health care for a fee, while preserving the wide guaranteed package, is now one of the biggest problems of the Russian health system.

As in the Soviet Union, modern Russia has a good supply of doctors—45·9 doctors per 10000 population in 2015, according to the Russian Federal State Statistical Service (Rosstat), compared with an average of 35 doctors per 10000 population in the EU in 2014. This abundance of doctors was a consequence of the low price of labour in the socialist economy. The inadequate investment in equipment and fixed assets that are necessary to introduce new medical technologies and provide high-quality medical care was compensated for by the relative overabundance of doctors and beds in hospitals. Although medical care was compensated for by the relative difference in life expectancy between Russia and European countries remains large. According to Rosstat and WHO data, life expectancy at birth was 71·9 years in Russia in 2016 and 80·9 years in the EU in 2014.

The modern Russian health system faces serious challenges in addressing the problems caused by its historical development. Keeping up with the rapid development of new medical and information technologies is an additional challenge. Now Russia must find solutions.

Declaration of interests
I declare no competing interests.

References

Mental health and human rights in Russia—a flawed relationship

Robert van Voren

When the Soviet Union disintegrated in 1991, new independent psychiatric associations were established in many of the former Soviet republics, and groups of reform-minded psychiatrists initiated projects to discard the old Soviet psychiatric system, a system notorious for its political abuse of psychiatry and characterised by an almost exclusively biological orientation and institutional form of care. Russia was no exception and even boasted some of the most prominent mental health reformers, such as psychiatrist Yuri Nuller in St Petersburg and the Moscow-based lawyer Svetlana Polubinskaya, an associate of the Institute of State and Law who formulated the Soviet Union’s last law on psychiatric help and Russia’s first law on psychiatric care, which was adopted in 1992.

Yet of all the former Soviet republics, Russia probably struggled the most to bring about reform in mental health care because most of the leading figures who had dominated Soviet psychiatry since the 1950s were Russian and based in Moscow. For example, in 1990, 20 of the 23 members of the Presidium of the All-Union Society of Psychiatrists and Neuropathologists were from Moscow, and they had no intention of giving up their leadership positions. However, they had to meander through a political minefield because their reputations had been tarnished by their involvement in the political abuse of psychiatry. This
abuse did not only concern the internment of dissenters in psychiatric hospitals. When the Soviet Union disintegrated, the massive and structural extent of human rights violations in psychiatric hospitals became apparent: as late as 1988, more than ten million Soviet citizens had been on the psychiatric register, rendering them to the status of second-rate citizens and liable to psychiatric hospitalisation when the authorities deemed such necessary.3

In Moscow, the Soviet All-Union Society of Psychiatrists and Neuropathologists tried to continue its existence as the Federation of Societies of Psychiatrists and Narcologists of the Commonwealth of Independent States, headed by Aleksandr Tiganov, an old associate of Andrei Snezhnevsky, who had been one of the main architects of the Soviet political abuse of psychiatry. However, the organisation did not represent any country, it pretended to be a federation that in fact did not exist, and it left the World Psychiatric Association in 1992, eventually fading away. The Russian Society of Psychiatrists was also established in 1992, sending a strong message that it was not to be considered a successor to the All-Union Society. For many years, the society was led by Valery Krasnov, a reform-minded, Moscow-based psychiatrist and Director of the Moscow Research Institute of Psychiatry. A few years earlier, the Moscow-based Independent Psychiatric Association had been founded by a dissident group wanting to break the monopoly of the All-Union Society, but although the association obtained membership of the World Psychiatric Association in October, 1989, it never grew large enough to become mainstream and influential in Russian psychiatry.

In St Petersburg, a group of psychiatrists associated with Yuri Nuller established the Leningrad Psychiatric Association in 1990 out of protest against the continued dominance of the old Soviet leadership in Russian psychiatry. The association was renamed St Petersburg Psychiatric Association when the city was given back its original name, and it remained separate from the Russian Society of Psychiatrists, which they considered too influenced by people of the tainted Soviet leadership. In Siberia, Nikolai Kornetov of the Siberian State Medical University in Tomsk tried to establish a separate psychiatric association, but without success.

Several mental health-related organisations appeared on the horizon in the late 1980s and early 1990s, most of them established and managed by relatives of people with mental illness. Members of the old psychiatric leadership still tried to maintain their influence by setting up bogus organisations. For example, the International Independent Research Center on Psychiatry managed by Aleksandr Tsrogorodtsev turned out to be a front organisation set up to discredit the Independent Psychiatric Association.3

The old nomenklatura remained too powerful, and none of the new organisations were able to influence the reform of Russian psychiatry. Most of the reform-oriented projects were carried out in the provinces (eg, St Petersburg, Siberia, or the Kaliningrad region), but with the political changes that have taken place in Russia since Vladimir Putin assumed the Presidency, these projects came to a halt as well. Members of the old psychiatric leadership, who had been keeping a low profile and waiting for the post-Soviet storm to pass, noticed this change in political climate. They reappeared with renewed confidence and revoked previous confessions that psychiatry in the Soviet Union had been abused systematically for political purposes, referring instead to individual cases of so-called hyper-diagnosis or academic differences of opinion.4 Valery Krasnov was replaced as President of the Russian Society of Psychiatrists, and in 2015, the Moscow Research Institute of Psychiatry was merged with the Serbski Institute for General and Forensic Psychiatry, a notorious institution where many dissidents in the Soviet era were declared insane.

The human rights situation in Russian psychiatry remains precarious. Psychiatric care has not changed substantially and remains mainly institutional in nature, with no multidisciplinary teamwork or case management, no involvement of users and relatives in care provision, and insufficient investments in psychiatric facilities. Reports on human rights violations often appear in the Russian press but do not result in concrete steps to improve the situation structurally. Russia has one of the highest numbers of violations ruled by the European Court of Human Rights, many of which are related to mental health. It is therefore not surprising that President Putin, in December, 2015, signed a law allowing the Constitutional
Public health in Russia: a sad state of affairs

Vladimir Pozner

The sad state of affairs in the Russian public health system has nothing to do with President Vladimir Putin, which, of course, is too bad. After all, wouldn’t it be wonderful if he could be blamed for that as well? The fault does not lie with any one person or even one system. In my opinion, the fault lies with a colossal blunder nearly 100 years ago: the Bolshevik Revolution. Many other contributing factors are important and worthy of detailed discussion, but the Bolshevik Revolution is the sine qua non to understanding the present state of the Russian public health system.

When Thomas Jefferson penned the preamble to the Bill of Rights, he was ushering into existence a revolutionary concept, that of the Rights of Man, or, put in contemporary words, human rights. Jefferson called these rights self-evident, natural, independent of law or social norms, and inalienable. Among these rights he named life, liberty, and the pursuit of happiness. We often take these words to mean that one of our inalienable rights is the right to happiness, but nothing could be more wrong. Jefferson was very precise in his choice of words: ours is the right to pursue happiness, nothing more, nothing less. Whether or not we will be successful depends on a host of conditions, to say nothing of the fact that happiness itself can mean different things to different people.

Since the Jeffersonian introduction of human rights, they have been very narrowly interpreted in western society as pertaining to personal liberties—freedom of speech, freedom to travel, freedom of religion. Socioeconomic issues have never been included.

One of the principle tenets of the 1917 Bolshevik Revolution was that human rights mean nothing if they do not include the right to a job, the right to a roof over one’s head, the right to free education, and the right to free and universal health care. Without these, the pursuit of happiness is not only unrealistic, it is misleading, a false promise. Such was (and remains) the Communist outlook.

For now, I shall focus on the issue of health care. To guarantee universal and free health care requires at least four prerequisites: (1) a sufficient number of doctors to care for the population; (2) an economy capable of paying those doctors enough to make the profession attractive; (3) a sufficient quantity of medical schools and teachers to produce, on a regular basis, good-quality paramedical and medical personnel; and (4) an industry capable of producing medical instruments and technology in sufficient quantities to satisfy the needs of a national public health service.

Before World War I, tsarist Russia lagged far behind the USA and western European countries in matters of health and health care: in 1914, Russia had 1·7 doctors per 10000 population, but in rural areas of the country, the ratio was 1 doctor per 26000 population. By comparison, the number of doctors per 10000 population was four times greater in the USA, 3·5 times greater in the UK, 3·2 times greater on average in Denmark, Sweden, Belgium, and Holland, and 2·7 times greater in Germany.1-4

In 1914, infant mortality in Russia was 263 deaths per 1000 livebirths, compared with 70 deaths per 1000 livebirths in Sweden, 108 deaths per 1000 livebirths in the UK, and 112–115 deaths per 1000 livebirths in the USA and France.5

References

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