Corruption among medical doctors; what lies beneath

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What remains hidden when we explore corruption in medicine, is the assortment of social defects that lead to this kind of behavior. Currently, the majority of medical doctors are not situated at the top of the socio-economic pyramid. This can sometimes tempt a doctor away from the proper, honorable behavior attributed to classic moral standards, especially since continuing medical education, the promotion of professional and academic work as well as medical marketing are very expensive commodities. Dedicated service along with respect for patients, colleagues, and the law is what we would all like to aspire to, but is it likely to happen?

Corruption is not a recent phenomenon. Its origins lie very deep in the past, and it goes hand in hand with the hardship and suffering all doctors have always felt whilst studying and working in order to take care of the health and well-being of others. It is known that medical ethics can trace its roots back as far as ancient Greece, which indicates that corruption in the medical profession was present even then. It is widely believed that the Hippocratic oath embodies a code that has formed the basis for physicians’ decisions from the time of ancient Greece to the present day. Hippocrates, in Epidemics I, in the midst of instructions on how to diagnose various illnesses, offers the following, “As to diseases, make a habit of two things—to help and not to harm.”

The current situation in Greece can, at times be rather bleak for doctors where competition due to excessive numbers is extremely fierce and wages unacceptably low. Indeed, it is not uncommon for doctors to openly discuss their illegal behavior or actions with friends and colleagues, citing the fact that their present situation leaves them unable to behave otherwise. An example of this would be that it is very difficult for many doctors to participate in congresses as the fees are often higher than their monthly incomes. The option of cooperation with the pharmaceutical industry makes the registration fees for such congresses affordable, however cooperation with pharmaceutical representatives is not legal.

Ethics has not remained unchanged through history. Physicians and health administrators for most of the post-World War II period were encouraged to believe that money should not even be considered in making medical decisions. Today, they are being told that money should always be considered. Moreover, many patients and their families are often seen to admire medical doctors who seem to be powerful and financially successful with a luxurious office in a privileged location. This is a reality at least for private health centers in Greece whereby wealthy professionals attract wealth and the interest from patients. Wealth, however does not come unaided and often young medical doctors follow immoral policies in order to bring about increased financial earnings.

Unfortunately, since corruption feeds directly on the view of society that encourages and looks favorably upon wealthy doctors, those who are less financially endowed are at somewhat of a disadvantage. Physicians who do not have their own personal examination offices, are unable for financial reasons to pay for congresses and workshops abroad, and do not have contacts with luxurious, expensive health centers. This, of course can lead them into the vicious circle of corruption that exists in many countries, especially the smaller ones like Greece.

It is these same smaller countries in which the media such as television and lifestyle magazines promote the image of the rich, successful doctor while in reality it is almost impossible for a doctor to afford to continue his education if he is not co-operating with the pharmaceutical industry. Because of this situation corruption is almost inevitable and seems to be a realistic alternative source of income for many in the medical profession. This is as much because of the fact that doctors are able to supplement their incomes with money for further education as it is to maintain a perceived high social profile in the eyes of their peers as well as their patients.

In this world of injustice there are many physicians, who choose to remain dignified and rise above corruption. Unfortunately, in comparison to what their more ambitious and career-minded colleagues earn, they tend to lose out financially. The self-respect that comes with being content with their choices however is perhaps more important than the perceived respect they might earn from society. There is a period during a doctor’s career, more often than not around the time of his residency, when he must decide whether to follow the path of human values or to pursue his own professional qualifications. This decision may play an important role in determining the level of self-esteem that the doctor will maintain throughout the remainder of his career.

Scientific Societies are in general very negatively biased against doctors on low-incomes, even more so against unemployed physicians who are never included in their registration categories. The result of this of course is that they are excluded from their right to further their education. The health services suffer from a lack of intra-hospital programs that allow for the furtherance of education of health workers and while a simple system of drilling for emergencies as seen in the case of pilots and firemen would be of great benefit within the hospital environment, no such system exists. It is perhaps worth noting on the other hand that the various scientific societies that organize workshops are paid for all of their educational services leading one to wonder whether their activities are motivated by the desire to educate health professionals or merely for their own financial gain. It would seem that not only society as a whole but the scientific societies as they relate to doctors are bent on creating conditions that almost force doctors to accept money from patients or from pharmaceutical companies. This is hardly surprising when one considers how these