

types, the good-for-nothings, and the people who land in the profession by accident will get out of it faster. The present system for certifying doctors is of little use.

Finally, a word about methods of economizing in the health protection system. Health protection organizers and medical workers' collectives must now search for new forms and methods of working that will make their labour more efficient and increase investment returns.

For example, we analyzed the structure of the patient situation in our hospital and came to the conclusion that around 30 percent of patients do not need round-the-clock hospital care. What is more, around 7 percent are involved in treatment or diagnostic procedures for only 3-4 hours a day. Consequently, a new 15-bed day-hospital was opened in a separate wing of the new polyclinic, where patients undergo a whole series of treatments over the course of 4-5 hours, including daily check-ups by a physician, and are then sent home. The money saved is equivalent to around 40 percent of the money required to pay the salaries of the middle and junior medical personnel serving this group of patients.

We then started a second shift for 10 patients. In this way, 25 patients are treated daily using 15 beds. A third shift is planned. Our experience has shown that industry is not the only sphere in which the resource base can be put to more efficient use.

A second example illustrates the urgent and extremely difficult problem of providing universal clinical examinations. At the present time, where there is no sanitary medical department in the