

USSR Letter

Difficulties of pay policlinics

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Like other British legislation, the National Health Service Act 1946 extended the coverage of a state scheme without infringing the right to provide or consume social welfare through the private sector. To repeat a well known point, the postwar Labour government even accepted that NHS hospitals should contain a certain number of beds to which consultants could admit their paying patients. This arrangement, intended to foster a commitment to the new service rather than private nursing homes, could occur only in a mixed economy with the political characteristics which that entails.

In the USSR, by contrast, the health service has been developed as part of a centrally planned socialist economy where pressure group politics operate only minimally and medical personnel have had no power base from which to oppose or modify government strategies. From the 1920s onwards these have included the discouragement—with varying severity—of any interaction between doctors and patients which is independent of state control. Although most of the measures employed in pursuit of that objective have been patently intended to deter the doctors, one represents in effect a counterattraction to patients. This takes the form of special policlinics where for small sums payable to the state (and not the doctor) it is possible to consult highly qualified staff up to the level of professor.

As an operational unit the pay (*khozraschyotnie*) policlinic first emerged in 1926 to compete against private practice at a time when the state scheme was still in its infancy. Since then, of course, the free service has improved vastly in both quantitative and qualitative respects, but substantial increases in per caput disposable income have also occurred. Given the background of enhanced purchasing power among a better educated and more demanding population, it may be considered unsurprising that the authorities are currently expanding the scope of paid medicine. Their decision is reflected in the document entitled *Integrated programme for the development of production of consumer goods and services for the years 1986-2000*.

It seems likely that the increased salience of pay policlinics underlies an investigation which was published by *Izvestiya* early this year and which forms the basis of what now follows.¹ The article in question has a rarity value not only for the information it gives about the number of these units and reasons for their popularity but also for its scathing indictment of bureaucratically created frustrations which impair the service they provide.

Question of numbers

On the precise size of this enclave within the general system the article is silent. It records, however, that the total of pay policlinics has nearly tripled since 1975. In Moscow there are 20, of which one is for children and at least one for dental treatment. During the planning period 1986-90, according to the USSR Ministry of Health, the "volume of services" should increase by 40%. At the end of it there should be self financing policlinics in all the republican capitals and all the towns which contain medical institutes.

From those fragments of the jigsaw no certain answer can be given to the question: how many? All the same, the figure for Moscow provides the starting point for a guesstimate. Thus if the ratio of pay policlinics to population size is constant in towns with over one million inhabitants and if only those towns contain such units then—on those two assumptions—the current number would be in the region of 100.

One explanation for substantial consumer demand is the inadequacies of the ordinary (budget) system. Thus the notion of a surrogate or back up function emerges unambiguously from the reported comments of Dr Khutorenko, head of Moscow's pay policlinic No 6. He said that sometimes the x ray machine in a district policlinic will be out of order, or there will be no one to operate it, and continued: "One woman patient told me that in the entire October district they could not do an urgent x ray picture for her."

At the same venue *Izvestiya's* journalist spoke to an elderly woman who had made the long journey from a village in Smolensk region for a follow up visit. Her district hospital, lacking the facilities to conduct a full investigation, had failed to discover anything wrong with her; here, on the other hand, they diagnosed the trouble "at once" and prescribed treatment. Happily, the charges did not represent a deterrent since she could consult a general physician (*terapevt*) for only 50 kopecks and a professor for three roubles 50 kopecks.

Another reason for the popularity of these units is to be found in a patient's perception that, to quote the article, he is "a welcome guest" there. "And this is also psychotherapy in its own right: the patient sees that people want to help and not get rid of him." The elderly appreciate this distinctive ethos most of all since their local doctors, perhaps due to a excessive caseload, are sometimes brusque and ascribe all ailments to old age.

All the same, Dr Khutorenko considered that his policlinic's main attraction resides in the freedom which it offers to consult any of the highly qualified doctors "without red tape." As for the calibre of staff, he said that 172 of them were candidates and 47 (including 10 professors) were doctors of medical science. It can be assumed that their main work is undertaken elsewhere, at medical institutes, research establishments, and the like.

Intractable problems

But however highly patients may value it, pay policlinic No 6, as the anecdotal evidence proves, does not receive preferential treatment from Moscow's health service administration. For example, bureaucratic complexities (the details of which sound truly Kafkaesque) had led to it being deprived of hot water for the previous three weeks. Other units in the network fare no better. Indeed the neglect of a dental pay policlinic in the centre of Moscow is such that "there are cracks in the walls two fingers wide and floors have caved in." The x ray room has been closed on the orders of sanitary inspectors.

The only pay policlinic in the country which caters specially for children occupies the first floor of an apartment block where shortage of space required the adoption of various makeshift arrangements; only the ophthalmology and surgery rooms come near to conforming to official norms. In respect of equipment this

policlinic is also disadvantaged, having to make do with an antediluvian x ray machine. The electroencephalograph there has to be kept in use for 11 hours a day though at some hospitals it would be employed for only three or four investigations.

Furthermore, on account of the norms for consultation time (established in 1964 for adult units), the staff are under immense pressure, in stark contrast with the position at a functionally similar but high status establishment, the USSR Academy of Medical Sciences' Institute of Paediatrics. There 50 children are seen each day in 11 rooms, while the policlinic, also with 11 rooms, sees 500 patients. "It is hard to get in there," said the chief doctor, "so they all come to us and have the bother of waiting in our queues, and with that caseload our doctors are working only for love of their fellow men." In explanation she added that she had neither the authority nor the funds to make incentive payments.

Throughout the network, financial control by the administrative agencies seems to extend to even the smallest detail. "Minor works, replacement of plumbing, prescription pads, ball point pens, refills—everything is a problem." The fact that heads of pay policlinics are completely hamstrung in this respect was seen as paradoxical by Dr Khutorenko. "We give enormous profits to the government," he said, "but we cannot spend a single rouble independently."

Poor relations

In fact, as the article notes, Moscow's 20 pay policlinics make an annual net profit of one million roubles and, in theory, all of it should be channelled back into developing and equipping them. What actually happens, however, is that Moscow's chief health service administration limits its spending to 200 000 roubles a year. The consequences of that ceiling can only be compounded by the administrators' reported favouritism towards their budget units. This discrimination operates generally in respect of the supply of

equipment, which is frequently difficult to obtain. But even the accommodation that the children's policlinic had managed to have built was requisitioned for the use of the budget service—without reimbursement of its cost.

In the administration, *Izvestiya's* journalist contends, although there are personnel responsible for the pay policlinics no one is effectively promoting their interests. The negative comment on the relevant directorate's chief (G Menshakov) is that "acquaintance with his work produces an impression of complete helplessness."

One inference to be drawn from the content of the investigation is that a management shake up in the directorate is imminent, together with a degree of freedom for chief doctors to deploy profits as they see fit in order to improve the service. Incidentally, the latter arrangement would not be a revolutionary break with custom since it already obtains in several ordinary budget units.

Quite apart from its factual content, though, the article seems to demonstrate a significant doctrinal shift in official thinking about pay policlinics. That view would make sense of the article's proposition that "pay medicine is a great assistance to free medicine" and of its implicit suggestions that the contemporary role for these units is to be demand oriented centres of excellence where standards are set for other policlinics. There is a critical minimum prerequisite, however, for the realisation of that role. As the article puts it, "for them actually to become establishments of high quality medical service, all the laws of the service sector must be extended to them."

I thank the Nuffield Foundation for the award of a Nuffield social science fellowship.

Reference

- 1 Ivchenko L. "Bednie" millioneri: kak pomoch khozraschyotnoi poliklinike. *Izvestiya* 1986 January 21:3.

Lesson of the Week

Unsuspected giardiasis as a cause of malnutrition and diarrhoea in the elderly

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Although infestation with *Giardia lamblia* is a recognised cause of failure to thrive in children, it may be underestimated as a cause of gastrointestinal symptoms in adults.¹ We describe three elderly patients in whom unsuspected infestation with *G lamblia* was detected on biopsy of the small bowel.

Infestation with *Giardia lamblia* should be recognised as a potential cause of malabsorption and diarrhoea in malnourished elderly patients

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Case reports

Case 1—A 79 year old man was admitted with a one year history of anorexia and weight loss associated with back and leg pain. Physical examination showed peripheral oedema, proximal muscle weakness, and clinical features of emphysema. He had biochemical evidence of osteomalacia (ionised calcium concentration 1.07 mmol/l (4.3 mg/100 ml) (normal 1.17-1.34 mmol/l (4.7-5.4 mg/100 ml)) and alkaline phosphatase activity 244 IU/l (normal 30-130 IU/l)). A barium follow through examination