USSR Letter

Self-diagnosis

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"Just as people do not choose their parents, so in our country they do not choose their doctors. Fate sends doctors by means of the organisation which controls the medical service for the population, and you cannot defy fate." This gloomy reflection occurs in a letter that was published early this year in *Literary Gazette*,¹ a Soviet weekly for which our quality Sunday papers are probably the nearest equivalent.

As could be surmised without difficulty, the letter had a critical tone—not without justification, in view of the case cited. This concerns a patient who was being treated for an unnamed disease by the normally accepted method. Although years had passed, the underlying condition persisted and the prescribed drugs had "weakened the organism, threatening complications." The patient then discovered in the writings of a well-known authority that in similar cases a totally different method had been more effective. Full of hope, he visited his doctor—only to encounter strong opposition and, indeed, to be warned of unavoidable catastrophe if he followed the recommendations that he had found.

Notwithstanding these dire warnings, the patient was determined to treat himself. After several months had passed some alleviation of his condition occurred—to the extent that improvement could be detected without the need for any investigations. Hurrying to share his happiness with the doctor responsible for his case, the patient expected a display of professional interest. In fact, he was greeted with such irritation that he turned and fled from the surgery. Ringing in his ears was the doctor's parting shot: "If you are that clever, so much the worse for you."

Well-read patients

This anecdotal material is placed in a broader framework of generalisation about the "contemporary erudite patient"—a figure who, it goes without saying, is not confined to the Soviet Union. In sharp contrast with the past, notes the writer of the letter to the journal, the patient of today is in a position to attempt self-diagnosis of his ailments, thanks to mass production of publications on medical subjects. Moreover, if his illness turns out to be chronic, and the generally endorsed regimen of treatment proves ineffectual, he may consult more specialised sources and, at times, will come across findings that engender hopes of a cure. On the basis of these observations the correspondent, who writes from Kiev in the Ukraine, put forward a

proposal for consideration. Is it not possible, in general, for there to be a professional debate between the better-educated patient and the doctor who is treating him?

The editorial note which follows this letter refers to the strength of interest—as shown by the postbag—in psychological aspects of the doctor-patient relationship. The editor went on to invite an expression of views on issues raised by the correspondent, and thus offered the opportunity for continuing discussion. Later in the year he printed a group of three letters on the subject, all of which contain interesting and constructive points.²

On the lack of choice of doctor and the difficulty of obtaining a second opinion, one correspondent put forward an important organisational proposal which relates to what are termed "self-financing" polyclinics. By all accounts, these are staffed (on a part-time basis) by the academic élite of medicine who hold posts at medical institutes and research units. Patients make comparatively modest payments for consultations; their fees are paid direct to the polyclinics and not to the doctors. These units, which are built from public funds, can be convincingly explained as a device whereby the state attempts to divert the dissatisfied or quality-conscious patient from recourse to doctors on a purely private basis. Nevertheless, polyclinics of this type are restricted to the larger centres of population and there are probably no more than 150. That can be set against the figure of 35 000—the total number of units of all kinds where primary medical care is provided in the USSR. It was the correspondent's view that this network of self-financing polyclinics needed to be expanded.

On the other hand, the concept of a "professional debate" was brusquely dismissed—with the question-begging assertion that discussion among representatives of different professions cannot be professional. Himself a well-qualified doctor, the writer considered it necessary to disseminate the message: "Trust the doctor, not the textbook." Medical books and journals intended for clinicians circulated too freely among the lay public, he thought, and consideration should be given to methods of curtailing ease of access to them. As for self-treatment, this constituted "the most dangerous method in medicine."

As if to provide a Roland for an Oliver, this correspondent also cited an abbreviated case history, but one with a very different moral. He described how a patient was brought to his clinic in Moscow for an emergency operation for the removal of a kidney; investigations had shown the presence of a stone which had caused severe damage to the kidney. Once the patient's life was no longer in danger, inquiries started as to why the condition had become so aggravated. It then emerged that, as long as three years before, an operation to remove the stone had been proposed, only to be rejected by the patient. He had heard that it was "possible to avoid the knife," and steeped himself in medical writings. Discovering that some kidney stones might be dissolved, he thought that a painless method of treatment had been concealed from him and treated himself with herbal infusions, searching the pharmacies for

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imported medicines (which are justifiably regarded as superior to Soviet products).

At times it looked as if his condition had improved, and that encouraged him to persevere with the self-medication, which in the event was almost fatal. After the operation this "erudite" patient expressed surprise that the stone had not dissolved; his information derived not from a quack or "old woman in the courtyard," but from a scientific study written by some professor. But, as the correspondent comments, this man failed to take account of the crucial fact that not all kidney stones are amenable to dissolution.

More letters to the editor

The next letter published in the *Literary Gazette* came from a layman living in the town of Zhdanov and was entitled: "Not subject to appeal." One passage in it seems to encapsulate a widely held attitude that reflects directly on the quality of doctor-patient relationships in the Soviet Union. He wrote: "It is precisely the lack of trust in the consulting doctor and the absence of contacts with him that obliges a sick person to seek out other means of treatment and turn to medical books and journals." The correspondent admitted that such self-reliance was not very desirable but asked: "What can one do if doctors are not disposed to discuss their recommendations?"

He supported the argument that patients need to exercise a degree of initiative with examples drawn from his own experience. On checking with the *Prescribers' Handbook* he had twice discovered that medicines intended for small children had been prescribed in a dose over that appropriate for their age. When some drugs were prescribed for his granddaughter he discovered what had not been explained by the doctor—namely, that they could be harmful if administered simultaneously. And only by sheer persistence did an adult relative of his avoid severe consequences when a hernia went undiagnosed. The details of this case—as related by the correspondent—are instructive for the light they cast on the quality of Soviet medical education and practice. By British standards, these appear to leave a lot to be desired, especially when doctors trained in the centres of excellence in Moscow and Leningrad are left out of account.

The relative in question had lifted a heavy machine part and experienced severe pain in the small of his back. A few days later the pain became more acute and manifested itself in the stomach as well. After almost two weeks of treatment as an outpatient this man was admitted to hospital, where he was subjected to "many analyses, medicines, and injections." After a fortnight the hospital discharged him, but the pain continued as before. Understandably dissatisfied and worried, this patient asked to be referred to the regional hospital (likely to contain better-qualified staff and superior equipment), only to have his request rejected as unnecessary. Nevertheless, by some means he managed to gain admission to his regional hospital, where, "They discovered that he had a special form of hernia and performed an operation immediately." Had he attended even a week later, the doctors said, the operation could scarcely have been successful.

The final letter in this series was the most liberal in tone and implicitly took as its frame of reference the psychodynamics of the transaction between doctor and patient. It emphasised that the clinician should not only explain the appropriateness of the prescribed regimen but also "display a respectful attitude towards the opinion of the patient." The generally high level of education among the contemporary population and accessibility of specialist medical writings should be recognised and accepted. Indeed, the correspondent (a doctor at the Vinnitsa Medical Institute) considered that a higher level of exposure to biomedical knowledge would be beneficial. One expected result would be less delay between the onset of illness and attendance at a surgery and, consequently, a more rapid response to treatment. The "professional debate" should take place with

individuals—not only when they present with symptoms but also before they take on the role of a sick man—by means of health education propaganda.

Finally, on the lack of patient choice, this letter made an important suggestion. Most patients, it asserted, are satisfied with the doctors sent by fate. But what if events occur similar to those described by the correspondent from Kiev? The answer given was: "Heads of departments and the administration of the curative establishment must analyse them carefully. It is necessary to exercise strict control over the quality of work of such doctors and to outline concrete measures for improving their qualifications."

In comment, it could be suggested that the solution offered above might well serve merely to aggravate the problem of ensuring that the clinician's attitudes and actions are governed by a sense of direct personal responsibility. Where little or no choice obtains for either the patient or the doctor, some depersonalisation may easily occur—especially perhaps in primary medical care. (At the risk of being autobiographical, my own trust in my family doctor rests, at least in part, on a conscious decision to register with him rather than another.) It is difficult to understand how, in such circumstances, an insensitive and uncaring attitude towards patients can be remedied by hierarchical controls; reducing clinical freedom by the intervention of superordinates, as recommended, would surely reduce the individual doctor's attempts to use his skills in the most sensitive and appropriate manner to meet the different needs of each patient.

But here the technobureaucrats who run the Soviet health service are confronted by a troublesome dilemma. On the one hand, they must be seen to take steps to improve the quality of medical care if they are to retain the confidence of the population. On the other, they must avoid devolving to practising clinicians any additional opportunities to benefit the patient—lest this be perceived as inimical to the overriding interests of the Soviet state. So, even though confidence and trust in one's doctor may be fostered by having the opportunity to choose him or her, it seems certain that Soviet clinicians will continue to be "sent by fate."

References

- ¹ *Literaturnaya Gazeta*, 17 January 1979, 11.
- ² *Literaturnaya Gazeta*, 27 June 1979, 12.

What is the best treatment for chronic paronychia, particularly in the elderly?

The most likely cause is infection with *Candida albicans* organisms with secondary bacterial invasion, often pseudomonas bacteria. One of the newer anticandida preparations such as miconazole or clotrimazole should be used as these preparations have both antifungal and antibacterial properties. They can be used either as a solution or a cream, inserted deep into the usually patent nailfold two or three times a day for a prolonged period, perhaps as much as three months. To prevent reinfection from bowel organisms some authorities would recommend a course of nystatin by mouth. There may be an underlying cause such as Raynaud's syndrome or ischaemia from arteriosclerosis, and such conditions may require treatment separately.

Correction

Severe dry mouth of rheumatoid arthritis

We regret that an error occurred in this Any Question? (29 September, p 778) and the simple formulation should have read . . . gum tragacanth 60 mg in chloroform water 15 ml.