
Guest editorial

Petty corruption in health care

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“Petty corruption and honesty in all health care systems” is the original title of one of the bioethics networks within the world-wide study projects of the International Association of Bioethics. As the co-ordinator of this network, it still puzzles me why the word “petty” is in the title when in the past few years – through interviews and questionnaires involving 18 countries – it has become evident to me that not only trivial but important, significant corruption exists in many health care systems. Obviously endless polemics can take place about the meaning of corruption and the definition of petty. Despite this possibility I accept the guidance of Webster’s Dictionary according to which “corruption” is “evil or wicked behaviour; depravity; bribery or similar dishonest dealings” while “petty” means primarily “relatively worthless or unimportant; trivial, insignificant”.¹ In view of this, it is quite evident that the extent of corruption in health care does not differ considerably from any other kind of corruption occurring in other any field of human endeavour, let it be politics, business, science or law enforcement. One “slight” difference, however, might be that most forms of corruption, contrary to the corruption in health care, neither endanger nor cost, lives. Another perhaps, is the widespread and profound belief and trust in the medical profession which is hardly comparable to any other calling. The betrayal of this trust, even if one’s life is not endangered, leaves one in a grave state of disappointment, which may mean for the individual at times, the last straw, the total disappearance of human solidarity and compassion. Fortunately, however, it seems that the majority of physicians and other health professionals, though not displaying moral virtuosity and striking moral superiority, are worthy descendants of Hippocrates. As for the members of the corrupt minority, they should be exposed, ostracised, punished, re-educated or simply eliminated from these noble professions that cannot and should not exist without some basic and universal moral principles.

Corruption is a world-wide phenomenon. From Brasilia to Thailand, from Venezuela to Ethiopia, it poisons the life of millions, hinders social progress, and makes a mockery of such basic moral principles as decency, justice and benevolence. It destroys decent human relationships, creates an atmosphere

of the law of the jungle, promotes subservience, pessimism and anxiety, leads to moral chaos and makes the functioning of society almost impossible. There are countries, however, such as the Netherlands, Denmark, Norway, Canada, Sweden, Finland, Singapore, Australia and New Zealand where corruption cannot be found to any great extent. Neither in health care nor anywhere else.

The post-Communist countries, besides all the ailments of early (and late) Capitalism, are also suffering from a moral crisis, of which one of the major causes is corruption itself. The Hungarian health care system – as an example to which I am close – is plagued with the practice of tipping, which is often nothing else but bribery, an under-the-counter payment. It has so deeply penetrated the system that no reform seems likely to succeed. There have been attempts to improve the system, which – in the light of the dramatic mortality and morbidity statistics – needs a lot of improvement, but so far all have failed, because as long as tipping exists, there is no way to push through any reform. Generally, when immoral conduct becomes a daily norm at the top of a social hierarchy, then corruption spreads and affects all aspects of life no matter how insignificant or trivial. In Hungary, it has even permeated government institutions and the civil service. The laws are disregarded, or from their creation are full of loopholes that allow excessively free manoeuvring. Daniel Callahan once wrote that “when cries of moral decline are in the air, many will immediately rush to the law to fill the vacuum”.² Here nobody seems to do that.

The real tragedy is not so much that corruption exists, but rather that the corrupt persons go unpunished, the practice continues, and eventually it is viewed as something unavoidable which people just have to learn to live with. Where corruption becomes a way of life, flexibility and adaptation to that kind of social environment come to be much more valuable than hard work, talent, diligence or achievement. In health care systems corruption takes many forms: from bribery to unnecessary intervention; from over-treatments to therapeutic nihilism; from manipulation and deception to scientific fraud; from immoral human experimentation to sexual abuse; from immoral referrals to unprincipled solidarity; from the use of government facilities for private purposes to the intimidation of colleagues who dare to speak

up against condemnable practices. Corruption can also manifest itself in abuse of the system of remuneration and in the irrational and unjust allocation of resources.

The list of immoral behaviour that may be classified under the heading of corruption could go on. Money, power and prestige are the goals in some systems. Professor Glick put it somewhat more eloquently, when he said: "... our modern Western post-Freudian world now emphasises happiness and self-fulfillment as the major personal goals. It is not surprising that in a materialistic and permissive environment in which personal satisfaction and actualisation are the highest goals, medicine, too, will attract many who want to receive from, rather than give to, the profession. They may be seeking intellectual gratification, prestige, or economic advantage, but often service is not their first priority – neither are the *patient's emotional needs*".³ Our health care system has not collapsed yet, thanks to those who have preserved some of the idealism about their profession with which they entered medical school. A number of countries around the world are in a similar situation in this respect. A physician from Bombay, for example, writes that "if the system has not crumbled totally it is because of those unsung, dedicated doctors who continue their work of healing silently and without fanfare".⁴

It is hardly a coincidence that all great physicians, including Hippocrates, were of the opinion that physicians should have a higher level of morality than blacksmiths, merchants or any "ordinary" people. They knew, and now we know too, that medicine is, indeed a moral enterprise whether it is practised in the system of slavery or market economy. It has so many humanitarian aspects that it cannot be properly fulfilled with assembly-line coolness and indifference, much less yet when the health care system, the main domain of medicine, is significantly infiltrated by the immoral conduct of the providers.

Corruption in health care has serious implications for the fate of patients as well as for the general morality of society. If it is true that health care related institutes have ethical identity (and I believe that is true), then hospitals, clinics, medical centres and the like should function as models of exemplary behaviour. In many countries in the world people generally believe in the moral superiority of physicians, who, for centuries, have loudly proclaimed: "*Salus aegroti suprema lex esto!*" ("The interest of the patients should be the highest law!") This is especially true of societies in which strong medical paternalism exists, where not even a shadow of doubt is cast on the physician, the ship's captain, who makes all decisions and is the last to leave the

sinking vessel. The captain is, thus, blindly trusted – or just simply feared. Trust in physicians, however, is well known to be a therapeutic value, and to abuse it may very well be a sin, even when the abuse is not in the classic form of corruption.

Conclusion

There can hardly be any satisfactory conclusion to this theme. Corruption is a phenomenon that most likely has – to a greater or lesser extent – accompanied medicine from its birth. One thing that makes the fight against it difficult is the continuously renewed ideologies and deceptive excuses that people interested in conserving it, come up with. A highly sensitive question that must be raised concerns what role the medical ethicist ought to play in the midst of corruption. There seem to be a few options: a. to fight against it and face the real risk of being fired, never being promoted and even being charged with undermining the patients' trust in the medical profession; b. to ignore it by concerning oneself with utterly neutral matters that do not offend the members of the establishment; c. to collaborate with the powerful in order to help to preserve the status quo; d. or to move to another field where there is much less controversy. If someone chooses to fight, then the question is, where the person is to find the necessary moral resources in a society where those individuals succeed and are considered viable, who have no scruples and are prepared to "to play the game". In my opinion, a final solution to corruption is unimaginable. Nevertheless, when it reaches the level of moral crisis, when petty corruptions culminate in major ones, then something must be done. In our circumstances, what we urgently need is primarily the strengthening of democracy, a dedicated media, much wider social control, and not least, good laws and a law-abiding citizenry.

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References

- 1 *Webster's new world dictionary* [2nd college ed]. New York: Simon and Schuster, 1982: 319 and 1065.
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- 3 Glick SM. The empathetic physician: nature and nurture. In: Spiro HM, McCrea Curnen, MG, Peschel E, St James D, eds. *Empathy and the practice of medicine*. New Haven and London: Yale University Press, 1993: 88.
- 4 Huilgol NG. Sick system. *Medical Ethics* 1994; 2,1: 13.