



The Prevalence of Ta'zir Medical Offences before and after the Implementation of Healthcare Reform Program (2013-2016): The Case of Shiraz University of Medical Sciences

Babak Behzadi¹, Abdul Khaleq Keshavarzai², Mohammad Hossein Pour³

¹PhD Student of Health Services Management, Shiraz University of Medical Sciences, Shiraz, Iran

²General Surgery Specialist, Deputy of Treatment, assistant professor, Shiraz University of Medical Sciences, Shiraz, Iran

³MSc in Nursing, Shiraz University of Medical Sciences, Shiraz, Iran

Abstract

Introduction: There are different problem-solving courts for prosecuting medical offences due to the broadness of healthcare sector as well as the variety of offences in this sector. One of these courts in Iran is the Commission of Ta'zir Offences which prosecutes specific offences in this domain. Due to the implementation of National HealthCare Reform Program since the second half of May 2013, this study was carried out to compare the prevalence of Ta'zir medical offences in Shiraz University of Medical Sciences before and after the implementation of this program.

Methods: This was an applied, cross-sectional study. The sample size of the study included all cases related to medical offences argued in the cases of Commission number 11 in the Department of Governmental Discretionary Punishment of Shiraz University of Medical Sciences during two periods: before (15/2/2012 -15/2/2013) and after the implementation of Healthcare Reform Program (15/2/2015-15/2/2016). A designed form was used to collect data in which the medical cases available in the Department of Governmental Discretionary Punishment were recorded. Data were analyzed, using descriptive and inferential statistics including Paired-Samples T-Test. SPSS version 16 was used to analyze the data and the significance level was considered 0.05.

Results: The results showed that the total number of Ta'zir medical offences was 169 before the Healthcare Reform Program and increased to 431 cases after the Healthcare Reform Program. Employment of medical and paramedical professionals who had no legal work permit before the implementation of Healthcare Reform Program was significantly ($P < 0.05$) different from that after its implementation (Mean: 2.5- Std-Deviation: 3.28- $P = 0.02$) and also additional patient fees (Mean: 0.91- Std-Deviation: 19.56- $P = 0.02$).

Conclusion: It is recommended that the Iranian Ministry of Health and Medical Education should increase monitoring the physicians' performance after the implementation of Healthcare Reform Program to prevent the violations of patients' rights.

Keywords: Violation of laws, Punishment, Healthcare reforms, Treatment, Iran

Article History:

Received: 24 May 2018

Accepted: 23 August 2018

Please cite this paper as:

Behzadi B, Keshavarzai AK, Hossein Pour M. The Prevalence of Ta'zir Medical Offences before and after the Implementation of Healthcare Reform Program (2013-2016): The Case of Shiraz University of Medical Sciences. J Health Man & Info. 2018; 5(4): 152-156.

*Correspondence to:

Babak Behzadi,
5th Floor, Central Building, Shiraz
University of Medical Sciences,
Zand Avenue, Shiraz, Iran
Tel: +98-917-1386575
Email: behzadibabak@sums.ac.ir

Introduction

The development of medical crimes in parallel to increased number of public and private sectors in the healthcare system is one of the common problems of medical societies in Iran. Today, effective supervision and management of such centers are the main priorities for community health promotion and infringement prevention in the healthcare system (1).

Considering the specific status and reputation of medical sciences in human societies, the practitioners have long been observing many ethical and human issues such as not deceiving the patients and not charging them additionally. Also, nowadays, all

medical graduates have a commitment to observe an ethical code since taking an oath upon graduating from medical school is a routine requirement for graduation (2).

Job duties and tasks in the field of medical sciences are determined by law, guild system and public opinion. Medical ethics are of premier and deeper values compared to general ethics. Today, medical science has progressed in all fields. Moreover, physicians and medical personnel dedicate their lives to the service of humanity. However, the offenders who commit medical crimes have criminal responsibilities for their actions and they are deemed

guilty in the case of medical professional malpractice and infringements. Improving the quality of health services will not be possible without systematic management of errors and crimes and preventing them from reoccurring. The incidence of medical violations and errors provide the basis for patient dissatisfaction and complaints (3).

In recent decades, patient complaints in the healthcare systems have significantly increased in Western countries, so that in the United States, patient complaints against doctors have risen from 21% in 1970s to 25-30% in 1990s. In Iran, likewise, the number of patient complaints has increased from 304 cases in 1993 to 1222 cases in 1999 in Tehran healthcare system and from 384 cases in 1372 to 651 cases in 1378 in Tehran forensic medicine (4).

Governance plays a significant role in reducing the quantity and quality of medical infringements. Justice is fulfilled where the sentence imposed upon the offender truly fits the offense and its frequency of occurrence (5). The word "Ta'zir" means to rebuke, to admonish or to punish. Its plural form is "Ta'zirat" which is a punishment which does not fall under the categories of hadd, qisas, or diya and is determined by law for the commission of prohibited acts under Shari'a or violation of state rules. In other words, the quality and quantity of Ta'zir or discretionary punishment depend upon the discretion of the judge (6).

The Commission of the Ta'zirat Act (number 11) ratified by Iran's "Expediency Discernment Council of the System" was established after 1998 to control and monitor the activities of healthcare centers as well as factories, food industry and pharmaceutical production and distribution sites. Its task is to detect medical crimes or infringements to punish the offenders on the basis of this law.

The main members of the commission include the head of the university of medical sciences, the chairman of Iran Health System Organization and the representative of the Minister of Health and Medical Education. On the basis of law, the commission on number 11 ascertains the offence and refers the case to Governmental Discretionary Punishments Organization or, if necessary, to Islamic Revolutionary Court for issuance of a verdict (1). If the members of the commission are provided with precise information about the offense, it will be easier for them to check the records of healthcare crimes. Given that exacerbation of punishment correlates with repetition of the offenses, the offender may be subject to a punishment commensurate with the offense if there is a history of committing it (7).

On the other hand, the National Healthcare Reform

Program was implemented for the promotion of health system goals, fair financial participation, increased accountability and health promotion. This program is considered as the most important national health plan in Iran. Its implementation has started at the hospitals affiliated to Ministry of Health and Medical Education since the second half of May 2013 (8).

The primary goal of this program was to protect the patients from high out-of-pocket costs, provide the patients being admitted to hospitals with the best healthcare service and to achieve health equity. Since the Healthcare Reform Program may have affected the prevalence of Ta'zir medical offences and given that no study has been conducted on the prevalence of Ta'zir medical offences, this study investigated the prevalence of Tazir medical offences in Shiraz University of Medical Sciences before and after the implementation of Healthcare Reform Program.

Methods

The present study was an applied, cross-sectional study. Its sample size included all cases related to Ta'zir medical offences argued in the commission number 11 in the Department of Governmental Discretionary Punishments of Shiraz University of Medical Sciences during two periods: before (15/2/2012 - 15/2/2013) and after the implementation of Healthcare Reform Program (15/2 / 2015 - 15/2/2016).

A form was designed to collect data in which the medical cases available in the Department of Governmental Discretionary Punishment of Shiraz University of Medical Sciences were recorded. It should be noted that there are 7 Ta'zir medical offences in the Iranian Governmental Discretionary Punishment law as follows:

Establishing illegal medical centers by unqualified individuals

Establishing a medical center by experts without a work permit

Refusing to admit emergency patients and provide them with emergency medical treatment by hospitals

Employing people without professional competence in medical centers

Employing medical and paramedical professionals without legal work permit

Leavening the medical center by technical assistant and unjustified closing of the medical center.

Charging patients with additional fees.

Data were analyzed using descriptive (Mean and standard deviation) and inferential statistics including Paired-Samples T-Test. SPSS version 16 was used to analyze the data with a significance level of 0.05.

Results

The results showed that the total number of Ta'zir medical offences was 169 before the Healthcare Reform Program and it increased to 431 cases after the Program.

As Table 1 and 2 shows, all offenses have increased following the Healthcare Reform Program. Considering the fact that the number of medical centers has steadily increased, it should be investigated whether the increase in Ta'zir medical offenses after the Healthcare Reform Program has been significant. This was investigated with a significance level of 0.05 ($P < 0.05$) using Paired-Sample T-Test. The following results were obtained.

The significance level was obtained in 2 cases less than 0.05, establishing medical centers by experts without a work permit ($P = 0.02$) and additional patient fee ($P = 0.02$).

In other cases, establishing illegal medical centers by unqualified people ($P = 0.2$), refusing to admit emergency patients and provide them with

emergency medical treatment by hospitals ($P = 0.3$), employing people without professional competence in medical centers ($P = 0.07$), employing medical and paramedical professionals without legal work permit ($P = 0.29$), leavening the medical center by technical assistant and unjustified closing of the medical center were not significant ($P = 0.07$).

Discussion

The results revealed that establishing medical centers by experts without a work permit before the implementation of *Healthcare Reform Program* was significantly different from that after its implementation. According to the Discretionary Punishment Law in Iran, medical and *paramedical* professionals without legal work permit and those working in illegal centers will be sentenced to the following penalties:

First time: The offense will be entered in their medical files and he/she will be sent to his/her legal place of work.

Table 1: Medical offences before and after the *Healthcare Reform Program*

Ta'zir medical offence	Before the Healthcare Reform Program	Percent	After the Healthcare Reform Program	Percent
Establishing illegal medical centers by unqualified people.	17	10%	57	13.22%
Establishing a medical center by experts without a work permit	12	7.17%	44	10.2%
Refusal to admit emergency patients and provide them with emergency medical treatment by hospitals	0	0	2	.46%
Employing people without professional competence in medical centers.	16	9.46%	48	11.16%
Employing medical and <i>paramedical</i> professionals without legal work permit.	1	.59%	3	.69%
Leavening the medical center by technical assistant and unjustified closing of the medical center	6	3.55%	31	7.19%
Additional patient fees	117	69.23%	246	57.08%
Total	169	100%	431	100%

Table 2: Medical offences before and after the *Healthcare Reform Program*

	Mean±SD	P value
1 Establishing illegal medical centers by unqualified people	1.58±4.1	0.200
2 Establishing medical centers by experts without a work permit	2.5±3.28	0.020
3 Refusing to admit emergency patients and provide them with emergency medical treatment by hospitals	0.08±0.28	0.300
4 Employing people without professional competence in medical centers	2.5±4.31	0.070
5 Employing medical and paramedical professionals without legal work permit	1.8±5.7	0.290
6 Leavening the medical center by technical assistant and unjustified closing of the medical center	1.75±3.1	0.070
7 Additional patient fees	0.91±19.56	0.020

Second time: The offender will be fined 500000-5000000 Rials in addition to the first-time penalties.

Third time: In addition to the second and first time penalties, extra years will be added to his/ her years of service (up to twice the legal years of service).

The difference in establishing medical centers by experts without a work permit before and after the implementation of Healthcare Reform Program was significant because of the following reasons:

1- Some medical professionals such as plastic surgeons and dermatologists have earned significant income after the Healthcare reform program due to the increase in the costs of these services which has led to performing illegal surgeries by these professionals. The total number of claims pertaining to cosmetic surgeries available in the Department of Governmental Discretionary Punishment of University of Medical Sciences indicates this fact.

2- Lack of surgery facilities in some towns has led to referring the patients to the capital of the province for illegal surgeries.

3- Short-term study abroad programs in which physicians, especially general practitioners, are interested due to their capability of generating high income though they are extra-curriculum programs. However, such educational certificates like Diploma in skin care, Botox certification, Diploma in traditional medicine and laser medicine... are not acceptable to the Ministry of Health in Iran and are not considered as academic degrees, and physicians perform illegal surgeries by virtue of taking these courses.

4- Tendency toward cosmetic surgeries and traditional medicine in Iran, increased demand for these services and an overall shortage of specialists in these fields have made general practitioners and even dentists perform these services illegally due to their lucrateness. According to the records available in Department of Governmental Discretionary Punishment of Shiraz University of Medical Sciences, even some dentists have performed laser and dermatology services in their private offices.

5- Lack of adequate supervision of virtual space (Internet and social networks) which spreads unrealistic propaganda in the field of some medical services such as cosmetic surgery, dermatology and laser services. Due to the increased demand, some physicians have attracted their patients from outside the capital of province and performed these services illegally in the capital of province.

6- Physicians working in the public sector are motivated to visit patients and carry out medical treatment beyond the framework of the public Healthcare system due to untimely payment of public

sector.

Also, the results showed that charging patients with additional fees before the implementation of Healthcare Reform Program was significantly different from that after its implementation. According to Discretionary Punishment Law in Iran, provision of surplus services and incurring additional patient fees for the sake of profitability and distorting the patient bill (fees higher than that announced by the Ministry of Health and Medical Education) are considered as crimes and the offender will be sentenced to the following penalties:

First time- Cash penalty twice the amount received from patients, written reprimand and interpolation in medical records.

Second time- Cash penalty up to five times the amount received from patients, interpolation in medical records, written reprimand and cancellation of technical license.

Third time: Cash penalty up to five times the amount received from patients, interpolation in medical records, written reprimand, cancellation of technical license and establishment license.

In the study conducted by Saberi Olya et al. entitled "descriptive study of the Commission's records of number 11 in the Unit of Treatment of Mashhad University of Medical Sciences in Mashhad, 2007-2015", the highest prevalence rate of Ta'zir medical offenses has been related to additional patient fees (more than the approved fees)(3). Additional patient fees have been found more often in private hospitals and medical centers compared to public ones both before and after the Healthcare Reform Program. Since private hospitals do not have a public and supportive budget, they have to attract funding from patients; however, this should be in accordance with the principles and regulations established by the Ministry of Health and the Iran Medical Council, while some private hospitals do not have any defined criterion for receiving medical expenses from patients and sometimes they receive additional fees. It should be noted that the cost of treatment in private hospitals is 20% higher than that in public hospitals. Given that additional patient fees, such as bribery, have been forbidden since the implementation of the Healthcare reform program, charging patients with additional fees in different ways by the physicians has led to the Ministry of Health regulation on patient complaints.

Conclusion

This study showed that the *Healthcare Reform Program* has not been able to reduce two Ta'zir

medical offenses (establishing medical institutes by professionals without legal work permit and additional fees charged to patients) despite its success in reducing other offenses. It seems that the Iranian Ministry of Health and Medical Education should have increased *monitoring physician performance after the implementation of Healthcare Reform Program* to prevent the violations of patients' rights.

Research Limitations

The main limitation of this study was lack of previous studies to make further comparison with the results of the present study.

Acknowledgment

This work was supported by Vice-Chancellor for Clinical Affairs at Shiraz University of Medical Sciences, Iran. We are grateful to Vice-Chancellor for Clinical Affairs, Vice-Chancellor for *Research* and Technology (Shiraz University of Medical Sciences) and all the employees of the Commission on Article 11 of the Governmental Discretionary Punishments at Shiraz University of Medical Sciences.

Conflict of Interest: None declared.

References:

1. Behzadi B, Ravanshadnia M. Collection of laws, regulations, regulations and guidelines for the treatment of the Ministry of Health and Medical Education in Iran. Shiraz: Saray Ahle Ghalam Publications; 2013.
2. Amozegar M. Prosecutor and Prosecutor of Guilty Physician. Tehran: Majd; 2006.
3. Ziaee M, Saberi Olya T, Norouzi Roshanavand F, Sadeghpour Z. A Descriptive Study of Commission Records of Article 11 in the Sanctions Unit of the Department of Mashhad University of Medical Sciences during 2007 to 2015. *Iranian of Mashhad Medical Council*. 2016;7(20):51-3. Persian.
4. Badakhsh H. Malpractic claim of gynecologists received by medical council. *Kashan University of Medical Sciences*. 2006;4(7):76-81.
5. Noras M. How to deal with the medical professional malpractice and infringements in Iran. Bojnord; National conference on- quality promotion; clinical gverance approach; 2013.
6. Wikipedia. Definition of Ta'zir Iran. c2018. Available from: <https://fa.wikipedia.org/wiki>
7. Ziaei M, Saberi A, Nowroozi M, Rostanavand F, Sadeghpour A. Descriptive study of the Commission's records of Article 11 in the Unit of Treatment of Mashhad University of Medical Sciences in Mashhad. *Mashhad University of Medical Sciences*. 2017;2(2):15-25.
8. Pourshirvani N. Performing family physician plan in Iran. achievements and challenges. Tehran: National Congress of Eleventh Government Function Criticism in health domain; 2015.