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## THE ROLE OF THE PRIMARY LINK IN THE PROVISION OF SOCIAL SERVICE OF PALLIATIVE AND HOSPICE CARE TO PATIENTS OF TERNOPIL REGION

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**Purpose:** medical-social analysis and determination of organizational aspects of the current state and priority directions of development of palliative and hospice care (PHC) system in Ternopil region in the conditions of reforming the health care system of Ukraine.

**Materials and Methods.** In order to achieve this goal, common scientific methods of analysis, synthesis and generalization were used.

**Results.** The unfavorable medical and demographic situation in Ukraine requires the justification, creation and development of an affordable, high-quality and effective PHC system, which requires the involvement of medical workers of health care facilities (HCF) of primary health care specialized HCF in coordinating the work of institutions, subordinating to different ministries and government departments, different forms of ownership.

Today in the Ternopil region medical sector reforms are being continued in order to bring accessibility and improve the quality of service to the population, expand the range of medical services to patients in need of PHC by involving general practitioners-family doctors in outpatient palliative care at home as well.

**Conclusions.** The medical-social analysis of demographics, morbidity and mortality indicates a rapid decline in population and aging, a high mortality rate from malignant neoplasms and severe complications of chronic noncommunicable diseases that determine the high need for PHC. Based on the assessment of the development of palliative and hospice care and its compliance with world standards, we understand that the system needs further development.

KEY WORDS: **palliative and hospice care; primary care; general practitioner-family doctor.**

At the beginning of the third millennium, the high rates of morbidity and mortality of the population from various diseases and the spread of socially dangerous infectious diseases cause concern to the world community because of the scale and speed of their spread in society [7]. This indicator is increasing even in economically developed countries with a high level of development of the system of health care and social protection of the population [12, 14]. These changes have led to an unfavorable demographic situation in European countries over the last decades, due to deep demographic and social changes. Therefore, there is an urgency of creating and developing systems and services for palliative and hospice care for patients with chronic diseases that threaten the life of the patient and in the terminal stages of the disease, especially for the elderly and children [10].

This situation has been characteristic of Ukraine over the last decades, with one of the highest death rates in Europe [11, 15]. There is a relentless aging of the population and an increase in the proportion of elderly people in need of PHC at the end of their lives; increased incidence and mortality rates of cancer and severe incurable, chronic noncommunicable diseases, including those with severe chronic

pain syndrome; the spread of multidrug-resistant tuberculosis and co-infection TB/HIV, HIV/AIDS, viral hepatitis B and C; the presence of a significant number of children with congenital defects, cancer and genetic diseases; the spread of degenerative and post-traumatic lesions of the nervous system and musculoskeletal system, including those associated with age and as a result of hostilities in eastern Ukraine [8, 9, 15].

**Purpose:** medical and social analysis and determination of organizational aspects of the current state and priority directions of PHC system development in Ternopil region in the conditions of reforming the health care system of Ukraine; substantiation of involvement of general practitioners-family doctors in outpatient palliative care for patients, including at home, which will facilitate the development and implementation of a modern efficient and affordable PHC system in Ukraine.

**Materials and Methods.** To carry out the work, medical statistics data were used, domestic and foreign scientific literature, regulatory documents, medical statistics and reports of the Ministry of Health of Ukraine and regional health departments were analyzed and used. The following research

methods were applied in the work: information-analytical, structural-logical analysis, comparative content analysis, statistical, sociological analysis.

**Results and Discussion.** The analysis of literature sources, medical statistics data and the results of the sociological research show that the creation and development of an accessible, high-quality and effective system of provision PHC to the population in Ukraine is relevant.

The legal basis for the development of the PHC system to the population in our country is, first and foremost, the Constitution of Ukraine and the Law of Ukraine "Fundamentals of the legislation of Ukraine on health care" No. 2801-XII of 19.11.1992 (as amended) [1].

In 2011, for the first time since the independence of our state in the Law of Ukraine "On Amendments to the Basics of the Legislation of Ukraine on Health Care of Ukraine on Improvement of Medical Assistance" No. 3611-VI of 07.07.2011 in Section V (Article 35-4) whose palliative care is defined as a separate type of medical care at the level of emergency, primary, secondary (specialized), tertiary (highly specialized) and medical rehabilitation [4].

The Law states: "In the last stages of the treatment of incurable diseases, patients are provided with palliative care, which includes a set of measures aimed at alleviating the physical and emotional suffering of patients, as well as providing psychosocial and moral support to their family members".

Palliative care is provided free of charge by the assignment of a health care facility in which the patient is provided with secondary (specialized) or tertiary (highly specialized) medical care, with whom the contract on public health services is concluded.

The procedure for palliative care and the list of medical indications for its provision are determined by the central body of executive power in the field of health care [2, 4].

The next step was the approval of the Unified Clinical Protocol of Palliative Care for Chronic Pain Syndrome, developed on the basis of the adapted clinical guideline "Pain Control", by Order of the Ministry of Health of Ukraine No. 311 of 25.04.2012. This protocol defines the activities of general practitioners-family doctors to control pain in palliative patients.

Order of the Ministry of Health of Ukraine No. 755 of November 4, 2011 "On Approval of the Regulations on the Center and Outpatient Clinic for Primary Care (Health Care) and the Regulations on its Subdivisions" determined that one of the tasks of general practitioner-family doctor in primary medical and outpatient clinics (sanitary) care is the provision of palliative care to patients in the last stages of the treatment of incurable diseases, including the implementation of anesthetic measures with the use of narcotic drugs.

Pursuant to the Law of Ukraine "On the Procedure of Reforming the Health Care System in Vinnytsia, Dnipropetrovsk, Donetsk Regions and the City of Kyiv" dated 07.07.2011 No. 3612-VI an order was issued by the Ministry of Health of Ukraine dated 07.11.2011 No. 768 "On approval of logistical equipment and exemplary staff standards of Hospice Health Care Center, Hospice Home Palliative Care Team, Palliative Department". By the order of the Ministry of Health of Ukraine of 15.07.2011 No. 420 "On Approval of Methodological Recommendations for Calculating the Need for Population Care", the "Methodical Recommendations for Calculating the Need for Primary, Secondary, Tertiary, Emergency and Palliative Care" were approved.

Important regulatory acts for attracting general practitioners-family doctors to the provision of PHC at home are the Decree of the Cabinet of Ministers of Ukraine of May 13, 2013 No. 333 "On the Procedure of Acquisition, Transportation, Storage, Release, Use and Destruction of Drugs, Psychotropic Substances and Precursors in Public Health Facilities" which significantly simplifies the use of narcotic analgesics and improves patients' access to pain relief, especially in the outpatient setting. The order of the Ministry of Health of Ukraine of February 1, 2013 No. 77 "On the state registration (re-registration) of medicines and introduction of changes in registration materials" to the List of registered medicines of the State Register of Medicines of Ukraine morphine sulfate in tablets was added, which is a significant step on the way improving the accessibility of palliative patients to effective analgesia in Ukraine. The order of the Ministry of Health of Ukraine of January 21, 2013 No. 41 "On the organization of palliative care in Ukraine" approved the "Procedure for palliative care" and "List of medical indications for palliative care".

Ukraine, taking the path of integration into the European Community, takes into account the experience of developed countries when reforming the national health care system. In order to create a modern domestic PHC system in accordance with the European standards of the Ministry of Health of Ukraine in 2016, a draft "Palliative Care Development Strategies in Ukraine for the Period up to 2027" and an appropriate plan of measures for its implementation were developed [14, 15].

Therefore, a powerful regulatory field is being created within which domestic palliative and hospice care should be developed.

Systematic-historical analysis of over half a century of PHC experience in the world identifies major nosological criteria for the status of adult palliative patients. However, in Ukraine due to insufficient funding for palliative care and hospice care, patients with the following nosologies may apply for it:

- patients with malignant neoplasms of the stage III-IV of the disease development of clinical group IV;

- patients with advanced chronic noncommunicable diseases in the terminal stage or with limited life expectancy, in particular: in severe chronic heart, pulmonary and renal failure, cerebrovascular diseases (major functional disorders after stroke) deep post-traumatic and age-related neurodegenerative disorders and dementias, etc.;

- patients with incurable infectious diseases, such as AIDS, tuberculosis/HIV co-infection, severe forms and terminal stages of multidrug-resistant tuberculosis (MRTB) and extensively drug-resistant tuberculosis (XDR-TB), viral hepatitis B and C;

- relatives of palliative patients, both during PHC and palliative care, and in the period of grief (after the death of the palliative patient).

According to the recommendations of WHO and reputable international non-governmental professional organizations, PHC should be provided with a holistic, multidisciplinary and cross-sectoral approach, in which health professionals and non-medical professionals (social workers, psychologists, lawyers, etc.) and volunteers, friends or close relatives as well as, at the request of the patient, clergy of the respective denominations collaborate, complementary, coordinating with each other all types of care provided to the palliative patient, and the members of his family [16, 17, 18, 19].

In our country, a three-tier PHC model adapted to the national health care system is implemented based on international experience. The strategic goal of the concept of providing PHC to the population of Ukraine is to realize the citizens' constitutional right to health care and medical care and to ensure the highest attainable quality of life, by providing affordable, quality and efficient PHC at all levels of health care delivery.

Primary non-specialized PHC – is provided initially after diagnosis of incurable disease. PHC is provided at the same time (in parallel) with etiopathogenetic treatment. PHC activities are part of the clinical treatment protocol and are performed by the general practitioner-family doctor. At this level adequate methods of control of chronic pain syndrome and symptoms of disorders of organs and systems of the body are determined; principles of effective communication with the patient and his family are provided; psychological, religious/spiritual support; At this stage, palliative patients and their family members are counseled, informed and educated; coordination and cooperation with social protection institutions, charitable foundations, volunteers [13].

General palliative care is provided in the progression of incurable disease, along with the continuation of disease-modifying therapy. As a rule, PHC are provided by a treating physician together with staff of a multidisciplinary PHC team at inpatient healthcare facilities of different profiles. Although, at the request of the palliative patient, it may be

provided at home with primary care healthcare workers at home.

Specialized PHC (hospice care or “end-of-life assistance”) – is provided to incurable patients with severe disorders of the organs and systems of the body, in decompensated and terminal stages of the disease, in the development of depressive and other psycho-emotional disorders, restriction of motor activity and ability to serve a 6-month prognosis of life expectancy and from the termination of disease-modifying therapy is issued. Treatment and care are focused entirely on controlling the symptoms and providing the comfort and maximum quality of life for the patient and his or her family members. All components of PHC (medical, psychological, social and spiritual care) are provided at a specialized inpatient healthcare facility – hospice; in the palliative care unit/ward or in the outpatient setting – at home, together with the primary care healthcare staff, according to the needs and wishes of the patient and his or her family [2, 3].

The existing network and capacity of Healthcare facilities providing PHC is extremely inadequate, in particular: as of January 1, 2019 specialized stationary PHC in Ukraine was provided at 2 PHC (in Ivano-Frankivsk and Kharkiv) and 17 Hospice hospitals with 567 beds for palliative patients, 1 nursing hospital and 68 PHC units in HCF (Health Care Facilities) of various profiles, which expanded 1626 PHC beds, and 31 palliative care beds in institutions of social protection system. Pediatric profile PHC facilities operate in only 5 cities of Ukraine. In total, there are 2736 Palliative Patient beds in Ukraine, which is 64.3 % of the need. In addition, according to WHO, palliative care needs will increase by another 20 % in the next 10–15 years [5].

The decision of Ternopil Regional Council No. 71 of February 10, 2016 reorganized the Ternopil Regional Municipal TB Hospital into the Ternopil Regional Hospice Hospital. It started on May 4, 2016. It has a hospital for 30 beds. Obviously this number is not sufficient for the whole region. So palliative care will be improved within the frame of achievement of the Sustainable Development Goals in particular goal 3 (good health and well-being).

Unfortunately, due to the lack of PHC facilities and lack of trained staff, the availability of in-patient PHC for most patients in the region who need it remains insufficient. Therefore, most palliative patients complete their biological lives at home under the supervision of general practitioner-family doctors.

Ensuring PHC accessibility requires general practitioner-family doctors to have the skills of optimal organization of intersectoral and interagency coordination and cooperation to implement effective PHC service at primary care level, as, for example, palliative elderly and senile patients are both in health care facilities and institutions of social protection of

the population, patients with AIDS are looked after by specialized institutions – centers for the fight and prevention of HIV/AIDS, cancer [6] patients – by specialized or oncology clinics and hospitals and so on.

### Conclusions

Therefore, a powerful regulatory field is being created within which domestic palliative and hospice care is developing. However, the availability of inpatient PHC for most patients who require it remains insufficient. There is virtually no home PHC service in Ukraine, which is why rural residents cannot receive it at all.

Based on the development strategies of Ukraine, taking into account the status and features of the organization, the following tasks are of primary importance for Ternopil region: Development of palliative and hospice care in Ternopil region by bringing this type of assistance to the population;

updating of the material base of the establishment and provision according to the list of equipment; emphasizing the prevention of social diseases in the context of spheres of influence; creation of proper living conditions for the population; search for alternative sources of funding identified by current legislation; optimizing the use of budget allocations through, energy savings, revision of the system of providing with medicines and medical products; formation of the stereotype of activity of health care workers on efficiency, instead of on a quantitative indicator; setting up on-site multidisciplinary outpatient palliative care service.

**Prospects for further research.** In many developed countries, there is government support for PHC. Development issues of PHC system in our country is an important step towards European integration and a condition for successful health care system reform.

### Literature

1. *Вороненко Ю. В.* Створення системи паліативної та хоспісної допомоги в умовах реформування охорони здоров'я в Україні: медичні та соціальні аспекти / Ю. В. Вороненко, Ю. І. Губський, А. В. Царенко // *Наука і практика. Міжвідомчий медичний журнал.* – 2014. – № 1 (2). – С. 63–75.
2. *Вороненко Ю. В.* Паліативна допомога як інтегральна складова розвитку та реформування системи охорони здоров'я в Україні / *Актуальні питання надання паліативної та хоспісної допомоги в Україні. Медико-юридичні та фармацевтичні аспекти* : матеріали ІІ всеукраїнської наук.-практ. конф. // за ред. Ю. В. Вороненка, Ю. І. Губського. – К. : Талком, 2013. – С. 49–62.
3. *Гойда Н. Г.* Соціально-медичні аспекти розвитку паліативної та хоспісної допомоги в Україні в умовах реформування системи охорони здоров'я / Н. Г. Гойда, Ю. І. Губський, А. В. Царенко // *Реабілітація та паліативна медицина.* – 2015. – № 2 (2). – С. 23–30.
4. *Губський Ю. І.* Паліативна медична допомога в Україні: соціальні, медико-правові та клініко-фармацевтичні аспекти / Ю. І. Губський // *Актуальні питання надання паліативної та хоспісної допомоги в Україні. Організаційні, медико-юридичні та клініко-фармацевтичні питання* : матеріали ІІІ всеукраїнської наук.-практ. конф. 22–24.04.2015 р. / за ред. Ю. В. Вороненка, Ю. І. Губського. – К. : Талком. – 2015. – С. 9–31.
5. *Державний комітет статистики України* [Електронний ресурс]. – Режим доступу : <http://www.ukrstat.gov.ua/>.
6. *Дрижак В. І.* Стан діагностики та лікування первинного раку печінки / В. І. Дрижак, І. В. Жулкевич, І. М. Леськів // *Вісник наукових досліджень.* – 2013. – № 2. – С. 72–73.
7. *Князевич В. М.* Перспективи розвитку паліативної допомоги в Україні / В. М. Князевич // *Реабілітація та паліативна медицина.* – 2015. – № 2. – С. 131–134.
8. *Соціально-медичні аспекти розвитку паліативної та хоспісної допомоги в Україні* / Ю. В. Вороненко, В. М. Князевич, О. В. Заволока [та ін.] // *Щорічна доповідь про стан здоров'я населення, санітарно-епідемічну ситуацію та результати діяльності системи охорони здоров'я України.* 2015 р. ; за ред. В. В. Шафранського ; МОЗ України, «ДУ УІСД МОЗ України». – К., 2016. – С. 284–301.
9. *Царенко А. В.* Обґрунтування концептуальної моделі системи паліативної і хоспісної допомоги населенню на рівні первинної медичної допомоги / А. В. Царенко, Н. Г. Гойда, Ю. І. Губський // *Здоров'я суспільства.* – 2019. – № 2. – С. 49–57.
10. *Чайковська В. В.* Методологічні засади проведення курсу «Основи довготривалого і паліативного догляду за хворими та внутрішньо переміщеними особами літнього віку» (на допомогу навчальним закладам ІІ–ІV рівня акредитації) / В. В. Чайковська, Т. І. Вялих, А. В. Царенко // *Реабілітація та паліативна медицина.* – 2018. – № 1 (7). – С. 36–46.
11. *Чепелевська Л. А.* Аналіз демографічної ситуації в Україні / Л. А. Чепелевська, О. П. Рудницький // *Щорічна доповідь про стан здоров'я населення, санітарно-епідемічну ситуацію та результати діяльності системи охорони здоров'я України.* 2016 р. / МОЗ України, ДУ «УІСД МОЗ України». – К., 2017. – С. 516 с.
12. *Чепелевська Л. А.* Тенденції медико-демографічних показників України в ХХІ столітті / Л. А. Чепелевська // *Україна. Здоров'я нації.* – 2018. – № 1 (47). – С. 48–52.
13. *Шекера О. Г.* Модель залучення лікарів загальної практики-сімейних лікарів до надання паліативної допомоги пацієнтам вдома / О. Г. Шекера, А. В. Царенко, Ю. І. Губський // *Здоров'я суспільства.* – 2014. – Т. 3, № 1–2. – С. 29–35.
14. *Щорічна доповідь про стан здоров'я населення, санітарно-епідемічну ситуацію та результати діяльності системи охорони здоров'я в Україні.* 2017 р. / МОЗ України, ДУ «УІСД МОЗ України». – К., 2017. – С. 516 с.

15. Щорічна доповідь про стан здоров'я населення, санітарно-епідемічну ситуацію та результати діяльності системи охорони здоров'я України. 2017 р. / МОЗ України, ДУ «УІСД МОЗ України». – К. : МВЦ «Медінформ», 2018. – 458 с.
16. WHO. Planning and implementing palliative care services: a guide for programme managers. – World Health Organization, 2016. – 172 p.
17. WPCA and WHO. Global Atlas of Palliative Care at the End of Life. – S. R. Connor, M. C. S. Bermedo. – ed. – World Health Organization, 2014. – 111 p.
18. EAPC. White Paper on standards and norms for hospice and palliative care in Europe: Part 1. Recommendations from the European Association for Palliative Care // European Journal of Palliative Care. – 2010. – Vol. 17 (1). – P. 22–33.
19. Council of Europe. Рекомендації Rec (2003) 24 Комітета Міністрів Ради Європи к державам-членам по організації паліативного ухода (12 листопада 2003 р.). – Совет Европы. – 2004. – 89 с.

#### References

1. Voronenko, Yu.V., Hubskeyi, Yu.I., & Tsarenko, A.V. (2014). Stvorennia systemy paliativnoi ta khospisnoi dopomohy v umovakh reformuvannya okhorony zdorovia v Ukraini: medychni ta sotsialni aspekty [Creation of a system of palliative and hospice care in the conditions of health care reform in Ukraine: medical and social aspects]. *Nauka i praktyka. Mizhvidomchy medychnyi zhurnal – Science and practice. Interagency Medical Journal*, 1 (2), 63-75 [in Ukrainian].
2. Voronenko, Yu.V., & Hubskeyi, Yu.I. (Ed.) (2013). Paliativna dopomoha yak intehralna skladova rozvytku ta reformuvannya systemy okhorony zdorovia v Ukraini [Palliative care as an integral component of development and reform of the health care system in Ukraine]. Materials of the II All-Ukrainian Sci.-Pract. Conference: *Aktualni pytannia nadannia paliativnoi ta khospisnoi dopomohy v Ukraini. Medyko-yurydychni ta farmatsevychni aspekty – Actual Issues of Palliative Care and Hospice Care in Ukraine. Medico-Legal and Pharmaceutical Aspects*. Kyiv: Talkom [in Ukrainian].
3. Hoyda, N.H., Hubskeyi, Yu.I., & Tsarenko, A.V. (2015). Sotsialno-medychni aspekty rozvytku paliativnoi ta khospisnoi dopomohy v Ukraini v umovakh reformuvannya systemy okhorony zdorovia [Socio-medical aspects of the development of palliative and hospice care in Ukraine in the conditions of reforming the health care system]. *Reabilitatsiia ta paliativna medytsyna – Rehabilitation and Palliative Medicine*, 2 (2), 23-30 [in Ukrainian].
4. Voronenko, Yu.V., & Hubskeyi, Yu.I. (Ed.) (2015). Paliativna medychna dopomoha v Ukraini: sotsialni, medyko-pravovi ta kliniko-farmatsevychni aspekty [Palliative care in Ukraine: social, medical, legal and clinical-pharmaceutical aspects]. Materials of the II All-Ukrainian Sci.-Pract. Conference: *Aktualni pytannia nadannia paliativnoi ta khospisnoi dopomohy v Ukraini. Medyko-yurydychni ta farmatsevychni aspekty – Actual Issues of Palliative Care and Hospice Care in Ukraine. Medico-legal and Pharmaceutical Aspects*. Kyiv: Talkom [in Ukrainian].
5. Derzhavnyi komitet statystyky Ukrainy [State Statistics Committee of Ukraine]. Retrieved from: <http://www.ukrstat.gov.ua> [in Ukrainian].
6. Dryzhak, V.I., Zhulkevych, I.V., & Leskiv, I.M. (2013). Stan diahnozyky ta likuvannya pervynnoho raku pechinky [State of diagnosis and treatment of primary liver cancer]. *Visnyk naukovykh doslidzhen – Bulletin of Scientific Research*, 2, 72-73 [in Ukrainian].
7. Kniazevych, V.M. (2015). Perspektyvy rozvytku paliativnoi dopomohy v Ukraini [Prospects for the development of palliative care in Ukraine]. *Reabilitatsiia ta paliativna medytsyna – Rehabilitation and Palliative Medicine*, 2, 131-134 [in Ukrainian].
8. Voronenko, Yu.V., Knyazevych, V.M., Zavaloka, O.V., Hubskeyi, Yu.I., & Moiseyenko, R.O. (2016). Sotsialno-medychni aspekty rozvytku paliativnoi ta khospisnoi dopomohy v Ukraini [Socio-medical aspects of the development of palliative and hospice care in Ukraine]. *Collection: Shchorichna dopovid pro stan zdorovia naseleння, sanitarno-epidemichnu sytuatsiiu ta rezultaty diialnosti systemy okhorony zdorovia Ukrainy. 2015 rik. – Annual report on the state of health of the population, the sanitary-epidemic situation and the results of the activity of the health care system of Ukraine. 2015*. Shafranskyi, V.V. (Eds.). MOZ Ukrainy; "DU UISD MOZ Ukrainy". Kyiv [in Ukrainian].
9. Tsarenko, A.V., Hoyda, N.H., & Hubskeyi, Yu.I. (2019). Obhruntuvannya kontseptualnoi modeli systemy paliativnoi i khospisnoi dopomohy naseleńniu na rivni pervynnoi medychnoi dopomohy [The substantiation of the conceptual model of the system of palliative and hospice care to the population at the level of primary medical care]. *Zdorovia suspilstva – Health of the Society*, 2, 49-57 [in Ukrainian].
10. Chaikovska, V.V., Vyalykh, T.I., & Tsarenko, A.V. (2018). Metodolohichni zasady provedennia kursu "Osnovy dovrotryvaloho i paliativnoho dohladu za khvorymy ta vnutrishno peremishchenymy osobamy litnoho viku" (na dopomohu navchalnym zakladam II–IV rinvnia akredytatsii) [Methodological principles of conducting the course "Fundamentals of long-term and palliative care for patients and internally displaced persons of elderly age" (to help educational institutions of the II-IV level of accreditation)]. *Reabilitatsiia ta paliativna medytsyna – Rehabilitation and Palliative Medicine*, 1 (7), 36-46 [in Ukrainian].
11. Chepelevska, L.A., & Rudnytskyi, O.P. (2017). Analiz demohrafichnoi sytuatsii v Ukraini. Shchorichna dopovid pro stan zdorovia naseleńnia, sanitarno-epidemichnu sytuatsiiu ta rezultaty diialnosti systemy okhorony zdorovia Ukrainy. 2016 rik [Analysis of the Demographic Situation in Ukraine. Annual Report on the State of Health of the Population, Sanitary-Epidemic Situation and Results of the Health Care System of Ukraine. 2016]. MOZ Ukrainy, DU "UISD MOZ Ukrainy". Kyiv [in Ukrainian].
12. Chepelevska, L.A. (2018). Tendentsii medyko-demohrafichnykh pokaznykiv Ukrainy v XXI stolitti [Trends of medical and demographic indicators of Ukraine in the XXI century]. *Ukraina. Zdorovia natsii – Ukraine. The Nation's Health*, 1 (47), 48-52 [in Ukrainian].
13. Shekera, O.H., Tsarenko, A.V., & Hubskeyi, Yu.I. (2014). Model zaluchennia likariv zahalnoi praktyky-simeinykh likariv do nadannia paliativnoi dopomohy patsiientam vdoma [Model of involvement of general practitioners-family doctors in palliative care at home]. *Zdorovia suspilstva – Health of the Society*, 3, 1-2, 29-35 [in Ukrainian].

14. (2017). *Shchorichna dopovid pro stan zdorovia naseleण्या, sanitarno-epidemichnu sytuatsiiu ta rezultaty diialnosti systemy okhorony zdorovia v Ukraini 2017 r.* [Annual Report on the State of Health of the Population, Sanitary and Epidemic Situation and the Results of the Health Care System in Ukraine 2017]. MOZ Ukrainy; DU "UISD MOZ Ukrainy". Kyiv, [in Ukrainian].
15. (2018). *Shchorichna dopovid pro stan zdorovia naseleण्या, sanitarno-epidemichnu sytuatsiiu ta rezultaty diialnosti systemy okhorony zdorovia Ukrainy. 2017 rik* [Annual report on the state of health of the population, the sanitary-epidemic situation and the results of activity of the health care system of Ukraine. 2017]. MOZ Ukrainy, DU "UISD MOZ Ukrainy". Kyiv: "Medinform" [in Ukrainian].
16. WHO. (2016). *Planning and implementing palliative care services: a guide for programme managers*. World Health Organization.
17. Connor, S.R., & Bermedo, M.C.S. (Eds.). WPCA and WHO. (2014). *Global Atlas of Palliative Care at the End of Life*. World Health Organization.
18. EAPC. (2010). White Paper on standards and norms for hospice and palliative care in Europe: Part 1. Recommendations from the European Association for Palliative Care. *European Journal of Palliative Care*, 17 (1), 22-33.
19. Council of Europe. (2004). *Rekomendatsii Rec (2003) 24 Komiteta Ministrov Soveta Yevropy k gosudarstvam-chlenam po organizatsii palliativnogo ukhoda (12 no 2003 g.)* [Recommendations Rec (2003) 24 of the Committee of Ministers of the Council of Europe to member states on the organization of palliative care (November 12, 2003)]. [in Russian].

## РОЛЬ ПЕРВИННОЇ ЛАНКИ В НАДАННІ СОЦІАЛЬНОЇ ПОСЛУГИ ПАЛІАТИВНОЇ ТА ХОСПІСНОЇ ДОПОМОГИ ПАЦІЄНТАМ ТЕРНОПІЛЬЩИНИ

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**Мета:** провести медико-соціальний аналіз і визначити організаційні аспекти сучасного стану та пріоритетні напрямки розвитку системи паліативної та хоспісної допомоги (ПХД) на Тернопільщині за умов реформування системи охорони здоров'я України.

**Матеріали і методи.** Для досягнення поставленої мети у роботі використано загальнонаукові методи аналізу, синтезу та узагальнення.

**Результати.** Неприятлива медико-демографічна ситуація в Україні вимагає обґрунтування, створення і розвитку доступної, якісної та ефективної системи ПХД, що потребує залучення до надання паліативної та хоспісної допомоги медичних працівників закладів охорони здоров'я (ЗОЗ) первинної медичної допомоги і спеціалізованих ЗОЗ, координації роботи закладів та установ, підпорядкованих різним міністерствам та відомствам, різних форм власності.

На сьогодні в Тернопільській області продовжуються реформи медичної галузі з метою наближення доступності та покращення якості обслуговування населення, розширення спектра надання медичних послуг пацієнтам, які потребують паліативної та хоспісної допомоги шляхом залучення лікарів загальної практики – сімейної медицини до надання амбулаторної паліативної допомоги пацієнтам, у тому числі вдома.

**Висновки.** Медико-соціальний аналіз демографічних показників, захворюваності і смертності свідчить про швидке скорочення чисельності та постаріння населення, високий рівень смертності від злоякісних новоутворень і тяжких ускладнень хронічних неінфекційних захворювань, що визначають високу потребу населення у ПХД. На основі оцінки розвитку паліативної та хоспісної допомоги та відповідності її світовим стандартам розуміємо, що система потребує подальшого розвитку.

**КЛЮЧОВІ СЛОВА:** паліативна і хоспісна допомога; первинна медична допомога; лікар загальної практики – сімейний лікар.

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