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A Pervasive Review Study on Informal Patient Payments

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ABSTRACT

Informal payments are one of the components of cash payments which are often a form of corruption which is made outside the formal bill to health care providers. This study aims to review the documentation to identify the nature and reasons for this phenomenon. A Persian and English search without time and place limitations in electronic databases was conducted. Out of 15817 studies, 65 studies were consistent with quality assessment. Different characteristics for these payments are expressed, but there is no universal definition for them. Almost all of the studies referred to the illegal nature of this phenomenon. Previously, it was considered a social phenomenon, but today, lack of resources, poor management, governance, and political weaknesses, are also accompanied by cultural and social reasons. The most popular labels are informal payments, gratitude payments, envelope payments, unofficial payments, bribes payments, under-the-table payments, and red package payments. Incentives cover a wide range from an appreciation to obligation. The purpose of these payments is for higher quality or improved access, and gift or appreciation. Individual characteristics of the recipients, the organizational features of the provider, the nature of services can affect the probability of occurrence. These payments have a negative impact on the health system and consequently patients and even providers. Strategies such as using a legal approach, increasing knowledge of the people, changing the culture, improving quality of services and careful monitoring of the delivery process and improving management and transparency in health system can be effective in reduction of these payments.

Keywords: Informal payments, Patient, Review study

Abbreviation: IPs: Informal Payments; IPHC: Informal Payment for Health Care

INTRODUCTION

The growing spread of human knowledge and the advancement of medical technologies and enhancement of physicians' capabilities in diagnosing and treating various diseases, has been accompanied by numerous and challenging issues, especially in terms of ethical issues. It has been years since the health system has been discussing the physicians and patient's financial relationship and issues such as under-the-table payments as an unethical form. Undoubtedly, any unclear financial relationship between a doctor and a patient will not only seriously damage the relationship between them, but will over time damage the trust between the community and the medical group [1].

From an economic point of view, informal patient payment (IP) is a form of direct financing of health services, since it has similar effects on demand and financing charges (compared to consumer legal fees) [2]. In fact, IPs are defined as a part of out of pocket payments that are paid by patients and their families to health providers. These payments due to its negative consequences have become a public concern for low and middle-income countries, and even advanced countries in Europe and Asia [3].

Over the past decades, there has been an increasing number of studies on how the IP in the health system of many countries in the world is taking place. The ranges of objectives, the research method and the results of these studies have also been very diverse. Some of these studies have focused on perspectives and attitudes [4-9], while others have measured the impact of IPs on the health system with targets and indicators related to health economics [10,11]. Some studies were based on IPs' definition and systematic reviews in this field and the others were about most important factors [12-18]. Sometimes these studies are conducted at the level of a healthcare unit or hospital in a limited geographic area or in a country and sometimes internationally and globally in a number of countries [3,4,12-24]. Since the review study provides an opportunity to aggregate a research subject and organize it in summary form for better understanding, this study aimed to identify the nature of IPs and its causes.

MATERIALS AND METHODS

In this study, keywords such as informal payment, unofficial payment, under the table payment, under the counter payment, illegal payment, illicit payment, bribe, gift, and gratitude were searched in databases (PubMed, Ovid, Scopus, SID, and Science Direct, Web of science and Wiley online library) and in the electronic databases of (SID and Magiran), without any time and place limitation. Reference sources and manual search methods were also used to find relevant resources and to complete the search coverage. The search for databases was finalized in 2017. First, all duplicate articles were deleted by EndNote software. Then the retrieved articles were screened by 2 members of the research team based on the title and abstract. The relevance and role in developing the concept of the study were the main criteria for assessing the quality of the articles in the process of interpretive review of the articles [25]. By using these criteria, items that were not in these criteria were removed (Table 1) [26]. The retrieved articles were reviewed critically and categorized using the data extraction form. An agreement through consensus was reached on each of the selected papers. In this study, 15817 sources were retrieved in the initial search, of which, after removing duplicates, screening by title and abstract, 135 studies remained. After full retrieval of the texts, 65 studies met the quality appraisal criteria.

Table 1 summarizes the criteria for quality appraisal of the papers

Criteria for quality appraisal of the papers
Are the research goals and objectives clearly specified?
Is the research design clearly specified and is it suitable for achieving research goals?
Is the research process clearly explained?
Are enough data displayed to support research interpretations and conclusions?
Is the analysis method appropriate and adequately explained?

RESULTS

This study included 11 studies in Iran, 2 in Russia, 2 Bulgaria, 8 studies at the same time in Eastern and Central Europe (including Ukraine, the Netherlands, Bulgaria, Hungary, Lithuania, Romania, etc.), 2 studies in Asia, Africa and Europe, 2 Moldavia, 2 Georgia, 2 Greece, 6 Hungary, 4 Albania, 1 India, 3 Turkey, in developing countries (1 Ukraine, 2 Lithuania, 2 Romania, 2 China, 1 Kazakhstan, 1 Kosovo, 1 Israel, 4 studies in African countries, and 2 reviews). These payments are recognized as an important financing source of the health system for developing countries [27]. Most studies have examined nature, extent, and causes of IP in the economies of these countries.

IP Definition

Studies on IP have revealed different characteristics for these payments, but there is no universally accepted definition of these payments [7,28,29]. Almost, the nature of the illegality of this phenomenon is mentioned in most studies. The phenomenon of informal payments has been extensively documented in terms of motivational factors, the variability of forms, the frequency of payments, and its widespread consequences on the health system performance. In other words, the impact of these payments on patients, health care providers, and the general health system has been reflected in various definitions and research.

From an economic perspective, these payments are as a form of direct financing for health care services. In other definitions, the costs that are outside the formal tariff system, like cash or gifts which are transferred beyond the official amounts are organized as informal payments [30]. The most important definition used for these payments are related to writers such as Ensor, Gaal, Lewis, and Thompson. They are as follow:

IP is a kind of payment that is paid to individuals or healthcare organization as cash or non-cash. Moreover, these payments are made out of official payment channels [27,31].

Maureen Lewis says, IP is a paying to individuals or supporting organization in case of cash or non-cash and out of official channels or paying the purchase of medicine or medical equipment by patients or their family members, while the procurement is under the responsibility of state health care system and service provider. Of course, the voluntary purchase of medicines and medical equipment from the private sector will not be defined as IP. These payments can take different forms, for example, cash payment, ex-gratia cooperation, and gifts [32].

The most famous labels include informal payment, gratitude payments, envelope payments, unofficial payments, bribes payments, under-the-table payments, and red package payments [28,33-35]. Black payments, gray payments, tea money, non-administrative payments, lost payments, corrupt payments, etc. are also other titles to refer [35].

Nature of IP

In the past, these payments were considered as a social phenomenon, but today, various reasons, such as lack of resources, poor governance, political weaknesses, are also accompanied by cultural and social reasons [6,7,9,15,18,19]. People had positive attitudes towards IP, like buying a gift after the treatment process in order to appreciate health care providers [3,4,6,36]. But in many countries such as Bulgaria, Poland, Romania, Lithuania, Hungary, the Netherlands, Ukraine, and Iran, they had a negative attitude towards this phenomenon, and they considered it as a part of corruption, especially in the health system of the country [8,17,37].

Payment incentives have a wide range, from just an appreciation to obligation [7,32,38,39]. In fact, most of the IP-related studies considered the 2 sources of appreciation and obligation as its origins [17,20,40,41]. The two main purposes were for higher quality or to improve access, and "gift" or "appreciation" from patients. It can be argued that the first group payments are made by circumventing the official rules [5,17,24,35,42-44]. This definition includes the insight that these payments are somehow bribery [34,37,43,45-47]. In addition, they show deficiencies in the provision of medical services. These payments can also be considered as a strategy to tackle resource scarcity and poor performance on both supply and demand sides. The findings show that patients on the demand side pay informally in order to have better service and higher quality, easier access to services, more care and make relationships with doctors or other health workers for incidents of future health events [12,19,39,48-50]. On the other hand, providers on the supply side will receive it to increase their low salaries [27,37,49].

Causes of IP

IP is due to supply problems and also has a profound root in social and cultural norms. Because the factors affecting supply include low funding for health providers and low staff salaries, the IP serves as an additional fund-raising tool for health organizations in general and for doctors in particular [3,31,51]. In fact, low and irregular payments and lack of government attention make providers especially doctors for receiving these types of payments [27]. In studies, some of these payments are due to weaknesses, deficiencies, and lack of proper management in the health system of countries. These reasons include poor financing, lack of support for vulnerable people and patients suffering from chronic illnesses [20,27,40,50,52], lack of restrictive laws and regulations and adequate punishment [10,15,31,33,53], unrealistic tariffs, people's lack of access to certain services and the creation of monopolies and the lack of appropriate infrastructure for providing human resources [12,15,20,34,39,48,54-58]. The lack of responsibility, transparency, and accountability of the health system, the inappropriate payment system, and information asymmetry are among the other reasons [27,59,60]. Also, the prevalence of financial and administrative corruption is another factor in the structure that justifies this phenomenon [9,47,54]. Other factors of IP related to patient personality features such as beliefs, perceptions, willingness, and patient experiences [4,5,20,50,57,61], individual characteristics of recipients like gender, age, race, employment status, income level, place of residence, insurance coverage, number of household members, marital status, health status [11,24,60,62-64]. Researchers have introduced several options, including general practitioners, specialists, nurses and other health care providers for IP, but most IPs have been taken to specialists, especially surgeons. So, these payments are also prevalent for complex and difficult services such as surgical procedures, cardiopulmonary surgery, urology, gynecology, and orthopedics, emergency services and specialist care such as CCU, ICU [15,17,34,41,42,52,61,65]. Other factors such as the reputation of doctors, length of stay, type of service (inpatient, outpatient), and the type of organizational provider (public, private, etc.) were among the factors that can influence the occurrence and the amount of informal payment [4,12,16,17,21,33,40,52,54-57].

DISCUSSION

This study aimed to review the documentation to identify the nature and reasons for IPs in health system. The prevalence of this phenomenon has been confirmed all over the world, including Western Balkan countries, Bosnia and Herzegovina, Croatia, and Former Yugoslav Republic of Macedonia, Serbia, Montenegro, Armenia, Bolivia, Costa Rica, Netherlands, Tajikistan [23,32,47,66-73]. Studies also point to the occurrence of this phenomenon in countries in the north and central Asia and in the southern and eastern parts of the continent, in countries such as Bangladesh, Vietnam, and in the members of OECD like Greece and Mexico [38,74-77]. As the evidence suggests, the phenomenon of IP cannot be considered unique to particular countries but seems to be the issue that has been more discussed in developing countries. Related to the definition of IP, it can be stated that time, the first definition that covers the components of IP was presented by Lewis in 1999 [78]. The same definition is found with a slight change in subsequent articles of the same author [18,32]. Most of the authors considered Lewis definition as the source [17,73,74,79-81]. Belli, in 2004, proposed two distinct definitions: first, focusing on IP in Georgia, pointing out that what makes the payment informal is different from "contributing to statutory payments or regulated fees." In another article by the same author, he amended the definition and expanded the framework for participation in payment and regulated fees to "any defined legal payments," and introduced the concept of people in the "entitlement to service" [22]. In 2006, Gaal and his colleagues by using the term "right" provided the definition of "informal payments", which is by far the most comprehensive [80]. But according to Cohen, the definition of Lewis is incomplete because it does not fully explain the significance of the normative nature of the payments and the social meaning of the phenomenon in all cases. Is the purpose of these payments receiving more priority than other patients? Are payments paid as gratitude or as bribery? Are they always part of corruption? [43].

Ensor also tried to limit this phenomenon. He divided IP into 3 categories: contribution, including equipment or salaries, abuse of position and supplementary payments. However, due to changes in the IP, these categories probably do not include all aspects of this phenomenon. Gaal and his colleagues confirmed the difficulty of comparative international research on the subject of IP. Their mention is the lack of a definition that is acceptable to researchers in other countries [80]. Some scholars emphasize the illegality of this phenomenon, some researchers focus on negating it, and others see it as a sign of corruption in the system [80]. In Lewis' definition, IP is a type of corruption that is different from the payment of gifts, and the difference is the nature of being optional of the second. Killingsworth, like Lewis, considered IP as a kind of corruption and, with various words, tries to reflect the local community's characteristics in the IP [32]. Chereches and colleagues considered 3 aspects for IP in their review:

- Informal payment's definition in relation to other informal activities
- The motivation for informal payment and how it is reflected in different definitions
- Informal payments and illegality/corruption

Cohen, in his study, considered these payments as an abbreviation (IPHC) and describes it as follows [43]:

"Literature shows that some IPHCs are a gift or appreciative gifts to physicians that are happened after treatment and in any situation. In these cases, it is impossible to claim that there is a relationship between the IPHC and the patient's desire to prioritize other patients." Additionally, literature believes bribery cannot be a successful definition for IPHC, because even if this phenomenon is unlawful, there are times and places that are legal [32,43]. In fact, although we cannot remove bribes from this description, we must distinguish between them. In his article, he categorizes IP based on 2 variables into 4 classes:

The variable of legality and improvement (which refers to the outcome of the payment). The legal refers to whether the payment is legal or not? Hence, IPHC can be considered as illegal activity, or it can be considered as a legal or vague activity. An ambiguous activity refers to laws or organizational rules that do not strictly prohibit this activity [43].

Black Payments (as part of corruption): In these cases, illegal payment is given and the payer receives better treatment. In essence, these payments are a part of corruption. Black pay is also part of the debate about black medicine, which is part of the shadow economy. The term "black medicine" refers to a variety of illegal actions that individuals take to obtain health care services.

Lost payments (most of the theory and less evidence): In these cases, payments are made illegally, but ultimately,

the payer receives equal treatment and even lower treatment than others. However, it is reasonable to assume that in various cases and conditions, we may see lost payments, and future research should take this theoretical approach.

Gray payment: In these cases, there are no clear rules for the prohibition of IP, so payments are made legally and the payer will eventually receive better treatment. For example, in Hungary and Poland, the IPHC is legal, and those who report IPHC to tax authorities can also reimburse [80]. However, the IPHC may occur indirectly and in wider ways than it was in the definition of this phenomenon.

Gratitude payments: Gratitude payments in literature, especially in Eastern Europe, have emerged. In these cases, payments are paid legally and the payer does not receive better treatment. Literature suggests that some IPHCs are treated as "gifts" or "giving appreciation" to doctors only after the patient is treated, regardless of the quality or speed of receiving the service. Therefore, it is recommended to study the nature of this phenomenon with greater precision in its context. However, other studies have also confirmed that IPs can exist in each community for variety of reasons such as the lack of government resources to finance health care, lack of trust and transparency in the health system, lack of sufficient supervision in the system, low paid providers, lack of proper accountability in the service delivery system, management weakness, poor service quality, disappointment of service recipients from receiving adequate health and welfare services, cultural factors and social affairs related to the value system of the community [53,82-86].

CONCLUSION

In the past few years, the IP has been raised as a universal political issue that could undermine the efforts of governments to improve justice, access and policies for people in need. It is concluded that the IP, in any case, has a generally negative impact on the health system of countries that can affect patients and even service providers. It seems that strategies such as increasing knowledge of people, changing the culture, improving the quality of health services and careful monitoring of the delivery process, improving management, and transparency in payment participation systems, and using a legal approach can be effective in reduction of these payments.

DECLARATIONS

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Conflict of Interest

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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