sentence for crimes like rape, and no one is exempted of punishment even if he belonged to a higher status”. All rules are adhered to strictly and the overall crime rate is lower than India. The rules are restrictive for women; even foreigner women have to be covered in public.

Another challenge he faced while working in Saudi Arabia was the Arabic language. Dr Mani had to learn the language to some extent to communicate with his patients. Dr Mani also felt he was discriminated against due to his religion, as he and his family were Christians.

Some losses Dr Mani felt were a lack of a social network of family and friends, the feeling that he was “always a foreigner”, and being a non-Muslim, in a Muslim country. For women, the place did not seem to be secure. There was not much of a social life for migrant health workers and even children did not have the freedom to play outside. He missed his private practice, but he did have the benefit of working for less number of hours and earning more money.

Dr Mani was able to find support from friends in other professions and some colleagues while he worked there. An important element of their experience was that his wife, who was also a dentist, was not working. Although she was offered job in a private hospital, she did not join because the couple would have two types of sponsors: the government for him and private sponsor for her. This may have created some problems due to differences in work hours and their vacations may not have coincided. At that time, Dr Mani was entitled to a 45 vacation days after completing 10.5 months of work, but the situation may not have been the same in the private sector.

Another issue Dr Mani and his wife faced was regarding the decision of the education of their children. He felt that the standard of education there was not satisfactory, even in the Indian schools. He felt that there were no good teachers in Saudi Arabia and that the quality of education for his son was best in India. This situation spurred the family’s decision to return to India. After completing three years of work in accordance with the contract and related benefits, Dr Mani decided to end his tenure of work in Saudi Arabia and submitted his letter to finish the contract. “If papers are in order, you need not take help of embassy and only if your papers not in order, you need their help”. Since he was employed by the MoH, he did not have any problems while finishing his work and coming back to India.

Dr Mani’s biggest gain from his experience in Saudi Arabia was monetary. He was able to save a good deal of his salary since his leave was paid and he had few expenses with food and other amenities being so cheap. He felt that his objective of working in Saudi Arabia was fulfilled.

Dr Mani felt his work in Saudi Arabia was appreciated not through a formal system of recognition but when patients came to the department and wished to be seen by “the Indian doctor only”. Additionally, months after he returned to India, Dr Mani received a call from the hospital director in Saudi asking him to work again in the country with the assurance that he would take care of the visa formalities. Though Dr Mani politely refused the offer, it felt good to be appreciated in this way.

## COMING BACK

Dr Mani came back to India permanently at the end of 2009. His father was practicing in Pala and Dr Mani joined him and started working again in their clinic. He also re-joined the same private hospital where he had worked earlier, after a vacancy was available 7 months later. He decided not to join the teaching college again as it now required mandatory visits 4 days a week, which did not suit him.

He did not face any problems adjusting back to work in India, as it was his own clinic and the work atmosphere was familiar. Being born and raised in the same town, he and his family could easily fit back into the social environment. The only issues he felt were worth noting was the fact that he now had to work for 10-12 hours in a day, the earnings were a quarter of what he

earned in Saudi Arabia, and personal expenditures were incurred here as compared to none there. He stated that running his own clinic has allowed him to only take 7 days of leave since coming back in 2009.

In India, he faces more competition and cannot refer out any cases since that may harm his professional reputation. He does not perform major surgeries as his clinic is small and he practically runs a “one-man show”. Moreover, since this is his native place, he wishes to avoid any kind of complications. Therefore, he performs only minor surgeries and the cases he can manage at his clinic. To conduct the major surgeries he was doing in Saudi Arabia, he admits patients to the private hospital where he is affiliated.

Infrastructure is vastly different in India compared to where he was working in Saudi Arabia. Even in private hospitals here, the arrangements and equipment are not of the same standard, though it might be much better in India’s metropolitan city hospitals. As the doctor reminisces, he says that patient behaviour has changed in India over the years. He feels that, earlier, people used to be more respectful of doctors and now it is best to have no expectations from your patients, as is the case in foreign countries.

Even with these issues, Dr Mani feels that India is his own country and he can enjoy more freedom here. There are no rules which bother him here. His wife is now working and his child studies in a good school. His family owns the clinic which has been there for 37 years and is running well. He feels very satisfied with the process of migrating to Saudi and coming back and settling down in his home town of Pala. He was able to fulfil his dream and build his house, which otherwise would have taken another 8-9 years of working in India to save that amount of money.

## LOOKING BACK

“If you want to be happy and satisfied, come back to India and settle down”.

The doctor feels that India should offer more motivation to health professionals who are thinking of coming back. The government should provide better salaries, create good working atmospheres, and make facilities better by improving the infrastructure. He compared the health system in India and Saudi Arabia and summarized that in Saudi Arabia all patients, rich and poor, go to the government hospital that had the best and most modern care in a clean and proper atmosphere. In India, the rich do not go to government hospitals as there are no facilities and the poor do not have money to go to any private hospital. There is a dire need to improve health care and delivery at the public hospitals, which cater to the general population.

Changes in policy should see to it that professional salaries are improved according to qualifications and experience. This would attract more people to come back to India. Additionally, there are no taxes levied in the Gulf countries on salary, whereas there are many taxes in India. This may be a reason for professionals not coming back, so the government should consider addressing this issue in some way.

## CONCLUDING

“If you have something to live for in India, come back”. Dr Mani opines that “your own country is the best always. You are safe here and you can go anywhere you wish”. He said that there can be no greater freedom than living in your own country.

