PRACTITIONERS, POLYCLINICS AND THE PROLETARIAT: DOCTOR AND PATIENT IN A SOCIALIST STATE

By Dr. Donald Cordner

Delivered at a meeting of the Medico-Legal Society held on 31st March 1973, at 8.30 p.m. at the Royal Australasian College of Surgeons, Spring Street, Melbourne. The Chairman of the meeting was the President, Mr W. E. Paterson Q.C.

Background

My interest in Soviet affairs in general, and the Soviet medical scene in particular, was stimulated early last year when my wife and I were planning an extended overseas trip, in which we hoped to include a visit to the Soviet Union, not really for any other reason than the fact that it was off the beaten track to Europe. Ultimately we spent twenty-eight days under Soviet jurisdiction—from 11th April when we boarded the Soviet passenger ship "Baikal" in Yokohama harbour, until 9th May, when we left Leningrad by train for Helsinki and parts north.

During that time we spent two and a half days on the sea, travelling from Yokohama to Nakhodka, on the south-eastern tip of Far Eastern Russia, a total of five days on the Trans-Siberian Railway, three days and nights in Irkutsk, a city of 500,000 on the eastern edge of Siberia, and a similar period in Novosibirsk, population 1,100,000, the capital city of Siberia, situated on the western edge. From there we flew 2,200 kilometres to Tashkent for a day, and then another 3,300 kilometres across the Aral and Caspian Seas to Yalta in the Crimea for four days—thence by plane 1,400 kilometres to Moscow for five days, and by plane to Leningrad for another five days, from where we departed by train to Helsinki and parts north.

Our complete trip in the U.S.S.R. of course, was organized through the Soviet Intourist Company—and we arranged to travel "De Luxe" which not so much implies extra-luxurious accommodation, although ours, in the main, was very good, but ensures the services of an interpreter for six hours a day and the use of a car for three hours a day. In every major centre we visited, we were therefore able to ask questions constantly, converse with anyone we wished, and with a minimum of delay, to have any arrangements made that we requested. I would

strongly recommend intending travellers in the Soviet Union to follow our example.

It had been my intention to attempt to make some investigation of General Practice—medicine as it is practised in my own sphere here in Australia—and with this in mind we arranged several interviews with reasonably senior doctors wherever we went. I soon found that General Practice as we know it does not exist, and so I made enquiries into the teaching of medicine in the country as a whole—the selection of students, syllabus, the opportunities open to graduates, and so on, and some of you may have seen an article on this subject in a recent number of the Medical Journal of Australia. I also delved a little into the history and development of the medical scene, the relationship of the doctor and the patient, legal responsibility and the health scheme in general, and, since returning home, I have read and consulted several authorities in these areas, and it is about these matters that I wish to speak this evening. I apologise for some repetition of my published material, and I am intensely aware of possible contradictions and mistakes—both in my interviews and in my reading I have come across many instances of contradictions, errors and flat denials or deliberate obscuring of the truth.

Before proceeding further, however, a few remarks in general about travelling in the Soviet Union may be of interest to those of you who may be contemplating a visit to that country. We found the widely held opinion that every foreigner is closely watched and supervised to be completely fallacious. When we entered the country we were handed a brochure with advice for tourists, and also a list of areas where photography was forbidden—from a plane, at airports, railway yards, military installations, railway bridges, or within two kilometres of the border—all eminently reasonable regulations. Our only requests that were refused were:

1. To visit the valley of death in the Crimea. This is now included in the restricted area round the naval base of Sebastopol.
2. To visit a collective farm. Had we asked to visit a State farm, (which, in our ignorance, we thought was the same) it would have been easy, but every time we asked to visit a collective farm we were given a long list of reasons why it was impossible, possibly even politically embarrassing.

Apart from these minor restrictions we were free to do exactly as we liked—we strolled alone through streets and shops, both in city and country areas, visited theatres unaccompanied, travelled alone on buses, trams and the underground, all with complete freedom. Because of language and communication problems when separated from our interpreter, commonsense dictated that we should not go too far afield.

Our overall impressions of the country are not really germane to this paper—suffice it to say that we felt we were in a country of many paradoxes—a country of apparent vast material wealth and almost extravagant public expenditure, yet with individual poverty and lack of purchasing power—a country with intense personal pride in national undertakings and achievements yet with a lack of individual initiative and an impression of almost "resigned security", to coin a phrase—a country with a fear and distrust of other nations, yet with a complete lack of interest or enquiries about, for instance, affairs and conditions in Australia—a country with a claim of "work for everyone" yet with a definite and distinct impression of the artificial creation of employment.

We also found it was important not to accept statements at face value, as it were. It was commonplace to get the wrong impression from translated phrases—thus a man whose job was described and translated to us as that of a "chemical engineer" on deeper questioning turned out to be in fact a cleaner in a chemical factory, and the term "medical specialist" in fact meant anything from a recent graduate to a top grade consultant physician. I have no criticism of the use of these somewhat euphemistic terms—after all the Soviet people understand very well what is meant by them—but when literally translated into English, and interpreted by the tourist according to his own standards, then the wrong impression can be gained.

Again, the often heard answer to a question or request "It is impossible" really means, "Your question or request does not have a set or automatic reply. Do not ask me to take the responsibility of making a decision. Go and ask someone else". It took us a little time to learn this, but eventually we found that with patience, persistence and good humour, we would usually get what we wanted.

History

When studying current conditions in any country, it is always advisable to do so against the background of history. Particu-

larly is this so in the Soviet Union with its unique experience of over fifty years of tightly controlled national and socialistic development following the Revolution, prior to which there had been an autocratic and despotic administration for several centuries under the Tsars. Let us then consider for a few moments the pre-revolution conditions in the various spheres of activities in which we are interested this evening—particularly the plight of the citizens and the state of medical care.

In 1765 the first medical faculty in the country was opened—the first Moscow Sechenov Medical Institute. This huge complex recently celebrated its bi-centenary and we had the opportunity to see over some of it during our visit. Today it admits the huge number of 1200 students into first year medicine—and over 6,000 applicants compete each year for these 1200 places. Up until 1765 the only physicians practising in Russia had been trained in other countries, and indeed for at least another hundred years, only the very largest cities had any medical training facilities, and only the citizens in these cities had any access to medical care. In the rural areas and steppes with the grimmest of weather conditions, a low standard of living, non-existent public health amenities and widespread and frequent epidemics, not to mention regular wars, life was dangerous indeed.

In the late eighteenth century training schools were set up for "feldshers". These became traditional Russian characters, who were really partially trained doctors attached to the Russian Army to make up for the almost complete lack of medical services in the army. These feldshers later spread to the peasant community to provide a low grade medical service where due to the shortage (or virtual absence) of physicians, none previously existed. Today the feldsher (the name has now been almost dropped in the Soviet Union, probably because of its pre-revolution association) is a qualified "middle grade" paramedical worker who has undergone a special 2 or 3 year training course (depending on his original standard of education) and who does not work alone, but in co-operation with, and under the supervision of, a physician in various spheres. For many decades however, the majority of health care in Tsarist Russia was carried out by these men.

Contrary to widespread belief, the Russia of the years immediately preceding the 1917 revolution was not a stagnant and unproductive nation. By the end of the nineteenth century the once backward and primitive country was rapidly overtaking the west in many fields—but as is apparent from Tolstoy, Pushkin

and others, a new form of government and administration was inevitable, and was, in fact, slowly developing, when the first world war occurred and the Tsarist regime subsequently collapsed.

The old society had been primarily founded on privilege, and had been centred on the Tsar and the court, and, to some extent the Orthodox Church which has been described as the ultimate bastion of Conservatism fervently supporting the monarchy while encouraging the peasants to be satisfied with their lot. Nevertheless these underprivileged peasants provided the base on which this society rested, and, in the main, they philosophically accepted their lives of starvation, hardship and overwork, and—which is important to our subject this evening—their almost total lack of medical services and legal rights.

In the early years of this century the level of medical attention in Western Russia was far behind many comparable European countries, and, in Siberia and the Far East, virtually non-existent. The overall doctor-patient ratio in 1910 was less than 1-10,000 (today it is claimed 1-400), and by far the greater number of doctors lived in the larger cities and towns, close to the higher concentrations of the privileged classes. The majority (about 80 per cent) of the population who lived "rurally" were almost entirely neglected not only because of the shortage of local doctors, but because of the tremendous problems of transport and communication over almost unbelievable distances. Remember we are talking about a country three times the size of Australia, and with twenty times our population—implying a population density six or seven times greater than ours. Hospitals and allied institutions were inadequate both in number and standard. Chekov in 1890 described hospitals in Russia using the words "filth, drunkenness, dirt and lack of facilities", and indeed the bed-population ratio in 1875 was 1·5:10,000, rising to 3·5:10,000 in 1910. Medical training institutes were at that time affiliated to universities, and the methods of teaching in these days were largely theoretical and traditional—a not uncommon trait amongst late nineteenth and early twentieth century medical schools. Social insurance legislation in 1910 for employment injuries and sickness benefits covered less than 10 per cent of the working force, nearly all of that proportion being workers in the new and rapidly developing industrial plants, while the peasants and farm workers received no social benefits at all, and were, in fact, up until about 1860 almost completely without status of any kind.

The Tsar of course was all powerful and all responsible. Immediately below him were the members of the land-owning nobility, who, as a rule, held their estates from him in return for their services to him. Most of them did not even live on their estates, but employed overseers and managers to supervise administration and to direct the lives of the vast mass of peasants who eked out a precarious existence tilling the soil, providing the troops, and, to boot, paying the taxes. At the same time the peasant, or serf, had no rights at all. Their overlord had complete jurisdiction over them—he could order or forbid their marriage, direct them to serve in the army, sentence them for any misdemeanor, even to the extent of sending them to hard labour in Siberia, order any form of corporal punishment and even sell them, with or without family, to another landowner—and there was no right of appeal, or, indeed, even of trial.

Some amelioration of this state of affairs came about as a result of the Act of Emancipation in 1861, which abolished serfdom as such, but, in practical terms, made little difference to the appalling conditions of existence of the peasants. Shortly afterwards, in 1864, many important changes were introduced into the rather outmoded judicial system, most important of which, in effect, was the creation of a new profession of lawyers, and from this time forward, in the absence of a parliament, the law courts became a prominent venue for the expression of free speech and, with the publicity received by trials under the newly assumed jury system, exercised wide influence on public opinion.

Further signs of the liberation of government occurred when Tsar Alexander II in 1881 signed a statement announcing the first steps towards the formation of an elective body with legislative powers. Unfortunately he was assassinated shortly afterwards, and his successor, Alexander III immediately suppressed all signs of any liberal developments.

By the turn of the century, however, there had been great expansion in industrial and economic activity as well as an upsurge in population and it seemed that the whole country was about to undergo a slow revolution in management, government and way of life, despite the fact that in 1914 about 80 per cent of the population was still employed on the land. The other 20 per cent was largely absorbed in mining, railway work and industrial activities. Many foreign powers were investing in the country, and there was a favourable balance of trade, largely brought about by

exporting grain that would well have been used to feed the peasants.

All this time schools were few and for the privileged classes only. The illiteracy rate in 1900 was estimated as 75 per cent. However, in the early years of the century general and technical education expanded to meet the demands of the rapidly growing industrial enterprises, as unskilled physical labour was no longer satisfactory, and with the election of the first "Duma" in 1905, some foreshadowing of a democratic voice in government affairs appeared.

This then is a potted background of the state of affairs in Russia in 1914 at the outbreak of World War I, and the beginning of a period of four years or so of what must have been almost unparalleled hardship and misery for the Russian people—and with the details of which we are not here directly concerned.

The early years after the Revolution

In late 1917 and early 1918, the new Revolutionary Administration was faced with the almost superhuman task of creating a new society, and the primary ideals of Russian Communism were briefly:

1. Extensive heavy industrialization—to overtake the rest of the world and to improve living standards.
2. Mechanization and collectivization of agriculture—the pursuit of which caused so much strife and bloodshed, and which even today is not complete.
3. National military self-sufficiency—this in view of the constant state of threat of war that had existed for centuries with abutting nations.

It is obvious that such aspects as the welfare of the individual, including medical care and public health, were not considered vitally important until these three priorities had caught up, as it were. Such medical services as did still exist, had deteriorated to almost nothing. There was an almost complete lack of medical supplies and no sources of them readily available. In addition, over the next three years a series of epidemics—cholera, typhoid, typhus, plague, small-pox, dysentery, scarlet fever, measles and malaria are all recorded at least once each, in large outbreaks, with a total death toll of over ten million, with of course the ever-present scourge of tuberculosis—in all an appalling situation. It was obvious that some all-powerful medical administration was

required, and the first that appeared was the "Medical Sanitary Section of the Petrograd Military Revolution Committee" which in early 1918 organized military medical services and water supplies in what is now Leningrad. Later in 1918, Lenin authorized the establishment of a "Soviet of Medical Collegia" to unite, supervise and co-ordinate medical teaching and organization under the direction of a "Health Commissariat". For the next three years all energies were concentrated on wide public health measures rather than individual care, and it is interesting to note that there has been no recorded large epidemic in the Soviet Union in the last 50 years.

Up until the Revolution an "upper crust" social background was required, in addition to educational qualifications which were, of course, then largely available to the privileged classes only, in order to enter medical school. As a result of this all the trained Russian doctors in 1918 were designated as enemies of the People, and in order to set up a system using the skills of these existing doctors without allowing them any opportunity of upsetting the ideological aims of the new society, a policy of incentive and coercion was formulated until enough doctors were trained under the new regime. As a temporary expedient, feldshers were used to prop up the expanding medical system. Medical schools were set up in association with various universities—students were accepted at the age of sixteen years and those with peasant backgrounds were encouraged, while those from the former exploitive classes were proscribed, and many material aids were offered to students—stipend, clothes, living quarters, but a Diploma was withheld up until five years after graduation, to ensure that doctors could only work where directed.

It was realized in 1921 that it was impossible to stamp out immediately all the capitalist elements in society, and this was recognized by the introduction by Lenin of the New Economic Policy in that year for the purpose of utilizing the incentives of the private enterprise system to restore an economy devastated by years of Civil War, particularly at local trade levels including private medical practice.

However, new doctors were being trained under the principles that party loyalty was more important than professional ability and professional attention—even to the extent, on occasions, of appointing semi-trained but partly loyal, feldshers to administer, or be in charge of, a hospital or clinic employing several fully trained doctors, who at this time, could be liable to heavy penal-

ties for keeping too many sick people off work—it was essential that the wheels of industry be kept turning. When I myself posed this question, it was, of course, denied that any of these practices existed today, but I will return to this point later.

In about 1924 medical training schedules first included the specialties—at first broadly into three groups—Therapeutics (or General Practice), mother and child care, also known as Paediatrics, and Public Health or Sanitation. (In the Soviet Union today the term Public Health embraces all aspects of medical care—their term "Sanitation" corresponds to our interpretation of "Public Health".)

As a result of these measures a great improvement in the extent of medical care became evident—between the years of 1913 and 1928, the number of doctors tripled and hospital beds doubled. The official end of the New Economic Policy, in 1928, re-eliminated private medical practice which by 1932 had virtually vanished. By 1929 medical centres were being widely spread over the country, but not in the small rural areas which remained a problem (and this situation still exists today in this country of incredible distances and climatic extremes). Industrial centres and collective farms all were obliged to provide their own health services, and control over doctors lightened a little, but medical decisions were often apparently overruled by the demands of production. In 1930, Medical faculties were removed from the control of Universities and became independent, under the control of the Ministry of Health, and the Ministry of Higher Education, and by 1940 the numbers of doctors had again trebled to about 150,000 and hospital beds had risen to 500,000, about a proportion of 25:10,000.

The occurrence of World War II interrupted practically all aspects of life and development in the Soviet Union. In the following four years twenty million people were killed—more than the total in all other countries on either side engaged in the war combined. Six thousand hospitals or dispensaries were totally destroyed, eight thousand partially destroyed. Extreme shortages of supplies were to some extent ameliorated by the American Lease-Lend programme, but were still severe. All doctors were given courses in military surgery and 30 per cent of them were killed as a result of enemy action. At this time there was a huge increase in the admission of women to medical schools, resulting today in a figure of 60 per cent of the profession being female, a proportion that is slowly decreasing.

We are now approaching the present era, but before continuing with the medical scene, let us look briefly and superficially at the post-Revolutionary developments in education and the law.

Education

The announced aims in 1918 of the new Revolutionary Education Policies were:

1. The abolition of illiteracy.
2. The introduction of compulsory free education.
3. As a natural corollary the widening of teacher training facilities, and, unofficially,
4. The divorcing of all church influence from education.

As this policy was followed, and the scope and availability of education rapidly expanded, all forms of discipline and punishment, including examinations, throughout all educational establishments were abolished, but this was soon found to be unsatisfactory and by 1932 these had been re-instituted. By 1925 the illiteracy rate was 50 per cent, by 1940 only 20 per cent. Today the claim is that illiteracy does not exist in the under-forty age group. In other words compulsory universal education has been achieved since 1945. Up until 1943, four years schooling was compulsory, and then until 1960 six years, and now ten years schooling is compulsory. All students study the same subjects each year—for six days a week, six 45 minute periods per day, from 1st September to 31st May, with four weeks of holiday. In the final four years of secondary school these subjects are: Russian language, Russian literature, geography, history, mathematics, physics, chemistry, biology, a foreign language, drawing, music, physical education, and, in republics where Russian is not the native language, then that language is also taught. Extracurricular activities are very limited. Examinations are held twice a year, and, except in written Russian language, are all oral.

Many difficulties still abound of course—there are still shortage of school buildings and accommodation with consequent crowding of existing facilities, somewhat overcome by the staggering of school hours, and problems with rural and country areas. Special facilities exist for the education of promising dancers and musicians. All education is permeated by Communist ideology—as we saw well demonstrated in a school we visited in Novosibirsk, where posters and placards and various school projects covered

the walls of corridors and classrooms extolling the virtues of the Soviet Socialist System and "waving the flag", as it were, in various spheres.

The Law

The Soviet Union has of course, the newest legal system in the world. Following 1917 the pattern of Soviet law followed the general principles enunciated by Marx and Engels that it should lay down rules of public order designed to facilitate the transition from Capitalism to Socialism and eventually Communism. This was to be done in two main ways:

1. By depriving the citizens of ownership of any business or forms of private means, and
2. By educating them in the new strictly controlled way of life necessary to establish the new socialist order.

Thus production would become completely State-controlled, making possible the attainment of the "distribution according to need" principle and citizens would become so content and self-disciplined that the preservation of law and order by force and coercion would become unnecessary and the need for law courts, a police force, and other forms of law enforcement, and of course, the coincident fear of punishment by these institutions would gradually vanish—an extraordinarily naïve and idealistic concept. The initial decrees therefore provided for the absorption by the State, of all privately owned enterprises, the restriction of employment of labour by private individuals, and also, incidentally, for the withdrawing of marriage and divorce from the jurisdiction of the Church.

Of course many situations arose in the adjustment of these newly arising social conditions for which no precise laws or legal machinery existed, and so some pre-revolutionary laws, relevant to the particular situation, were applied, but judges were bound to interpret them only in so far as their own revolutionary consciences would allow—or in other words, in a manner in accordance with the principles of the new order. This attempt to simplify the processes of the law failed, and gradually a more complex structure of courts and legal administration became established.

Under Stalin, many of the ideals Lenin propounded became obliterated—and until his death in 1953, political enemies were dealt with by specially created political and Revolutionary Tribunals and by the Secret Police, often entirely in secret. At the

same time, laws relating to the rights of the individual were changed and wrongly interpreted, largely at Stalin's personal behest to serve his own ends. This of course, is one of the main reasons for the post-mortem vilification of Stalin by Khrushchev, himself later to receive the same treatment. Immediately after Stalin's death, wide reforms in the legal system were suggested and adopted, in an effort to bring it back more in line with Western thinking.

The Present Day

Let us now turn again to the general scene in the Soviet Union today—with particular reference to the doctor and the patient, and the relationship between them.

It is hard for us, in our free society, to appreciate the total difference of life in the Soviet Union. There the state is predominant—it has no competitor—a great monolithic organization with national planning and direction in all spheres of life—but all. The street photographers on the beaches of the holiday resort of Yalta, the boot-blacks on the city streets of Moscow, the clock-winders in the museums of Leningrad, the waiters in the cafes, the corps de ballet in the Bolshoi theatre, the acrobats in the Irkutsk circus, the taxi drivers, the shop assistants, the post-graduate researchers in the new city of Academgorodok—these, and everyone else, are State-employed. The only exception to this rule are some agricultural workers on collective farms (in slowly increasing numbers strangely). Families and individuals are secondary to national aims, goals and ambition. Citizens accept this need for priorities, not resignedly but with great pride in national achievements. On several occasions our interpreters, as they pointed out some large public project, would remark, almost boasting, "Now that we are able to afford it we are building this, or that", or "this project has been planned for many years but we had to wait until more important schemes had been completed—there is now enough money to go ahead". We noted, however, in contradiction of these statements, a very large number of partially completed projects and buildings with no one working on them. We wondered if this was to give an impression of wide expansion and prosperity. I am sure that less than half the construction sites that we noticed were being currently worked on—even making allowances for holidays, Sundays and days off.

There are jobs for all—and we were told that there was no

unemployment—but we felt that, by our standards at least, there was underwork and underpay—although incomes and purchasing power were difficult to compare with our own. The average wage is about 130 roubles per month—a rouble exactly equalled an Australian dollar before the recent revaluation—and taxation is virtually non-existent. Mostly jobs are thirty-five hours a week; after hours jobs are allowed, but not encouraged. Families are small (our own statement of three children invariably impressed as a large family) and the birth rate is falling. Women want to work, and for those with three or more children, work is forbidden.

There is still a shortage of housing, despite huge building programmes—in Moscow itself it is very hard to find anything but large housing units. Grandmother often acts as baby sitter, and creches and kindergartens are becoming widely available for working mothers. Queues are a way of life—shortages of consumer goods are common and prices high by our standards—time payment without interest is permitted if the required goods are in plentiful supply—luxury costs are high—there are no attractive window displays such as we have here, commercial advertising hoardings are non-existent. There are many aspects of culture, art and entertainment encouraged at a national level—ballet, art, music, drama, circuses, puppets, all with low admission costs by our standards—there are many gardens, pavilions, exhibitions and museums (nearly all the old churches, cathedrals and many of the palaces of the erstwhile nobility have been expensively and extensively restored as museums)—and there is a huge difference in living standards between the West and the East.

In this set up the medical profession is little different from, say, the engineering or the teaching professions—in fact salary for doctors and teachers is on an exactly equal scale. The medical profession has little or no independence, and doctors are considered as expert technicians with no special privileges but a high social status. There is a medical trade union to which 80 per cent of the profession belongs.

The administration and organization of the profession corresponds to the structure of central and local government. The Minister of Health of the U.S.S.R. is a member of the Praesidium or Cabinet, consisting of the "Council of Ministers of the U.S.S.R." He heads the Ministry of Health whose headquarters are in Moscow, and is always himself a doctor. This is a policy-making body and not concerned with local administration which

is the province of the individual fifteen Republics, each of which has its own Ministry of Health, with a Minister who must be approved by the U.S.S.R. As each of these Republics varies widely in size and character, detailed administration is carried out at a regional level.

The unit of regional administration is the "Oblask"—consisting of 1,500,000 people—large cities constitute an oblask and every oblask is divided into districts of 40-60,000 people, which are the basic units for peripheral administration, often with several hospitals and polyclinics, depending upon population density.

Various authorities give differing figures for the number of doctors in the country, but an average acceptable figure seems to be about 550,000 doctors in a population of about twenty-four million, a proportion of 1:380 compared to 1:750 approximately here. However, we were told in Novosibirsk that the proportion through the country was 1:310.

In addition there are over two million paramedical workers in the country. These consist of feldshers, midwives and nurses, classed together as middle medical workers, who are trained at five hundred and forty widely scattered middle medical colleges in such disciplines as nursing, physiology, anatomy and various technical subjects. These workers are found in all aspects of medical care, staffing small rural hospitals or dispensaries, first aid posts in the cities, ambulance work, T.B. sanatariums, social work, preventive medicine, immunization campaigns, and so on. They are often the first point of contact for the patient, particularly in country areas, where feldshers often, after many years in one place, almost take the place of our family doctor. It was at all times stressed that these workers only functioned under the direction and supervision of doctors. They often continue their training to become technicians, radiographers, physiotherapists, dentists and so on, and, if they later apply to study medicine, they will be given preference (provided they reach the necessary academic standard) over a younger applicant.

In rural areas the Oblasks are further subdivided into Uchastoks, each with a population of about 4,000 people with an appropriate team of doctors—one paediatrician to every 1,000 children, one physician to every 2,000 adults, and several therapeutists. Usually in these areas the polyclinics are "all purpose" whereas in the cities they tend to be specialist orientated. Figures show that the average number of attendances at a polyclinic per

head of population is the extraordinarily high figure of 10 per annum, more than half of which are for "preventive examinations".

The polyclinic in most larger areas and cities, is the place where the patient first attends with a medical problem. This is very like our own public hospital outpatients department, except that only rarely is it attached to a hospital, and it is staffed by "outpatient" or "polyclinic" specialists. These polyclinic doctors never spend any time attached to hospitals. Our conception of, for instance, an outpatient surgeon being a promising young surgeon who will eventually obtain inpatient and consultant status, is entirely irrelevant—another example of the necessity to interpret terms correctly. An outpatient or polyclinic surgeon only does outpatient or polyclinic surgery—very minor operations, both elective and urgent, e.g. the removal of warts and small cysts, or the opening of small abscesses, removal of fingernails and suturing of small wounds—such procedures which an ordinary general practitioner in Australia would perform as routine—and a polyclinic surgeon stays as such all his working life.

In the cities most polyclinics are built to serve 60,000 people, as was the one we saw in Leningrad. Dispensaries are also very important units in the health scheme—they are really self-contained units for the treatment and supervision of specific diseases—for instance tuberculosis dispensaries, public health dispensaries for immunization, and so on. In small remote areas there are small feldsher-midwife posts, which act really as first aid posts, with regular visits from one or more doctors to whom urgent cases can always be sent by suitable transport.

Conditions in Siberia and the far East, are, compared to the West, primitive and poor—few, if any, all weather roads, communications in general are poor, houses are substandard in the smaller villages, but are currently being provided in huge housing units in the larger towns. Hospitals throughout the country are not up to the standards to which we are accustomed. In one large city on the far Eastern border of Siberia that we visited, the standard of patient accommodation would scarcely have been acceptable in Melbourne 100 years ago. In one ward there were ten narrow beds, all occupied, five down each side of the ward, a passage two feet wide down the middle between the foot of the beds, a space only 18 inches between each bed and the four corner beds were up against the wall. At least four of the pa-

tients looked moribund to me (it was a gynaecology ward) and in another ward close by there were two beds in a room six feet by six feet—both patients looked to be dying. I felt also in Moscow, that patient accommodation in the large hospitals attached to the first Medical Institute was not nearly as good as in our public hospitals.

There is no doubt, however, that various categories of patient get different levels of hospital accommodation and medical care. Top Party and State officials, with top prestige (and probably income) have personal physicians and top level hospital care available to them. Next in line are the somewhat less senior officials, and top grade writers, ballet stars, artists and intelligentsia, who may share one physician between about ten families, and so on down the line. In these privileged classes there is of course, a quite close doctor-patient relationship, but this is the exception rather than the rule.

We tend to think in our free society, that it must be intolerable to live under the Soviet System, and I must admit that it attracts me not at all. Similarly they think the same of our system. In his book, "The Doctor and Patient in Soviet Russia", the author, Mark Field, makes much of the role the doctor has in cushioning the patient against the impact of the socialist system. This is probably true in many instances, but is, I am sure not the rule, any more than it is in our society. Very few of us would deny the fact that we, on occasions, stretch a point for our own patients, to get extra holidays or sick pay when under stress or to help obtain a less arduous or responsible job, and this, I believe, is as it should be and is an important point in favour of our personal doctor-patient relationship. However, in the Soviet Union, where continuing personal care is the exception rather than the rule, it could often be difficult for the patients to get much sympathy and understanding, particularly when it is more than possible, indeed highly probable, that punitive or disciplinary action can be taken against a doctor who it is considered to be too generous in certifying time off for patients. This was certainly the case in the early days of industrial expansion soon after the Revolution. Field claims that occasionally even today the investigators, posing as patients, test out the honesty and integrity of various doctors, by asking them for medically certified time off and other privileges.

Apparently there is sometimes an impasse between doctors and bureaucrats in their attitudes to illness, disability and disease,

although my own enquiries on this aspect of medicine, were met with emphatic assurances that the doctor was completely free to make a completely medical decision without any strings. It is claimed in several books that, where possible, attempts have been made to give the patient free choice of doctor, but in practical terms, the situation never occurs, the main reasons being: (a) sheer weight of numbers, (b) geography, (c) the policy of providing many specialists with no single doctor being responsible for overall continuous care.

The Polyclinic which we visited in Leningrad was designated "Polyclinique No. 51" and served an eight year old housing area of 60,000 people. At first glance the clinic building, five storeys high, was indistinguishable from the very similar surrounding housing buildings. It was medically staffed by eighty-six doctors in three "brigades" of fifteen or more, each brigade consisting of ten therapeutists, or, in our terms, general practitioners, one of whom was in charge of the brigade—and about five or six specialists in the commoner specialties, and the balance of forty or so doctors consisted of specialists in groups such as radiologists, clinical pathologists, plus rarer specialists, such as neurologists, urologists, endocrinologists, and so on. Each brigade was broadly responsible for 20,000 people from one sector of the local suburb, records were voluminous, readily available and not private, and throughout the country these are now typed and card indexed by technicians, either from dictation or written notes, and electronic storage is being initiated. If a patient is allocated a doctor he does not like then he can apply for a change. This may or may not be granted.

In addition, at this polyclinic there were about one hundred and fifty middle medical workers—technicians, nurses, radiographers, physiotherapists, pharmacists, "dental doctors", and several others, and about eighty non-medical administrative workers. There are other polyclinics in various specialties, particularly paediatrics and gynaecology. There was one in the latter category not far away with a medical staff of twenty-eight, whose duties were described as including marriage counselling, family planning (including, as I later found out, abortion) and antenatal care, all of which is carried out in the larger cities at least, away from the hospital where delivery will take place. Obstetric hospitals only see patients in labour or those referred from the polyclinics. Post-natal care is also provided at the polyclinic.

The position as regards abortion is interesting. Despite close

questioning I could get very little information about it, just the admission that it could be performed for adequate medical reasons. I have since discovered that abortion was legalized in 1920, primarily because such ghastly conditions of poverty and malnutrition existed. This law was repealed in 1936 because of improved conditions, and re-introduced in 1955 as a birth control measure. According to a statement in the World Medical Journal in 1966 by Mehland, the ratio of abortion to live births in that year in the Soviet Union was 1:1, an unbelievably high figure. Abortion is available on request, prior to the twelfth week of gestation, and has to be paid for, and the doctor may not refuse such a request, although he may discourage it.

There is, however, no doubt that the birth rate is very low—about 16 per 1,000 over the whole country, and consequently the population growth rate is very low also. Three of our interpreters were married women in their thirties, two had one child and one had two, yet all denied the existence of birth control facilities.

The working day of a doctor in a polyclinic is interesting. As a general rule a therapeutist (or general practitioner) is expected to see five patients an hour for three hours a day in the consulting rooms. It is he who as a rule, first sees the patient and must decide whether or not referral to a polyclinic specialist is indicated. The greater proportion of patients are, in fact, referred to some particular specialist, and further referral is then from specialist to specialist, without the patient ever seeing the original doctor again. For another three hours a day, the therapeutist is on call for home visits which are calculated to take thirty minutes each, and, for the last of his seven hours each day, he is supposed to be occupied with health education, lecturing and emergency duties. We were told that 1,500 patients per day were seen at the clinic and about 200 home visits were made. While we were looking through the various subdivisions of the polyclinic there was a constant address through the P.A. system, one of the doctors was giving a health talk on immunization to those in the various waiting rooms, all of which were full, and waiting times were apparently very long—but waiting seems to be a fact of all aspects of life over there. Each doctor works a five day week—a total of thirty-five hours.

Thus it can be seen that our professed ideal of one doctor being responsible for the "continuing care" of a patient does not appear to exist in the Soviet Union.

Being a general practitioner myself, I think that this is one

of the most important of my functions—the provision of some form of medical liaison between my patient and any specialist or specialists who have seen him in consultation at my request. I have known of occasions in Melbourne where patients have been at a great disadvantage through not having had a family doctor to guide them through an illness or operation, but who have been sent from specialist to specialist, none of whom has had, as it were, an overall responsibility. Thus without a general practitioner to keep them informed of the results of tests and investigations, to discuss with them the import and possible consequences of a proposed operation, to support and inform husband, wife or family, during an anxious waiting time, or even just to be available, these patients have felt bewildered, confused, and even lost, despite the fact that they have had the best possible medical, surgical, gynaecological or other specialistic treatment. This state of affairs is fortunately rare in our community but it would appear to be the rule rather than the exception in the Soviet Union.

There are several aspects of medical care in the Soviet Union which have no parallel in our country. One of these is the Skoraya or Emergency Medical Care System (in each major city)—perhaps a better translation is "Quick Medical Assistance". In each city at public telephones there are instructions posted up with information as to what to do in an emergency—Dial 01 for Police, 02 for Fire and 03 for Medical Care, or the Skoraya system of that city. In Moscow for instance, a city of over seven million people, there is a central Skoraya station with its own 600 bed hospital. Scattered throughout the city are twenty-two substations connected to factories, hotels and so on, and in each of the eighty metro stations, is a station manned by five feldshers for twenty-four hours a day.

The functions of the Skoraya are:

1. The provision of fast medical service wherever needed, and the provision of transport for doctor and/or patient.
2. To assure immediate admission to hospital if necessary.
3. To keep an up to the minute register of all hospitals and available beds.
4. To deliver and preserve blood in emergencies.
5. Transportation of labouring mothers.
6. The organization of medical services for large crowds and functions.

This is, as can be imagined, a huge organization—two hundred ambulances are in use during the day, one hundred at night.

Over three hundred physicians and thirteen hundred medical workers staff the scheme, with over two thousand administrative personnel to man telephones and communications and direct operations in general. There are four main divisions:

1. Labour and acute gynaecological cases
2. Acute medical cases
3. Acute trauma and surgical emergencies, and
4. Infectious diseases.

Ambulances in each section are usually driven by feldshers with experience in that particular sphere, and are staffed by at least two physicians, surgeons, obstetricians or whatever relevant specialty is required, and it is interesting to note that statistically three out of four cases that are attended are managed at home.

Throughout the Soviet Union all top medical administrators are doctors who continue part-time practice in their own specialties—and the administration of medical schools is not unlike our own. The cost of education of a medical undergraduate is about 1,200 roubles per year—again similar to our own. After graduation, most graduates want to stay in the big cities, and resist being sent to distant country areas with all the attendant disadvantages, but directions in this regard are final, and all doctors must spend three years working where they are sent in order to repay their free education. A minority group—those with the highest academic achievement—are directed to stay in their own hospitals to do further post-graduate work and eventually become teachers themselves. All doctors are considered specialists and are classified in three grades.

1. Those without special post-graduate qualifications.
2. Those with some extra qualifications—a second grade specialist.
3. First class specialists, each with an M.D. in his specialty and possibly other post-graduate qualifications.

Legal Responsibility

I now come to a subject on which I feel very shaky—the question of what legal responsibilities, if any, a doctor has to his patient in the Soviet Union. Under the National Health Act all medical care is provided without any charge (that is any direct charge), to everybody, and in fact, both patient and doctor are employees of the same employer—the State—and I have been

unable to discover whether this "fellow worker" relationship, as it were, makes any difference to the legal responsibilities of the doctor to the patient. There are similar situations in this country. I am told that if an employee of a large firm in Australia suffers damage through negligence of a doctor also employed by that firm to treat the employees, then the damaged employee has the right to sue both the doctor and employer for damages. I believe that a similar right exists at least theoretically, in the Soviet Union.

After the revolution, the protection of private legal interests, both personal and property, was expected to become unnecessary as the State slowly withered those interests away, and laws to protect them would thus become redundant. Even when it became evident that the achievement of full communism would have to be postponed for the immediate future, and the New Economic Policy was promulgated in 1921, social insurance, originally legislated in 1918, continued to play a part in relation to Tort law. With the wider expansion of this social insurance as the New Economic Policy conditions gradually faded away after 1928, the law of Torts functioned not so much as a means of recovering victim's medical expenses and loss of income, as to punish the guilty in the expectation of discouraging future negligence.

The injured party can now theoretically only recover damages from his employer if the employer's act or omission is categorized as criminal. If the tortfeasor is not the employer then the victim is required to prove only ordinary negligence, and theoretically the social insurance agency can recover direct from the tortfeasor without criminal negligence being proved. This is the only even indirect reference I can find to the possibility of a doctor being sued for negligence. The burden of proof in these cases is apparently with the plaintiff to show merely absence of fault on his part. There are exceptions to this—as in what are designated "Extra Hazardous Activities", which now by definition includes automobile driving. The Soviet auto driver who strikes a pedestrian or other car, will be held responsible regardless of the situation.

According to Hazard, an American authority on Soviet law, victims of employment connected injuries must now seek administrative remedies—such as sick pay and social service benefits—before going to Court, and with the ever widening scope of social insurance this means elimination of most cases from court

lists. The simple case without social insurance aspects rarely occurs in the collections of published Soviet judicial decisions. Article 406 of the Soviet Legal Code, 1922, authorized a court to require a defendant to pay damages to an injured party, even though no actionable wrong had been committed, if the defendant's financial means were relatively superior to those of the injured party. In 1947 this article was declared invalid on the grounds that sharp difference between the financial and property status of working people no longer existed.

When preparing this paper I wrote to Mr. Ian Grey in England—a world authority on the Soviet Union with vast experience, and an author of at least seven books on the subject, and whom we were fortunate to meet when in England—asking his help on the subjects we have been discussing, and I quote part of his letter:

"I am not myself aware of any works on medico-legal litigation. Indeed I would be surprised if patients in the Soviet Union had any *effective* rights to sue doctors or clinics for negligence or on other grounds. I stress the word effective. There may be rights, but no means of enforcing them. Between Soviet law, especially as concerns the individual, and its implementation, there is a vast gulf. The courts often misinterpret and virtually over-rule the law where state interests are concerned".

My own rather scanty reading of legal references in this regard leaves me with much the same impression.

MR. JUSTICE MCINERNEY:

I am myself under some disadvantage in commenting on Dr. Cordner's very interesting address. Firstly, like that character who had never been to Rio and who had never seen an armadillo dilloing in his armour and who supposed he never will, I have not been to Russia whereas Dr. Cordner has.

Although I have not been to Russia, I could not help thinking of some parallel situations in Australia as Dr. Cordner proceeded. When he spoke of the Skoraya, the emergency medical section, the ambulance service staffed by specialists, I wondered whether the end piece there might be something like the end piece that I encountered on one occasion when a small daughter of mine was knocked down by a car outside the zoo. An ambulance was summoned and I followed as close as I could with safety to the ambulance which hurtled through the streets of Parkville and Carlton at breath-taking and quite frightening

speeds to get the child as quickly as possible to the Royal Children's Hospital which at that stage was in Carlton. I did not get there quite as quickly as the ambulance and when I got there we sat down for a three-quarter hour wait while the forms were filled out. I just wondered whether that goes on in Russia, too.

The second thing that I noted as a point of similarity was this upgrading of people that Dr. Cordner spoke of whereby people are called medical specialists and chemical engineers has, I think, some parallel in Australia where the terms "working man" and "labourer" are virtually disappearing. Indeed, in a trial at which I presided about twelve months ago in which the two men accused of murder were a labourer of, I suppose, Caucasian origin and a labourer of aboriginal origin, objection was taken to the jury panel because it was not a panel of their peers in that it did not contain any, or any sufficient quantity of, labourers and aborigines. When I looked through the occupations in the jury panel it was apparent that there was some substance in this complaint. Certainly I could not find anyone on the jury panel whose name indicated on the face of it that he was an aborigine, and certainly also there were very few labourers—I think perhaps one or two. Everyone was a sales executive, a staff superintendent, a production manager. We have all been engaged in this process in Australia of upgrading our social status, and perhaps that is simply what they are doing in Russia.

Dr. Cordner's historical survey of the development of the faculties of medicine in Russia might perhaps paint too gloomy a picture of pre-revolutionary Russia. He pointed out that in pre-revolutionary Russia the professions came from an upper social structure or caste and that there was very little opportunity for people in the lower orders to gain entry into the professions. Well, it may be worthwhile recording that in Victoria the Education Department did not open its first high school, the Melbourne High School, until 1905, and I suppose that is referable to the Russian Revolution of 1905. Secondly, of course, it is well known that, up until the Second World War, the vast majority of people going through tertiary education had in fact had their secondary education at private or independent schools. In other words, what has happened in Russia is perhaps part of a world-wide movement whereby education has been filtering downwards.

The last comment that I wanted to make on what I might call the non-legal aspects of Dr. Cordner's paper was the comment that he made about the absence of birth control facilities. He referred

to women in their thirties, one of whom had one child and another, I think, who had two children and they all denied the existence of birth control facilities. I was reminded of a cartoon I saw recently in a book entitled "The Wit of Catholics" and that showed a bishop expounding the Encyclical *Humane Vitae* which denied to Catholics the use of the pill, and the bishop who was expounding this Encyclical to his faithful is recorded as winding up his discourse with these words: "And therefore, dearly beloved, as from now, the only oral contraceptive permitted is 'No'."

With those observations in fields entirely out of my specialty, perhaps—I venture to address some remarks to the problem which Dr. Cordner posed in the concluding stages of his address, namely, the legal position in relation to the negligence of a doctor under a nationalized system of health services. He suggested that under Soviet law a person employed by the State who sustained personal injury as a result of the want of professional skill and competence on the part of the doctor who treated him has the right to claim damages both against the doctor and the State, and he suggested that in Australia the position would be the same. Whether that is an accurate statement of the position in Soviet Russia, I am afraid I do not know. So I direct my remarks to the situation in Australia. What would be the situation in Australia if there were instituted a completely nationalized system of health? If nationalized medicine comes to Australia, it will certainly have to come by virtue of statute, and Commonwealth statute at that. The approach of the Courts then will, I think, be something like this:

Overcoming their strong initial temptation, inbred in all people who imbibe the common law, to regard statutory law as a wretched intruder to be given no more scope than is absolutely necessary, the courts will then examine the legislation to see whether it imposes any duty of care on the doctors and nursing staff and hospital staff, or to see whether it excludes any duty of care, or whether it allows the duty of care which exists at common law, whether it is to be spelled out of the relationship of doctor and patient or out of the neighbour principle, which, since the unfortunate incident of the snail in the ginger beer bottle, has fructified and developed in all sorts of spheres so that pupils who are injured through combat with their fellow pupils in class time at a State school can recover damages from the teacher, a proposition which might not have commended itself to the

jurists of the nineteenth century. If the court comes to the conclusion that a duty of care is imposed on the individual wrongdoer, the court before whom a claim for damages comes will then, I think, have to work back from the injury to try and ascertain what act or omission produced that injury and to discover whose act or omission it was and whether that act or omission is a breach of the relevant duty of care. Where you have a person who has been in a public hospital—no doubt, the same situation will exist in the nationalized hospital—where you have a complete change of nursing staff every eight hours or so and the basis on which they roster them means that they seldom treat the same patient more than once or twice in three months or something like that, it is sometimes difficult, and even more difficult when trying to decipher hospital records, to find out who did what. And it is not enough in the eyes of the law to say that the injury was caused either by the negligence of A or B, because if that is all you prove your claim against A and B will fail. Consequently, it is perhaps not enough to be told that there is a duty of care lying on the individual wrongdoer. The unfortunate patient may want to know whether he has a right of recourse against the State. The lawyers present will remember the incident of the unfortunate Mr. Cassidy. Mr. Cassidy suffered from a contraction of the third and fourth fingers of the left hand. It is a well-known ailment—Dupuytren's Contracture, I think it is called—and he took medical advice about it and it was recommended that he have an operation. He was admitted to hospital, the operation was performed and then when the splints were removed it was found that Mr. Cassidy not only still had the contraction in the third and fourth fingers but he also had it in the first and second fingers and he was left with a completely useless left hand for the rest of his life. He sued the local hospital and then, in the fullness of time, medicine having been nationalized in England, the Minister of Health was substituted as the defendant, and it is interesting to see what the relevant propositions were that were laid down there. The Court of Appeal said that there had been negligence in the post-operational treatment; secondly, that it was not possible for the plaintiff to say that the negligence was the negligence of any particular individual; thirdly, that there was liability on the part of the Minister of Health, whether the negligence was that of the orthopaedic surgeon who had carried out the operation or of some other surgeon who had had something to do with the matter, or on the part of the nursing

staff; fourthly, it was said that the Ministry could not escape liability on the footing that the surgeon or the assistant surgeon was a professional man and that professional men are not subject to direction as to how to do their job and that a professional man would not tolerate any interference with the manner in which he carried out the operation and would not brook any attempt by his lay masters or the administrative staff of the hospital to control him.

Classically, of course, the old tests of whether a person was liable for the tort of his servant proceeded on the basis of the ability of the master to control the servant in the way he did the work, but this test was rejected and a new test, the organizational test, laid down: simply, was the surgeon, were the nurses, part of the organization? Was what they were doing something which they were engaged or employed to do as part of the function of the hospital? And the earlier cases, which had shown a distinct reluctance to visit the hospital itself with the consequences of negligence on the part of the surgeons were overruled. It was said that those earlier cases proceeded on an unwillingness to expose to liability for damages hospitals whose origins were charitable and which existed mainly to perform charitable work, but that with the nationalization of medicine, that basis of reasoning could no longer be sustained.

I venture to suggest that, if nationalized medicine comes to Australia, the end result will be that the State will be held liable unless the legislation specifically excludes liability for the negligence of doctors and the members of hospital staffs and so on. A propos a comment that Dr Cordner made about the situation as between a member of the staff of a large company and a doctor engaged by that company to treat the members of the staff, if and when the day comes when we are all servants of the State, be we doctors, lawyers, judges, ballet dancers, taxi drivers and the like, while we will have the one employer, a common employer, it will be most unlikely, if the common law adheres to its existing doctrines, that our employment will be regarded as common and the defence of common employment will, therefore, not be available.

Now, with those comments I conclude by saying that I have enjoyed Dr. Cordner's paper very much. I have learned a tremendous amount from it, as I am sure you all have, and I share his hope that the barriers which have existed in the past may be broken down; but I also remind him and you that the task of

re-writing history to which he referred, existed at an earlier time in Soviet history. If you compare the history of the Communist Party in Russia, written in the 1930's with accounts of the Civil War which were written by outside historians and, in particular, the accounts of the Russian invasion of Poland, the official history paints a very much more favourable picture of Stalin's military competence and attention to duty than any of the outside histories. And lastly I would recall to you all that in "1984" the job of the hero, Winston Smith, was to re-write history. He was all the time putting the little slips of paper back for the latest edition of the Party history.

REFERENCES

Encyclopaedia Brittanica (1962), Volume XIX and XX.
Hazard and Shapiro. "Legal Relations Between Soviet Citizens." 1962.
H. J. Bermuw. "Justice in the U.S.S.R." 1963.
J. N. Hazard. "The Settling of Disputes in the Soviet Union." 1966.
Mehland. World Medical Journal, 1966.
Mark G. Field. "The Doctor and the Patient in Soviet Russia." 1967.
Ian Grey. "The First Fifty Years." 1967.
John Fry. "Medicine in Three Societies." 1969.
Medical Care in the U.S.S.R. 1970. A U.S.A. Report.
Y. Lisitin. "Health Protection in the U.S.S.R." 1972.
Donald Cordner. "Glimpses of Medicine in the Soviet Union." M.J.A. 1973. Volume No. 2.
Ian Grey. Private Communication. 1973.