Middle Articles

The Health Service of Hungary

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In the autumn of 1963 we were invited by the Hungarian Health Workers' Union for a two-weeks stay to study the Hungarian Health Service. Two weeks is a short time in which to learn very much about a foreign country, but we were fortunate in being given every facility and assistance by the Hungarian Health Workers' Union to visit doctors, medical institutions, and officials.

Hungary is a country of just over ten million inhabitants, nearly two-thirds of whom live in rural areas. The country has undergone many vicissitudes in the twentieth century, owing to wars, occupations, revolutions, and counter-revolutions. The second world war cost Hungary half a million lives and half its national wealth, leading to the usual sequelae of economic collapse, malnutrition, epidemics, with their accompaniments of shortages of medical supplies and explosively rising mortality and morbidity rates.

About 17,000 doctors (one doctor to 600 inhabitants) are on the Hungarian Medical Register, and 40% of them practise in the capital, Budapest, where 20% of Hungary's population live. The rural areas are underdoctored, but it is intended to remedy this by the compulsory posting of young doctors. Though there is no real shortage of doctors in Hungary, there is an increasing demand for more, owing partly to regional maldistribution and imbalance of specialties and partly to extensions of the Health Services. This demand is being met by the five medical universities (with over 7,000 students), one of which, the Medical University of Szeged, we were able to visit.

General Practice

General medical services are arranged strictly in regions. The country is divided into over 3,300 medical districts, each holding about 3,000 people (fewer in Budapest), and each having a general practitioner—the district doctor. There is no choice of a doctor. Patients “belong” to the doctor of the district in which they live. In exceptional circumstances permission may be given for a patient to change his doctor, but this is a rare occurrence. The district doctor is provided by the State with waiting- and consulting-rooms, equipment, instruments, a secretary, and a nursing auxiliary. One of the district doctors in Budapest whom we visited told us that he was looking after 2,700 patients. He thought this was far too many. He had two daily consulting sessions, during each of which he would see about 30 patients. In addition he did some ten visits daily. His secretary and nursing auxiliary were always present during his consulting-hours. They kept the records, helped the patient to dress and undress, looked after equipment and instruments, and assisted the doctor with dressings, etc. In this particular surgery both the nursing auxiliary and the secretary were girls aged 17 to 19 years. Their constant presence in the surgery seemed to us to deprive the patient of any possibility of discussing his private affairs or giving vent to

deeper feelings. Examinations were apparently confined to basic clinical procedures, and patients requiring vaginal or rectal examinations, retinoscopy, etc., were referred to specialists. The doctor was not responsible for emergency calls at night or on Sundays, since these were carried out by a special emergency service.

Although it is difficult to compare foreign currencies, the pay of district doctors seemed to us to be very low. The authorities seem to realize that married doctors, especially with children, find it difficult to maintain a reasonable standard of living, so that district doctors are permitted, after their official hours on duty, to attend to private practice, for which there is still a large demand.

The district doctors' chief complaint was of their heavy work-load. They thought that they had too many patients on their hands, and that the demands made on them were too great. In consequence, and also in view of the fact that many general practitioners cannot financially afford to spend more than their legally required time with their State patients, 70% of patients are referred to the Hungarian equivalent of out-patient departments (in Britain this figure is 6%). Although the social status of general practitioners is not high they are popularly thought of as well-to-do people because of their private-practice earnings. We heard that it had been a major concern of the Hungarian Health Workers' Union to improve the public image of the general practitioner and to obtain better pay for the profession as a whole. Planning for the future is done on the assumption that the patient/doctor ratio should be 2,000 patients per doctor. General-practitioner groups have been formed in which eight district doctors are placed under a group leader, having their own x-ray, pathological laboratory, and E.C.G. facilities.

The medical care of children is no longer within the province of general practice. Since 1960 all children under the age of 14 are looked after by paediatricians. The 336,000 children of Budapest under the age of 14 are cared for medically by 159 doctors with special paediatric qualifications, each having between 2,000 and 2,200 children under his care. Their work is supervised by 18 senior paediatric consultants.

Obstetrics and antenatal care are also no longer the responsibility of the district doctor. Home confinements are regarded as backward and are rare. Sufficient maternity beds and hospital midwives are available, but the normal period of stay in hospital is only seven to eight days.

The district doctors seemed to be well qualified. They usually work for two years in hospital after qualification, but many of them spend one or two additional years in hospital; many rise to the grade of first assistant (registrar). They regularly attend compulsory postgraduate courses. Yet in general practice the medical work of these men and women is limited in extent (no paediatrics, no obstetrics) and scope (anyone who needed detailed examination and investigation was referred to specialists). It seemed wasteful to us that such

well-qualified doctors should be left with so little skilled work to do.

Psychological treatment of a kind more than that expressed by the "poor chap" sympathy does not exist in general practice. There is no training in the emotional aspects of illness, and we were told that Hungary, after the war, had more pressing immediate problems, such as malnutrition, tuberculosis, and a generally high mortality and morbidity rate.

Polyclinics and Hospitals

In the organizational scheme of the Hungarian Health Service the district doctors are at the base of a pyramid, and the next level, corresponding to our out-patient departments, are the polyclinics, or out-patient ambulatoria. These are also organized regionally. In one such polyclinic in an industrial district of Budapest we were told that the polyclinic served 160,000 inhabitants, and had a recorded attendance rate of 3,000–5,000 each day. The director of the polyclinic was also in administrative charge of 51 district doctors and 36 industrial medical officers. The polyclinic was a vast building containing every possible specialist department. It had 100 specialists attached to it. There was a small 36-bedded ward, used for short-term diagnostic purposes.

There seemed to be little personal contact between general practitioner and specialist, no referral by name to a consultant, and no joint consultation. Patients were referred by means of a printed form to the requisite specialist department.

The hospitals occupy the next step up on the pyramid of medical care. Patients are admitted through the polyclinics or, in an emergency, direct from a general practitioner. The university (teaching) hospitals form the apex of the pyramid. Patients are selected for admission according to research and teaching requirements. The university hospitals are the medical showpieces of Hungary. They are staffed by the cream of the profession and organized in the system of professorial units. Each department is headed by a professor, who is in control of his strictly hierarchically arranged staff. Professorial chairs are highly coveted and bring great rewards both in social standing and in income.

There are altogether 71,000 hospital beds in Hungary (70 per 10,000 population), of which 27,000 are in Budapest. Only 10,000 of the total number of beds are for psychiatric patients. The polyclinics and hospitals that we saw were well equipped, and there appeared to be no shortage of equipment and apparatus for research purposes. The medical staff seemed to be of high quality, keen, and hard-working. The major deficiencies were a lack of amenities for patients and the relatively poor quality of the nursing staff. Before 1939 training for nurses did not exist; most nursing was carried out by sisters of religious orders. When the religious orders were abolished after the war, there was no tradition and vocation of lay nursing or training scheme for nurses. The social standing of nurses is low; they are very poorly paid and generally of low educational standard. Many of those who are educationally superior regard their time in nursing only as a step towards entering university. Much of the training takes place in hospital and is purely pragmatic, although a small number of training schools have been established.

On visiting hospitals it was quite obvious that the Hungarian hospitals had not yet succeeded in instilling into their nursing staff a professional sense. The nurses wore no proper uniforms and seemed to be poorly disciplined. The hierarchy of the nursing staff from student-nurse to matron as in Britain does not exist to the same extent, and there are few prospects of promotion or of added responsibility through study or industry. The matron of a large hospital told us that her sole function was the determination of time schedules for the nursing staff, the control of nurses and cleaners, and the practical training of nurses. She had no administrative and professional functions

comparable with those of a matron in a British hospital, and no responsibility for what one might call housekeeping. This was carried out by the "economic leader" of the hospital.

Preventive Services and Community Care

A great deal of stress is laid on the preventive aspects of medicine, although general practitioners have been deprived of any possibility of carrying out preventive work. A State Health Inspectorate has taken over public health work and health education. A district nursing (health visitor) service, with a district nurse attached to each district doctor's surgery, is being developed.

Tuberculosis, which was the scourge of Hungary, has been tackled with great energy. A National Tuberculosis Institution controls research and treatment. Nearly 200 tuberculosis dispensaries and a mobile mass x-ray service exist, by means of which nearly four million people are screened annually. Treatment in special tuberculosis hospitals and sanatoria is free, and patients receive State grants to relieve them from financial anxiety. B.C.G. vaccination is compulsory. We were told that tuberculosis was no longer a medical problem.

The incidence of venereal disease has dropped considerably since 1947. The 130 V.D. dispensaries are now partially used as centres for the treatment of occupational skin disease.

A beginning has been made with cytological screening for carcinoma of the cervix. At the gynaecological clinic of the Medical University of Szeged a special department has been set up for this work, extending its task beyond the hospital population to the country districts by screening visits.

Other Medical Services

Apart from the regional organization and its pyramidal division into district doctors, polyclinics, hospitals, and university hospitals, the Hungarian Health Service provides medical care also in a longitudinal division to various groups of people. We have already described the paediatric and the obstetric services (both organized regionally). There are also an extensive industrial health service, a school medical service, a sports medical service, a separate railway medical service (run not by the Minister of Health but by the Minister of Transport), an independent medical service for the police, another for the army, and a special hospital service for V.I.P.s and senior members of the Communist Party.

Specialties

The polyclinics and hospitals had departments for every specialty and subspecialty. Specialization is encouraged by better pay, by prospects of promotion for the specialist, and by the great resources in equipment and staff for research, diagnosis, and treatment in polyclinics and hospitals. Hungary is rich in natural springs, and thus balneology and hydrotherapy by tradition play an important part in Hungarian medicine. At Balatonfüred, a resort at the beautiful Lake Balaton, we visited the Heart Hospital, with 670 beds and 30 doctors, where hydrotherapy is extensively practised.

The gynaecologists complained that much of their time was taken up by abortions, which are legal in Hungary. We were told that about 150,000 abortions are performed annually and that they are free of charge on medical indication; otherwise a small fee (about £2) is charged.

Accident surgery is a highly developed specialty. The Central Accident Hospital in Budapest is the pivot of a country-wide accident service and incorporates a National Accident-Injury Institute that acts as a research and co-ordinating centre. It controls six accident departments in Budapest and 20 provincial accident departments with

altogether 1,800 beds. The surgeons concerned in accident surgery are called "traumatologists," of whom there are at present 120 in Hungary. They are trained as general surgeons for four years and then work for two years in special accident departments, after which time they may sit for a qualifying examination in traumatology. The Central Accident Hospital has numerous specialist departments, including those for resuscitation, neuro-traumatological, abdominal, chest, hand, plastic, and general orthopaedic treatment. Physicians, gynaecologists, neurologists, an ear, nose, and throat surgeon, and a psychiatrist are on the staff (the last deals with patients admitted after attempting suicide).

All larger district hospitals have special accident departments with an equivalent of 40% of the total number of surgical beds. These departments are under the general direction of the National Accident-Injury Institute, and are independent of the general surgical department of the hospital. They have their own chief surgeon, their own subordinate personnel, and operating-theatres. The chief surgeon of the accident department controls the accident activities of the other hospitals in the district and is the consultant traumatologist of the district.

The polyclinics have departments for "ergotherapy" (a mixture of rehabilitation treatment, physiotherapy, and occupational therapy), considered of great importance, where doctors, ancillary staff, and patients work on methods for speedy and effective return to work.

Psychiatry seemed to be less advanced than surgery. We visited a large psychiatric hospital with 1,600 beds and with 75 doctors, 17 of whom were heads of departments. The doctor who showed us round had 110 beds at his disposal and had an intake of about 50 to 60 new patients per month (the annual turnover of the hospital is 4,000 patients). Admissions and discharges are carried out under a Mental Health Act of 1876 with regulations that seemed to us to be antiquated. Treatment is mainly physical (drugs and E.C.T.). The doors of the hospital wards were locked. The wards were old and untidy; the beds and the bed-linen were shabby. Most of the patients wore hospital uniform and were lying in bed. We saw no facilities for occupational therapy or training. We saw only a few nurses, and the level of mental nursing seemed excessively low.

Drugs

Hungary has had a highly developed pharmaceutical industry for many years. Most if not all drugs needed are made in Hungary, and practically all drugs are available. Dressings are freely available, but are of inferior quality. A great deal of pharmacological and pharmaceutical research is carried out and the medical universities take a prominent part in this. At Szeged, for example, the pharmacological faculty has five professorial chairs (for pharmacology, pharmacodynamics, pharmacognosy, pharmaceutical chemistry, and pharmaceutical technology), with all the staff and equipment needed. The State-owned pharmaceutical firms work in competition with each other and have their own staff of medical representatives. Our hosts took great pride in the fact that consumption of drugs had risen by 60% since 1947 and also that the export of drugs to other countries had increased considerably.

Professional Organization

Doctors, pharmacists, and ancillary medical workers (with the exception of those working for the army, police, and railway) are organized in the Hungarian Health Workers' Union, in the executive bodies of which the doctors play a prominent

part. The Union is concerned with education, ethics, nursing regulations, postgraduate training, and welfare matters, such as the provision of places in holiday and rest homes.

Clinical Problems

The clinical problems of Hungarian medicine seem very similar to ours. Carcinoma of the bronchus and leukaemia in children are steadily increasing. Coronary thrombosis and myocardial infarction are major causes of disablement and death. Most of the patients of the district doctors and polyclinics that we saw seemed to suffer from the same illnesses as those that come to doctors in Great Britain. The difference appeared to be that the Hungarian doctors laid little stress on the neurotic or psychosomatic aspects of illness. We heard one doctor say that neurosis was a disease caused by economic stress, and *ipso facto* there could be no neurotics in a socialist country. There is little awareness in depth of the importance of the doctor-patient relationship and its diagnostic and therapeutic implications. The accent in Hungarian medicine is on "scientific medicine"—that is, on medicine based exclusively on the natural sciences. When we explained our concept of the family doctor we were certainly talking in terms alien to our listeners. However, the importance of the doctor-patient relationship to the patient demonstrated itself in one district doctor's surgery where an old gnarled worker, suffering from severe arthritis, told us what a fine doctor *his* doctor was. He had been given tablets that helped him wonderfully ("aspirin," said the doctor), and when *his* doctor had been away on holiday the deputy doctor gave him tablets that looked exactly the same ("aspirin," said the doctor drily), but they had not helped him a bit.

On the whole, it seemed to us that the human problems of medical care in Hungary are similar to ours; for historical, economic, and political reasons they are administratively dealt with differently. We hope that we are not being insular by expressing our feeling that the British National Health Service has advantages over the Hungarian system of organized medicine. Salaried service for general practitioners, poorly provided for, has led to two kinds of medicine: to a somewhat bare and utilitarian State medical service on the one hand, and, on the other, to private medical practice with all the trimmings of personal service that is taken for granted in this country. The stress on "scientific medicine" and the overvaluation of hospital and specialist services has led to impersonality in medical practice, with excessive referral of patients to specialists, and consequent waste and loss of skilled general-practitioner services. The system of polyclinics divorced from both the general practitioners and the hospitals has not improved the situation.

On the other hand, it was fairly obvious that in matters of public health, in the fight against formerly widespread disease, and in the establishment of a National Health Service, free to the individual, Hungarian medicine has made considerable advances compared with the pre-war and the immediate post-war eras.

We wish to express our thanks to all those who so freely gave of their time to show us what we wished to see, and who so readily answered our numerous questions; we also thank the Hungarian Health Workers' Union for their kind invitation, generous hospitality, and assistance to enable us to visit doctors, medical institutions, and officials; and finally we are grateful to Dr. Z. Szabó, then President of the Union (and now Minister of Health), Dr. P. Darabos, General Secretary of the Union, and Dr. A. Káldor, our interpreter and guide, for their personal help during our stay in Hungary.