

The Magvető publishing house has for many years published a series of paperbacks presenting the latest results of scientific research to the Hungarian public at large. The main results of some Hungarian sociological surveys have been presented in this series in an essayistic form, i.e. without tables and the more elaborate mathematical or statistical analyses. This volume presents the results of investigations by the Research Institute of Sociology of the Hungarian Academy of Sciences in the field of the sociology of health, in particular of the survey on the health and life-styles of the Hungarian population carried out in 1977–78. The author was the chief researcher.

The background to the study is the fact that since about 1965 the mortality of adults deteriorated in Hungary. In consequence, the life expectancy at birth of men declined from 67.2 years, attained in 1965, to 65.6 years in 1985, while that of the women stopped increasing in the 1980s at about 73.6 years. The deterioration is even more serious in the age-groups between 30 and 59, and most of all among men aged 40–49, where the mortality rate has increased by

about 160 per cent. The most important immediate cause of the deterioration is the increase in mortality caused by diseases of the circulatory system. It is much less clear, however, what has caused the growing mortality from these diseases. Some researchers emphasize the role of life-styles, others point to smoking and alcohol consumption etc. Without claiming that the deficiencies of the health care system are mainly responsible for the spectacular deterioration of mortality, Losonczi stresses the conclusion that the functioning of the health system in Hungary is far from the ideals formulated and hoped for when the socialist health system was planned and established. It ought to be added that she also points to parallel problems of health care in other advanced societies: nevertheless, it seems to be her opinion that these problems are especially serious in Hungary.

As is well known, in Hungary every citizen has the right to cost-free health care, and pharmaceuticals are sold at highly subsidized prices. The number of medical doctors per population is among the highest in Europe, and the number of hospital beds per

population is near to the average of European countries. Thus, health care ought to be of high quality and equally available for all. However, the actual situation, as described by Losonczi, is very different.

First, she deals with the problems arising at the level of national planning and government. Although 'man is the highest value' is one of the declared basic principles, in practice persons not participating in the production of the GDP, and thus ill persons, are latently considered to be less valuable than others, and health care, being within the non-productive sphere, is treated as a gift by the state. In consequence, the amount spent on health care in relation to GDP is lower than in other similarly developed societies. The salaries of physicians are relatively low and the material equipment of the health service (hospital buildings, medical instruments etc.) is in poor supply and often bad condition. These conditions have resulted in the spread of quasi-market conditions. Patients usually give a 'gratitude payment' (this is the exact translation of the Hungarian term) to their doctors. This market, however, operates far from perfectly. The amount of the 'gratitude payment' for a given medical treatment is not fixed, and therefore patients tend to overbid each other, fearing that otherwise they will get less than optimal care. It is also not clear to whom the 'payment' ought to be made—to the chief doctor or to the doctor actually treating the person—and what part should be given to the nurses, etc. The doctors usually accept the 'payment', otherwise their income would be relatively very low. Their salaries are, however, centrally determined with the tacit knowledge that in this way they are able to supplement their incomes. But not all medical doctors receive this kind of supplementary income: the estimates vary at between 25 and 50 per cent.

These conditions lead, according to Losonczi, to the defencelessness and alienation of both patients

and doctors. Patients feel defenceless because doctors do not have enough time to attend to their problems, because they do not have the right to choose the doctor or the hospital (they have to go to the health care unit in their place of residence) and because in the overcrowded hospitals it is often impossible to provide them with appropriate amenities.

Medical personnel are likewise in a defenceless situation. They are under the continuous pressure of the demands of the health authorities, on the one side, and of the dissatisfaction of patients on the other. The authorities demand that they cure sick people, but also that they keep the number of days of sickness under control. Since it is tacitly assumed that part of the demand for sickness benefit is motivated simply by the desire to escape from work. They have to defend themselves against the suspicion of careless treatment and of providing unduly expensive forms of treatment. Thus, an important part of their working time is used in producing certification for the treatments they have given. They are forced to try to supplement their incomes by accepting 'gratitude payments'. This is known, but neither officially accepted nor prohibited by the higher authorities. Losonczi also argues that the medical profession is more hierarchically organized, and the relations of its different levels more authoritarian, than in other professional groups, so that a medical doctor at the lower levels of the hierarchy is less able than other professionals to disagree with his chief and to express an independent view concerning the treatment of his patients.

Losonczi does not formulate concrete reform proposals for the health system, but only stresses that it would be necessary to make the relations of doctors and patients, and of the different levels of the health service and more equal and more partnership-like, so that situations of defencelessness might become less acute or even disappear.