

Urology in Eastern Europe in the 1990s

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Introduction

'Eastern Europe' is very difficult to define exactly and is changing with the time, but over the last decades (1980–1990s) the definition comprised those countries to the east of the 'Iron Curtain'. These countries differ in all aspects, i.e. economic, socio-cultural and political. The intention of the present review was to create an informative but not overly analytical survey. A detailed questionnaire was devised based on other questionnaires used earlier by the Société Internationale d'Urologie (SIU), the European Board of Urology (EBU) and the European Society of Urology (ESU) [1,2]. The questionnaires were distributed to the representatives from 21 European countries constituting Eastern Europe in the 1980s, either by e-mail or ordinary mail, and in some cases personally. The questions were related to national urological society (nos 1–4), urological training and the process of certification in urology (5–12), the urological armamentarium available (21–35), urological practice (13–20; 36–40), urological research (41–42) and general problems (43,46,47). In most cases the questionnaires were sent to representatives of national urological societies. In some cases because no reply was received or for other reasons the questionnaires were re-addressed to unofficial urologists known personally (by, md, sl, yu). The survey is thus based on completed questionnaires received from 16 countries (and designated by the abbreviations used for the Internet system, i.e. Armenia (am), Belarussia (by), Bulgaria (bg), Czech Republic (cz), Estonia (ee), Georgia (ge), Hungary (hu), Latvia (lv), Lithuania (lt), Moldova (md), Poland (pl), Romania (ro), Russia (ru), Serbia (yu), Slovakia (sk), Slovenia (si) and Turkey (tr). Some information was obtained from other independent sources and other previously published surveys [1,2].

Urological Societies

Urologists in Eastern European countries are well organized within urological societies and national congresses, and symposia are held regularly; Hungary also has an endourological society. Periodic urological publications are available in bg (*Urology*), cz (*Ceská Urologie*), hu (*Magyar Urológia*), pl (*Urologia Polska*,

quarterly) and *Przegląd Urologiczny* (Urological Review, bimonthly), ro (*Romanian Journal of Urology*, quarterly), ru ('Урология' and 'Андрология и Генитальная Хирургия') yu (*Yugoslav Journal of Urology*, issued sporadically), sk (*Urologia*, every 6 months), tr (*Turkish Journal of Urology*, quarterly in Turkish). For national urological web-sites, the following are available:

- <http://users.freenet.am/~aau> (am)
- <http://www.cus.cz>, and [http://web.vol.cz/cus/\(cz\)](http://web.vol.cz/cus/(cz))
- <http://www.gua.org.ge> (ge)
- <http://www.urologs.lv> (lv)
- <http://www.pturol.org.pl> (pl)
- <http://www.sru@sru.ro> (ro)
- <http://www.uroturk.org> (tr)

Urological training

The duration of urological training varies from 2 (by and lt) to 7 (cz, si) years; in most countries it is 5 (ee, lv, ro, yu) or 6 (ge, hu, pl, si) years. In some countries it has remained the same, but in others (am, by, ge, hu, ro, si) it is longer than at the beginning of 1990s. A significant number of urologists from am, by, bg, ee, lv, md and ro have been trained abroad, usually in Western European countries (am, by, bg, ee, lv, ro), the USA (am, by, lv and ro), Russia (by, ge, md), Israel (ee) and Japan (bg). Many more urologists were able to visit urological departments abroad as observers and clinical fellows, mostly in departments in Western Europe and the USA, with numbers tending to increase in most countries (the only exception being Serbia, for political reasons). A significant number of foreign urologists were trained in ru (Arabic Countries, Africa, Eastern Europe and former Soviet Union Countries, Asia), an in pl and ro (mostly from Arabic Countries and Moldavia).

Research activity

For most countries research activity was assessed as moderate, but in bg as high and in cz, ee, ru and yu as low, although it has increased during the last decade in most countries (except ee, ge, md, yu). There is a tendency for more doctoral thesis awards and PhDs in am, ro, ru, sk, si and even in yu, despite relatively low scientific activity.

The number of abstracts accepted for presentation for EAU Congresses remained stable during the decade and during these Congresses some papers from Eastern Europe were designated as the best oral, poster or video presentation (from sk, tr, yu). However, the number of session moderators from Eastern Europe decreased. There are very few urologists listed as lecturers at various sessions of the XVIth Congress in Geneva, and within the ESU faculty there are numerous lecturers (cz, sk, ru, tr), although in this respect there is progress in favour of Eastern Europe compared with previous years.

Urological books

Urological textbooks and manuals in native languages are available in most countries except am, by, lv, md and sl. The books in native languages for teaching urology at advanced medical schools are available in bg, cz, ee, ge, hu, lt, pl, ro, ru, yu, sk and tr. Usually they are written by national urologists (in ee also available translated from Finnish) and they meet the standards of modern urology well (bg, cz, pl, ro, ru, sk, tr), moderately (ee, hu, yu) or not (ge). Comprehensive textbooks in urology for a higher level than medical students and written by national urologists are available only in bg, cz, hu, pl, ru, yu, sk, tr, and meet the standards of modern urology well in bg, cz, ru, sk and moderately in hu, pl, yu and tr; in the last country translated editions are also available.

Certification and continuing medical education

The passing of a final examination is required in all countries except by. The format of the examinations is oral (in hu, md, sk, si), oral plus surgery in cz, combined oral/written for most countries (am, bg, ee, lv, lt, yu) and in pl and tr also includes surgery. The EBU examination has been adopted as a national examination system in pl since 1998. The governmental institutions control the process of certification in most countries. The board of urology is the only responsible body in yu; it shares responsibility with the Ministry of Health in am and with the National Medical Association in lv. In ee three organizations (Ministry of Health, the National Society of Urologists and the National Surgical Society) are entitled co-operatively to certify physicians as urologists. The system of recording and monitoring the process of CME is used in cz, pl, ro and tr.

Restrictions on practising urology

The formal certification of urologists is required for practising urology in most countries except bg, ge, md. The retirement age for hospital-based urologists is 65 years for women and 70 for men in am, 62 and

65 in ro and sl, 60 and 62 in hu, 57 and 63 in cz, and 65 for both in pl, yu and tr. The age limit for retirement from office practice is the same (cz, hu, pl, yu) or higher (am) and there is no age restriction for office practice in ro, si, tr. In by, bg, ge, ee, lv, lt, md, ru and sk there is no age limit for practising urology in the office or hospital. There are no women urologists in bg and tr, very few in most other countries and several in cz.

Diagnostic and interventional equipment

Essential urological equipment (disposables, cystoscopes, ultrasonography, etc.) is easily available in most countries except ge, lv, md, ru and yu, where only several specialized centres are well equipped. There is a tendency for improvement except in by, hu, md and si (no change) and ge, yu (worse). For essential urological paediatric equipment, in all countries there are several well-equipped specialized departments and the changes with time are the same as noted above.

Diagnostic contrast-medium X-ray (IVP, MCUG, etc.), radionuclide investigations (renography, bone scan, etc.) and CT/MRI are easily available in by, bg, cz, hu, pl, sk and si, but only at the specialized centres in am, ee, ge, lt, lv, md, ro, ru, yu and tr. TRUS and TRUS-guided biopsy are in routine use in bg, lv, pl and si, but in am, by, cz, ee, ge, hu, lt, md, ro, ru, yu, sk and tr only urologists from specialized urological centres can use it. Urodynamics, uroflowmetry and advanced studies (pressure/flow, cystometry, EMG, etc.) are easily available only in bg, pl (> 20 centres) and si, and at specialized referral centres in am, by, cz, ee, ge, hu, lt, ro, ru, yu, sk and tr (more widely for uroflowmetry in by, cz, hu, sk). There is no urodynamic equipment in md and no possibility for advanced urodynamic testing in lt (only uroflowmetry).

Tumour marker testing is available in all countries: at specialized centres in by, hu, lt, md, ru, yu, ge (testis tumour), lv (testis tumour), ro (PSA), and easily in am, bg, cz, ee, pl, sk, tr, ge (PSA), lv (PSA), ro (testis tumour).

The extent of availability of urological equipment for the treatment of BPH, nephrolithiasis and oncological diseases are: TUR is in wide use in most countries but in ge, md, ro, ru, yu and tr it is available only in specialized urological centres. The same is probably true for ESWL, being easily available only in am, bg, hu, lv, lt, sk, si and tr. Other less invasive treatment modalities for lithiasis (percutaneous litholapaxy, PCL, and ureterorenoscopy, URS) are easily available only in hu, lv, sk, by (PCL), pl (URS). No such equipment is available in md.

EBRT is easily available in by, bg, lt, pl, sk, si and available at specialized centres in other countries. Brachytherapy for urological malignancies is used only in by, pl, ro and tr. Laparoscopy is widely used only in cz and there is no urological laparoscopy in ee, ge, md, yu.

Minimally invasive treatment modalities for BPH are also less popular, only occasionally or not at all in ge, md, ro, ru and sk.

Urological practice and surgery

There is less uniformity in the management of 'marginal' urological conditions like paediatrics, oncology, renal transplantation, sexual dysfunction and infertility in men. Paediatric urological patients are managed exclusively by paediatric urologists in am, bg, md and si; by general urologists or paediatric urologists in by, lv, lt, sk; by general urologists or paediatric surgeons in pl, ru, yu, tr; by paediatric urologists or paediatric surgeons in ee, and by general urologists (either paediatric or paediatric surgeons) in cz, ge, hu and ro. Patients with urological malignancies are managed by urologists exclusively in bg, cz, ee, hu, lv, ro, sk, si and tr; by urologists or oncologists (onco-urologists) in am, by, ge, lt, pl (three uro-oncological centres only) and ru; oncologists only in md and urologists (either oncologists or surgeons) in yu. Renal transplantation is carried out by urologists only in am, bg, ee, ro and sl; by transplantation surgeons in by, lv, md, pl and ru; by general surgeons in hu; by urologists or transplantation surgeons in cz, ge, lt and yu; by urologists and general surgeons in sk; and by urologists – either general surgeons or transplant surgeons – in tr.

Infertile men in most countries are managed by urologists (am, bg, hu, lv, ru, yu and tr). There is a urological subspecialty (andrology) in ee and sexology in md. 'Reproductologists' and gynaecologists are involved in the treatment of infertility in by, cz, ge, pl, ro, sk, si and endocrinologists in lt. For erectile dysfunction only urologists manage such patients in bg, lv, ru and si; urologists or sexologists in am, cz, hu, lt, pl and yu; sexologists exclusively in md; urologists, sexologists and angiologists in by and ge; and urologists, sexologists and psychiatrists in ee, ro, sk.

The number of major surgical procedures performed per year varies among the countries. Fewer than 50 radical prostatectomies per year are undertaken in am, by, bg, ge, lv, lt, md, ro and yu (mean 13.75 per country per year), 50–100 in ee, sk and si (mean 61) and >100 in cz, hu, pl, ru and tr (mean 242.5). There is tendency towards more radical prostatectomies in all countries. The leaders in radical cystectomy (>80 cases per year) are am, by, cz, ee, hu, pl, ru, sk and tr (mean 228 per country per year, as in pl there are 830), although there are fewer than 100 continent urinary reconstruction procedures per year (mean 39 per country per year). Again the surgical activity has tended to increase. The number of renal transplants is 5–50 in am, ee, ge, lv, lt, yu and >50 in bg, cz, hu, pl, ro, sk, sl and tr.

Financing systems

The only funding in md is the patients, who pay from their own sources; a public social insurance system is the principle source for financing urological services in cz, ee, hu, lv, lt, sk and si. In ge and yu it is supplemented personally by patients. Expenses for urological care are paid by government institutions exclusively in by and am, and in ru it is again supplemented by patients, although sometimes private charity meets the expenses (am). Government and the social system pay the costs in bg and ro (sometimes with contributions by the patient). All sources of financing, including private insurance companies, are in use in pl and tr.

Problems

Most problems are attributable to financing, manpower and organization of urological care and urological training. For most countries the major problem is the lack of funds for essential (am, by, bg, ee, ge, hu, lt, md, pl, ro, ru, yu, tr) and advanced equipment (am, by, bg, cz, ee, ge, lv, lt, md, pl, ro, ru, yu, sk, tr) and some even experience problems with primary care facilities (bg, ge, hu, md, ro, ru, tr).

Urological training is appreciated as poorly organized/controlled in am, bg, md, yu and tr, because of lack of training facilities (am, bg, ee, ge, hu, md, ru, yu, tr) and printed educational materials (am, bg, ge, md, yu).

Over-regulation, administrative burden and poor organization are problems for urological services in bg, lv, md, pl, ru, tr. There are too many urologists (am, bg, ee, ge, hu, pl, tr) and competing urology services (am, bg, ee, ge, pl, tr) within large and capital cities, in contrast to there being no urologists in rural areas (am, bg, ge, mg, pl, tr). Too few urologists is a problem only for md, ro and si.

Financial problems are reflected in low salaries (ge, ee) and poor working conditions (ge, md). The economic situation in a country affects urology in cz and ru, and the an inappropriate financial system also compromises the services in ge and hu. For some countries political instability remains a problem (bg, ge, md, ru, yu, tr).

Positive changes

There have been many positive changes in Eastern Europe during the last decade, a major advance being better international relations and its benefits, especially with EU countries and the USA (am, bg, cz, ge, lv, lt, ru, tr). The role of urological associations has been increased, as has their activity in many aspects (am, ge, tr). Access to international information is easier through the Internet and via widely distributed periodicals (ge, lt, lv).

Despite problems with funding, urological departments are better equipped (cz, ee, hu, lv, lt), and modern diagnostic and treatment procedures have been introduced (cz, ge, hu, pl, sk, tr). There are some programmes (EAU, EBU, ESU, SIU, etc.) dedicated exclusively to Eastern European urology (e.g. scholarships for exchange programmes, teaching seminars and symposiums).

In conclusion, the last decade of the last millennium was successful for Eastern European urology. Close contact has been established with the more developed urological world although relationships with close neighbours sometimes deteriorated; Eastern Europeans interact more frequently at the EAU or AUA and other international congresses, but not at home. Most of the recent achievements of western urology have been introduced (e.g. oncological and reconstructive surgery, urological technologies, pharmacotherapy). As a result, the professional level of urologists has matured and despite financial and organisational problems, the quality of urological patient care has improved. The effect of the political and economic state is important and differences remain among these countries.

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