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PECULIARITIES OF INTRODUCTION OF FAMILY MEDICINE IN UKRAINE

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Abstract

The introduction of family medicine on the territory of Ukraine now is the subject of many discussions among health system organizers, scientists, teachers, representatives of medical organizations, patient community groups, etc. Aim of the article: to analyze peculiarities of introduction of several stages reform of medical primary assistance of Ukraine. Methods and materials of research: we have applied the methods of comparative analysis, logical generalization, analysis and synthesis for comprehensive estimation of results and peculiarities of introduction of the

practice of family medicine. Results: the scientific work analyzes the peculiarities and ways of introducing several stages of the reform of medical primary care of Ukraine as a guarantee of the total change in all levels of medical care and overcoming the health and medical crisis of the country. Conclusions. Introduction of primary link of medical provision of family medicine in Ukraine happens during difficult socially-economic conditions and in realities of non-proclaimed war, that significantly slows down the process of realization. Gradual implementation of economic methods into management of family medicine allows to gain significant progress in increasing quality of medical-sanitary provision of population, strengthen and saving its health, improvement of world rating of Ukraine. It became clear, that the effectiveness of introducing family medicine exceeds the expected results both for citizens and medical institutions and for the state as a whole for a short term of local implementations.

Key words: family medicine, family doctor, primary health care, unified clinical protocols.

Setting the problem. Nowadays, introduction of family medicine in Ukraine is popular topic for discussion and the reason of many discussions among organizers of health care system, researchers, teachers, representatives of medical organizations, public communities of patients and others. By virtue of the active introduction of family medical practice, long-awaited professional and strictly hierarchical providing

of continued and direct patronage must be happened for health of members of each Ukrainian family. Ukraine is related to the whole number of reforms and changes of previous systems of state governance, social provision and service, by making the course into European integration. Medical reform takes an important place in this process. The creation of ramified chain of family medicine is called as a priority direction of reforming of Ukrainian medical branch for about 15 years. However, people talk about the reform of primary link of providing medical assistance, while they often keep in mind rearranging of old medical assistant practice. This reform must bring us to western model of providing the assistance. It is necessary to change the essence of philosophy of medicine, to do so that primarily all health care workers understand the difference in approaches to a human and work as family doctors and nurses, in order the reform indeed gets real result and changes would be visible and reflects qualitative primary medicine. As health a human is not only physical one, but also psychological and social ones. Family doctors must take into account psychological and social health of people, when they treat their bodies [3].

The way of establishment of order and regularity in medicine directly depends on introduction of family medicine into practical circulation, as a family doctors have the motivation to require quality from themselves as well as from the secondary assistance, by the virtue of financial intercourse and management which must be implemented by them.

Aim of the article: to analyze peculiarities and ways of introduction of several stages reform of medical primary assistance of Ukraine as guaranty of total change of all levels of medical service and overcoming of medical-sanitary crisis of the country.

Methods and materials of research: we have applied the methods of comparative analysis, logical generalization, analysis and synthesis for comprehensive estimation of results and peculiarities of introduction of the practice of family medicine. Foreign and domestic researchers of the primary medical social link – Liaropoulosm L.L., 2001; Trefa H.O., 2002; Lehan, V.M., 2003; Rudyi V.M.,

2004. Moskalenko V.V. considers economic problems of social medicine and analyze the use of financial, material and staff resources in his works. In general, the processes of reorganization of system of medical assistance to the population point that solution of the problem of work payments for medical workers acquire special significance among the other problems of reorganization of the industry in the direction of primary medical-sanitary assistance on the principles of general practice of family medicine (Novikov V., 2002, Kutsenko V.I., 2002, Ruden' V.V., 2003). Liehan V.M. and Rohova O.H. worked on the project of Thesis about free choice of a doctor.

The transition into the principles of medical medicine has proved its efficiency and economic advantages in European countries. Currently powerful International association of family doctors WONCA unites European, Asian, South-American, North-American and other regional association in its structure; Ukraine has joined to its participation. Achievements of family medicine are regularly covered at professional congresses and conferences [3].

Results and discussion. Processing of the problem of planning, estimation of efficiency and financing of the system of primary medical aid firstly depends on the legal mechanisms of the country, adoption of appropriate laws and providing of their effective implementation. Now the work of medical industry is guided by constitutionally normalized Law of Ukraine since 11.19.1992 № 2801-XII «The basis of legislation of Ukraine about health care» [5]. But according to O. Sheker: «Family medicine needs own law» [9]. According to the proposed project of Law of Ukraine «About primary medical assistance on the basis of family medicine», it was indicated that «Functioning of family medicine is based on such priorities:

- Recognition of primary medical assistance as a priority direction of social and state activity in the sphere of health care;
- Orientation into patients, their families and society in general;
- Equal possibilities of patients in receiving primary medical assistance;

- Free choice of a person of primary medical assistance, conscious choice of methods of prevention, diagnosis and treatment of diseases;
- Compliance of sectoral standards in the sphere of health care;
- Responsibility of patients and their families' members for state of their health, authentic and timely informing specialists of family medicine about its changes» [7].

The position of the bill applies to the articles of the Budgeting codex of Ukraine, that determine demarcation of expenses between budgets in accordance with new model of financing of primary medical assistance and system of public health. Thesis of the bill denoted that the state guarantees free granting of primary medical assistance on the basis of family medicine in state and municipal institutions of health care, with which the principal manager of budget costs has signed the agreement about medical service of the population. According to the countries with developed systems of health care (Great Britain, Canada, the USA, Japan, etc.), the value of medical assistance costs 10 times cheaper than at the next levels, which is granted at the level of primary link. Therefore, implementation of the whole complex of prevention and early detection of illness were imposed at this link, that lets the specialists of family medicine to provide 80-90% of patients' appeals and improves the crisis of morbidity of population of the country, as it is the most effective form of organization of primary medical-social assistance by family principle. «It is known from the experience of developed counties that over 80% of medical problems that appear in people can be solved at the primary level of health care. That's why many countries have overcome the crisis in the health care system (HCS) due to development of the primary medical-sanitary assistance (PMSA). Fundamental principle of primary medical assistance on the basis of family medicine is to treat patients as to reliable partner, preserving responsibility for the results of treatment» [8].

Family medicine is not Ukrainian innovation, but it is strategic and long ago designed direction of European development and social prosperity in developed countries. As American, European and Canadian experiences have evidenced that namely family doctors are more demanded in society and get bigger remuneration for their work than secondary medicine. Family doctors must not only examine, but also ask about what disturbs them so much. For example, a man appealed to family doctor who has lost his job and his feeling is very bad because of severe experience, he has high pressure, excessive heartbeat. This is stressful factor and a doctor must consult people about who they should reduce it. As it doesn't matter how much a patient would be treated, pills are not effective, until stress are not lost. According to the strategy of such principle, prevention of patients takes the first stage, not treatment, as qualitative and swift reaction of family doctors on any problem of patients will allow to avoid more serious problems (in accordance with the given example it can be insult). In connection with it, 60% of work of family doctors is prevention of illnesses. V. Moskalenko noted in his report at final board of MHC of Ukraine, that: «Main direction of reforming is primary medical-sanitary assistance on the basis of family medicine. The first results of its implementation testify about high efficiency. Family doctors are responsible for up to 60% of the amount of diagnostic work and accordingly, the level of hospitalization and the amount of referrals to narrow specialists are reduced in 2-3 times. In addition, the number of calls for the ambulance is lowered on 20%. According to predicted assessments, only these measures give possibility to receive annual saving of about 900 million of hryvnas» [6].

Post-Soviet local medical system was focused on medical practice of rural ambulatory. As time has showed, this medical institution had two branches of work: firstly, providing assistance at minor health problems (acute respiratory disease, acute respiratory viral infection, etc.) then, measures of prevention, but this work was reduced to prophylactic vaccinations. Mentioned procedures were mostly conducted by sanitary medical assistants, who conducted sanitary inspection at the area selected

for them. Among the disadvantages of old model of health care in Ukraine, the director of P.L. Shupyk Institute of family medicine NMAOE, professor O. Shekera names:

- Unjustifiably small amount of primary medical assistance in general complex of providing medicinal services;
- Inefficiency of the existed system and deformation of the structure of medical services;
- Absence of planning mechanism and work estimation of medical institutions in attachment to granting medical services and accordingly, financing of the last ones;
- Inadequately low level of financing of the branch from budget sources with the absence of alternative ones (in particular, public funds, insurance system, granting paid services);
- Dispersion and inefficiency of assimilation of available resources of health care system [4].

Family medicine works with the help of distinctive algorithm. Family doctors conduct constant screening of health state of people who are fixed behind them, they can help in treatment and sanitation at a particular level, but at another one they direct patients to secondary assistance. Medicine of family type will allow to adequately share state and public resources, which are wasted for medical assistance. At present time, family medicine develops not only in state sector, but in private in Ukraine. Usually, such private clinics are organized in cooperation with insurance companies. Namely, those people who can presume such services, buy medical insurance policy that oblige insurers to organize medical assistance [2].

The system of family medicine is called to improve not only the whole medical branch of the country, but to simplify visiting procedure of qualified medical worker. Whereas patients must be comfortable to appeal to a family doctor, as family doctors themselves revive complex approach to patients' health and their family, make

acquaintance with all family members, cheers for everyone. «This approach disciplines both doctors and patients, forms new relations between them that is inter-responsibility, so it actively works for preservation of healthy nation. It is known, that important problem of Ukrainian medicine is low enlightenment of population, that's why each family doctor is agitator for this discipline and its future depends on how a family doctor will work» [9].

It is necessary to point out basic tasks of family medicine:

- Lower of callings for emergency medical assistance;
- Lower of maternal and infant mortality;
- General lower of the morbidity level;

According to definition, family doctor (also doctor of general practice, family medicine) is a doctor who obtained specialized multidisciplinary training in providing primary medical-sanitary assistance for family members of any age and gender [1]. The concept reality «doctor of general practice / of family medicine» has been established in social conception by means of evolutionary formation in number of European countries and the USA. The process of introduction family medicine in Ukraine received a lot of obstacles. The experiment is considered to be a starting point of introduction of the practice of family medicine that was placed at Lviv region in 1987. Since 1995, preparation of family doctors by the program which had been approved by the Ministry of Health Care of Ukraine.

The important elements of the system of family medical practice are so-called standardized clinical protocols of providing medical assistance, which are formed on the basis of evidential medicine. These protocols are types of general schemes of providing assistance at one or another diagnoses and they are called firstly to be a tip for doctors, secondly, they play an important role for insurance medicine. As due to such unification, doctors cannot assign as many drugs as they want, that means basically cooperate with pharmaceutical companies or pharmacies, but they must act in accordance with registered standards [7]. In most of European countries, specialty

of a doctor belongs to so-called free professions, existence of which is prevented without ramified system of medicinal self-government. It is said in explanatory part of the law project since 01.17.2017 № 5617-1 «About medicinal self-government» that the aim of adoption of this Law of Ukraine is introduction of professional self-government of doctors and granting authorities of medicinal self-government with appropriate powers in the sphere of regulation of number of aspects of proper medical practice [8]. Payment for work of family doctors must be connected with their image and the amount of served population. Team forms of organization and work payment are the most expedient, while specialists of family medicine are united into micro-groups. Realization of different economic models of family medicine is defined by state policy and forms of properties in the branch of health care [2].

Conclusions. 1. Introduction of primary link of medical provision of family medicine in Ukraine happens during difficult socially-economic conditions and in realities of non-proclaimed war, that significantly slows down the process of realization.

2. The proposed model must at most bring domestic medicine to western standard of medical service. Gradual implementation of economic methods into management of family medicine allows to gain significant progress in increasing quality of medical-sanitary provision of population, strengthen and saving its health, improvement of world rating of Ukraine.

It became clear, that the effectiveness of introducing family medicine exceeds the expected results both for citizens and medical institutions and for the state as a whole for a short term of local implementations. **Perspectives of further investigation.** There are many questions at the moment, which must be considered from the scientific point of view (detailed analysis of the functions of family doctors; infographics of changes of social medical picture in already reorganized institutions, etc.) because the described industry only gets momentum in its implementation.

References

1. Bazylevych, Ya. P., & Furtak, I. I. (1995). *Economic of implementation of family medicine*, 4-5.
2. Borysevych, M. D., & Polotaiko, Ye. M. (1992). *The role of family medicine in saving and strengthening of health of labor potential*. Proceedings from: Naukovo-praktychna konferentsiia «Trudovyi potentsial Ukrayiny» – Scientific and Practical Conference «Labor potential of Ukraine».
3. Huziy, O. *Family medicine in Ukraine: perspectives of further development*. Ukrayinskyi medychnyi chasopys. Retrieved from <https://www.umj.com.ua/article/116327/simejna-meditsina-v-ukrayini-perspektivi-podalshogo-rozvitku>.
4. *The law of Ukraine About approval of the program of development of primary medical-sanitary assistance on the basis of family medicine on the period until 2011*. Retrieved from: http://search.ligazakon.ua/l_doc2.nsf/link1/T101841.html
5. *Zakonom Ukrainy vid 19.11.1992 p. № 2801-XII «By the Law of Ukraine from 19.11.1992 p. № 2801-XII» «The basis of the legislation of Ukraine about health care»*. Retrieved from: http://search.ligazakon.ua/l_doc2.nsf/link1/T280100.html
6. Moskalenko, V. (2001). *Activity of health care industry in 2000, tasks connected with further its development and improvement of the level of health of population of Ukraine*. *Vashe zdorovia*, 8.
7. Nadyuk, Z. (2008). *The market of medical services: the role of the state in financing the health care system of Ukraine*. *Derzhavne upravlinnia*, 4, 100-103.
8. *Proekt Zakonu Ukrainy The project of the Law of Ukraine «About primary medical assistance on the basis of family medicine»*. Retrieved from <http://jurimex.ua/en/inform-files/147/>

9. Raduchych, O. (2017). *The project of the Law of Ukraine «About primary medical assistance on the basis of family medicine: explanation of the expert»*. Medychna hazeta «Zdorovia Ukrainy 21 storichchia». «*Health of Ukraine of the 21st century*», 13-14 (410–411), July 2017.
10. Shekera, O. *Public report at scientific and practical conference «Problems and perspectives of family medicine in Ukraine»*. Retrieved from: <https://www.umj.com.ua/article/116327/simejna-meditcina-v-ukrayini-perspektivi-podalshogo-rozvitku>.