**Corruption in healthcare**



In May 2014, David Berger [wrote in The BMJ](http://www.bmj.com/content/348/bmj.g3169) about his experience at a rural hospital in India that revealed to him widespread corruption that afflicts the health system. Reflecting on the practice of cash for referrals, Berger shared, "The country’s doctors and medical institutions live in an ‘unvirtuous circle’ of referral and kickback that poisons their integrity and destroys any chance of a trusting relationship with their patients. Given these practices, it is no surprise that investigations and procedures are abused as a means of milking patients.”

Corruption is the very antithesis of patient centred care. Driven by greed, those in power divert crucial resources away from patients in need, which results in poor quality of care and worsening health outcomes. It is an international problem and no health system is free from it.

[In a linked editorial](http://www.bmj.com/content/348/bmj.g4184), The BMJ issued a call for a campaign against corruption in healthcare. We received an overwhelming response from doctors in India and across the world who concurred on the need to talk about the problem and tackle it together. The issue received widespread media coverage which led to substantial pressure on the government to commit to change. In a first, the then health minister of India acknowledged rampant corruption in medical regulatory bodies and vowed to take steps to improve transparency and bring to book doctors engaging in corrupt practices.

More remains to be done. The BMJ campaign aims to draw attention to corrupt practices in health systems internationally and stimulate discussion on underlying causes. We aspire to awaken the global conscience of doctors and foster initiatives to push for change.

You can read here our coverage of corruption in different domains of the healthcare system.

**Clinical practice**
[A call to fight back against kickbacks globally](http://www.bmj.com/content/348/bmj.g4184)
[Kickbacks for referrals ruin the doctor-patient relationship](http://www.bmj.com/content/348/bmj.g3169)
[Spotlight on kickbacks for referrals](http://www.bmj.com/content/349/bmj.g5265)
[A website to report unethical medical practices launched](http://www.bmj.com/content/349/bmj.g7539)
[Use patient power to tackle medical corruption in India](http://www.bmj.com/content/349/bmj.g5156)
[Whistleblowing in India: what protections can doctors who raise concerns expect?](http://www.bmj.com/content/350/bmj.h763)
[India’s private healthcare sector treats patients as revenue generators](http://www.bmj.com/content/350/bmj.h826)
[Private healthcare providers in India are above the law, leaving patients without protection](http://www.bmj.com/content/350/bmj.h675)

**Medical education**
[India’s private medical colleges and capitation fees](http://www.bmj.com/content/350/bmj.h106)
[Growing commercialization of medical education linked to corruption](http://www.bmj.com/content/350/bmj.h237)
[Corruption in nurses’ training](http://www.bmj.com/content/347/bmj.f6881)

**Drug industry**
[Drug industry “freebies” and sponsorship will be banned in India from January 2015](http://www.bmj.com/content/349/bmj.g7849)
[The Sunshine Act for transparency on financial relationships between doctors and industry](http://www.bmj.com/content/347/bmj.f4704)

**Medical ethics**
[The Indian Medical Association plans new code of medical ethics for hospitals](http://www.bmj.com/content/350/bmj.h236)
[A move to introduce ethics training in the medical curriculum](http://www.bmj.com/content/346/bmj.f2794)

**Public health**
[Embezzlement of public funds cripples the ambitious National Rural Health Mission](http://www.bmj.com/content/344/bmj.e453)

**Health governance**
[Health minister acknowledges rampant corruption in the Medical Council of India; vows action](http://www.bmj.com/content/349/bmj.g4762)
[Health campaigning group calls for action on corruption in India](http://www.bmj.com/content/349/bmj.g4648)

**Regulation**
[Investigation: The truth about cash for referrals](http://www.bmj.com/content/350/bmj.h396)
[Editorial: The General Medical Council and doctors’ financial interests](http://www.bmj.com/content/350/bmj.h474)