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USSR Letter

Standards in Soviet medical institutes

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Until recently the general quality of Soviet medical education seemed to be a topic that had not been authorised for discussion and debate in print. The staff of medical institutes and other senior doctors certainly proposed changes in various matters of detail from time to time but they did not venture on broad critical assessments. Now, perhaps because a form of "permission to speak" has been granted, a few of them have started to direct attention to long undisturbed practices whose harmful influence is self evident.

One strongly worded attack appeared last year in an article with the eye catching title: "Why the examiner is not strict."[1] Its author, Professor V Brzheski, writes from Grodno and refers at one point to the medical institute in that city. Although he clearly draws on his own experiential knowledge, he makes a point of stating that the negative features that he identifies are "fairly widespread"—as well as being difficult to eradicate.

Revising the marks

In the higher educational system of any country, given the opportunities for the exercise of discretionary judgment, it may be possible to accuse staff of "helping" weaker students to obtain a qualification. Nevertheless, Brzheski set his sights not on such targets as giving the benefit of reasonable doubt in marginal cases but on the wholesale lowering of accepted standards for patently non-academic reasons.

"The trouble is," writes the professor, "that a lecturer, a department, and a higher educational establishment are judged in the end not by the students' level of knowledge but by their success rate. . . ." And he proceeds to outline the implications of that fact in terms of the small group dynamics within an institute. If a department does not raise the marks which it awards but evaluates results objectively the marks will not satisfy those who direct the institution, and they will then criticise the departmental head and lecturers in question, accusing them of employing unsound methods of instruction and so on. As for the response of teaching staff, Brzheski implies a whole strategy for self preservation in hierarchical organisations when he poses the question: "Who wants to be 'picked to pieces'?"

The consequence for the subsequent set of examination results hardly needs to be stated: there will be far fewer poor and middle range marks, or else they will disappear altogether. (The Russian text uses the terms "twos" and "threes," which derive from the Soviet pedagogical tradition of assessing performance on a five point scale where one counts low.) All the same, and the statement could not be more categoric, "Nothing has changed: neither the quality of teaching nor the students' knowledge"—only their marks are different.

Elaborating on his theme Brzheski focusses attention on two separate but related factors. Firstly, it is simpler and easier for a rector to bring influence to bear on 40 departmental heads than on thousands of students. (The total number of medical students in the Soviet Union is given later.) Secondly, "a student knows that the biggest threat which can be brought against him is the withdrawal of his grant," and "for many students the grant is not particularly important." Their parents can afford to give them financial assistance. Adding a touch of local colour, he goes on to say that some students even turn up in their own Zhiguli cars.

Devaluing the diploma

Given that the student failure rate has acquired such overriding importance, it might be supposed that reluctance to expel would be justified by reference to some rationalisation, however specious. According to Brzheski, when cases of poor performance in the second and third year are discussed, the counterargument normally employed is: "But don't you know how much the training of one student costs per year?" Only rarely, he notes, do staff reflect on the cost, for individuals and for society, of allowing incompetent students to become doctors.

Adding to the circumstantial detail of his account, the professor next refers to practices that he states are common in the final examinations. The scenario depicted is all the more valuable as

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evidence by virtue of the fact that it contains no ambiguities which could give rise to conflicting interpretations. The position is this: a woman student has given muddled, incompetent answers about the clinical disciplines (the examination is oral) and she then has to answer the question: "Where should a tourniquet be applied, above or below the wound on a limb?" After thinking for a while, she answers: "Below."

How do the members of the state examining commission react to such a revelation of ignorance? It causes embarrassment, writes Brzheski, and as a rule the chairman favours awarding a mark of "unsatisfactory." Another member, however, puts the case for passing her: "the dean steps in and reports that throughout her five or six years she has been a good singer in the choir, has been active in work for the public good or something of that sort." And, in the event, "such a line of argument frequently carries the day."

It might be asked whether a student would really expect to pass after giving such an abysmal performance as the one described. On this point, too, Brzheski leaves little room for doubt. Final year students know the score: if they have been eased along as far as finals they can view the award of their diploma as a foregone conclusion.

Appropriately subtitled "polemical notes on the training of doctors," the article then draws a conclusion which, in the light of what has been reported so far, seems virtually unavoidable. But what surely calls for comment is the fact that the issue has not been evaded and that the indictment of indulgent practices in medical institutes is so uncompromising. "Whether we intend it or not," Brzheski states, "to all intents and purposes we have freed students from responsibility for acquiring knowledge, and this is the origin of the professional incompetence, maladjustment, and irresponsibility which are so often encountered." Self criticism of that order is rare indeed among the élite of Soviet doctors.

Wider background

Convincing as it seems, the explanation of low professional standards by reference to what happens in medical institutes can be objected to on one obvious ground: it excludes from consideration a range of additional questions about qualifications for entry and motivation towards a career in medicine. That the explanation needs to be extended so as to include those influences will be argued in what now follows.

Turning to the preceding stage of the Soviet educational system —the schools—reference must be made to the rating of different professions by pupils in senior forms. And among the science based occupations medicine has been perceived, for many decades, as less attractive than work that demands the use of physics or mathematics. One cogent reason for those who acknowledge the validity of the Benthamite principle of "self preferment" is likely to be the low correlation between the length of training and average life time earnings for doctors.

Conceivably, medical institutes could still be in a position to impose high entrance requirements if they were few in number and had small annual intakes. As it happens, though, the Soviet Union has a total of 84 such institutes plus nine medical faculties in universities; taken together they have a student population in excess of 340 000 and an output each year of over 60 000 doctors, stomatologists, and pharmacists.[2] So the sheer size of intakes has an independent influence and serves to compound the problem of attracting well qualified school leavers.

Another factor operates at a purely contingent level to complicate the selection process. It transpires that medical institutes deal with admissions a little later than other institutions of higher education and, in consequence, some of their applicants have already failed other entrance examinations taken in July. That point is made by the authors of a recent article who go on to note that "medical institutes are beset by serried ranks of young men and women who only a month before dreamed of becoming anything—a physicist, biologist, mathematician, diplomat—except a doctor."[3] When interviewed, they solemnly assure the admissions board of their sense of calling, but in a period of 10 to 15 minutes "it is impossible to determine who will be a real doctor and who is categorically unsuitable for this field of work." The result is that applicants rejected elsewhere "sometimes elbow out other young people who are often more suited to the medical profession and more worthy of it."

Following that last comment it is appropriate to refer to Soviet discussions of motivation towards a career in medicine. Although in theory an applicant may have both good academic qualifications and strong motivation, the relevant literature conveys the impression that the two are mutually exclusive attributes, or that at least the question of trade offs between them does not arise, due to the paramount importance of giving preference to applicants who are dedicated to helping the sick.

Thus the article mentioned above suggests that a would be medical student ought to undertake a year's compulsory service as an orderly in a hospital or policlinic. (It adds that such a scheme would also serve to ameliorate the shortage of junior medical personnel.) As an alternative, it proposes that secondary school pupils should serve as orderlies for a year on Sundays when, as on holidays, staffing problems are particularly acute. Built into this work experience would be some element of probation: "Once they have learned about people's pain and suffering, obtained the appropriate references, and proved themselves, then let them be admitted to a medical institute."

Conclusion

The second suggestion is entirely consistent with the broad objective of a reform now being implemented in secondary education —namely, that schooling should be more closely related to the needs of industry and other sectors of the economy. Indeed it seems quite possible that the publication of the articles cited (and of others not mentioned here) signals a high level decision that the time has come for a wind of change to blow through the lecture halls of medical institutes. Such a hypothesis would certainly explain why criticisms of clinical incompetence and insensitivity, voiced by senior doctors and laymen alike, seem to have reached a new high level of frequency and incisiveness.

But, it may be asked, if some reorganisation of medical education does ensue, will it tackle the presenting symptoms or the underlying cause of what might be justifiably termed the crisis in the Soviet health service? The problems currently being revealed can all be subsumed in a wider and more fundamental problem—the relatively low social status attaching to a career in medicine. Unless the régime decides to bring about a radical improvement in this crucial respect —not a likely development—it is highly questionable whether medical institutes can succeed in supplying the responsible, caring, and well qualified cadres whom the Soviet people urgently require.

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A woman in her mid-60s has suffered from recurrent urinary tract infections since having a pelvic floor repair. After one infection had been successfully treated with trimethoprim this drug was continued as a prophylactic in a dose of 100 mg nightly for some months when there was a further infection with a resistant organism. Would it be worth trying methenamine hippurate as a long term prophylactic?

Further investigations as to the underlying cause of this woman's urinary infection are needed. As there is no mention of infections before surgery the repair may have altered the mechanics of micturition, producing residual urine. Another possibility is postmenopausal oestrogen deficiency predisposing to ascending infection. Occasionally, an unabsorbable suture used in the repair can traverse the bladder wall or, if a self retaining catheter was used, a fragment of latex balloon can act as a nidus for calculus formation. She should be referred for a urological assessment to include excretion urography, urodynamics, and cystoscopy.—J C GINGELL, consultant urologist and lecturer in urology, Bristol.