USSR Letter

The work of sector doctors in Leningrad

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Official pronouncements about the organisation of Soviet medical care frequently refer to the general physicians responsible for subdivisions of the area served by a polyclinic. The role of these sector *terapevti* has been encapsulated in various phrases, among which the term "family doctor" makes the largest implicit claim. At the outset it is possible to argue that this description must be misleading because primary care for children is the separate responsibility of paediatricians, while all obstetric work falls to the obstetrician/gynaecologist. Nevertheless, we may still ask how central the *terapevt* is in the treatment of disease among the adult population.

Comparatively little detailed evidence exists to cast light on this question but we can draw on findings recently presented in a study of the volume and content of work performed by *terapevti* in Leningrad.¹ These results derive from the record of consultations over 12 consecutive months in a large polyclinic serving 65 000 adults; the polyclinic was said to have various strengths, including the use of "contemporary methods of diagnosis and treatment." The number of *terapevti* employed there is not recorded but I calculate that they totalled a little over 30. In all, 18 medical specialties were represented in the unit; specific reference is made only to endocrinology, pulmonology, cardiology, and nephrology.

Volume of consultations

Face-to-face contacts between *terapevti* and their patients—the basic measure of activity—amounted to 2685.1 consultations per 1000 adults a year, a rate which divided into 1696.0 per 1000 for surgery contacts and 989.1 for home visits. The combined rate for women was somewhat higher than for men—2784.9 against 2316.2 per 1000. The age gradient rose from 1933.3 in age group 15-19 to 2997.8 per 1000 among those aged 50-59. First visits accounted for 34.8% of all contacts with the general physicians.

Of the six working days, Mondays produced by far the heaviest volume of contacts with *terapevti*. On average, they accounted for 20.3% of contacts, while Wednesdays and Thursdays came next in rank order with 16.3 and 15.9% of weekly contacts. As a method of distributing the work load more evenly, the author of the research report mentions the possibility of transferring a proportion of repeat visits from Monday to Tuesday—which had the lowest figures for both initial and repeat consultations. Nevertheless, she recognises that such a transfer is "complicated" by the exigencies of the system of sickness certification or, as the Russian phrase describes it, "certification of lack of fitness for work."

Interestingly enough, not all Leningraders emerge as obedient patients, in the sense that only 87.5% of the repeat attendances took place on the appointed day. Of the others, 2.5% occurred before the correct day, 3.7% after it, and 6.3% of the repeat appointments were not kept at all. Apparently age and sex were influencing factors in this matter—men were said to attend on the appointed day more often than women, while teenagers and old people proved the least "disciplined."

The work load of sector *terapevti* is subject to seasonal as well as daily variation. The winter months of February and March accounted for 10.7% and 11.1% of the total annual contacts. From this peak the demand for care gradually declined to reach its lowest point in July and August, in both of which months 5.6% of annual contacts were registered. Trends for consultations at the polyclinic and for home visits showed an identical pattern. Thus the seasonal variation reflects the changing incidence of diseases that fall within the scope of the *terapevt*. According to the report, in winter over half of all consultations are connected with influenza and severe respiratory illness, but by the summer a different picture obtains and first place in the morbidity pattern is then held by ischaemic heart disease. (The incidence of this disease is roughly uniform throughout the year.) Commenting on the variation, the author of the report declares that it must be taken into account "when establishing the annual work plan for sector *terapevti*." This means that "a maximum of prophylactic and organisational/administrative work" must be scheduled for the summer months, when the demand for treatment is at its lowest.

The recommended tactic derived less from a premise that slack in the system must be taken up than from the broad strategy of increasing prophylactic care for the population. This priority, among others, had been announced in a decree issued in 1977 under the title "Concerning measures for the further improvement of the national health service." (Incidentally, this decree carries special authority because it emanated not from the Union's Health Ministry but from a higher level—the Central Committee of the Communist Party of the Soviet Union and the Council of Ministers.) In the Leningrad survey it transpired that 92.0% of contacts had a curative or diagnostic purpose and only 8% were related to prevention; according to the researcher, "this cannot be regarded as satisfactory."

Clinical features

Although the diseases encountered by a *terapevt* are not recorded in detail, the report does go some way towards lifting the veil. It records that influenza and severe respiratory diseases accounted for 34.1% of contacts in the surgery and at home, followed by ischaemic heart disease (22.0%). The latter accounted for the largest single group of contacts with patients in their homes. With influenza and severe respiratory diseases, "as a rule" the initial contact is a home visit, whereas for

subsequent consultations the patient is expected to attend the polyclinic. This suggests that "severe" may well have different meanings for Soviet and British doctors.

Although the report does not publish a breakdown of morbidity by sex, it states that women presented more frequently than men with diseases of the liver, bile ducts and pancreatic channel, rheumatism, neuroses, and "psychopathia." On the other hand, men consulted *terapevti* more often on account of ulcers of the stomach and duodenal canal, chronic diseases of the lungs and bronchus, and "diseases of the peripheral vessels." Older people presented less often than their juniors with influenza and severe respiratory diseases, but more frequently with ischaemic heart disease and vascular lesions of the central nervous system. The incidence of pneumonia showed least tendency to vary with age.

A PERSONAL DOCTOR ?

Another approach to the problem of verifying the role of the sector *terapevt* is to ask to what extent patients turn to their own doctor rather than to another at the onset of illness. I must emphasise that the overwhelming majority of initial contacts made by patients attending the polyclinic—93.4%—were made with a general physician (50.5% of them occurred in the surgery and 42.9% at home). Only 1.6% of initial contacts were with other specialists in the same unit, while the remaining 5.0% were accounted for by first contacts at other medical establishments. But that finding, though important, does no more than prove that in this context general medicine is the front line. A firm distinction must be drawn between a consultation with any of the 30 or so general physicians and a consultation with the patient's own sector doctor, and it transpires that only 54.8% of all patients had presented first to the doctor responsible for their sector. Perhaps even more significant is the fact that 36.8% of patients who consulted general physicians never saw their own sector *terapevt* during the course of their illness.

An especially striking feature of the polyclinic service that the report discloses is the high degree of discontinuity of care within the department of general medicine. This was attested by data on the proportion of patients being treated for the same disease by more than one *terapevt*: during the course of one episode of illness, 24.2% of patients were seen by two general physicians, 7.1% by three, and 3.1% by four or more. (Among those who saw only one *terapevt* more than half attended on only one occasion.) These data evoked adverse comment from the researcher, but she did not go on to specify arrangements that would improve matters.

Any suspicion that the Russians may be stretching a point in appropriating the term "family doctor" is further sustained by attempts to discover the extent of the clinical responsibilities of a *terapevt*. To put the question in another form: what proportion of patients who present first to general physicians are subsequently referred elsewhere? The research report yields an answer that cannot be misunderstood: "In only 67% of all cases of illness that gave rise to consultations with *terapevti* of the polyclinic were people treated exclusively by these doctors." Out of the 33% who were referred, 16.3% had to attend other medical units.

The process of relinquishing clinical responsibility was said to depend to some extent on the age and sex of patients, but mainly on the nature of their illness. Thus patients with neoplasms, infections, and parasitic diseases were admitted to hospital more frequently than others. Similarly, women with diseases of the sexual organs were referred more frequently to specialised outpatient units (such as, presumably, one of the network of venereo-dermatological dispensaries).

Further evidence about the extent of the general physician's work is provided by the detailed picture of referrals to other specialists with surgeries in the same polyclinic. Among patients who presented first to *terapevti* with neoplasms, 68.4% were

referred to these colleagues; comparatively high percentages of referrals also resulted for infectious and parasitic diseases (67.7%), diseases of the female sexual organs (66.7%), trauma (64.0%), rheumatism (63.2%), diseases of the kidneys and urinary tract (63.1%), and pneumonia (60.8%). At the other end of the continuum, referral occurred least often in the case of patients presenting to a *terapevt* with ulcers of the stomach and duodenum (4.9%) and ischaemic heart disease (12.2%). I should mention that the colleagues in question would almost certainly have worked full time in the polyclinic and would not have been responsible for inpatient treatment. Although the point is not altogether clear, we may reasonably assume that referral to these specialists entails full transfer of clinical responsibility.

Comment

At the beginning of the report attention is drawn to the potentially integrative function of a general physician: "In conditions of very rapidly developing specialisation in medicine . . . the significance of the sector *terapevt* service becomes all the greater." At the end of the report, however, there are no conclusions that relate the findings to that statement, and in general the researcher restricts herself to an absolute minimum of evaluative comment. This omission may well arise from the embarrassing dilemma of how to remain faithful to the facts without conveying fundamental criticisms. Such an interpretation would be quite consistent with a passage that neatly illustrates the difficulty of having to face in two directions at the same time. The researcher states that in the case of certain diseases, the general physician has the role of a "dispatcher" (who merely directs the patient elsewhere), but she immediately goes on to add that the data "bear witness to the wide range of diseases that sector *terapevti* come into contact with in their everyday work."

So far as can be seen from the text, the researcher made no attempt to obtain attitudinal data on the self-image of general physicians, let alone the patients' opinion of their sector doctors. Nevertheless, the report as summarised in this article surely conveys sufficient information about the fragmentation of primary care and the curtailed clinical function of a *terapevt* to suggest that the term "family doctor" hardly corresponds to the reality. This conclusion is further strengthened by the findings (to recapitulate briefly) that a substantial minority of patients did not see their own doctors, while a surprisingly high proportion were treated by more than one general physician. The report gives no hint that the divided clinical responsibility that it documents may have a harmful impact on the quality of outpatient care. But presumably some patients will have cause to remember the Russian proverb which runs "With seven nurses the child loses an eye."

Reference

- ¹ Zavyalova L.A. O soderzhanii raboti gorodskovo uchastkovo vrachevskogo terapevta. *Zdravookhranenie Rossiiskoi Federatsii* 1980;1:11-5.

Correction

Gripes from Exeter

We regret that an error occurred in this article by a special correspondent (2 August, p 369). The dates in the second and third sentences of paragraph three, referring to mandatory training for general practice should have read "February 1981" and "August 1982" respectively.