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The Role of the Doctor in the System of Social Protection of Russian Citizens

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Abstract: The effectiveness of medicine as a social institution depends, among other things, on the social status of the doctor, which determines the place of his personality in the system of social relations and the set of certain social functions. At present, the role of a doctor in society is constantly changing in connection with changes in both society and healthcare. The patient became a consumer of medical services, the doctor - their supplier, which put the patient and the doctor in the framework of market relations. The result was a lack of confidence in the healthcare system in the society, which is associated with an increase in the expectations and requests of the population for the quality of medical services and the reluctance of people to contact medical facilities without extreme necessity. Only the motivation of the doctor to provide high-quality medical care, high-quality medical management and the allocation of paid time for the doctor to his own education will help to change the situation. As the burden on the doctor grows every year, and his social role becomes more and more important for the population. The article deals with the role of a doctor in the social protection of citizens. The main link in the social protection of patients in medical organizations is the medical commissions. A large amount of work of the medical commission is not taken into account in the burden of doctors and in the payment of their labor. The purpose of the presented study was to study the scope, dynamics and peculiarities of the work of the medical commission to determine the patients' need for prolongation of leaflets of disability, referral to medical and social expertise, and other health-related problems. One of the main conclusions reached by the researchers: taking into account the increase in the contingent of citizens of the older age group, it is necessary to adapt the work of expert services to the needs of older people in expert assistance, by amending the normative acts and including the necessary specialists in the expert commissions.

Keywords: Social Protection, Social Status of the Doctor, Medical Commission (MC), Medical and Social Expertise (MSE), Citizens of the Older Age Group

1. Introduction

A lot of research, articles and monographs are currently devoted to the social role of the doctor; the social status of the doctor, his professional portrait, relationships with patients, the state and society are analyzed in these scientific works. Some authors argue that the doctor has become a social person of the state, a defender of the legitimate interests of the patient, a conductor of a balanced and humanistic approach to all problems of society. In Russia, the role of a doctor in society is constantly changing due to changes in both the society itself and domestic health care. In the post-Soviet period, health care has taken on many of the social functions of the state, offsetting the imperfections in the transition to a market economy oriented towards macroeconomic indicators [9].

The effectiveness of the formation of the institution of medicine depends, among other things, on the social status of the doctor, which determines the place of the individual in the system of social relations and the set of certain social functions. The status of the doctor has undergone significant changes in the process of modernization and optimization of health care. The medical aid was transferred to the category of services under the RF law No. 323 of 21.11.2011"On the

fundamentals of protecting the health of citizens in the Russian Federation". The patient became a consumer of medical services; the doctor became their supplier, so a market relationship arose between patients and doctors.

The status of the doctor is also influenced by the size of the salary, the prestige of the profession and the possibility of self-realization [1]. None of these criteria in modern Russia contributes to the formation of an adequate medical profession status. The result is a lack of confidence in the health system in the society, which leads to an increase in the expectations and requests of the population for the quality of medical services and the reluctance to contact medical institutions without extreme necessity [2].

Improvement of the situation can be achieved by restoring the motivation of doctors to provide high-quality medical care, raising the level of medical management, as well as allocating paid time for education to doctors, searching for new information, participating in conferences and seminars. But in conditions of a shortage of personnel, even the training of doctors on the improvement cycles meets great difficulties [10].

As the burden on the doctor increases annually, his social role becomes more evident to the public. We are talking about the role of the doctor in the social protection of citizens. The main element of the social protection of patients in Russian medical organizations is the medical commission (MC). It issues an opinion on the extension of the certificate of incapacity of work, the referral of patients to medical and social expertise, the rational employment of patients for health reasons, the possibility of social services, housing, treatment, etc. A huge amount of MC work is not taken into account in the workload of doctors and in the payment of their labor.

2. Materials and Methods

The purpose of the present exploration is to study the volume, dynamics and peculiarities of MC work in determining the patients' need for prolongation of certificate of incapacity for work, referral to MSE, and other health-related problems.

The information for research was obtained by the method of extracting from MC work log (form 095/U) for 2011 - 2015. The study was conducted in a large medical organization, which included a polyclinic for 834 visits per shift and a multidisciplinary hospital for 637 beds. The expert service in the association is headed by a specialist in the organization of public health, a doctor of the highest category.

The information was collected by the method of copying, the formation of the statistical aggregate was carried out by the method of the essential array (non-informative and defective records were excluded from the study).Methods of comparative formal and logical analysis, a tabular summary, calculation and analysis of extensive, intensive and dynamics indicators were used when processing the material. The study was conducted within confidence limits established with the probability of an error-free forecast $p \geq 0.95$ for $t \geq 2$.

3. Result

In earlier studies, we analyzed the labor costs of doctors and MCs to solve problems related to the expertise of work capacity and the examination of citizens. The results of the analysis showed that the labor costs of doctors and MCs are too large and do not fit into the current rules of work of specialists [3, 4] (Table 1).

Table 1. *The expenditure of time of district therapists and MCs for the performance of various works related to both medical expertise and surveys.*

Kind of work	Time in min. M±m
Visiting a doctor for the purpose of expertise of temporary incapacity for work	
Primary	31,9 ± 8,3
Second	16,4 ± 4,0
In case of prolongation of the certificate of incapacity for work	
Primary	21,1± 1,5
Second	15,2 ± 1,2
Visit related to the referral of patients to the MSE	
Primary	42,5 ± 9,2
Second	28,3 ± 3,6
Participation in meetings of the MC	45,5 ± 5,0
Primary &Second	20,3± 1,5
The average cost ofMC working time for 1 examination	
prolongation of the certificate of incapacity for work	18,4 ± 2,1
referral to MSE	49,7 ± 5,3
On rational employment	12,1 ± 0,5
On other social issues	11,2 ± 1,1

The study found that since 2011 the workload of the MC has been increased to prolong the certificates of incapacity for work, referring patients to the MSE and issuing certificates on the results of medical examination. Accordingly, the doctors' workload which is associated with the referral of patients to MC and participation in the MC meeting has increased. We identified 3 main factors that determined the increase the abovementioned sections of the MC work: 1) changes in legislative acts regulating medical expertise; 2) an increase in the contingent of persons of the older age group who need certain kinds of medical examination; 3) an increase in the number of citizens who need social protection.

Article 59 of the Federal Law No. 323 regulates the individual issuance by the attending physicians of a certificate of incapacity for work up to 15 calendar days inclusive and further extension by decision of the medical commission; also the order of the Ministry of Healthcare and Social Development of the Russian Federation No.347n "On approval of the form of the certificate of incapacity for work" was adopted in 26.04.2011.

The consequences of these regulatory and legislative acts were:

(1) Threefold increase in the number of applications to the MC with a view to extending the disability certificate from 2011 to 2015 in the organization under investigation; the proportion of applications to the MC

for the extension of the incapacity for work certificate in the total number of applications increased from 65.4% to 81.4% (t = 2.92). The highest rate of increase in appeals to MC was associated with diseases of the internal organs (diseases of the pulmonary system, kidneys, gastrointestinal tract). The number of visits for diseases of the pulmonary system increased by 12.6 times, of the gastrointestinal tract by 7.3 times, of the kidneys by 3.3 times. The reason for this growth was poor-quality treatment of acute conditions: acute respiratory diseases which subsequently lead to tracheitis, bronchitis, pneumonia; chronic gastritis, cholecystitis, pancreatitis which lead to severe exacerbations requiring surgical intervention. In 2015, 42.7% of the 221 visits (p> 0.95) to MCs for the diseases of the gastrointestinal tract were appeals of patients after surgery.

(2) The number of patients' appeals to the MC for the prolongation of the disability certificate exceeded 30 days increased 3.95 times, from 31 to 100 days - 3.5 times, over 100 days - 2.1 times, p> 0.95. In 2015, only 30.4% of patients (736) applied to MCs during the statutory period, that is, the bulk of patients (1682) had longer treatment periods.

(3) Numerous defects associated with the need to fill out a new blank of disability certificate, which was adopted in 2011, significantly complicate the work of the MCs. The new form of the disability certificate has become quite difficult to fill. The beginning of work with this form in the medical organization under study was marked by the appearance of numerous defects in filling out forms and the need to issue duplicates from the 3rd quarter of 2011 (the order came into force on July 1, 2011). The number of appeals for the purpose of issuing duplicate disability certificates in the 3rd and 4th quarters of 2011 increased 4 times compared to 1st and 2nd quarters and as a whole accounted for 25% of all appeals. The problem remains relevant despite the fact that the number of defects has decreased from 375 to 298 in 2015.

The elderly age of patients is a serious difficulty in the work of doctors in solving social problems related to health. Persons of pre-retirement and retirement age prevail (in 2011 - 51.3% and in 2015 - 54.1%) in the age structure of patients who applied to the MC for the prolongation of the incapacity for work certificate. The number of citizens older than 50 years increased by 3.2 times (from 410 to 1314 people) for the period from 2011 to 2015. This situation has affected the work of doctor as follows:

(1) In 2011, pre-retirement and retirement age persons accounted for 60.1% (p> 0.95) among people who had a disability certificate lasting more than 100 days. 46.9% of persons of pre-retirement and retirement age who had a disability certificate for more than 100 days applied for injuries and diseases of the lower extremities, 17.7% - for cancer, 12.4% - for the consequences of upper limb injuries (p>0.95). The number of MC work in the surveyed medical institution associated with the referral of patients to the MSE increased from 468 cases in 2011 to 579 in 2015.

(2) In 2011 and 2015, persons over 60 years of age were 54.4% and 49.2% (p> 0.95) of the number of citizens primarily targeted at MSE. The share of persons of retirement age among citizens redirected to MSE decreased by 32.39% in 2011 and only by 9.3% in 2015.

(3) The older the age of patients, the more severe degree of disability they receive. In 2011, people over the age of 60 accounted for 55.8% of those who received the 1st degree of disability, 47.3% - the 2nd, 35.8% - the 3rd (p> 0.95).

(4) The number of citizens initially targeted to MSE increased from 216 to 252 people in 2015. Patients over 60 years of age were 49.2% in the age structure of individuals primarily targeted at MSE.

(5) The proportion of patients older than 60 years among those redirected to MSE in 2015 remains large (39.9%). Persons who are referred for re-examination suffer from severe pathology; the share of people with cancer increased to 38.9%, with the consequences of acute cerebrovascular accident and craniocerebral trauma - 19.7%.

(6) Results of reassessment in 2015 showed that people over 60 years of age made up 41.4% of the citizens who received the 2nd degree of disability, 36.1% of the third degree, and nine patients of this age of nineteen did not have a disability degree (Table 2).

(7) In 2015, the proportion of people over 60 years among persons with disabilities of the 3rd degree increased significantly: by 10.4% among those who were primarily targeted at MSE, and by 21.9% among those who were sent repeatedly; obviously because of this, the severity index of the 3rd degree of disability increased by 4%, and the rehabilitation index decreased by 5.6%.

Table 2. *The proportion of people over 60 years of age among the primary and re-examined citizens in 2011 and 2015.*

	2011		2015	
	Primary examined citizens	**Re-examined citizens**	**Primary examined citizens**	**Re-examined citizens**
Total	54,4%	22,01	49,2%	39,9
Among the recognized disabled 1 degree	55,8	3 of 4	53,6	9 of 12
Among the recognized disabled 2 degree	47,3	41,4	64,3	41,4
Among the recognized disabled 3 degree	35,8	14,2	46,2	36,1

	2011		2015	
	Primary examined citizens	Re-examined citizens	Primary examined citizens	Re-examined citizens
Among persons recognized as disabled, suffering from oncological diseases	47,2	38,2	50,5	44,6
Among persons recognized as disabled, suffering from cardiac ischemia	63,3	9,5	57,5	45,6
Among persons recognized as disabled, suffering from consequences of acute disorders of cerebral circulation	62,9	16,7	62,8	32,6
Stability index 3 degree		78,7		73,5
Severity index3 degree		12,3		16,3
Rehabilitation index		9,0		3,4

MC issues opinions on medical and social problems for citizens of the older age group, able-bodied people and even young ones who need social protection. These are people who require exemption from work, but not social insurance (students and employees of paramilitary agencies) who need labor recommendations for health reasons; as well as those who need to obtain the status of guardian, high-tech medical care and other forms of social protection (Table 3).

Table 3. *The number of appeals to the MC in 2011 and 2015, related to the issuance of conclusions for the receipt of certain forms of social protection, depending on the age.*

Conclusion	2011		2015		2011	2015
	Up to 60 years	Older than 60 years	Up to 60 years	Older than 60 years	Total	Total
About labor recommendations	72	-	28	5	72	33
On temporary disability of employees of paramilitary agencies	22	-	8	-	22	8
On temporary disability and work restrictions of students	71	-	85	-	71	85
On the possibility of becoming guardians (foster parents)	30	1	25	4	31	29
On the need for high-tech medical care	14	9	63	37	23	100
On the need for other forms of social protection	32	17	17	11	49	28
generally	241	27	226	57	268	283

The most numerous contingent of citizens in need of work capacity assessment are people who are not eligible for social insurance and who do not have the right to receive a certificate of incapacity for work; they receive official documents that exempt from work or study. Students for health reasons might need to be fully or partially exempted from physical exertion, They might also need to be released from classroom visits, on academic leave, or in determining eligibility for college / university studies. Employees of the Ministry of Internal Affairs, Penitentiary Service, Federal Security Service of the Russian Federation, attested in due course, aged from 20 to 40 years, applied to the medical organization for medical help, mainly for acute diseases (acute respiratory diseases, pharyngitis, tracheitis, bronchitis, arthritis). The terms of the exemption from work varied from 3 to 14 days; for further treatment they were sent to the places of service. It is possible to single out 3 categories of citizens who need recommendations on rational employment and the suitability of certain professions:

(1) Practically healthy unemployed people aged 20 to 50 years, who were issued with recommendations by the MC in accordance with the order of the Ministry of Health and Social Development of the Russian Federation of 14.12.2009. No. 984 on the suitability to be civil servants.

(2) Unemployed citizens aged 30 to 50 years who were registered in the employment center, who needed labor advice and who also had diseases of the circulatory and musculoskeletal system.

(3) Persons aged 30 to 50 years who had acute illnesses/ injuries and who needed to be transferred to lighter working conditions, suffering mainly from diseases of the circulatory system and the musculoskeletal system (Chapter 36, Article 224 of the Labor Code of the Russian Federation, Federal Law No. 30.12 .2001 No. 197).

The contingent of citizens in need of various forms of social protection for health reasons is quite diverse, and includes:

(1) individuals wishing to become adoptive / foster parents or guardians;

(2) victims of occupational accidents in need of determining the severity of work-related injuries, depending on the nature of the injuries received and the complications associated with them, as well as the consequences of the injuries received (persistent disability);

(3) persons who needed to be sent to regional or federal specialized medical organizations, including obtaining high-tech medical care from the federal budget;

(4) persons directed to determine the need for extraneous care, in connection with referral to boarding homes and so on.

It should be noted that the number of people over 60 in five years increased by 30 people, mainly due to people in need of high-tech medical care, health certificates, need for care, direction to boarding homes and improvement of living conditions for health reasons.

4. Discussion

The study found that an increase in the workload of the MC for the extension of the certificate of incapacity for work is not justified in the face of a shortage of doctors and many issues to be resolved. Indeed, monitoring of so-called "short" certificates of incapacity for work has always been necessary for minor illnesses and the consequences of injuries that are amenable to treatment, both in outpatient and in inpatient settings. Severe diseases and the consequences of injuries require long-term inpatient and outpatient care, carrying out rehabilitation measures, which are reflected in the duration of the approximate periods of temporary incapacity for work, which, for example, can reach 115 days in breast cancer, in severe craniocerebral trauma - up to 220 days, fractures lower limbs - up to 165 days [5]. Directing to the MC every 15 days to prolong the disability certificate of such patients dramatically increases the workload of doctors and complicates the life of patients, without significantly affecting the quality of care. Clearly, we need to urgently get rid of excessive administration and focus on caring for the health of citizens. This is not about strengthening the control over the periods of temporary incapacity for work (this is the function of the social insurance fund), but about the importance of work on the prevention of injuries, the early detection of cancer, and the prevention of exacerbations of chronic diseases in order to reduce the temporary disability of citizens. In the area where the study medical organization is located, from 2011 to 2015, there was an increase in injuries of the upper extremities (from 18.07 to 26.52 per 1000 population) and lower extremities (from 11.64 to 16.68 per 1000 population). In this regard, the work of executive authorities on the improvement of administrative territories and, most importantly, to increase the availability of medical care for the population is of great importance. As for the certificate of incapacity, it should be noted that this is a financial document that must be filled by the relevant staff, and doctors should only provide the information necessary for proper registration. From this point of view, the transition to the electronic form of the disability certificate should be welcomed [6].

The significant increase in the number of applications for MC in pre-retirement and retirement age is due to the increase in their number and the increase in their proportion among the population of the region (from 25.0% in 2010 to 27.2% in 2016), as well as their social activity, high need for social protection (the most demanded form is obtaining the status of a disabled person based on the results of medical and social expertise) [7]. During this period, the proportion of the able-bodied population decreased from 60.6 to 56.6%, which determined the growth in the demand for pre-pension and retirement age in social production. According to analysts, the need for the employment of older people in Russia will only grow with each year [8]. The increase in the proportion of people over 60 years in need of referral to the MSE is a natural phenomenon, as this contingent usually has a variety of chronic diseases, a high risk of injury, and it is less amenable to treatment and rehabilitation. People over 60 years of age often have disabilities and a high need for social protection. Therefore, the legitimacy of increasing the proportion of people over 60 years among citizens who received a third degree of disability and re-directed to MSE in 2015 is extremely doubtful. In fact, the third degree of disability should be the most unstable, since it is set for the rehabilitation period, mainly based on social criteria. Obviously, the high stability indicators of the 3rd degree of disability, the increase in the severity of the disease and the reduction in rehabilitation rates in 2015 are associated with the accumulation of people over 60 years old with disabilities of the 3rd degree. An increase in the proportion of people with disabilities who are older than 60 years among those who are sent back to MSE in 2015 compared to 2011 shows that the disability without specifying the period of re-examination was established much less frequently; this happened despite the fact that such persons have low rehabilitation potential and a questionable rehabilitation forecast. All this complicates the work of doctors and MC loading them with wanton activity in referring citizens to MSE, and also creates problems for people over 60 years of age when preparing documents and additional visits to outpatient clinics. In connection with the foregoing, the examination of persons of the older age group should be conducted more professionally: with the participation of geriatric doctors; it is also necessary to improve the methodology for conducting MSE in older persons, adapting to them the criteria of the 3rd degree of disability.

The increase in the number of people who need medical examination in MSE institutions on medical and social problems shows that the population is in need of social protection for health reasons. There is no doubt that in the near future the number of such people will increase. In order to give correct conclusions to these citizens, it is necessary to have a good knowledge of the set of normative acts regulating the procedure for the issuance of certificates and medical reports by medical organizations, as well as the criteria for people's need for certain forms of social protection (a list of diseases that make living together with a sick person in one apartment impossible, directions to hospices, etc.).

Thus, there is every reason to assert that the social role of the doctor has become more significant for the population and the Russian state. Solving questions about the needs of citizens in social protection for health reasons, doctors implement the social policy of the state, including the rights of citizens to health and social security. The work of doctors and MC related to the social protection of citizens over the past 5 years has become more labor-intensive and complex; therefore it must be taken into account in the workload of doctors and in their wages in a special way.

5. Conclusion

1. The social role of the doctor in the system of social protection of the population has become more

significant for the population and requires official confirmation of its high status.

2. Legislative and regulatory documents relating to the social protection of citizens have a significant impact on the system and the severity of the work of doctors; therefore, they should reflect the real capabilities of medical organizations and the growing need of the population for social protection.
3. Due to the increase in the number of citizens of the older age group, the work of expert services should be adapted to the needs of older people for expert assistance by amending the normative acts and by introducing appropriate specialists in the expert commissions.
4. The work of doctors associated with the examination of temporary disability, referral to MSE and MC, their participation in the work of the MC must necessarily be taken into account in the workload, be standardized and paid for in accordance with labor costs.

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