

REQUIREMENT FOR THE PROVISION OF MEDICAL PERSONNEL FOR PALLIATIVE AND HOSPICE CARE

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Palliative and hospice care (PHC) is provided to terminally ill patients at the end of their lives with the aim of reducing their suffering, improving the quality of life, and adapting to the imminent inevitable death (both of the patients themselves and their family members). PHC care in Ukraine in 2018, 2019 and 2020 required 227,143; 212,199 and 190,179 adults, respectively, as well as 61,355; 49,002 and 45,357 children, respectively. The calculation of the need for PHC was carried out in accordance with the methodology of the Ukrainian Center for Public Data [1; 2]. We took into account the needs of people with malignant neoplasms, cardiovascular diseases, tuberculosis, diabetes, rheumatoid arthritis, fibrosis and cirrhosis of the liver, chronic obstructive pulmonary disease, HIV/AIDS, kidney diseases in adults; as well as with congenital malformations, severe perinatal conditions, cerebral palsy, malignant neoplasms, diabetes, HIV/AIDS, inflammatory diseases of the central nervous system, cardiovascular diseases, tuberculosis, phenylketonuria, cystic fibrosis, chronic hepatitis, mucopolysaccharidoses in children. Adults with dementia and children with severe and profound mental retardation were excluded from the assessment of needs for PHC (due to the lack of data from state medical statistics starting in 2019).

The calculation of the need for resources for the provision of needs was carried out by us in accordance with the recommendations of the "White paper on standards and norms for hospice and palliative care in Europe" of the European Association of Palliative Care (2009) [3; 4], as well as the terms of procurement of medical services of the National Health Service of Ukraine. According to these recommendations, 40% of PHC should be provided in a stationary setting, 60% – by mobile services. The hospital should have a minimum of 8 "palliative" beds per 100,000 population. There should be a minimum of: 25 beds per institution; 2 doctors and 4 nurses. A mobile (out-of-town) service is being created to provide palliative care to patients at home and is also designed for a population of 100,000. Such a service also requires a minimum of 2 doctors and 2 nurses. According to this calculation, in-patient PHC in 2018 was to be provided in 125 medical institutions with the participation of 250 doctors and 500 nurses. Mobile PHC at a minimum level was to be provided by 387 services with the participation of 774 doctors and 774 nurses. The state's expenditures on the relevant types of aid were to be 279.1 and 170.8 mln hr.