
Exodus of doctors

EDITORIAL

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Heavy workloads and cumbersome systems are driving doctors away from hospitals.



Photo: Sturlason

Around 70 doctors have left Haukeland University Hospital over the past two years, and more than 40 resigned from Stavanger University Hospital in just one year [\(1, 2\)](#). In less than three years, nearly 2000 doctors have left their positions in public hospitals, according to TV2 [\(3\)](#). Meanwhile, Norway was already facing a shortage of 1200 specialists in 2022, and the Norwegian Labour and Welfare Administration (NAV) now lists specialists as one of the occupations with the most severe shortfalls [\(4\)](#).

Both newly qualified and experienced doctors are calling it quits. The resulting loss of expertise affects not only patient care but also the training of new specialists. Doctors in specialist training rely on mentorship from experienced colleagues, and training is one of hospitals' four priority areas.

Most doctors do not actually want to leave. Their commitment to the profession and to patients remains strong. However, the cumulative workload becomes overwhelming, and for the sake of their own health and family life, many feel they have no choice. A 2018 study found that doctors in Norway often compromise their own well-being to meet both their own and their colleagues' expectations. The desire to be a good doctor puts the delicate work-life balance under constant strain [\(5\)](#).

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The 'doctors must live' (*#legermåleve*) campaign, launched after a young doctor and mother took her own life in 2023, was a response to the intense stress and pressure of work doctors face. The problem is not unique to Norway: a recent World Health Organization study found that doctors and nurses with heavy workloads and demanding rotas are particularly at risk of mental health issues, and many contemplate resigning [\(6\)](#).

Several colleagues have come forward in the media to explain why they chose to leave their position as a hospital doctor. Years of exposure to demanding, intense shifts with little rest take a heavy toll. Some move on to work as general practitioners, but even in primary care, many doctors leave due to unmanageable workloads.

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A 2023 survey conducted in all Norwegian hospitals found that several doctors worked around 400 hours of overtime over a six-month period [\(7\)](#). Unregistered and unpaid overtime is also a major problem, estimated in 2016 to amount to 972 full-time equivalents. This corresponds roughly to the doctor workforce needed to operate a hospital the size of Akershus University Hospital for a whole year [\(8\)](#). It is therefore absurd to expect doctors to take on even more societal responsibility in the form of voluntary work, as a senior legal advisor and former secretary-general of the Norwegian Patient Association recently wrote in the independent healthcare news publication, *Dagens Medisin* [\(9\)](#). Consultants without medical backgrounds frequently opine about how hospital work should be managed. Some quarters appear to give more weight to these consultants than to staff with hands-on experience; in 2023 alone, health trusts spent a staggering NOK 1.3 billion on consultancy services [\(10\)](#).

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Those of us on the front lines, however, know the pressure points: rigid, cumbersome systems make daily work more difficult and reduce the available time for patient care. Paperwork, coding, data entry and IT issues consume a disproportionate amount of the working day, while professional practice takes a back seat. In 2023, the National Audit Office of Norway concluded that new IT systems in the health service are not having the intended effect, which is burdensome for staff and a threat to patient safety [\(11\)](#). There is also a financial impact for hospitals: the implementation costs of the

Helseplattformen system to date are estimated at NOK 6.7 billion, with annual expenses expected to be around NOK 800 million (12). Such high-profile projects are pursued at any cost, while hospitals are forced to scrimp and save. The shortage of hospital beds most acutely affects patients but also places a daily strain on staff, who are forced to prioritise in ways they consider professionally unjustifiable.

In the 2026 national budget proposal, the Norwegian government has proposed additional funding for patient care and strengthening hospital budgets. This might sound promising, but the proposed increase does not even cover the increased interest charges and loan repayments. The likely result will be further streamlining (13).

The long-term consequence of heavy workloads, cumbersome systems and persistent underfunding may be a health service without competent personnel – hardly conducive to maintaining the standard of care.

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