

Medicine in USSR Analysis Lacks Rigour

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BOB DEACON's 'Medical Care and Health under State Socialism' (*RJH* Vol 1.1) starts on a very sound note. In the first part, it separates six main aspects of socialist health care and shows that there is much more in real socialist health care than what the traditional left thinks it to be—widely available and almost free medical care. An analysis of medical care in any post-revolutionary society would be inadequate, unless it systematically goes into the aspects dealt with by Deacon. I would add two more aspects to a really socialist communist health care: (i) rational use of drugs and other medical facilities (investigations, hospital-beds, etc), (ii) a clear break from a medicalised attitude towards health problems (an attitude which believes that 'there is a pill for every ill', and still worse looks upon all deviations from the upper class white male model as abnormal or even all physiological phenomenon as health problems to be solved by medical therapy).

In analysing the Soviet medical policy, however, Deacon is not careful, or rigorous enough. The empirical basis of his conclusions is, therefore, quite problematic.

For example, he makes the usual mistake of comparing Soviet Union with advanced capitalist countries—the European Economic Community. This is an ahistorical comparison. These EEC countries were far ahead of Russia at the time of Revolution in 1917, and hence we should compare Russia of today with say Portugal or Italy which were also like Russia, quite backward, at that time. The USSR is even today backward in some respects as compared to the United States or some imperialist European powers. This in itself does not mean at all that Russia is not socialist or socialism is worse than capitalism.

In assessing whether or not USSR is spending 'more' money on health care, Deacon makes a second added mistake of taking the medical care expenditure of capitalist countries as 'standard'. It is well known that advanced capitalist countries were overusing drugs and other medical facilities, that the medical-industrial complex is a big racket. Hence if a country is spending less on medical care than these stupid civilisations, that by itself cannot be taken as a bad thing. An appropriate indicator would be to find out what percentage of medical needs are being met and in what manner. Admittedly this is a difficult indicator to quantify and we may not get proper, comparable data about this. But some rough estimation can be made. A rough estimation in a proper direction is better than a precise estimation in a wrong direction: If medical expense as an indicator of better care is to be taken, then the comparison has to be made with the pre-revolutionary situation. Finally, we must remember that the ultimate aim of a socialist society would be reduce the necessity of medical care and hence the relative proportion of medical expenses as well.

Deacon has properly drawn attention to the both 'relative and absolute rise' in USSR in the so-called 'disease of moder-

isation' like cardiovascular diseases and cancer. But more information is needed to draw valid conclusions. As infectious diseases decline, even in a really socialist society, more people are likely to die of degenerative disorders. In the imperialistic countries a very large number of people die prematurely (in their forties or fifties) of these degenerative disorders because of the unhealthy 'American way of life'. One must know whether such a premature morbidity and mortality in the USSR exists or not, is rising or not and whether (like in western capitalist countries) it can be traced to wrong kinds of food, work environment, social environment and so on. The rise in the USSR in "the age-adjusted death rate by 18 per cent over last decade" as quoted by Deacon is an indicator. But we need more information before drawing valid conclusions.

Deacon's article contains hardly any information about whether or not the domination of doctors as experts, over paramedics and the patients, the philosophy of 'the-doctor-knows-all-and-hence-will-decide-all' has decreased in the USSR or not. The lowering of the status of doctors in terms of their pay-scales and privileges is different from changing the role of expertise. In the absence of proper specific information on these aspects (point numbers nine to twelve in his table no III), his conclusions on these points cannot be taken as valid.

If all these and such points are rigorously taken into account to find out the *trend* (and not merely a static picture in a particular year), one has a hunch that one would come to the same or even more critical conclusion than Deacon's. USSR is a state socialist society which has gone far ahead of many comparable capitalist societies but cannot be called a socialist society in the sense in which Marx understood this concept. But one must be aware that Deacon's conclusions in this article are not based on solid evidence.

Lastly, a word about the sexual division of labour in medical care in the USSR. As pointed out by Deacon, 90 per cent of primary health care physicians in the USSR are women. This is quite in contrast to capitalist countries wherein males overwhelmingly predominate in this position. But in the USSR, in the thirties and forties, the status and pay-scales of engineers and scientists were kept much higher as compared to doctors since the planners gave higher priority to these skills. This tradition still persists, though it now appears to be changing. Men predominated in these more prestigious, more paying fields and women went to less prestigious, less paying positions of doctors. This shows that though USSR has got over the typical sexual division of labour as found in capitalist medicine, a different mode of sexual division of labour has taken its place; and has stabilised—something one does not expect in a truly socialist society. Deacon has missed this point in his discussions of medicine in the USSR.