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Criminal Liability of Medical Professionals for Negligent Treatment: Article 96 of the Albanian Criminal Code and the Case of Structured Corruption at the Oncology Hospital

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Abstract

Medical malpractice is a growing concern in global healthcare, especially as patient awareness and expectations about medical standards increase. In the Albanian context, where the country is moving toward European Union membership, the legal system has incorporated international norms by recognizing criminal liability for negligent medical conduct under Article 96 of the Albanian Criminal Code. This law aims to protect the constitutional right to health and penalize healthcare providers whose negligent actions lead to serious injury or death. Nonetheless, applying this legal mechanism becomes complex when negligence combines with intentional misconduct. The "Oncology Hospital Case" in Tirana illustrates this combination, exposing alleged institutional corruption involving healthcare providers and administrators who reportedly manipulated access to vital oncological treatments and diverted patients to private clinics for illegal financial gain. These actions go beyond professional errors and may amount to crimes, including abuse of office, passive and active corruption, and, in severe cases, attempted murder. This paper adopts an interdisciplinary approach, combining legal doctrine, empirical case analysis, and public health data to examine both the normative and structural aspects of medical negligence and institutional malpractice, focusing on Albania. It emphasizes the legal interpretation of informed consent, the fragmentation of liability among multidisciplinary medical teams, and the systemic erosion of public trust in healthcare governance related to corruption. The findings highlight an urgent need for Albania to strengthen mechanisms for legal accountability, improve institutional transparency, and carry out comprehensive reforms to safeguard patient welfare. Without these systemic protections, negligent actions risk evolving into organized criminal activity, undermining the rule of law and the integrity of public health systems.

Introduction

Medical negligence is increasingly recognized as a serious global public health issue, posing direct threats to patient safety. It significantly contributes to injury, disability, disease, and even death, leading international health organizations such as the WHO to prioritize it within healthcare systems. Broadly defined as an act of omission or commission during planning or execution that results—or could result—in unintended patient harm [1], medical negligence involves both incorrect clinical decisions and procedural failures [2]. The lack of a universally accepted definition or measurement standard complicates the assessment of medical negligence [3]. However, it generally refers to any failure by healthcare professionals—such as physicians, nurses, paramedics, or technicians—to meet accepted standards of care that causes preventable harm. Common issues include surgical errors, diagnostic failures, and medication mismanagement [4]. Healthcare professionals work in high-risk environments where their decisions can directly impact lives. This makes them not only ethically responsible but also, in many cases, legally liable for any negative results. Legal systems handle this responsibility differently, based on their healthcare policies and legal traditions. In countries with privatized healthcare systems, such as the United States, medical errors are usually resolved through civil lawsuits rather than criminal charges [5]. Conversely, in countries with public healthcare systems, such as many in continental Europe, criminal charges for medical negligence are more frequently pursued. Legal practices also vary: Western European systems tend to prosecute negligent acts under general criminal laws, such as bodily harm or manslaughter, whereas Eastern European countries (including Albania, the former Yugoslavia, and Ukraine) often recognize specific criminal offenses related to medical malpractice [6].

The legal and ethical implications of criminalizing medical negligence are significant. Scholars remain divided on how strictly physicians should be held accountable. For example, Italian legal scholars advocate criminalizing only gross negligence, while Indian scholars often debate the fairness of punishments and the clarity of legal definitions. In the UK, discussions continue about whether criminal penalties are appropriate for all types of gross negligence, particularly when serious harm occurs [7]. In terms of legal consequences, three types of liability are commonly recognized: civil liability (compensation for harm), administrative liability (disciplinary sanctions), and criminal liability (legal prosecution under penal codes). The Council of Europe describes medical negligence as a failure to meet the necessary standard of care—such as an incorrect diagnosis or not informing the patient about treatment risks. Scholars have broadened this concept to include technical errors, procedural violations, organizational failures, and mismanagement of medical records [8]. The concepts of "medical error" and "medical negligence," while often used interchangeably, are not the same. Most legal and academic views see negligence as the broader term, covering mistakes in diagnosis or treatment but also extending to systemic issues like incompetence or neglect of duty. Importantly, both can be grounds for a criminal investigation or prosecution, depending on the seriousness of the incident and its outcome. However, the increased use of criminal law against healthcare professionals has heightened legal pressure on the medical field and could lead to unintended consequences [9].



A significant issue that has emerged is the increase in defensive medicine [10]. Fearing legal consequences, many doctors adopt risk-averse practices—ordering unnecessary tests, avoiding high-risk patients, or hesitating to use new treatments—to reduce the risk of being sued. This not only raises healthcare costs but also harms the quality of care, resulting in negative outcomes for both patients and providers. Experts contend that over-criminalization discourages transparency and learning from medical errors and can obstruct the development of a safety-focused culture. The psychological and professional toll on healthcare providers is also significant. Even a single high-profile criminal case can create a chilling effect throughout the medical community. Healthcare professionals may feel exposed, unprotected, and mistreated by legal systems that do not fully grasp the complexities of clinical decision-making. Many report anxiety about facing criminal investigations if an unintended harm occurs, despite acting within reasonable medical judgment.

Beyond these general concerns, the consequences of criminalizing negligent conduct can be severe and long-lasting for individual physicians. These include professional disciplinary action, suspension or revocation of medical licenses, exclusion from professional advancement, and permanent damage to personal and professional reputations. Unlike civil or administrative penalties, criminal convictions carry the stigma of moral blame, which can severely affect a physician's ability to work or contribute meaningfully to the profession. Medical negligence is not just a clinical or legal matter—it is a deeply interdisciplinary challenge that involves law, ethics, healthcare policy, and public trust. The way forward involves creating clear legal definitions, proportional accountability methods, and support systems that promote ongoing learning without fear. Criminal law should be used only for the most serious violations—acts of gross negligence or intentional misconduct—while most medical errors should be handled through civil and administrative channels that focus on patient safety and systemic improvement. [10]. Following the previous review of international theories on medical negligence and its broader criminal implications, this section shifts to the Albanian legal system. Since 1995, Albania has included negligent medical treatment—specifically negligence in care—in its Criminal Code, providing a unique model for comparative legal analysis in healthcare liability.

The Analytical Profile of Article 96 of the Criminal Code of Albania: negligence in medical treatment

It is important to highlight that Albanian criminal law specifically focuses on protecting patients' health, in line with Article 55 of the Constitution of the Republic of Albania, which states: "Citizens equally enjoy the right to healthcare provided by the state." Within this constitutional framework, criminalizing negligent medical conduct—especially professional negligence—serves as a vital social safeguard, supporting the state's duty to protect the lives and health of its citizens. The Albanian Criminal Code features a dedicated chapter titled "Criminal Offenses Endangering Life and Health through Pregnancy Termination or Denial of Assistance," which includes seven articles. For this analysis, Article 96 is especially relevant. Called "Negligence in Medical Treatment," this provision aims to protect patients from all forms of substandard medical care that do not meet professional standards (*lege artis*). It explicitly addresses negligence-based culpability, in which an act or omission by a healthcare professional—such as a medical error—causes serious harm to a patient's health, puts lives at risk, or results in death [11].

Article 96 of the Albanian Criminal Code states: "Negligence in medical treatment by healthcare professionals, when such conduct endangers a person's life or causes serious harm to their health, shall be punishable by a fine or imprisonment for up to one year.

In case such conduct results in death, the penalty shall be imprisonment of up to two years."

Before exploring the main points of this provision, it is important to note that the concept of "negligence" is not explicitly defined in the Albanian Penal Code. Instead, its interpretation is based on judicial practice, which reflects a mixed approach that combines elements of both civil law and common law systems. According to Article 16 of the Albanian Criminal Code, negligence is defined as follows: "A criminal offense is committed through negligence when the perpetrator, although not intending the result, foresees the possibility of its occurrence and recklessly hopes to avoid it, or fails to foresee it, even though under the circumstances they ought to and could have foreseen it." From this legal formulation, it is clear that criminal responsibility arises from a type of negligence that could have been reasonably avoided. In such cases, the perpetrator does not intend to cause harm but fails to take reasonable precautions to prevent it. The physician overlooks symptomatic indicators that, if properly evaluated, would have required greater diligence in managing the patient's clinical prognosis.

This criminal offense is classified as a *delictum proprium*, meaning it can only be committed by individuals with specific professional qualifications. According to Article 96 of the Albanian Criminal Code, the perpetrator must be a healthcare professional—such as a physician, nurse, or medical assistant—who, by breaching established medical protocols, has endangered the patient's life. Such violations may include, for example, failing to follow medication dosing guidelines, which can disrupt the patient's medical parameters and endanger their life. Similarly, liability may occur if the healthcare professional assigns an inappropriate treatment plan or provides care for a condition the patient does not have, thereby worsening the clinical outcome and risking patient safety. Statistical insights from Albanian judicial practice indicate that diagnostic errors are the primary cause of medical negligence, often resulting in incorrect treatment protocols. The attribution of criminal liability requires identifiable errors in the diagnostic or therapeutic process. However, even if these errors are proven, that alone is not enough for conviction; the prosecutor must also demonstrate two additional elements of liability: the occurrence of consequences and a causal link between the errors in treatment and those consequences. The consequences may include the worsening of the disease, deterioration of health, or the patient's death.

The legal characterization of fault committed negligently, specifically in the form of omission or carelessness, entails that negligence is characterized by an individual who foresees the possibility of a harmful outcome but proceeds with the belief that it will not occur because of their assumed ability to control the risk [13]. In legal doctrine, this type of negligence is called excessive self-confidence, or more precisely, conscious negligence. Unlike recklessness, where the person accepts the risk, excessive self-confidence involves a mistaken belief in one's ability to avoid the harmful outcome, even though they know it is possible. This distinction is especially relevant in professions like medicine, where relying too much on personal judgment—even when there are conflicting signals—can lead to criminal charges for negligent malpractice. On the other hand, unwitting negligence occurs when a person is unaware of the danger but should have known and could have acted. For example, a hunter who fires at sounds in the bushes and accidentally kills another hunter, thinking he was shooting a wild animal. A particularly complex issue involves determining criminal responsibility when patients knowingly give informed consent or refusal. This raises legal questions about how much a doctor can be held responsible if the patient's autonomous choices influence their medical decisions. The assessment considers whether the physician acted within the scope of the patient's consent and professional standards or if, despite the consent, their actions went beyond accepted medical care, potentially leading to criminal liability for negligence [14].

The Right to Consent and Constitutional Provisions under the Constitution of the Republic of Albania

The right to grant or refuse consent for medical treatment is a fundamental privilege of an individual, rooted in the core principle of safeguarding one's physical, mental, and moral integrity. This right extends to everyone who receives healthcare services, including diagnostic, therapeutic, or surgical procedures. At the heart of this right is the principle of individual self-determination, which stems from personal autonomy and is clearly protected by Article 15, paragraph 1 of the Constitution of the Republic of Albania. This constitutional clause affirms human liberty as the fundamental source of positive law, stating that: "The fundamental rights and freedoms of the individual are indivisible, inalienable, and inviolable, and form the basis of the entire legal order." The patient's consent to receive medical treatment is not merely a procedural step; rather, it is a significant legal act that reflects the patient's autonomous will and sets the legal boundaries of the physician's professional authority.

Informed Consent: Definition, Criteria, and Validity

Valid medical consent must be informed, aware, and voluntarily given. It is not merely a form of approval but a legal act that affirms the individual's control over their body and life. Informed consent acknowledges the legal right of patients to make decisions regarding medical treatments [15].

For consent to be valid, it must fulfill the following essential criteria:

- The individual must have full mental capacity when giving consent.
- The expression of will must not stem from coercion, deception, or external influence.
- Consent must be given before the intervention and can be revoked until the procedure becomes irreversible.
- Consent must be given explicitly and officially by the treating physician or an authorized representative.



- e) If a medical procedure has multiple stages, separate consent is needed for each one.
- f) The scope of the initial consent cannot automatically include future medical interventions.
- g) The patient must receive thorough and clear information about the nature, consequences, and risks of the proposed treatment, consistent with Article 23 of the Constitution, which states: "The right to information is guaranteed."

This legal framework guarantees that the patient's autonomy is not just theoretical but fully applied in clinical and legal practice. Although consent acts as a safeguard against criminal liability, it has its limitations. Its scope is legally and ethically restricted, and it must follow the rules set by medical law and professional standards. In clinical practice, unexpected situations often occur during surgeries. For example, a doctor might encounter a condition that has worsened significantly and was not detected earlier, for which no explicit consent was given. This raises a fundamental legal question: Can a physician be criminally charged for acting beyond the boundaries of the patient's consent? If the medical intervention is urgent and necessary to save the patient's life, and is performed in their immediate best interest, the physician cannot be held criminally liable—provided the action does not cause harm but instead improves the patient's health. In such cases, the physician's conduct falls outside the scope of Article 96 of the Criminal Code of the Republic of Albania.

Special Cases: Emergency Interventions and Jehovah's Witnesses

A significant challenge in modern medicine arises when religious beliefs limit medical treatment, as seen with Jehovah's Witnesses. This religious group, consistent with its faith-based principles, refuses medical procedures involving blood transfusions, even when these are vital for survival. If an adult patient, fully aware and competent, explicitly refuses treatment involving a blood transfusion, the doctor cannot be held criminally liable if the patient dies. Any medical intervention performed without consent in such cases would violate the patient's constitutional rights to self-determination and bodily integrity [16]. However, when a patient is a minor or legally incapacitated, liability may shift to the parents or legal guardians. In exceptional cases—particularly when refusal of treatment results in fatal outcomes—these individuals might face criminal charges under Article 76 of the Albanian Criminal Code for complicity in intentional homicide. This liability applies only if it can be proven that guardians acted with full awareness and deliberate intent to prevent life-saving medical intervention.

Criminal Medical Liability in a Medical Team (Équipe) - Shared Responsibility in Medical Teams

Medical procedures can also be performed by a team and often lead to shared liability due to negligence. This shared responsibility generally appears in two main types [17].

- a) When multiple practitioners act with deliberate coordination (joint intent), or
- b) When several individuals act independently, but their combined actions or inactions result in harm.

In such cases, each member of the medical team can be held criminally liable for negligent medical treatment under Article 96 of the Albanian Criminal Code. However, liability is individual: each professional is responsible for their own actions or omissions, as long as those actions or omissions directly caused the harm—such as severe health damage, endangerment of life, or death. Assigning liability within a team requires a detailed analysis of roles and hierarchical relationships among its members. This involves examining both vertical and horizontal structures within the healthcare system, especially in hospital departments where roles are divided among chief physicians, assistants, and subordinate staff. In a medical team, criminal liability can be assigned either individually or collectively, depending on each member's role, level of involvement, and ability to foresee or prevent harm. While all professionals—from the chief physician to junior staff—share responsibility for patient outcomes, the chief physician bears primary legal accountability due to their supervisory role. This non-delegable duty includes overseeing clinical decisions, ensuring compliance with protocols, and maintaining patient safety throughout care. Failing to provide active oversight, particularly in post-operative care, may result in liability under Article 96 of the Albanian Criminal Code. Criminal liability does not automatically extend to the team leader for all mistakes. If a specialist—such as an anesthesiologist or technician—acts independently and unpredictably, only that individual can be held responsible. However, when errors like leaving surgical tools inside a patient happen, the entire team may share accountability unless it is clearly proven otherwise. Nursing staff, while supportive, are not legally responsible for supervisory errors.

The Role of the Anesthesiologist and Extended Medical Liability

Medical liability within a team doesn't end with the surgical procedure. Postoperative responsibilities continue and include all involved professionals, especially those whose roles are crucial immediately after surgery. Among them, the anesthesiologist plays a key role, which extends into the recovery phase, particularly during the patient's emergence from anesthesia. The anesthesiologist cannot delegate their monitoring duties to on-duty nurses who lack expertise in managing complications from the sympathetic or immune systems, as these can cause irreversible harm if not adequately addressed. If such responsibilities are improperly delegated and the patient suffers adverse effects, both criminal and civil liability may be assigned to the anesthesiologist. It is important to recognize that even if the surgical procedure seems complete when the patient leaves the operating room, the legal and ethical responsibilities of medical staff continue until the patient is safely discharged—and possibly beyond if additional medical care is needed. Failing to maintain this ongoing duty can lead to criminal liability under Article 96 of the Albanian Criminal Code and civil liability for medical malpractice. Although the team operates as a unified unit in practice, the law clearly distinguishes between shared and individual responsibility, ensuring liability corresponds with each team member's true contribution and legal obligations.

Based on the concept of collaborative medical practice, one of the most legally complex and ethically contentious cases is the Oncology Hospital Scandal in Tirana, Albania, uncovered in 2024. This case involves significant legal complexities and goes far beyond typical medical negligence. It reveals a more elaborate and organized criminal network engaged in serious crimes, including systemic corruption among healthcare professionals, abuse of official duties, attempted intentional homicide, and, in its most severe form, deliberate deprivation of chemotherapy drugs to cancer patients—potentially amounting to intentional homicide. The next section will examine the Tirana Oncology case in detail, focusing on its complex medical, legal, and socio-ethical issues.

The Case of Structured Corruption at the Oncology Hospital

The current criminal investigation into the Oncology Service at the University Hospital Center in Tirana uncovers a significant departure from typical medical negligence, highlighting what appears to be systemic institutional abuse rather than isolated clinical errors. Unlike standard malpractice cases that focus on specific diagnostic or therapeutic mistakes, this case involves allegations that cancer patients were systematically denied timely public treatment and instead referred to private clinics connected with the same healthcare professionals. Initiated by a recurring pattern of patient complaints (50 complaints), these allegations have raised serious concerns about professional integrity, ethical responsibility, and the possible abuse of medical authority for private profit within Albania's public health system. Investigators have used a multi-layered evidentiary approach typical of complex criminal cases. Besides testimonial accounts, authorities have employed indirect monitoring tools, financial trace analysis, and thorough examinations of pharmaceutical supply chains. These efforts revealed irregularities that do not align with lawful medical practices, such as distributing oncology drugs outside official channels and the long-term disuse of advanced radiotherapy equipment without clinical reasons. The unexplained inactivity of such critical technology has raised suspicions of deliberate neglect, seemingly intended to direct patients toward private facilities operated by or influenced by the involved professionals [20].

Prosecutorial authorities have classified the alleged conduct as offenses typically associated with public corruption, such as abuse of office and illicit economic gain, rather than treating it as standard malpractice. This doctrinal shift highlights a key legal distinction: the harm extends beyond individual clinical injury to include a broader erosion of public trust in state healthcare institutions and the reduction of constitutionally guaranteed access to essential medical services. Precautionary measures have been imposed on multiple actors—covering clinical, administrative, and private roles—indicating recognition of a potentially coordinated framework of responsibility. In Albania, jurisdiction for medical criminal liability can be assigned to the Court against Corruption and Organized Crime for certain types of crimes (see Articles 8-9 of Law no. 95/2016 of 6 October 2016 and Article 75/a of the CPC). This may apply in cases of medical corruption, as established in Article 259 of the Criminal Code of Albania (Article 75/a(1)(a) CPC), or when denying access to medical care is organized as part of organized crime, as detailed in Article 28(4) of the Criminal Code of Albania (Article 75/a(1)(a) CPC). [21]



The Oncology Scandal case has been transferred to Albania's specialized anti-corruption prosecutor's office (SPAK), confirming that standard medical malpractice procedures are not enough to address the systemic and organized nature of the alleged misconduct. SPAK has identified four healthcare professionals and three private-sector individuals. All are suspected of being members of a structured criminal organization operating to harm patients for personal gain through office abuse and corruption practices. These cancer-affected patients were forced to pay up to €3,000 for services that should have been free in the public hospital system. According to legal documents, this diversion was carried out systematically by manipulating treatment access, including withholding or rationing chemotherapy medication and pressuring patients to seek private care. Patients reportedly faced reduced or halted public treatment if they refused informal referrals or financial demands [22]. The criminal charges under the Albanian Penal Code include abuse of official duty, active and passive corruption (Art. 259 C.C.Alb.), and participation in an organized criminal group (Art. 28, point 4 C.C.Alb.). Due to reports of deaths linked to delayed or denied cancer treatment, prosecutors have expanded the investigation to consider violations of Articles 76 and 22–26 of the Criminal Code, specifically intentional homicide and attempted intentional homicide. In response, SPAK has undertaken a comprehensive review of the medical records of deceased oncology patients who were under the care of the accused practitioners from 2021 to July 2024, and is evaluating ongoing cases for breaches of lawful treatment standards. This evidentiary review aims to establish causal links between alleged denial of lawful care and clinical outcomes, potentially transforming what might appear as institutional dysfunction into criminally actionable harm.

Epidemiological Trends of Cancer in Albania: A Statistical Overview

Albania, as a middle-income country in Southeastern Europe, has historically reported lower cancer rates compared to Western Europe. However, demographic and epidemiologic shifts, along with increased exposure to risk factors, have led to a growing burden of cancer. Cancer is now the second leading cause of death in Albania, responsible for about 15.7% of all deaths. According to the latest estimates from GLOBOCAN 2023, Albania reported 8,487 new cancer cases and 5,132 cancer-related deaths in 2022. The age-standardized incidence rate (ASR) was 165.4 per 100,000, while the mortality ASR was 99.7 per 100,000. These figures place Albania well below the Southern European average for cancer incidence, which exceeds 270 per 100,000 in countries such as Italy (288.7), Greece (270.1), and Montenegro (237.5) [7,8]. Despite this, Albania has a mortality-to-incidence (M:I) ratio of 0.60, one of the highest in the region [23]. The most common cancers in Albania are lung, breast, colorectal, stomach, and bladder cancer, matching regional trends in Southern and Eastern Europe. According to GLOBOCAN 2023, lung cancer is the leading cause of cancer deaths, especially among men, and is closely linked to the country's high smoking rates. Breast cancer is the most frequently diagnosed cancer among women, making up about one-third of all female cancers. Cancer incidence trends in Albania mirror broader patterns observed across the Balkans. Urban centers like Tirana and Durrës exhibit significantly higher cancer rates, likely due to increased exposure to environmental carcinogens, Western-influenced diets, and sedentary lifestyles. Conversely, rural populations tend to be diagnosed at later stages, primarily because of disparities in healthcare access, severe economic hardship, and systemic corruption that remains largely insurmountable for patients, especially those from vulnerable socio-economic backgrounds with limited screening participation. Additionally, the absence of a national cancer registry, uneven healthcare infrastructure, and substantial urban-rural disparities hinder early diagnosis and timely cancer treatment [24].

The issue of expired medications and the failure to provide patients with chemotherapy drugs

The statistical data presented above, along with the illustrative case of the Oncology Hospital scandal in Tirana, lead to more profound legal conclusions regarding the lack of medical accountability, abuse of power, and systemic corruption—acts allegedly orchestrated by a structured criminal group. The State Supreme Audit Institution (KLSH), a constitutional body responsible for investigating violations within the public sector, documented serious irregularities in its 2025 report on the Oncology Hospital. Specifically, it noted: "During the audit of Central Pharmacies' physical inventory and its comparison with the system records for medicines used in cancer treatments, it was discovered that, for the drug 'Doxorubicin' 50 mg (2mg/ml) – vial, although the physical stock matched the recorded quantities, the expiration date recorded in the system did not match the date physically verified". In criminal law, this discrepancy serves as evidence of the falsification of the validity and therapeutic efficacy of oncological medications prescribed by hospital doctors. Additionally, the report further states: "Based on data from the Distribution Sector on pharmaceutical imports, out of 253 authorized antitumor

drugs approved for the Albanian market, 116 (about 46%) were not imported at all during the audit period from January 2021 to March 2025. This situation poses potential risks to the effectiveness of existing mechanisms" [25]. The audit period aligns with the operational timeline of the healthcare professionals currently under investigation by the Special Anti-Corruption Structure (SPAK) [26].

The report also emphasizes a concerning increase in systemic vulnerabilities caused by technical and infrastructural flaws. It notes: "The audit of the Cytostatics Sector at the 'Mother Teresa' University Hospital Center found that the unit only has manual equipment and lacks specialized, automated machinery for the accurate preparation, dosing, and mixing of cytostatic drugs. This reliance on manual processes increases the risk of dosage errors, contamination, and mixing mistakes—none of which are easily traceable and could reduce therapeutic effectiveness. Additionally, based on the provided documents, it was confirmed that the sector's technical equipment has not been maintained or calibrated since it was first installed, compromising its reliability and compliance with technical standards". From a comprehensive analytical perspective, it becomes evident that the challenges of cancer care in Albania—beyond well-documented biological risk factors—are further compounded when patients must navigate the oncology healthcare sector. Although publicly funded, this system appears to be controlled by corrupt criminal elements, as previously described, turning access to treatment into a systemic legal and ethical crisis.

Public perception of corruption in the albanian healthcare system and its effect on access to care

Building on the previous analysis, the Albanian healthcare system remains one of the most corruption-prone sectors within the country's public institutions. Recent surveys indicate that around 80% of Albanian citizens believe that corruption significantly impacts the public health sector, affecting all levels of service, from routine medical visits to complex diagnostic and therapeutic procedures. According to data collected by Together for Life [27], 83% of respondents say that healthcare services are impacted by high levels of corruption, leading to a continuous decline in public trust in government-run healthcare institutions. International indices also support this trend. In the 2024 Corruption Perceptions Index (CPI) published by Transparency International, Albania ranks 80th out of 180 countries, with a score of 42 out of 100, where 0 indicates a highly corrupt public sector and 100 indicates a very clean one. These figures highlight systemic governance problems and a perceived lack of institutional integrity across the board, with healthcare being the top concern [28]. People often delay or entirely avoid seeking medical care because they expect informal payments, fear being mistreated or neglected without bribes, or anticipate being redirected to private facilities for services that should be available free of charge. These behaviors lead patients to seek care only at more advanced stages of illness, especially for chronic and life-threatening diseases like cancer, which significantly worsens treatment outcomes and survival rates.

The 'Together for Life' statistical data report indicates that approximately 70% of patients paid bribes or unofficial fees to receive timely or proper care. These payments were often demanded by services that are normally provided free of charge under public healthcare rules. This practice primarily affects economically disadvantaged groups, unfairly denying them equal access to lifesaving treatments and increasing systemic healthcare inequalities. Moreover, the health system is increasingly viewed as transactional rather than service-oriented, where patients are seen as clients and healthcare professionals as gatekeepers to necessary treatment. Patients may face unfair and unethical barriers to treatment, often leading to disease progression and, in documented cases, preventable deaths.

Methodology

This study uses a mixed-methods approach, combining qualitative legal analysis and quantitative public health data to examine medical negligence and its criminal implications in Albania, with a specific focus on oncology services. The methodological framework incorporates a systematic literature review of scholarly works from Web of Science, Scopus, and Google Scholar, along with legal commentary from leading experts in criminal liability and healthcare regulation. International legal instruments and institutional reports were also reviewed to identify comparative standards. Central to the analysis is a case study of the Oncology Hospital scandal in Tirana, involving allegations against healthcare professionals accused of denying chemotherapy to cancer patients and redirecting them to private clinics for illicit gain. This case is examined as a legal precedent to assess how misconduct in public healthcare can escalate into organized criminal behavior. The study also evaluates the application of Albanian criminal law, particularly Article 96 of the Penal Code, in cases where informed consent is absent or compromised. Special attention is given to the distribution of liability in



multidisciplinary medical teams, where shared responsibilities complicate the attribution of fault. Statistical data on cancer incidence and public perception of corruption were integrated to highlight broader systemic failures that enable institutional malpractice. These sources contextualize negligence as a manifestation of governance breakdowns rather than isolated clinical errors. Findings are organized into three thematic pillars: professional accountability, institutional corruption, and the public health consequences of delayed or denied oncology care in a mistrusted healthcare system.

Results and Discussion

This study highlights critical failures in Albania's public healthcare system, especially in oncology services, where medical malpractice, institutional corruption, and weak legal enforcement intersect. Although Article 96 of the Albanian Criminal Code provides for criminal liability in cases of negligent treatment resulting in serious harm or death, the Oncology Hospital case in Tirana illustrates the practical limits of enforcement when systemic problems blur the lines between negligence and intentional criminal acts. The SPAK-led investigation uncovered coordinated actions by healthcare professionals who allegedly delayed providing timely cancer treatment and diverted patients to private clinics with financial ties to the same individuals. If proven true, these actions amount to organized exploitation, crossing the line from malpractice to corruption, abuse of office, and possibly intentional harm. Findings also reveal structural governance deficiencies: persistent shortages of chemotherapy drugs, underused diagnostic technologies, and lack of transparency in resource allocation have created an environment where informal payments and unofficial referrals become normalized. In such settings, clinical decisions are biased by financial incentives, threatening the right to equitable care.

Statistical evidence—such as more than 5,100 annual cancer-related deaths in a population of 2.4 million—indicates serious delays in diagnosis, unequal access, and treatment failures, especially among economically disadvantaged groups. Furthermore, shared responsibility within medical teams complicates individual accountability, requiring a more refined legal framework for collective liability. The study also reveals how informed consent is compromised in corrupt institutional settings, making it legally and ethically invalid. Audit data further confirm serious regulatory breaches, including expired or missing oncology drugs and unsafe manual preparation of cytostatics. Collectively, these findings highlight the urgent need for systemic reform, strong institutional oversight, and a renewed ethical foundation for medical practice in Albania.

Conclusion and Recommendations

This study shows that medical malpractice in Albania has evolved from isolated clinical mistakes to widespread systemic misconduct, where negligence often coincides with institutional corruption and abuse of authority. The Tirana Oncology Hospital case exemplifies how deeply ingrained unethical practices can threaten patient safety and undermine public healthcare integrity. While Article 96 of the Albanian Criminal Code offers a basis for prosecuting negligent treatment, it is limited in handling complex, team-based medical scenarios and organized misconduct. Clarifying legal definitions could help distinguish professional errors, structural negligence, and intentional harm more clearly. Improving accountability requires more than penalties; it needs comprehensive reforms like better oversight, transparent drug procurement, strict standards for chemotherapy preparation, and ongoing professional monitoring. Criminal liability should also encompass collective responsibility within hierarchical medical settings. Finally, anti-corruption protocols need to be incorporated into hospital governance frameworks. The absence of well-defined legal standards, ethical oversight, and transparency within institutions could lead Albania to accept medical negligence as a widespread criminal problem. To protect public health and uphold constitutional rights, immediate and coordinated legal and policy actions are essential to rebuild trust and ensure integrity in the healthcare system.

Authors Contributions

Bozheku E. contributed to writing the criminal law sections of this article by linking criminal law to medical science and analyzing the core theories for defining negligence in the medical field.

Profkola K. contributed to data collection for the Oncology Hospital case and analyzed statistical data on cancer morbidity in Albania and on the use of chemotherapeutic medications.

Both authors gave final approval and agreed to be responsible for all aspects of the work, ensuring integrity and accuracy.

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