2007

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and low-income families consumed organ meats (liver, heart, kidneys). Game (wild boar, venison, bear) and wild poultry (duck, goose, wood grouse, pheasant) were on both peasant and gentry tables. Traditionally, game and poultry are cooked or served with fresh and dried fruit and berries. Red meats are typically well cooked; only in the post-Soviet period has rare meat been served. Chicken is traditionally fried or stewed; during the Soviet period, the Georgian dish chicken *tabaka* became widespread in restaurants.

Traditionally, beef is stewed with potatoes, onions, and carrots in a dish called *zharkoe*; red meats are also fried or baked, often with onions, potatoes, cheese, sour cream, or mayonnaise. Minced meat dishes are common, including *kotlety*, *pelmeni*, *golubtsy* (cabbage stuffed with meat and rice), and *farshirovannye ovoshchi* (stuffed vegetables).

Given the expense of meat and the difficulty of preserving it, in Russian cuisine pork is cured and smoked or made into *kolbasa* (any variety of minced meat mixed with fillers, garlic, and spices; stuffed into casings; and smoked, cured, or fried). *Kolbasa* also refers to processed meats, such as *doktorskaia kolbasa* (similar to baloney), which were staples during the Soviet period, as were *sosiski* (frankfurters) and *sardelki* (weiners).

Plov, pilaf from Central Asia, and *shashlyk* from Caucasian cuisine are now a basic part of Russian fare.

French cuisine influenced the Russian table at court and among the gentry, introducing rich cream and wine sauces. In the post-Soviet period, there has been a revival of traditional Russian meat recipes, particularly of game and wild poultry.

See also: appetizers; Asian cuisine; Caucasian cuisine; dining, Russian; dining, Soviet; kholodets; kotlety; pelmeni; salads; soups; tabaka

MICHELE BERDY

medical system

Famous for its public health accomplishments and promise of universal coverage, including exceptionally high vaccination rates, the Soviet healthcare system was underfunded and inefficient at providing medical care, except for high-level functionaries and those able to provide hard currency. Alongside the official system existed another system, in which doctors provided higher levels of care or special services in exchange for gifts (particularly cognac, chocolate or other hard currency items) or additional payments, an economic necessity for many cash-strapped but hard-working physicians.

Owing to underfunding, scientific isolation, and an institutional distrust of Western biomedical developments (particularly Lysenko's rejection of biostatistics, the cornerstone of Western clinical medicine), the medical system had fallen significantly behind Western standards by the 1960s, just as medicine began to demonstrate sustained improvement elsewhere. This was not true of the upper-echelon hospitals, which provided European-level care. The low quality did not go uncommented by the masses, but medicine could not compete with military spending during the Cold War arms race. One punning proverb expresses the frustration with the Soviet model of socialized medicine: '*Darom lechitsia – lechitsia darom*', 'Treatment for free is treatment in vain'.

Primary care was provided in polyclinics (health centres based on geography or workplace), with sicker patients referred to hospitals for more specialized care. A given primary care physician covered a given geographical area (in urban areas, a few city blocks); patients did not choose their doctor. The medical system was overstaffed with undertrained physicians, yielding a high per capita density of physicians and the use of physicians in settings where auxiliary medical personnel are used in the US (e.g., ambulances). This surplus also allowed easier access to physicians, in terms of immediate appointments and even house calls, a luxury of which Soviet citizens were sometimes remarkably proud. Physician supply was further extended by the *feldsher*, a healthcare worker analogous to a nurse practitioner or physician's assistant.

When hospitalization was required, certain types of patients were clustered at particular institutions, and infected patients were quarantined in infectious disease dispensaries. The admitting ward (*priemnyi pokoi*) served as the

location for acute evaluation in Soviet and Russian hospitals. There, patients would be evaluated by the physician on call (*dezhurnyi*) and triaged to the appropriate subspecialist. Hospitals had substantial excess bed capacity, making prolonged hospital stays both possible and expected.

In distinction to the West, particularly the US, where women were historically denied access to the prestigious medical profession, Soviet medicine was feminized. Though this ostensibly reflected the egalitarian ideals of Soviet society, medicine was a less prestigious discipline, more akin to nursing in the West. Still, though the rank and file were female, higher administrators tended to be male.

The poor pay of doctors was a notorious problem. Often transport engineers (e.g., bus drivers) were better paid than practising physicians. An old joke captures this irony. A nuclear engineer scoffs at a physician friend: 'You guys get paid nothing for your work. Loser.' The physician responds, 'Yeah, sure: in the system we get paid based on the value of the raw materials we use. You work with gold and get paid accordingly. And I get nothing because my raw materials are ... *you*.' As overall funding and pay differential worsened with the end of Soviet rule, more and more physicians quit their posts to work as taxi drivers or street merchants, among other options.

The Soviet system, designed for cheap, easily implemented interventions such as mass vaccination, fared poorly after antibiotics and prior successes limited the effects of infectious disease, a problem they encountered even before the dissolution of the socialist economy. That system and its replacement have proved unable to deal with the scourges of poor diet, alcohol abuse, tobacco abuse, and cardiovascular disease.

Pharmacies and medications were less strictly regulated than in the West. Medications could be dispensed without prescriptions, and pharmacists were able to adjust recommendations as needed to meet exigencies of local supply. Patients often resisted the Soviet-made generics that pharmacies stocked over the more expensive brands. Medications could also be brought by a physician or nurse on a house call.

Perhaps partially deriving from the focus on public health (though Soviet authoritarianism also had its hand here), the medical system was highly paternalistic. Informed consent was neither established nor accepted. Medical decisions were made by the physician without substantial patient input. In fact, many Russian immigrants to the industrial West have found the practice of shared decision-making disorienting, even frightening.

Since the collapse of the Soviet Union, an already fragile healthcare system has had to cope with worse funding along with greater medical need as the population was exposed to considerable socio-economic stress. Municipal hospitals are still charged with caring for patients at the state's expense, but economic realities have forced entrepreneurship and resultant 'private pay services' (*platnye uslugi*), perpetuating the dual nature of Soviet medicine. Private insurance schemes have appeared, though they focus on the rising upper classes and have not yet fundamentally influenced the system.

A private medical system, which services expatriates, employees of international companies, and the *nouveaux riches*, has arisen, providing medical care at international standards, concurrent with the official system. In addition, there is considerable prestige associated with receipt of international medical care, and many affluent families even opt to have children or surgical procedures abroad, e.g., in Germany or Finland.

The public medical system continues to operate under extreme stress. Particularly outside Moscow, shortages of funding are so acute that family members are dispatched to purchase necessary medications for hospitalized patients. Some patients have begun to delay presentation for medical care out of fear that they will be unable to afford payment or from suspicion about the integrity of the medical system. Unfortunately there is no evidence yet that improvements are imminent.

See also: AIDS (SPID); alcoholism; health; sanatoria; shortages; smoking

Further reading

Field, M. G. (1975) *Doctor and Patient in Soviet Russia*, Cambridge, MA: Harvard University Press.