Q10

Case study. Sneha is a Senior Manager working for a big reputed hospital chain in a mid-sized city. She has been made in-charge of procurement for a new super speciality centre. She notices that her brother, who is a well-known supplier in this domain, has also sent his expression of interest. Since the hospital is privately owned, it is not mandatory for her to select only the lower bidder. Her brother's company has been facing financial difficulties and a big supply order will help him recover. Allocating the contract to her brother might bring charges of favouritism. (a) What should be Sneha's course of action? (b) How would she justify what she chooses to do? (c) In this case, how is medical ethics compromised with vested personal interest?

UPSC Civil Services Mains 2024 · GS IV · 20 marks · Ethics Case Studies

Case Studies on above issues.

Core demand of the question

- (a) Sneha's course: recuse, equal process, no brother's order while she is in-charge
- (b) Justify with integrity, appearance of bias, private-hospital duty to patients
- (c) How vested interest compromises medical ethics: safety, fairness, trust, Hippocratic duty

Revision summary

Sneha should disclose the brother's EOI, recuse from all related decisions, and refuse to shape specifications around his firm.

Private ownership does not cancel conflict-of-interest duty; patients still bear device risk.

Justification is integrity, appearance of justice, and the patient as the moral centre rather than the brother's debt.

Medical ethics is compromised when a weaker product is bought to rescue a relative, when trust leaks, and when a brother-vendor cannot be dropped.

Financial distress of the supplier is a quality red flag, not a reason to bend the indent.

Introduction

Sneha is **Senior Manager, procurement**, for a **new super-speciality wing** of a **reputed private hospital chain**. Her **brother**, a **known supplier**, has filed an **expression of interest**. The hospital is **not bound to the lowest bidder**. The brother's firm is in **financial trouble**; a **big order** would **save him**. A family rescue and a **favouritism charge** sit on the **same indent**. Private ownership does **not** wash **medical ethics** or **conflict of interest**. Patients still **bleed under those lights**.

Body

(a) Course of action

Sneha should **declare the relationship in writing the same day** to her **reporting director and to internal audit**. She should **recuse from evaluation, negotiation and sign-off** on this EOI and on **any re-tender** in the same category while the brother's firm is in the field. She should **ask that a panel** with **no family link** run a **documented quality-and-price process**, even though the law of **public GFR does not bind a private chain: the hospital's own probity policy and the patient's body** do. She should **not coach her brother's bid**, **not share rival quotes**, and **not design the specification** around his catalogue. She should **tell her brother, once, that she cannot be his market**. If the firm is **objectively the best** on **published criteria**, the **panel** may still award; **she must not be in the room**. If the chain **presses her to sign**, she should **refuse and escalate**. A **side letter** that "we all knew" is **not** a defence.

(b) Justification

Integrity is **one person, one interest** on the file. **Justice must be seen:** even a **fair** award to the brother will **look like a rescue**, and **staff and rival suppliers** will **price the next tender** as a **family shop**. **Role morality:** she is **trustee of procurement for a clinical purpose**, not a **sister with a chequebook**. **Private** does not mean **anything goes**; **clinical equipment** that **fails** kills. **Virtue:** Aristotle's **liberality** to family is a **private virtue**; here it is a **public vice**. **Kant:** a maxim of **sister-awards** cannot be a **hospital rule**. **Gandhi's talisman** is the **patient on the table**, not the **brother's EMI**. **Courage:** a **bad ACR** from a promoter who **wanted the brother** is **cheaper** than a **device scandal. Justification to the board: process legitimacy protects the brand**; **a quiet family order** is a **time-bomb**.

(c) Medical ethics compromised by vested interest

Beneficence and non-maleficence fail if a **weaker ventilator or a tainted implant** is bought because a **sibling needed cash**. **Justice** in the clinical sense is **fair access to competent kit**, not a **family subsidy** built into **patient bills**. **Autonomy** is wounded when **consent** is to a **hospital** that **hid a conflict**. **Trust** - the **soul of the clinical relationship** - **leaks** to the **ward boy** who **saw the brother in the store**. **Professional codes** (IMC/NMC spirit, **nursing and admin** alike) treat the **patient as end**. A **vested indent** treats the **patient as a revenue pipe** for a **private distress**. **Pharmacovigilance and device safety** need **suppliers who can be dropped**; a **brother-vendor** is **harder to blacklist**. **Financial distress** of the firm is a **red flag for quality and for kickback pressure**, not a **humanitarian exception**. **Hippocrates** did not add **"unless your brother is broke."** The compromise is **complete** when **clinical criteria are rewritten** around a **catalogue**, when **lowest competent** is **ignored without reasons**, and when **incident reports** are **softened** to **protect the sibling**. That is how **probity failure becomes a mortality statistic**.

Flow diagram

Brother EOI -> Written disclosure

Written disclosure -> Recuse from panel

Patient safety -> Quality criteria

Vested indent -> Weaker kit and lost trust

Conclusion

Sneha must declare, recuse, and keep her brother off her pen. A private hospital still owes patients a conflict-free buy. A family rescue through a super-speciality indent turns medical ethics into a subsidy, and the patient pays in risk.

Facts & figures

Conflict of interest

A situation where private family gain can pull a procurement decision off the patient's interest.

Recusal

Stepping off evaluation and sign-off so that a panel without the family link can still consider a competent bid on published criteria.

Appearance of bias

Even a technically defensible award to a sibling will be read as a rescue; process sunlight is the only partial cure.

Non-maleficence

The medical duty not to harm; a cheaper unsafe device bought for family reasons is a clinical ethics failure, not only an HR story.

Private hospital, public duty of care

Ownership form does not dissolve the duty to competent equipment, honest billing and a trustable store.

Supplier distress

A firm in financial trouble may cut quality or seek a captive buyer; it is a due-diligence warning, not a charity case on a clinical indent.