



Development of Medical Services in Georgia

KEYWORDS

Medical Care, history of Medicine, health care reform.

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ABSTRACT *Article reviews the progress of medical services and system changes in Georgia from the historical perspective. First State Medical Board was established in 1803. Medical management activities were limited to combating epidemics. Access to medical services was extremely limited. In 1861 the Caucasus Medical Council was created and Georgian doctors earned the right to medical practice. During the Democratic Republic Tbilisi State University and Department of Health was founded. In Soviet time Georgia has Semashko healthcare system, economic crisis after 1980 provoked decrease of investment and misbalance formed in the healthcare. After the Georgia's independence, new health care system reform was implemented.*

The development of medicine as a science and medical practice in Georgia are closely related to the historical and political changes in the country^[1]. For medical service management first State Medical Board in Georgia was established in 1803^{[2][4]}. According to statistical data of the Russian Empire, only 21 higher-educated Russian doctors were working in Georgia in 1817. Despite the lack of medical professionals, the administration of the Russian Empire did not allow the right to practice medicine for Georgian doctors who graduated from European Universities^[5]. Legal regulation to medical management activities even created an absurd medical bureaucracy^{[2][4]}. Doctors sent medical reports to St. Petersburg and waited for instructions from the top before acting.

Medical units often carried out organizational reforms – many written orders were issued, but they remained formalities. Medical services were not substantially changed. Medical management activities were limited to combating epidemics. Medical units performed the tasks by the police in the field of forensic medicine. Access to medical services was extremely limited.

In 1861 the Caucasus Medical Council was created under the large medical reform project for the guidance of Caucasian medical-educational, medical-legal and scientific activities. Reorganization began in 1867 when medical departments were established. The Medical Department of Tbilisi Province developed significant changes to the health care organization's bureaucratic character.

In the late 19th century, hospitals sprang up all over Georgia, including the first 200-bed hospital in 1868, the First Obstetrics-Gynecology Facility with 55 beds in 1873, the 55-bed STI hospital in 1891, Pasteur Station in 1888, the 15-bed Maternity Hospital in 1906, and so on). In the

1860s, Georgian doctors earned the right to medical practice. Doctor's Pleiad returned to Georgia and, in addition to opening a medical practice, engaged in broad public and charitable activities. The number of doctors and medical departments increased gradually. In 1904 there were 232 doctors regional cities, 201 in Tbilisi, and 31 in rural areas.

In 1885 there were 38 hospitals (among them – 28 in cities, 10 – in the villages), 48 ambulances, 2 anti-malaria stations and by 1913 250 doctors worked in Georgia^{[1][8]}. Certainly it was not enough for a country with a population of 2 million, especially if we take into consideration the fact that the patients at Tbilisi hospitals were from other Caucasian nations as well.

Health protection in Georgia in Independence period: 1918-1921 years.

On May 26, 1918, the adoption of the Declaration of Independence led to enormous organizational and legal changes for the health care system. In November 1918, the Ministry of Internal Affairs of the Republic of Georgia was established to monitor and control of all the medical-sanitary section. The Department of Health was founded in 1920, the responsibilities of which included supervision and control of all medical and sanitary institutions^[9].

The whole complex of problems, concerning medical staff training, implementation of preventive examinations for vulnerable groups and expansion of the health care network was solved in 1917-1921. During the Democratic Republic one of the most important events was the foundation of the Tbilisi State University and higher medical education department, which laid the foundation for the issue of providing medical staff.

Soviet health care system: 1921-1991 years.

During the Soviet period 1921-1991 the basis of the Georgian the health care system, was so-called Semashko model, which guaranteed free medical services for everyone^[10]. The management of the health care system came from the government^{[5][10]}. Based on the Georgian revolutionary decree, the People's Commissariat of Health was established, it was assigned to develop health care legislative standards, approve and control the implementation of the issued resolutions and decrees.

Improvement of the health care services was part of the façade of totalitarian system; thus the state provided important financial and material support for the health care system. Development of the health care system carried an extensive character, because the evaluation of the effectiveness of system was assessed by quantity, instead of quality, including medical institutions, attendance at medical institutions, hospitals beds, bed/days, the length of patient recuperation, etc. The first years of the Soviet government's management included several positive developments: expansion of the health care network, increase in the number of medical personnel, strengthening of sanitary inspection.

By the 1930s some infectious diseases had been eradicated, some of them significantly reduced and the dynamics of the health care system indicators of population was markedly improved.

At the same time, from the 1930s-50s, the Soviet government's repression, ideology of the health care system and isolation from European countries, resulted in the complete elimination/abolishment of the some of the top medical specialists (geneticists, psychologists, psychiatrists, practitioners of social medicine, etc). Further damaging the health care system, during World War II, thousands of Georgian doctors and other medical personnel were killed.

At the initial stage of the legal regulation of health protection, the basic standard consisted of two main documents: "Decree on professional work and medical workers' rights" (1924) and "The medical conduct operations rule of the resolution" (1937). In 1946, organizational changes were conducted in the health care management system. According to Soviet law (15.03.1946), Health Protection's Commissariat was changed/transformed into the Health Care Ministry, which was charged with legislative function, particularly the preparation of the normative acts for health care sector and then submission for approval to the superior authorities, i.e. the Supreme Council, as well as the elaboration of legal documents for approval. At the same time, health care was introduced with the principle of district dispensary supervision. Soviet preventive medicine was not particularly robust and the health care system was mainly focused on hospital treatment. Views about preventive measures carried a political character. For example, in 1985-1987 in the Soviet Union, particularly in Georgia, after large-scale events against tobacco smoking, the number of tobacco smokers has increased by 15%^[5]. After the 1960s the legal basis of the health standard expanded, in 1969 the health legislative basis for Soviet Union and allied republics was formed, in 1972 was adopted the law, "about health care", but almost nothing was denoted about the rights of patients^{[11][15]}. At the end of the 1970s the deepening crisis of the Soviet society escalated serious problems for the health care system too.

In the 1980s, the acute Soviet economic crisis provoked

the catastrophe decrease of investment in the health care system. The material and technical basis of medical institutions became outdated. Extensive development of the health care system created a vicious circle: to increase the network required increased investments, at the same time the funds necessary for health care system intensification was diminishing dramatically. A sharp imbalance formed in the health care system.

The health care system: 1991-2000 years.

After the collapse of the Soviet Union and independence of Georgia, difficult problems arose in all areas. Economic crisis, unemployment, increased poverty levels, armed conflicts, and large refugee flows migration attached directly to the health care system problems. The state's per capita spending on health care sharply fell to an average of 40 cents per year. Delivery of medical resources in country was dramatically suspended. Sharply deteriorated trends of the population health^[12] and demographic indicators: decreased birth, increased morbidity and mortality, child mortality, maternal mortality rate, and the absence of vaccination process caused diphtheria epidemic, frequent intestinal infections, botulism, Rabies, tetanus cases, increased socially dangerous diseases (tuberculosis, mental illness, oncologic diseases).

In the severe economic crisis, for a large part of the population medical services became unavailable.

For country's anti-crisis recovery proceeding the health care reform concept was designed, which between the transition conditions to the market – economic relationship set to create health care adequate model, providing a new economic relations settle, human rights and state control and regulation of a civilized, democratic levers to use^{[13][14]}. Health care reform focused on the development of the following strategic directions:

- Creation of new legal framework for the system;
- Decentralization of management;
- New economic and financial model creation, transition to the software financing methods;
- Primary health care priority;
- Sanitary - epidemiological Service Reform;
- Transition to the medical insurance principles;
- Pharmaceutical policy reform;
- Ensure the process of privatization;
- Implementation of medical institutions and medical personnel accreditation and licensing;
- Medical education reform;
- Reform of Medical Science;
- Medical information service reform;
- Medical Social Workers protection.

Changes to the funding system were based on the first legislative act of "Head of State Decree of the Reorganization of Health Care the First Stage of Work on Maintenance", which was the principle of program management and systems decentralization^{[15][21]}. In accordance with the Order issued in 1995 ("About the Health System reorganization conception of Republic of Georgia"), state policy strategy determined political, economic and legal components. The most important condition was considered to be legislation, change of medical institutions, the development of a more patient-oriented system Budget financing of the State targeted programs. The legislative basis for new health care system had begun in Georgia.

In 1995 Georgia adopted laws about "psychiatric assis-

tance", "The Prevention of Human Immunodeficiency Virus/AIDS"; in 1997, the "Law about Health Care", "Medical Insurance", etc. Currently in Georgia has 16 laws for health care and 12 laws for the regulation of social issues.

Georgian patients possess more information, so they are able to make independent choices about where, what price and which conditions are suitable for their medical services. Patient "activation" and their transformation to "User" is not only an important not only as a guarantee of individual and social rights but also for the inclusion of wider population in it. Citizens' individual rights (the right to information, informed consent of the other opinion, the right to private life and privacy and confidence, the right to choose medical personnel and medical institutions) are based on principles of modern medical ethics. In Georgia this principles gradually acquired legal basis. The principle of the legislation, particularly for the Health Protection Law (Article 4 b) of state policy is stated "the health protection of human rights and freedoms, the patient's dignity and honor and recognition of its autonomy" [16]. The main aim of the reform was to deliver the basic health services considering the poor condition of the country's resources. Medical institutions transformed into self-financed/commercial institutions/establishments. The state limited its obligations in the field of population health services and defined by state, municipal and insurance programs. However, it should be noted, that the refusal of funding of health care programs by state took a permanent character. In 1997-1999, the financing rate of all sources of income did not exceed of 60%, an absolute deficit in 1999 according to all the programs compiled to 23.6 million Georgian Lari. The health care system needs to increase funding, define a proper policy, strategies, and priorities for health care system.

Conclusion

The health care system and first medical facilities in Georgia were founded in the 19th century.

From 1921-1991, the Soviet health care system was established in Georgia which was defined by a minimum of medical assistance available to residents of the whole patient and paternalistic attitude. Undoubtedly the system theoretically had many positive signs, although, their implementation in practice encountered many problems. During this period, in Georgia, lawmaking activities only meant periphrasis of the framework of laws provided by central Soviet government.

After the Georgia's independence, new health care system reform was implemented, which developed and accomplished common rules of income-making and distribution employee reimbursement rules and methods, radical changes took place in governance structure and the setting up of medical insurance delineate health policy and financing institutions created a new legal framework for health care system.

It is noteworthy that today Georgia belongs to those European countries that have improved legislation regarding patients' rights, which regulated the issues concerning to the patient's social and individual rights; It is very important that Georgia is in the top ten countries that adopted a separate law on patient rights (law acts from March 1, 2001). The international documents and declarations (Luxembourg Declaration on 2005 April 5) declares that "patient safety" must be considered at the top of the agenda of members of European Union and their local health care sectors.

Accessibility to high quality health care means the accordance of medical services to the medical and ethical standards of health care, the scope and types of technology and specialization level. For access and quality assurance of health care services both medical personnel and the state play an important role. The government should provide a legal and organizational environment in which medical staff will be motivated and at the same time be given the opportunity and ethical and moral responsibility to provide population with adequate and high quality health services.

REFERENCE

1. Saakashvili M., Gelashvili A., Cheishvili L., Chkheidze T. History of medicine in Georgia. Tbilisi, 1960. | 2. Records collected Caucasian archeological commission, ii, Tiflis, 1848. | 3. Volkov A.F., Filipov D.D., Laws of the Russian Empire, xiii. Peterburg, 1893. | 4. Central historic archive of Georgia, fund 504, case 23, 4-5. | 5. Gerzmava O., Public health and management. Tbilisi, 1998. | 6. Shengelia I., For the history of health affairs and epidemic drive in Georgia. Tbilisi, 1957. | 7. Shengelia M., Essays from the history of medicine in Georgia. Tbilisi, 1956. | 8. Shengelia M., History of Georgian Medicine. Tbilisi, 1980. | 9. Shengelia M., Transition Georgian medicine. Tbilisi, 1968. | 10. Urushadze R., Public Health. Tbilisi, 2002. | 11. Kiknadze, G., Javashvili G., Legal bases of Physicians professional activities. Tbilisi, 2002 | 12. Statistical Handbook "Health Care". Georgia, 2003. | 13. Health care reform in Europe, Analyses of modern strategies, WHO European Bureau. Copenhagen, 1996. | 14. Georgian Ministry of Health care and National Health centre abstract book. Tbilisi, 1998. | 15. Basic reorientation directions of Georgian health care system. Tbilisi, 1996. | 16. Georgia Public Defender Report on Human Rights and freedom defense in Georgia. The Public Defender Office of Georgia. Tbilisi, 2006. | 17. Chikhladze N. Some of the social justice issues in health care system. In the Book "Social Economic". Tbilisi, 2002. | 18. National Report on Georgian population health state. Tbilisi, 2002. | 19. Medical services in Georgia, Georgian State Statistical Department. Tbilisi, 2000.