

Some aspects of medical insurance in Russia

To the Editor: All Russian citizens, including pensioners and the unemployed, have a right to free medical insurance. The decision which diagnostic and therapeutic measures to cover is made by an insurer on the basis of the Medico-Economic Standards issued by the Ministry of Health, which specifies a list of measures to be taken in certain diseases and pathological conditions. In many cases the measures listed in the Standards do not suffice, and the patient is liable for additional payment.

Sometimes medical institutions meet the needs of indigent people and perform some procedures free of charge or for a reduced price. Such an individual approach can have negative consequences, however, as sometimes a patient who should be entitled to free treatment is manipulated towards payment of a bribe.

For some people free medical insurance is provided by their employer, who has a special contract with the insurer. This group also includes pensioners who had worked at certain institutions or factories. Medical insurance obtained through an employer is often better than the standard cover. A smaller but growing group of Russians are privately insured and make payments to the insurer themselves. The mechanism of private medical insurance has not been finalised so far, however, and a patient can face an unexpected payment refusal.

A special group comprises so-called VIPs, influential persons from administration or affiliated structures. By order of the hospital administration, diagnostic procedures and treatment are performed for them preferentially and free of charge. Managers of enterprises sponsoring the hospital often have similar status. The proportion of VIP patients appears to be decreasing, at least in central Moscow hospitals and clinics.

What is necessary for improvement of the health care system in Russia? The most important goal in the first phase must be extermination of bribery and gifts from patients as well as from pharmaceutical and other firms.

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