



TRANSPARENCY INTERNATIONAL BANGLADESH

Social Movement Against Corruption

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Dhaka Medical College Hospital: A Diagnostic Study

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Executive Summary

Background

The Dhaka Medical College Hospital (DMCH) is the central point of public health services of all the government hospitals in Bangladesh. It was established in 1946. Everyday, on an average, 1,432 patients come to the outdoor and 450 to the emergency units of the hospital, while 184 patients are admitted to the indoor for treatment. The patients are supposed to receive medical treatment at a low cost as it is a government-run hospital. However, it is alleged that the patients are regularly deprived of the health facilities due to a number of irregularities and corrupt practices.

As there is a dearth of knowledge and organised information about the nature, process and magnitude of corruption, TIB undertook an in-depth study on this hospital. In conducting the study, information was collected from both primary and secondary sources. Primary information was collected from a survey, observation, and open discussions. The survey was carried out among 850 patients selected through simple random and systematic random sampling.

Key Findings

There are 1,700 beds in the hospital at present, out of which 1,441 are general beds, 143 hired beds, 43 double cabins, and 30 single cabins. The DMCH has one director, one deputy director and two assistant directors. The total administrative manpower is 1,137 (194 female and 943 male). Out of the service providing manpower there are 594 doctors (199 female and 395 male), 653 staff nurses, and 673 student nurses. There are 25 departments, 48 units, and 45 wards in the hospital.

Patients are attended at the outdoor between 8.30 am and 1.30 pm. However, 71% of the patients informed that they had to wait for the doctors for 78 minutes on an average. Senior doctors are expected to visit indoor patients at least once a day, but 20% of the patients alleged that doctors did not visit them regularly. Patients were not satisfied at the services of the doctors – 43% of outdoor and 37% of indoor patients showed their dissatisfaction. The outdoor patients mentioned absence of doctors on time, careless treatment and presence of other people (such as medical representative) during treatment as the reasons of dissatisfaction. They further informed that the doctors spent only 5 minutes on an average for attending each outdoor patient, and 35% of them were suggested to visit the doctors' private chambers. On the other hand, the indoor patients mentioned irregular visit by the doctors (48%), carelessness and lack of attention of the doctors in providing health services (44%), and unavailability of the doctors in time of necessity (8%) as the reasons of dissatisfaction.

There are numerous allegations against the nurses. 33% of the patients did not receive good behaviour and 16% of them did not get regular services from the nurses. 43% of the indoor patients reported about maltreatment from the ward boys and other 4th class attendants, while 58% did not get them in time of their necessity. 43% of the outdoor patients also mentioned about the misbehavior of these employees. Employees of the outdoor are also alleged for breaking of the serial of the patients waiting for the doctors in exchange of bribes. 29% of the patients gave Tk 21 each as bribe for visiting doctors breaking the serial.



The domination of *dalals* (middlemen) in the DMCH is also remarkable. Different classes of employees including ward boys, sweepers, gatekeepers, and even the relatives of many employees are involved in the strong network of *dalals*. They are actively involved in arranging appointments with doctors, admitting patients, diagnostic tests, arranging operations, managing beds, and all such activities of the hospital. It is found that 31% of the outdoor patients took assistance of the *dalals* and for this they gave Tk 96 on an average. However, 37% of them stated that they did not get help from the *dalals* even though they had paid money.

The patients of the DMCH also face financial irregularities. The fixed rate of the admission form is Tk 5.50, but the patients were forced to pay Tk 11.50 on an average. Accordingly, an additional Tk 4,02,960 is collected illegally from the patients annually in this way. The most conspicuous crisis is shortage of beds. For this reason many patients do not get bed right after admission in the hospital. In the survey, it was found that 70% of the patients got bed immediately after admission, 20% stayed on the floor for four days on an average before getting beds, and 10% shared beds with others for 5 days on an average. It was informed that a few dishonest employees acquire additional benefits through bribes by creating artificial crisis of beds. They manage to provide beds to the patients by taking bribes. Among the patients, 32% had to give bribe to the middlemen an average Tk 188 to get bed in the hospital.

Considering the disease and nutritional need of the patients, the DMCH provides 11 types of food. For this purpose Tk 45 per person per day is allocated. In reality, the quality and quantity of these foods is not maintained. According to the study, 60% of the patients consume food provided by the hospital. Among them 25% mentioned that the quality of food is good, while 31% considered it bad. The reasons mentioned by those who described the food as of bad quality were bad odor in food (30%), bugs and other elements in food (51%), and poor menu (19%).

The reasons behind providing less quality food were manifold. From the supplier's point of view, it was found that firstly the supplier had to pay bribe and they try to get the money back from the food, secondly, the quality and quantity gets down when they try to increase the profit, and thirdly, they have to bribe the staffs in the kitchen to accept the low quality food. It was also found that some of the hospital staffs take away a part of the food for themselves.

Corruption also exists in the supply of food. Data from the study shows that on an average 704 meals are wasted everyday, which is worth Tk 31,680. According to this, every year food worth Tk 1,15,63,200 is wasted.

After getting admitted in the hospital the patients have to pay money to different people in the name of tips. It was found that 93% patients who used trolley paid Tk 42 as tips, 38% who were bandaged and got dressing paid Tk 53, 6% paid the sweeper Tk 13 to clean the floor around their bed, and 65% patient staying in the hospital for 15 days on average paid Tk 27 on average everyday to the ward boy. The visiting hour in the hospital is between 4 p.m. to 7 p.m. but 66% patients had visitors other than this hour by paying on average Tk 9 to the gate keeper.

There are various kinds of mismanagements and corruption in diagnostic tests. In such cases the patients are harassed by the doctors, staffs and the middlemen. 65% of the indoor and 50% of the outdoor patients was instructed to undergo diagnostic tests from particular diagnostic centers. It should be mentioned here that doctors get commission of 30% to 50% from these centers. According to the study, 51% of the respondents got their tests done from the DMCH, 26% from particular centers and 23% from both. Among those who conducted the test from the DMCH, 61% of them had to pay on average Tk 140 extra. Blood collected from drug addicts and physically unfit donors are sold here at two or three times higher price. Investigation shows that a bag of blood of any general group is bought for Tk 80 to 100 and sold for Tk 400 to 700.



Since the DMCH is a government hospital, patients are supposed to get free medicine and other medical apparatus. However, the study shows that 35% of the indoor and 32% of the outdoor patients did not get free medication. Even those who got medication got cheap medicine in a small quantity. Doctors claimed that there is adequate supply of many high cost medicines in the hospital, but when the patients asked for them they were refused from the counter. Patients who stayed on average 15 days got medicines such as parasitamol (1 to 3), oral saline (1 to 2 packs), pain killer (1 to 2), vitamins (1 to 3), antacids, and ointments for skin diseases.

Medicine and other medical equipments are not supplied in the hospital according to the amount needed. Besides, the supplied medicines do not reach the patients for some corrupt staffs. These medicines are sold illegally to the nearby drug stores. A list of these places and medicines are given below:

Medical equipment	Distributed illegally to
• Different medicines specially the costly ones	Drug stores nearby the hospital and some other drug stores
• Laboratory chemical, X-ray films	Various unpopular diagnostic centers of the city
• Bandage, fenyl, savlon	Drug stores nearby the hospital

The process of transferring these things is shown below:

- There is special form for the outdoor patients to get free medicine. This can only be received through the recommendation of the doctor. The people involved with illegal trafficking steal these forms and later write names of medicines and forge the signature of the doctor to get free medicine which they sell it to the drug stores.
- According to an intern doctor, getting medicine of the patient depends on the concerned doctor, nurse, and ward boys. The patient can only get medicine when he is willing. In the indoor section, prescribed medicines are collected from the counter and sold outside.
- Medical equipments other than medicine such as laboratory chemicals, gauge, bandage, fenyl, savlon etc. are collected through requisitions more than the actual need and later sold outside without fulfilling the patients' need adequately.
- The patients who undergo surgery in the hospital have to buy various medicines from outside. But some of it remain unused which is not returned to them. Information from the study shows that not even single per cent patient got the unused medicines back. Corrupt staffs sell these things to other patients or in the nearby drug stores.

There is also evidence of corruption in appointing staffs in the DMCH. Though there was circular for employing 243 third and fourth class staffs, total 340 staffs got employed. In these appointments there is exchange of bribe besides nepotism and influence. For these appointments bribes of Tk 50,000 to Tk 2,50,000 were given.

Beside these corruption prevails in the allotment of quarters for the staff. There is quarter for the fourth class employees in Ajimpur and Elephant Road. Though the quarters are supposed to be allotted according to the seniority of the service, influence and money has become the main deciding factor for these allotments. It was found that bribes worth Tk 10,000 to 1,00,000 is to be given for an allotment.

The patients were asked to comment on the overall service quality of the hospital. According to the findings, 30% of the indoor and 19% of the outdoor patients were satisfied with the service, while 30% and 35% respectively were dissatisfied with the quality of service.

A set of recommendations was suggested for curbing corruption and mismanagement in the hospital. It was suggested that there should be a complaint center for the patients under the



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direct supervision of the director. Internal audit should be done and monitoring team should be immediately set up. Harassment of the patients will be reduced if the staffs are ordered to wear uniforms and ID cards. Remuneration of the intern doctors should be increased. The quality of service of the hospital will increase if honest and efficient people get employed by avoiding political pressure, corruption and bribe during the staff appointment procedure. Harassment of the staffs will reduce greatly if the activities of the middlemen can be stopped. Bed and medical supplies for the patients are not adequate and should be increased. Above all the administration should be stricter and free flow of information should be ensured.