

EDITORIAL

CORRUPTION IN MEDICAL PRACTICE: WHERE DO WE STAND?

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Corruption in health care sector affects all countries, including the United States, China and India. Pakistan is no exception. It is preventing people from having access to the quality medical care. Corruption in medical practice include ordering unnecessary investigations, and procedures for kickbacks and commissions; significant absenteeism, which adversely affects patient care; and the conflict of interest within the physician-pharmaceutical nexus, which exploits patients. To overcome corruption there is need to establish a framework for accountability, eliminating the physician-pharmaceutical nexus; and emphasizing medical ethics at the undergraduate and postgraduate levels. It is also important to open a dialogue amongst health care professionals and encourage the establishment of an ethical health care system in Pakistan.

Keywords: corruption, medical practice, Pharma- physician nexus, health care

The World Bank defines corruption as: “the abuse of public office for private gain; it involves the seeking or extracting of promise or receipt of a gift or any other advantage by a public servant in consideration of the performance or omission of an act, in violation of the duties required of the office”.¹ Corruption in the health setting can include: bribery of health professionals, regulators and public officials; unethical research; diversion/theft of medicines and medical supplies; fraudulent or overbilling for health services; absenteeism; informal payments; embezzlement; and corruption in health procurements.²⁻⁴ Medical corruption is a worldwide phenomenon. Transparency International United Kingdom (UK) estimates that 10–25% of spending on public procurement of health is lost through corruption.⁵ In the United States, the pharmaceutical industry has been fined billions of dollars by the US Department of Justice for illegal marketing, off-label promotion of drugs, and allegations of kickbacks.⁶ Since 2001, physicians in China had been taking bribes from multinational companies in exchange for purchasing contracts and medical prescriptions.⁷ In 2004, 3 crore households in India had to pay bribes to receive services in government hospitals; Indians pay an estimated Rupees 8824 crores in bribes for health services.⁸

Pakistan ranked 134th out of 182 countries⁹ in a comparative study of corruption. The health care sector is no exception: there is an absence of accountability, loose regulations, and poor/absence of documentation system. A countrywide survey found that among users of health care services, informal payments were made to providers with a frequency of 96%. Also, informal payments were about 70% of the half-monthly per-capita income of Pakistan.¹⁰

A former President of the College of Physicians and Surgeons Pakistan (CPSp), stated that doctors order unnecessary and expensive investigations and receive commissions from laboratories and Computerized Tomography (CT) scan machine owners.¹¹ One neurophysician bribed emergency room

physicians and ambulance drivers of a tertiary care hospital in Islamabad to send patients to his private CT scan centre. Patients with mere complaints of headaches were sent for CT scans.¹² Most of the medical practitioners own pharmacies and laboratories in their private clinics, ordering investigations which are usually unnecessary and prescribe medicines which are available only in those particular pharmacies (personal communication).

Generally there is lack of record keeping and documentation in health care system, which leads to lack of a paper trail and subsequently makes it difficult to pursue malpractice cases in Pakistan.¹³ Absenteeism is another significant issue with doctors in Pakistan. One study found that almost 38% of male doctors and 44% of female doctors are not performing their responsibilities.¹⁴ less-competent employees may substitute for the absent doctors. This system continues because the hospital administration was lax in handling their staff, duties, and responsibilities.¹³ Although doctors are involved in medical corruption, pharmaceutical companies are also involved in taking advantage of the sick patients. Drug companies aggressively market drugs¹⁵ and physicians prescribe medication with bias¹⁶ Anecdotal reports indicate that pharmaceutical industry provides doctors with cars, wedding receptions, land¹⁷, foreign trips, and even trips for *Umrah (pilgrimage)* and even, domestic cattle are an incentive for some doctor to prescribe some medicines.

The physician-pharmaceutical nexus takes advantage of patients. For instance, a group of doctors of an institute in a big city asks patients to buy unnecessary medicines from private pharmacies for up to Rs 5,000. Many of these medicines are available for free at the hospital pharmacy. The increased drug sales provides doctors with commissions and other benefits.¹⁸

In surveys, most doctors say that their exchanges with drug company sales representatives are educational and professionally appropriate.^{19,20} However, they also admit that such interactions offer

biased information and can compromise objectivity.^{21–25} In fact, considerable evidence shows that gifts of any value strongly influence the behaviour of the recipient.²⁶

Ideally, to eliminate the conflict of interest physicians have to control their own behaviour when they engage with pharmaceutical companies. Khan MM, a Professor of Psychiatry at Aga Khan University, shared his view on why he didn't attend a seminar sponsored by a pharmaceutical company in a five-star hotel in Pakistan, because he believes that all interactions between physicians and pharmaceutical companies are unethical.²⁷ There is urgent need to eliminate corrupt medical practices and the possible way out could be establishment of frameworks for accountability, which is one of the requirements of The Lancet Series about Pakistan.²⁸ Second, corruption in the pharmaceutical industry and in the physician-pharmaceutical nexus which is an unholy alliance against patient's interest, must be eliminated through strong regulations in place. This is being pursued by a World Health Organization program entitled "Good Governance for Medicine" (GGM).²⁹ Third, and most important step is strong emphasis on making medical ethics and behavioural science an essential component of medical curriculum at undergraduate and postgraduate level so that doctors develop a sense of putting the patient's interest first.

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