

Legal regulations of pathology in Russia

Sergei V. Jargin

Received: 4 January 2008 / Accepted: 3 April 2008 / Published online: 1 May 2008
© Springer-Verlag 2008

Legislation pertaining to pathology in Russia has remained largely unchanged since the 1980s. Almost all regulations refer to the autopsy and documentation of death. The principle of obligatory autopsy for all patients dying in hospitals has remained unchanged. Permission from relatives (or from the deceased in his lifetime) is not required. On the contrary, if relatives wish to take the body without autopsy, they must apply in written form to the head physician (who, in Russia, is the chief executive officer of a hospital) and explain the reasons for the application. It should be commented that today, in many hospitals, almost all such applications (in the absence of contraindications listed below) are granted without pondering on reasons, and the percentage of postmortem investigations has decreased since the former Soviet era. However, recently, the autopsy percentage appears to be increasing again.

In the regulations by the Ministry of Health, the conditions are listed when an autopsy is mandatory for patients dying both in and out of a hospital: the unclear clinical diagnosis or cause of death; possible drug overdose or drug reaction; death in connection with medical treatment; a diagnostic procedure or blood transfusion; infectious diseases or suspicion thereof; a malignancy if not histologically verified; death in connection with an environmental accident; pregnancy and perinatal period. Additionally, in all cases when a forensic investigation is indicated, an autopsy has to be performed. Otherwise, postmortem examinations are not mandatory in outpatient cases.

The directives contain detailed regulations concerning filling out a death certificate and other documents. The

medical part of a death certificate is analogous to that in other countries and has to be filled out in accordance with the International Classification of Diseases. Relatives of a deceased have a formal right to invite a specialist to participate in the autopsy or to request an independent expert examination.

The issue of giving out of documents to the patients (or relatives) is specified positively only for records on clinical tests including biopsy or surgical material. Postmortem diagnoses and autopsy protocols are not mentioned in the laws and regulations, which means that the decision to give out copies of these documents (in addition to the death certificate) or not remains with the hospital administration. Normally, these documents are not given out.

A voluminous official edition entitled “Voluntary certification system for pathomorphological examinations and patho-anatomic services in health care” appeared in 2007. Certification is defined as official confirmation of compliance of a service with standards. Certification in medicine is performed “along with accreditation and licensing”. A governmental certifying body is planned to be established for this purpose.

The volume contains a collection of rules and regulations, some of which are barely relevant to the practice of pathology. A classification of “services” according to their complexity is presented, compiled for accountancy with medical insurance companies (or private payers). Extensive recommendations are given referring to formulation of postmortem diagnoses and filing out of death certificates. Recommendations and listings of equipment for biopsy laboratories are quite outdated: Automatic devices and modern methods are referred to briefly or not mentioned at all.

Extensive recommendations, dedicated to safety measures and waste disposal, are quite irrelevant for the practice of pathology: electrotechnical safety, mercury fumes,

S. V. Jargin (✉)
Clementovski per 6-82,
115184 Moscow, Russia
e-mail: sjargin2000@yahoo.com

chlorine, etc. Formalin, xylene and other solutions (chloroform and ether are still broadly in use for celloidin embedding) are not commented on, neither their maximum permissible concentrations in the air nor safety and accident prevention measures. Moreover, it is written that formalin and xylene should be poured out into the sewerage, which is in fact the common practice. The rights of the employees to be informed about occupational hazards are not mentioned.

In connection with certifying and licensing of specialists, it should be commented that postgraduate training for medical specialists remains rather limited in Russia. The usual way to the status of a medical specialist is a 2-year “ordinatura,” in pathology usually without preceding internship. Less widespread is a 3-year “aspirantura,” which

includes scientific research to obtain the grade Candidate of Medical Sciences. Specialist certificates have been introduced about 10 years ago. Before that, one could become a specialist after a “target” internship (1 year) or a course of primary specialization lasting 6 months or less. Physicians with this kind of postgraduate training have later obtained specialist certificates. Many of them are experienced and efficient specialists, although lacking an all-round systematic training. Trainees in the 2-year “ordinatura” are also not prepared systematically: They are not overloaded with work and there is no rotation system so that many domains remain outside their field of practice. At the same time, specialist certificates obtained in the west according to high educational standards and after passing of a comprehensive professional examination are not acknowledged.