USSR Letter

Remuneration of Soviet medical personnel

MICHAEL RYAN

At the start of 1987, in the continuing economy wide attack on endemic bureaucratic incompetence, the Politburo issued a public rebuke to senior officials of the health service. Most prominent among them was S P Burenkov, health minister of the Soviet Union, who chose to take early retirement as the evident alternative to dismissal.

The stated reason why the bell tolled for Burenkov was that he personally, together with the ministry's supervisory board (*Kollegiya*), had "displayed an irresponsible attitude" towards the implementation of "an important social measure." Passed on 16 October last year, this measure required the phased introduction of substantial salary increases for the various categories of personnel employed in health care and the social welfare services.

Although the initial round of increases were due to take effect from 1 November, in most regions of the country including the city of Moscow they started to be paid only during the second half of December and then thanks to intervention by high authority—namely, the party's Central Committee and the Council of Ministers.¹ That these bodies were monitoring progress of the measure so closely can be accounted a fascinating sign of fast changing times and the decision to mete out swift and public retribution for the ministry's lethargy may well be thought to bear the authentic imprint of Mikhail Gorbachov himself.

Non-productive sectors

The salary increases in question are intended to benefit not only health care personnel but also staff of the social welfare services. By convention these two categories are brought together in the section on earnings in the annual abstract of statistics, along with a third which covers physical culture. In 1985 this aggregate grouping contained a total of 6 784 000 people, of whom 1 170 400 were doctors and dentists, while 3 158 900 were middle grade staff of various types—for example, nurses.

When a time series covering the past 20 years is constructed it shows that the remuneration of employees in this aggregate group has been less—and markedly less—than the national average monthly wage. Entirely consistent with this finding is the point that they are all employed in what are officially termed "non-productive sectors," a revealing label from which the social valuation of their labour can be validly inferred. As for the precise figures the table shows that they received 82% of the officially recorded average wage in 1965, after a pay award announced in the previous year, but that their relative position deteriorated to the extent that they received only 70% by 1985.

Average monthly earnings in roubles

Year	Average for economy*	Health service, etc†	Health service, etc, as % of average†
1965	96.5	79.0	81.9
1970	122.0	92.0	75.4
1975	145.8	102.3	70.2
1980	168.9	126.8	75.1
1985	190.1	132.8	69.9

* Excluding collective farmers.

† Includes personnel in physical culture and social welfare services.

Source: *Narodnoe khozyaistvo SSSR* for various years.

Doctors' pay

There is an apparent major objection to the usefulness of the table. On the basis of British experience it could be said that figures for the aggregate grouping will obscure marked variations as between different categories of personnel with doctors well ahead. That suggestion, however, is controverted because differentiation between doctors and other health care personnel as regards pay, along with many other issues, is much less evident in the USSR than in the West. Indeed, the existence of separate negotiating machinery, such as the doctors' and dentists' review body in the United Kingdom, presupposes a society whose political culture accords legitimacy to the activities of independent professional associations. That is hardly an accurate description of the Soviet Union.

At a level of detail there are various possible additions to the basic salary, including payment in respect of night shifts and a second (part time) post, the holding of which is fairly common and indeed necessary as a means of combating widespread staff shortages. Furthermore, only an unrealistic commentator would overlook the fact that many medical personnel have an enhanced command over resources by virtue of gifts from patients in cash or kind. The latter, incidentally, assume an enhanced value in an economy where the supply of many consumer goods and services is characterised by endemic deficiencies in quantity and quality.

Nevertheless, those qualifications could also be made *mutatis mutandis* about other occupations and there can be no doubt that the financial rewards for health service staff are widely perceived as less than attractive. For example, in a survey undertaken at Orenburg medical institute around 1970 only 1.4% of students gave "a doctor's material security" as a reason for their choice of career. Admittedly, the Soviet author who reported that finding presents it positively, as a contrast to the high proportion of American students citing money or position in response to a comparable questionnaire. At a later point, however, he refers to the prevention of illness and restoration of health as an indispensable contribution to the forces of production and asks why the work of medical personnel is not included in the productive sector. He goes on to identify a paradox: "Today society asks less from a plumber than from a nurse but gives him significantly more."²

To recruit and reward

The practical consequence has been that, over a fairly long time, health service units have experienced severe difficulties in attracting and retaining nurses and women orderlies—classified as junior medical personnel—who tend to leave for more lucrative jobs elsewhere. When the authorities decided that the current pay increases were to be phased in over a five year period it is not surprising that they selected those groups of staff to be among the first to benefit.

But the official report of the increases in *Pravda* invokes not problems of recruitment and retention but the admittedly overlapping imperative: additional reward for those who are performing "difficult and responsible types of work."³ In concrete terms that refers to surgeons of various specialties (among them obstetrician gynaecologists), anaesthetists and the junior and middle grade personnel who work alongside them in the appropriate hospital units, maternity homes, and women's consultation centres in urban areas. Orderlies in other types of urban hospitals have also been included in this first round.

With effect from November 1987 improved salary scales will come into operation for another group of key personnel for whom inducement additions were introduced many decades ago—those working in the rural hinterland. In this connection it is possible to cite precise figures. At present the basic salary scale of a surgeon practising in the country ranges from 138 to 180 roubles a month; from November it will rise to 190 to 230 roubles, which clearly represents a substantial improvement.

Reference to the basic scale leads on to the point that the authorities have also decided to rectify a long standing cause of complaint. In the past a doctor's basic salary reached its maximum after 30 years of service; that extremely long period has now been reduced to 15 years.

To encourage excellence

All the same, it would be a mistake to focus simply on across the board gains available to all personnel in comparable employment. The reason is that, to quote the words of one official, "by contrast with the previous ones, the current adjustment of pay is not mechanical at all."⁴ Chief doctors will now have greater

opportunities to award bonuses in order to recompense especially conscientious performance. A similar motivational objective evidently underlies the decision to increase the pay of individuals who have passed a form of efficiency assessment known as attestation and those who have obtained higher academic degrees—candidates and doctors of medical science—or honorific titles. Thus the title "Honoured Doctor of the Republic," which formerly earned its holder an extra 10 roubles a month, will now bring him 30 roubles, while the newly created title "People's Doctor of the USSR" carries a merit award of 50 roubles a month.

Also tending towards the greater recognition of individual effort is an interesting development known as the brigade form of pay which, formerly experimental, can now be adopted in any unit. Relating to the work of health care teams where, apparently, personnel of different categories can substitute for each other, it takes into account the extent of one person's responsibilities by means of his "coefficient of labour participation."

Looking ahead

The increases and restructuring have been presented as a major break with the past, when an individual's remuneration was not at all closely linked to the quality of care that he or she provided. To what extent the former health minister was himself the architect of this package of impressive reforms cannot be easily determined, but it seems appropriate to record that he entertained great hopes for their beneficial consequences. Thus, according to Burenkov's optimistic prediction, "they will help to overcome inertia and indifference—which is disastrous in this case—and will encourage work to be organised in such a way that orderliness, efficient discipline and humane attitudes towards patients will become the rule for all medical and pharmaceutical workers in the country."⁵

References

- 1 V Sovete Ministrov SSSR. *Pravda* 1987; 4 Yanvarya:2.
- 2 Elshstein NV. *Dialog o meditsine*. Tallin: Valgus, 1975:16,97-8.
- 3 V Politburo TsK KPSS. *Pravda* 1986; 17 Oktyabrya:1.
- 4 Trud i zarplata. *Izvestiya* 1986; 22 Oktyabrya:3.
- 5 Borich I. (Intervyu vzyal) Po printsipu sotsialnoi spravedlivosti. *Meditsinskaya Gazeta* 1986; 24 Oktyabrya:1.

MEDICINE AND THE MEDIA

FROM THE STABLE that almost brought you *Hitler's Diaries* came a scoop last week that was just as spurious: "Smallpox vaccine 'triggered AIDS virus'" (*The Times*, 11 May). Disclosed by an unnamed World Health Organisation adviser, the smallpox vaccine theory had as its central plank a case report published in the *New England Journal of Medicine* (12 March, p 673). The report described a previously well United States military recruit who had developed cryptococcal meningitis, the acquired immune deficiency syndrome (AIDS), and generalised vaccinia a few weeks after multiple immunisations.

The authors suggested that these might have accelerated the development of AIDS in their patient and that infection with the human immunodeficiency virus (HIV) might predispose to an increased risk from smallpox vaccination. "More alarming than appears warranted" was the verdict of the journal's editorial, which also questioned the wisdom of continuing to vaccinate military recruits. (Vaccination continues because of anxieties about biological warfare.)

The Times opened with a précis of the case report before taking off into speculation. Previous "anomalies" of the epidemiology of AIDS (its sex ratio in Africa compared with the West, why central African states top the league table, why Brazil has the highest incidence in South America, how Haiti became the route of spread to the US) need baffle us no longer. They are accounted for by the

WHO's successful campaign to rid the world of smallpox: the vaccinia virus awakened the unsuspected, dormant HIV.

The story continued as front page news the next two days, the "intense debate" this revelation had sparked off providing much of the copy. It was up to Tuesday's *Guardian* and *Independent*, however, to record the key words of this debate—bizarre, non-sensical, and preposterous. Dr Jonathan Mann, the director of WHO's special programme on AIDS, pointed out that globally the distribution of smallpox eradication programmes and the distribution of AIDS did not fit. In Asia, where hundreds of millions of smallpox injections were given from 1967 to 1972, AIDS remains rare. The US is experiencing a major epidemic, although smallpox was eradicated there many years ago. As many doses of smallpox vaccine were given in west Africa as in central Africa, yet AIDS is less common in west than in central Africa. And there presumably the story rests.

Not quite. AIDS and mass immunisation campaigns have now been linked in the public mind. As the National Blood Transfusion Service has found to its cost, widespread confusion about blood donation, blood transfusion, and AIDS still abounds, although the facts are simple enough. How long will the consequences of this three day wonder be with us?—

TONY DELAMOTHE, assistant editor, *BMJ*.