

Fascism in the Healthcare and Social Life: the Review from Russia

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Article History	Abstract
Review Article	<p><i>Russian officials and media use the term “fascism” relating to Ukraine these days, actually as a senseless derogative term. There is no reason why the same term cannot be used for phenomena that are in a disagreement with medical and common ethics, often having political motivations. The main topics of this review are invasive procedures used currently or in the recent past in the Russian healthcare without sufficient indications. Among others, the following is discussed: the overuse of thoracic surgery in some respiratory diseases, cauterization of cervical ectopy without epithelial dysplasia, excessive preparations in dentistry. Considering the breast cancer incidence, millions of women underwent Halsted and lately of Patey mastectomy with removal of pectoral muscles without indications, often sans informed consent. Justifications of surgical hyper-radicalism, described in this review, could be heard in private conversations among medics, for example: “The hopelessly ill are dangerous” i.e. may commit reckless acts undesirable by the state. For example, glioblastoma has been routinely operated on, while it was believed by some staff that the treatment was often useless, just forcing many patients to spend the rest of their lives in bed. Many other topics are discussed together with documents and figures in a recently published book that is partly summarized here. This topic is interconnected with certain features of Russian healthcare, namely paternalism, authoritative management style, occasional disregard for the principles of informed consent, professional autonomy and scientific polemics. In conditions of paternalism, misinformation of patients, persuasion and compulsory treatments are deemed permissible. Considering shortcomings of medical practice, research and education, a simple increase in funding is unlikely to be a solution. Measures for improvement of the healthcare in Russia must include participation of authorized foreign advisors.</i></p> <p>Keywords: public health; Russia; breast cancer; dentistry; cervical ectropion.</p>
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1. Introduction

Some human factors and guidelines in the healthcare of Russian Federation (RF) have not substantially changed since the Soviet time. The non-observance of professional autonomy has been a contributing factor [1,2]. The exaggerated care of war veterans is showcased these days. They enjoy advantages in the healthcare and everyday life; there are, however, misgivings that the veteran status has been awarded gratuitously to some individuals from the privileged milieu. In fact, many World War II veterans had been maltreated in 1990-2004, when the average expectation of life at birth has fallen especially for males; by 1993 it had slumped to ~59.0 years [3]. The healthcare deteriorated at that time. It is known that percentage of alcohol-dependent people is relatively high among war

veterans. In the course of the anti-alcohol campaign (1985-1989) they were factually coerced to queue hours on end at bottle stores or to consume non-beverage alcohol. Inexpensive beerhouses were crowded while visitors usually stood on their feet. Standing for a long time is undue hardship for aged people especially after work. Their counterparts in Europe are sitting in comfortable beerhouses consuming products of better quality than those available in RF. Since the 1990s poor-quality toxic liquids have been sold in ordinarily labeled bottles through legal shop generally with the knowledge of authorities. There have been mass poisonings with lethal outcomes [1,4]. Some legally sold beverages smell technical ethanol now as before.

People are systematically intimidated in Russia by media,

TV Series, extortion e.g. by plumbers performing repairs in private flats. The media factually propagandize criminal ways of behavior, approve violence and lynching in prisons. In the popular series “The investigation led by...”, the showman Leonid Kanevsky reiterates at various occasions phrases like: “He didn't survive his jail term... Prison inmates don't like such people”. Adam, one of the sons of Ramzan Kadyrov, has been promoted and decorated after he had publicly beaten a prison inmate [5]. Adam's sojourn in the prison was illegal but nonetheless arranged by the authorities. Vladimir Putin personally met Adam. Vitali Kaloyev was promoted to deputy minister having committed intentional homicide (retired 2016 after decoration with a medal). A petition was filed to the government on 15 June 2015 to dismiss Kaloyev from his position of deputy minister because it damages relationships of Russia with other countries. The petition was reproduced in the article [6]. In 2017, Vladimir Putin signed a new law decriminalizing some forms of domestic violence [7]. There is a hypothesis that Putin is re-enacting his traumas in conditions of an intergenerational traumatic chain [8,9]. Thanks to this case of child maltreatment there is a “danger of blundering into a nuclear war” [10]. The term “fascism” seems to be suitable in this connection. Violence and hidden threats have been used to control and intimidate certain professionals and students to deter them from criticism of misconduct in medical practice and research [1,11]. Many people in RF live under supposed or real threat of assault and battery, comparable with corporal punishments of the 19th century. Intimidated people are an easy prey for a fascist dictator.

2. The breast and selected intra-thoracic conditions

Until recently, the Halsted operation with resection of both pectoral muscles was a one of the main methods of breast cancer (BC) treatment [12-15]; it was presented as the principal method BC of management in some instructive editions printed in the 21st century [16-18]. Patients with early cancers underwent mastectomies with resection of pectoral muscles. A surgery could be extended to a radical (Halsted) procedure if an intraoperative frozen section found an early BC [19]. The latter operation is known to be associated with complications.

Even more radical procedures were recommended and applied [20]. Novel methods with the muscle resection have been patented [21,22]. The surgery was not considered to be contraindicated by advanced age [23]. Given the observed complications, some specialists suggested that T1-2 laterally located BCs undergo a modified radical mastectomy of Patey, which would only involve the removal of the smaller pectoral muscle [24-26]. However,

the support for the Halsted operation continued [27]. Considering the incidence of BC, millions of women of different ages needlessly underwent this crippling procedure.

The Patey operation with removal only of the Pectoralis minor muscle is also associated with complications; nonetheless, it has been broadly used in RF during last decades. Tumor infiltration of the Pectoralis minor muscle has never been seen. The “gradual abandonment of the Halsted operation” was noticed in 2007 [28]. In papers dated 2015-2022, the Patey operation was mentioned as a commonly used method [29-32].

Thanks to the gratis Internet resources, the guidelines have been updated last time. Another extreme, though, is seen: mastectomy without pectoral muscle removal is referred to as mutilation and is said to cause serious moral harm, while “the reconstruction has become an integral part of the breast cancer management” [33]. Images of women with breasts that appear nearly unaltered following reconstructive surgery are used to support such claims. Given that patients pay for plastic surgery, it appears that the motivation is financial.

In regard to respiratory deceases, the following recommendations by the Ministry of Health should be mentioned: “The widespread concept that indication for surgery in asthma is the ineffectiveness of conservative therapy is incorrect. The presence of foci of chronic inflammation in the lungs and bronchi, even with a good effect from medical treatment, is an indication for surgery. Delaying the operation serves to involve other parts of the bronchial tree in the inflammatory process, enhances the degree of allergy, degenerative changes in the innervation apparatus and endocrine organs” [34]. Such instructions resulted in lung resections and other thoracic operations (denervation, autotransplantation) without sufficient indications. The surgical treatment of bronchial asthma was based on the doctrines by Babichev and Meshalkin on pathogenic nerve impulses allegedly causing bronchospasm [34-37] and the claim by Fedor Uglov that “in 98% of cases, the cause of asthma is focal chronic pneumonia” [38]. Furthermore, it has also come to the fore that certain experts (Irina Esipova and others) [39,40] did not differentiate between “dysontogenetic” lesions and developmental variants [41]. Some morphological findings described as dysontogenetic were often observed in the postnatal period normally or after healed pneumonia [42]. Reportedly, the percentage of wrong diagnoses reached 65-75%. Nonetheless, children were operated based on the premise that suppurative complications are unavoidable [43]. Certain pathologists generalized that the “disease that affects children in the first year of life... determines the progressive course of bronchiectasis and necessitates surgical treatment at the age of 2-6 years” [44]. More details

and references are in the book [1].

4. Ablative treatments of cervical ectopy

Suboptimal practices have been applied in RF according to instructions. In conditions of paternalism, misinformation of patients is deemed permissible [45]. The medical literature is available on the Internet these days. Nonetheless, some instructions have remained without comments, so that a persistence or return of outdated procedures is possible. An example of such persistence is the ablative treatment (mostly electrocoagulation) of cervical ectopies, regardless of the presence of epithelial dysplasia, routinely applied and advertized in RF. The procedure was described by many patients as painful; it is also associated with complications. Cervical ectopy or ectropion has been called in Russia pseudo-erosion (colloquially erosion), and previously also endocervicosis [46-48], which disagrees with the internationally used terminology. The term ectropion has mainly been used for the cervix eversion after delivery. In some newer publications, the terminology is adjusted to the international usage [49].

In many adolescents and women in the reproductive period, especially with oral contraceptive use, the mucin-secreting columnar epithelium of the endocervix is present on the cervical portio, forming the endocervical ectropion or ectopy, which is considered physiological [50]. Being asymptomatic in most cases, cervical ectropion is diagnosed during a routine examination. The ectopy requires no treatment unless the symptoms are affecting the patient's daily life [51]. If symptoms are present, it is not always clear whether they are caused by the ectopy or by cervicitis/vaginitis. Prescribed treatments in such cases are non-invasive. In the former SU, cervical ectopy was regarded to be precancerous or predisposing to neoplasia [52-56]. It was baselessly claimed that 3.6-9.0% of ectopies evolve into cancer [56], which is not confirmed by the international literature [50,51,57]. It was also speculated that cervical "pseudo-erosions" contribute to infertility and complications of pregnancy [58,59], which is physiologically incomprehensible and not confirmed by literature. Cervical ectopies were found at regular health checks (so-called dispensarizations) and treated by electro- or thermocautery [60,61]. The dispensarizations have been performed at many factories, institutions and agricultural cooperatives [61]. Cervical smears were sometimes taken but predominantly for bacteriological diagnosis. The coverage of the populace by dispensarizations has decreased since the Soviet time. There is no nationwide program for prevention of cervical cancer, which is detected in RF relatively late [62]. Reportedly, 32.6% of cervical cancer cases (15-50% in different provinces) were diagnosed at a late stage in 2021 [63]. Admittedly,

dispensarizations are introduced again these days.

Ablative treatments of cervical ectopy are advertized now as before and recommended by some recent monographs [49,64,65]. Other experts suggested laser treatment, loop electrosurgical excision procedure (LEEP), argon plasma coagulation and/or cryotherapy [66-72]. For young nulliparae an ablation of ectopic cylindrical epithelium by acid-containing ointments (chemical coagulation) [54,68,73], laser- or cryotherapy [74-77] has been recommended. Some medical practices possess only one device, which is used not always in accordance with evidence-based indications. According to the "National Manual" and other instructive publications, surgery is indicated to all patients with ectropion [78-81]. For leukoplakia (cervical hyperkeratosis without cell atypia), electrocautery, LEEP, laser-, cryotherapy or argon plasma coagulation has been recommended [49,67,72,78,80,82]. The above-named methods have been used also for precancerous lesions [72,79,80,82-84], which may be suboptimal in certain cases compared to cold-knife conization because tissue coagulation impedes histological evaluation while dysplastic epithelium may remain in the cervical channel or deep-seated glands. In the handbook [81] it is written that cold knife conization is practically never used today. Indications are beyond the scope of this article. Some recent Russian editions borrowed recommendations and algorithms from the international literature without references [85,86]; images are in the preprint [87].

The Pap-test has been performed in RF infrequently. The Romanovski-Giemsa was often used instead of the Papanicolaou stain; the quality of smears being below international standards. There are no cytology technologists to perform initial screening of smears in many institutions. Moreover, some cyto- and histological reports were misinterpreted by clinicians. For example, pathologists were admonished against using the term "metaplasia" in their reports as the patients were remitted to cancer-prevention centers (oncologic dispensaries). We informed clinical gynecologists and the department head e.g. at the Ostroumov hospital in Moscow that such remittals are not indicated. Apparently, the cause was not the lack of professional knowledge: stressed patients, needlessly remitted to the oncologic institutions, were easier to manipulate towards paid services. Gynecology as a medical specialty has been notorious since the Soviet era because of high unofficial incomes, striven for by many students. Considering prevalence of "pseudo-erosions" and mass medical checkups (dispensarizations) during the Soviet time, tens of millions "erosions" in young women have been cauterized without indications. Admittedly, the frequency of dispensarizations has decreased since the Soviet time; but they are re-introduced these days. Many

physicians realized the obsolescence of instructions and made exceptions. Vaguely formulated recommendations in some manuals left space for individual judgment. Apparently, ideation of punishment coupled with irresponsibility has played a role in some cases where patients were supposed to be “immoral”. It was claimed that promiscuity and sexually transmitted infections are predisposing factors [56,77,80], reportedly coinciding with cervical ectopy in 41.9% of cases [56], which is not confirmed by the literature. On the contrary, certain studies reported a negative association of ectopy with the time since the sexual debut and the number of partners [50], which is understandable as inflammation may accelerate squamous metaplasia. According to a systematic review, cervical ectopy showed an association with human papillomavirus, immunodeficiency virus, bacterial vaginosis and cervical epithelial atypia. High-quality studies reported no association between ectopy and chlamydia infection; there was also no association with gonococcal infection and herpes simplex. Additional studies on this topic are needed [88].

Cytologists and pathologists belong in RF to different medical specialties (laboratory medicine and pathology), being often located at different premises; so histological and cytological specimens are rarely confronted. In other countries it occurs routinely as cytological and histological methods are used by the same experts or teams. Comparisons of cytological and histological specimens are important because of many inconclusive reports in cytology, when only a suspicion is expressed. A high level of false-negativity in cervical cytology has been noticed in Russia [63]. Apparently, the insufficient reliability of cytology is one of the reasons of a frequent use of cervix biopsy in RF. Cervical cancer is diagnosed in RF relatively late [62]. Health care authorities are planning to introduce the screening for cervical cancer; but it will be not easy for lack of qualified cytotechnologists for pre-screening of the specimens. High quality of cyto- and histological diagnostics is essential for the adequate management of cervical intraepithelial neoplasia and related lesions.

5. Dentistry

This section overviews development of dentistry in Russia since the 1970s with special reference to dental caries. The motto of Soviet healthcare was the priority of prophylaxis, implemented by regular medical checkups (so-called dispensarizations) at schools, factories and institutions. Among drawbacks were paternalistic attitude to patients, insufficient quality control and disregard for the principle of informed consent. Exploration with a probe has often been performed with excessive force. Initial and questionable carious lesions found at dispensarizations or occasional visits were treated by dry cutting, sometimes

with dull rotary instruments, which led to excessive removal of hard tissues. At schools, dental dispensarizations were recommended to be performed twice yearly [89]. The checkups and treatments were performed under the time pressure. The explorer fixation in a pit or fissure (stickiness), enamel surface roughening and discoloration were regarded as diagnostic criteria of caries. The consent for the treatment was not asked especially from children and adolescents or their parents. The dental treatment was in fact compulsory: “The doctor identifies children who evade the treatment and takes measures jointly with the school administration” [90]. If an adolescent or even medical student asked to abstain from mechanical preparation, a trick sometimes followed: “I’ll just inspect”; a switched off handpiece introduced into the oral cavity, then followed dry cutting. Poor-quality filling materials did not hold long. Due to the early start and acceleration of the restoration cycle, so-called tooth death spiral [91], extensive dental prosthetics at an age around 30 years have been not infrequent.

Dental dispensarizations have been partly abandoned in the 1990s; but the attitude described above has largely remained unchanged. Dispensarizations are introduced again these days. The large-scale privatization of dentistry created new problems (discussed below). Patients at dental polyclinics, where free treatments are provided, are requested in advance to sign a form certifying their blanket consent to unnamed diagnostic and therapeutic procedures. At the same time, a tooth preparation can be started during examination without asking for consent. An early start of the restoration cycle and suboptimal quality of filling materials caused progressive enlargement of cavities: the restorations failed, the cavities were further enlarged. This led to fractures and extractions often at a young age. The overdiagnosis of dental caries has been continued until today: “The prevalence of dental caries in 3-year-old children was 67%, in six-years olds 87% and in 12-year olds 92%” [92]. Even a 100% (55.73% in need of treatment) prevalence of caries was reported in a study of 1030 patients ≥ 35 years old [93]. Corresponding figures in the international literature are lower.

In some manuals, mechanical preparation was recommended also for areas of enamel discoloration with intact surface: “Mechanical preparation of hard dental tissues and filling can be performed without waiting for the cavity formation” [94]. Accordingly, many “lesions” treated by mechanical preparation were anatomic variations of the grooving, fissures and pits, pigmented fissures, erosions etc. First restorations were usually placed in childhood. As mentioned above, exploration with a probe has often been performed with excessive force, which can be explained by the fact that “enamel softening” was presented by handbooks as a diagnostic criterion of early

caries [95]. Individual anatomic features of pits and fissures as a possible cause of the explorer stickiness were not discussed in handbooks and monographs. The probing of suspected lesions with the checking of stickiness is regarded to be obsolete, since it achieves no gain of sensitivity and can cause damage. It is known that demineralized but structurally intact dentin can be remineralized. Nonetheless, the habitual use of the probe has been recommended also in a recent monograph [96]. As for the endodontic therapy, it can be seen on radiographs that the quality of root canal treatment was often inadequate; and sometimes only traces of filling materials are visible in the roots. Not all dentists have sufficient skills to perform endodontic treatments. Procedural quality was additionally impaired by the limited availability of effective anesthesia. Pulpitis treatment and endodontic manipulations were usually performed without local anesthesia, after arsenic trioxide devitalization of the pulp until the mid 1990s and in places also later. Dental anxiety prevented patients from asking professional help. Teeth after repeated restorations were described as having “the carious process below the level of the gingival margin” [97] if even the patient had not noticed any spontaneous tooth decay for decades, also after restoration failures and fractures. In other words, the damage as a result of accelerated restoration cycle, so-called tooth death spiral [91], has often been ascribed to caries.

The above considerations pertain also to exodontia with curettage of tooth sockets. In the international literature a gentle curettage is recommended; it is not always listed among recommended procedures. In RF the curettage of the socket bottom and walls has been often performed intensely, aiming at a complete removal of granulation tissue. The following was typically recommended: after a tooth extraction, granulation tissue and remaining granuloma are removed with a spoon-shaped curette [97-99]. The granulation tissue may be indistinguishable from normal gingiva, while indications to its complete removal are questionable as ripening granulation tissue becomes fibrous. In this regard, the histological examination of curettage specimens could be a topic of research. Especially in conditions of gingival atrophy and retraction, excessive curettage of the socket may contribute to a root denudation of neighboring teeth, leading to enhanced sensitivity and pain sometimes intensive enough to necessitate next extraction. It should be stressed that a method, even if extensively used, is not always in accordance with modern standards of care, and that practitioners should replace outdated methods with improved ones [100].

The large-scale privatization of Russian dentistry since 1990s has created new problems. Some practitioners avoid conservative treatment of advanced lesions and manipulate patients towards extractions and prosthetics. Dentists often

choose treatment plans based on commercial considerations rather than clinical indications [101], which is acknowledged in private conversations. In case of a tooth extraction, some dentists at state polyclinics offer a choice: “Do you want a paid or free injection?” The payment is unofficial. Anesthesia after the free injection is incomplete. As per the World Medical Association (WMA), the pain treatment is a human right. Formally, the obligatory insurance in RF covers basic dental treatments; but some personnel at polyclinics accept under-the-counter payments. In conditions of legitimacy, the market economy stimulates a sound competition of constructive ideas and treatment quality. In conditions of disrespect for laws, regulations and ethics, the competition turns towards discrediting the free healthcare, manipulation towards paid services and harassment of non-paying patients. In dentistry, this included examinations with a probe applying excessive force, hints about poor quality of filling materials, unfounded suggestions of tooth extractions, insufficient or lacking anesthesia.

7. Discussion and conclusion

The access of patients to objective information has been impeded: many articles in Russian professional journals are biased; the use of medical libraries is complicated by technical difficulties. The book [1], donated to the Central Medical Library in Moscow (director Boris Loginov) and another author's copy sent to the National Library of Belarus, has not been entered into the catalogues and not returned despite repeated inquiries. Another book [102] has disappeared from the Belarusian catalogue <https://www.nlb.by/>.

The autocratic management style discourages criticism. In the healthcare, attributes of this style include a paternalistic approach to patients, bossy management, and harassment of colleagues if they do not follow instructions. Under conditions of paternalism, misinformation of patients, disregard for the principle of informed consent, and compulsory treatments are seen as permissible [1,11,103]. Some analysts wrote about fascism in Russian medicine [104]; so the author of this review is not the first one who used the term. One of the motives to overuse invasive procedures has been the training of medical personnel under the imperative of readiness for warfare. These days, petrodollar revenues allow for the purchase of sophisticated equipment; while medical research is stimulated by the government. In light of these conditions, this review's goal was to serve as a reminder that performing surgical or other invasive procedures, the risk-benefit ratio should be as low as practically feasible. More international trust and cooperation are needed instead of rivalry and conflicts.

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