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BULGARIA

HEALTH (1600)
Reorganization of System (1607)

COUNTRY DOCTOR.

SOURCE ISTANBUL: A 29-year-old Bulgarian doctor who served as regional health officer in the borough of ELHOVO until the time of his escape in November 1955.

DATE OF OBSERVATION: Until November, 1955.

EVALUATION COMMENT: A highly interesting report, describing in detail the life and activities of a Bulgarian country doctor. Source well illustrates the Communists' conception of the doctor's profession as being a trade, having its norm which has to be met under all circumstances. Preferential treatment of doctors embracing Communism has been previously reported.

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"Having worked for two years as a regional medical officer I am well acquainted with all aspects of this work.

"The number of regional or village doctors, "uchastnikov lekar," found in a borough depends not so much on the number of inhabitants in the villages but on the number of doctors wishing to work in that borough. Newlygraduated doctors file applications with county health organizations asking for jobs. Usually the number of applicants is higher in counties which offer a better standard of living. In order to accommodate the large number of applicants, the regional health organizations in counties such as SOFIA, PLOVDIV and BURGAS are more numerous than in counties which offer lower standard of living and no cultural entertainment. A young doctor usually needs political backing and a few strings pulled before he can get appointed to a 'high class' county. It has to be understood, however, that not all doctors get the posts they ask for and many are those who are assigned to outlying villages much against their liking.

"Formerly, each county health organization would notify the Ministry for Health and Social Affairs of the number of doctors needed in the area. Nowadays the county health organizations inform the Ministry not only about how many doctors are needed but also list the localities which lack

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doctors. This means that nowadays the Ministry can directly appoint doctors to certain localities within the counties. Until 1953 appointments were handled by the county organizations alone.

"Newly graduated doctors usually get difficult assignments, i.e. posts where they have to care for a very large number of people living in scattered villages. In later years they usually get assigned to easier posts where they have fewer patients and less traveling to do. Thus, for instance, my first post at RAZDEL involved caring for the population of four villages, estimated at over 6,000 persons. Had I not escaped in November 1955 I would have been transferred one month later to the county of PLOVDIV where I would have been regional doctor at TATAREVO. There I would have had only two villages to look after with a total population of less than 3,000.

"The work of a regional medical officer is divided into two distinct categories: Healing and preventing. According to law, a regional doctor has to work eight hours a day but in actual practice 12-hour workdays are not unusual. In any case traveling took up most of my time. It often took me two-three hours to go from one village to another and if I spent only one hour in each of the villages this actually amounted to my spending four to five hours at work. Although I had my regular clinic hours I could never refuse to handle a case especially when some of my patients had to walk ten to fifteen kilometers in order to see me.

"A regional doctor's 'preventive' work is subdivided into: first, fighting contagious diseases and carrying on immunization campaigns; secondly, to take care of all sanitary matters such as controlling the cleanliness of the homes of the villages, hunting for polluted food and checking village wells to see whether their contents are potable.

"The fighting of contagious diseases was decreed by the Council of Ministers some time in 1952 and is laid down in decree 537. Every citizen of Bulgaria is supposed to know and abide by the specifications of this decree. It is the regional doctor's duty in the villages to see to it that the specifications of the decree are carried out. The main points of this decree are as follows: every house must have its drainage system, garbage must be kept in covered containers, toilets must have brick walls and must be covered. The people must be taught to sleep on beds, not on mattresses spread on the floor; gardens and streets must be kept free of garbage. Houses must be periodically whitewashed, villages must have burial grounds for animals as no dead animals may be left to decay near human habitations.

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"Sanitary work, included in a regional doctor's 'preventive' work, consists of the following:

"Control the cleanliness of public buildings, homes and shops, check the village water supply, food stores and dairies as well as flour mills. The doctor also has to conduct G.S.O. (Gotov Sanitarna Otdbrana, readiness for medical defense) courses, lecture on motherhood and child care, organize anti-tuberculosis campaigns and in general raise the hygienic standards of the villagers under his care. A doctor must spend four hours of his 8-hour day performing 'preventive' work. Needless to say, such work cannot be carried out in measures of hours, but I failed to convince my superiors to this effect. I was expected to hold conferences and deliver speeches. During the day this was impossible as all the villagers were at work, so I automatically had to work extra hours and hold my lectures in the evenings.

"A regional doctor has to work six days a week, five of which he spends at the clinic and one visiting the villages. However, a doctor must visit the seriously sick every day which means that he often has to perform extra work after his regular clinic hours.

"The most difficult work is the fighting of contagious diseases. The moment word would come from higher authorities that a disease was threatening my region, I had to organize mass vaccinations. On such occasions I would look after only the most pressing cases and then would visit one village after the other inoculating as many as 300 people a day. The problem usually is that the peasants fear being vaccinated and refuse to show up at the announced hour. It is the doctor's job to hunt down such persons and talk them into getting inoculated. Detailed reports must be handed in at the end of every day showing the day's work. A doctor is responsible for the health of those who refuse to get vaccinated. I remember having read in a medical bulletin that a doctor (NU) in ASENVOGRAD was brought to trial and deprived of his right to practice because he failed to carry out properly an immunization campaign.

"Various punishments are meted out against doctors who fail to prevent the spreading of contagious diseases in their areas. Doctors who are accused of not having taken the necessary measures to prevent the spreading of such widely contagious diseases as whooping cough and chicken-pox may find themselves transferred to posts where the work is more difficult. Doctors who fail to halt the spreading of more serious epidemics, such as typhoid fever, malaria or dysentery may face even greater punishment, such as losing their diplomas and even imprisonment. In September 1955 Dr. Peyū SLAVOV, regional doctor at VODEN, was unable to cope with a spreading wave of dysentery. He was held responsible
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and brought to court at ELHOVO charged with professional carelessness. As I escaped before the end of the trial I cannot say what the verdict was.

"A regional doctor heads a medical unit usually composed of the following.

"The doctor himself, a dentist, a mid-wife, a health officer, a hygienist and two attendants. Whenever an epidemic breaks out all of them have different duties to perform but they bear no responsibility as the regional doctor is in charge of the overall operation.

"In most medical districts there are maternity wards. In 1954, I succeeded at RAZDEL in equipping a maternity ward having three beds. A village or regional doctor also has to run his district's pharmacy. For his services he gets 10 per cent of the pharmacy's gross earnings.

The following salaries are paid out to regional doctors and their subordinates:

"A doctor draws a fixed salary of 540 leva. In addition to this he gets 150 leva if he has a maternity ward in his district and his monthly earnings through the pharmacy roughly amount to 50 leva bringing the total to an estimated 740 leva.

"A midwife earns 500-600 leva, the dentist has a monthly income of roughly 700 leva, the health officer makes 500 leva while the hygienist and attendants make 450 and 400 leva respectively.

"Medical care given to villagers at the district clinic is free of charge but they have to pay for their own medicine. In most cases, however, the villagers do not possess enough money to buy the prescribed drugs so that the doctor has to give them the drugs and then await the decision of the village council as to who is going to pay the bill. In some cases, usually when the patient is a Communist Party member, the village council pays for the medicines.

"Women who give birth at the district maternity wards do not have to pay for medical care or for board and food during the first seven days they spend in childbed. If the doctor finds that the young mother must spend additional time at the maternity ward, then she must receive her food from outside.

"Villagers do not have to pay anything when first-aid is administered to them. Bandages, such common drugs as aspirin, iodine, and in some cases quinine, are handed out

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free of charge. A regional doctor has to account to the county medical officer at the end of each month. All expenses, except the installation of new maternity wards or the purchase of medical equipment, is financed by the borough medical organization. The costs involved in setting up maternity wards, clinics, and first-aid stations are usually shared by the local village councils and the county medical organization."

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