

## MIGRATION, MINORITIES & REGIONAL IDENTITIES

Turkey and the Black Sea region are situated within a range of different geographical and political areas: Europe and the Balkans, the former constituents of the Soviet Union, the Caucasus, Central Asia, Iran and the Middle East. This location inevitably has constituted them as a physical bridge and placed them at the crossroads of different historical forces and empires. This was as much a feature in prehistoric as in historic and contemporary times, when cross-boundary migration remains an important domestic and international concern. The interplay between geographical factors, diverse political entities and patterns of migration has been a significant factor in shaping the domestic and social make-up of Turkey and the Black Sea region. It has played an important role in forming cultural identities, whether at individual, regional, national or supra-national level. Simultaneously, these processes in relation to migrant communities have also influenced neighbouring areas. This strategic research initiative aims to promote research across different academic disciplines that relate to the themes of migration, minorities and regional identities in Turkey and the Black Sea region.

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### Bridging the gap between patients and migrant doctors

Hande Güzel | University of Cambridge

International migration and medicine have an intricate relationship. Within the context of Turkey, refugees' access to healthcare services, the migration of Syrian doctors to Turkey in order to provide care for Syrian refugees, medical tourism, especially for cosmetic surgery purposes, and more recently, migration of Turkish doctors to European countries are some of the most prominent sites of conflict within this relationship.

Within this complicated and layered framework, this project aims to explore the power relations surrounding the migration of doctors to Turkey. More specifically, on the one hand, it focuses on migrant doctors' experiences of working and interacting with patients in Turkey; on the other hand, it shifts the focus to patients who were raised in and who are living in Turkey, and investigates their views on being treated by a migrant doctor and their experiences thereof, if they have any. By incorporating the role of medical institutions and the government's health policies into the discussion as well, this research looks at three different sites of meaning-making (including the clinic), how they relate to each other, and what kinds of power mechanisms are at play in these relationships.

To be able to practice medicine in Turkey, migrant doctors are required to obtain a work permit from the Ministry of Labour, have their qualifications be recognised by the Ministry of Health (which also includes passing a

centralised test), and show proof of competence in Turkish language, among other requirements. Since 2011, migrant doctors in Turkey have been permitted to work in medical institutions including city hospitals (*şehir hastaneleri*), general practices (*aile sağlık merkezleri*), private hospitals and private clinics, the range of which has changed over the last decade. Patients believe there is less room for choosing one's doctor when it comes to public institutions and suggest that they feel more pressured to visit a migrant doctor in these places. There have been cases where almost all doctors in a general practice are migrants, and patients who would rather see a Turkish doctor have filed complaints as a result.

While the last decade has seen public discomfort due to permission being granted to migrant doctors to practice in Turkey, these doctors could work in Turkey prior to 2011 as well, but this was only possible if they became Turkish citizens. This research is interested in both those doctors who have retained their migrant status and those doctors who have become Turkish citizens. The main focus of the project is the doctor-patient relationship, and patients do not necessarily know whether their doctor has become a Turkish citizen or not. They also state that they can tell whether their doctor is 'foreign' based on markers of their own understanding. Hence, both groups have been included in the research.

Putting under the microscope both the public and private institutions migrant doctors work in, this project brings together data from three different sources: (i) online data from public forums where patients discuss their interactions with migrant doctors, or the anticipation thereof; (ii) an online questionnaire completed by nationals of Turkey on the doctor-patient relationship in the case of migrant doctors, or how it is imagined; and (iii) in-depth interviews with migrant doctors and their (potential) patients. Having completed the analysis of the online data (i), as well as being in the process of conducting in-depth interviews with patients (ii), the preliminary findings of the project illustrate three aspects that factor into this relationship: the impact of existing tension between Turkish doctors and their patients on the anticipation of interactions with migrant doctors; language and communication problems between doctors and patients; and the intricacy of the conceptualisation of medical expertise coupled with that of the 'East' and the 'West'.

The case of migrant doctors unveils Turkish people's opinions about not only migrant doctors but also Turkish doctors and the Turkish healthcare system. There is a growing dissatisfaction with the Turkish healthcare system among patients, one aspect of which is mistrust in doctors. The limited time that doctors have with their patients, the scant care that patients receive as a result, and the reluctance of doctors to show respect and display empathy are some of the points made by patients that feed into mistrust, especially in the public sector. Doctors working in the private sector, on the other hand, are regarded as 'greedy' by some patients, due to the over-prescription of blood tests and diagnostic imaging tests and procedures. This has led some patients to hope for change with incoming migrant doctors, believing that there will be more competition among doctors due to migration, which might result in patients being respected more. This existing tension reveals there is a need to look more closely into the doctor-patient relationship with not only migrant doctors but also non-migrant doctors.

While some patients expect a more considerate communication with migrant doctors, others hesitate due to a perceived language barrier. Even though migrant doctors are required to pass a language test to prove their competence in Turkish, some of their potential patients are worried that they may not be understood by a doctor whose native language is different. This worry is again linked to patients' experiences with doctors whose mother tongue is Turkish. Patients point out their troubles about communicating with the latter group of doctors despite the absence of a language barrier. Hence, when a perceived cultural and linguistic difference is added to this mix, patients get even more distraught about how they may be able to communicate their medical history and current medical needs.

In addition to potential communication issues, to what extent migrant doctors are regarded as experts needs scrutiny. Historically, medical doctors have been deemed gatekeepers and catalysts of the modernisation process in Turkey. As a result, their authority has been secure for the last century, despite some threats to it via conflicts with the government from a political perspective and the increased use of the Internet from a patient perspective. With the arrival of migrant doctors, however, qualifications that underlie medical authority become more nuanced. On the one hand, where doctors have been trained or where they have previously worked are regarded as important markers of their expertise; on the other hand, this marker is tied not only to the rank of the university where the training took place, nor only to the reputation of the institutions the doctor has formerly worked in.

How the ranks and reputations are made sense of is interwoven with constructions about 'East' and 'West', the economic development of countries within these constructs, and the quality of medical training provided there. 'East' is associated with a developing economy and poor medical training, while 'West' is associated with a developed economy and more advanced training. However, participants also place Turkey among 'developing' countries, while deeming the training provided there to be more valuable than in other 'developing' countries. The picture is further complicated when the places doctors were born, raised, trained, and have worked are not necessarily the same. While some interviewees claim that they value medical qualifications over a doctor's migrant status, further probing uncovers nationalistic tendencies that are not at once apparent.

There is also an unmistakable class dynamic here. While middle-class patients tend to question migrant doctors' authority, working-class patients do not see it as their right to do so, or there is little time to discuss a doctor's education or upbringing in a public medical setting. Perhaps rather surprisingly, upper-class patients tend to not question doctors' authority either, as they trust that the monetary resources that they are expected to put into seeing a doctor must reflect an advanced level of medical training and expertise.

While these are the preliminary results of the research, whether the questionnaire and the subsequent in-depth interviews will support these findings or complicate them further remains in question. Although it is not part of the preliminary findings, this project also aims to uncover the living and working conditions of migrant doctors, as well as how they view their experiences with patients in the medical setting. My hope is that at the conclusion of this research, we will have an understanding towards the possibility of an easier and more trusting doctor-patient relationship, in interactions with both migrant and non-migrant doctors.