

Exploring Informal Healthcare Payments in Greece: Patient Perceptions and Anti-Corruption Strategies

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INTRODUCTION & AIM

INTRODUCTION

Corruption and informal payments in healthcare constitute major mechanisms that reinforce social and health inequalities, particularly among socio-economically disadvantaged groups. International literature suggests that bribery in public services is shaped by institutional weaknesses, governance quality, economic conditions, and cultural attitudes toward corruption. In the healthcare sector, informal payments often emerge in underfunded systems characterized by staff shortages, long waiting times, and limited accountability. Although illegal, these practices may become normalized as unofficial mechanisms for accessing faster or better healthcare services. Previous studies indicate that vulnerable populations—including low-income patients, older adults, chronically ill individuals, migrants, and refugees—are disproportionately affected by informal payments, resulting in unequal access to healthcare services. In Greece, structural weaknesses of the public healthcare system, including understaffing, delays, and regional inequalities, create favorable conditions for the persistence of the “fakelaki” phenomenon.

AIMS

This study investigates the phenomenon of “fakelaki” (informal payments) in the Greek public healthcare system and examines its association with institutional factors, cultural attitudes, and socio-economic inequalities. Specifically, the study aims to:

- Assess the extent of informal payments in public healthcare services in Greece.
- Explore how structural weaknesses of the healthcare system contribute to bribery practices.
- Examine the role of governance quality and cultural perceptions in sustaining the phenomenon.
- Identify the socio-economic and demographic groups most vulnerable to informal payments.

The study is based on primary nationwide survey data collected in Greece in 2023.

STUDY POPULATION & SAMPLE

The study population consisted of citizens who received services through the Greek National Health System. The sample included 2,072 adult participants from Athens, Thessaloniki, and other regions of Greece. Hospitals and healthcare facilities were selected to ensure geographical representativeness across major urban and medium-sized cities. Stratified sampling procedures based on geographical regions and population size were applied to reduce systematic bias and improve the reliability and representativeness of the findings.

METHOD

METHODOLOGY

A nationwide quantitative survey was conducted in Greece between March and May 2023 using structured questionnaires that included both closed- and open-ended questions. Participants were selected through a screening method among users of public healthcare services. Due to the sensitive nature of bribery, this approach was considered appropriate for identifying eligible respondents and improving participation. The study sample consisted of 2,072 adult participants from Athens, Thessaloniki, and other regions of Greece. Stratified sampling procedures were applied to enhance geographical representativeness and reduce sampling bias. The estimated sampling error ranged from 0.43% to 2.15%. Data analysis included descriptive statistics and non-parametric inferential methods. Chi-square (χ^2) tests were used to examine associations between bribery experiences and socio-demographic characteristics. In addition, a Binary Logistic Regression model was applied to identify the socio-economic and demographic factors associated with participation in informal payments (“fakelaki”). Statistical significance and model fit were assessed using Wald tests, -2LL ratio, Cox & Snell R^2 , Nagelkerke R^2 , and ROC-AUC indicators.

The study faced several limitations. First, the sensitive and socially stigmatized nature of “fakelaki” may have influenced participants’ willingness to provide accurate responses. Second, non-Greek speakers and migrant populations were excluded due to language barriers. Third, participation was restricted to adults over 18 years old.

RESULTS & DISCUSSION

- 27% of participants reported paying informal payments (“fakelaki”) in public healthcare services, while 73% reported no experience of bribery. Most payments ranged between €400–1,200 and were mainly financed through personal income or savings.
- Informal payments were usually requested before or during treatment, and physicians were the main recipients (85.5%).
- The majority of respondents (66.4%) were dissatisfied with public healthcare services. The main reported problems were staff shortages, long waiting times, workload pressure, and regional inequalities in healthcare access.
- Main reasons for paying “fakelaki” included:
 - Better quality of care (27%)
 - Faster access to services (23.9%)
 - Securing access to healthcare (15.1%)
- Most respondents considered anti-corruption mechanisms ineffective:
 - 71% viewed state measures as inadequate.
- Although most participants expressed negative attitudes toward bribery, 18.1% justified informal payments, mainly due to low salaries of healthcare professionals.

• Chi-square and Logistic Regression analyses showed that bribery was more common among:

- Women
- Older participants
- Residents of Athens and Thessaloniki
- Married individuals
- Middle-income groups (€501–1,500)
- Participants with private insurance or unstable income sources.

• The logistic regression model showed satisfactory predictive ability (ROC-AUC = 0.718; correct classification = 73.7%).

DISCUSSION

This study demonstrated that informal payments (“fakelaki”) remain widespread in the Greek public healthcare system, with more than one in four participants reporting that they paid unofficially to secure access or better treatment. The findings indicate that corruption is closely linked to systemic weaknesses, including long waiting times, understaffing, and limited access to healthcare services. Informal payments were mainly directed toward physicians, particularly in surgical and specialized care, highlighting inequalities in access to essential health services. The study also showed that corruption disproportionately affects vulnerable groups, including women, older adults, residents of large urban centers, and socio-economically disadvantaged populations. Financial insecurity, dependence on public healthcare, and power asymmetries between patients and healthcare professionals increase vulnerability to informal payments. In addition, a considerable proportion of participants appeared to justify or tolerate the practice, suggesting a degree of social normalization and low trust in anti-corruption mechanisms. Overall, the findings are consistent with international literature linking healthcare corruption to institutional weaknesses, social inequalities, and cultural practices. Addressing the phenomenon requires greater transparency, accountability mechanisms, digitalization of services, and substantial strengthening of the public healthcare system.

CONCLUSION

The study concludes that “fakelaki” in Greece is not merely an illegal financial transaction but a mechanism of social exclusion and unequal access to healthcare. Gender, age, income, education, and geographic location significantly influence the likelihood of involvement in informal payments, with vulnerable populations being disproportionately affected. Effective responses should include strengthening transparency and accountability, improving public healthcare infrastructure and staffing, reducing regional inequalities, and promoting public awareness and trust in institutions. Combating healthcare corruption is essential for ensuring equitable, universal, and transparent access to healthcare services in Greece.

FUTURE WORK / REFERENCES

Future research should examine informal payments longitudinally and evaluate the impact of recent digital and institutional reforms on reducing corruption in healthcare. Comparative studies across regions and countries, as well as further qualitative research on patient-provider interactions, are also needed. Finally, future work should focus on policy interventions that strengthen transparency, accountability, and trust in the public health system.

REFERENCES

- Antonoglou, D., 2025. *Pathologies of the national healthcare system and corruption in health services: A research approach*. PhD dissertation. University of the Aegean.
- Antonoglou, D. and Rontos, K., 2023. Measuring geographical inequalities in healthcare services in Greece. In: Nagopoulos, N. (ed.) *Social Sciences Today*. Athens: Themelio, pp. 387–431.
- Antonoglou, D. and Rontos, K., 2024. Spatial inequalities in healthcare infrastructure and services for cancer patients in Greece. In: Kostakis, A. (ed.) *Demographic Analects*. Volos: University of Thessaly, pp. 243–277.
- Habibov, N. and Cheung, A., 2017. Revisiting informal payments in 29 transitional countries. *Social Science & Medicine*, 178, pp.28–37.
- Kaitelidou, D.C. et al., 2013. Informal payments for maternity health services in Greece. *Health Policy*, 109(1), pp.23–30.
- Kontaxakis, V. and Economou, M., 2016. Regional inequalities in access to healthcare in Greece. *Greek Review of Social Research*, 146(1), pp.45–63.
- Lewis, M., 2007. Informal payments and the financing of health care in developing and transition countries. *Health Affairs*, 26(4), pp.984–997.
- Liaropoulos, L. et al., 2008. Informal payments in public hospitals in Greece: prevalence and determinants. *Health Policy*, 88(2–3), pp.282–293.
- Marmot, M., 2015. *The Health Gap: The Challenge of an Unequal World*. London: Bloomsbury.
- Savedoff, W.D. and Hussmann, K., 2006. Why are health systems prone to corruption? In: *Global Corruption Report 2006*. Transparency International.
- Sotiropoulos, D.A., 2013. Corruption in Greece during the crisis period. In: *The Greek Crisis and European Modernity*. Athens: Kritiki.
- UNDP, 2020. *Gender and corruption: Understanding the linkages*. New York: UNDP.
- Vian, T., 2008. Review of corruption in the health sector. *Health Policy and Planning*, 23(2), pp.83–94.
- WHO, 2010. *Health Systems Financing: The Path to Universal Coverage*. Geneva: World Health Organization.