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# Informal payments in health care
# The Polish perspective and experience

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# Outline of the presentation

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# Assumptions

- Informal payments in health care is treated as an element of the broad range of corrupt practices that are defined as *an abuse of functions by a public official for the purpose of obtaining undue advantage for him or herself*
- Occurrence of informal payments in health care within CEE countries (post-communistic and being in transition) more often than in other developed countries
- Informal payments in health care are more tolerated than in other public sector
- Informal payments in health care can be analysed from the institutional and political economy point of view

# Theoretical hypothesis on causes of informal payments

- Insufficient funds for financing the process of creating a medical service - limitation in the public founding - *fee-for-service theory*
- Socio-cultural factors related to the value system of the particular society. In countries with a high level of regard for family values, health, and maintaining family ties, an informal payment is both an expression of gratitude and proof of care for the family member
- An ethical and legal grasp – poor morale of medical professionals
- Poor governance > state failure

# Research on informal payments in CEE countries

- Hungarian studies – Peter Gaal > inxit theory explanations
- WB studies > corrupt behaviours
- New studies of the researchers from CEE countries > transitions to the market – specific period of the country development (Wlodarczyk, Shiskin)

# Debate and research in Poland

- World Bank report 1999 and creation of the independent Working Group experts and authorities
- Publishing of  the Transparency International reports
- Stephan Batory Foundation > first Polish research (Anna Kubiak), public debate development and social monitoring of the phenomenon
- Impact of EU accession > legal considerations and statements
- Sociological studies > increase of awareness fostered by mass media

# Type of informal payments

- Grattitude for care (accepted by doctors -86%- if the initiative is from patient side)
- Financial support for the benefit of a hospital (brick payment)
- **Giving bribes** to doctors in order to gain certain special benefits
- **Paying the medical staff under-the-table** ('envelop payment') for a specific and expensive service.

# Anti – corruption policy

- Clear political willeness to combat corruption generally – from 2005
- Definning anti-corruptions state programmes in economy
- Defining anti-corruption strategy in health care
- Establishing CBA office and  specific anti-corruption policy

# Anticorruption methods

- **better supervision and more severe penalties**;
- higher salaries (smaller temptation);
- improvement in efficiency and organization of work (less discretion);
- better protection of citizens' rights;
- more openness, transparency, and social control

# Anti – corruption strategy in health care

- Establishing 2006 The Working Group for counteracting fraud and corruption in health care at the Ministry of Health
- Education of doctors – special guide book on fair, legal and morale behaviour
- Patient Rights Bureau establishing with on-line contact and preparing ‘A Guide for Patients’
- Cooperation within the European Healthcare Fraud and Corruption Network (EHFCN)

# Response of doctors

- The Doctors' Working Group establishing in 2006 – supported by the Chamber of Physicians
- Esculap portal in Internet development to evidence and debate of the corruption problem
- Open request to increase salaries
- Presentations of health care reforms with strong privatisation and formal payment option

# Sources of evidence

- HBS on family/individual expenditures
- Social Diagnosis – research panel of independent experts (Czapinski, Panek)
- CBOS – public opinion poll
- Special research within doctors milieu

# Some statistical evidence

| | 2005 | 2007 | 2009 |
|---|---|---|---|
| Voluntary payments paid in public hospital as % of questioned households using hospital services | 7.2 | 4.2 | 3.3 |
| Proof of gratitude as % of questioned households using medical services | 5.6 | 4.2 | 2.5 |
| | | | |
| | | | |

# Conclusions

- Informal patient payments are much less tolerated today (after introducing anti-corruption masseurs) than in the 90s. And on the beginning of the new decade.
- Anti-corruption measures based on ethical education of doctors, penalizing them for taking payments, and strengthening the rights of patients – all without changing the access and effectiveness of governance in the health care sector. As theoretical analyses show this brings about a shifting of the field for corrupt behaviours and heightened pressure to subject the health care sector to market rules.
- Doctors are no more loyal officers of the public sector