Prevention and social constructivism

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Humans of the communism future ought to be healthy, happy and by a high birth rate assure expanding reproduction. So, the idea of prevention was very natural to communist physicians. In 1923, the Moscow health care department led by Vladimir Obukh (physician to Vladimir Lenin’s family), initiated health check-ups for workers. Physicians promised communist leadership that after the check-ups, the need for drugs would expire. In the next decade, millions of workers went through check-ups and were registered for ‘dispanserization’ in big cities. The mass health check-ups were not the worst things in their time: in some countries, the mass sterilization and killing of ‘not worthy to live’ were initiated.

Since these times, the primordiality of prevention in the health care system was put in the legal base of Soviet and post-Soviet Russia. Nevertheless, after 1964, the length of life in USSR started to decline. In the 1970s, communist leadership classified the data on mortality and in 1980s tried the old recipe—the all-nation dispanserization. Of course, it failed again, because the enormously expensive project was non-manageable again, as in the 1920s. Another direction of efforts was the encouragement of the birth of second and third children and campaign against high alcohol consumption. The outcome was similar to the earlier experience of East Germany: after a short increase the birth rate dropped to the level of Western Europe. Mortality experience was even worse: the decrease of mortality during the campaign was then overcompensated by a dramatic increase, and led to unprecedented up and down waves that seemed exhausting only during last 5 years. Life expectancy goes down with the same pace.

Modern Russian Government interprets the decline of population size as a ‘threat to national security’. The first thing addressed was not high mortality, but child health, and the tool used was the ‘national dispanserization’ by means of simple physicals. The only outcome was the conclusion that the health of children is deteriorating, but without standardization of the check-up it is difficult to be serious about this statement.

To increase the birth rate, the Government offered families attractive payments for second and third children, and succeeded to ignite some increase in the birth rate in 2007. The programme was opposite to the recommendations from demographers. Like in the 1980s, the programme was initiated on the height of the post-Second World War wave of increased fertility of the population. The output will be the next biggest wave of a decrease in the birth rate. The huge fluctuation of need in kindergartens and schools is well known in Russia: this year, all school graduates are not enough to fill the universities.

Then free check-ups were funded from the Federal budget, but only for people of working age who are employed in Federal enterprises and then next year for all working people. This dispanserization attracted a small proportion of the population and was methodologically flawed not only in selection of the age frame. Tests with known efficiency, like colonoscopy were not offered and even the Pap smear was not included, but fancy expensive tests for prostatic and ovarian cancers were offered despite protests from specialists.

Unhealthy lifestyles, especially smoking and excessive drinking, are widely accepted explanations for the high death rate in Russia. In an effort to further prevention, the government decided in 2009 to create 502 ‘Centres of Health’ around the country. As the Minister of Health described ‘Someone attending the Center will be able to evaluate his health, e.g. concentration of the nicotine or cholesterol in the blood, the degree of overweight.’ These centres are to be served by physicians and nurses working in outpatient facilities. Like in case of dispanserization, the approved list of equipment for the centres includes not only simple things like scales to weigh neonates and health advice posters, but also frivolous devices like ‘Smokeliser’, computerized ECG analysers (from extremities only) and computer software ‘complex for screening evaluation of psychophysiologic and somatic health, functional and adaptation reserves of the body’.

Even evidence-based medical interventions would be of negligible perspective, when societal conditions are sick: a pack of cigarettes is available in the expensive city of Moscow for 5 cents only, and vodka is cheap compared to food as never before (as low as 2 dollars a bottle). The use of ‘high-tech’ devices based on dubious technologies like rheography and Foll’s diagnosis is an obvious waste of scarce health care resources.

Prevention is a great tool. But what we see in Russia is the misuse of a medical approach. Government does not reform the health care system and does not provide the appropriate funding to assure access for suffering people to the effective health care as well as access for all people to effective preventive services. It tries to solve the complex problems of society by medical interventions. In the middle of the 20th century, there was an optimism that social hygienic measures may help in making new healthy people. We learned a lot from these efforts of manipulation of society by medical means. Even in the best case of appropriate implementation of such programmes they are of limited value in a sick society, whatever the intentions of the government are.

Reference