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REGIONAL HEALTHCARE SERVICES AND REGIONAL PHYSICIAN – ESTABLISHMENT AND DEVELOPMENT IN THE END OF THE 19TH AND THE BEGINNING OF THE 20TH CENTURY IN BULGARIA.

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ABSTRACT
PURPOSE: The aim of this study is to present the development and stabilization of the regional healthcare services as an organizational form of public healthcare and the regional physician as the main figure in it in the end of the 19th century until the thirties of the 20th century in Bulgaria.
METHODS: This study has conducted an analysis of documents.
DISCUSSION: In the end of the 19th century and the beginning of the 20th century Bulgaria is in the beginning of a new road of development as a young country that had just earned its' independence. The influence of the Russian Zemska medicine proves to be a key favorable factor in this historical moment of building a progressive healthcare system in Bulgaria. The organization of a healthcare network and providing medical care to the population is one of the first tasks of the newborn Government.
CONCLUSIONS: The engagement and responsibility of the country are clearly shown in the review of the legislation from the observed period. The network of healthcare regions begins to form the backbone of the public system of healthcare. The healthcare politics in Bulgaria during the indicated period is directed at strengthening the healthcare region as a primary organizational form. The regional physician is affirmed as the key figure in the healthcare system with a wide specter of activities with special emphasis on healthcare educational and preventative functions.

Key words: public system of healthcare, regional healthcare services, regional physician

INTRODUCTION

The historical overview is not just a romantic glance at the past, but an interpretation of the events, a search for the reasons and logic of the consequences that led to conclusions, which are important to the present. These are the lessons of history, which however without definite predictions are valid and necessary because they give us the basic guidelines for future actions. The investigation facts and premises about past events except the question: "Why?", also raises the question: "Where to?"

AIM AND TASKS

Aim: to present the development and stabilization of the regional healthcare services as an organizational form of public healthcare and the regional physician as the main figure in it in the end of the 19th century until the thirties of the 20th century in Bulgaria.

Tasks:

1. To present the regional healthcare services as a structural unit of the healthcare system through an overview of normative documents in Bulgarian healthcare politics from 1879 to 1929.
2. To present the functions and tasks of the physician in the regional healthcare services during the same period.

METHODS AND MATERIALS

We conducted an analysis of documents that are directly connected to the tasks at hand.

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DISCUSSION

In the end of the 19th century and the beginning of the 20th century Bulgaria is in the beginning of a new road of development as a young country that had just earned its' independence, but simultaneously carrying the charge of a huge historical heritage as one of the oldest countries in Europe. The Russian-Turkish Liberation War in 1877-1878 puts an end to five centuries of Ottoman domination and plays the role of a bourgeois-democratic revolution for Bulgaria. The war razed the feudalism of the Ottoman Empire and created favorable conditions for the establishment of capitalistic relations in the country. The first steps of Bulgarian public healthcare coincide with these new socio-economic changes. The organization of a healthcare network and providing medical care to the population is one of the first tasks of the Temporary Russian Administration, which according to the Treaty Of San Stefano was supposed to last two years but was afterwards (after the unfair Berlin Treaty) is shortened to 9 months. The Russian administrative authority lays the foundations of public healthcare, which is naturally influenced by the principles of Russian Zemska medicine. The Revival traditions of Bulgarian municipalities to organize and provide basic healthcare to the population are a favorable basis for the adoption of the principles of Zemska medicine. In the mid 19th century during the time of the Bulgarian National Revival the Bulgarian municipalities within the limits of the Ottoman Empire demonstrate revolutionary health-social politics for the provision of medical care to the population through healthcare insurances and subscriptions [1]. Bulgaria established a healthcare system with a state-public character with the contribution of the Russian government, but with the knowledge, skills and enthusiasm of the Bulgarian medical intellectuals, who carry the most progressive ideas for their time [2, 3]. One Bulgarian physician, who got his education in Russia, is the creator of the first bill for public healthcare. These are the "Temporary rules for the structure of the medical management in Bulgaria" written by d-r Dimitar Mollov and approved by Prince Alexander Dondukov-Korsakov, who represented the Russian government in the country, in 1879 [1]. This normative act defines the activity of the new public health system with two major figures – regional and local physicians as well as a senior management body – Medical Council, which is a part of the Department of Internal Affairs (a prototype of the Ministry of Internal Affairs). The Medical Council employs physicians for each region, that are responsible for the organization and management of the healing and sanitary-antiepidemic activity – the regional physician. An especially important task of theirs is the early warning of the emergence of infectious diseases and the rapid organization of anti-epidemic measures. The regional physicians are a kind of local healthcare authorities that obliged to prepare monthly and annual reports to the Medical Council for the sanitary condition in the territorial unit entrusted to them, for the activity of the practices of the local physicians as well as that of the hospitals, that are on the territory of the region. Such a legal formulation, normatively regulating the important issue of gathering of health information, is exceptionally progressive, as it creates premises for making reasonable and appropriate to the health needs management decisions, and therefore – for more effective management of the newly emerging healthcare system, this activity for preparing reports on the sanitary and health condition, it remains unchanged for the region for the entire period of the survey [4]. The basic element burrowed from the Russian Zemska medicine is the principle of division, according to which a definite number of the population from a certain region need to be provided a physician. In the Bulgarian Healthcare Act is stated that on every 8000 people the local authority (local or regional) must employ a physician as the payment of these physicians comes from the local municipal authority. Municipalities with a population less than 8000 people have the right to decide whether to "employ" a local physician. The local physicians perform sanitary control of areas for sale of food products, of "pharmaceutical and chemical products", surveillance of animal diseases, epidemiological activities if infectious diseases break out among the population in their region. [2, 4]. The healthcare activities are carried out in certain outpatient clinics for each region for a set tax. The local physician has mandatory healthcare activity, defined by this law, regarding certain groups of people such as women in child-birth, prisoners, soldiers and representatives of brothels. For example in art. 22 is stated that "local, and where there are none, regional physicians are obliged to visit prisons and offer help to the sick prisoners", and in art. 35 "When the physician is invited to

a woman in child-birth, he is obliged to go and not leave her until she gives birth, unless he is not prevented by some legal reasons", and in art. 28 "the local physician, and where there is none, the regional one must visit the brothels each week and examine the women there?" [2]. The confirmation of death and vaccination are specifically highlighted obligations of the local physicians.

The influence of the Russian Zemska medicine proves to be a key favorable factor in this historical moment of building a progressive healthcare system in Bulgaria. The historical documents indicate that in the beginning of the 20th century some nations start to study Zemska medicine as the League of Nations (predecessor of the UN) gives it as an example to their public-healthcare system [5]. The League of Nations is created in 1919 and one of its purposes is to take steps in the area of preventive medicine and control of diseases in international aspect. The memorandum of the League of Nations in 1922, addressed to the Bolshevik government in Russia is a clear confirmation of the statement of the League that Zemska medicine is "the best healthcare system in the world, original in its' regional principle of organization and an example to follow" [5]. The historical situation and circumstances determine that Bulgaria would adopt this concept much earlier and integrate it in building its' public healthcare.

Along with its advantages, "The temporary rules" also have a series of disadvantages, which will be overcome through further legislative activity of the healthcare authority [3]. The scarce legal regulations related to the redevelopment of the environment housing are supplemented by two rules of procedure: "Police rules for protection of public health" and "Conditions, which must be observed during the construction of rural houses". In 1882 another normative act "Urban medical laws" is made, which introduces a series of progressive changes in the direction of the preventive functions of the regional physician and local physicians. The regional physician is tasked to "tirelessly try" to warn the population in his region about the outbreak of diseases and to take anti-epidemic measures when epidemics break out, to conduct sanitary observation in schools, facilities, enterprises, prisons and other public buildings. If in the entrusted to him district the regional physicians are insufficient, he has the right to engage the private practice physicians in this public activity. A new progressive element is the introduction of the obligation of urban physicians to perform healthcare education among the population [2, 3].

A little later, in 1888, a new healthcare act called the Sanitary law enters into force, which overrules the "Temporary rules for the structure of the medical management in Bulgaria". With it the size of the region is reduced by reducing the number of the population in half, apparently as a prerequisite for better healthcare service and more successful fight against contagious diseases. The new thing is the decentralization of healthcare as regional (local) authorities now have healthcare functions [3]. Hygienic councils are created which are the highest healthcare institutions in the region on the territory of the administrative area. The country government of healthcare is a structure of the MIA, called the Civil Sanitary Directorate.

In 1903 a new healthcare law is passed "Law for protection of public health" and the Civil Sanitary Directorate is renamed to Directorate for protection of public health. With the Law for protection of public health the healthcare management is decentralized to a smaller territorial unit called a district. With the Law for protection of public health healthcare service are regulated as a mandatory organizational form which brings public healthcare closer to the population. The term "healthcare regional section" with which the serviced region is described, whether rural, urban or unifying several villages begins to appear more and more in documents after 1901. Several healthcare regional sections are respectively managed by a higher standing physician, called a district physicians and this unification of regions with the aim of management is the sanitary district. The district physician, besides administrative-managerial control, exercises sanitary observation on public and private objects from the sanitary district. They in turn are under the management of the chief regional physician, who monitors the activity and condition of the sanitary districts in their regional area.

The chief regional physician studies the morbidity and mortality in his area, acquires and analyses the activity of every sanitary district as he compares them in healing

activity, preventive activity – the number of vaccinations done, etc. This physician also reflects the activity of hospitals within the territory of the area entrusted to him, as the private practices are not missed out when reflecting the pathology. He conducts anti-epidemic activity and control of the contagious diseases, sanitary control of public buildings, factories, hotels, pubs and of the environment. Besides that he analyses the climatic conditions in the area, as well as the natural resources there and the financial state of the population. These reports become more and more thorough in the following years.

The sanitary district physician has administrative-managerial obligations and sanitary-control activity on the level of district and the chief regional physician besides that also has exploratory-analytical activity. The healing activity is conducted mainly by the regional physicians, against a certain fee, which is free just for certain groups. In art. 10 of the Healthcare law it is noted: "Poor Bulgarian subjects, who represent evidence for poverty in their municipalities, are freed from the tax for treatment." It is regulated that the treatment will be free for people sick from sexually transmitted diseases and certain contagious diseases as well as vaccination.

The regional physician in the beginning of the 20th century becomes more and more sought by the population for treatment. This is expressed in the speech of d-r St. Tonev during the congress of the Bulgarian Union of Physicians (BUP) in 1903, in which is said that the Bulgarian population has begun to significantly feel the existence of scientific medicine in the face of the regional physician. "And whereas before the district physician was just called to conduct an autopsy with forensic purpose, while sick people looked for traditional healers, nowadays the attitude towards the physician is different" is said in this forum [6].

The BUP was created in 1901 and even with its' first activities began to affirm its' place in the forming of the healthcare politics and to express its' attitude towards the place and role of the physician, as it is obvious. With an amendment in Healthcare law in 1909 an entire chapter on the activity of the BUP is inserted, which gives the union the right to introduce proposals in the ministry of healthcare issues, to give opinions on healthcare legislation and others, which increases the role of the medical society and affirms the status of the physicians. The BUP immediately comes out with proposals for reforms regarding the healthcare region: for defining the maximum number of people and the radius of the territory of service; for the employment of physicians. With the aim to ensure quality care the BUP proposes the newly graduated not to be employed in healthcare regions, but such, that have passed a mandatory two-year internship after finishing their medical education in a hospital with mandatory work at therapeutic, surgical and dermatological and venereological department or with a physician that has at least three years of practice [6].

During the thirties of the 20th century the regional healthcare services represent "the backbone of the public healthcare system"[3]. Their affirmation happens through the next new law – Law for National Health which is passed in 1929. Obstetrical care is added to the healthcare regional service, although the small number of regional midwives, this is a progressive element in the development in the conception of the sanitary district. A new moment is the preventive activity through the creation of stations for consulting and preventive examination of newborns and children. The regional physician in this period is with a wide scope – healing, preventative, health-educational. The obligations connected with sanitary supervision of the environment, housing, food stores, foods, drinking water, facilities for drinking, facilities for eating, schools and others tend to be executed by the district physician but the regional physicians are also loaded with a part of these duties for their regions. A very specific characteristic trait of the Bulgarian regional physician at that moment is the conducted by him health education activity among the population. D-r M. Rusev, one of the first chairmen of the BUP defines the specifics of the role and place of the physician in organizing healthcare in the following way at that moment: "Too much is required from our physician, more than somewhere else. All layers of the population expect form him their welfare in health aspect. Our physician belongs to everyone; he must be available to all suffering people, no matter what their material state is. From his knowledge and work is required the protection of public health. The times in which the activity and service of the physician consisted just of healing the sick have passed. Now, since medicine is developing so rapidly in all its' branches, since the discovery of countless new ways not just to identify and cure the diseases, but for the protection of the population from diseases, the cognitive horizon the physician has expanded and the circle of his activity became bigger. Physicians have come to the belief that their art for curing is powerless for

many more diseases and that they contribute to humanity and for their nations through a bigger favor, if they try along with healing to strengthen the national health and prevent the diseases from spreading. This is why the time is not far, when the therapeutic medicine will give way to the preventive and then the merit of the physician will be greater." [6]. An example of the realized major role of prevention is the organized from the Head Directorate of National Health of the MIA – a 16 day course in preventive medicine for section, district and regional physicians, with covered expenses on the travel and stay of the participants [6].

The attitude of the country government to establish a strong regional healthcare service and a place for the physicians in it can be heard in the word of Alexander Gerginov – minister of internal affairs and national health (1931 – 1934): "In the public healthcare service such physicians have to be hired, who will have the trust of the population and the separate individuals, who will seek their services… 800 sanitary healthcare services respectively, healthcare regions must be put in better conditions for work, the organization of a healthcare home and providing them with the most needed for working and living. If we organize 800 well supplied healthcare posts – this will be our primary fundamental basis for a well organized healthcare service" [6]. In support of this the construction of these healthcare "posts" or as they are also called healthcare homes, which house outpatient clinics, housing and other conveniences for the activity and stay of the physician, has begun in several regions. This is realized with the funds of the local authority, but is supported by government funding. Despite the efforts to build a stable network of healthcare regions with quality medical service, securing medical personnel is a serious problem for the healthcare system in Bulgaria for the studied period. A large part of the healthcare regions, because of the lack of physicians are serviced by assistant-doctors or they lack any medical personnel. The issue for arranging one good healthcare region with well-resourced and satisfied physicians is especially strongly supported by the physician's authority organization. It comes out with proposals to improve the condition of the regional physicians regarding: 1) Salary; 2) providing appropriate housing and a means of transport from the authority (local or state) for physicians in villages; 3) maintaining of a well-supplied outpatient clinic with working hours from 8 to 12 o'clock, and to conduct healthcare educational and hygienic activity in the afternoon; 4) to provide refresher courses for physicians who have not practiced for two or more years in the rural healthcare service and to fund official trips; 5) regular provision of the rural healthcare services with literature and appropriate equipment such as film projectors for the healthcare educational activity [6].

CONCLUSIONS

1. The basis of a healthcare system with governmental-public character in Bulgaria is laid after the Liberation with the first legislation act in 1879.
2. The influence of the Russian Zemska medicine at this moment is a natural and favorable circumstance that along with other factors determines the progressive profile of the Bulgarian decentralized healthcare.
3. The engagement and responsibility of the country are clearly shown in the review of the legislation from the observed period.
4. The network of healthcare regions begins to form the backbone of the public system of healthcare.
5. The healthcare politics in Bulgaria during the indicated period is directed at strengthening the healthcare region as a primary organizational form.
6. The regional physician is affirmed as the key figure in the healthcare system with a wide specter of activities with special emphasis on healthcare educational and preventative functions.

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