

## Estonian Physician Calls for Colleagues to Embrace Preventive Care

*By Julia Ross*

"A Frightening Look at the Health of the Population of Estonia" is the working title that Thea Tamra, MD, head of the Estonian Cancer Registry, chose for a research paper she completed earlier this year while studying at George Washington University in Washington, DC. Why frightening? Many health indicators have plummeted in Estonia since the nation declared its independence in 1991, and Tamra feels it's time to sound the alarm for preventive medicine in her homeland before the trends of the last five years reach crisis proportions.

Tamra lived in Washington for two months this spring, taking courses in environmental medicine and epidemiology as part of AIHA's Tallinn-Washington partnership. After practicing as an internist for five years, she became director of the Estonian Cancer Registry in 1993, and has modeled the cancer data collection system on methods used by neighboring Western European countries, notably Finland and Denmark. The registry collects incidence, survival and mortality rates.

Although cancer statistics have revealed no major changes since 1991, according to Tamra, survival rates still are significantly lower than those in Western European countries. The 1995 EURO CARE Survival Study, for example, found that the relative survival rate for Estonian breast cancer cases diagnosed from 1978-1985 was 23 percent lower than that in Finland. (Breast cancer has the highest cancer incidence for females in Estonia, while lung cancer has the highest incidence for men.)

Now that she feels cancer is "a well-measured disease" through the registry in Estonia, Tamra is turning her attention to other health patterns within the Estonian population, hoping to persuade the medical community that sound epidemiological studies and preventive health care can effectively combat unhealthy behaviors and environmental risks.

Several Estonian health indicators have shown dire shifts recently: There was a 45 percent decline in the birth rate between 1988 and 1995, life expectancy at birth dropped almost three years between 1990 and 1994, and the population's mortality rate jumped 19 percent during the same period. The incidence of syphilis, gonorrhea and tuberculosis has skyrocketed, and deaths from suicide and homicide increased 93 percent. Based on these trends, the Estonian population is projected to decline by 300,000 in the next 25 years--a significant change in a nation of 1.5 million.

Environmental hazards also are a health concern and do not appear to be improving. In Tallinn, where one-third of Estonians live, 14 tons of hazardous air pollutants were emitted into the air in 1994, while in Tartu, the country's second largest city, only 10 percent of waste water had been purified at that time.

Tamra points to the social and economic strain of the post-Soviet transition period as the root of these worrisome patterns, citing rising unemployment, poor nutrition resulting from inflationary food prices, and increasing rates of smoking and alcohol abuse as factors contributing to "self-destructive behavior." But her immediate goal is to change Estonian physicians' way of thinking toward preventing, not simply curing, disease.

"In the Soviet Union, the system was absolutely not responsible for preventive medicine or for epidemiological changes ... It is an interesting point that the Soviet Union's capability in technology was maybe comparable to Western countries, but unfortunately this did not reflect its capability in medical care. [The system] was not sensitive to the reorientation of care to preventive medicine and health promotion," she said.

Obtaining epidemiological data and translating it into practical information is a particular sticking point for many doctors in formerly Soviet nations, Tamra added. During a recent conversation with an Estonian gynecologist, for example, she tried to convince her colleague that he should consider the relatively high survival rates of ovarian cancer in determining his choice of treatment for a patient. But he responded that he "wasn't interested" in statistics.

"In the Soviet Union, statistics were top secret, so our physicians are not used to assessing the outcomes by mortality ... This is a way of thinking--all this poor education and cut-off from Western literature--all this is reflected now in the way of thinking of physicians. In some areas it seems to me that we are 20 or 30 years behind the United States."

While health prevention and education efforts are not yet being implemented on a national scale, Tamra said she is encouraged that some Estonian health reforms are beginning to take shape: family medicine as a specialty was introduced in 1993, and by the end of 1994, there were 54 family physicians practicing in Estonia.

In order to change the physician mind-set toward preventive care, Tamra advocates improvements such as conducting research with the other Baltic countries, where environmental factors and behavioral patterns are similar, and obtaining better access to Western medical literature. In fact, the opportunity to use MEDLINE, the on-line medical research service, was one of the things that attracted Tamra to the exchange opportunity at GWU. In Estonia, she occasionally orders copies of Western journal articles through the national library at \$27 each--a luxury for a doctor surviving on a monthly salary of \$250.

Tamra's visit to the US, which was her second in seven years, strengthened her resolve to spread the word that treating disease is only part of building a healthy nation, a principle driving AIHA's healthy communities partnerships (see Spring 1996 *CommonHealth*).

"I guess mostly I have changed my way of thinking by just understanding that the physical environment determines the health of a population," she said. "It's very clear that health is physical, psychological and social well-being. It's not only disease. And the aim of medical care should be to improve the quality of life."