Corruption in a Public Health Service as a Social and Legal Phenomenon: the Current State and Ways of Solutions

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Abstract—The paper considers one of the most important problems of our time – corruption in a healthcare sphere. To reveal the essence of a corruption process in public health care, the issues of the concept corruption are analyzed, and a definition of corruption in public health care is formulated. The considered types and kinds of corruption, the analyzed reasons and conditions giving rise to corruption, allow us to give a theoretical understanding of the scale of the destructive force of the impact of corruption on a contemporary system of providing medical care to the population. The assessment of the real state of corruption in a healthcare system, as well as the analysis of the sociological survey data, aimed at examining an opinion of the health care professionals on the issue under consideration, and the level of their legal awareness, make it possible to identify circumstances that make it difficult to investigate corruption crimes committed in a healthcare sector and make suggestions on the improvement of anti-corruption measures in this system. The research is based on a dialectical method that will allow us to consider the issue under study in a historical retrospective.

Keywords—corruption, health, law, health care, corruption in Russia.

I. INTRODUCTION

Today in Russia a fight against corruption is one of the priority areas of domestic policy. This is due to a consistently high level of corruption that permeates all spheres of the society. According to the International Non-governmental Organization Transparency International, Russia has gained 29 points out of 100 in the CPI for the third year in a row being on the list of the most corrupt countries in the world, taking positions next to the Dominican Republic, Honduras, Kyrgyzstan, Laos, Mexico, Papua New Guinea and Paraguay [1].

Health care is no exception. On September 22, 2017 All-Russian Center for the Study of Public Opinion presented survey data on the study of the attitude of Russians to health professionals. According to them, trust in health officers has decreased in the past few years, the status and profitability of the profession also began to be assessed lower than before [2].

On March 5, 2018 the Committee of Civil Initiatives presented a report by Alexei Levinson, the head of Social and Cultural Research Department "Levada Center", "Formal and informal relations in health and education systems". According to the study, Russian citizens consider medical facilities to be the most corrupt among other state institutions [3].

In the collective consciousness health occupies an important place in the hierarchy of goods, and a medical profession evokes associations of unselfishness and mercy. Therefore, bribes, extortion and other corruption-related abuses in health care cause the most acute reaction among the population.

To disclose the essence of corruption in medical care, it is necessary to clarify the issues of the concept “corruption”. After all, like any complex phenomenon corruption lacks a unified scientific definition explaining the diversity of approaches to its interpretation.

Analyzing the notion "corruption", we have to turn to the history of our state. The emergence of Russian statehood occurred under difficult conditions. The Mongol-Tatar conquests of north-eastern and north-western lands led to a new system of distribution of power. Obtaining a document granting a power to rule depended on the location of the Golden Horde khans. A chance of a favourable decision of the request depended on the cost and number of gifts and money a prince could bring to the Horde [4].

Going deeper into the history of Russian state bodies and government, we will see that a well-known system of “feeding” that existed in the XII-XVI centuries is based on banal bribery [5].

All this led to the fact that "gifts and other forms of remuneration to physicians, school teachers, university professors,
employees of other institutions and organizations that perform labor functions, still receiving a salary and other legal payments, actually acquired the status of a custom but not an offense in social perception.”[6]. Today a lot of people consider it as normal to bribe officials or pay them back for solving their problems. [7].

In the Federal Law No. 273-FL of December 25, 2008 “On Combating Corruption” [8], a physical person using his/her official position, being a civil servant or a representative of a non-state sector of the economy, is considered a source of danger for the society and state. The designated definition of a legislator for the concept “corruption” given through a system of corruption crimes (articles 290, 291, 291.1, 159, 160, 204, 292, 304 of the Criminal Code) narrows its treatment to criminal behavior of a person, limiting a great number of corruption manifestations in the society.

However, despite the existence of a legislative interpretation of the concept “corruption”, in Russian science there are currently two basic approaches to the definition of its nature: narrow and broad.

Within the narrow approach, corruption is identified with the most typical forms of its manifestation, such as bribery, paying off and corruption.

According to A.I. Dolgova, corruption is characterized by bribery: when one entity, occupying a certain official position and endowed with certain powers, is bribed by another entity to use his/her relevant official position and powers in the interests of the bribe-taker [9].

Thus, it implies the existence of a “corruption link” in the form of a bilateral deal between a corrupter and a corrupt official.

Within a broad approach to the understanding of corruption, the authors [10] express a view that corruption is identical to all known types of malfeasance and is expressed in the abuse of power by the entities of public administration for personal purposes.

A diversity of approaches to determining the nature of corruption is due to a dual nature of this phenomenon: corruption has a social origin and legal characteristics [11].

Having analyzed all of the above definitions, it is possible to formulate general signs of corruption as a negative social and legal phenomenon:

- damage to the authority of public power and disintegration of public values;
- deformation of a management system of government bodies and non-state structures;
- activities of special entities that have power and have a vested interest in obtaining personal benefits;
- improvement of the forms of abuse of their official position by such entities contrary to the interests of the society and state.

Corruption in healthcare is first and foremost a negative social and legal phenomenon, that manifests itself in the use of official powers by medical personnel for the purpose of obtaining material and non-material benefits and advantages, as well as in unlawful providing these benefits to individuals or legal entities that has caused or is able to cause a significant harm to the social and state interests in a public health protection sphere, as well as to destroy normal social relations in the implementation of rights of citizens to receive health and medical care [12].

International experts subdivide corruption in health care into the following types: waste of money, corruption in public procurement [13], corruption associated with payment systems [14], corruption in the provision of medicines, corruption in medical institutions.

The main reasons for corruption in health care include:

- political reasons, connected with insufficient level of state control of medical institutions and low level of medical personnel training;
- legal reasons, characterizing the imperfection of a regulatory and legal framework in health care and incomplete information of citizens about the services under a mandatory medical insurance system;
- economic reasons which are related, first of all, to the low salaries of medical staff;
- moral and individual reasons [15].

Corruption in domestic health care can be divided into two levels: a level of administration and a level of medical professionals (physicians) [16].

Firstly, corruption in public procurement refers to the first level [17]. The heads of medical facilities often buy equipment or medicines not for specific needs of a facility but proceeding from their personal agreements with the suppliers.

The following manifestations can be called corrupt as well:

- embezzlement (for example, by adding extra posts to the staff) and the plunder of the already insufficient funds allocated by the state, or income received from patients’ payments [18];
- juggling data on the results of clinical trials of medicines;
- bribing the officers of controlling bodies;
- misuse of budgetary funds (for example, the salaries must be paid from one fund, but paid from another, the one from which smaller contributions are made to the state, as a result, part of the saved money goes to the party concerned);
- exposure of inflated accounts to insurance companies;
- keeping a record of fictitious patients [19].

The most common manifestation of corruption in the “physician-patient” link are bribes for:

- obtaining a sick leave;
- for a quality surgery (i.e. with an individual approach, when a patient is guaranteed high-quality pre- and post-operative care, the application of the best medication, sutures, dressings);
The authors of the present paper in March 2018 conducted a survey of the physicians working in Komsomolsk-on-Amur, Russia, regarding the state of corruption in health care. The personnel of public health facilities, as well as private dental centers became respondents of the survey. Out of all the physicians surveyed, 19.4% had the highest level, 38.0% had the first level, 26.7% - the second level, 15.9% had no level.

As a result of the study we obtained the following results.

When asked what is a corruption crime, 94% of medical professionals in Komsomolsk-on-Amur believe that it is an inadmissible phenomenon; according to 4% - this is a negative, incidental phenomenon, but admissible within certain limits; 2% - recognized corruption in the health care system as a regular phenomenon, which should not be fought at all.

Thus, practically all the interviewed health professionals basically understand the essence of the term "corruption crime" correctly and regard this social and legal phenomenon as negative and unacceptable.

To determine the reasons for this illegal behavior, the respondents were asked to "state the causes of corruption in the health care system." As a result of the responses, the following data were received: 50% of the respondents indicated the economic instability in the country as the main reason; 20% - low pay; 24% - low morality and greed; 6% - objective impotence of laws.

From the data given, it can be concluded that the causes of corruption must be sought in economic relations. The budget expenses are being reduced. The increase in salaries is insignificant, and expenditures are rising due to the rise in inflation.

The search for additional sources of income, in our case illegal, within the framework of professional activity, is due, in the opinion of the respondents (24%), to low morality and thirst for profit.

Next, we tried to identify how respondents assess the real state of corruption in health care.

In the course of the current sociological survey, the following answers were received: 72% of the respondents answered that such crimes were very few; 16% - believe that most employees actually commit official crimes; 12% - were at a loss to answer.

The received data are disturbing. The results of the survey revealed 16% of the respondents really believing that the majority of health workers receive unofficial monetary rewards and other gifts. It appears that there is a category of medical professionals who have a negative opinion about their colleagues.

The data obtained can also be explained by the fact that mass media provide more and more information on the cases of law violation among the higher ranks in healthcare. It is known that the media are one of the sources of public opinion formation. It is quite possible that the findings can be explained from this position.

To study a level of legal awareness of medical officers we asked them questions concerning their proficiency in regulatory legal acts.

The question of the questionnaire "Are you familiar with the Federal Law "On Combating Corruption" of December 25, 2008, No. 273-FZ?" was given a negative answer by most of the respondents.

The responds to the question "What kind of legal liability of a physician are you familiar with?" showed the following results. Out of the listed types of medical legal responsibility, 80% of the respondents are familiar with disciplinary liability, Civil and criminal responsibility were indicated by only 20% and 10% of the respondents, respectively.

The results of the sociological research demonstrated a rather low level of legal awareness of medical officers and their neglect of the provisions of legislation directly regulating the legal status of a physician.

II. CONCLUSION

Thus, actual results in countering corruption is a difficult task that only a strong state and a healthy society sets itself. But to implement an anti-corruption policy, the state needs strengthening of various social groups, cooperation of scientists and practitioners, politicians and members of the public. We must continuously search for increasingly effective anti-corruption measures and their introduction into social life.

The activities aimed at eradicating corruption should be carried out both at the federal, regional and local levels, and directly in medical facilities.

They are as follows:
- updating legislation in this area;
- continual familiarizing the clients of medical institutions with their rights and duties, the current legislation, reporting about the scope of medical services that are provided free of charge;
- introducing a system of incentives for conscientious implementation of the duties, providing reliable information about free services to patients, active participation in anti-corruption activities;
- improving a remuneration system for medical practitioners, increasing the prestige of their profession;
- promoting anti-corruption views at the initial stage of medical training;
- constant analysis of the causes and conditions provoking corruption crimes;
- heavier penalties for corruption crimes.

In our opinion the most relevant are the issues of low salaries of physicians and low information of the population about the list of services provided by the compulsory medical insurance system.

REFERENCES