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Original Research

Administrative corruption in oncology units of developing countries: Overview, its impact and possible methods to curb it

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ABSTRACT

Corruption has penetrated everyday life of people living in developing world. Financial mismanagement in health sector has direct impact on lives of all the stakeholders. Irregularities in health-care are responsible for poorer outcome, increased complications, more disabilities, unattained health-outcome targets, inferior health status and lower quality of life (QoL). All the parties involved directly or indirectly in health-care delivery can abuse power for private gain. Literature has covered comprehensively about the corrupt practices involving individual health-care professionals (HCPs). Corruption of individuals cannot exist in the absence of corrupt bosses. However, corruption involving top bureaucratic echelons are rarely discussed in most of the published series. Policies, decisions and misdeeds of top bosses in medicine drastically affect health care system of the community. Hence, elaboration of administrative corruption of top officials becomes necessary. In the present paper, we have analyzed the existing corruption in public sector oncology centres in India and probable remedial measures to curb these mismanagement of higher officials of cancer institute of developing nations.

Introduction

Transparency international defines corruption as "the abuse of entrusted power for private gain, including everything from grand larceny to petty bribery." Corruption permeates virtually all the sphere of humans living across the globe. Corruption in health care is almost always the part of general corruption in society, its attitude and culture and usually do not exist as an isolated entity. Health care corruption is unique in that it has direct bearing on human life. Corruption in health-care can directly take toll of human life, increases morbidity and medical complications, cause inhumane suffering in the times of pinnacle of achievements of modern medicine, create inhumane and unimaginably filthy conditions of health-care delivery especially in resource-constrained developing countries. Existence of Corruption in health care of poor nations can make difference between life saved from medical condition or unnecessary loss of lives, permanent loss of QoL, disabilities and irreversible loss of vocational abilities of millions of citizens. New initiatives to better the delivery of health services by decentralization both at hospital- and community-level are not executed for the fear of possible corruption in developing countries. Impacts of executed initiatives may not be accurately measurable due to corruption and corruption affects the ability of system to correctly assess the indices. To summarize, corruption undermines the fundamental rights to life enshrined in constitution of these countries [1].

Size of the traditional economies of developing countries, poor resource allocation for health care in budgets expressed as percentage of gross domestic product (GDP), lack of comprehensive health-care planning, improper implementation of health programmes and deficit of health forecast institution in these nations are responsible for lower health-care coverage and poor quality health-care services. Unprecedented advancement and development of diagnostics and therapeutics in medicine are continuously increasing the cost of health-care. Adoption of latest management guidelines, technologically novel equipment, lack of comparative effectiveness research, overlooking of actual expectations, perception, priorities and health-care needs of people of developing countries by elitist HCPs have exponentially increased the cost of health-care with only marginal impact on end points, satisfaction and QoL in developing countries. Relevant and appropriate best practices, techniques and technology may be discarded in developing countries only because of need to introduce new technology that may still be in the phase of assessment. Peer pressure, pressure to project as centre with state-of-art facility, an urge for advertising as centre with latest and superior technology may yet be other reasons for decommissioning older equipments, discouraging time-tested clinical practices in resource-poor countries.

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Many of functioning equipment, both old and advanced, may be condemned and are replace with latest version of same equipment with assurance of better efficiency despite the absence of real and promised benefit of new equipment. Decommissioning and replace (that crosses the stipulated time limit by months or years) happens, many-a-times, without sufficiently advance notice to treating physicians, patients and technologists. Advanced technologies are capital and labor-intensive and limited financial outlay means most of the resources are diverted to create only a handful of oasis of medical technological park at the cost of equitable distribution of cost-effective, relevant and appropriate technology. Although advanced, interests of top officials results in procurement of older version of new technology. Many of new machines and their latest accessories do not reach the treating units despite being paid for. In addition to knowledge gap, this practice is counter-productive as it hinders capacity of researchers, scholars and academicians of developing countries to investigate upon novel research topics and ideas, to produce novel research papers, generate new research questions and solutions, to build knowledge base and to develop/advance existing clinical protocols. Out-dated, irrelevant, inappropriate technology, equipments and consumables and drugs nearing expiry date are responsible for discarding these items unused, development of local management guidelines masquerading as novel, more-appropriate and more-effective patient-management regime, building pressure upon sub-ordinates to use them for the purpose of exhausting the stock in sub-optimal, un-indicated, un-necessary and sometimes in contraindicated medical conditions. These practices not only causes loss to exchequer but also leads to poor medical outcome of those treated under these protocols and procedures. Instead of implementing minor corrections at grass-root level of health-care delivery, that may drastically change the course of health-care of communities, conflicting interest of top officials results invariably in eyeing for and procuring high-end expensive technology and techniques that may have little impact on health-care of population as a whole. Factors and disadvantages inherent to less developed regions of the world along with corruption form a lethal combination to prevent access of large majority of poor cancer patients to cancer centres in emerging economies [2–5].

In disordered public sector hospitals, corruption exists in various forms. Accepting money by HCPs from patients for the services which they are suppose to get for free, procuring of unnecessary, outdated equipments or favourism and nepotism in procurement, bypassing of tender process to procure supplies at competitive market prices or just creating vouchers and bills for machines, drugs and other supplies that were never delivered. Corruption by lesser individuals in health-care like doctors, paramedical and other supportive staff has been covered in detail by renowned academicians and scientists in many of the reputed medical and social sciences journals. Many of guidelines, regulatory mechanisms, legal recourse, administrative reforms and amendments have been possible as a consequence of observations and experience of these stalwart writers. However, corrupt practices involving top echelons of medical services are virtually non-existent in academic medical literature and aim of our report is to garner attention of policy-makers and patient advocacy group towards the existence of top-level corruption and to devise ways and means to curb the same [4–8].

Corruption of top bosses of administration is a rarely discussed subject because of varied reasons. They are as follows: direct and indirect harassment of whistle-blower by their bosses, social ostracism, chances of prosecution and punishment by imposing official secrecy act and memorandum warning of disciplinary action against those speaking to media and bypassing proper channel to higher-ups. However, with the introduction of right to information (RTI) act to access administrative information by common man, liberalization of media, increased awareness, education and employment opportunity, expression of solidarity by occasional mass leaders for the cause of corruption, social movement against corruption in some of the developing countries, sensitization of intellectuals and general public by international organization like Transparency International are few of the factors leading to exposure of financial mismanagement of top bureaucratic officials of the developing countries [1]. Non-residents, people of particular country's origin with citizenship in one of the developed countries can fearless report about corruption in their home countries [6]. In the absence of statutory sanctions like RTI act of parliament, it was most comfortable and facile for bureaucrats to blame politicians for all the chaos of developing countries in yesteryears. Some of these entities mentioned above may still be abused by corrupt, they many, nevertheless, be significant in bringing wrong-doers to books.

This report focuses on corruption of top echelons in public cancer centres in India, its impact on day-to-day functioning of cancer centres and possible ways to check corruption of top officials in health sector of developing countries.

Importance of corruption of top echelons in cancer centres in developing countries

Policy decisions and subsequent impact of policy on health-care of community are mostly dependent on transparency, accountability and good governance of top officials. Large majority of people in emerging economies are poor, un-insured, cannot afford even the basic health care services and are dependent on public funds for relief from their ailments. Politicians in orders to fulfil their electoral promises, based on recommendations of various committees and organization and being aware of voting powers of people, would favor policies, programs and decisions that may directly impact lives of common people. However, finer details of allocating resources would still be vested in the hands of technically qualified, specialized and expert bureaucrats, officials and staff of cancer centres. Experts and staff would not have a say in decision making unless they are called to do so by executives. Top officials in cancer centres are vested with powers to utilize the allotted resources to optimize patient-care, education and research. Nevertheless, absolute powers to handle the resources, vacuum in regulatory framework, existence of grey areas in institutional operational guidelines and protocols, lack of transparency and accountability, absence of indices and indicators to measure the performance, change over and above the baseline in functioning of all the sphere of both day-to-day and specialized activities of institutions, deficient metrics to assess the standard of infrastructure, delivery of health-care, quality of students and research in hospitals of developing countries provides both nerves for and impunity from indulging in corruption and corrupt practices of varying quantum and nature [9,10].

Why is there a need to discuss about corruption of top echelons in oncology units?

Delivery of quality patient-care, developing and fostering research culture, training highly educated and skilled man-power, health-care system maintenance, development of new units, facilities, innovations, expansion of existing facilities and extension of coverage of services are all dependent solely on the bureaucratic leadership of specialist doctors, his/her ability to build and work in team, excellent communication skills and possession of core qualities of honesty, integrity, accountability and transparency. Once the integrity of leaders of cancer centres come under scanner, the whole system starts to tremble. Morale of staff and students starts to decline in the absence of prompt investigation and disciplinary action against the top officials of the institutes. Corruption