

Corruption mars India's healthcare system

Dr Christopher Potter

While investigating famine and typhus for the Prussian Government in 1847 a military doctor, Rudolph Virchow, became convinced that the causes lay in social evils that could only be rectified by reform. Instead of his report prescribing technical medical responses, he argued for education, tax and employment reforms.



"Doctors who concerned themselves with mass disease and the health of the population had to be committed to political activity if they wishes to may progress" (Miller, 200: 31). Miller also describes the experience of an American military doctor who half a century after Virchow came to very similar conclusions. Dr William Crawford Gorgas, by then Surgeon General of the US Army, after direct experience of Cuba and Panama, decided that the number one priority for better health was a rise in wages for labourers.

Where much current medical research is investing resources into the microscopic and molecular dimensions, Miller draws our attention back to what he calls the "'deep space' of causation" (ibid: 32). He reminds us that although an autopsy may show a diseased organ as the 'cause' of death, the proximal cause (to use a phrase made recently popular by Diamond, 1999) of the disease may be changes in bodily function producing too much blood sugar or cholesterol. These in turn may be 'caused' by the patient's life style in regard to diet, drinking and exercise. These in turn may be caused by the social environment including education, housing, working conditions, stability of family life, or affordability of food and drink. Back off another step and we see that these factors are caused by political and economic factors. Miller says that investigating and throwing attention on these 'deep-space,' what Diamond would call 'ultimate causes', "...is the stuff of political medicine."

For those of us who work in disadvantaged economies, developing countries, call them what you will, the truth of Virchow's and Gorgas' conclusions are self-evident, and the need for what Miller calls "political medicine" (he deliberately draws a parallel with the discipline of 'political economy') is especially urgent. Many politicians and the intelligentsia of developing countries will grow heated in the unfairness of intellectual rights agreements, or the failure of international pharmaceutical countries to invest in research into tropical diseases rather than the ailments of the western middle classes, but this is tangential to the needs of the Third World. It is relatively easy to appeal to national appeal and get money for research laboratories or telemedicine facilities to justify tertiary and even quaternary medical facilities.

But in India today, the same India that has developed nuclear weapons, and is even talking of putting people on the Moon, there is still polio, somewhere a child dies every minute of every day from diarrhoea and every 6 minutes a woman dies from pregnancy related causes (official GoI figures). Infant female foeticide is raging - ironically in wealthier districts, and even in districts where female literacy is the highest e.g. in Orissa). Road traffic accidents in Delhi alone are of epidemic proportions.

Tackling these problems does not require more research or the application of more expensive technologies. Each of these deaths is preventable with low tech technology already well known for decades. We do not need a better polio vaccine or better oral re-hydration salts. So what is 'causing' these problems, and a myriad more that leave countless millions every year disabled, dysfunctional and often dead?

The biggest killer in India today is not the mosquito, not the salmonella, staphylococcus or streptococcus bacteria, not tobacco, and certainly not the polio bacterium despite the disproportionate effort spent on eradicating it, it is corruption. To make it sound more technical and acceptable to the medical profession perhaps we need to label it. Corruptionoma maybe.

Logically, I should take a step back and focus on what causes or enables corruption to thrive, but trying to change human nature, or cultural values enshrined in centuries or millennia of cultural attitudes and beliefs, is too big a step at this stage. So let us focus on this one cause, and consider its role in the morbidity and mortality of hundreds of millions of people across the globe today, and what might be done about it. Such a study may seem outside the responsibility of the health professional, but I would argue that we are largely wasting our time with massive health projects and programmes, training courses, investments in buildings, mass distribution of drugs and vaccines, because of the undermining effects of corruption in all areas of the health system.

Doctors and other health professionals have an ethical responsibility to highlight the contribution of corruption to the health status of their patients, and to become politically active to control such a significant cause of death. But we also need to address it because it is alive and well amongst health professionals themselves.

In a recent report in a Indian daily -- "Indians pay bribes worth Rs 2,728 cr" (equivalent to approximately US\$570m annually), the report finds that the of the public sectors surveyed the health and education sectors were the most corrupt. So there is a moral imperative on the medical profession, and other health professionals in India (and in most other countries) to put its own house in order and to publicly declare action against it within the body politic and wider community as well.

Let us look at some of its manifestations first, then at what might be done about it:

- Phone doesn't work because of lack of bribe to telephone lines-man, a woman with an obstructed labour can't call an ambulance, she dies.
- Education of SCs and STs and slum dwellers neglected because teachers concentrate on children whose parents pay them, so another generation grows up ignorant of basic health measures.
- Drivers can bribe policemen on side of road so speeding and ignoring red lights is common-place.
- Spurious and adulterated drugs proliferate because high level politicians protect the killers who sell them.
- Students bribe college staff resulting in under-experienced/ qualified staff taking up posts.
- Buildings fall down in earthquakes because of building violations.
- Issuing of licences to service providers and manufacturers inappropriately.
- Subversion of licensing, accreditation and legal systems intended to promote quality and root out negligence.

- Doctors don't attend place of work despite drawing a wage from the Government.
- Failure of drugs and other consumables to reach the intended point of use.
- Misappropriation of vehicles (and much more) by officials and doctors.
- Staff not paid or reimbursed for outreach work because of embezzlement of their wages or babus demanding favours to move their files.
- Inattention to ensuring clean water and hygienic environments resulting in filthy hospitals - because officials know there is no accountability.
- Lack of electrical energy because politicians will not tackle theft of electricity, and power breakdowns compromise the safety of hospitals.
- Official government and externally funded programmes are neglected as senior District health officials are more interested in recouping the cost of buying their post.
- Unnecessary duplication and irrational drug prescribing by doctors, due to lack of accountability and incentives from unscrupulous pharmaceutical companies.
- Under the desk payments demanded from patients by everyone for the watchman to the doctor.
- Lack of accountability of staff and contractors due to corrupt supervisors/ masters
- Buildings constructed at inappropriate sites to please politicians and others, discouraging proper use.
- Theft and sabotage of instruments by staff wanting to make their private practices look more efficient than the public sector.
- The wrong staff are sent on training courses (even abroad) because of patronage, similarly incompetent consultants and advisers are appointed to 'assist' projects.
- Politicians and public servants badger development agencies or private sector banks for loans which have little or no technical justification.

It is easy to blame the masses for voting short-sightedly for the wrong sorts of politicians. To blame the politicians for veniality, or civil servants, especially the IAS, for their unholy alliances with the political classes. It is easy to blame the effects of globalisation, or to blame development agencies. And certainly for far too long development agencies have ignored or connived in such corruption. Development agencies are under pressure to spend money and to show short term results, so they do not properly challenge the non-appropriateness of buildings, sites or non-maintenance. They fear being accused of neo-colonialism or imperialism if they try to take too firm a line in project design, or wink at poor projects if the host country will let them inflict the current global fad on them (eradication of this or that, or the adoption of a UN committee's recommendations on something else).

But if anything is to happen to improve governance India's health sector doctors and other health professionals need to start putting their own house in order. They also need to take seriously the challenge of 'political medicine', to become active combatants in a crusade to eradicate this mass killer.

Let us look back again into medical history. At about the time Virchow was active in Silesia a doctor in Vienna was growing more and more perturbed by puerperal fever and the unacceptable high maternal mortality it caused. Semmelweiss became convinced that he and his colleagues were transmitting the disease (caused by a variety of infectious agents) and experimented with using limewater to wash hands

between examinations and deliveries. Despite his successful demonstration of the efficacy of this simple remedy, he was hounded out of Vienna and finally died in a mental asylum, so we must not necessarily anticipate universal admiration of our efforts to tackle corruption. However, his pioneering work led to better aseptic practices in hospitals and clinics around the world, and also led indirectly to more hygienic conditions in non-health settings, thereby promoting healthier living (unless one accepts the hypothesis that such over-attention to hygiene causes low tolerance to infection and a tendency to asthma, etc).

If the health professionals of India and other developing countries (led by the profession *primus inter pares*, medicine) were to start with a zero tolerance campaign within the sector itself, who knows how far the ripples would spread out?

What are some of the practical steps that India's health care workers could start taking themselves? The sorts of moves I have in mind would be:

- Hippocratic type oath to be promulgated by IMA which would make it a matter of professional self-discipline to:
 - Refuse to give, receive or countenance bribery in their sphere of influence;
 - To anonymously report for collective action to highlight where and when outside interference occurs (there is safety in numbers);
 - To commit themselves to rational drug use, referral and evidence based interventions.
 - To shun errant colleagues
- For professional associations to support the Medical Council of India in making violations of the above a 'striking-off' the register offence, and to set up their own self-disciplinary machinery if the official machinery won't do it.
- Participate actively in designing and pressurising for governance systems that are transparent and fool proof.
- Refusing pharmaceutical companies' and others' incentives.
- Refusing to buy posts or co-operate with those who buy post.
- Refusing to tolerate bribery among junior staff.

It is only when India's health professionals decide that enough is enough and recognise that their calling includes stamping out this major cause of death and disease that the health status of India's people will begin to improve significantly again.

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