Doctors against corruption
Docteurs contre la corruption
DOKTORI PROTIV KORUPCIJE

STATEMENT

JUSTIFIED CONCERN OF THE COUNCIL OF EUROPE REGARDING CORRUPTION IN THE HEALTHCARE SYSTEM OF THE REPUBLIC OF SERBIA

The conference titled “Methodology for Assessing Corruption Risk in the Law on Healthcare”, organized within a project implemented by the Council of Europe, is a clear indication of the pronounced concern of international organizations regarding the high level of corruption in the healthcare system of the Republic of Serbia.

Through our presentation and accompanying submission (HERE), our NGO provided well-argued evidence pointing to the causes and consequences of systemic corruption. The most severe consequences are devastating health outcomes: an established high mortality rate from cardiovascular and malignant diseases, and consequently, a general mortality rate of 14.8‰, which ranks among the highest in Europe. This is despite high total healthcare spending of 11% of GDP, or nearly 8 billion euros. Thus, the corruptive paradox of Serbian healthcare is complete: poor health outcomes are directly proportional to high expenditure.

Among other issues, we particularly highlighted Article 60 of the Law, which legalizes a systemic conflict of interest and allows a state-employed physician to work in the private sector as well. The negative consequences were outlined: low productivity in the public healthcare system leads to the creation of artificial waiting lists and the transfer of patients to the private sector, where they are charged once again for a service they have already paid for through mandatory health insurance contributions. The necessity of paying twice leads to healthcare discrimination and reduced accessibility of medical services, with severe health consequences for a large number of citizens.

The elaboration of conflict of interest provisions in the Law (Articles 234 and 235) was assessed by the attending NGOs as legally contradictory and confusing—essentially a form of legal acrobatics aimed at concealing or masking the detrimental effects of corruption.

As fully substantiated examples of institutional corruption, officially described by state institutions, we cited the case of trading in waiting lists at the Oncology Institute of Vojvodina, as well as the case involving employees of the Belgrade Emergency Medical Service engaging in illicit dealings with funeral service providers. Instead of judicial sanctions against those responsible, whistleblower doctors were subjected to persecution—by the very institutions of the system. As an example of responsible action by the rule of law in cases of institutional corruption, we referred to a case from the Republic of Poland, where individuals in the healthcare sector were sentenced to long-term and even life imprisonment for trading with patients’ lives.

We suggested that the planned conferences with other stakeholders—both from the healthcare system and from the Anti-Corruption Agency—be published on the website of the Council of Europe. This would provide both the general and professional public with concrete insight into the positions of various actors regarding the legalized conflict of interest, as well as into the reasons for the inaction of state authorities in the aforementioned cases of confirmed institutional corruption in healthcare.

Unfortunately, it must be stated that in Serbia in 2026 there is no capacity to sanction institutional corruption in healthcare—an especially grave form of corruption with the most serious consequences for human life and health—unlike in other successful post-communist countries where the level of rule of law is significantly higher.

This reality further underscores the importance of the anti-corruption projects of the Council of Europe.

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