USSR Letter

The problems of a "sector" paediatrician

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For many decades now even initial medical training in the Soviet Union has been conducted along specialist lines. Given that there is no single curriculum that all intending doctors must follow, there can be no place for the concept of a general medical practitioner whom patients will consult with any presenting symptom, irrespective of their sex and age. The "first line" of the Soviet health service, far from being embodied in a single type of doctor, has been fragmented among various basic specialists to whom patients may refer themselves.

Nevertheless, the Soviet health planners have recognised the desirability of deploying two kinds of specialist in the role of vestigial general practitioners. As readers may recall from one article in this series,¹ a proportion of specialists in internal medicine (*terapevty*) are made responsible for overseeing the adult population in a sector or subdivision of the area served by a polyclinic. Similarly, the staff of polyclinics include paediatricians who are assigned to separately delimited sectors of children and young persons. One such paediatrician recently felt the need to write about her job in a long letter to the newspaper *Meditsinskaya Gazeta*²; named as Maria Sergeevna Krutova (the surname was altered by the editor), she lives in Kerch, a town with a population of 157 000 situated in the Crimean peninsula. In this article I draw heavily on the vivid and sometimes moving portrayal of her working conditions and her morale.

Doctor/patient relationships

Among the matters that concerned Dr Krutova was the issuing of sick-leave certificates to working mothers of sick children. Possession of this document enables the holder to have paid leave from work on a short-term basis to care for the child, and so, predictably enough, paediatricians are sometimes under pressure to collude with mothers. During one of her house calls, Maria Krutova sees a lad whose light cold is being used as an excuse by his mother to stay off work. The confrontation is described as follows: "After examining the teenager, I am slow to fill in the sick-leave certificate. I know that a grandmother lives with them and she could look after her grandson. Sensing my mood, the woman purses her lips and her face hardens. If my blood pressure were taken now, the column of mercury in the tonometer would leap up. After a certain amount of wavering, I do hand over the blue form."

On another house visit irritation is evoked in a different way: no hassle occurs over a sick note because the mother does not go out to work, but the patient, her son, is nowhere to be seen. The mother had let him go to watch colour television at a neighbour's flat and justified this action by saying that his temperature was normal. Unable to conceal her feelings, the

doctor asks: "Then why didn't you come to my surgery?" In reply, the mother said that she had wanted to but recalled the notice at the entrance to the polyclinic, which read: "Dear parents, do not bring sick children to the polyclinic, call a doctor to your home."

Although in her letter Dr Krutova might have proceeded to comment that the request did not apply to the child in question (if his temperature was normal), she in fact displays a striking degree of self-deprecation: "So the mum is entirely right and I must attend to my own business and not ask unnecessary questions." The paediatrician then reflects that at least this family treats her with consideration, by inviting her to sit down and sympathising with her if they see that she is tired. This contrasts sharply with the reception she encounters in some flats, where "the ingratiating tone which they use to talk to a plumber immediately changes to a demanding and imperative tone almost before the doctor has had time to enter."

Evidence of that kind provides invaluable insights into the general social standing of medical practitioners—or at least of sector doctors—in the Soviet Union. Maria Krutova's intention, however, is not to offer the reader a dispassionate academic analysis: her letter is a highly personal record in which emotions are expressed with candour. Referring to the impact of patients' attitudes, she writes: "Sometimes I am mortified to tears." On the evening that she composed the letter, having returned home late, she remembers meeting people who really needed her and comments poignantly: "My usual tiredness was mixed with happiness from a day spent in toil and cares."

Organisational issues

As for the physical context of her work at the polyclinic, evidently here too there are problems that contribute to Dr Krutova's deep sense of dissatisfaction. Although some of the complaints which she makes may seem trivial, one can appreciate that their combined effect is bound to have an adverse effect on morale. In the mornings she has to start by cleaning the room herself, since no orderlies are available to do it, and during winter the radiators fail to provide sufficient warmth. The sector paediatricians, seven in all, now have only two rooms for use as surgeries—owing to expansion of the hospital on the same site. Thus when the building first came into use a separate room was available for each doctor, but a whole floor had to be surrendered when repair work began. Although nearly two years have elapsed since then, the relinquished accommodation has not been regained. Part of it disappeared, owing to enlargement of the room of the chief doctor (who has overall responsibility for both hospital and polyclinic).

The number of children living in the doctor's sector is 870, a figure which, she recognises, is not excessive. (The officially determined optimum is 800, and health service planners consider that this will be achieved, as an average, by 1982.) Although such a case load should be acceptable, she writes: "I and my colleagues are continuously overworked." Such indeed has been the effect of externally imposed constraints on the practice of

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medicine that Dr Krutova sometimes wonders whether, if all the difficulties were suddenly resolved, she would be able to break the habit of doing everything in a rush. Included among the underlying factors causing chronic overwork is failure to achieve a division of duties with specialists in infectious diseases. The practical consequences are communicated—though obliquely—in a brief description of a house visit which ends: “On my way out I glance at the little sister. She is whimpering, asking to be picked up. I ought to examine her also. I ought to. However, there is a ‘flu epidemic. I ought to. . . . But in my bag there is a double list and in it the addresses of 32 calls.”

Another cause for complaint is the rigidity of the staff timetable, which fails to allow for fluctuating numbers of patients seeking consultations at the polyclinic. With good reason, Maria Krutova asks why the flow of visits should not be measured and the work schedules adjusted so that she would have perhaps two additional hours’ duty on a Monday, but two fewer on Tuesday. She also expresses a view, repeated many times by Soviet doctors (though not only by them, of course), that steps should be taken to ease the terrible burden of paperwork. As for getting around one’s sector, she herself can do house calls on foot, but she speaks out on behalf of colleagues who cannot manage without a car by referring to the shortage of staff transport and the lordly behaviour of the chauffeurs.

Because of the combined effects of specialisation and hierarchical organisation in the polyclinic service, the doctors whose practice is least specialised—sector *terapevti* and sector paediatricians—tend also to be least capable of influencing decision making in their unit. It is not surprising that morale should suffer. Maria’s frustration at her inability to effect improvements is implied in some of the quotations given above and, at one point, it becomes explicit. Inadequate organisation and overwork, she maintains, are programmed into the system and “This means that there is no sense in breaking one’s head in order to achieve a more orderly state of affairs.” But, if the paediatrician is powerless against the medical bureaucrats who create many of her difficulties (or fail to resolve them), at least she can administer a spirited reproof of the system. Despite the fact that not one child patient had died on her sector in 11 years, she cannot recall ever receiving a kind word, only reprimands. She says that this probably happens—and here she lashes out—“because those who check and control the work of sector doctors are more numerous than those who assist them.”

The commentary

Whether to check Dr Krutova’s story or for another reason, a special correspondent of *Meditsinskaya Gazeta* paid a visit to

Kerch and later submitted a commentary, which is printed immediately after the letter. One of his objects, evidently, is to underline the wide relevance of issues raised in Maria’s letter, and his views seem intended to represent a semi-official expression of the Party line. On the question of certification, for example, his primary concern appears to focus on reducing the loss of working days and he underlines a clinician’s obligations as follows: “A doctor cannot manage without the assistance of the administration and the trade union of those establishments where his patients are employed. There is a need for sensitive control and concrete analysis of cases of lack of fitness for work; polyclinics should also have closer contact with factories.”

The expansionist proclivities of the hospital come in for criticism—as well they might—in a broad condemnation of health service managers who profess support for the polyclinic service but sacrifice its interests at the first hint of difficulty. As for some of the other organisational problems detailed by Dr Krutova, the correspondent notes that solutions have been implemented in centres of excellence, and implies that the example of another polyclinic in the same town should be followed. The psychological burden borne by sector doctors is recognised as deserving sympathy, though his recognition might be thought condescending; he writes that, since higher professional and ethical demands are being made on these doctors, they must be helped correspondingly.

More striking, however, is the complete absence of any reference to the final point in the doctor’s letter. This concerns the conflicting demands made by, on the one hand, housework and child rearing and, on the other, pursuit of a profession. Given that almost 70% of Soviet doctors are women, many readers would probably have echoed this cry from the heart over a problem which must be the most general of all. The last lines of Maria Krutova’s letter speak so directly that further comment would be superfluous.

In half an hour’s time a medical conference starts at the polyclinic. Once again I have to run. I ought to manage to feed my son; he should be coming home from school any minute. I am surely not only a doctor—I am a mother, spouse, and housewife. The family, it could be said, is another of my “sectors” and I recognise that it is a little neglected.

References

- 1 Ryan M. Aspects of primary medical care in Leningrad. *Br Med J* 1979;iii: 114-5.
- 2 Pochemu ne sbivayutsya nadezhdi? *Meditsinskaya Gazeta* 1980;10:4.

No reprints of this article will be available from the author.

What is “frozen” shoulder and how should it be treated?

Frozen shoulder graphically describes the universal, initially painful, restriction of this joint, occurring in isolation and outside the context of any clinically or radiologically identifiable rheumatic disease. Although a stroke, myocardial infarction, trauma, viral radiculitis, or thoracic surgery may precipitate this syndrome, usually no causal factors are identifiable. The few necropsy studies have shown non-specific inflammatory changes in the capsule, with multiple adhesions, thickening, and contracture in severe cases. As areas of focal necrosis have sometimes been identified in degenerate rotator cuff tendons,¹ it has been suggested that these are the initiating causes. Evidence of a genetic predisposition was suggested by finding an association with the “ankylosing spondylitis” tissue-typing antigen HLA B27,² but this has not been confirmed.

Typically, the patient complains of gradual onset of severe shoulder pain, sometimes radiating to the neck and elbow, which disturbs sleep and which after a few weeks is followed by restriction in all planes of movement. Usually pain then resolves spontaneously over the next

six months, but the joint takes up to a year longer to “unfreeze.” In patients who present early (within three months of onset) the results of recent trials³ show that injections of long-acting corticosteroids into the joint and subacromial bursa are often effective in relieving pain and shortening duration of stiffness. Many patients present late, however, and in these management is confined to explanation of the usual natural course of the condition, prescription of simple analgesics, and follow-up to ensure that resolution takes place. Steroid injections and mobilising exercises in these cases are usually both painful and ineffectual. In the small proportion of patients in whom disability caused by restriction persists after 18 months, manipulation under anaesthesia (immediately preceded by corticosteroid injection and followed by active mobilisation for one week) is effective in restoring the range of motion by rupturing the thickened and adherent capsule of the joint.

¹ Macnab I. Rotator cuff tendinitis. *Ann R Coll Surg Eng* 1973;53:271-87.

² Bulgen DY. HLA B-27 and frozen shoulder. *Lancet* 1976;ii:1042-4.

³ Roy S, Oldham R. Management of painful shoulder. *Lancet* 1976;ii:1322-4.