

ATTITUDES OF THE INFORMAL PAYMENTS IN HUNGARY

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ABSTRACT

Subject, topic, and purpose of the research: Parasolvency is a huge problem in numerous country and Hungary is not an exception. At present, accepting or asking for gratitude money is a criminal offense in Hungary. Against this background, the 1997 CLIV on Health. Act 138 / A. § (1) provides that: health care workers may not request or accept any benefits in connection with the health care service other than the statutory fee.

We are talking about a phenomenon that has been present in people's lives for decades, it is wrong and yet society insists on it. What is the reason for this?

The situation was not always so clear, there were periods contrary to the example mentioned above. In this article we highlighted the historical antecedents of gratitude money.

KEYWORDS: History, Inequalities, Healthcare

1. INITIAL FEATURES

Gratitude money is a multidisciplinary phenomenon, a bribery from a legal point of view, a special relationship between the patient and the doctor from a sociological point of view, and from an economic point of view, an a deficit in the formal economy.¹

The issue of money in the relationship between the doctor and the patient has been swampy for centuries. Could it be that a person who has taken up the ancient craft of healing as a profession is asking for remuneration for his activity and if so, what is the amount?

Perhaps the correct answer to this basic question is that there is not and cannot be an economically well-defined amount of medicine. The science of healing has been divided into two categories since historical times. We distinguish between secular and sacred healing. In the latter category, too, the healed were provided with various possessions as a token of their gratitude, only here they did not perform for doctors and priests, but for the supernatural forces that helped them. In the 1600s, the Babylonian king of Hammurabi provided in his code for the remuneration of the doctor, for if the craftsman was entrusted, he was obliged to pay for his work. BC 460 – 375 Hippocrates followed the sacred pattern in secular medicine and the patients arranged the cost of the doctor's work according to their ability.²

As early as the 1700s, the excessive financial expectations of doctors appeared. To overcome this, we can see many attempts at different stages of history. 1725, the fees (taxa) that a doctor could charge for his work

were set. After a while, the profession of doctor was chosen separately from other professions and the reward due to him was not seen as a wage but as an honor. This is one of the cornerstones of the development of parasolvency. The Generale Normativum in Re Sanitatis was published in 1770, which for the first time regulated all areas of Hungarian health care as a ruling decree. In this, he left the doctor's tariff to the doctor's discretion and provided only a moral warning.³

According to Article XIV of 1876 can be considered the first comprehensive law of Hungarian healthcare. Medical tariffs were set by law in the text of the Habsburg system.

„Remuneration for private medicine is subject to mutual agreement, where this has not been the case; in litigation, the court determines the remuneration by hearing experts. The smallest amount of this will be determined gradually by the Minister of the Interior, taking into account the different conditions of the towns and villages.”⁴

It can be seen from the regulations that the tariff is the subject of a free agreement, if a conflict arises later, the court will decide on the determination of the amount in civil litigation.

XXI of 1927 a statute of law laid down compulsory sickness and accident insurance, but this only applied to people whose income did not exceed 3600 penges per year or 300 pengas per month. Those with higher incomes had access to private care. Efforts were made to reorganize the system, and in the 1950s the nationalization of health care and the establishment of strict conditions began. In health care, layer-specific care was typical, which meant that patients received different

1 Orosz, É., 2018. Tudománytörténeti adalékok az egészségügy jelenlegi válságának értelmezéséhez. Esély, 5. 8.

2 Balázs, P., 2019. Az orvosi hálapénz megoldásának történelmi kulcsa. Orvosi Hetilap, 2.

3 Balázs, P., 2014. “Miért fizetünk hálapénzt a magyar egészségügyben?” 2, p. 8

4 *Ibid.*

services based on their financial situation. Even after nationalization, only 50% of society received free care, a situation that remained unresolved until 1972. Certain rules had to be introduced for the efficient operation of public health. Among other things, the option of a free doctor was eliminated. In 1953, the unified district medical network was established, under which doctors became public employees, and private institutions were nationalized. There were also expectations of the system from members of society:⁵

- accept that, despite financial differences, everyone receives equal benefits;
- do not abuse the opportunities offered by free services;
- trust that the care they receive will not be paid to doctors in the hope of adequate and better care.

The following requirements were imposed on doctors:

- accept to receive a fixed income regardless of their performance;
- accept to be public employees;
- carry out their work in the spirit of their professionalism;
- recognize the leading role of the state and the party.⁶

However, hopes for the model have failed. The expected result could not be delivered. One of the reasons for failure is to be found in meeting needs. As care has become free, patients have also had to go to the doctor with problems they did not have at all in their age. And health care was not prepared for this situation. The hospital admission of the patients and the scheduling of the surgeries were car-

ried out by the doctors, so the motivating factors that could influence the doctors' subjective decision were formed. Thanks to this, gratitude money was released. To put it more precisely at this time, gratitude as a term was not yet known, the tip was used instead. In the notes of György Ádám, we can find the story that the name popped out of the head of a trade union leader at a meeting of delegates. "As the blabla word from Frigyes Karinthy and the term masks from László Tabi put it, why not call it gratitude from now on?"⁷

In fact, if we observe that society has reproduced the public and private spheres, where the gratitude patient has become the role of the private patient. However, although the classic private practice has disappeared, the doctor has replaced his private practice in public institutions.⁸

2. EFFORTS TO FIND A SOLUTION

To tackle corruption, Anna Ratkó and Emil Weil recognized that settling wages could reduce or even eliminate the institution of gratitude, (this is still the case today). They have put together a four-point solution strategy to make health care more efficient:

- application of the Russian example instead of western patterns;
- curbing money launderers;
- fighting abortion;
- provide tip (gratitude money).

The Political Committee did not accept the proposal, and in 1952 "tip-in" was approved.

5 Antal, Z., L., 1993. Hálapénz kialakulásának szükségszerűsége és nélkülözhetetlen funkciói Replika. 219.

6 *Ibid.*

7 Tóth-Szenesi, A., Gerő Ernő három évre szemet hunyt a hálapénzezésnek, hetven év lett belőle [Online] Available at: <<https://telex.hu/eszkombajn/2021/02/20/halapenz-orvosberek-tortenelem-egeszsegugy>> [Accessed 01 May 2023].

8 Balázs, P., 2014. "Miért fizetünk hálapénzt a magyar egészségügyben?" 2, p. 10.

He marked 3 years for this period, but in reality it took much longer and even needs to be regulated today.⁹

After the regime change, the government successfully abolished the gratitude system in one area, and that was dental activity. The Bokros package, introduced in 1995, helped eradicate bribery. This was due to the fact that the exemption for persons aged 18-62 only covered emergency care, dental surgery, tartar removal and the treatment of gum changes. It can be seen that the exclusion from public funding was indirectly achieved by narrowing the package of services. However, this method is not applicable to all medical fields. For example, obstetrics is one of the health care sectors where the provision of gratitude money is outstanding. Pregnancy and obstetrics are social security-funded areas that obviously cannot be excluded from funding. In 2007 55% of women said that everyone, without exception, pays gratitude to the obstetrician. The situation did not improve in 2017 either, the amounts paid ranged from HUF 50,000 to HUF 200,000, but these amounts were limited only by the patients' financial framework. Behind the payment of gratitude money lies the hope of security and better care, which is complemented by the institution of the doctor received. *"So buying a sense of security through gratitude in obstetrics is primarily about the doctor of your choice."* Gratitude money leads to unjustified interventions in obstetrics, including unjustified cesarean section, unjustified barrier surgery, or unreasonable use of oxytocin to

speed up childbirth. The number of cesarean sections has increased significantly in recent years from 1990 to 10% by 2015, this percentage has risen to 39%. Our society has socialized, *"that we have to choose a doctor and then he will be there for the birth and then he will do a barrier incision because he needs to. And it doesn't occur to many that this may not be the case."*¹⁰

The regulations has been changed in 2021 and every type of the gratitude is a crime in Hungary.

The National Protect Service made a report about the crimes from 2021. Sixty-two cases have been reported or investigated on suspicion of various health crimes in more than one year. Six of these cases were linked to the granting or acceptance of parasolvency, indicating that the activities of the defense service are far from being limited to prosecuting gratuitous crimes. Other crimes were: abuse of minor, sexual exploitation, professional misconduct. Due to the coronavirus epidemic, there has been a higher number of misuse of protection certificates.¹¹

CONCLUSION

In my study, I presented the appearance of gratitude money in Hungarian healthcare through the historical antecedents of the physicians' remuneration system. It can be seen that the willingness to pay is characteristic of patients and their relatives in the hope of better and faster care. Accepting gratitude

9 Tóth-Szenesi, A., Gerő Ernő három évre szemet hunyt a hálapénzezésnek, hetven év lett belőle. [Online] Available at: <<https://telex.hu/eszkombajn/2021/02/20/halapenz-orvosberek-tortenelem-egeszsegugy>> [Accessed 01 May 2023].

10 Juhász, B. és Sági, M., Keresd a Nőt! Korrupció a társadalmi nemek szempontjából – különös tekintettel a nők elleni erőszakra és a szülészeti hálapénzre. [Online] Available at: <https://transparency.hu/wp-content/uploads/2019/03/keresd_a_not.pdf> [Accessed 03 March 2023].

11 Helmecci, Z., 2022. Többször lesújtott a törvény a hálapénzek miatt. [online] Available at: <<https://www.vg.hu/kozelet/2022/04/tobbszor-lesujtott-a-torveny-a-halapenzek-miatt>> [Accessed 01 May 2023].

from previously poorly paid doctors is not surprising. Nowadays, the state has completely banned all forms of gratitude money and has tried to ensure a significant increase in work-

ers' wages, but historical experience shows that the features of the current system are not novel, so we can only be confident in its effectiveness.

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3. Act C of 2020 on healthcare service employment. (in Hungarian)
4. Article 138/A. § (1) of Act 1997. CLIV. (in Hungarian)
5. Ethics Code of Hungarian Medical Chamber II.15. (1). (in Hungarian)

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