



Mains Practice Question

Case Study

You are a newly appointed Medical Superintendent at a government hospital in a tier-2 city, having achieved this position after years of dedicated service. The hospital recently received a substantial grant to establish a state-of-the-art cardiac care unit, a crucial facility as the nearest cardiac center is 200 kilometers away. During the procurement process for medical equipment, you discover that your immediate superior, the Director of Health Services, in collaboration with certain contractors, has inflated the equipment costs by 40% through manipulated tenders. The difference amounts to approximately Rs.12 crores, which could have been used to upgrade the pediatric ward that desperately needs ventilators.

When you raise this issue, the Director reminds you of your recent appointment and the fact that your spouse, also a doctor, was just transferred to this city after a three-year separation. He suggests that "administrative harmony" is crucial for your family's stability. Meanwhile, a reputed medical equipment supplier privately approaches you with documented evidence of the tender manipulation. You also learn that similar practices have been overlooked by your predecessors to "keep the system running." Now, you find yourself caught between ethical obligations and personal stability, and need to find a way out of this situation.

1. What are the stakeholders involved in this situation?
2. What are the ethical issues involved in this case?
3. What course of action would you take as the Medical Superintendent to address this situation effectively?

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Introduction

The **Medical Superintendent uncovers fraudulent inflation of equipment costs** by 40% in a cardiac care unit project. This excess of ₹12 crores could have been used for upgrading a pediatric ward. The Director of Health Services, despite being aware of the malpractice, pressures the Medical Superintendent to overlook the issue, suggesting the importance of administrative harmony, especially with personal and family stability at stake. This creates a conflict between ethical obligations and personal considerations.

Body

Stakeholders Involved

Stakeholder	Interest/Role in the Situation
Medical Superintendent (Me)	To ensure efficient use of public funds, establish the cardiac care unit, and uphold ethical governance.
Director of Health Services	Involved in unethical practices,

	prioritizing personal gains over public welfare.
Contractors	Benefitting from inflated costs, seeking to perpetuate corruption in the system.
Hospital Patients	Particularly cardiac and pediatric patients, who rely on the timely availability of high-quality healthcare services.
Hospital Staff	Rely on improved infrastructure to deliver effective healthcare.
Reputed Medical Equipment Supplier	Providing evidence of malpractice and advocating fair procurement practices.
Spouse and Family	Personally affected by potential conflict and administrative repercussions.
Society at Large	Expects efficient utilization of public funds to enhance healthcare infrastructure and services.

- **Ethical Issues in the Case Study:**
- **Public Welfare vs. Personal Stability:** Balancing the development of critical healthcare facilities with safeguarding family harmony, especially when personal and professional pressures intersect.
- **Integrity vs. Corruption: Upholding ethical integrity** and transparency in procurement processes versus **tolerating corrupt practices** that undermine the healthcare system for personal or administrative convenience.
- **Patient Welfare vs. Financial Mismanagement:** Prioritizing the health and safety of patients, especially **children**, over the financial mismanagement and resource diversion caused by inflated tender costs.
- **Whistleblowing vs. Job Security:** The decision to **report unethical practices** (whistleblowing) versus the **risk of jeopardizing career prospects** and facing retaliation or professional consequences.
- **Accountability vs. Inaction:** The ethical responsibility to hold the institution accountable for its actions versus the temptation to overlook unethical practices to maintain a smooth working environment.
- **Public Trust vs. Personal Pressure:** Ensuring that **public funds are used for their intended purpose** and maintaining **institutional credibility** versus **succumbing to personal pressures** from superiors or family concerns.
- **Course of Action:**

Immediate:

- **Assess the Situation Objectively:** Accept that systemic corruption may require careful handling rather than outright confrontation.
 - Collect and safely **store evidence provided by the equipment supplier** and any other relevant documentation.
- **Engage in Discreet Dialogue**
 - **Confront the Director Tactfully:** Have a private, professional conversation with the Director.
 - Express concerns about inflated costs and propose reallocation of funds (e.g., **suggesting a partial roll-back of inflated costs for pediatric upgrades**).
 - **Negotiate a Compromise:** If the Director insists on "**administrative harmony**," push for a middle ground—**redirect part of the surplus funds to other critical areas**, ensuring some benefit to patients.
- **Strengthen Procurement Processes**
 - **Delay Final Decisions:** Request a re-evaluation of tenders, citing "**technical issues**" or

need for greater transparency, **buying time** to address the malpractice without immediate confrontation.

- **Engage Neutral Auditors:** Advocate for **involving third-party auditors or committees to review the tenders**, providing a shield against direct blame on any individual.

Short Term:

- **Prepare for Retaliation:** Have an **open discussion with the spouse**, explaining the potential consequences and seeking mutual support for decisions made.
- **Balance Ethical Reporting in Case of Failure of Negotiation:** : If negotiations fail, report the malpractice to a higher authority (e.g., **Health Secretary**) **with evidence**, but avoid public whistleblowing initially to minimize backlash.

Long-Term:

- **Prioritize Pediatric Ward:** Ensure a parallel focus on upgrading the pediatric ward, leveraging public funds creatively (e.g., **CSR funding, local NGOs**).

Conclusion

In addressing this situation, I would adopt a balanced approach, ensuring that **immediate public welfare is prioritized while minimizing personal and administrative conflict**. By blending **cautious negotiation, incremental reforms, and ethical decision-making**, I can steer through systemic corruption while fulfilling my professional responsibilities and safeguarding personal stability

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