

EDITORIAL

Corruptionoma: How to address the malignant condition of healthcare system in India?

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Corruption in India is a pervasive predicament in the health sector, with depressing effects on health status and social welfare. The blight of corruption at the service delivery point is universally present. This not only puts a financial strain on the poor patients, who are the principal users of the public health system, but is also a major factor for the poor performance indicators (e.g., low immunization coverage, high malnutrition rates etc). The question remains: should corruption be measured by bribes alone, or should it also include the costly efforts made by citizens to influence the design or application of laws in their own self-interest? This might include contributions by interest groups to politicians, or costs incurred by citizens to evade laws.⁽¹⁾

Shouldn't corruption also include forms of political corruption, where some special groups use unusual forms of influence over policy makers to receive preferential treatments? Much information possessed by citizens helpful in evaluating government officials is not verifiable, thus cannot be used to control the behavior of officials via contractual means.⁽²⁾ Local democratic means then become the best way for citizens to evaluate the performance of officials. It is clear that problems exist at the policy or macro level as well as the service or micro level. Both must be explored and researched if a full understanding of the problem is to be realized.

Transparency International - India, commissioned the 'India Corruption study' that revealed that, within the category of health services, Eastern India was the least corrupt region of the country (2005). The North, South and West regions were perceived to have a much higher level of corruption. Nationally, the total amount of bribes

paid for basic health services in a year was estimated to be Rs. 8824 crores; this represents 42% of the total estimated bribes paid for all 11 public services. In addition, the study estimated that 3 crores of the households in the country had to pay bribes during the last one year to obtain services in government hospitals. And that says nothing about the primary care component of health care that is riddled with and by corruption as well.

The biggest killer in India today is not the mosquito, not the salmonella, staphylococcus or streptococcus bacteria, not tobacco, and certainly not the polio bacterium, despite the disproportionate amount of effort and scarce resources spent on eradicating it; it is 'corruption'. To make it sound more technical and acceptable to the medical profession perhaps we need to give it a Latin, more scientific-sounding name, like '*Corruptionoma*'.

While there can never be a defence for demanding bribes, the adverse work conditions in which public health providers function, need to be mentioned. The workload is very heavy and the availability of different categories of service providers low. In addition, necessary supplies and equipment are often not available or not functioning. The infrastructure at the Primary Health Care (PHC) centres is generally obsolete and is often unusable. This can and does lead to creating a work culture typified by low motivation and self-esteem among the public health staff. The public servants, as covered in the 'India Corruption Survey', have no incentives for better staff performance - the nature of many of the services are also not amenable to quantification of the performance quality.

Some regular happenings in healthcare system encountered are, under the table payment demanded from patients by watchman to the doctor; doctors/staff don't attend patients despite drawing salary from the Government; poor accountability of health providers due to corrupt supervisors; health department officials including staff are often more interested in recouping the cost of buying their post; irrational drug prescriptions, due to incentives from unscrupulous pharmaceutical companies; spurious and adulterated drugs proliferate because politicians/high officials protect them; drugs don't reach the intended point of use; personal use of vehicles by officials/doctors; students bribe college staff resulting in under-qualified doctors/staff taking up responsible posts; staff not paid or reimbursed for outreach work; filthy hospitals, because officials in Government hospitals know there is no accountability, seniors demand favours to move files etc.⁽³⁾ While unnecessary operations are the most blatant ethical violations, many patients also report that they were asked to pay bribes for expedited treatment or appointments with better doctors. Illiteracy and poverty make rural Indians, especially women and children the most vulnerable targets of this scenario.⁽⁴⁾

The commercialization of medical education in the form of private colleges where seats are sold through underhand transactions is another matter of concern. Private medical college empires have grown because they have managed to employ and retain medical teachers, set up arrangements with hospitals and get recognition for postgraduate courses from inspection teams. One of the key factors is because the influential political leaders have started their own medical colleges. All of this is being done as per old 'demand and supply' business rule. Just 3 years back M.D. (clinical subjects) seats were sold for around 60 lakhs. Now as media has shown, the clinical subject M.D. has gone to 1 crore 20 lakhs. M.D. (Radiology) now cost up to 3 crores. The rate of price hike beats price hikes of all other products including oil, gold and even drugs.

But all is not lost or hopeless. Some of the factors that cause the blight of corruption can be moderated through administrative measures. Supervision by village level committees (under National Rural Health Mission) and patient welfare committees in hospitals need to be adopted more widely across the country. In general, the participation of civil society, whether they be informal groups or quasi-official committees formed by local self-government institutions, are essential for ensuring quality of services on a sustained basis. The procedures involved in accessing public health services needs to be simplified - most of the intricate indicators and procedures are meaningless or incomprehensible to the users of the services as well as most of the providers and serve no real purpose.

The other mechanism for ensuring accountability of public health services is through the democratic process, i.e., elections. This is particularly relevant in the supply of public consumption goods, social services and antipoverty programs in a developing country like India, because mobility costs are high for households and workers, and residents of one region are not usually entitled to public services in other regions. Local governments are closer to citizens than central governments, and that fact may make them more accountable to ordinary people.

Corruption has been a long-standing concern in development circles. We do have a reasonable theoretical understanding of the causes and consequences of corruption through empirical research. A consensus is emerging that corruption is a serious problem, and several bodies in the international arena have begun to take policy steps to curb it. At the policy and implementation levels, however, we are still being at the stage of learning by doing. To that end, those bodies that are taking action against corruption must establish criteria to evaluate their policies and effectiveness of their program implementation. It is no longer sufficient to just report that public sector programs are not working. It is imperative to ask "why" and conduct serious/frank research.

The beginning, however, could be a well established body of credible research on the causes of corruption. In the end, efforts to curb corruption should be assessed on the basis of how effectively they are in bringing about the delivery of health services without or with less corruption. The recent move by CIPLA pharmaceuticals Ltd. not to bribe medical practitioners anymore towards pushing sale of unwarranted medicines is an excellent example of acceptance of this noble fact. Such initiatives are difficult to achieve unless the community is educated and mobilized to take an active role in demanding quality health services

as promised by the Government and the Indian constitution. The charitable contribution of the film industry and heroic drive by actor Aamir Khan, in the form television coverage 'Satyamev Jayate: health care for the poor, a dream worth dreaming' is just another feather in this cap. The time has come for India to generate the political will to seriously address the problem of corruption in the health sector and achieve the results in immunization, nutrition and reduction of preventable diseases that is long overdue and well within its capabilities.

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