USSR Letter

Role of the head doctor

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Although the Soviet health service contains posts for certain types of non-medical specialists such as accountants, it has no personnel who equate precisely with the qualified lay administrators in Britain. The absence of such staff probably results not so much from a deliberate rejection of the concept after full consideration as from a perpetuation of arrangements arrived at in an earlier, less organisationally advanced period. A radical departure from traditional practice is all the less likely because economic considerations do not make it necessary to curtail the wide range of functions being performed by Soviet doctors. To state the point concisely, they are in plentiful supply at relatively low cost and hence may be deployed wastefully.

In this connection it is also relevant to refer to the never-ceasing endeavour of the Communist Party to influence the values, beliefs, and behaviour patterns of the Soviet population. That objective presumably creates a predisposition against disaggregating authority and a corresponding bias in favour of assigning responsibility for running an institution to a single individual who can be called to account if he fails to perform adequately as a "transmission belt." (The phrase, incidentally, is Lenin's.)

In the health service, at any rate, doctors are solely answerable for the activity of the various infrastructural bases. The only units that form an exception to the rule are those without posts for doctors, such as health points staffed by feldshers or by feldsher-midwives. So the day-to-day management supervision of the many hospitals, polyclinics, research establishments, etc is undertaken, on a whole-time or part-time basis, by medically qualified staff.

Divisions of opinion

In July 1981 *Meditsinskaya Gazeta* chose to publish a submitted article that raised incisive questions about the duties, status, and qualifications of a head doctor (*glavni vrach*) at the present time.¹ This article and the subsequent stream of letters received by the editorial board in effect indicated that the post constitutes a problem point and that views conflict on what remedial changes should be instituted. Much of what follows is taken from that article and from a second one that summarised the opinions expressed by correspondents and commented on them.²

One question that evidently divides the readership is whether medical administration should be treated as a specialty and its

practitioners as specialists, not just office-holders. Several doctors took the view that the selection and training of future medical administrators ought to start at the earliest possible stage, that is to say, in medical institutes. Appropriate practical skills could be developed early on by means of placements during the intern year (*internatura*) that follows the successful completion of studies.

Medical Gazette, however, in evident disapproval, castigates this approach as "contentious and refuted by the whole practice of the Soviet health service." It goes on to state that normally the individuals appointed head doctors of districts, town hospitals, and polyclinics are experienced clinicians, who have already exercised responsibility by running their departments. (Thus they are likely to be reasonably senior general physicians, surgeons, ophthalmologists, and the like.)

The basic rationale for existing practice resides in the need for a head doctor to command respect among his clinical subordinates. One of the deputy health ministers of the Russian republic (S Chikin) apparently expressed his conviction that a "pure" administrator who has not treated patients is most unlikely to win the confidence of the collective. Another doctor advanced the closely related view that: "The greater the personal authority a leader has, the easier it is for him to be a manager."

Drawbacks of the job

Though ostensibly cogent, these views have a simplistic ring when set against references to the tensions created by the sort of double life forced on a contemporary medical administrator. In the initial article the author wrote that a head doctor "attempts to obtain attestation [a postdiploma qualification] in general medicine—not in health service administration—and tries to attend seminars and conferences etc specifically in his own specialty. But management questions pursue him. One cannot be free of them anywhere. And they are all important: socialist competition, meetings of the nurses' soviet, the ongoing repairs, and summons to the town council and its executive committee—you can't list everything."

If that represents an authentic picture of the demands made on a head doctor, how unattractive does the prospect seem to senior clinical staff? The author had claimed that, "Every year it becomes more difficult to find persons willing and suitable to fill this post," and the validity of the claim is borne out by a survey that *Medical Gazette* undertook among about 250 surgeons, neuropathologists, and obstetrician-gynaecologists. Asked whether they wished to become head doctors, a devastatingly high percentage—97%—returned a negative reply.

At present, according to the *Gazette*, it is easier to appoint an experienced cardiologist or obstetrician-gynaecologist than a good medical administrator. Compounding the dissatisfaction

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induced by the dichotomous role referred to above is the problem of what is euphemistically termed "material stimulus." As a rule, apparently, head doctors receive a salary addition of 15-20 roubles a month but they can still finish up with less pay than a rank-and-file doctor when increments—for instance, for long service—are included in the reckoning.

Staff turnover

Given the unenviable pressures and absence of clear financial advantage by way of compensation, it would not be surprising if doctors in the hot seat look about for less demanding employment. Here it is relevant to quote from the initial article in *Medical Gazette*, which cited a head doctor using the following words to describe the cumulative frustrations of his life: "I can't stand any more! They criticise and criticise at all the meetings and conferences. It just isn't fair! I work round the clock and hardly sleep . . . I'm leaving! Any job will do." That there is an alarmingly high turnover rate for the Union as a whole cannot be proved by reference to official statistics but, as will be shown below, the Health Ministry perceives a need to keep incumbents in their posts for longer periods.

It is only proper to add that some head doctors have the opportunity to—as it were—share the misery of administrative chores with a medically qualified deputy. Nevertheless, the job description of the deputy for management (*po khozyaistvennoi chasti*) has not yet been clarified by ministry regulations and no postdiploma training courses exist in connection with the relevant duties. Despite the lack of concrete evidence on this point, it seems that, as yet, relatively few staff hold the post in question.

A further qualification that should be entered is that a number of head doctors in fact continue to undertake clinical work by virtue of holding one of the many posts that are formally designated for part-time tenure. In the light of the specialist versus office-holder dispute it is understandable that correspondents should differ over the desirability of this arrangement: some took the view that it reduces an administrator's level of commitment to his main activity, while others—including Deputy Health Minister Chikin—regarded it as valuable for the individual head doctor. The *Gazette* avoided taking sides by stating that the question was not capable of simple resolution and that a great deal must depend on local circumstances and personal qualities. In the smallest rural hospitals, obviously

enough, a doctor has no choice but to fulfil both clinical and management roles.

Looking to the future

On the more central issue of training, *Medical Gazette* notes that the health service lacks a scheme analogous to the one operating in the education system, which enables teachers hoping to gain headships to follow a specially devised course. Although the detailed implications of such a proposal are not spelt out, acceptance would probably entail some bridging of the gap between the quotidian world of administration and the ivory towers of academic medicine. Courses in "social hygiene and health service organisation" are strongly established in medical institutes but, as a rule, that is where specialists in this field remain—holding chairs rather than managing hospitals. At present they have no collective forum by way of an all Union Society—a lack many correspondents wished to see remedied.

From what has been said so far, it would bespeak astonishing complacency if the USSR Health Ministry failed to respond in some form to the airing of problems that bear so directly on the objectives of efficiency and effectiveness. In fact, according to *Medical Gazette*, the Ministry's cabinet (*kollegia*) intends to initiate a range of policies aimed at enhancing the role of head doctors. Regulations are being drafted "concerning reduction in the turnover of head doctors of curative-prophylactic institutions, raising the prestige of the work, and moral and material stimulation of their labour on the basis of objective indicators to measure the activity of health service institutions."

The brief and generalised nature of that reference makes detailed analysis impossible. None the less, it seems reasonable to categorise the impending reforms as essentially limited and incremental. In so far as they prove to have an ameliorative effect, their success will make it even less likely that Soviet planners would seriously consider following the example of Western countries and proceed to develop a major role for non-medical health service managers.

References

- ¹ Nikitin V. Glavni vrach—dolzhnost ili spetsialnost? *Meditsinskaya Gazeta* 1981;59:2.
- ² Marinina M. Kto vozglavit bolnitsu. *Meditsinskaya Gazeta* 1982;29:2.

MEDICINE AND THE MEDIA

Any discussion on vivisection is guaranteed to stir strong emotive arguments but *Animal Passions* (ITV, 21 September) is unlikely to have aroused much human passion. In its admirable efforts to avoid sensationalism and to present a balanced view the programme delicately sat on the ethical fence without exploring the depths on either side. The expected opening scenes of whining beagles and struggling monkeys were followed by vociferous denunciations of all animal experiments from the antivivisectionists. Sympathy with their more moderate members was mitigated by the increasingly aggressive and illegal actions of the militant minority. Harassment of individual scientists and institutions is hurtful to those obviously honest researchers who continue their work undeterred but increasingly hidden behind the security fencing.

Unfortunately there is no sign of worthwhile communication between the two camps. Progress can occur only through revision of the 1876 Cruelty to Animals Act, which protects the scientists (from prosecution for cruelty) rather than the animals, but no government will stir up this hornet's nest in the two years before a general election. Although the Home Office inspectors

interpret the Act in a fair and humane manner, there is a strong move for more objective definitions of severe and enduring pain. Some workers genuinely believe that their animals do not suffer in circumstances that would horrify the man in the street. How can 15 inspectors monitor 4½ million annual experiments by 21 000 licensees in 550 laboratories? These points ignore the basic question of the need for animal experiments altogether.

This programme did not, unfortunately, explore the possible alternatives to live animal experiments; this would have been an ideal opportunity to clear up widespread misconceptions on techniques such as tissue and cell culture. Nevertheless, it is undeniable that the safety of drugs, oven cleaners, and weed killers cannot be guaranteed without animal experiments. The past and future contributions of such experiments to our quality of life are undoubted, but does the end justify the means? That is the basic question that this programme was unable to tackle in one hour. It was, however, a responsible and fair introduction, without judgment, of a previously closed subject.—J N L SIMSON, lecturer in surgery, London