Governance in health sectors: interests, corruption, sanctions – and a better prospect?

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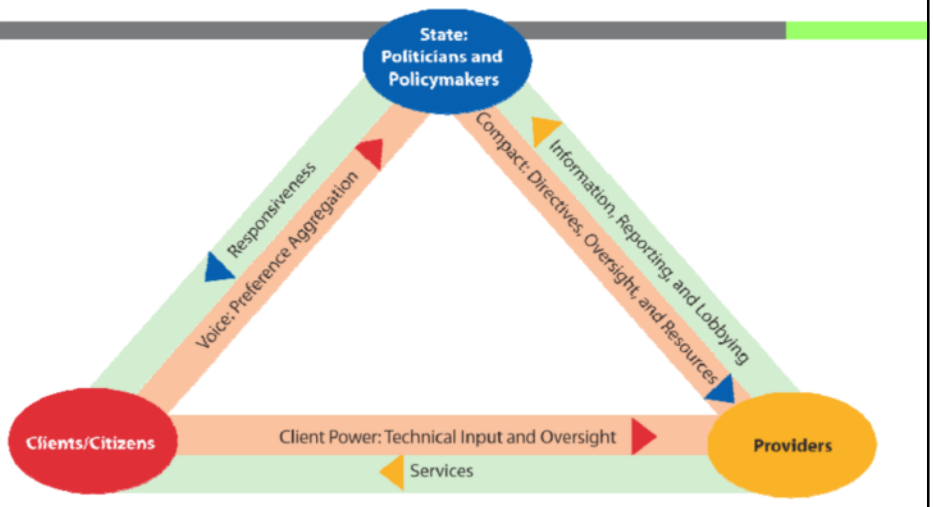
Points to be raised

- Concept of health governance;
- “Good health governance”;
- State as the actor;
- Providers’ (health professionals”) position;
- Problem of corruption in health sector;
- “Polish approach” to corruption – and consequences;
- Epilogue;

Health governance model



Relationships from the state to providers**"compact.„**

HealthSystems 20/20, USAID

- Policymakers...
  - specify objectives, procedures, and standards;
  - provide resources and support;
  - exercise oversight relative to providers;
- the compact is the sum of the rules that determine the roles and responsibilities of the actors;
- in exchange for the resources, providers carry out the agreed upon desires and directives of the policymakers;

Good health governance

- rationalizes the role of government;
- reduces government's dominance;
- shares government's roles with non-state actors;
- empowers citizens, civil society, and the private sector to assume new health related roles and responsibilities;
- creates synergies between government and non-governmental actors.

State: Politicians and Policymakers

- Health ministry
- Health and social insurance agencies
- Public procurement and distribution agencies for pharmaceuticals, medical supplies, and equipment
- Parliaments and parliamentary committees
- Elected officials (national and subnational)
- Decentralized units of government
- Regulatory bodies
- Finance ministry
- Anticorruption agencies
- Audit agencies
- Law enforcement agencies
- Courts
- Public employee unions

Results of an Online Survey, Aug 1, 2008

- **What Do Health Professionals Think About Good Governance Practices?**
- The survey posed a set of good practices related to health governance, and asked respondents to indicate whether their experience confirmed or disconfirmed those practices.
- 119 respondents from Africa, Latin America/Caribbean, Asia, North America, Middle East/North Africa.

- There are government, voluntary, and private organizations that oversee the way provider organizations follow protocols, standards, and codes of conduct in regard to medical malpractice, unfair pricing practices, discrimination against clients, etc. –
- 35.6% confirmed – 41.6% disconfirmed
- There are government and private organizations to help providers, clients, and other concerned stakeholders when regulations, protocols, standards, and/or codes of conduct are not complied with. –
- 24.8% confirmed – 43.6% disconfirmed

Providers' position

- the medical profession is given great latitude in most countries to police itself in return for assuming professional responsibility to act in the best interests of patients
- health care providers have less oversight than many other individuals and consequently more opportunity to conceal unethical behaviour.
- however, providers may be beneficiaries of corruption, insofar as they personally receive part or all of the resources that have been designated for other legitimate purposes.

Transparency International Report 2006, Williams J.R. Fighting corruption: the role of the medical profession

WMA Declaration on Professional Autonomy and Clinical Independence

Seoul October 2008

- The World Medical Association reaffirms the importance of professional autonomy and clinical independence not only as an essential component of high quality medical care and therefore a benefit to the patient that must be preserved, but also as an essential principle of medical professionalism.
- The World Medical Association therefore re-dedicates itself to maintaining and assuring the continuation of professional autonomy and clinical independence in the care of patients.

Corruption among publicly employed health providers

- abusing public sector job by referring patients to parallel private practice
- using public facilities and supplies to serve private patients
- defrauding the public sector by accepting a full salary while absenting to provide
- private consultations elsewhere
- stealing drugs and medical supplies for resale or use in other places,
- soliciting bribes from patients for services that are supposed to be free.

Transparency International Report 2006 , Savedoff W.D., Hussman K. Why are health systems prone to corruption?,

- Although practices of corruption are generally illegal, they may be excused in many countries by people who see them as acceptable strategies for coping with low pay and poor working conditions.

The WMA Statement Concerning the Relationship between Physicians and Commercial Enterprises, Tokyo 2004

- conflicts of interest between commercial enterprises and physicians occur that can affect the care of patients and the reputation of the medical profession.
- the duty of the physician is to objectively evaluate what is best for the patient, while commercial enterprises are expected to bring profit to owners by selling their own products and competing for customers.

The WMA Statement Concerning the Relationship between Physicians and Commercial Enterprises, Tokyo 2004

- Medical conferences (cautions recommended)
- Gifts
  - the gift is only of nominal value.
  - the gift is not in cash.
  - the gift, even one of nominal value, is not connected to any stipulation that the physician prescribes a certain medication, uses certain instruments or materials or refers patients to a certain facility.
- Research (in legal frames)

The political programme 2005 – 2007

- The state should be strong (almost omnipotent) :
  - influencing ideological landscape (control of historic memory),
  - playing an important role in economics (only limited privatisation),
  - rather monolithic and conservative (catholic) in social mores,
  - malevolent to elites (they can revolt),
  - imposing obedience also by coercion and fear,
  - mostly oppressive (some believed: totalitarian);
- Summarizing: the catchphrase of „moral revolution”;
- The followers of this programme won Parliamentary election in 2005;

developments

- 12 February 2007: Dr G. arrested (in hand-cuffs), state run TV presented the whole operation;
- 14 February 2007: press conference by the Minister of Justice, broadcast: dr. G accused publicly of murder „no-one will be killed by this man, ever”) and corruption;
- Minister of Health: „maybe it was not a murder, but I had discouraged the hospital director to employ dr.G”;
- Intensive investigation: former patients encouraged to testify against dr.G (18/41 charges proved by volunteers);
- Investigations against patients who (allegedly) bribed dr.G

developments

- 7 May 2007: the Court decides on dr. G.:
  - acquitted of the charge of murder
  - released from custody (the bail 350 000 PLN)
- 8 May 2007, press conference by the Minister of Justice:
  - extremely strong evidence collected;
  - decline in number of transplant caused by „pathologies in health sector";
- Patients mobilise themselves to support dr.G (they express gratitude for saving life) – a sort of social movement;
- 4 March 2008: Helsinki Foundation: „an unacceptable affair"
- 29 November 2008: the penal suit begins;
- 9 December 2008: the civil Court: the former Minister of Justice must apology dr.G for false accusation;

Number of donors

Type of donors	2001	2002	2003	2004	2005	2006	2007	2008
Reported (possible) donors	539	593	649	696	669	604	466	539
Consented donors	85%	83%	83%	82%	84%	83%	78%	82%
Utilized donors	81%	81%	79%	79%	82%	81%	75%	78%

Takings of hearts

	2001	2002	2003	2004	2005	2006	2007	2008
Number	450	490	525	562	556	496	352	427
Per 1 million	11.6	12.7	13.7	14.7	14.5	13.0	9.2	11.2
Hearts	130	111	123	106	96	98	64	63

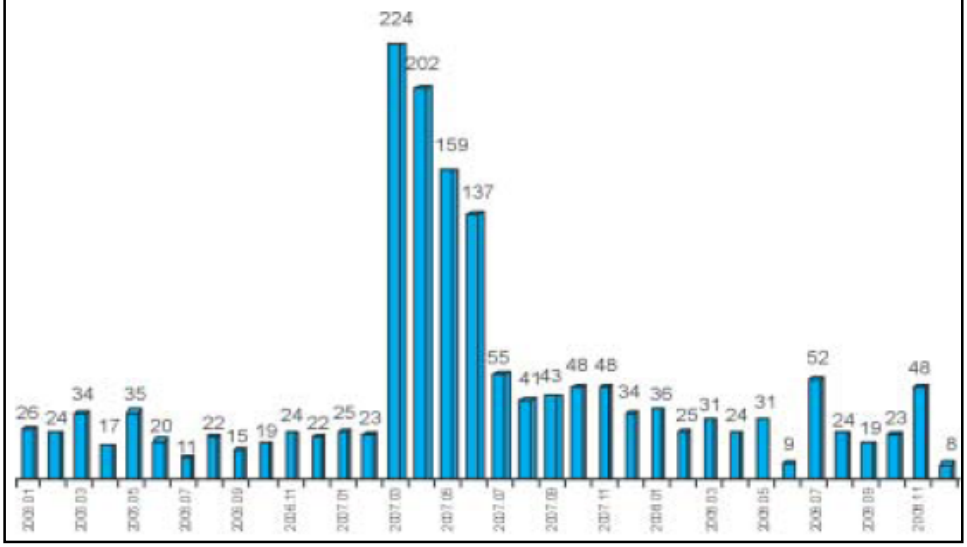
Heart transplants (number)

Location	2001	2002	2003	2004	2005	2006	2007	2008
Poland	128	109	121	104	95	95	64	61
Warsaw hospital **Dr.G' hospital**	25	18	21	21	22	35	2	0
Waiting patients		5	5	10	24	45	104	155

Objections and consents

	2001	2002	2003	2004	2005	2006	2007	2008
Objections	431	670	372	287	262	269	1039	330
Consents	6	12	8	14	11	10	26	23

Register of objections



Hannah Arendt, from "The Origins of Totalitarianism"

- The similarities between this kind of terror (by totalitarian regimes) and plain gangsterism are too obvious to be pointed out.
- More specific in totalitarian propaganda, however, than direct threats and crimes against individuals is the use of indirect, veiled, and menacing hints against all who will not heed its teachings...
- The consistent arbitrariness negates human freedom more eminently than any tyranny ever could.
- Unable as yet to live without fear and hope, these masses are attracted by every effort which seems to promise a man-made fabrication of the paradise they had longed for and of the hell they had feared.

George Orwell 1984

- Elites are particularly dangerous and must be under control (‘The Party prisoners were always silent and terrified’);
- Fear, terror, horror, fright, panic, dread, alarm – useful tools to intrude conformity and obedience;
- Perhaps – if the tools of terror are well applied – a naked force becomes superfluous;

problems

- Coercion, repressions against providers;
- Patients and general public mobilised against „elites”;
- Delicate equilibrium between the power and health community undermined and ruined;
- Fear among physicians;
- Collapse in the Polish transplantology, or in heart transplants, or – at least – in one Warsaw hospital;

Instead of epilogue

- The former Minister of Justice:
  - 335 933 votes in the election to the European Parliament, 7 June 2009;
  - second place in the country;
  - feasible candidate to the Presidency in 2010 election;
- But: (all) people are not angels...
- therefore

...Sometimes brutality can be workable?