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THE POLITICS OF HEALTH OF CARE IN RUSSIA: OBSTACLES TO PROFESSIONALISM

by

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Abstract

This paper addresses the question of why Russian doctors are unable to reprofessionalize in the current Russian climate. The author argues that doctors are an essential group within the professional or middle class and their revitalization would contribute a critical element of a stable democracy. Health care and medicine were low priorities in the Soviet era and they have been even more neglected in the post-Soviet era. Western medical groups and doctors, including the American Medical Association recently, have tried to help, but the real impetus for reform must come from within the Russian medical community. Lack of momentum to professionalize is due to years of state-dependency. Massive privatization of medicine is unlikely because doctors do not have the capital to invest nor the training to run their own businesses. In addition, the majority of the population can not afford to pay for health care and therefore private practices only cater to a small wealthy elite. The health crisis in Russia is extreme; it is part of a systemic crisis affecting the entire political and social system. The lack of medical professionalism and inadequately trained physicians are not the only reasons for the crisis. However, if doctors are unable to reprofessionalize and the health care system suffers further neglect this will only abet the serious health crisis currently facing Russia.

Currently, there is a crisis facing Russian physicians and Russian medicine. There is a twofold objective in studying this crisis: one, to gain an understanding of the structural and qualitative problems in health care, and two, to understand why the medical profession in Russia is stagnating and experiencing so much difficulty functioning during the present transitional period. What is holding physicians back from developing an autonomous political voice to advocate for their profession? For the purposes of this study, a professional occupation is defined as a self-regulating occupation which requires training, specialization, and an orientation towards a code of ethics which entails corporate responsibility. If doctors are unable to reprofessionalize, and organize as an interest group to make demands for increased expenditures for health care, the health care system and health indicators will continue to decline. A revitalization of the professional strata is necessary for Russia, not only for medicine to survive, but also to contribute an essential element of a stable democracy. The medical profession is an essential group which, on an immediate level, if it were functioning better, could be
helping to stave off the worsening health crisis. Seen on an even broader level, doctors represent the broken and stunted middle class which has barely emerged since the fall of the Soviet Union in 1991.

Terms used to denote the concept of a middle class in socialist societies, are "the professional class," "the intelligentsia," and "the technical intelligentsia." All of these categorizations essentially refer to a skilled, educated, strata of society which lives above poverty level. Russian society is currently experiencing the consequences of an impoverished and atomized middle class. In making the transition to democracy and a market economy, policy makers and political analysts both in Russia and in the west have focused primarily on political and economic models for democratization. Much of the democratization literature on Russia is about the development of legislative institutions, the presidency, the parliament, constitutional development, market reforms, and privatization. The early economic reforms of "shock therapy", the privatization of state enterprises, and much of the machinations of the Russian government since 1991 show that the transition process has evolved unevenly. The most neglected areas of reform have been in the developing and nurturing of a middle class, the wellspring of a new and viable economy, and the restructuring of the welfare system. The result of this uneven or lopsided reform is an extremely stratified society with a small wealthy elite and a majority of the population living in or close to poverty. Health statistics indicate a population in deep crisis. Beginning with an outbreak of epidemics, murder, suicide, drug abuse, and alcoholism are on the rise. Life expectancy, particularly for male adults, is declining rapidly (from 64 years in 1987 to 57.3 in 1994). Russian mothers and children are vulnerable to these health threats, and this is evident in the increasing maternal and infant mortality rates.

Why were these areas neglected? Health care in Russia and the U.S.S. R. has never been a high priority. Throughout the Soviet period, health care never warranted more than six percent of the GNP and for most of the seventy five years it received three percent of the GNP. In post-Soviet Russia the budgetary allocation has dropped to 1 to half of one percent of GNP. While the United States spends more than any other industrialized nation (15%) on health care and is striving to lower this amount, the former Soviet Union still suffers from neglect of this crucial aspect of life. Professionalism was stamped out during the Soviet period, and Russia entered the post-Soviet era with a huge proportion of its population deprofessionalized and disenfranchised. Not only had the professions operated with no autonomy and in complete isolation from the west, they had become extremely dependent on the state. During the Gorbachev era, an awareness that a strong professional class was lacking spurred Gorbachev to encourage more creativity in the sciences and other professions.
Scholasticism, doctrinaire thinking and dogmatism have been shackles for any genuine advance to knowledge. They lead to stagnation of thought, put a solid wall around science, keeping it away from real life and inhibiting its development. The atmosphere of creativity is particularly productive for the social sciences. We hope that it will be used actively by our economists and philosophers, lawyers and sociologists, historians and literary critics for a bold and innovative formulation of new problems and for their creative theoretical elaboration.10

This idea of supporting and nurturing a professional class fell victim to the tumult of the transition and is only reemerging now, six years later. President Yeltsin and his cabinet are aware of the extreme stratification and alienation of Russian society and in a recent speech on reforming the economy, Yeltsin noted the urgent need for stabilizing social policy.11

The concept of the professions has engendered a large literature in the west and these definitions are not easily transferred to the Russian context.12 The problems of ethnocentrism and cultural bias are inescapable. In the Russian context, the highly educated specialists who make up the professional class have never been able to fully exercise their new-found autonomy to improve their status and political power. Not all professions have had the same experience. The legal profession has had a very different trajectory than the medical profession.13 Lawyers have benefited greatly from the influx of foreign business and capital. Many professions have been unable to function in the new political and economic climate, however, and the result has been stagnation and in some cases desperation. In the hard sciences, two well-known scientists have committed suicide, drawing attention to the plight of these specialists who were privileged in the former system and now find themselves completely disenfranchised.14 Formerly fully state-supported, this sector of society now faces no pay, no jobs, no support from the state, and a competitive, corruption-filled market.

The collapse of the Soviet Union brought a wave of western literature about the Soviet legacy and how difficult the transition would be.15 There is no question that in the area of medicine the legacy of the Soviet period crippled the medical field from the beginning of the post-Soviet period. Where health care differs from the legal and governmental spheres is in the continued neglect it suffered throughout the last six years. State budgetary allocations for health care (which include stomatology, or dentistry, sports and recreation, and sanitation, not just medical care) have diminished from an average 3 to 4 percent of the GNP in the late Soviet years to less than one percent in the 1990s. It was only in the fall of 1996 that the American Medical Association (AMA) expressed an interest in helping their Russian counterparts.16 The purpose of the AMA program is to help develop leadership in Russian
medicine, and to establish a method for granting credentials and licenses to doctors. The president of the Russian Medical Association, Dr. Ashot Sarkisyan, is hoping that this new alliance will help support a "... fragmented, disorganized, and severely underfunded medical system." The Americans hope to show the Russians how they can play a political role in improving and developing health care policy in Russia, and already one Russian delegation has observed the AMA's liaison in Washington negotiate with the U.S. Congress.

Other western medical groups and individual doctors have been involved in helping Russians with their health care system, but none of these efforts have been far-reaching. Of course, western aid is not the cure for what ails the Russian health care system, but Russian doctors can learn the processes of professionalization and relationship to government from their western counterparts. A stable, viable medical profession can only emerge through self-generated initiatives, western aid can not fill this vacuum. In addition, it is essential for Russian doctors to form their own corporate entity that will work in the Russian context. Russian doctors may want to emulate or borrow from other models, but they will need to tailor their goals to operate within the confines of the Russian political and economic system.

The social contract between the state and the workers during the Soviet era entailed cradle to grave security for Soviet citizens in exchange for their individual freedom. This "bargain" created a society where workers became extremely state-dependent. The intelligentsia and technical specialists also suffered from their dependence on the state and this led to a "culture of employees." Instead of envisioning a future where they might break away from their bosses and become self-employed or develop associations to protect their rights, the future, for even the most innovative scholars and scientists, was predetermined by the nature of the communist system.

Doctors in Russia are still caught in this state-dependent, employee model. When they want to redress a problem, the first response is to strike for higher pay. The concepts of corporate unity or professional mobilization have not taken hold. Striking against the state may bring a temporary solution of a small pay increase or payment of back wages, but it does not address the more serious and broader issues plaguing the health care system. At least three reforms must be implemented in order to revitalize the system. One, more financial support from the state is needed. The shunting aside of health care and low budgetary allocations must be redressed. Two, Russian medicine must set standards for training qualifications for doctors and some kind of certification and licensing procedure must be implemented. And three, doctors need to work together to create a corporate entity that can protect the rights of
doctors and patients. At present doctors have only weak professional organizations which can not protect their rights nor do patients have any recourse if they want to sue for malpractice.

On a trip to Moscow in March of this year, I interviewed twelve doctors in a variety of hospitals and polyclinics throughout the city and in the suburban town of Zelenograd (often referred to as the "Silicon Valley" of Russia). When I questioned doctors about their attitudes towards an independent doctor's association, a number responded similarly. Dr. Svetlana Malinova, chief pathologist at a large suburban hospital, told me, "We don't have the money to pay our doctors. Who has money to create an association? You know it takes money. We need to rent a hall, someone has to organize the association. We simply don't have the funds for this kind of extra activity. We are barely able to subsist, let alone think about creating a professional association. There is an association, but they don't do anything."

Another doctor, Dr. Vasily Balazov, who runs the largest pediatric hospital in Moscow, The Republican Children's Clinical Hospital, responded similarly, "No, we don't need associations. . . our only problem is money.

Despite the hardships that doctors endure (many months of wage arrears, lack of equipment and funding, long hours, and lack of respect from patients) a large exodus into private medicine has not occurred. Why are doctors staying in the state-run system? Why are they not flocking to the few small private clinics that pay very well? One possible explanation is the employee mentality described above. Doctors have no entrepreneurial training or experience and they are not venturing into risky private enterprises. This state-dependency developed certain attitudes towards work, whether one was an industrial worker or a scientist. One of the primary characteristics of all Soviet workers was a disinclination to risk personal initiative. This problem is evident in the study of environmental pollution in the former Soviet Union. Throughout the Soviet period, workers and Soviet citizens in general seemed to be oblivious to the terrible pollution surrounding them. Political initiatives to curb deadly pollutants only began in the late 1980s after the Chernobyl accident, and to this day, public awareness and activism regarding these health threats remains minimal.

Doctors also do not have any capital to invest, nor do they have any training in running a business or dealing with the market. Another disincentive to starting a private practice is that most private businesses need to pay "protection" money to criminal groups. The majority of Russia's doctors are low-paid women who are unlikely to become private entrepreneurs. They are immersed in their state-sponsored positions and despite months of unpaid wages, they cannot envision leaving the system. Instead, many doctors work part time in the "shadow" economy or moonlighting in order to survive.
Everyone I interviewed worked in the shadow market, although most people were reluctant to discuss what they did on the side to make ends meet. Men are doing such things as driving their cars as taxis or helping repair cars and homes, women are knitting and sewing or tutoring privately.

Another problem that is more controversial, is the matter of doctors' qualifications. Even if doctors want to open a private clinic, do they have the expertise of a western general practitioner to offer their patients? One legacy of Soviet state controlled medical education and central planning is the abundance of specialists in Russian medicine who often have such a narrow education that they can only perform one task. Many of these physicians realized how limited their education was once they had exposure to medicine outside of the former Soviet Union. In Israel, Russian immigrant physicians often find they are severely handicapped by their insufficient training and their narrow specialization.

All the Russian doctors I interviewed adamantly felt that the quality of their medical education was equal to that of their counterparts in the west. Evidence to the contrary suggests that, despite the fact that the time spent in medical school is the same, the Soviet legacy of isolationism and neglect of the health care sector has led to continued problems in the level of education and access to current medical technology. For the seventy years of Soviet rule, medicine remained cut off from interaction with the west and medical text books remain extremely outdated throughout the education system. To this day, doctors do not have access to medical journals from the west and when they do receive a few, many face language barriers because the majority do not speak a foreign language.

In the west, medical technology accelerated in complexity in the fifty years since World War II. The Soviet Union was left out of this leap in the medical world. Much of the technology used in Russian hospitals is either extremely antiquated or it has been exported piece-meal to individual hospitals where Russian doctors do not have experience working with high-tech machinery and are dependent on foreign doctors to show them how to operate the new technology. In the largest pediatric hospital in Moscow, they have developed an exchange with the city of Berlin in Germany. When I asked about their ability to perform more complex medical procedures, Dr. Alexander Karachunsky, an oncologist, responded, "Oh yes, we do bone-marrow transplants, we can do most high-tech procedures, but we do a few a year as compared to the United States where it has become common practice."

The 1993 Constitution states that medical care will remain free and accessible and the majority of the population still expects free state-sponsored medical care as a basic human right. In theory, all children, elderly, and unemployed citizens would be covered by state-sponsored health insurance. Everyone else will be covered by insurance through their jobs. At this juncture, however, the insurance
system is in the initial implementation stages and it has not alleviated the problems of wage arrears for medical workers. In Russia, the former socialized clinics and hospitals struggle to operate alongside emerging private practices that cater to the wealthy elite. The nationalized compulsory health insurance plan is gradually being implemented throughout the country and it is still a new and confusing financing system for many health care providers.21

Another obstacle preventing doctors from breaking out of the state system is that they know the majority of their patients can't pay for services. Doctors would have to leave their patient pool behind and serve only a small wealthy clientele. Russia remains a far less mobile society than the United States, and in most cases, a neighborhood doctor has been working with the same patients all of his or her life. There are strong ties between doctors and patients and many favors are bartered. Doctors spend the majority of their working hours making house calls. Dr. Galina Salova, the budget director for the health insurance system in Zelenograd was shocked to learn that in the United States we would take a sick child to a doctor's office, even if they were contagious. She asked me in disbelief, "What do you do when a child has a fever? You can't take the child to the doctor--- she has to come to you." Opening a private clinic with high fees for services means catering to a very small percentage of the population and this would necessitate abandoning the majority of patients.

Conclusion

The health crisis in the former Soviet Union is extreme; it is part of a systemic crisis affecting the entire political and social system. The lack of medical professionalism and inadequately trained physicians are clearly not the only reasons for the crisis. Epidemics of infectious and other diseases are spreading rapidly. Vaccination rates are decreasing because parents are afraid to expose their children to unsanitary needles. Newspapers carry stories daily of spoiled or contaminated foods, poisoned water, of children afflicted with diseases typical in war time situations such as rickets, lice, substandard growth, malnutrition, tuberculosis, polio, dysentery, and salmonella poisoning.

Numerous explanations can be found for this critical situation. Stress, poor diet, environmental pollution, alcoholism, smoking, and a general psychological malaise regarding the future are all contributing to the escalating death rate. During the Cold War, despite harsh living conditions, people had a reason to live. With the fall of the Soviet Union, millions of citizens are in shock. An extreme stratification of society has developed, with an estimated 80 percent of the Russian population living
below the poverty line. The decaying health care system is not the only, nor even the primary cause of
the health crisis, but a revitalization of this sector could help alleviate the critical nature of the problem.

Until the economy stabilizes, most medical support must come from state-sponsored national
insurance. Privatization is not the answer at present because doctors do not have the tools nor the
capital to start their own businesses and the majority of the population cannot afford to pay for health
care. The real problem is the demoralization of the medical corps and the only solution is an elevation of
doctors to a professional level.
Endnotes

1 The term "health care" is used here to refer to the whole health care system, including clinical medicine, psychology, and other kinds of treatments that aim to heal and prevent illness.

2 This definition combines a few basic criteria which appear in many western definitions of professionalism and which have come to be generally accepted. Two books which clearly define the term are Paul Starr's, The Transformation of American Medicine, New York: Basic Books Publishers, Inc., 1982, p.15 and Samuel Huntington's, The Soldier and the State: The Theory and Politics of Civil-Military Relations. Cambridge: Harvard University Press, 1959, pp.8-10.

3 This study will use the term "doctor" to refer to all types of medical doctors including physicians, surgeons, and other specialties. In the Soviet Union and in post-Soviet Russia, dentists (stomatologists), and psychiatrists are all included in the generic term "doctor." In this study the term doctor is used as an all inclusive term, just as the Russian medical authorities use the term.


8 S. Ia. Chikin, "O finansirovanii zdravookhraneniia za gody Sovetskoi vlasti," Sovetskaia meditsina, no.11. 1990, pp.41-42. This article provides the following figures for percentage of GNP allotted in the 1930s: between 2.1 and 6.6 percent, in 1940: 5.2 percent, and in the 1960s: between 3.8 and 4.2 percent. This trend of between 2 and 4 percent has continued up to the present.


The legal profession will be examined in more detail in the third paper in this series of reports.


Dr. Galina Salova, a physician in a large suburban hospital, explained the lack of respect towards doctors thus, "During the Soviet period we were required to run to a patient's home for even a slight mishap. Patients had free, accessible health care, and they used it frequently, even when they didn't really need it. This led to a disrespectful attitude towards doctors: we are free and plentiful. This disrespect prevails and we still are required to go on a house-call whenever we are called."


The next paper in this series will examine the new health insurance system and how it is being implemented.