

Corruption in health care in the Czech Republic

Abstract

The topic of this dissertation thesis is the issue of corruption in health care in the Czech Republic. It is a broad topic with a wide range of related aspects that go far beyond the limited scope of the dissertation. Corruption in the health sector certainly takes a number of forms and can be assumed in a cross-sectional way in almost all areas of which health care consists. From public procurement and the selection of managers of state hospitals, through the conclusion of contracts of health insurance companies and the cooperation of pharmaceutical or supply companies with doctors, to corruption in the relationship between the patient and the provider of health services. The last mentioned area is to some extent specific to health care, and the author elaborates on the reasons in detail. The problem, from the point of view of criminal law, however, lies in the fact that this area of corruption in the health sector is very difficult to detect due to the intimacy of the doctor-patient relationship.

After a brief introductory excursion into individual potential areas of corruption in the health sector, the author focuses in more detail on the corrupt environment within the relationships – simply put – of the doctor and the patient, respectively the provider of health services and the patient, which also falls into the category also referred to as so-called minor corruption. In particular, it deals with cases in which the patient tries to obtain health care through a bribe to which he is not entitled or does not have the opportunity to obtain it in the required form, time, etc.

The output of this scientific work is, among other things, a description and characteristics of corruption in the health sector, especially the so-called small corruption. The author focuses on research in this specific area and, based on his results, proposes possible changes to achieve a certain suppression of at least some of the causes of the emergence and duration of the corrupt environment in our healthcare.

Regarding the research methods used, the author used mainly research of professional literature, statistical data, court decisions, guided interviews with experts in corruption and health care, guided interviews with ministerial officials, guided interviews with doctors and patients on the topic of corruption, questionnaire surveys within insurance companies and hospitals, etc. In his research, the author focused in more detail on the area of small corruption, in the relationship between the patient and health service providers. While for cases of major corruption, or rather in an effort to prevent them, there are a number of measures that are applied, in the case of minor corruption, a certain disproportion is obvious. Thus, as part of his research, the author verified the

hypothesis that the latency of minor corruption, or bribery in the health care system in the "doctor x patient" relationship, is significantly higher than the rate of such registered crime.

Indeed, the results of the research suggest that the latency rate of small corruption in the health sector is probably much higher than the registered crime rate in this area. By conducting criminological research, in the form of an anonymous questionnaire survey, the aim of which was to determine the level of latency of minor corruption in the health care system in the Czech Republic, namely in the area of corruption in the relationship between the patient and the provider of health services, the author obtained data according to which 45 percent of respondents said that doctors or other medical personnel (which may be a nurse, physiotherapist, administration in a hospital, hospital director, etc.) provided a bribe. Such a finding, however, is in stark contrast to the reality of convicted cases of petty corruption.

The solution lies mainly in such a change in legislation that would allow patients a much wider choice of medical or health services for a fee in favor of the provider of health services, including, for example, the choice of a particular doctor, the time of examination, etc. The money thus obtained would then be obliged to use for the most part, to improve the quality of services for all patients, within a particular provider of health services. Rather than punishing and exposing minor corruption, the author sees the solution as enabling an alternative to corrupt conduct in the form of the possibility of obtaining some of the required health services legally, albeit for a fee to a medical facility.

Key words: corruption, health care, bribery