

THE GENERAL MEDICAL PRACTICE IN RUSSIA

Alieva L.M., Zlobin A.N.

In the late 90-es of the last century, it has already been recognized, that the Russian system of the public health protection, having deservedly recognized the best in the world in the second half of the XX-th century, is needed to be quickly reformed. So the excessive narrow specialization of the outpatient physician has been eliminated the identity, as the «health guardian» figure. The state is no longer able to be borne the financial burden, which is connected with the cumbersome hospital – outpatient servicing of the public health system.

The narrow specialization of the doctors has already led to the fact, that the district doctor's functions are quite limited by only the referrals for the tests, X – ray and other studies and etc.; then the patients are referred to «the narrow specialists». So, the patients are became dependent to «the narrow specialists», who do not treat the human organism, as a whole, but the disease, the patients are suffered, as a result, practically, the sickness rate is not reduced [1].

The district approach method and associated with it the territorial per capita accounting are quite convenient at the conducting of the mass, for example, anti-epidemic and other health-improving recreational activities. All these registration forms are being led to the person's depersonalization, to the irresponsibility for his fate.

In our country, by the district principle, the doctors are working: therapists, GPs, pediatricians, obstetricians – gynecologists, TB doctors. These specialists are employed 10,8 posts per 10 thousand people, having represented 41,1% of the total number of the medical positions, employed in the outpatient network. This is implied, that there are a lot of doctors, and the single charge of the patient's health, or the family is not at all. Therefore, the patient, the family with their numerous challenges in this system – have already been lost.

There is a need to be actively implemented the new formation physician, who unlike «the narrow specialist» would be focused upon the patient and the family, as a whole. This is the general practitioner, and the family doctors. This physician is urgently demanded, primarily, in the rural areas.

So, the health care reform in our country is practically provided for the training and interaction change among the public health workers professionals, the doctors' training of the qualitatively new formation – the family doctors (FD), and the general practitioner (GP).

The Public Health and the Medical Sciences further development concept have already been determined, that the main directions in the further improvement of the medical care provision organization is to be strengthened its primary medical care with the leading role in it the Physician Institution of the General (e.g. Family) Practice, the hospital and ambulance service reorganization,

the further development of the consultation and diagnostic facilities complexes, and the social – medically assistance.

So far, until now, there are many disputes around the family medicine challenges, the public opinion and the experts are largely disagreed and contradictory. Denisov E.N. with his co-authors et.al. (e.g. 2007, 2008), Komarov Yu.M. (e.g. 2008) note, that, unfortunately, 16 years of the reforms have not yet approached and brought Russia to the sustainable and balanced formation, in terms of the legal and economic Public Health model.

Today, we are not able to be spoken on the universal Russian Public Health reformation by the family medicine principle, so far as, as a whole, especially in the cities and towns, the situation is being remained the stable system of the district, specialized outpatient – polyclinic services of the population.

Reference:

1. Kalininskaya A.A., ..., Balzamova L.A., “The Purposeful Planning of Hospital Care”. // The Journal «International Journal of Experiential Education». – №6, – 2012. – p. 44.