

## SOCIAL MEDICINE IN EASTERN EUROPE

E. RICHARD WEINERMAN

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Richard Weinerman, with the collaboration of Shirley Weinerman, has organized an abundance of facts on a subject of importance—the organization of health services and education of medical personnel in three Eastern European countries. The book is a tidy compilation about medical resources, human and material, about social security coverage and indices of the state of health in these countries. The list of places and people visited is impressive. It is a source book, an excellent reference with organization of material that assists the reader looking for specifics about each of the three systems.

The brief descriptions of relevant historical, political and demographic factors that have influenced each of the health service programs is a necessary background for making sense of indices of health and health services. The administration and the organization of the services are clearly outlined and special aspects are noted. Programs of social insurance and welfare are also sketched. Then, the system of medical education is spelled out, including number of medical schools, their affiliations, length of training, number of applicants per opening, the portion of students who fail, the per cent of matriculants who are women and the number of graduates per year.

Centralized planning in each of these socialist countries facilitates orderly summary. How much more difficult would be the task of a Soviet visitor who hoped to describe our health

facilities and the educational institutions that support them!

The basics of Soviet socialized medicine have combined with the different social structure and culture of Czechoslovakia, Hungary and Poland to produce three distinct systems of medical services and medical education, each with its own special strengths and weaknesses. Here is where the sociologist will find special interest. For example, the pattern of tipping doctors and nurses in Hungary appears unique to that country. The book outlines some of the reasons that only two-thirds of the people in Poland are covered with health insurance and shows that more variety exists within the country in medical services. The university affiliation of medical schools in Poland, a pattern we share, is not the norm in Soviet Russia and apparently is also absent in Czechoslovakia and Hungary.

The relatively uniform, universal and comprehensive organization of the Czechoslovakian health service program makes sense when it is considered in the context of that country's progressive prewar system of health insurance, its tradition of medical science and relatively high prewar literacy rates and industrial attainments.

Mark Field's books (*DOCTOR AND PATIENT IN SOVIET RUSSIA* and *SOVIET SOCIALIZED MEDICINE*) on Soviet Russian medicine are essential preparation for visiting facilities there and that the Weinerman book is equally important reading for anyone who plans a study tour of Czechoslovakia, Hungary or Poland, or who wants a good summary of the three systems. Some readers will miss any extended discussion of the place of psychiatry in these systems. Though dentistry is rather well covered, psychiatry seems to be dismissed as backward. In light of reports of the introduction of medical sociology in Polish medical schools,<sup>1, 2</sup> one wonders whether some other behavioral science content is being introduced there. Also, the interesting system for delivering psychiatric care in the Soviet Union might lead one to expect that some similar elements would appear in one of these three countries.

Some common problems and patterns are well summarized. Among them are some we—and the Soviet Russians—share. For example, trying to keep the practicing primary physicians up to date seems to “go with” advancing science and technology in medicine everywhere.

As Weinerman points out, “The importance of strong organizational structure at the primary level has been ignored by almost all health programs, regardless of the ideology of the central government involved.” However, it is my impression that the Soviet Russians, with the system of inducements for continuing education for clinicians, are a step nearer solution than is the United States.

Another apparently ubiquitous problem is relatively inferior medicine that is a characteristic in many rural areas of the world. Problems with duplication and fragmentation of services—though perhaps less pernicious than ours—occur in each of these countries. Weinerman is right, “No political system whether capitalist, socialist or colonial has a monopoly on exemplifying Parkinson’s law.”

The final chapter, “Commentary and Conclusions,” stands alone for anyone not interested in details of the separate systems. Careful cross-cultural studies can always instruct us. We might well follow the Soviet’s careful attention to study of what is being tried in education and in health services and research in foreign countries.<sup>3</sup> Much can be gained from regular comprehensive study on the way different societies are meeting common problems in medical education and the intimately related subject, the organization of health services. The tendency seems to be to accept as “natural” the system that we built up during the times when medical science was making rapid progress. We sometimes sustain patterns better suited for yesterday’s situation than for today and the future.

Each of the three countries—as well as Soviet Russia—has remarkably standardized, centralized, rationally planned programs. In this they contrast sharply with the range and variety

found in our own country where the heights of excellence in some facilities and some physicians make the inadequacies of others all the more distressing.

EMILY MUMFORD

#### REFERENCES

<sup>1</sup> Sokolowska, M., Medical Sociology in Poland, *Milbank Memorial Fund Quarterly*, 44, 426-428, October, 1966.

<sup>2</sup> Kozusznik, B., The Teaching of Social Medicine and Training in the Management of Health-Care Services in Poland, *Journal of Medical Education*, 42, 81-82, 1967.

<sup>3</sup> The Soviet Russian Ministry of Health has a section to study what is being tried in other countries and to what effect. A similar office exists in the Soviet Ministry of Education.

*At the time this journal went to press we learned of the tragic deaths of Dr. and Mrs. E. Richard Weinerman in the Swissair jet crash near Zurich, February 21, 1970. Dr. Weinerman was Professor of Public Health (Medical Care) and Medicine and Head of the Section on Medical Care and Hospital Administration of the Department of Epidemiology and Public Health at Yale University School of Medicine. He and his wife were beginning a three-month sabbatical leave to study the organization of health services and the education of medical personnel in Israel, Japan and New Zealand. A similar study in 1968 resulted in the book reviewed here by Dr. Emily Mumford that deals with the health services in Czechoslovakia, Poland and Hungary.*