

Doctor exposes China's medical corruption epidemic

May 23 2014, by Carol Huang

Ordering an unnecessary pacemaker, urging a woman to be hospitalised for a sore throat—a doctor's allegations of corruption spotlight troubles so endemic in China's healthcare system that patients frequently turn violent.

Lan Yuefeng, a former hospital ultrasound chief, ignited fury when she accused her hospital of exploiting the sick by routinely overprescribing medicine and treatment.

"I think it's pretty common, and I think it's really sad," she told AFP.

Lan was put on leave two years ago but has continued showing up to work in Mianyang, in the southwestern province of Sichuan, earning domestic media attention and the nickname "corridor doctor".

But her colleagues have ostracised her, going on strike to protest her dragging down the state-run facility's reputation and voting this month that she should be dismissed.

Yet ordering excess drugs and treatment, and taking bribes from patients and drugmakers, are open secrets in China's over-burdened health sector.

The failings of the system provoke so much anger that reports routinely emerge of patients attacking and killing medical personnel.

In April a 45-year-old man unhappy with his circumcision stabbed a

doctor to death in the eastern province of Jiangsu. Three months earlier a man was sentenced to death for killing an ear, nose and throat specialist in neighbouring Zhejiang.

Nearly two-thirds of hospitals reported violence between patients and healthcare providers in 2012, up from about half five years earlier, domestic media cited the China Hospital Association as saying last year.

Hospitals each averaged 27 incidents against staff, from threats to killings, up from 21 over the same period, it said.

Meanwhile 80 percent of Chinese said accessing a doctor was hard and 95 percent said care was expensive, the Horizon Research Consultancy Group found last year.

'Routine' bribe-taking

The costs are rising partly because hospitals depend on selling drugs and medical services for nearly 90 percent of their income, said Yanzhong Huang, a senior fellow at the Council on Foreign Relations in the US and author of *Governing Health in Contemporary China*.

"There's a strong incentive for the [healthcare providers](#) to provide over-treatment, over-service, in order to maximise revenue," he said.

"Their bonuses are actually associated with that. It's not just the hospitals, it's the doctors themselves who directly benefit.

"To them this is just like a routine," he said, adding that Lan was unique in being "so public and so persistent".

Her turning point came when she reviewed the case of a 53-year-old man due to have a pacemaker installed in 2009, but could find no need

for it, she said.

Doctors in the Mianyang People's Hospital—including her—had long followed such practices, said Lan, who is in her early 50s.

"I couldn't do it anymore. I had been sticking with it, keeping on. I was compromising. I was lowering my ethical standards."

But when she went public her colleagues reacted furiously at what they saw as a threat to their livelihoods. "You let this patient leave, do you want to ruin this hospital?" she recalled being asked.

"People would come, in an organised way, and ask me to put food on their table," she said of her coworkers.

The hospital has attacked Lan's motives, saying in a statement that it put her on leave for refusing to carry out her duties, and was trying to reach a compromise for her to return to work.

It did not address her [corruption](#) allegations, but said she complained to local authorities 42 times and received 24 replies.

A municipal inquiry could not confirm her accusations, domestic media reported, although the hospital director was put under investigation.

'Your money or your life?'

Demand for medical care is only set to climb as China's population ages and its wealth grows, bringing with it an increase in diseases of affluence as well as the illnesses of old age.

In 2009 Beijing launched a huge 11-year healthcare overhaul, so far investing \$371 billion, both to fix the broken system and as part of a

broader effort to boost consumption by expanding the social safety net and freeing Chinese to spend more.

Yet while insurance has expanded to 95 percent of Chinese in 2011, up from 30 percent in 2003, patients' premiums and payments are surging at 10 percent a year, Huang said.

Those with serious sicknesses can face crippling bills as insurance policies sometimes reimburse only about 30 percent of outpatient and 50 percent of inpatient services.

Doctors in the state system are relatively lowly paid themselves, despite the years of study required to qualify.

"Putting aside ethics is necessary to make a living," Lan said. "There's no other way."

To persuade patients to consent to procedures, medicine or hospitalisation, staff would ask the same question, she said: "Do you care more about your money or your life?"

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