

## **The War in Ukraine: Social and Medical Perspective**

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### **Abstract**

This review discusses social and medical aspects of the war in Ukraine. If the world is becoming multipolar, armed conflicts of various magnitude may become permanent. International tension contributes to the increase in the birth rate: it is believed that the population growth strengthens defences and sovereignty. Environmental degradation and the depletion of non-renewable resources are proportional to the population size. A reasonable option would be the global leadership centred in developed countries. Potential benefits include conflict prevention, environmental and population management, taking into account ecological and economic conditions in different regions. Large projects can be implemented to improve the quality of life and create jobs, which would be a reasonable alternative to excessive military spending. If the global power shifts to Russia, it will come along with losses of certain values. The quality of many services, products and foodstuffs will decline. Autocratic management style would spread also in the healthcare and science. Several examples from the field of healthcare are discussed here. Confidence-building measures, international trust and reliability are needed. Ukraine must become a testing ground for the international cooperation.

**Keywords:** Ukraine, armed conflict, healthcare, public health, psychology

## 1. Introduction

This review analyses social and medical aspects of the conflict in Ukraine. The author tried to be impartial. The separation of Russia from the rest of Europe started in 1917 and continued thereafter (Laruelle 2004). If the power in Europe shifts to Russia, it will come along with losses of values like liberties and human rights. Disregard for laws and regulations, corruption and collectivism will come instead. The quality of many services, products and foodstuffs will decline. The following features of Russian reality must be stressed: comparatively low life expectancy, medical science not repelling falsification, inefficient medications advertised and prescribed, invasive procedures applied without indications (Jargin, 2017, 2020, 2021a, 2022a,b). Autocratic or military management style discourages criticism. Attributes of this style include the paternalistic approach to patients, bossy management, harassment of colleagues if they do not follow instructions or not collaborate e.g., in dubious publications. Under conditions of paternalism, misinformation of patients and compulsory treatments are deemed permitted (Mikirtichan et al., 2022). Finally, the environmental protection and energy conservation is less popular in Russia than in other industrialized countries, while environmentalism has been called “Green heresy” (Nagaev, 2022).

To start with, the reasonable proposal published in 2013 should be recollected: “Russia must be brought into the world and European community. And in order to reduce distance and fear, NATO should move to Moscow... What is needed is a reform of both NATO and the European Union (EU) in the creation of confederation from Vancouver to Vladivostok. Much as was originally proposed by James Baker, François Mitterrand and Mikhail Gorbachev toward the end of the Cold War” (Gardner, 2013). Russian rulers and a part of the population are against the coexistence in a legal field with the West. This is not entirely groundless considering formally legal but unfair practices. Russians travelling abroad encountered various kinds of deception and fraud. On the other hand, some people would welcome a Russian advancement to the English Channel, the ongoing demographic transformations being one of the reasons (Jargin, 2021b, 2022c). The dismantling of democracy and human

rights is not automatically unfavourable: more order is needed in our age of overpopulation, mass migrations and ethnic shifts. However, these problems should be clearly addressed instead of using conflicts for the tightening of screws. Great projects could be accomplished by the globalized humankind, being a reasonable alternative to excessive military expenditures. Not only durable peace but also mutual trust is required for that. Unfortunately, trust can be abused while certain individuals and organizations are unreliable. Trust is good, but checking that trust is not abused is also necessary. Ukraine should become a testing ground for the international trust and cooperation.

Russian leaders may be the first movers of a new historic period. If the world becomes multipolar (Biscop et al., 2022), armed conflicts of various magnitudes may become permanent. In a sense, it would be a return to the Middle Ages. Indeed, the leading Russian ideologist Alexandr Dugin (discussed below in “Psychological aspects”) opined: “Middle Ages were the golden age of mankind” (Dugin, 2007) and “Every civilization has the right to decide about... death, good and evil” (Mettan, 2023). Indeed, some terrorists and rogue states do decide about it. A constructive alternative is the global leadership centred in developed parts of the world. The demographic growth contributes to a shortage of food and energy. Many countries are experiencing water shortages while agricultural production increases through the overexploitation and pollution of water resources and deforestation. Pro-natalist policies are conspicuous in Russia these days. For example, the extremely popular TV series “Sled” (Trace) and “Slepaia” (The Blind) depict unexpected and unintended pregnancies both in and out of wedlock as something natural and unavoidable while contraception is mentioned rarely. Risks associated with oral contraceptives have been invented or exaggerated. In November 2022 Vladimir Putin awarded the honorary title Mother Heroine to a woman with 14 children from Chechnya, the area with one of the highest birth rates. Apparently, high fertility of certain ethnicities both within and outside the former Soviet Union (SU) is a geopolitical strategy.

## **2. The Ukraine conflict and peace initiatives**

The declared reason of the “special military operation” (SMO), started February 2022, was the anti-separatist activity by the Ukrainian armed forces in the Donbas since 2014. In principle, the fight against separatism within national borders is justifiable e.g., Russian anti-separatist operations in the North Caucasus (1994-2009). Ukraine in her 1991 borders was recognized by all nations including Russia. The United Nations (2023) considers SMO to be a violation of the territorial integrity and sovereignty, which is against the UN Charter. However, another argumentation is also possible. Ukraine’s borders were drawn in 1917 and thereafter disregarding ethnic and linguistic realities. A majority of residents in the southern and eastern parts of the country are Russian speaking. Some people in the Donbas were disappointed that their region had not become a part of the Russian Federation (RF). The appeal not to discriminate against Russian-speakers is reasonable. Admittedly, the territorial claim must have been declared prior to the warfare. Statistics about ethnic composition of Ukraine may be misleading. During the Soviet time, many citizens registered themselves as Ukrainians for reasons of convenience but continued to share the Russian identity. Recent referendums on occupied territories have been met with scepticism. The Soviet-trained collectivism has influenced referendums, elections and opinion polls e.g., testifying that 70-73% of Russian citizens support the SMO (VCIOM, 2022). Relying on the citizens’ sensitivity to social consensus i.e., ingrained collectivism, the regime sways public opinion by manipulating information about its own popularity e.g. distributing inflated survey results. In other words, Putin’s popularity is partly driven by the information about his popularity (Alyukov, 2022). Almost everybody voted the ruling party in the former SU while some people hid their opinions. Residents of occupied territories voted for the unification with RF to avoid trouble as they don’t believe that the situation will be reverted back. Many local inhabitants do not care much about liberties and human rights; what is important, is security and wealth. Therefore, significance of the referendums is limited. To be unbiased, such referendums have to be performed under efficient international control e.g., within the framework of a peacekeeping mission.

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A workable solution would be an international agreement delimitating spheres of influence. The main thing is to avoid a large-scale war in Europe. Consequences would be unfavourable for both sides, as it was 100 years ago, while winners will be those who stay outside. The question is, however, whether there are responsible negotiation partners. The history of the 20th century demonstrated that European rulers repeatedly took short-sighted decisions, self-damaging in the long run. Some Russian-speaking areas in the East and South of Ukraine may belong to the Russian sphere of influence if people really want it. The new-tailored neutral Ukraine (Knox & Anders, 2022) is suboptimal as it will be threatened with punishments for supposed nationalism or liberalism condemned in Russia these days. There seems to be no reasons why Ukraine cannot become a member of NATO and EU. One of the possibilities can be a division between the EU and RF after referendums held under international control in each province separately. As mentioned above, an optimal solution would be the membership of both RF and Ukraine in the above-named Organizations with their extension to the Pacific Ocean. The membership might become useful one day if SMO for similar or other reasons will happen in the East or South of the former SU, considering the population dynamics. In view of the analogy between Taiwan and Donetsk/Lugansk provinces, two long-lasting disagreements can be settled at once. Referendums under the international control could be held both in Taiwan and the Russian-speaking provinces of Ukraine with a proposal of 3 options: unification with Ukraine/China, independence, inclusion in RF, or for Taiwan - a protectorate by the United States and/or Japan. Analogous solutions were proposed for the Crimea (Jargin, 2015).

Based on available information, literature and own observations, the author believes that the warfare, harm and casualties were exaggerated prior to the SMO at least. Neither destroyed buildings nor other damage was seen in the Donetsk area in March 2022. The same was observed in 2014. Commanders of the Ukrainian army and Donbas militias established communication by mobile phones to arrange local ceasefires and avoid casualties (Shirokorad 2018). Among others, SMO was aimed at the personnel training, absorption of foreign aid and military technology. Some Soviet-time energy facilities in Ukraine, needing replacement

by modern equipment, have been attacked recently. The facilities will be modernized with the foreign help. Hardships and casualties have often been disregarded during the Soviet history. The war is distracting people from internal problems facilitating screw-tightening, postponing solutions in the public health and social affairs. All those participating (factually or on paper) in the current conflict will obtain the war veteran status thus acquiring privileges over fellow citizens. This is a motive both to participate in the warfare and to exaggerate its dimensions.

There was a tendency to exaggerate military activities and harm also from other conflicts in the post-Soviet space. Abandoned dilapidated buildings were often shelled, as it was in Chechnya in the 1990s, while residents had been warned about forthcoming bombardments. Overmanned militias both in the Donbas and in Chechnya were a remedy against unemployment due to the overpopulation in the latter and coal mines closures in the former. The unemployment in the Donbas was largely caused by decline in the coal production and economical disarray thanks to ill-considered and corrupt policies during privatization of state enterprises in the 1990s (Perov, 2017). Apparently, this is one of the main factors contributing to instability in the region. Real or supposed dangers and bribery at frontier crossings have been damaging for tourism, trade and, consequently, for the international understanding. According to the author's experiences, it was often more troublesome to cross borders within the former SU than in other regions of Asia and in Africa. Finally, double standards should be pointed out: no sanctions were imposed against Israel for comparable military operations. The Indo-Pakistani Conflict of 1971 with the Indian occupation of East Bengal, resulting in the formation of Bangladesh, is analogous as well. Another relevant example is Kosovo, where geopolitical decisions were taken in consideration of the Albanian majority that developed due to the higher birth rate and immigration (Chiari & Kesselring, 2006; Reuter & Clewing, 2000).

### **3. Environmental perspective**

The conflict in Ukraine has impeded environmental policies in Europe and elsewhere. The war itself is damaging for the environment having global repercussions, worsening energy

and food supply (Racioppi et al., 2022; Van der Vet et al., 2022). As food prices rise, some nations are likely to cope by converting forests to fields (Nature, 2022). International tensions and conflicts are among reasons to boost childbearing in Russia and some other countries. Pro-natalist policies are counterproductive in view of the global overpopulation. The demographic growth contributes to the shortage of food, energy and fresh water in many regions. The birth control has been obfuscated by supposed national interests: the demographic growth was used to strengthen the sovereignty and defence. International conflicts provide motivation for the population growth. In the past, overpopulation was counteracted by wars, pestilence and famine. Today, scientifically based humane methods can be used to regulate the population size. Under conditions of globalization, an authority based in developed countries could counteract the overpopulation and environmental damage. Among advantages of globalization are the ecological management, governance of the world economy, control of warfare and fostering of transnational democracy (Ross, 2002). In conditions of globalization, the project of universal basic income (UBI) could be implemented (Painter, 2016). It must incorporate the concept of birth control. For example, the following has been proposed: the basic UBI divided by the average birth rate in a given country during e.g., last 50 years. Legal migrants and their offspring would preserve the UBI of their native country for 25 years (Jargin, 2022d). A globally coordinated unemployment protection would inhibit migrations and help people to develop professional skills according to new demands (Ghislieri et al., 2018). Of particular importance is the globalization of human rights including tools and sanctions reinforcing accountability (Kim, 2017). Great projects could be accomplished by the globalized humankind to improve the quality of life worldwide: irrigation systems, nuclear and other energy sources as an alternative to fossil fuels, hydroelectric power plants on large rivers to produce hydrogen as eco-friendly energy carrier. New substances used by the industry, nutrition and medicine must be tested in large animal populations to achieve statistical significance and record rare stochastic outcomes. Such projects would create many jobs, being a reasonable alternative to excessive military expenditures.



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The overpopulation and gender imbalance are increasingly important these days as potential causes of conflicts (Jargin, 2021b, 2022c). The growing excess of males in consequence of sex-selective abortions contributes to militarism. The ecological damage, shortages of drinking water and food are generally proportional to the population density (Guillebaud, 2016; Ravindranath & Hall, 1995). The agricultural production increases partly through overexploitation and pollution of water resources, groundwater depletion, deforestation and other types of environmental degradation (Guillebaud, 2016; Heymann & Barrera, 2014). In the last quarter of the 20th century, the population grew faster in less developed countries than in more developed ones; while the ratio of greenhouse gas emissions to the population growth was estimated at 2.8 in developing countries vs. 1.6 in developed parts of the world (Cohen, 2010). The industrialization of regions formerly regarded as developing is significant because of insufficient environment conservation measures, and above all due to the vast dimensions of the process, proportional to the population size. Solutions would require propagation of new principles: no population group on a national or international scale, neither ethnic nor confessional minorities, may obtain any advantages because of a faster growth. Those who have had many children should logically live in more constrained conditions. Social consequences of the gender imbalance must be borne by those population groups, where sex-selective abortions were practiced. Acceptance of these principles could build a basis for the international understanding. Without procreative competition, peoples would be more likely to live in peace.

Birth rate inequalities lead to a growth of certain minorities that may become majorities and cause political instability. Differences in population dynamics between ex-Soviet countries are considerable (Wikipedia, 2022a,b). The greatest ethnic shifts have been observed in the Caucasus and Central Asia. Emigration of Russians from these regions has started decades ago having accelerated after the dissolution of SU, while the immigration to RF of ethnically non-Russian people is conspicuous. The highest birth rates within RF were registered in Chechnya, Ingushetia and Tuva; the fastest population decrease - in Pskov, Tambov, Tula and Tver provinces (Arkhangelsky et al., 2015). Migration of Chechens from mountains to



lowlands is going on while ethnic Russians are leaving the area (Panin, 2018; Riazantsev, 2003; Shchuplenkov, 2018). According to surveys, most frequent reasons of emigration from the North Caucasus were crime, threats and abuse of children (Gadzhieva, 2019). Almost in all Far Eastern provinces of RF, the ethnic Russian population is dwindling. Since the 1990s, immigration to the Far Eastern parts of RF has occurred from the Central Asia, China, North Korea and Vietnam, largely compensating for departures of Russians (Avdashin et al., 2021; Motrich 2016; Stroevea 2020). The population growth in the Far East has been maximal in Buryatia and Yakutia thanks to higher birth rates of the indigenous ethnic groups (Simagin & Murtuzalieva, 2020). The maximal contribution to the population declines in the period 1992-2019 was made by Saint Petersburg (652 thousand people lost) with surrounding oblast (414), Pskov (237), Vologda and Novgorod provinces (185 thousand each) (Rybakovsky & Fadeeva, 2020). In Dagestan, the birth rate of indigenous peoples is approximately twice as high as among Russians (Gadzhieva, 2019). The birth rate in Moscow is one of the lowest in RF, while the population growth is nearly the highest thanks to the immigration accounting for 83.7% of the growth in the period 2012-2018 (Arkhangelsky et al., 2019a). One of seven infants in Moscow is born to a migrant woman. The phenomenon of “guest” or “parallel” (i.e., temporary or fictive) marriages is widespread (Arkhangelsky et al., 2019a). Sexual and reproductive coercion is used for the purpose of migration, to cement relationships and marriages, to obtain a residence permit and lodging, or to spread a certain genotype sometimes with geopolitical motives (Jargin, 2021b, 2022c).

#### **4. Psychological aspects**

If political leaders have paranoia while other mental functions are more or less intact, they can preserve abilities to remain in the position of power (Lavik, 2002). A paranoid belief that others intend harm may contribute to aggressive behaviours. Paranoia, inclusive of persecutory delusions, is a common symptom of schizophrenia (Darrell-Berry et al., 2016). It is precarious when paranoid ideas persist in a dictator and/or his advisors along with some rationality and efficiency so that delusions are put into life (Lavik, 2002). Some paranoiacs are belligerent and aggressive against delusional goals (Volkan & Javakhishvili, 2022).

Governments in democracy are more transparent; so, it is less probable that power would be kept or influenced by a mentally disordered individual.

The physical abuse of children in families and bullying at schools are well-known problems in Russia; it is often tolerated by teachers, authorities and society (Tsymbalenko, 2019). Both factors were present in the biography of Vladimir Putin (Baker & Glasser, 2007; Ihanus, 2022). There is evidence supporting an association of childhood trauma and bullying with schizotypy and positive symptoms of schizophrenia such as delusions (Ross et al., 1994; Velikonja et al., 2015). In particular, bully/victims scored higher on the neuroticism and psychoticism scales (Mynard & Joseph, 1997). The Putin's saying "If a fight is [perceived as] inevitable, you must strike first" may be a trace of juvenile ways of defending against bullies, presumably related to an intergenerational traumatic chain (Ihanus, 2022). According to psychoanalysts, the Putin's phantasm of Ukraine's "denazification" is a part of entangled memories of what he has heard about the World War II and projections from the Cold War to the present. Putin wants to resist the imagined attack supposedly launched against Russia by the West. In the process, he would become a new Stalin by completing the latter's unfinished business of conquering Europe (Beisel, 2022; Volkan & Javakhishvili, 2022). In regard to the ongoing destruction of the Ukraine's infrastructure, Putin may be in grip of the idea that the denazification can be achieved through extensive destructions; otherwise, "the Phoenix can rise from the ashes" (Beisel, 2022). There have been attempts to analyse Putin's mental condition (Ihanus, 2022; Volkan & Javakhishvili, 2022). Apparently, there is not enough information for diagnostic conclusions; the more so as his published texts seem to be edited by professional writers. Finally, there is an opinion that Putin is influenced by ethnic non-Russians, hence his adherence to the Eurasian ideology.

The Russia's westward expansion and the Ukraine war is supported by the Eurasian ideology propagated among others by Aleksandr Dugin, a well-known political philosopher and strategist. Dugin has attracted publicity after the annexation of Crimea. Since then, his works seem to be better edited. His ideas are influential in the ruling spheres; Dugin has been referred to as the "Putin's brain" (Rutland, 2016). Here follow several characteristic citations

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from Dugin's writings: "To close down America is our sacred duty" (Dugin, 2005a). "Anti-Americanism is a Creed (statement of faith)... The prohibition of war propaganda is pharisaic. You can't get away from the war and you shouldn't try. Western civilization is deadly for our historical way" (Dugin, 2004). Of note, the war propaganda is prohibited by the international Law (CCPR, 1983). Furthermore, Dugin has written: "We must forget about the nightmare that is called Western civilization, globalization, political correctness, liberalism and human rights. We must forget this terrible nonsense" (Dugin, 2007). About science: "Death is the only truly scientific fact. Everything else is hypothesis. Therefore, true science can be built only on the direct experience of death. Without it, we are dealing with charlatans" (Dugin, 2015a). His writings seem to be indicative of paranoid and grandiose delusions, compare: "Americans cause rejection, repulsion, a desire to hide from their influence" and "If we lose, we will blow up the whole world" (Dugin, 2005b). The father of Alexandr, Geliy Dugin (1935-1998) was general of the Soviet Armed Forces (Boyko & Senchin, 2007). The former party and military functionaries (so-called Numenklatura) promoted their children (Voslensky, 1984) sometimes irrespective of the latter's abilities, integrity and health status.

A paranoid belief that others intend harm may lead to aggression. Paranoia is generally characterized by hostile disposition and aggressive behaviour to remove perceived threats (Darrell-Berry et al., 2016). The demarcation between non-delusional paranoia and persecutory delusions is not always clear. It is known that paranoid individuals have limited abilities to test their beliefs for reality. Their thinking is characterized by a jumping to conclusions. This thinking bias may lead to mysterious ideas e.g.: "The will of any people is sacred. But the will of Russian people is hundred times more sacred" (Dugin, 1994); "The flight of battle, the elements of war must become a true Russian University" (Dugin, 2015a); "For peace to be without war, the war is first necessary... We make the war. It is originating in our heart. We give birth to the war. Through the war we create the world, our Russkiy Mir" (Dugin, 2015b). Certain war instigators and terrorists are paranoid in their tendency to present themselves as prophets, liberators, world saviours etc. Some paranoiacs are

belligerent and aggressive against delusional goals, as it is the case with the “denazification” of Ukraine (Volkan & Javakhishvili, 2022). Of note, such ideas are virulent. Mentally healthy people can be susceptible to paranoid appeals, a predisposing condition being fear of strangers and projection of hatred upon them. A suitable enemy is a reservoir for all negated aspects of the self (Robins & Post, 1997). The lack of knowledge about other countries, misleading propaganda, suppressed shame and envy contribute to hostility against welfare states. Envious people blame those who make them feel ashamed by comparison (Kilborne, 2021). Moreover, some today’s functionaries are descendants of rural people who burnt mansions in 1917 committing murder and rape, when envy was one of the motives. Furthermore, paranoid individuals tend to transform internal threats into external ones (Robins & Post, 1997). As discussed in the preceding section, an internal threat for Russia is the changing ethnic composition due to birth rate inequalities and immigration from former Soviet republics. Finally, increased exposure to crime can lead to paranoid thoughts (Jack & Egan, 2016). The intimidation policy with exaggeration of crime-related dangers is perceptible from Russian media since the last decades. The psychological projection in some paranoid individuals is an aberration of shame. In its turn, intense shame confers vulnerability for paranoia (Sundag et al., 2018). Being unable to tolerate shame, some paranoiacs project it onto others and thus disown (Robins & Post, 1997). Repressed shame may cause aggression (Elison et al., 2014). There are reasons to be ashamed in today’s Russia summarily reflected by the comparatively low life expectancy and high abortion rate; details are in the next section.

## **5. The healthcare**

Among mechanisms contributing to the persistence of suboptimal and outdated methods in the healthcare has been the lack of professional autonomy (Danishevski et al., 2009), autocratic or military management style discouraging polemics and criticism. Experts understood obsolescence of certain instructions but preferred not to express their opinions. Apparently, sabotage has been behind certain drawbacks of Russian healthcare and other areas such as economics, education, architecture and city planning (Trofimov, 2018; Jargin,

2010, 2013, 2019a), while ill-wishers hid under the guise of grassroots, patriots, retired military etc. Moreover, sons of superior officers were involved in immoral and illegal activities. High social positions held by perpetrators, or their relatives prevented reporting (Jargin, 2021c, 2022d). Since the 1980s, numerous former functionaries, their relatives and protégés, have been introduced into educational, scientific and medical institutions. Being not accustomed to hard and meticulous work, some of them have been involved in misconduct of different kind. They will probably become more dominant thanks to the war in Ukraine. Those participating in it, factually or on paper, will obtain the war veteran status and privileges over fellow citizens. At the same time, some relatives of higher officers evaded mandatory military service under various pretexts.

Suboptimal practices have been applied as per instructions of healthcare authorities. To name but a few: the overuse of Halsted and Patey mastectomy with excision of pectoral muscles, electrocoagulation of endocervical ectopies (pseudo-erosions) without cyto- or histological check for precancerous changes, paracervical injections of placebos, extensive gastric resections for peptic ulcers, thoracic and abdominal surgery for bronchial asthma and diabetes mellitus, overuse of surgery in tuberculosis (Jargin, 2017, 2020, 2021a, 2022a,b). Excessive use of bronchoscopy e.g., in conscripts with supposed pneumonia e.g. 1478 procedures in 977 patients 19,5±0,1 years old in one study (Ismagilov, 2009; Kazantsev, 2004) should be mentioned as well. The personnel training was probably one of the motives. Note that military and medical ethics are not the same. The comparatively low life expectancy in Russia is a strategic advantage as less healthcare investments and pensions are needed. In conditions of legitimacy and high ethical standards, market economy stimulates a competition of constructive ideas, innovations and treatment quality. In conditions of disrespect for laws and ethics, the competition turns to discrediting of the costless healthcare, manipulation towards paid services and harassment of non-paying patients. The latter has been observed since the 1990s. Actually, Russia needs international help in the healthcare. Considering shortcomings of medical practice and ethics, research and education, a simple increase in funding is unlikely to be a solution. Measures must include participation of authorized

foreign advisors. Admittedly, there are misgivings that some foreign experts would be involved in corrupt interactions and not necessarily act in the interests of the Russian healthcare. Finally, obstacles to the importation of medical products have adverse consequences: domestic products are promoted sometimes despite lower quality and possible counterfeiting.

Here follow selected examples. According to the author's estimates following temporary practice in several foreign countries, an average size of malignant tumours in surgical specimens was larger in Russia than abroad. Obviously, it reflects the efficiency of cancer diagnostics. Outside of the former SU, almost all mastectomy specimens were without muscle. The worldwide tendency towards more conservative breast cancer management remained unnoticed in the former SU for decades. The modified radical mastectomy of Patey with the removal of pectoralis minor muscle has been a standard treatment until recently; but the Halsted procedure with the removal of both pectoralis muscles was applied as well. The Halsted operation was presented as the main treatment modality for breast cancer in some textbooks edited in the 21st century (Kovanov & Perelman, 2001; Semiglazov & Topuzov, 2009). Millions of women of different ages underwent this procedure during the Soviet and early post-Soviet times. Even more extended modalities of mastectomy were recommended, patented and applied (Kholdin & Dymarskii, 1975; Druzhkov & Druzhkov, 1995; Tsejlikman et al., 2008). As the overtreatment had been realized, the chief surgeon of the Health Ministry, retired colonel Mikhail Kuzin recommended the modified radical mastectomy of Patey with the excision of the pectoralis minor muscle for less advanced cases (Kuzin et al., 1977). This latter procedure is also associated with adverse effects; it has extensively been used in Russia during last decades. The cauterization or cryodestruction of endocervical ectopies (pseudo-erosions) independently of the presence of epithelial dysplasia have been applied routinely. Ectopies were found at mass examinations and treated by coagulation. This disagrees with the international practice. In particular, the recommended treatment of large ectropions by diathermoconization was noticed to cause complications (Bychkov et al., 1990). Destructive treatments of endocervical ectopies were patented recently (Khvorostukhina et al.,

2015; Kochenov et al., 2007; Zubkovskaja et al., 2009). At the same time, Pap-smears have been rare and technically imperfect, cervical cancer being detected averagely late (Syrjänen et al., 2002). Even if a Pap-smear or cervical biopsy was performed, it did not always prevent the overtreatment, the more so as the difference between metaplasia and dysplasia has not been uniformly understood. At the Ostroumov hospital in Moscow incorporating the Center for Breast Diseases, pathologists were discouraged from using the term “metaplasia” to prevent remittance of patients to oncological institutions (dispensaries) and overtreatment. Of note, single-layered columnar epithelium beyond the external cervical orifice i.e., endocervical ectopy is generally considered normal and metaplasia per se (without cell atypia) is not a precancerous lesion. Presumably, the cause of this practice was not (only) lack of knowledge: stressed patients, needlessly referred to oncological institutions, were easier to manipulate towards paid services. Furthermore, parabulbar and subconjunctival injections of carinine, taurine and mildronate used in age-related vascular ophthalmic conditions (Shpak et al., 1989; Solomatin, 1990) were seen to be complicated by hematomas. A benefit from a short-term enrichment of these substances in parabulbar tissues can hardly be understood, while the injections are associated with risk. The same pertains to parabulbar injections of polypeptides extracted from bovine retina (Retinalamin) and other allogeneic substances (Lastochkina & Chekhova, 2009; Ljalin et al., 2015; Mirkhaidarov et al., 2018). Injections of cell suspensions obtained from abortion material into coronary vessels in cardiomyopathy (Fatkhutdinov et al., 2010; Gol'dshtejn et al., 2007) have been commented previously (Jargin, 2019b). In conditions of suboptimal procedural quality assurance, endoscopic and endovascular manipulations can lead to infectious and thrombotic complications.

The “pancreatic blood shunting into the systemic blood flow” was introduced by Eduard Galperin and applied as a surgical treatment of moderate to severe type 1 diabetes mellitus (Diuzheva, 1992; Putintsev et al., 2010; Kirnus et al., 1995; Galperin et al., 1983, 1996a,b; Nikonenko et al., 1996; Torgunakov & Torgunakov, 2010; Torgunakov et al., 2011). At the same time, Galperin (2017) wrote: “Patients with diabetes tolerate surgery generally very poorly.” The same operation was applied also in type 2 diabetes (Putintsev et al., 2010;



Kirnus et al., 1995). The physiological rationale sounds unconvincingly: “Creating a more optimal interaction of subcutaneously administered insulin and pancreas-secreted glucagon” (Galperin et al., 1996a). Apart from several publications from the former SU, no reports on this treatment of diabetes were found. Thrombosis and peritoneal adhesions were observed post-surgery, while acidosis was a typical occurrence (Nikonenko et al., 1996; Torgunakov & Torgunakov, 2010). The anti-diabetic effect of the shunting was reported to be moderate both in humans and in preceded experiments with dogs. In the experiment, the majority of dogs did not survive the diabetes induction by streptozotocin or pancreatic resection with subsequent shunting surgery (Galperin et al., 1983). Nonetheless, the porto-systemic shunting in diabetes was presented as an important achievement (Editorial, 2011). Wedge biopsies from the pancreas and kidney were collected from diabetic patients during the operations. The histological descriptions included glomerulitis with mesangial interposition, double-contoured glomerular basement membranes and mesangiolysis, presented as typical features and consecutive phases of diabetic glomerulosclerosis (Severgina et al., 1994). These features are in fact characteristics of glomerulonephritis which, if found in a diabetic patient, should be interpreted as a superimposed condition possibly needing therapy. The kidney biopsy is generally indicated for diabetics only if a renal condition other than diabetic nephropathy is suspected. Of note, renal and pancreatic biopsies are associated with risks. The same can be said about renal and splenic venography, celiac arteriography and other invasive procedures performed within the framework of the diabetes surgery (Galperin et al., 1996a).

Some surgical treatments of gastroduodenal ulcers in the former SU have been different from the international practice (Balalykin, 2004). According to the author’s experience, resection of the stomach (gastrectomy) was rarely performed abroad for peptic ulcers, the volume being smaller, usually corresponding to antrectomy. For perforated ulcers, a local excision was usually performed; and a ring-shaped specimen was sent for histological examination. Laparoscopic procedures are currently on the rise. In the former SU, a primary gastrectomy (2/3-3/4 of the stomach), antrectomy with vagotomy, or a simple suture (depending on the

patient's condition) have been usually performed (Afendulov et al., 2006; Gostishchev et al., 2009; Potashov et al., 2005; Sazhin et al., 2014; Vachev et al., 2014). The hyper-radicalism in the gastric surgery originates from the well-known surgeon Sergei Yudin (the spelling Iudin has been used in some publications), an “enthusiastic advocate of gastric resection in cases of acute perforation” (Alexi-Meskishvili & Konstantinov, 2006). As per his doctrine, the pylorus and lesser curvature must be completely removed at an ulcer surgery (Iudin, 1991). Yudin's works recommending gastric resections for ulcers were reprinted with approving comments (Iudin, 1991); his works continue to be cited. During the World War II, Yudin was one of the chief surgeons of the army. He was known for the advocacy of hyper-radicalism: “Really wide and complete excision of all devitalized tissues... excision rather than drainage and removal of bone fragments in joint wounds (including knee and even hip)” (Alexi-Meskishvili & Konstantinov, 2006); “Decisively sacrifice healthy muscles to access the fracture” (Yudin, 1943). According to the ex-Soviet health minister Boris Petrovsky (1989), Yudin's hyper-radicalism in the military surgery, followed by colleagues, “led to hemorrhages, large defects of soft tissues and bones.”

Another surgical procedure with no analogy in the contemporary international practice is the thoracotomy with the lung denervation for bronchial asthma (Babichev et al., 1985; Health Ministry, 1988; Gudovskii et al., 2002; Smakov, 1990) referred to as “the most recognized method” in the guidelines by the Health Ministry (1988). The pulmonary root skeletonization method was patented (Giller et al., 1997) and recommended both for “infectious-allergic” and steroid-dependent asthma. Lung denervations, segment- and lobectomies were advocated even for those asthma patients in whom the medical treatment “had a temporary effect”, especially in the presence of inflammatory lesions in the lungs. It was recommended that medical therapy prior to the surgery should be of limited duration (Health Ministry, 1988). Segment- and lobectomies were applied as an independent method of asthma treatment, even in those cases when medical therapy was effective. Indications for the surgical treatment included local pulmonary lesions such as bronchiectasis, pneumocirrhosis and bronchitis deformans (both latter terms are used in Russia). Resections were performed for extensive

and bilateral lesions, also in remissions, deemed necessary for a radical healing of asthma. This concept was advocated by Fedor Uglov (1976, 1984), who declared that “removal of infectious focus” is the main purpose of asthma surgery. The surgical treatment of asthma was based on the Uglov’s belief that “in 98% of cases, the basis of bronchial asthma is chronic pneumonia” The main purpose of the asthma surgery was “elimination of the infectious focus” (Uglov, 1984). Asthmatics were transferred from medical departments for the surgical and bronchoscopic treatment. “After a course of therapeutic bronchoscopies,” Uglov and co-workers performed segment- and lobectomies, removing pulmonary tissues regarded by them to be abnormal. The same procedures were applied also in children with persistent cough and recurrent pneumonias. Some histological descriptions (Esipova & Vladimirtseva, 1996; Esipova et al. 1990) deviated from those in the standard editions of pulmonary pathology, being apparently adapted to the concept of surgical treatment.

After the introduction of efficient drug therapy in the 1950-1960s, the surgical treatment of tuberculosis (Tb) has been largely abandoned in many parts of the world. The role of surgery remains controversial. The priority of Russia in this field was pointed out (Perelman, 1998; Ots et al., 2009). The Tb surgery has been applied not only in large centers but also in peripheral hospitals. This development was associated with the names of Mikhail Perelman and Lev Bogush. “Surgery must take the leading position in the integral Tb treatment instead of being a last resort for cases of ineffective drug therapy”. It was claimed that even severe respiratory insufficiency is not a contraindication for lung resection (Bogush & Kalinichev, 1979). Perelman became director of the Institute for Phthisiopulmonology at the Sechenov Moscow Medical Academy in 1998. It was time when the World Health Organization (WHO) promoted the directly observed treatment, short course (DOTS) program in Russia. Perelman called this WHO program absurd, insisting that surgery must be applied in the Tb treatment more often (Lichterman, 2013). Tuberculoma (>2 cm, also in children) has been generally regarded in Russia as an indication for surgery. The same experts designated fibrocavitary Tb as an absolute indication (Giller & Mishin, 2020; Giller et al., 2016). Tuberculomas >1 cm was routinely operated on (Uspenskii et al., 1986; Gur’ianov et al., 2000; Pilipchuk et al.,

1974), which is generally at variance with the international practice. The overuse of surgery in Tb has been described in detail elsewhere (Jargin, 2021a).

The following treatments were applied to alcoholics: prolonged intravenous infusions, sorbent hemoperfusion, endolymphatic and endobronchial drug delivery, pyrotherapy with sulfozine (oil solution of sulphur for intramuscular injections), endoscopic and surgical biopsies of internal organs, endoscopic cholangiopancreatography and angiography without clear indications also for research (Makhov et al., 1996; Krut'ko, 1990). The detoxification by intravenous infusions of sodium chloride, dextran, magnesium (Mg) sulphate, glucose solutions etc. have been recommended for various forms of alcohol dependence and alcoholism including the “moderately severe withdrawal syndrome” (Ivanets & Vinnikova, 2011; Shabanov, 2015; Health Ministry, 1998). This is at variance with the international practice. Intravenous glucose and Mg are generally not recommended in the settings of alcohol withdrawal syndrome. Excessive infusions of Mg-containing solutions are associated with adverse effects (Swaminathan, 2003). Repeated intravenous manipulations are associated with risks and discomfort. In conditions of suboptimal procedural quality assurance, endovascular and endoscopic manipulations can lead to the transmission of viral hepatitis, which was known to occur to treated alcohol-dependent patients. A combination of the viral and alcoholic liver injury is unfavourable. Compulsory treatments of alcoholics with tuberculosis included repeated bronchoscopies. Among others, vocal cord injuries were observed in such patients. Vigorous apomorphine- and mechanically induced vomiting as emetic (aversive) therapy of alcohol dependence induced hemoptysis in patients with tuberculosis (Entin, 1990). It was reported that about 60% of patients of a “phtisio-narcological” institution for compulsory treatment absconded while a half of them was returned with the help of police (militia) (Rudoj et al., 1994). There is a need to prevent human right violations of people suffering from alcoholism and alcohol-related dementia, aimed at appropriation of their residences and other property.

Conditions in dentistry have been described elsewhere (Jargin, 2022b). For example, in case of a tooth extraction, some dentists at state polyclinics offer a choice: “Do you want a paid or

free injection?” The payment is unofficial i.e., under-the-counter. Anaesthesia after the free injection is incomplete. According to the World Medical Association, the pain treatment is a human right (AAPM, 2005). The above discourse is relevant to the topic under discussion as most of the cited experts and professors hold their positions now as before, reflecting ethical standards in the healthcare and, by inference, in the society and its rulers. It is known that the concept of informed consent has not been uniformly accepted in Russia. Today, patients are sometimes requested to sign in advance a form certifying their blanket consent to unnamed diagnostic and therapeutic procedures. Factors contributing to the persistence of suboptimal methods included the partial isolation from the international scientific community, authoritative or military management style, disapproval of criticism, disregard of the rules of scientific polemics, insufficient use of the foreign literature and unavailability of many internationally used handbooks even in central medical libraries (Murphy & Jargin, 2017). Disregard for the principle of informed consent along with authoritative and paternalistic approach to patients contributed to the use of invasive methods with questionable indications. The conditions in Ukraine seem to be comparable. An example: according to the information obtained in July 2014, patients of the Donetsk regional oncologic center paid for diagnostics and treatment, while some payments were under-the-counter and equivalent to bribes. The use of invasive methods without sufficient clinical indications has been discussed previously (Jargin, 2018)

## **6. Conclusion**

The labour productivity is growing while unemployment is increasing in many parts of the world. In the past, similar developments were interrupted by wars and pestilence. Today, humane methods can be used to regulate the population size taking account of ecological and economic conditions in different regions. Large projects could be accomplished by the globalized humankind to improve the life quality of billions, creating many jobs and being a reasonable alternative to excessive military expenditures. The rhetoric around Ukraine conflict is going too far: fecal language, obscenities, declarations of jihad and appeals to use nuclear weapons (Light, 2022; OSN, 2022; Stewart, 2002). All the above is associated with

shame. Repressed shame may cause aggression (Elison et al., 2014). Psychologically disturbed war instigators must be efficiently counteracted. Some crew change is obviously necessary. Recent referendums on the occupied territories of Ukraine have been met with scepticism. The Soviet-trained collectivism influenced referendums, elections and opinion polls. Almost everybody voted the ruling party in the former SU. Some residents of occupied territories voted for the unification with RF to avoid trouble as they don't believe that the situation will be reverted back. To be unbiased, such referendums must be performed under efficient international control e.g., within the framework of a peacekeeping mission. Durable solutions for the Russo-Ukrainian and other conflicts can be reached in conditions of global leadership centred in developed parts of the world.

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