Pediatr Blood Cancer

COMMENTARY
Effect of Corruption on Medical Care in Low-Income Countries

Saskia Mostert, MD, PhD,[1]* Mei N. Sitaresmi, MD, PhD,[2] Festus Njuguna, MD,[3]
Eduard J. van Beers, MD, PhD,[4] and Gertjan J.L. Kaspers, MD, PhD[1]

More than 80% of the world population lives in low-income countries. One of the major problems facing low-income countries is corruption. Corruption can be defined as abuse of trust and intentional violation of duty, motivated by gaining personal advantage, from a party in need of a decision or service by a public servant [1]. In many low-income nations, corruption exists at all levels and affects entire society. It is public knowledge that not only government, politics, courts, police, immigration, business, and universities, but also public hospitals can be affected by this phenomenon [1–4]. It is not our intention to imply that corruption is a bigger problem within medicine or pediatric oncology, than it is within other fields. Although corruption also occurs in high-income countries, children in these nations usually have full access to pediatric oncology services [2]. Therefore, we will focus on the effect of corruption on pediatric oncology care in low-income countries. To comprehend the problem of corruption in pediatric oncology, one initially needs to understand the nature of corruption in general.

Three types of corruption can be distinguished: (i) Bribery, illegal demand of extra money for public services; (ii) Extortion, ordering gifts, and favors for public duties or using funds for private purposes; (iii) Nepotism, assignment of family or friends to civil services regardless of their capacities and effects on public welfare. In corruption, the common welfare is deliberately subordinated to personal welfare. Corruption is usually surrounded by secrecy, betrayal of trust, deception, suppression, exploitation, inequality, and disregard for consequences suffered by civilians. Corruptors influence definite decisions and camouflage their transactions by some kind of justification. In many low-income nations, both an official and unofficial procedure exists for almost every activity of government-institutions [1–3].

Corruption in medicine includes: (i) Health ministers and hospital administrators, who distort health policy, by demanding bribes and depleting health budgets or funds that should be used to construct clinics, buy medication or engage personnel; to (ii) Medical suppliers who offer bribes; and (iii) Doctors, nurses, and other health-care providers insisting on bribes from patients in public hospitals to supplement low government salaries [2].

Characteristics making medicine and pediatric oncology vulnerable to corruption are: (i) Imbalance of information: Health-care providers have more knowledge about diseases than patients. Pharmaceutical and medical device companies obtain more information about their goods than officials responsible for spending decisions; (ii) Uncertainty in health outcome: Not knowing in low-income countries which treatments are effective, which children or types of diseases have the best chances of survival, makes it difficult to allocate scarce resources, select patients or diseases, and design health insurance plans; (iii) Complexity and opaqueness of health systems: The large number of policy makers, suppliers, and health professionals complicates the generation and analysis of information, promotion of transparency, and detection and prevention of corruption [2].

Corruption in pediatric oncology has serious consequences and might mean the difference between life and death. Table I illustrates three types of participants in corruption and the effects on pediatric oncology care. The conduct of corruptors in pediatric oncology is characterized by dualism. When an oncologist has to be bribed to make him perform his job, the act is a function of both his profession and his self-interest. Duty and responsibility are violated. Corruption in pediatric oncology may involve more than one individual. A network of health-care providers can collaborate and share profits. So not only oncologists prescribing drugs, but also pharmacists and billing clerks can conspire and profit.

It is important to realize that the poor are disproportionately harmed by corruption, because they can less afford bribes or private alternatives. Vulnerability of the poor should be understood in terms of powerlessness rather than simply lacking basic means. Power and powerlessness determine access to aid. Those who lack power cannot safeguard their rights. Public health services are used by health-care providers to neglect, exclude, or exploit the powerless. We conclude that the problem of corruption in pediatric oncology in low-income countries deprives childhood cancer patients of access to medical care, contributes to the high rates of abandonment of treatment, and leads to lower chances of survival [1–5].

Potential measures that could reduce corruption in medicine and pediatric oncology are: (i) Install structured parental education programs in which parents and patients are actively informed about the disease, treatment and their rights. This measure will empower the position of parents and children; (ii) Promotion of transparency monitoring procedures: Governments and medical authorities should publish their health budgets and performance on the internet. Independent audits must take place in government departments, hospitals, and health insurance companies; (iii) Introduction of institutional and individual codes of conduct: Continuous training of anti-corruption awareness and behavior is imperative for health-care providers, pharmacists, administrators, regulators, pharmaceutical, and medical device companies. An independent body should enforce sanctions if required; (iv) Protection of whistleblowers: should be guaranteed

[1]Department of Pediatric Oncology-Hematology, VU University Medical Center, Amsterdam, The Netherlands; [2]Department of Pediatrics, Dr Sardjito Hospital, Yogyakarta, Indonesia; [3]Department of Pediatrics, Moi Teaching and Referral Hospital, Eldoret, Kenya; [4]Medicine for Acute Lymphoblastic Leukemia Foundation, Amsterdam, The Netherlands

*Correspondence to: Saskia Mostert, MD, PhD, Department of Pediatrics, VU University Medical Center, Amsterdam, The Netherlands. E-mail: s.mostert@vumc.nl

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TABLE I. Participant Types, Roles, and Examples of Corruption and Their Effects on Pediatric Oncology Care

Types of participants	Roles	Examples	Effects on pediatric oncology care
Corruptor	Perpetrator of corrupt act.	Doctors, nurses, pharmacists, and hospital administrators demanding bribes from patients. Doctors, receiving government salaries to staff public hospitals, work in private practices where they make more money. Doctors improperly refer public hospital patients to their private practices and perform unnecessary medical interventions to maximize fee revenue. Afterwards these private patients receive preferential treatment in public hospitals, forcing the poor to wait.	Health-care providers grow rich at expense of poor cancer patients. Poor cancer patients in public hospitals who cannot afford bribes or private practices are denied medical care of health-care providers in public hospitals. Climate of social injustice in public hospitals: poor and powerless patients are exploited and feel unsafe.
Partner in corruption	Person who deliberately offers bribes to receive favored treatment and thereby harms rights of others.	Pharmaceutical and medical device companies bribing doctors to only prescribe their expensive drugs or medical devices. Doctors subsequently do not offer patients alternative and cheaper options.	Health-care providers and their partners grow rich at expense of poor cancer patients. Poor cancer patients receive no treatment, because they cannot afford the expensive drugs or medical devices.
Victim of corruption	Individual who unwillingly bribes an official to receive a right. Injustice is only done to this individual and not toward other people.	Families are afraid of doctors, nurses, pharmacists, and hospital administrators insisting on bribes for taking care of their children.	Bad reputation of public hospitals, due to corruption and exploitation of the poor, causes delay in health-seeking behavior. Cancer patients come with advanced stages of disease and have poorer prognosis. Dislike and distrust of health-care providers diminishes adherence to treatment and evolves in poor health outcomes. Inadequate access to medical care and medicines for poor cancer patients results in abandonment of treatment and low survival rates.

by governments and pharmaceutical companies; (v) Curtailment of incentives for corruption: In low-income countries health-care providers in public hospitals receive low government salaries, not consistent with their educational background, skills, and training. Governments should pay health-care providers in public hospitals suitable wages and monitor payment mechanisms to affirm that treatment is determined by patient need and not by opportunities for profit; (vi) Conflict of interest rules for behavior of doctors and health departments with pharmaceutical and medical device companies need to be defined, monitored, and enforced by medical licensing authorities; (vii) Stringent prosecution: Independent anti-corruption agencies, detecting corruption and promoting preventative measures, must be supported by independent courts [2,6].

Within the international pediatric oncology community, not only health-care providers, but also medical scientific journals have been reluctant to address corruption due to lack of hard evidence. However, the nature of corruption implies that sufficient hard evidence may be difficult to obtain. The problem of corruption in medicine particularly harms poor patients in low-income countries. These patients and families deserve a proper discussion of the problem of corruption. One cannot change what is not acknowledged.

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