International Journal of Hospital Research 2014, **3**(3):155-158
www.ijhr.tums.ac.ir

CASE REPORT

IJHR
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Under-the-Table in Health Care System: A Case Report in Iran

Edris Hasanpoor [1*], Ali Janati [2], Abdulla Salehi [3], Mobin Sokhanvar [4], Javad Ebrahimzadeh [5]

[1] Hospital Management Research Center, Iran University of Medical Sciences, Hashemi Nejad Hospital, Tehran, Iran [2] Department of Healthcare Management, School of Health Management and Information Sciences, Tabriz University of Medical Sciences, Tabriz, Iran [3] Iranian Center of Excellence in Health management, Tabriz University of Medical Sciences, Tabriz, Iran [4] Department of Healthcare Management, School of Public Health, Tehran University of Medical Sciences, Tehran, Iran [5] Department of Health Economics, School of Health Management and Information Sciences, Tehran University of Medical Sciences, Tehran, Iran

Abstract

Under the table or informal payments in several middle and low income countries is a serious impediment to health care reform. These payments are effectively a form of systemic corruption. This report shows the efforts of a patient who seek health care for his ankle while being requested to pay under the table in hospital and private clinic. The data were collected by interview and surveying patient documents.
Informal payments have adverse impact on access and utilization of health services, efficiency, quality and equity. Informal payments lead to false information about the real costs of disease and the patient share of these costs and consequently wrong government policies. Appropriate deterrent sanctions should be imposed on providers that request for under the table payments, especially in the public sector where the government tries to subsidize healthcare to ensure it is accessible to all, especially the poor.

Keywords: Under the table payments, Health care system, Health setting, Patient

Background and Objectives

Under the table or Informal payments to health care providers are a wide spread phenomenon and have been estimated to constitute from 10% to 45% of total out-of pocket expenditures for healthcare in many low-income countries [1, 2]. Interest in under the table payments for healthcare in low- and middle-income countries has increased. These payments can jeopardize governments' attempts to improve equity and access to care and policies targeted to the poor [3]. Under the table are conceptualized as strategies to cope with lack of resources and poor performance at both the demand and supply side. In some cases patients pay informally to jump the queue, receive better quality of services or more care [4], most informal payments are monetary and could prove to be a barrier to healthcare access, especially to the poor people [1].

Some researchers have defined informal payments as "a direct contribution, which is made in addition to any contribution determined by the terms of entitlement, in cash or in-kind, by patients or others acting on their behalf, to healthcare providers for services that the patients are entitled to [3]." Contribution refers to any kind of payment made in addition to what is required legally [3]. Evidences suggest that the widespread level of under the table payments in a health sector can sometimes be attributed to corruption prevalent in that country and the country's health sector [5]. Under the table payments contribute significantly to increasing the cost of healthcare for consumers [5, 6].

Studies have been showed in Tajikistan, it is estimated that out-of-pocket payments, with a large proportion through informal payments, constitute two-thirds of all healthcare spending [7]. The range of under the table payments can be wide: from 3% in Peru to 96% in Pakistan with Southeast Asia found to most rely heavily on under the table payments [8]. In Africa, Under the table payments have been recorded to be common in Uganda, Mozambique and Ethiopia[7-9]. Under the table payments exist around the world for various reasons such as scarcity of financial resources in the public sector, lack of trust in government and in some cases, a culture of tipping or show-

*Corresponding author: Edris Hasanpoor, Hospital Management Research Center, Iran University of Medical Sciences, Hashemi Nejad Hospital, Tehran, Iran, Hospital Management Research Center (HMRC), Tehran University of Medical Sciences (TUMS), Tehran, Iran, P.O.Box: 1969714713, Tel: +98 21 88644418, Fax: +98 21 88644485, Email: edihasanpoor@gmail.com

ing gratitude [5, 6, 10, 11] . This last example has sometimes made it difficult to differentiate between gifts as expressions of gratitude or under-the-table payments [6].

The aim of study is survey of case report that because of under the table, He sold his farm.

Health Care system in Iran

Healthcare system in Iran is based on three pillars: the public-governmental system, the private sector, and NGOs. The Ministry of Health (MOH) is responsible for planning, monitoring, and supervision of health- related activities for the public and private sectors in Iran. However, this ministry has a unique structure that distinguishes it from health ministries in other countries. According to official data, more than 90% of Iranian people are under the coverage of at least one kind of health insurance [12-14]. Under the table payments exist in many treatment facilities in Iran. This can be cleared from case reports that they received services from health care system in Iran.

Patient Information and His Story

He is a man who was 50 years old. His five children are, 6 years old, 10 years old, 12 years old, 17 years old and 20 years and all of them are students. His wife was suffering with rheumatism and is 51 years. He is a Kurd and Muslim who is living in a rented house in Northwestern of Iran. He has rural insurance which have not value without a referral system and in the majority of private clinics and hospitals, this insurance has not application. He is a construction worker and has a small farm which was inherited from his father.

One day, he voluntarily worked to build a mosque, was a traumatic experience and the top of the mosque building was fell. His ankle was seriously damaged. He was transferred to hospital in the provincial center. His doctor was orthopedics who was retired from the military and worked at the Social Security Hospital. Cost of surgery operation was $ 266, but his doctor wanted $ 2666. Patient asked a discount his doctor, but his doctor rejected. His eldest son was a medical student and the doctor had threatened to complain. Doctor was dismissive and stated that “it is my right”. In this case, under the table alters on the table in health care. Health care providers not afraid from Ministry of Health that is responsible for planning, monitoring, and supervision of health- related activities.

Table 1 Under-the-table payments during the treatment process from 2010 to 2014

Place of payment	Under-the-table (US$)	Cause of pay	Years
Hospital	2666	Surgery operation of ankle	16 July, 2010
Private Clinic	93.5	Visit and Consultation	30 July, 2010
Hospital	714.5	Surgery operation of ankle	24 August, 2010
Private Clinic	40	Injection	6 September , 2010
Private Clinic	35.5	Consultation	29 September , 2010
Private Clinic	35.5	Injection	27 October, 2010
Private Clinic	95	Splinting	18 November, 2010
Private Clinic	51.5	Consultation and Injection	26 January, 2011
Hospital	32	Consultation	3 March, 2011
Hospital	25.5	Consultation	10 May, 2011
Hospital	25.5	Consultation	27 July, 2011
Private Clinic	65	Injection	4 December, 2011
Private Clinic	49	Injection	11 February, 2012
Hospital	21.5	Consultation	28 April, 2012
Private Clinic	78.5	Drug	26 June, 2012
Hospital	35.5	Consultation	10 November, 2012
Private Clinic	900	Surgery operation of ankle	31 March, 2013
Private Clinic	35.5	Consultation	13 April, 2013
Private Clinic	35.5	Consultation	30 April, 2013
Private Clinic	55.5	Injection	2 June, 2013
Hospital	30	Consultation	22 August, 2013
Private Clinic	45	Drug	26 January, 2014
Hospital	30	Consultation	9 March, 2014
	5195.5		

Results and Discussion

The results showed that our case was very poor and weak. He sold his farm about $ 5000 to provide under the table payments of surgery operation. He borrowed $ 200 from his brother because his money has been spent in 13 April 2013. Under the table payments have been showed

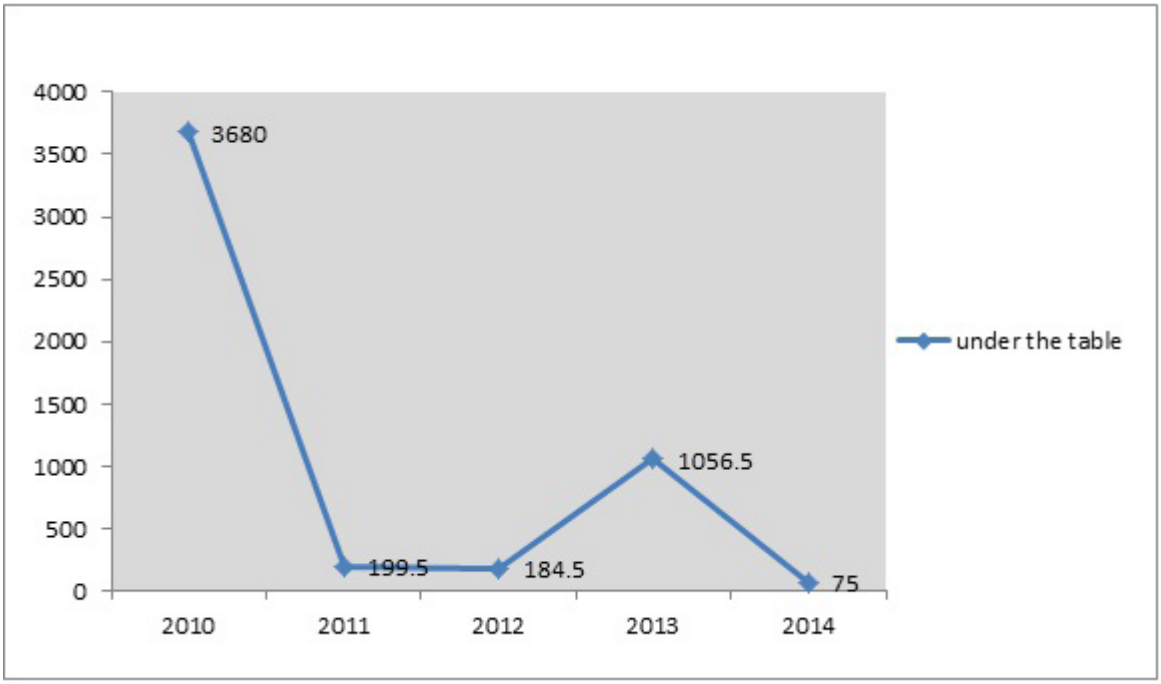

Figure 1 Under the table payments by patient within 2010-2014

during treatment process from 2010 to 2014. (Table 1)

The table shows that 23 times has been paid under the table to doctor. The much money has been paid to Surgery operation of ankle. In figure 1, under the table payments is shown from 2010 to 2014.

As shown in the diagram, Patients have to pay the most money in 2010 ($3680) and 2013 ($1056.5). Also, table 1 show that this money is paid for ankle Surgery.

Informal payments occurred in both the private and public healthcare facilities [8, 15, 16]. The results showed that patient has been faced to Induced demand and 23 times is paid informal payments in hospital (9 times) and private clinic (14 times). Other physicians stated that fraction of his ankle was not serious. So he did not have to go 23 times. It seems that the cash of physicians Mostly through informal payments to be provided. Under the table payments in the private sector could be explained because in many cases, the patients obtained treatment and paid to providers that were not the owners of the facilities, but were employees.

Our case was afraid that if he does not pay the money, Surgery is not performed correctly. So, he spent to surgery 82.39 % of his informal payments. The average monthly income of his physician was $ 110,000. This means that income of his physician is 22 times the value of the farm patient.

A study in Greece [17], for example, reports that 36% of the patients paid informally for hospital care, which is lower than our findings for Hungary. Estimations of the frequency of paying informally are higher in Poland [18]. In contrast, in Czech Republic, the level of informal payments seems to be lower than in Hungary or Poland [19]. Compared with Bulgaria, the amounts of informal payments seem to be similar in out-patient and in-patient care as a percentage of monthly salary [20]. Although these studies took place in different years during the transition period, to a certain extent, it is a global problem in the health system.

Corruption in the health care system is a widespread problem in many countries. Empirical research has shown that petty corruption is especially endemic in health care, perhaps due to the importance of health to human beings [14, 21, 22]. In Iran, under the table payments clearly take and doctors consider that it their right while the hospital is paid their money. So it can be called on the table payments because, doctors receive them without anything fear. These payments are catastrophic and they can lead to corruption and inequality in health care system.

The most important factors influencing on informal payments are as follows [23-26]:

- Specialists' monopoly power in decision-making and service delivery
- Lack of human resources in health care provider organizations
- Simultaneous involvement of Specialists in the public and private sectors
- Lack of supervision by the health system managers
- Oneness legislature and the executive managers in the health system

- Lack of patients' sufficient awareness of their rights
- Increasing patient demand
- Mismanagement of the health system

Authors' Contributions

The authors contributed equally to this work.

Competing Interests

The authors declare no competing interests.

Acknowledgments

The authors would like to thank our case and his son for allowing us to use the documents of under the table for the purposes of this study.

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Please cite this article as:
Edris Hasanpoor, Ali Janati, Abdulla Salehi, Mobin Sokhanvar, Javad Ebrahimzadeh. Under the Table in Health Care System: A Case Report in Iran. *International Journal of Hospital Research* 2014, **3**(3):155-158.