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## Reflections on a Week in Riga, Latvia

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(Riga, Latvia May 16-24, 2004) In 1991, following Perestroika, Latvia, formerly known as the "Paris of the Baltics," once again became a nation free of Soviet rule. In 1994, through the efforts of Dr. Cristopher Zarins, our Vascular Division Chief at Stanford University Medical Center, a Latvian medical resident by the name of Dainis Krievins was brought to the USA to spend a year with us in the Vascular Division at Stanford University in Stanford, California. Nearly a decade later, Dainis, now a prominent vascular surgeon in Riga, arranged my visit to Latvia in May 2004 to provide training in diagnostic vascular ultrasound for his colleagues. Once in Riga, I would spend three days at the Stradin University Hospital lecturing and performing live scanning instruction. The fourth day I would travel north to the city of Valmier to speak about plaque morphology at an eastern European radiology conference.

After a very short four-hour rest following my overseas flight I looked out my 16th floor hotel room window and saw a beautiful central park and an old Russian Orthodox Church with golden "bubble" tops on its towers. Over the coming days I learned a great deal about Riga, an ancient Baltic seaport with a rich and varied history. The architecture of the buildings is also varied, a mixture of Scandinavian, Latvian, western European, and Russian design.



Riga, Latvia

The clothing fashion is of Italian influence and extreme among the young

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with very sharply pointed shoes, often turning upward at the toe like elves shoes, bright colors (including their hair), very short skirts and cell phones in hand. English is a universal language and well known by the younger generation who now must learn it in school. Additionally, while visiting Riga in May, I found out that Latvia became a member of the United Nations then.

On the first morning I set off to meet Dr's Zarins and Kreivins for breakfast and load up on coffee to stave off jet lag and then off to the Stradin University Hospital. After passing the guard at the entrance gate we drove along a narrow bumpy lane as we approached the hospital complex. Looking around I see there are several old masonry or brick construction buildings in the complex, each separate from the other. The hospital was constructed about 1900, at the turn of the last century when the spread of disease was common from plagues and the like. Thus, separate buildings for the departments served the purpose of preventing the spread of disease between patient care areas. This, of course, also meant that patients must be transported between buildings for diagnostic tests, treatments, surgery, etc. Consequently patients can be seen roaming about outside wearing what was translated as a "hospital dress" (ie; robe), extending down below the knees and complete with a hood. I was told the robes were made by hospital employees (not clear which ones) and appeared to be quilted cotton in a variety of bright colors and patterns. One woman wore a leopard print robe and an older Russian man was seen wearing a bright pink one with small flowers on it. Many robe clad patients gathered outside near building entrances to have a smoke and to eye the passersby's. On this day the weather was a breezy 50 degrees. Just imagine transporting patients between these buildings by gurney or wheelchair in the snow and ice of a Latvian winter when temperatures can dip to 20 degrees below zero!

While approaching the front steps of the six-story radiology building where the ultrasound center is housed, I am careful to avoid tripping on cracked uneven concrete or a hole where concrete once belonged.



*Stradin University Hospital*

On the porch adjacent to the entrance, were large flat carts stacked with several metal cans and letters painted in red on the outside of each. The cans resembled half sized milk cans from the past. Curious, I inquired about these mysterious cans. Dr. Zarins smiled and said those are the patient's meals! Thinking he was joking, I too laughed. He laughed in return and repeated himself, but this time accentuating the "ARE" in they "ARE the patients meals". After further enquiry, I learned the old complex was not built with a kitchen in 1900 and consequently it

remains without a kitchen, thus the food is brought in these cans from offsite. The contents of these cans could not be described by him or Dr. Krievins. Nor could anyone else I spoke with at the hospital over the next few days, because not one of them had ever tasted the contents. One of the physicians I visited with later thought it was some kind of, uhhh.....? I added "goulash" for which he hastily agreed. But he was not entirely certain what was in the can, nor what goulash was for that matter. He said the "stuff" was removed from the can using a ladle and placed in a bowl at the patient's bedside. He concluded by stating that the medical staff brought their own lunch to work. Enough said!

Entering the building, and straight ahead, I see the sign "ULTRASONOGRĀFIJA". Here I am introduced to the chief of radiology with whom I will be working, along with his colleagues, and medical resident. They offered a heartfelt, and much appreciated, welcome with friendly smiles and expressions of gratitude. I was given a brief tour of the sonography department, which consisted of only two exam rooms and two ultrasound imagers for the entire facility! I was told echocardiography is performed elsewhere. The two ultrasound exam rooms were small narrow rooms with high ceilings and a tall narrow window looking outside at the end of each room. A small privacy screen was placed at the foot of each bed. The first room I was shown contained an older Seimens Alegra ultrasound system (early 1990's vintage?). It was quite large and generated a great deal of heat and the fans were noisy. I was told some time in the past the abdominal transducer had separated from its cable and exposed the wires. The cable had been shoved back into the transducer housing and white medical tape, now grey with wear and beginning to unravel, had been used to hold it in place. The transducer was obviously still in use. The intracavitary transducer had a roll of paper towels slid over it serving as a rather costly, but ingenious, part time paper towel holder. I could not think of a better use for it myself.

As I began to envision the teaching challenges that lay ahead I was taken to the next ultrasound exam room. Here, much to my surprise stood before me a brand new Philips iU22 ultrasound imager! Ours had only just been delivered to the Vascular Surgery Division at Stanford University Medical Center two months prior. It was an amazing and welcome surprise. The new machine was not selected by them, but given to them as part of a deal from elsewhere, I believe, by the government? The details did not appear to be known by my guides or were lost in translation. Consequently, they did not receive the appropriate transducers and presets for vascular imaging and it did not appear they had the option to acquire them. My moment of elation was somewhat deflated by this news, but I would make do.

Now we were off to the conference room to join the other physicians and to begin my lectures on carotid, arterial, venous and abdominal duplex. This would be where my mornings began each day. After lunch we would return to the ultrasound department and provide hands-on instruction while also whittling away at their case load for the day. After the first day of lectures and hands-on training the physicians began to warm up and interacted more freely. By the last day they were quite jovial and more readily trying their hand at speaking English and I was sorry to have to leave them so soon.



### *Stradin Lectures*

Over the three days at Stradin University, the physicians shared many things about their work and culture that I found interesting. For example, like most other non-English speaking countries, only physicians perform ultrasound examinations because sonographers/vascular technologists do not exist here. They perform 15 to 20 exams a day per person versus our 6 to 8 exams per day per person in a US vascular laboratory. However, the exams they perform are not what we know as full diagnostic examinations. Rather, they are quick screens to simply answer; is disease present? yes or no? There is very little or no documentation because film is too expensive or not available. No formal reports are made out, only a hand written note based on memory, which the patient is responsible for passing along to his/her other physicians. No billing procedures are required as the hospital is automatically paid the equivalent of \$25.00 US dollars per examination by the government. Understandably money is limited in this system.

On the following day, between lectures and hands-on training, I was invited by my hosts to lunch at a nearby restaurant. They began talking among themselves and appeared to be stumped about something. I asked if everything was alright and was told "yes-yes" they simply did not know where to go eat as they do not usually go to restaurants. Interestingly we end up at a small restaurant that appeared to be a house surrounded by a bamboo-like fence with a sign overhead reading "Gaiiss Tirs, Sievasmate Laukos!", or something similar. I asked about the translation of the name of the restaurant and was told it read "Dog inside, Mother-in-law in the yard." These people were starting to grow on me! The first thing I saw as I looked through the door was a small bar with several western saddles on posts serving as barstools. Thankfully, just beyond the bar was an artfully decorated room with traditional tables and chairs. Despite the hesitation of my lunch guests who were concerned about my "western" stomach, I decide to order the traditional "red Russian" soup along with my other lunch guests. It smelled great and was delicious, but no one could translate exactly what it consisted of (hm? Where have I heard that before?). It was obviously red with beets, a bit spicy, sliced vegetables and contained a few un-identifiable items.

Over lunch I enquired about the pros and cons of being a physician in Latvia. I was told that medical education is free but woefully inadequate. Now that Latvian physicians have access to other foreign physicians and conferences they are aware limitations exist in their education. Additionally, they have learned of the high salaries earned by American and Western European physicians and now fear that many young Latvian medical residents will be tempted to seek educational and work opportunities outside of Latvia. This is a growing concern

to many older physicians who are overwhelmed with more and more patients and less physicians to carry the workload. The US equivalency of physician salaries in Latvia ranges only from \$400 to \$1000 per month from the government! However, I understand monthly salaries in Latvia can go as high as \$4000 a month if they have several what is known as "private" patients, who willingly pay cash on the side to expedite their care or to obtain the services of higher skilled physicians. A small amount compared to the \$15,000 to \$60,000 monthly salaries earned by US physicians. Armed with this new knowledge, I felt badly and offered to buy their lunch. I was then told they had been subsidized for this special purpose. I was pleased to hear they too were being treated to lunch.

Later that day the "red Russian" soup sought its revenge and in the middle of an exam I was forced to flee the room in search of a restroom. EVERYthing remains under lock and key here and, much to my dismay, that included the restrooms. Fortunately one of the radiologists saw me exit quickly and was right behind me scrambling to find the key (oh the pleasures of travel!). While resting in the reading room, the chief of radiology pulled out a bottle of cognac from his cupboard and offered me a drink to "settle" my stomach, for which I politely declined through my uncontained laughter. I managed to pull myself together enough to join my group for the Mayor's reception later that evening.

On the fourth day, I was chauffeured one hour north of Riga to a hospital in the city of Valmier to speak at a Radiological Ultrasound Conference on the topic of plaque morphology. I was joined by my friend, Dr. Krievins, who provided translation as needed during my lecture. This was



*The restaurant*



*Radiologists: Pietris & Ilsa*

a formal conference with a variety of speakers and sponsored by Toshiba, who also generously provided the vodka and tonic at the lunch break! While here I was given a tour of the hospital which was in various states of disrepair in places and stages of remodel in others. In one stairwell we stepped around rubble on a landing where a four-foot section of plaster had fallen to the floor from the adjacent wall. We were shown a new CT scanner the hospital had just received and for which they were, justifiably, very proud. In a nearby room we were shown an old x-ray machine, 1970's vintage I believe. Though operable, it was rarely used as a new one had been installed in the past month or two. The ultrasound machines were only 4 or 5 years old and appeared to be from Siemens and Philips. Following our tour, we darted back to Riga for dinner in Old Town and, interestingly, a wine tasting of California wines.



*Hospital in Valmier*

The following morning we attended the annual Baltic Angiology Congress in Riga where several members of our group would be speaking. At nine o'clock in the morning physician attendees, and speakers alike, bellied up to the vendor's booths for espresso or, for those more practiced, a shot of cognac from under the counter!

*Interestingly, I also noted this trend when speaking in Brazil a few years ago. There, along with the shots of Brandy being passed about the exhibit hall on trays, were a variety of unusual vendors selling perfume, facial products, satellite dishes, knives, and vacations. Later that afternoon, Dr. Krievins took a group of vascular surgeons and me to the Latvian coast for a casual lunch at his vacation home on the Baltic and a short visit to the beach. We were joined by my friend, Mariit from Finland who had spent the past year at Stanford and two surgeons from Lithuania. We returned to Riga to meet friends in time for dinner and to enjoy the Opera in a newly renovated and beautiful antique opera house.*



*The Baltic Coast*

The following day I returned home completely exhausted, but with a feeling of renewed enthusiasm for my fellow man and very thankful for being part of a rewarding profession and the opportunities and freedoms I enjoy as an American.

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