
rural areas, speedy ambulance service can be had by dialing 03. But that is no guarantee of quick admission. In the Siberian city of Irkutsk, for example, all emergency admissions are dispatched to a single city hospital after 3:00 P.M. Medical hospitals sometimes refuse to accept patients who are terminally ill. (They must be taken home, since there are virtually no nursing homes.) The reason: Exceeding the "death quota" that the Ministry of Health assigns to every hospital would invite an investigation by Moscow.

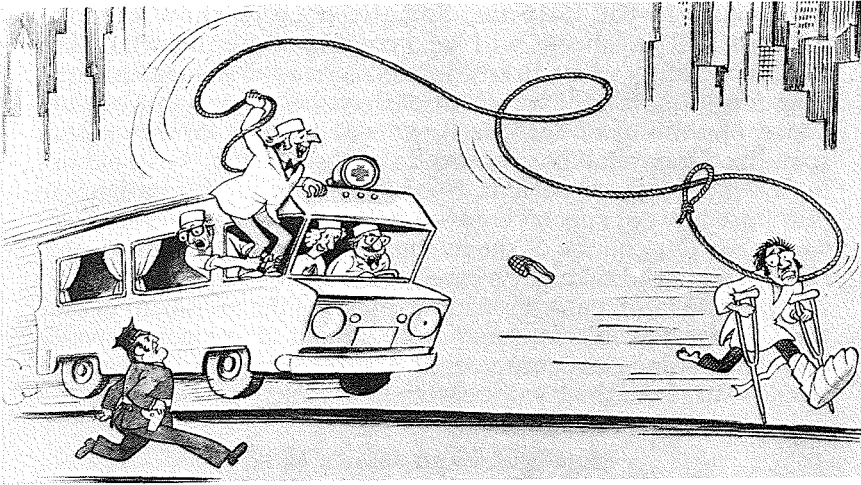
Nevertheless, one out of every four Russians is hospitalized every year (compared to one of seven Americans). Surgery, abortions, and broken bones are the ordinary hospital physician's stock in trade.* Specialized hospitals exist for the treatment of cancer, heart problems, and the like.

Once inside a hospital, patients sometimes find it hard to leave. Generous quotas fix the length of hospitalization for each operation—the stay after an appendectomy is 10 days; a hysterectomy, two weeks. But the rules also prevent patients from leaving *before* their allotted time is up, even if they are already fully recovered. Soviet citizens seem to have adapted to this system: Three San Francisco doctors who have treated many Soviet émigrés note that the "quality of care is judged by a Russian patient as length of time in bed." Indeed, the San Francisco Russians are suspicious of hospital physicians who are eager to send them home.

A Lethal Indifference

The Soviet hospital is a world of top-to-bottom rules, regulations, and quotas. If the number of appendectomies performed at a hospital falls below the annual target set by the Ministry of Health, more cases magically appear on the books. The same is true of hospital occupancy rates. Otherwise, the authorities in Moscow might trim next year's budget. Bureaucratic hugger-muggery extends all the way to the top. A few years ago, Dr. Boris Petrovskii, then Health Minister of the USSR, announced that 60 new special purpose hospitals had been built. "However," he added, "in some cities they exist only formally." By this, Petrovskii meant that the hospitals existed only on paper.

*Moscow condemns abortion and banned it between 1936 and 1955, but it is now available upon demand, except in the case of first pregnancies. Western demographers estimate that the average (non-Moslem) Soviet woman has six abortions during her lifetime; abortions outnumber live births by 4 to 1. Abortion is a major means of birth control, in part because contraceptive pills are in short supply and not widely accepted and because diaphragms come in only one ill-fitting size.



Soviet citizens proudly point to the low cost of health care. This cartoon from Krokodil depicts a patient trying to leave a U.S. hospital without first settling his \$2,000 bill.

In the wards and operating rooms of Soviet hospitals, the bureaucratic indifference that seems merely annoying in shops and government offices turns lethal. One Moscow cardiology clinic is reportedly located on the top floor of a five-story walk-up. Physicians, reduced to the status of state functionaries, often resort to practicing medicine by the numbers. If a patient exhibits some of the symptoms of, say, appendicitis, he may well be wheeled into the operating room without benefit of any further medical tests.*

Frequently, as American doctors treating Soviet émigrés have discovered, patients are kept in the dark about the nature of their illness. The "nine-to-five" mentality flourishes: Soviet physicians will not hesitate to drop everything as soon as their shift ends. Their bedside manner is notoriously chilly. In a 1977 survey of citizens' complaints about the quality of medical care in Kiev, *Literaturnaia Gazeta* told of one doctor who said to a patient: "You have a stomach ulcer and diabetes. You will not survive an operation. I simply do not know what to do with you."

There is no real deterrent to insensitivity and incompe-

*According to Feshbach, data from the Russian Republic for 1971-76 reveal that more than 25 percent of all cancer cases and 18 percent of heart- and blood-related diseases were misdiagnosed.

tence. Patients are seldom assigned to the same doctor on return visits to the hospital, and the doctors know that the patients and paychecks will keep coming no matter what they do. Physicians can be fired for gross errors, but medical malpractice suits and the payment of damages to patients are unheard of. And although the Soviets repeat *ad infinitum* that socialized medicine has removed the capitalistic "cash nexus" between doctor and patient, it is not uncommon for patients to purchase a bit of special care—a ruble or two to a nurse to ensure a regular change of sheets, much more to convince a superior specialist to take one's case.

Despite it all, patients seldom question the judgment of doctors. To do so would be *nekul'turno*, an act of arrogance. Naturally, physicians encourage that attitude—as any bureaucrat would—to make their work easier.

Mud Baths and Mare's Milk

Bureaucratic arteriosclerosis poses some peculiar hazards. Strictly enforced regulations dating from the days when it was believed that most infectious organisms were brought into hospitals from the outside require visitors to shed their coats at the hospital door. Inside, however, hygiene is slackly maintained.

William A. Knaus, a young Washington, D.C., internist, is one of the few American physicians to have spent a great deal of time in Soviet hospitals. In *Inside Russian Medicine* (1981), he tells of an American named David who was hospitalized for chronic gastritis in Moscow's Botkin Hospital. Because Westerners are sometimes brought there, the Botkin, a compound of pre-revolutionary and newer buildings, is probably above average. On David's floor, there were three toilets for 76 men. "These had no seats," Knaus writes, "and, unless one brought a morning copy of *Pravda*, no toilet paper." To make matters worse, Soviet nurses dispense enemas as freely as their American counterparts give back rubs. The toilets at the Botkin constantly overflowed onto the bathroom floor.

More than negligence is involved. The Soviets lack the disposable syringes, needles, and other implements that Western doctors take for granted. Transfusions, for example, are typically performed with steel needles and red rubber tubing, which are then rinsed and reused. Knaus also witnessed intravenous solutions being poured from open jars and doctors performing a minor operation without surgical gowns or masks. As a result of such lax enforcement of sterility, the incidence of postoperative infections is very high, affecting almost one-third of all surgery