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## Cocreating in the Wonderland *Communication and Patient-Oriented Healthcare in Russia*

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*Alice thought she had never seen such a curious croquet ground in her life; it was all ridges and furrows; the balls were live hedgehogs, the mallets live flamingoes, and the soldiers had to double themselves up and to stand on their hands and feet, to make the arches.*

(Lewis Carroll, *Alice's Adventures in Wonderland*)

In the era of post-truth and healthcare 2.0, when lay experts have equal credibility as medical professionals and when the internet challenges the techniques of seeking and gaining health information, healthcare systems are in need of change. The key to the path of systemic change lies in un-knowing not only the ways health issues have been communicated, but also the very process of the production of meanings of health. In Russia, neglecting the critical assessment of communication strategies in healthcare (or, as the direct translation suggests, *health protection*) might well result in the field looking like the famous croquet game in *Alice's Adventures in Wonderland*. Reconciling the strategies of each “hedgehog” and each “flamingo” through a careful consideration of constantly fluctuating goals might be a much-needed shift to cocreation in Russian health communication.

In this chapter we discuss the messy meaning-making strategies (and their interactions) which characterize Russian health communication today. We open our discussion by situating the game field that produces the meaning of health in contemporary Russia. In this opening, we introduce the key health communicators (pharmaceuticals, governmental or regulatory actors, the institutional medical sector, health professionals, and patient nongovernmental organizations [NGOs] and communities) and how they share the field. We then introduce the Russian national strategy of patient-oriented health protection and the contradictory meanings that each sector of communicators attaches to it. We elaborate on the mismatch in communication of patient-oriented health protection, discussing the successes and failures of health communication practices in different sectors. We analyze how the government, activists, institutions, business, and medical professionals communicate their meanings, the place of other communicators in campaign planning and execution, and how flexible and interactive the practices of each communicator sector are. We conclude with propositions on how the road toward patient-oriented health protection can be built in Russia.

## “A Very Difficult Game Indeed”: Situating the Communication Game Field

After being established as a new country in the 1990s, the Russian Federation went through a number of systemic reforms. These reforms have been applied to different parts of civil society, including the healthcare sector, where there was a shift from the strategies of the Soviet Semashko public healthcare model toward mixed insurance-based healthcare provision. The problem was how to reconcile this new healthcare provision model with the constitutional right to free healthcare and with the established sociocultural image of medical professionals as public servants. The shift toward insurance-based healthcare provision has been implemented top-down, along with the other shock economic policies. It was not properly prepared or explained. The officials were blindly following neoliberal models taken from Western developed countries. Finally, the entire process was implemented with scarce material resources and an economic crisis affecting virtually every sphere of life for Russian citizens. All in all, the health reforms that accompanied the formation and maturation of a new country have not been integrated well into the public meaning of good care and health protection. The governmental failure to communicate reforms and to involve the public in the integration of new healthcare models into everyday realities (ideally, however, the entire process of reforming would include the public) still affects how different actors act and react within the field of *health protection*. This process manifests as dangerous self-treatment, distrust in the quality of care, medical staff that juggle public and private clinical work, and patient NGOs that start serving as mediators between patients, the government, and the business sector. And although the state is now reaching out to the patient community to cocreate the new strategies and tactics in healthcare communication, the field is still too fragmented and immersed in the shadows of past reforms.

Russian film director Andrei Khlebnikov, in his film *Arrhythmia*, has captured how the tragic legacy of chaotic structural changes is playing out on intrapersonal, interpersonal, organizational, and societal levels. In *Arrhythmia*, doctors and paramedics are underpaid and question their values and commitments in light of the absence of a proper reward for their work. Hospitals are underequipped and have little knowledge capacity to properly implement the models imposed on them by governmental officials. Managerial decisions are detached from the ambiguity of on-the-ground medical work and, finally, the idea of “healthcare modernization” appears as a ground-shaking force in this precious system. The major systemic conflict, which results in personal tragedies for the people who do the work, in Khlebnikov’s reading is the conflict in the meaning of *health protection*. Health professionals act in the interest of ensuring the fastest improvement for a given patient; nonmedical health management – in the interest of maintaining a manageable healthcare system amid the sociopolitical chaos. Or, shall we say, the major conflict is strategic communication (SC) responsibilities articulated by no party in this story. Khlebnikov’s depiction is quite representative of the state of health communication in Russia today. The “croquet ground” might be “curious” yet the game is still being played. The sections that follow will expand on how exactly the game is being played and what looks to be working or not for the participants.

Finally, as an important caveat in situating the Russian healthcare game field we want to emphasize that there are considerable income and cultural gaps among the different regions in Russia. The high heterogeneity of the field limits the generalizations that we propose in this chapter. The practices and processes of health protection and health communication differ immensely in each region. While Moscow hospitals may provide their patients with state-of-the-art diagnostic machinery for free with state insurance, some small Siberian towns may have a shortage of syringes and may solicit bribes to ensure that anesthesia works. Therefore, all systemic processes in Russian healthcare must be regarded through the lens of the high variability of their translations on the ground.

## Players on the “Croquet Ground”

The “croquet ground” of Russian healthcare described above is being created and recreated by different players, their practices, and often conflicting commitments and strategies. We call these actors *communicators*. The meanings of health protection that each communicator includes within their practices are often contradictory. Institutional budget optimization tactics, for example, are not compatible with the medical staff’s commitment to attend to the patient’s needs. Nevertheless, they coexist within the same game field and, hence, their tactics are blended with the tactics of the other communicators. In this respect, the actions of each communicator (neoliberal reforms, patient-oriented care, public accountability, opening of new markets) are cocreated with the meanings that other communicators introduce into the field. And in some cases, as in the case of patient organizations or in some cases clinical trials, the strategies themselves are co-created because otherwise it would be impossible to act.

Zvonareva et al. (2017) present an example of such cocreation in their study of patients’ enrollment in clinical trials. In transition times, the common strategy of medical institutions in precarious situations has been to take matters into their own hands. What that has meant in most cases is looking for windows of opportunity within the strategies of other communicators. Medical institutions were “pleading to officials for support, requesting aid and assistance grants from the international community, participating in international research projects and, finally, joining commercial clinical trials [...] Russia quickly earned a reputation as a location where eligible and often treatment-naïve patients could be easily identified and quickly enrolled due to a highly centralized healthcare system” (p. 7).

Using the momentum provided by such a reputation, medical institutions joined clinical trials in the pursuit of their own interests (which included improving the material base, better communication with patients). Although collaborative work between the medical professionals and the pharmaceutical industry is often perceived negatively, in this case medical professionals were able to use recruitment for clinical trials for the provision of care, communication and follow up, going beyond the top-down imposed neoliberal treatment protocol. Patients also used participation in the trials to their benefit. According to Zvonareva et al. (2017), the patients who participated in trials have gained by learning new techniques to measure their pulse, having a regular medication regime, establishing close relationships with care providers, and gaining a sense of belonging to the research team. “One common strategy Russian CVD patients reportedly use is to try to be admitted to a hospital as often as possible in order to gain access to physicians and receive their attention,” which was problematic (Zvonareva et al., 2017, p. 16).

In a similar manner, the Russian Union of Patients, a public organization uniting independent patient organizations and communities, emerged in 2010 as a strategic grassroots union advocating patients’ interests. The strategy of uniting different patient organizations developed in anticipation of the election year of 2008. At this time, the ruling party was building its arguments around the issues successfully resolved in the first presidential term, and health was one of them. The leaders of the most prominent patient organizations gained momentum and started to form relationships with those in power by exchanging favorable constituencies for providing Russian chronic patients with the governmental coverage of treatment and civil rights protection. In a similar manner as building on governmental strategies, patient organizations sought support from the pharmaceutical companies, brought together experts from the professional medical ethics committee, and formed public advisories to the Ministry of Healthcare. Thus, the Russian Union of Patients became a junction for the different strategies and the key communicator of the new “patient-oriented model of health protection.”<sup>1</sup>

The idea of a patient-oriented model of health protection has gradually appeared as the economic conditions in the country stabilized and as health information became more available within and beyond national borders. The national healthcare strategy, the mass media,

and the marketing slogans all across the country showcase that the key communicators (from the government to the patient organizations) have come to an agreement that orientation toward the patient must be the basis for communication in the field. However, the meaning of patient-centeredness is still under construction. For some communicators it is patient = client; for some, patient = partner; for others the patient is a consumer, subordinate, etc. The following section will elaborate on how different communicators construct the meaning of patient-centered healthcare, and how these meanings relate to each other and to the communicators' strategies.

## Practices that Work, Practices That Fail: Cocreating Patient-Oriented Health Protection

According to a survey conducted by the Russian Public Opinion Research Center in October 2017, 52% of Russians were dissatisfied with the quality of healthcare, 37% were satisfied, and only 9% of responders could characterize the state of the Russian healthcare system as being of high quality (Ehffektivnost Rossijskogo Zdravoohraneniya i Sistema OMS [Efficiency of the Russian healthcare and government-funded insurance policy], 2017). The decision-makers started to realize that in order to satisfy the needs and meet the requirements of Russian citizens, the entire healthcare system needs to be reorganized. Satisfying healthcare needs meant not only an improvement in the quality of life in the country, but also securing a loyal constituency. Such a reorganization strategy has been given the name of the *national strategy of patient-oriented health protection*. The Russian healthcare “croquet ground,” however, does not have an agreement on how this reorganization should proceed: each sector – medical professionals, government decision-makers, patient groups, and pharmaceuticals – is struggling with incorporating the ambiguous national strategy into their daily practices. Importantly, the discussion of what patient-oriented health protection means in practice for different actors started to happen only after the strategy had been declared at the official round tables, in strategic documents, and in the mass media. So now each sector unavoidably negotiates their established and new practices with the other sectors, building on the strategies and practices of different communicators. Therefore, rather than talking about the national strategy of patient-oriented health protection, we offer a notion of the patchwork of meanings of patient-oriented health protection which forms the health communication field.

## Government Communication Practices

As the Russian healthcare system is highly regulated by the government (e.g. as regards advertising, doctors' choice of national generics over international originals, and the closed information policy), communicating legislative decisions plays an important role in making patient-oriented care a reality. One can hardly speak seriously of strategic actions until:

patient-centered care can be elevated above a philosophical and historic point of debate by legislation that regulates healthcare and consumer rights, and that makes non-compliance with said legislation punishable by law. This is the only way to bring patient-based care to the forefront of the Russian healthcare system; to make it an official and integral part of the government-provided healthcare plan; and to ensure the advancement and promotion of patient-based care throughout the Russian community. (Pavlovskiykh & Shardin, 2015)

Ironically, the announced governmental strategy of patient-oriented health protection coexists with a health optimization plan, where one of the requirements is for the medical professionals to spend no more than 15 minutes with one patient. These 15 minutes include not only dealing with the patient's needs, but also filling out the documentation, which is still being done manually by the health professionals.

Another major bump on the road to being patient-oriented is the strong ideological component embedded in government health communication. In governmental rhetoric, health-care is not only a constitutionally protected sphere of life, but also the basis for ideology-building and reinforcement. For instance, techniques which allow Russian patient organizations to advocate the coverage of expensive treatments for rare diseases, or the improvement of life for disabled people, often come down to persuading decision-makers to have a loyal constituency among chronic patients or to keep public discontent from manifesting on the streets. However, government officials resist the cocreational view, introducing public health campaigns in a top-down manner without perceiving communication campaigns as having a direct effect on the realization of government plans. The reasons for this resistance are both the historical image of the government as the protector of health and the most credible expert, and the lack of informational transparency or clarity (and, therefore, critical assessment) of how health-related macro decisions are made. For example, the government-run online campaign which claims that donating blood is beneficial for the donor prompts many Russians to eagerly donate, which they do often without questioning whether alternative sources of information support this claim (Hrebtovskaya, 2017).

The Constitution of the USSR stated that the health of its citizens was one of the country's most precious resources. In the practices of health protection in the USSR, great emphasis was placed on protection. Many Russians to this day are eager to leave health-related systemic decisions to governmental protectors. Historically, Russians have been proud that the state is responsible for the health of its citizens. This responsibility is manifest, for example, in a requirement for all working people to undergo obligatory health checks each year (this practice is still present among most state employers, although more as a ritual of meaningless paper signing). It also includes provision of free care, the introduction of disease prevention education in the workplace, and support for disability communities.

Now, however, the long-established ideal that each person's healthcare is a government responsibility is being replaced by the sense of personal responsibility (without systematic communication interventions), creating discontent and poorly informed self-treatment among middle-aged and older Russian citizens. The authority of the Russian government in health-care regulation is nevertheless supported by the majority of Russian citizens, which is why the government has an almost sacred status when it comes to translating the morality of health-related professions and imposing standards of quality in healthcare. Therefore, in order to make patient-oriented health protection meaningful beyond the legislative papers and rhetorical tactics, government decision-makers have to carefully consider how citizens cocreate the meanings of health and health protection. It is also important to consider the conflict of meanings that different practices of "health protection" bring about. Careful consideration of whether the practices of different communicators coincide with the actual governmental strategy is the "moving soldier arch" on the field of Russian healthcare and a path toward SC.

## Activist Communication Practices

In the 1980s, Russian health protection experienced a shift in its protector posture from the responsible state to an abstract idea associated with no distinct actor. The reason for that was the fall of the USSR and the economic crisis which accompanied this fall. The state was left

with an elaborate infrastructure of public health institutions, staff were trained on the moral idea of care, and patients expected to receive care. Yet the state had no resources, either financial or intellectual, to manage this residue in the new realities.

This shift of posture prompted chronically ill patients and their relatives to unite and form patient communities. Yan Vlasov, the president of the Russian Multiple Sclerosis Society and the co-chair of the Russian Union of Patients, mentions that at that time both medical professionals and proactive chronic patients realized that the only protector in the constantly changing environment was the joint activist effort. This realization led to the formation of organizations of chronic patients' NGOs which consisted of patients, their relatives, and proactive doctors, and which advocated treatment provision and constitutional patient rights. As it is phrased on the Russian Union of Patients' website, the formation of patient organizations as a key communicator happened because in Russia "the salvation of the drowning is in the hands of the drowning."<sup>2</sup> With the increasing availability of information and community development via the internet, these patient organizations started to gain in membership and knowledge resources (outreach to immobile patients or patients in remote areas, reading medical journals, organizing webinars, etc.). Nevertheless, Russian sociologists indicate that patient organizations are one of the least researched areas of Russian society (Krashennikova, 2009; Masyuk, 2015; Shirokova, 2011). The reasons are claimed to be lack of unity or lack of a single patient movement, but these are not the only reasons.

Russian patient organizations are composed of chronic patients, their relatives, and sometimes doctors. They do not receive financial support from the state, other than through very scarce and highly competitive government grants. Due to recent government regulations, they are losing support from the pharmaceutical companies which previously provided them with resources (such as space or supplies for community events) and knowledge (training in internet use, financial matters, or legal literacy, etc.). They self-manage their online resources and self-organize rehabilitation and educational campaigns, such as patient schools. And they keep all this quiet. In other words, in order to stay vital and do the work, patient organizations use targeted, personalized communication tactics, tailored to each stakeholder. They provide officials with loyalty and absence of public escalation; they provide the mass media with speakers, expert opinions, and in-community research. For medical professionals they provide collaborating patients, and for institutions they offer constructive criticism and scandal mitigation. Finally, they provide pharmaceuticals with educated clients adhering to the treatment routine. With these practices, patient organizations cocreate their strategy with a multitude of other communicators, balancing the needs and resources and finding the middle ground that serves each party. Unlike it is perceived in the government enactment of patient-oriented health protection strategy, patient organizations do not reduce their agency to that determined by the government. They actively coconstruct the meanings of patient-oriented health protection and communicate their strategies based on their embodied experience and within the meaning windows that other communicators bring to the field.

Such an approach to SC has made patient organizations the leading actors in building patient-oriented health protection in Russia, and the communicators who showcase the best practice of cocreation in SC. Such cocreational SC has allowed patient organizations to introduce the idea of patient-centeredness into the agendas of the other health sectors. As Yuri Zhulyov, the co-chair of the Russian Union of Patients, mentioned in his address to the participants of the All-Russian Congress of Patients in 2017, today patient organizations have become mediators between the government, business, and the patient community.

## Institutional Communication Practices

Patient advocacy organizations and patient communities, including the League for Healthcare Consumer Rights Protection and the Russian Union of Patients, have been and still are at the forefront of making patient-oriented health protection a national priority and a personal right in Russia. However, the meanings of health, care, and health protection that the patients and other concerned publics act on are often not considered by the institutions that provide care, creating a discrepancy between announced and perceived expertise.

Yuri Zhulyov, the co-founder of the Russian Union of Patients, mentioned at the All-Russian Patients' Congress that patient-oriented health protection provides patients with rights as well as responsibilities to be knowledgeable about their condition. The materials of the annual forum for healthcare providers – “Competition in Healthcare” – meanwhile claim that while plenty of clinics in Russia's capital city of Moscow have been practicing patient-oriented health protection for 5 years, the other Russian regions still do not have cases to build on (Konkurenciya sistem vzglyadov i podhodov [Competition of systems of opinions and approaches], 2018). The relation between these two meanings suggests that healthcare providers understand patient-oriented health protection as the patient = client framework, not taking seriously the patient = partner framework communicated by the patient organizations. It also suggests that care providers see the practice of patient-oriented care as a one-way street, leaving patients with no agency – despite the fact that patients already create their own meanings. The roadblocks to the institutional communication of patient-oriented health protection, therefore, are not only the regional income inequalities in the country, but also the policies and practices of the healthcare providers themselves.

The increasing presence of patient-oriented care rhetoric in the media and health authority documents has prompted the professional medical sector to re-evaluate their practices in a search to cocreate their communication with these meanings. Medical institutions translate the meaning of patient-oriented care as a complex and varied approach to healthcare, individually tailored to each patient. Russian medical experts believe that patient-centered care cannot function without evidence-based medicine, which incorporates the latest scientific studies and tests into the care practices, helping patients to make informed decisions about their treatments.

The annual Russian forum “Competition in Healthcare” is the communication channel for progressive clinics to share their best practices of operating under the paradigm of patient-centered care and evidence-based medicine. The Moscow-based private clinic “Rassvet” is considered to be one of the best examples of the development of the Russian healthcare system. Rassvet claims to provide evidence-based medical care to patients who may have been misled by corrupt competitors who misinterpret the meaning of evidence-based medicine for their own gain. Meanwhile, the cost for a standard first-time consultation with a specialist in Rassvet is 4,000 rubles (as a reference, the average monthly salary in a town near Moscow would be around 15,000 rubles).

The state-run healthcare organizations (which provide free care with state insurance), in contrast, see patient-oriented health protection as represented by the patient's responsibility to form their own opinion and choose their own healthcare plans and providers. Unfortunately, patients can sometimes be misinformed by doctors who promote their expertise on social media. They are called *insta-doctors* (physicians with an Instagram account) who claim that only a professional doctor (emphasis on “doctor”) should make medical decisions. One such *insta-doctor* convinced patients that advocates of evidence-based medicine were misleading them with fancy rhetoric and confusing medical facts. According to this doctor, doctors were simply trying to impress their patients, when really the patients do not need to be informed



about the details of their diagnosis and treatment if they have a competent doctor (Minisiyarov, 2018). Therefore, the lack of agreement on the meaning of patient-oriented health protection created dangerous marketing tactics, feeding on distrust in the healthcare system and the tendency of patients to search the internet for health information.

At the same time, not all patients are ready to accept an evidence-based approach to medical care, especially when no explanatory communication campaign is being implemented, either by the government or by the healthcare providers. Kovaleva (2018) cites one patient's opinion as not believing "in all this evidence-based mambo-jumbo." For the healthcare professionals this is the equivalent of saying that a person does not believe in the multiplication table. Thus, health institutions are faced with the challenge of planning and implementing their communication strategy, cocreating both with the national strategy of patient-oriented health protection and conflicting meaning of health, existing among their publics. These conflicting meanings result in dangerous self-treatments, income-based health discrimination (not every patient can afford *Rassvet* and not every clinic has the same communication budget as *Rassvet*), distrust, and other negative effects.

The private clinics see patient-oriented health protection as promotion of evidence-based medicine, which requires financial investment, while emphasizing that the government-run institutions leave patients with choices they are not informed enough to make. At the same time, there is a prejudice about the public-private healthcare dichotomy in the minds of the majority of older Russian citizens. The Soviet-era belief that government-funded healthcare is moral and good, while private medical practice is run by greed and deceit, is still resonating in the perceptions of Russian citizens. According to data from the Fund of Public Opinion, 52% of Russians believe that high-quality medical care is available for free (research from Fund of Public Opinion, 2019). Since the majority of Russians get medical services from government-funded clinics, their perception of the quality of medical care as stated above is based on their experience (Ruvinskiy, 2019). Larisa Rakitina, an expert doctor for one insurance company, noticed that patients of government-funded and private clinics are different. Patients of government-funded clinics are mostly low-income, pensioners, and state employees, whose mindset strongly resists the idea that medical care needs payment (Rakitina, 2014). This explains the prejudices that private medicine is corrupt or that government-funded medicine is moral. Nevertheless, private health institutions use such splits in meanings and prejudices to their advantage, to communicate the message that they provide higher-quality care and are more patient-oriented.

A survey conducted by the Russian Public Opinion Research Center in April 2017 showed that 40% of Russian citizens would prefer a combination of the two healthcare systems, where they would receive a private-class service through a government-funded insurance policy. The same survey indicated that 80% of consumers were satisfied with the quality of service they received in private clinics. The number of customers who were willing to pay extra to get better care kept increasing over the years (*Ehffektivnost Rossijskogo Zdravoohraneniya i Sistema OMS [Efficiency of the Russian healthcare and government-funded insurance policy]*, 2017). Therefore, private healthcare institutions have created strategic messages of a patient = client (educated client) paradigm alongside the existing and historically situated meanings of good care.

Some government-funded clinics are also building on the patient = client paradigm communicated by private clinics, creating the meaning of the best practices in patient-oriented health protection. One of these clinics is the S. S. Yudin Hospital. Its Dean of Medicine reports on the multitude of "puzzle pieces that make up patient-centered care" as follows:

Hospital administrative staff no longer have office hours, meaning that patients can approach any of the leading doctors or the Dean of Medicine at any time. The reception area is arranged in an open-space format, which contradicts the Soviet organization-centered approach, where the

patients were made to physically and symbolically bow down to the powerful, superior doctors. Recreational areas are equipped with comfortable chairs and water coolers. The hospital security personnel are dressed in nondescript uniforms, making them seem less intimidating. (cited in Plisenkova, 2017)

This report showcases consideration of the overall experience of visiting a clinic in creating the communication strategy. Therefore, the design and user-friendliness of the clinic's website, the customer service of the clinic's reception, etc. become tactical tools in communicating and practicing patient-oriented healthcare in a co-creational way.

## Business Communication Practices

During the Soviet era, the Russian pharmaceutical market was locally based, with a minor influx from the COMECON market (The Council for Mutual Economic Assistance). During market liberalization, Russia was flooded with foreign pharmaceutical goods. Private pharmaceutical companies, such as Protech, SIA, Biotech, and Genesis, made a massive push to get registered on the Russian market. The reasons varied: Russia had become a fruitful place for clinical trials (as already mentioned) and, at the same time, the demand for drugs was higher than ever due to the economic crisis and the crisis of in-house production. The trade laws, however, were still under-developed, causing plenty of fraud cases as well as a discrepancy between the market offers and the ability of the public hospitals (committed to free healthcare) to provide patients with expensive foreign drugs. Interestingly, this discrepancy gave a push to the emergence of public NGOs of chronic patients. According to the president of the Russian Multiple Sclerosis Society, it was when neurologists were prohibited by their institutions from prescribing expensive German treatments in the 1980s and 1990s (due to lack of resources) that the patients and their doctors started to mobilize and advocate for health.

Since then the volume of pharmaceutical products on offer has been maximized. By 2005, 76% of the pharmaceutical market was made up of generic products that were very different from the original trademark. The patient community has expressed concerns about compliance policies, clinical testing of generics, and the import substitution strategy imposed by the government on the pharmaceutical industry in the past few years. Also, due to the lack of transparency in the pharmaceutical market, differentiating between generic and original medications is still difficult, both for patients and their care providers, with the result that decision-making is left to marketing staff.

In the communication plan of the pharmaceutical companies, the patients are barely considered (unless they are chronic patients belonging to a patient organization). Under the current Russian law, prescription medication can only be advertised within the professional medical environment, such as at pharmaceutical conferences and in medical journals. Since prescription medication comprises over half of the whole market, advertising and marketing agencies tailor their campaigns mostly to healthcare providers, pharmacists, and expert patients. Non-prescription medications are less government-controlled, yet patients are still largely influenced by the doctors' and pharmacists' recommendations. Therefore, a patient-oriented approach in pharma communications has yet to be established: patients remain ill-informed and the validity of doctors' opinions is almost never questioned.

The danger of regarding patient-oriented health protection as a marketing trick can be demonstrated by the case of the Invitro diagnostic campaign. Invitro, one of Russia's leading medical companies that specializes in high-end diagnostics and various forms of treatment, used targeted marketing via text messaging, inviting their clients to get tested for sexually transmitted diseases. These messages used slogans such as "Nearly half of all men and a third of all women aged 16 to 40 have a sexually transmitted disease"; "Make sure your health isn't

threatened by one of these highly contagious viruses” (Reklama ne Dolzhna Ubezhdat Cheloveka v Nalichii Zabolevaniya [Advertising should not convince a person in the presence of a disease], 2018). With such a campaign, Invitro undercut the patients’ right to elicit meaning from their medical history, and the campaign was disrespectful to the public.

## Building Relationships with Patients

According to the ADV Group, 12% of the Russian advertising market is composed of pharmaceutical advertising, while 23% of TV advertising budgets are spent on pharmaceuticals. In fact, pharmaceutical companies spend more on TV marketing than any other industry (Milosh, 2018). In Russia, advertisers reach their audiences mostly through TV commercials, and the competition in the pharmaceutical market is quite high. The main advertising technique is to show a person in pain taking medication which leads to instant relief. Lately, pharmaceutical companies have started to try new, edgy advertising tactics, some of which are not compatible with the idea of patient orientation. A good example is an advertising campaign for the anti-inflammatory medication Tantum Verde Forte, which aired on federal TV channels from December 2016 until May 2017. The advert featured popular Russian rapper Timati, who performed a song about the healing effects of this medication. The goal was to have the rapper reach out to the audience “while speaking their language” (Druzhinin, 2016). One could suppose that the advertising agency attempted to build their campaign on the meanings that resonate with young people, who were previously ignored by the marketing campaigns. However, the advertisers did not consider that young people communicate via social media and do not watch TV. The mostly middle-aged and older TV audiences, meanwhile, expressed their disdain for this advertising campaign. According to Alla Bogdanova, the head of marketing at Angelini Pharma Russ, the goal of the advertising campaign was “to stand out among the sea of identical commercials, to inform the consumers on the benefits of this medication, and to make an impact on the new target audience” (Druzhinin, 2016). The advertising agency which produced these commercials used a so-called company-based approach: “The idea came from the client – they needed a strong, masculine figure to showcase their product as the most effective in soothing a sore throat.” Ekaterina Mikhno confirmed that this advertising campaign was not based on market research: “When we meet our potential clients – in this case a pharmaceutical company – we offer them a creative way of reaching their goals, and then we equip them with the necessary tools to do so” (Shirokova, 2012). Therefore, as SC is always based on the relationship between the organization and its public (as shown by research), this campaign cannot be an example of SC.

This example showcases how the failure to incorporate a “patient-oriented” campaign based on collecting strategic information and cocreation with the target audience results in the failure of both advertising agencies and the pharmaceutical “client.” Advertising agencies that count on their clients (pharmaceutical companies) for revenue seem not to contradict their clients’ wishes, even if a certain creative approach might hurt their clients’ brand. This communication ill-practice appears to be a disruptive force in the shaky process of creating a collective meaning of patient-oriented health protection.

## Building Relationships with Pharmacists

Due to the advertising regulations in Russia, pharmaceutical companies can hardly ever reach consumers directly. Meanwhile, the level of trust between pharmacists and consumers is a staggering 70–80%, which means that consumers trust pharmacies to make

decisions on choosing the appropriate medication. Face-to-face interactions between pharmacists and consumers, therefore, present an important communication channel for the pharmaceutical business. Petrova, Sokolova, and Kononova (2006) point out the moral dilemma in such a situation: while answering the question “What cough medication would you suggest?,” a pharmacist can either recommend a cheap medication (Bromgeksin or Mukaltin, for an average price of 30 rubles) or a more expensive alternative with the same active components (Lazolvan or ACC, for an average price of 300 rubles). Pharmacists base their advice on professional integrity and competency, the correlation between the price of the product and its quality, the corporate *modus operandi* (if there is a bonus from selling more), etc. When pharmacists are driven by empathy, politeness, excellent listening skills, proactiveness, and concern for the patient’s situation, they establish meaningful long-term relationships with their customers, changing the strategy “sell more” to the strategy “sell well.”

The promotion and distribution of pharmaceutical products from manufacturers to healthcare providers remain veiled in secrecy to Russian patients. For the most part, this process is mediated by the pharmaceutical representative, a medical care professional (usually a certified doctor or pharmacist) who informs healthcare providers about the latest medications and convinces them to recommend them to consumers. This job appeared in Russia with the arrival of foreign pharmaceutical companies in the Russian market. According to the fall 2017 research “The practicing physician’s review” conducted by Ipsos research company, 51% of doctors view pharmaceutical sales representatives as the main source of current information, while 48% of doctors rely on medical journals (Na Osnovanii Dannyh Sindikativnogo Isledovaniya “Prindex Monitoring Naznachenij LP Vrachami” [On the data based on longitudinal research “Prindex monitoring prescriptions of physicians”], 2017). Therefore, pharmaceutical sales representatives play a key role in transmitting accurate information, especially on prescription medications, to care providers and pharmacies.

The latest trend, however, shows that pharmacies are starting to break free from the influence of pharmaceutical representatives and their employers, “Big Pharma.” The pharmacists are instead encouraged to use trustworthy online resources and to be equally, if not more, informed on the medications as the sales representatives. Sensing that their grip on the market is slipping, “Big Pharma” is heavily invested in building relationships with pharmacists, mostly by means of research. Olga Chernichenko, the director of the department of research on the pharmaceutical market for GFK Russia, has elicited responses from pharmacists who described pharmaceutical brands as “villains,” “best friends,” “strangers,” “colleagues,” “old pals,” etc. in order to advance the companies’ relationships with the pharmacists. For instance, the pharmacists stated that for a brand to turn from a “stranger” into a friend, their medications must be well known to the consumers and must be well stocked at the pharmacy. Also, if the “colleague” brand wants to become an “old pal,” they need to provide a detailed catalog of their products, organize educational seminars, etc. If a “stranger” brand wants to become an “acquaintance,” they only need to organize regular visits and provide pharmacists with informational materials. But if a “colleague” brand wants to become an “old pal,” they need to invest in business lunches and decorate the pharmacy with posters, stands, and other promotional materials (Sovremennye Podhody k Prodvizheniyu Brendov [Modern approaches to brand promotion], 2014).

Thus, we see that the shift to patient-oriented health protection is also changing the relationship dynamic between the different communicators. This dynamic can be characterized by strategic information gathering and further campaign planning sensitive to the meanings and attitudes of other actors.

## Building Relationships with Health Professionals and Institutions

While the pharmaceutical sales representatives are the most common communication mediators between the business and the care providers, the latest government regulations have changed the way this mediation is practiced. Federal law #323-FZ “On the basics of healthcare in Russian Federation” states that pharmaceutical sales reps can no longer meet with doctors in their offices. Doctors are prohibited from accepting gifts from the sales reps (previously a common practice); doctors cannot partake in any entertainment or educational (conference) activities paid for by the pharmaceutical companies; doctors cannot accept and redistribute samples of medications; and doctors cannot sign contracts promoting certain medications to patients.

As a result of these regulations, pharmaceutical sales reps are finding new ways to communicate with healthcare providers. These new methods are implemented mainly online: specialized private forums, social media, Skype, emails, video chats, video conferences, e-detailing, etc. The most popular channels are the pharmaceutical companies’ websites, as well as e-mailing and e-detailing (Kak Farmaceuticheskie Kompanii Prodvigayut Lekarstva v Usloviyah Ogranichenij [How do pharmaceutical companies promote medications in the context of limitations], 2015). Users, registered as care providers or pharmacists, can access specialized websites explaining medications and related conditions. Such websites as *ivrach.com*, *evrika.ru*, *mirvracha.ru*, *Doctor at work*, for example, implement complicated registration procedures to make sure that only trained doctors are granted access to these resources (sometimes exceptions can be made for medical students and nurses). The patients, meanwhile, are left out of these discussions. Consumer protection and patient advocates pinpoint this issue as critical to compliance with professional and legal standards, and imperative for building patient-oriented health protection.

## Professional Communication Practices

Patient-oriented health protection refers to the paradigm of healthcare development as well as to the treatment approach. Patient-oriented care focuses on the patient as an individual with unique and specific physical, psychological, and social characteristics which inform short-term and long-term treatment plans (Pavlovskykh & Shardin, 2015). Doctor–patient communication lies at the heart of such an approach to care.

In Russia, doctor–patient communication is still predicated upon the doctor’s sole authority and expertise in the field of medicine. Apart from very rare individual cases of chronically ill patients or patients attending expensive private clinics such as Rassvet, patients have no say in their own treatment plan. However, the doctor’s sacred status as an expert in biomedicine is now threatened by the availability of informatization among internet-literate citizens, as well as by strong patient communities. Patients tend to use internet forums and social media groups to inform themselves about their symptoms, diagnosis, and available medications and treatments. Meanwhile, old-fashioned medical professionals are strongly opposed to this wealth of information being available to patients and would prefer for medical information to be available only to those capable of fully understanding it. Patients who have “done their research” are a threat to the authority of medical experts in their opinion.

Those who introduce patient-centered care in their practice are more respectful and more responsive to their patients. These doctors view their patients as well-informed peers who make the final choices about their own health. Yet many Russian doctors (mostly employees of the public hospitals outside of Moscow) practice a so-called veterinarian approach to their patients – a snobbish attitude of doctors who refuse to divulge any additional information to

patients, who are barely allowed to utter a word during their doctor's monologue (cited in Orlova, 2015). As a result, the patient becomes silently, or sometimes publicly, disgruntled with the doctor, expressing their frustration through social media, medical review sites, and so-called patient terrorism (harassing doctors by calls and personal visits). According to Sonkina-Dorman, the doctor–patient dynamic is such that patients often feel mistreated, belittled, and offended, while doctors believe that they treat their patients well (cited in Orlova, 2015). Here we would like to remind the reader of the irony of health optimization regulation, where doctors have only 15 minutes for an individual consultation.

However, apart from miscommunication among practitioners, the Ministry of Healthcare, and patients, where each party is left discontented, there are more constructive cases of assessing doctor–patient communication in the line of patient-oriented health protection. There follows an example of a doctor–patient interaction, which the doctor viewed as a success and the patient viewed as a failure. Sergey Butyj, a pediatrician at a private Moscow clinic, wrote in his Telegram account about a communication error he experienced with one of his patients; an incident “which made me reconsider the importance of effective, high quality communication with my patients” (Butryj, 2018). Dr. Butyj was able to diagnose a chronic disorder in his 6-month-old patient, previously missed by other doctors. Dr. Butyj felt pride in his professional accomplishment, yet this was overshadowed by a poorly managed interaction with the patient's mother. The issue was that during the consultation, Dr. Butyj's phone was ringing off the hook. To him, that meant he was a sought-after specialist, yet his patient's mother did not see it that way. Later she posted a negative review on social media, accusing Dr. Butyj of being distracted, curt, and interrupting her. Therefore, a remarkable medical achievement – a complex diagnosis of a disorder that other doctors had missed – was overshadowed by poor doctor–patient communication.

Such communication examples are being actively discussed within the professional community. One incident demonstrating the value of explaining the quality of care to the patient was recounted at the 2018 Annual Forum for healthcare providers “Competition in Healthcare.” The National Research Institute of Epidemiology (Center of Molecular Diagnostics) withheld a patient's test results for a few days in order to run additional tests to further investigate the patient's condition. In the end, they found atypical blood cells that would have been missed during the routine blood test. The patient, however, filed a complaint about the delay in getting her test results and received a refund from the institute. This communication error was corrected by the doctor that referred her to this institute in the first place: he reached out to the patient and explained the situation, emphasizing how she had received high-quality care at no personal expense, while the institute had had to cover additional costs of multiple tests. After the issue was resolved, the patient wrote a thank you letter to the institute (Konkurenciya sistem vzglyadov i podhodov [Competition of systems of opinions and approaches], 2018). At the same forum, Dr. Yaroslav Ashikhmin shared how a patient was satisfied with the service even though the prescribed treatment did not work (Konkurenciya sistem vzglyadov i podhodov [Competition of systems of opinions and approaches], 2018). In this case, the overall experience of visiting the clinic was more important than the diagnosis and prescribed treatment.

The issue is that medical universities do not provide proper training in doctor–patient interaction, since the tradition of teaching communication skills in the Russian higher education system is practically non-existent.

No one ever taught us how to establish relationships with patients; how to show them that we are on their side; that we're on the same team. We aren't trained to deliver bad news, to deal with overwhelming emotions, to properly express sympathy (which we feel more often than you'd think), says Sergey Butryj, a paediatrician. (Butryj, 2018)

The professional community has a long way to go as regards SC. Currently, the first steps being taken are short-term courses on doctor–patient communication. An example of such first steps is “Soobshchenie,” a school specifically designed to lead the way in training for the practice of patient-oriented care.

## The Roadmap Toward Patient-Oriented Health Protection

Today, the Russian healthcare system is facing numerous challenges: a low level of trust among citizens, fierce market competition, increasing informatization of the healthcare industry, and changes in the financing of healthcare. For decades, Russian patients were relegated to the role of mere spectators of the healthcare regime imposed by the government, while medical experts and government officials executed the role of decision-makers. With the advocacy efforts from patient NGOs, with the healthcare crisis concerning resources and facility capacity, and with the availability of information on the internet, the practices of health communication are shifting toward a cocreational paradigm (although not among all communicators). This shift has been reflected in a change in doctor–patient communication and cooperation, leading to an increase in the overall quality of healthcare. It has also produced a new type of patient: knowledgeable, actively seeking health information, and ready to be included in the treatment design and even in building health-related agendas at the national level. Within such changes in communication practices, patient organizations play an imperative role as the main communicators and practitioners of cocreational SC practices to facilitate the development of patient-oriented health protection.

The advancement of digital technologies also plays a key role in shifting the paradigm toward patient-oriented health protection. Patients are more apt to be an active public and make informed decisions regarding their healthcare when current and reliable medical information is available online. For example, patient organizations hold expert patient forums that not only provide treatment-related information but also explain the administrative procedures of the health protection field. However, the caveat to use of the internet is that the “searcher” must have the digital and information literacy to be able to make a good search request and make a good judgment on the trustworthiness of the sources.

The introduction of government-regulated telemedicine in 2018 has become a new step on the communication road toward patient-oriented health protection. The federal law “On the use of telecommunication in medicine” (entered into force on January 1, 2018) states that Russian citizens have the right to receive distanced medical consultations as well as to have their condition monitored by a healthcare provider who cannot see them in person. However, this law stipulates that first-time consultations must be carried out in person and that a diagnosis and a form of treatment must be established during face-to-face interaction. Although coming with its own controversies which lie beyond the scope of this chapter, this law incorporates into the conversation the interests of patients living in remote areas and patients with restricted mobility.

Finally, an important step on the road toward patient-oriented health protection is using careful market research instead of “creative advertising campaigns” in pharmaceutical companies’ SC agendas. Technological advancement has given an opportunity for this research to be detailed and tailored to the companies’ needs: chatbots improve consumer satisfaction; telemedicine includes neglected populations and makes virtual clinics, such as Doc+, Doctor at work, and Pediatrician 24/7, a reality; and Big Data and powerful data processing programs open up new questions and new interpretations. Yet these advances have to be filtered and refined through the ethical codes and knowledge accumulated within the Russian patient organizations in order to move from being fragmented tools to use for SC concerning patient-oriented health protection.

## Notes

- 1 Here we use “patient-oriented” (direct translation from Russian) and “patient-centered” (established notion) as synonyms, although we acknowledge the differences between these two notions. Likewise, in the text we sometimes substitute Russian “health protection” with “healthcare”, yet with the emphasis on “protection” not “care” as the key objective.
- 2 Russian phraseological expression.

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