USSR Letter

Demand for a home nursing service

MICHAEL RYAN

In the Soviet Union, as in other advanced nations, the increasing proportion of elderly people creates problems for families and for society in general. That the aging of the Soviet population has occurred relatively recently constitutes one reason for the underdevelopment of community care programmes. Another explanatory factor seems to be the bias in the social services that results in a low priority tag for innovations intended to benefit people who are no longer economically active.

One gap in the range of schemes was the subject of an article published last year in the Russian language newspaper *Nedelya*, which is *Izvestiya's* weekly supplement for women.[1] Although the article begins as an anecdotal account of difficulties experienced by its author, taken as a whole it represents a well documented and persuasive argument for the creation of a new state provided service.

The author, Svetlana Gladish, is a Muscovite whose mother became almost helpless as the result of a stroke. To look after her at home Svetlana initially took sick leave under the normal arrangement for relatives who have to care for a sick person. Having exhausted that facility, she went on to unpaid leave and finally had to use up her holiday allowance. At the end of that time she wondered whether it would be necessary to give up employment altogether. For some months the family attempted to hire help by displaying a card in a kiosk of the city's inquiry and information service—but to no avail. To convey some idea of the imbalance between demand and supply, Svetlana calculated that, for 241 cards requesting help in the care of patients, children, and the infirm elderly, only one person had advertised her services.

Why did the family not make an approach to the neighbourhood doctor or policlinic? To that question the text provides the following unequivocal answer: "The medical organisations do not have such a service." Home care nurses are available from the semiautonomous Red Cross Society (Red Crescent in Muslim areas), but "in the main, home care is provided for persons disabled at work who are living alone and for war veterans."

The only public organisation that Svetlana could turn to was the Consumer Services Production Combine (also known as Dawn), which supplies home helps—in the fullness of time. Families may wait up to two to three months in Svetlana's neighbourhood and up to six months elsewhere. Moreover, the service may not be supplied on a continuous daily basis; in Svetlana's case it was rationed so as to amount to a total of one month in the year.

Another drawback of this service is its cost. Varying with the type of case—child minding is cheapest—the charge for a bedbound patient amounts to six rubles 72 kopeks a day, and that frequently represents as much as a day's earnings for one member of the family. The actual expenditure tends to be higher because people make additional payments to induce their helps to arrive a little earlier or stay later than inflexible officialdom allows.

Social costs

Setting her own difficulties in a wider societal context, the author next recounts an interview with the vice chairman of the trade union committee at the mammoth factory where ZIL cars are produced. In 1980, according to that official, certificates in the category "for care of a sick relative" numbered 27 932, a figure that represented one fifth of all sick leave certificates issued by the factory and was equivalent to a loss of 173 689 working days. When these are added to the days lost for unpaid leave, which may last up to six months, the total represents a substantial loss of production.

In the service sectors of the economy too there are costs—even if not so easily measured—that are directly attributable to the absence of staff due to illness in the family. "In a policlinic or hospital," writes Svetlana, "the caseload of a doctor on leave is transferred to a colleague—and is in addition to her own patients. The unfortunate experience of such overloading needs no commentary. In schools the pupils are, at best, 'reshuffled' into other classes but most often they are left without a teacher."

Material from a second interview is used to explain the inadequacies of the service provided by Dawn. A member of the firm's management had little doubt about the root cause of the failure to meet demand: Dawn has too few staff because of the difficult work and the unattractive rates of pay—80 to 90 rubles a month, or a little more for attendance on a chronically sick person. "Should we be surprised," asks the manager, "if some employees hand in their notice after a month or two?"

Dissatisfaction with the job springs from the tedium of shopping as well as from its physical and emotional demands. Researchers undertook a survey to ascertain the time expended on purchasing groceries by women who work for Dawn and reported a figure of three hours a day. Even when they show their identification card the employees are not allowed to go to the head of a queue, whether at the grocery store, laundry, or pharmacy. The reported conclusion of the manager is straightforward: without improved conditions for employees, at least for those who attend seriously ill patients, there can be no likelihood of Dawn providing a home care service that will meet demand.

The main thrust of Svetlana's argument for the creation of a home nursing service hinges not so much on the requirements of individuals as on considerations of economic advantage to the state. "Every year millions of rubles are paid out to people who take sick leave to look after patients. Of those who do not go to work because they have a sickness certificate, approximately 15% are healthy people who stay at home from necessity." So the work of what she terms "sisters of compassion" would save the state vast sums of money. In addition, she

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argues, such a service would be beneficial in improving care for the elderly and children, in relieving the load on hospitals, and in making possible the discharge of chronic invalids immediately after they had completed a course of treatment.

Official reaction

Obviously, an appropriate administrative aegis would need to be found for the scheme, and Svetlana implicitly recognises that the choice may be difficult. She names three government departments, any one of which could be made responsible: they are those dealing with consumer services, the health service, and social security.

As it happens, *Nedelya* dispatched copies of the article to the three departments with a request for their comments, and these were published several months later.[2] The Ministry of Social Security for the Russian Republic recorded a view that the Ministry of Consumer Services should extend the range of its programmes to include the support of old people living with their families. The USSR Health Ministry advocated increasing the number of homes for the elderly, which come under Social Security, and, in particular, the number of facilities for temporary stay. It also wished to see an expansion of non-medical domiciliary services by the Consumer Services Ministry. But a spokesman for the latter is quoted as pointing out that staff in his field lack the specialised medical knowledge and training required for rendering professional help when needed. He proposed that qualified staff from health service establishments should provide such a service. The Health Ministry then riposted by stating: "It would be appropriate to increase the number of Red Cross and Red Crescent home care nurses."

Government practice in the Soviet Union generally displays a high degree of bureaucratic rigidity, and perhaps the statements reported above do not set some new record for departmental buck passing. Nevertheless, demands for a positive response from the state are most likely to increase in intensity with the passage of time; in 1970 people over the age of 60 accounted for 12% of the population, and, according to a recent estimate,[3] by the year 2000 the figure will have risen to 17%. With these figures it seems reasonable to conclude that the Soviet government will eventually be forced to concede the case for something akin to the "service of compassion" proposed in *Nedelya*.

References

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Lesson of the Week

Allergy to aminophylline

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Theophylline preparations are being used with increasing frequency in the treatment of bronchial asthma. Most unwanted effects occur as a result of excessively high blood concentrations and include nausea, vomiting, tachycardia, and convulsions. We report on a rare, but important, problem associated with aminophylline treatment—namely, hypersensitivity to ethylene diamine.

Patients taking aminophylline who develop an acute dermatitis or have an exacerbation of a previous skin condition should be suspected of allergy to ethylene diamine

Case report

A 61 year old woman with a 20 year history of asthma was admitted because of increasing shortness of breath over 72 hours which had not responded to inhaled salbutamol. Forty eight hours previously her general practitioner had prescribed additional tablets (which proved subsequently to be a slow release formulation of aminophylline 225 mg twice daily (Phyllocontin)). Within 12 hours of starting this treatment she developed a widespread, itchy erythematous rash. At the time of admission she showed features of acute bronchial asthma with a pulse of 90/minute, intercostal recession, a respiratory rate of 24/minute, and a peak flow rate of 150 l/minute. She had a fever (37·8°C) and an erythematous maculopapular rash affecting the face, trunk, arms, and legs with some excoriation.

Her asthma was treated with a combination of systemic corticosteroids, inhaled salbutamol, and a continuous intravenous infusion of aminophylline in a dose of 250 mg six hourly. Her rash was treated symptomatically with chlorpheniramine.

By the next morning her asthma was greatly improved but the rash had increased in severity. After aminophylline had been stopped the rash improved within 12 hours and resolved completely by 48 hours. Subsequent re-exposure to aminophylline given intravenously to a total dose of 250 mg resulted in reappearance of the rash by eight hours and resolution within 26

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