Chka!: A Portrait of Armenian Healthcare

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ABSTRACT

Armenia is an often overlooked country with a colourful history and an unusual healthcare system from the perspective of a Canadian medical student. This report gives a portrait of Armenian healthcare practices and some cultural context in which to understand these practices. The information was obtained on my month long elective in Yerevan, Armenia.

On the first day of my elective in Armenia’s capital, Yerevan, I knock energetically on the door of the Department of Reanimation, otherwise known as the intensive care unit. A nurse opens the door and looks at me in confusion as I declare that I am a medical student from Canada who is here for an elective. Despite my thorough explanation, she continues to look perplexed and somewhat suspicious until she recognizes the name of my preceptor. I deduce that she speaks no English and feel vaguely alarmed as she leads me through the hospital. We arrive at a cramped staff room where seven doctors are clustered around a non-functional air conditioning unit. One doctor has lit up a cigarette and is calmly smoking by the window. All of them are now looking at me with as much confusion as the nurse. I have an uneasy feeling that their English is not much better than hers. “This is what I signed up for;” I remind myself and, with an adventurous spirit, begin my elective.

The dominant languages in Armenia are Armenian and Russian, as Armenia was once a member of the Soviet Union. Russian machines and medications found throughout the hospital are reminders of a past era. The hospital itself is more than half a century old, with air conditioners that never seem to function well enough to cool a room. Patients in the intensive care unit sweat their way to recovery or demise in the 40 plus degree weather of the Yerevani summer.

Although Armenia is a lower-middle-income country and the basics of healthcare are in place, great care is taken to reduce waste. Equipment is rationed and scrubs, masks, and caps are reused routinely. Creative nurses save money by filling old Nutella jars with Vaseline that they then use for catheter and nasogastric tube insertion. Despite these measures, they frequently run out of supplies. When this happens, a nurse will exclaim “Chka!” and I know that something is missing. “Chka” means “we don’t have it” in Armenian. During a particularly unlucky central venous line procedure, we had chka for the right size sterile gloves, chka for alcohol, and chka for sterile dressings. I could see the doctor getting frustrated as he tried his best to complete the procedure.

Armenians have an unusual healthcare system, in which certain diagnoses require payment and others do not. Unfortunately, I have not figured out which diagnoses fall into which category. To make matters even stranger, patients are not allowed to refuse care. And doctors must, by law, perform every life-sustaining treatment, even in futile cases and cases of terminal illnesses. As a Canadian medical student, this was the largest source of shock to me. The ethics of needlessly intubating or performing cardiopulmonary resuscitation on a dying patient, regardless of their wishes, made me uneasy at times. One Armenian doctor admitted that they too are uncomfortable, and occasionally break the law to let patients die peacefully. Sadly, they have to falsify the record in the chart so as not to be legally liable. I struggled to understand how and why these patriarchal practices continue to flourish. By immersing myself into the Armenian culture, I caught a glimpse of an answer.

People I met proudly told me that the Armenian culture is an ancient one, over two millennia old. In this fact I feel lies the key to understanding the state of Armenian healthcare. The urgency to change and adapt that one might find in the Western world is replaced by a calm acceptance that things have worked thus far and will continue to do so. After all, Armenians have survived multiple disasters, most notably the 1915 genocide. They may talk vaguely about a healthcare system that is barely holding itself together.
together, but I detected no impetus for change. I came to realize that change is a luxury for the wealthy. Armenians will protest for the basics of life such as food, transportation, and electricity—the hot topic while I was there—but healthcare falls lower on the list. In all my conversations with Armenian doctors, the subject of new equipment was never mentioned, nor were plans to revise protocols. It seemed to me that they had adapted to their conditions and changing things was more of an abstract concept than a possible reality. Even though nosocomial infections are rampant throughout the hospital, according to the Head of the Reanimation Department, the best she could do to affect change was to chastise the doctors and nurses for not routinely washing their hands. This approach was largely ineffective, I noticed; the doctors reverted to their previous routine almost immediately. I must introduce a caveat: I only saw a snapshot of Armenian life. I suspect Armenian healthcare must evolve but perhaps it was too slow for me to detect in one month.

In this description, I have tried to create an impression for the reader of what it is like to be a doctor in Armenia in a different environment and with different equipment and attitudes. I do not mean to imply that the Armenian healthcare system is broken or inferior. In some strange way, it is impressive in its minimalist efficiency and is making me think critically about what is absolutely necessary for quality healthcare and what is fancy and expensive gadgetry. The idea that newer is always better dominates Western healthcare. Ironically, our system, like the Armenians’, is on a thin financial edge and is being pruned yearly. Instead of cutting salaries and healthcare personnel, we could take a cue from some Armenian practices and become frugal in other ways.