MEDICAL HISTORY

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LEGAL REGULATION OF MEDICAL ACTIVITY IN RUSSIAN EMPIRE BY MEDICAL CHARTER

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Abstract: The article is devoted to the study of legal regulation of county physicians' work in zemstvo medicine. The author determined that the Medical Charter, adopted in 1905, was the first legislative framework regulating medical activities, training, salaries, labour discipline and material responsibility of physicians.

KeyWords: zemstvo medicine, medical activity, physicians, the Medical Charter, legal regulation, duties.

INTRODUCTION

Establishment of healthcare administration (zemstvo medicine) was a significant achievement in the medical field in Russian Empire in the 19th century. The Medical Charter, a codified act in the healthcare sector with three editions (1857, 1892, 1905), was the basic legal document of zemstvo medicine. In turn, the system of zemstvo medicine and the Medical Charters gave a significant place to the so-called medical ranks. Several provisions of the Medical Charters were devoted to legal regulation of working activity of the county physicians. The last edition of the Medical Charter in 1905 was the most complete in this regard.

Conflict of interests

There is no conflict of interests.

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2 PURPOSES, SUBJECTS AND METHODS:

2.1 Purpose

The aim of the study was to investigate the provisions of the Medical Charter 1905 in the context of identifying the features of legal regulation of labour in the field of medical activity.

3 RESULTS AND DISCUSSION

First of all, it should be noted that the Medical Charter (1905) was the first document to provide mapping procedure for admission of the medical ranks. Article 43 of the Medical Charter stipulated that "full-time positions shall be appointed to the physicians who were trained at medical faculties of the universities or the Military Medical Academy, or to females, who received the appropriate training" [5, p. 182]. These persons had to possess a certificate (diploma). In the absence of a diploma or in possession of a diploma of foreign countries the candidate's knowledge had to be supported by the certificate of relevant educational institutions of the Russian Empire. Necessary conditions for foreigners to render medical practice also included the ability to speak Russian and taking an oath of allegiance in the prescribed form.

In addition to the conditions for admission to medical activities the Medical Charter regulated the professional duties of medical ranks. Professional duties of physicians

were primarily mentioned in Article 61 of the Medical Charter (1857) which stipulated that "the duties of physicians shall be defined in the relevant institutions and statutes". In 1868 the implementation of the Medical Charter (1857) involved elaboration of service instructions for physicians. According to these instructions county physicians had the following duties: 1) to live in the job area; 2) to manage the hospital, admitting room and pharmacy in medical and economic terms; 3) to receive patients every day in the morning; 4) to be responsible for the storage of potent and poisonous substances; 5) at the first notice of any infectious disease to take immediate measures specified by law, inform the county council and report to the physician; 6) to be under the control and supervision of the elected assembly of healthcare administration [6, p. 12].

Several articles of the Medical Charter expanded job duties of physicians.

Article 54 provided that "every practicing physician shall visit patients who call him in requiring his help" [5, p. 184]. Article 55 contained the following rule: "When a physician is called in by a midwife to a woman in childbirth, he shall come if there are no specific legal reasons hindering him to do so and shall not leave the woman till the end of the childbirth and shall provide all the necessary services" [5, p. 184]. Physicians were obliged to execute medical documentation properly and control selling of medication by the Article 58 of the Medical Charter: "Physicians are obliged to write prescriptions clearly, indicating their rank, name and surname, and observe that the drugs were sold from pharmacies according to their quality and prices determined in the price list. Physicians shall inform the proper authorities on omissions, disorders and abuses of pharmacists, if these omissions and abuses can cause or have actually caused harm to the patient" [5, p. 185].

Fig. 2. "At the physician"
V. Makovskiy (1900)

It should be noted that the Medical Charter described specifics of professional responsibilities of medical ranks. Article 59 of the Medical Charter formulated such a rule: "When healthcare authorities recognize that a doctor has made important errors due to ignorance of his duties, he should be discharged from practice until he passes a new test and gets a certificate to prove his knowledge of the duties" [5, p. 185]. Thus, physicians could be dismissed from practice because of nonobservance of their professional duties.

Article 9 of the Medical Charter provided that "the loss of an instrument shall be recovered by physicians at a specified price; but dulling or damage of an instrument during the operation shall not involve any penalty" [5, p. 177]. So, this provision established the rule regarding physician's responsibility for damage or loss of medical tools.

The order of payment in the field of medical activity was regulated by a number of articles of the Medical Charter. According to the Article 167 of the Medical Charter "medical ranks shall be given salaries and service rights based on the staff scheduling and special provisions" [5, p. 197]. Article 268 of Medical Charter contained the following norm: "Physicians of state-owned establishments, receiving salary, shall be obliged to treat every patient without a fee for medical aid" [5, p. 210]. Article 269 of the Medical Charter contained the following provision on the same subject: "Physicians, receiving salary from the government, are prohibited to demand more payment than defined by law from the poor patients" [5, p. 210]. Article 275 of the Medical Charter determined the amount of payment to physicians "from the poor people" for providing different medical services. According to the Article 277 of the Medical Charter, "a physician who provided medical aid in difficult childbirth, shall take one ruble fifty kopecks as fee for his work from the poor; doctors who receive government salary shall provide medical aid in difficult childbirth to poor women without payment" [5, p. 210-211]. Payment terms from wealthy patients were defined by Article 276 of the Medical Charter: "Physicians are allowed to accept payment exceeding measure, referred to in Article 275 of this Charter, from wealthy people, who want to express their gratitude for medical service" [5, p. 210]. On the one hand, such salary system fixed possibility limits of taking additional fee from the poor; on the other hand, this system did not stimulate physicians to provide quality medical aid to the poor.

It is interesting that the order and payment of shift work were also settled by the Medical Charter. According to the Article 253 of the Medical Charter "county (district) physicians who provide medical aid in regions with shortage of county (district) physicians in addition to their main work shall get a double salary, if they execute their duties for more than a month, and, moreover, with due diligence and serviceability" [5, p. 203]. This provision shows that the reason to attract physicians to work overtime was the lack of staff physicians in the district, and the payment was given for overtime as double salary. Apart from stipulating additional payment for overtime work, Article 262 of the Medical Charter consolidated the right of a county physician for a paid duty journey: "if physician goes outside his official place on the urgent need, he shall be paid by funds in the form of daily allowance and for travel" [5, p. 208]. Article 262 of the Medical Charter specified that "physicians who are on duty journeys shall be paid by the establishments where they work" [5, p. 208].

The Medical Charter 1905 legally settled such important relationships as scientific and practical improvement and promotion of the physicians and other workers in the filed of healthcare. Article 595 of the Medical Charter stated: "Persons willing to receive medical, pharmaceutical or veterinary academic degrees, ranks and assigned rights must pass the test. The tests shall be taken in higher medical and educational institutions authorized by the government" [5, p. 251]. Article 607 of the Medical Charter determined the following "medical degrees and ranks: 1) scientific and practical: a) physician, b) doctor of medicine and surgery; 2) trained for service: district physician; 3)

specially-practical: a) dentist, b) midwife of the first and second rank" [5, p. 252].

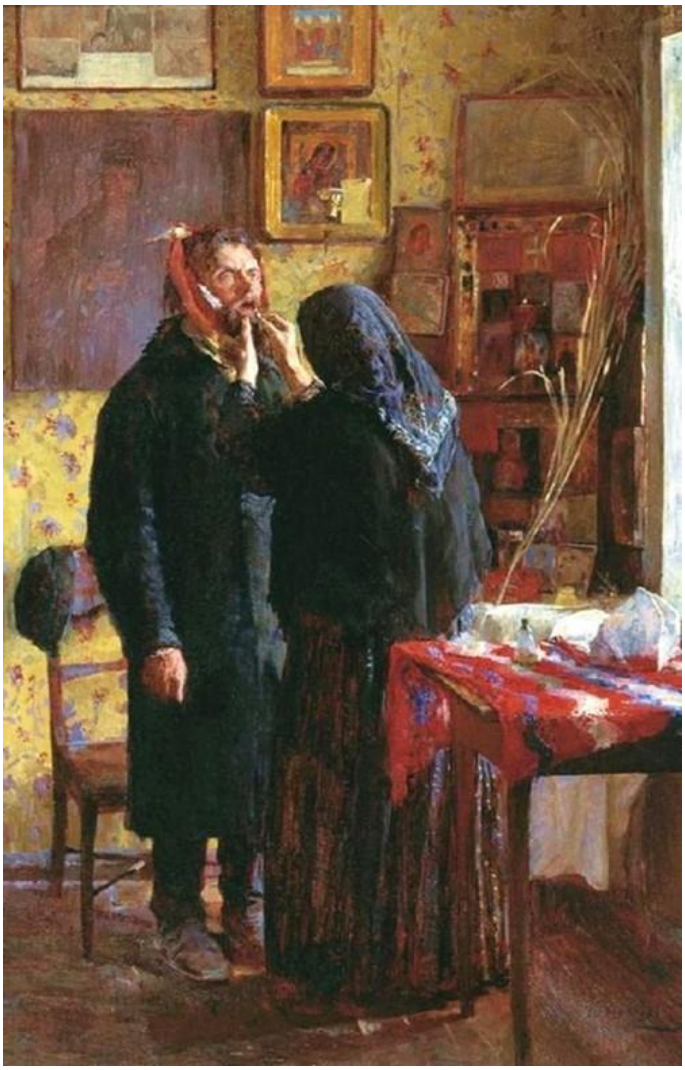

Fig. 2. "At the dentist"
V. Meshkov (1891)

Article 254 of the Medical Charter envisaged an opportunity to get promoted in rank because of high quantity and quality of work, as well as territorial jurisdiction: "County physicians who perform their duties at vacant medical ranks in the same county get additional payment as full salary in Arkhangelsk, Astrakhan, Vologda, Vyatka, Olonets, Orenburg, Ufa, Perm, Caucasus, Siberia and half of the designated salary in other interior provinces" [5, p. 206]. These provisions were aimed at stimulating the development of professional quality of the medical staff.

However, assessing all the positive innovations of the Medical Charter (1905), it should be noted that the legal regulation of labour in the field of medical practice was far from perfect. Problems existed, for example, in standardizing physicians' labour. As M.B. Mirskiy stated, "district hospitals served a certain number of residents in the surrounding restricted area. According to calculations made by county physicians, one hospital is needed for 10 thousand people, and the service radius should not exceed 10 miles" [1, p. 43]. In turn, according to the standards for zemstvo medicine, 2 doctors had to serve 25 thousand residents in Chernihiv [4, p. 300]. In districts the burden on physicians was more uneven. For example, in Konotop district each physician had to provide service to 18 thousand residents with a total area of medical care in the 354 square miles. In Hlukhiv district one physician serviced 60 thousand residents in an area of 1363 square miles [3, p. 122]. As N.M. Pirumova noted, a physician received at least 60 patients a day. During public holidays their number upped to 100 people. The working day lasted at least 12 hours, not counting emergency cases and preparation of drugs [2, p. 106]. Also, the legislature did not consider the impact of special and hazardous working conditions on physicians and other medical personnel. As I.D. Strashun indicated, according to statistics about 60% of county physicians died of typhus [7, p. 114].

Fig. 3. "In the physician's waiting room"
V. Makovskiy (1870)

4 CONCLUSIONS

Thus, Adoption of the Medical Charter in 1905 made a significant development in the legal regulation of labour in the field of medical activity, created the conditions for the improvement of legal support of physicians and established many institutions of labour law in the medical field. The main challenging issues, however, involved improvement of standardization of physicians' work, protection of labour in the medical field, fixation of the duration of working hours and rest time for physicians and other medical personnel.

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