Slovak bribery case sparks wider debate in eastern Europe

A bribery case involving a cardiosurgeon in Slovakia has triggered public and professional debate about corruption in healthcare across eastern Europe. Ed Holt reports.

The recent conviction of a high-profile cardiosurgeon in Slovakia charged with accepting thousands of euros in bribes from the family of a patient who has reignited debate about a persisting culture of bribery and corruption throughout healthcare systems across eastern Europe. Viliam Fischer, a local medical celebrity who did the country’s first successful heart transplant and last year ran for president, was given a 2 year suspended sentence and a €15,000 fine after striking a deal with prosecutors. The case has brought into the spotlight what many observers see as a widespread problem in healthcare not just in Slovakia, but also in many other parts of the region. “The case with Dr Fischer is just the tip of the iceberg”, said Tomas Szalay, executive director of the Bratislava-based health-care advocacy group the Health Policy Institute (HPI). “Corruption in healthcare across the former eastern bloc is widespread.”

For many years, corruption has been perceived as endemic in healthcare systems in eastern Europe. A European Commission survey from 2013 showed that in Lithuania and Romania between a fifth and almost a third of patients had made informal payments to doctors. In Slovakia, a survey by corruption watchdog Transparency International, done at the start of this year, showed the figure at just over 20%. The European Union (EU) average is 5%. Other studies suggest the situation is even worse, with previous research by HPI claiming that as many as 70% of patients have had some experience of bribery in healthcare. The problem seems even worse in non-EU countries in the region. In Serbia, for instance, where at the end of last year several doctors were arrested for taking bribes of up to €13,000, 81% of people view the health-care system there as being corrupt, according to Transparency International.

The European Healthcare Fraud and Corruption Network has said corruption in the country’s health-care system has become “institutionalised”. In almost all cases, bribes, informal payments, and gifts are given in return for priority on operation waiting lists or above-standard service. Patients often say that even when not directly asked for a bribe, they feel they must offer one to guarantee at least reasonable care. Others say they understand that resources are scarce and see nothing wrong in paying extra to ensure they get access to them.

Many reasons have been cited as being behind the phenomenon, from a historical legacy of corruption under communism to the fact that healthcare is funded in most countries in the region at the lowest levels of the European average while doctors struggle with very low wages and poor working conditions.

Some doctors have spoken openly to local media about having to accept either outright bribes or gifts—such as small sums of money, flowers, or even furnishings—from patients simply to pay for equipment, treatment, or the upkeep of clinics and general practice surgeries. But critics dismiss these arguments, instead suggesting doctors’ greed and circumstances that allow doctors to demand bribes as more likely reasons for flourishing corruption. Szalay told The Lancet: “In hospitals with no mission or corporate governance, corruption is quietly tolerated. Our system provides health care for free. A patient pays hardly anything for almost all their care. They are not aware of the costs but understand resources are scarce. Doctors are, in their view, the people who prioritise those resources at the point of health-care delivery. So, corruption becomes a tool for prioritisation when accessing free health care.”

Others point to a lack of will at higher levels to deal with the problem. Drasko Karadjinovic, a member of the Serbian non-governmental organisation Doctors Against Corruption in the city of Novi Sad, told The Lancet: “People will often look for an alibi [for why there is corruption] and say there is not enough money for the health system. But…institutional corruption is the biggest problem here. It blocks every reform of the health system.”

While some doctors dispute the scale of the problem, many, at least privately, readily admit corruption among colleagues. Fischer’s arrest and subsequent prosecution has revived public debate about the repercussions for doctors found guilty of accepting bribes. Critics say that doctors will not be deterred from taking bribes knowing that, if caught, they will be able to avoid jail terms. Other experts say that only wide-ranging reforms of health-care provision, including the introduction and strict control of transparent copayments, additional fees, or other charges, coupled with strong and effective political pressure to stop corruption, will be able to root out the problem.

Ed Holt