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Editorial

Shortages of Medical Doctors in Indonesia, Is It True?

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All parts of Indonesia need medical doctors, but it is not a simple thing to be solved. The world of medicine in Indonesia faces many internal problems, specifically regarding medical doctor distribution. Where are the medical doctors in Indonesia being resided? Recently many areas in Indonesia experienced a ratio between doctors and population of more than 1 : 1000. Data from the Indonesia Medical Council (KKI) and Indonesia Medical Doctor Association (IDI) in the year 2023 total number of medical doctors are 214,878 doctors, dominated by general physician 165,453 doctors, and followed by doctors specialist 49,425. Total dentists are 41,940, and dentist specialists are 5,201 [1,2]. The fundamental problems, according to population ratios, is related to geographical and demographic handicap because Indonesia is an archipelago country with more than 17,000 islands with more than 280 million populations, with many specific problems in access, communication, transportation system, socio-economic, cultural, and leadership.

Quote the life in the world, economic growing faster, attract harder to the people. The islands of Jawa, Bali, and Sumatra are the favorite places for medical doctors to live. About 21,454 medical doctors work in West Java, 21,058 in Jakarta region, 15,728 in East Java, 14,064 in Central Java, 8,491 in North Sumatra, 6,847 in Banten, and 5,857 in South Sulawesi. In the rest of the region, the density is lower. How about a specialist? Data speak that 8,290 specialists prefer live in Jakarta, 5,731 specialists in West Jawa, 5,694 in east Java, 4,363 in central Jawa, 2,305 in North Sumatra, 1,816 in West Sulawesi, 1,704 in Banten and 1,669 in Bali and the rest regions significantly lower than the mentioned regions. The discrepancies of medical doctors and specialists among the region should be found as the exit door to improve the justice in health service among all parts of this big country.

There are 37 types of specialists in Indonesia among 44,682 specialist doctors. Obstetrics and gynecology specialists are most prevalent at about 5,184 doctors, followed by Internist at as many as 5,019, Pediatricians 4,771 doctors, and general surgeons 3,467. Anesthesiologists are about 2,893, Neurologist about 2,410, Dermatovenerologist is about 2,014, radiology specialist about 1,877, and the other specialist are still lower in total number. The big gap is always a great burden. The ratio of specialists in total and population is about 1 : 6.102; if we focus on specific specialists, the ratio will be far from the ideal number.

Ratio of medical doctors and the population is always to be a parameter of health service quality. The ratio of total medical doctors and population is 1 : 1,333, the ratio between general physicians and population is 1 : 1,706, and the ratio of specialists to population is 1 : 6,102. If a ratio of 1 in 1,000 is believed to be an ideal number, Indonesia needs more medical doctors. Where will we turn our heads, 92 medical faculty in Indonesia are having great hope. Each year totally produces 10,000 - 12,000 general physicians, and this means need 7 years quantitatively have 80,000 new general physicians and the ratio reach 1 : 1,000. The specialist clearly needs to run faster. 30 centers for specialists with a total of 352 specialist program study centers should expand the capacity, doubling in total

resident number, to reach the total need of specialists in shorter period. 92 centers of medical education should improve their capacity and work harder. Building a network with all types of B and A hospitals owned by the Indonesian government around Indonesia is a great opportunity to enhance specialist production. Frankly, no need hospital-based specialist center, with no guarantee of the quality of skill, morals, and ethics. Vertical hospitals and regional hospitals owned by the Indonesian government are the best choice to fill the gap [3].

Medical doctors need more and more population increase, and income may be increased, but at least national health insurance has grown up better and better, and the next questions are how about facilities, equipment, and take-home pay (doctor income). East Indonesia regions are challenging; the price of daily life needs more spending, which means the doctor's income should be a concern. Medical doctor specialists need better health equipment and facilities to work properly and carry out professional tasks. Many young specialist doctors return from Papua because of the lack of health facilities dan security. One specialist doctor died to be the victim of an unnecessary dispute and blew up the unsecured feeling of the young medical doctor. It is the government's job to improve facilities, equipment, take-home pay, supporting human resources and systems, and the rest is forcing the specialist doctor to distribute to all parts of this nation.

Who has a hand in managing medical doctor distribution? The answer is only one direction. In Indonesia, the medical doctor could work as a clinician (the highest proportion) in hospitals, secondary clinics, and primary clinics. They could work to be lecturers, researchers, managers, and little part to be entrepreneurs and politicians. All practical license for a medical doctor is regulated by the government, represented by the head of the district health department, and it means only the government has the right to manage doctor distribution. No other parties could interfere with the license.

General practitioner income in Indonesia will trigger tears to drop. The doctor who works in their own clinic and is the partner of national health insurance (BPJS) with average member capitation of about 1,785 members (national perspective); their monthly income is about IDR 5,712,000. If we are googling with the keyword of " pendapatan dokter di Indonesia ", the screen will display that in Palembang, the doctor's income is IDR 9,500,000; in Palangkaraya, IDR 7,774,000; in Jakarta, IDR 6,365,000, in Tangerang IDR 5,500.000 and in Bekasi IDR 4,490.000 monthly. Another research proved that only 10% of General practitioners have a monthly income of more than IDR 10,500.000, 4.34% have an income of IDR 9,000,000 to 10,500,000, and over 60% have a monthly income of less than IDR 6.000.000 [4,5].

Currently, governments around the world are working to establish health equality, especially for those who are seen as weak and disadvantaged. The main problem is ensuring that people living in outlying, underdeveloped, and rural locations can obtain medical treatment from qualified medical personnel or suitable medical facilities. The question of citizens' rights to equitable treatment is brought up by Indonesia's doctor distribution. No differences between groups of individuals are deemed to constitute equality, regardless of how those groups are categorized socially, economically, demographically, or geographically.

Distribution issues and geographic imbalances are old issues but have never been solved until nowadays. The government needs building and support from other parties to handle the complicated problems related to health services in Indonesia. Universities, the private sector, Professional organizations, Social organizations, certain groups of the population, and other parties should be working together for the future of Indonesian health. The discrepancy in medical doctor distribution between urban and rural areas, between regions, and even between districts and provinces need to get the best solution. Doctor specialists are more urgent, and big medical faculty and hospital owned by the government are potential resources in all provinces. The government should focus on 92 medical education centers by improving budgeting, supporting systems, human resources, and regulation rather than opening new medical faculty. Existing medical faculty can expand the capacity to double and improve to be a center of medical doctor specialists. To be basic of all problems, a doctor's salary and career, also medical facilities, do not be forgotten.

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