Trust me, I’m a ‘doctor’: Of bogus doctors, medical impostors and medical fraudsters

Local newspapers have recently carried vivid headlines following the arrest of several individuals at the hands of the Hawks.1 Quite who among those arrested hold valid qualifications, who were impostors, who were legitimately registered and accredited with the Health Professions Council of South Africa (HPCSA) and who were fraudulently borrowing practice numbers to defraud the medical aid services, and whether they were operating as part of a syndicate (or syndicates), is still to be established. Reassuringly, the magistrate before whom the alleged miscreants appeared demanded proof of the medical qualifications and the Department of Health and the HPCSA are undertaking their own investigations, as is the Board of Health Care Funders (an industry body for medical aids), since some are accused of using other doctors’ practice numbers in order to claim monies from medical aids. Patients of the alleged bogus doctors are now also supplying evidence.

The Lancet offered an editorial2 addressing this nearly 100 years ago: ‘The medical profession is unfortunate in that it apparently offers more temptation than any other to fraudulent persons to pretend to be members of it with a view to victimising their fellows. In short, the bogus doctor is a criminal who is a specialist, just as much as the abortionist, the trained pickpocket, or the blackmailer; and he is assisted by the credulity of others. Medical men, if not actually brought in contact with him, and even those who are, do not always take the precaution of establishing his identity, and laymen, who fall into his hands, being usually members of the more ignorant classes, have not sufficient knowledge or sufficient observation to detect him …’

The issue remains active in developed and developing countries and cases have been reported in the USA and the UK, in Australia and New Zealand, and in the Far East and the Middle East. In the USA, law enforcement officials are not sure how many bogus practitioners operate, but ‘there are enough to pose a serious threat to the public’. A study by Bath University3 in 1996 identified more than 100 bogus doctors in the UK over several years and offered insights as to the modus operandi of these impostors.

The pattern is to obtain foreign – sometimes bogus – qualifications, and blend in. The masquerading medics escape notice, sometimes for decades. In a hospital setting a ‘bogus doctor can blend into the medical culture, taking up a position in the medical team, learning by apprenticeship, benefiting from the actions of colleagues and accumulating experience’. If seen as a weak link in the medical team, he/she is excused as being inexperienced and having undergone a different kind of medical training.

Some phony doctors set up shop in offices, occasionally working with real physicians who know they do not have legitimate medical licences (perhaps the situation highlighted by the recent South African publicity), or trick hospitals and clinics into believing they are the real thing when they present fake credentials for employment. Others may see patients in home offices in communities.

Many impostors have some acquaintance with the world of medical practice through having (part-) trained as paramedics or having failed as medical students. They are not easy to unmask: ‘In many ways, bogus doctors are uncomfortably like genuine doctors’.4

That the practitioners are bogus may only surface when patients complain to authorities after receiving poor medical care. Or, because their potential for doing harm is high, they may be exposed when a real doctor contacts authorities after treating a patient who was hurt by the work of a fake practitioner. Sometimes they may not come to attention until there are bureaucratic checks. These impostors then face arrest, conviction and prison sentences.

What of the South African situation? A 2009 press release5 quotes Denise White, past chairperson of the South African Medical Association (SAMA), as saying that the number of bogus doctors plying their trade in South Africa runs into the hundreds. Boyce Mkhize, then an HPCSA registrar, also suggested that the countless advertisements plastered on street poles and buildings by people with names like ‘Dr Cure’, ‘Dr John’ and ‘Dr Liezl’ was a clear indication that people not registered with the HPCSA are plying a nefarious trade. Ms Ina van der Merwe, CEO of international background screening company Kroll, added that many impostors have ‘impressive fake diplomas from top universities complete with wax seals hanging in their offices that look exactly like the real thing, but are as fake as a R7 bank note’; moreover, ‘the medical profession has become a favorite among fraudsters because of the potentially lucrative career opportunities it offers’.

In developing countries, people are especially vulnerable, not least because of the enormous burden of ill-health borne by the populace and the fact that, as the elderly Lancet editorial quoted above observed, they ‘have not sufficient knowledge or sufficient observation’ to detect the bogus doctor. This combination is a recipe for criminal success.

What then is the remedy? The HPCSA, which serves as doctors’ regulatory body, offers the best hope of halting bogus doctors. Members of the public can check with the HPCSA at 012-338-9301 or www.hpcsa.co.za if they want to confirm whether the people they go to for medical attention are registered practitioners; also, they have the right to ask to see the practitioner’s annual HPCSA certificate.

But as the General Medical Council, the equivalent accreditation body in the UK, admits, ‘one hundred per cent security is almost impossible’. The uncomfortable reality is that ‘the line between sensible checks and more widespread scepticism placing the majority of new doctors under suspicion is very narrow.’

Janet Seggie
Guest Editor

4. Timmons N. Dozens of bogus doctors found in health service able to fool the NHS. Independent, 24 February 1996.