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INFLUENCE OF THE WAR ON THE ORGANIZATION OF MEDICAL ASSISTANCE FOR ONCOLOGICAL DISEASES

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Summary

The article discusses current issues of providing oncology medical care at the present time. Current legislation has been studied and modern approaches to the structure and features of the organization of providing medical care for malignant neoplasms during the war in Ukraine have been analyzed.

Introduction. The war as a result of the Russian attack made it difficult for patients to access necessary medical services and medicines. The most problematic in the organization of cancer control in the regions are the timely detection of patients, adequate staging of the malignant process, registration of deaths, as well as the system of dispensary observation of cancer patients, without the establishment of which it is impossible to achieve success in increasing the survival rate of cancer patients. High levels of neglect of visual malignant neoplasms in many regions indicate that dental, gynecological and other services of the general hospital network of these regions do not take an active part in solving the problem of timely cancer diagnosis [1, 2, 4].

During the war, the Medical Guarantee Program continues to operate, and cancer patients can receive government-provided treatment free of charge. Guarantees cover medical care at every stage of treatment: diagnosis, chemotherapy and radiological treatment, support in outpatient or inpatient settings, surgery, rehabilitation, palliative care. A patient can receive medical assistance free of charge upon a doctor's referral [2, 11].

An analysis of the onco-epidemiological situation in Ukraine in recent years revealed a significant decrease in the number of both patients and deaths from cancer compared to previous years. The quantitative characteristics of morbidity were obviously affected by the epidemic of COVID-19 and the war in the country, which changed the organization of the diagnostic process and the patient's ability to get to a specialized oncology care facility [4].

The purpose of the work is to study the organization of medical care for oncological diseases during the period of martial law.

Research materials and methods. An analysis of the legal framework was carried out. The following methods were used: content analysis, systematic approach and analysis.

Key words: oncological diseases, quality of medical services, national cancer registry, medical guarantee program, war.

RESEARCH RESULTS AND DISCUSSION

In recent years, radical changes have taken place in Ukraine in politics, economy and development strategy in the medical field. However, the full-scale war in the country had the greatest impact on all spheres of Ukrainian life, which without exaggeration became the most difficult test in the entire history of its independent existence. It has increased the need for health care services and, on the other hand, reduced the system's ability to

provide these services, especially in active war zones. Despite the hostilities in Ukraine, the reconstruction of the oncology care system is still ongoing. The main vector of health care reform in Ukraine is aimed at this. The relevance of the fight against malignant neoplasms today is determined by the constant increase in morbidity, disability and mortality of cancer patients [1, 3, 5].

The special medical and social significance of malignant neoplasms led to the creation of a state system

for the organization of oncology care for the population. The basis of the organization of oncology care is the principle of dispensation, which involves active dynamic monitoring of the health of patients, providing them with the necessary medical and diagnostic assistance. Currently, the system of anticancer control in Ukraine is represented by institutions of different hierarchical levels and functional purposes. Organizationally, the oncology service is subordinate to the Ministry of Health of Ukraine. The main oncology institution of the Ministry of Health of Ukraine is the National Cancer Institute, which carries out scientific and methodical management of oncological institutions, develops and implements modern methods of diagnosis of oncological diseases and treatment of patients with this pathology, and organizes oncological care for the population. The National Cancer Register of Ukraine, created in accordance with the order of the Ministry of Health of Ukraine dated January 22, 1996 No. 10 «On the creation of the National Cancer Register of Ukraine», functions on its basis. The National Cancer Registry combines a network of regional registries on the basis of regional (city) oncology institutions that work using a single information technology [3, 5, 9, 10].

Oncology patients are provided with medical care in the field and medical examination of patients is carried out by an extensive network of specialized institutions in all regions of Ukraine (a total of 46 institutions). In addition, diagnostic, treatment and dispensary functions are performed by examination rooms, oncology departments of treatment and prevention facilities and oncology rooms. The leading link of the oncology service is the oncology dispensary – regional, city, which can perform the functions of an inter-district one. The tasks of the oncology dispensary are: provision of qualified consultation and medical care for cancer patients; control over the quality of treatment; implementation of dispensary monitoring of cancer patients; organizational and methodological guidance and control over timely diagnosis, as well as studying the reasons for late diagnosis; analysis of therapy effectiveness; carrying out measures to increase the level of oncological literacy and special attention (vigilance) of doctors, secondary medical staff of oncological and treatment and prevention institutions, especially in matters of early diagnosis of tumors; registration of cancer patients; constant monitoring of the oncoepidemiological situation based on data from cancer registries; carrying out extensive sanitary and educational work among the population with an emphasis on explaining the benefits of cancer treatment in the early stages [5, 10].

The primary link of the oncology service is district oncology offices organized as part of polyclinics (polyclinic departments) of city or central district hospitals. The offices are headed by doctors who have special training in oncology and perform the functions of a district oncologist. The tasks of the primary link of the oncology service are the organization of anti-cancer measures in the

district; reception of patients with malignant neoplasms, organization of hospitalization for special or symptomatic treatment; implementation of certain types of treatment as prescribed by oncology institutions; analysis of advanced forms of diseases at anti-cancer commissions; organization of dispensary supervision of cancer patients; organization of registration of cancer patients and timely submission of necessary information about them to regional cancer registries; sanitary and educational work among the population [5, 10].

Currently, the medical industry is being reformed in Ukraine, and the packages of the Medical Guarantee Program are being actively implemented, which should contribute to the early detection of oncological diseases and increase the demand for medical services provided free of charge. However, these years were marked by outbreaks of the COVID-19 epidemic with corresponding quarantine restrictions and martial law, which caused a decrease in the number of visits to oncological health care institutions of patients with relevant diseases, which certainly affected the frequency of detection of malignant neoplasms in the Ukrainian population [2, 11].

The primary registration documents about oncological patients allow territorial cancer registries to function quickly and provide informational and analytical support for the activities of health care management bodies. To assess the quality and effectiveness of the anti-cancer fight in the region, a set of quantitative indicators is used, the most important of which are: morbidity and mortality rates, their dynamics and prognosis; mortality rates up to a year from the moment of diagnosis; specific weight of morphologically verified diagnoses; coverage of patients with special treatment; survival rates of cancer patients. The listed indicators integrate various aspects of the anticancer fight, including the effectiveness of prevention, cancer diagnosis, treatment and rehabilitation of cancer patients [5, 6, 7, 8, 10, 11].

According to data from the National Cancer Registry, the number of cases of malignant neoplasms detected in Ukraine was significantly – by 25 thousand, or 19.5 % – less than the number of newly registered cases in 2019, although in previous years such a difference was not exceeded 1.5 %. Therefore, in the following years, there may be an increase in mortality from malignant neoplasms, the incidence of cancer, as well as the level of neglect; a significant increase in the specified indicators in 2020 after their refinement in 2021 could also be a quite probable consequence. Also, there is a 21.5 % increase in the number of malignant neoplasms in women, which ranks first among other malignant neoplasms in women (total of 10 most frequent neoplasms make up 75.1 % of all cases of malignant neoplasms in the female population). In the age structure of the incidence of malignant neoplasms in the population of Ukraine, the share of sick people aged 75+ decreased compared to 2019; at the same time, the share of younger

age groups among women aged 30-54 increased by 1.8 %. Similar changes occurred in the age structure of mortality from malignant neoplasms: the share of the female population who died at the age of 75+ increased by 1.4 %, but the proportional number of women who died at the age of 65-74 increased by 1.4 %. Thus, the proportional number of people who fell ill at working age was 27.2 % – among women aged 18-54, which exceeded the corresponding indicators of 2019 by 1.7 % and 1.9 %. In young women, the most common causes of death were cervical cancer (16.8 %), malignant neoplasms of the breast (8.0 %), and ovarian cancer (6.0 %). 2 %). Thus, the most problematic in the organization of cancer control are the timely detection of patients, adequate staging of the malignant process, registration of deaths, as well as the system of dispensary observation of cancer patients, without the establishment of which it is impossible to achieve success in increasing the survival rate of cancer patients [4].

Currently, more and more attention is paid to the assessment and quality assurance of medical care for patients with malignant neoplasms. One of the tools for the implementation of quality medical care, as well as the justification of its resource provision, are the standards of medical care. To date, the evidence-based adapted clinical guideline «Breast cancer» developed and approved in 2015 and the unified clinical protocol of primary, secondary (specialized), tertiary (highly specialized) medical care «Breast cancer» developed on the basis of of this adapted clinical guideline and approved by the order of the Ministry of Health of Ukraine dated 30.06.2015 No. 396 «On the creation and implementation of medical and technological documents on the standardization of medical care for breast cancer». The specified documents were created according to the requirements of the methodology, which was approved by the order of the Ministry of Health of Ukraine dated September 28, 2012. No. 751 «On the creation and implementation of medical-technological documents on the standardization of medical care in the system of the Ministry of Health of Ukraine» and were scheduled for review in May 2018, but to date these documents have not been reviewed. Currently, the unified clinical protocol of primary, secondary (specialized), tertiary (highly specialized) medical care «Breast cancer» is considered outdated, as it does not fully meet the reality and requirements for health care institutions providing primary medical care, which are reflected in the order of the Ministry of Health of Ukraine dated March 19, 2018 No. 504 «On approval of the Procedure for the provision of primary medical care» (as amended No. 2593 dated November 11, 2020) [7, 8, 13, 14].

In order to increase the effectiveness of national measures for the prevention, early detection and treatment of oncological patients, reducing mortality, reducing the number of primary disabilities due to cancer, creating conditions for increasing the duration and improving the quality of life of oncological patients, the Resolution of the

Verkhovna Rada of Ukraine «Organization of the Anti-Cancer Fight in Ukraine. Problems and ways to solve them» No. 862-IX dated September 2, 2020, where the issues of the incidence of cancer in the population of Ukraine and mortality due to these diseases were fixed. Among the strategic goals of the project «National strategy for cancer control until 2030», which is being developed, are: the need to introduce organized population screening and the gradual introduction of evidence-based, accessible and cost-effective screening; development of design-pilot projects of screening programs with evaluation of results; increasing the level of professional education of doctors, secondary medical personnel and medical workers in order to increase the number and quality of personnel resources [3, 5].

New needs and requirements for providing qualified medical care to patients and victims of military aggression have made their adjustments. Order of the Ministry of Health of Ukraine dated February 24, 2022 No. 374 «On approval of Temporary measures in health care facilities to ensure their readiness to provide medical care to victims of the Russian Federation's military aggression against Ukraine» (as amended from March 20, 2022) a temporary suspension of planned hospitalizations is foreseen, but urgent and urgent hospitalizations and operations, including the provision of medical assistance to cancer patients, etc., are not suspended [15].

At the same time, in wartime, patients with oncological diseases continue to receive medical care in accordance with the packages of medical services approved in 2021 by the National Health Service of Ukraine: chemotherapy treatment, radiological treatment and patient support in inpatient and outpatient settings. From January 1, 2022, the updated Procedure for the implementation of the program of state guarantees of medical care for the population in 2022, approved by the Resolution of the CMU No. 1440 of December 29, 2021, entered into force. In accordance with the reform of the health care system, all packages of medical services in 2022 remained preliminary and without changes, in particular regarding the diagnosis and treatment of oncological diseases. According to these programs, one of the important directions is assigned to family doctors – this is the timely referral of women to mammographic screening and the explanation of the need for this examination. Unfortunately, today the quality control system of primary care work is not perfect, therefore the alertness of primary care doctors to the possible development of oncological diseases in patients is not very high. In the health care system, there is no mechanism of financial responsibility for missed cases that led to neglected stages of oncological diseases [2, 16].

The CMU Resolution No. 529 dated 05/03/2022 «On Amendments to the CMU Resolution No. 410 dated 04/25/2018 «On Contracts for Medical Services of the Population under the Medical Guarantee Program» made changes to stabilize the work of medical services during the

war in the country regarding the provision of continuous medical care. In order to improve the procedure for the implementation of the medical guarantee program and increase the efficiency of the provision of medical services in martial law, changes were made by the Resolution of the CMU dated 01.07.2022 No. 741 to the Resolution on the implementation of the program of state guarantees for population medical care in 2022, which was approved by the CMU on 04.25.2018 year No. 410, as well as its Procedure, which was approved by Resolution of the CMU dated December 29, 2021 No. 1440 [2, 16, 17].

Patients with oncological diseases continue to receive medical care, both during the COVID-19 epidemic and during the war, in accordance with the packages of medical services that were approved by the National Health Service: chemotherapy treatment, radiological treatment and patient support in inpatient and outpatient settings. During the war, the work on the development and implementation of such programs as organized population screening was not canceled and continued; development of screening programs with evaluation of results; raising the level of professional education of doctors, mid-level medical personnel and medical workers in order to increase the number and quality of human resources in accordance with the project «National strategy for the control of oncological diseases until 2030», the strategic goals of which have not changed [1, 2, 5].

The most important function of oncology dispensaries and offices, along with treatment and preventive work, is the organizational and methodical management of institutions of the general treatment network for the diagnosis of diseases and therapy of patients with precancerous pathology, as well as promotion of timely diagnosis, adequate treatment and accounting

of patients with malignant neoplasms. Since an oncology patient initially seeks help from a doctor of a general medical network, the level of his qualifications and oncology literacy significantly affects the fate of the patient. Increasing the oncology literacy of doctors and mid-level medical workers of the general medical network is carried out at short-term oncology courses based on oncology dispensaries, at seminars and conferences [3, 5, 6, 7, 8].

Today, the analysis of the onco-epidemiological situation in Ukraine revealed a significant decrease in the number of both patients and those who died from cancer compared to 2019. Indicators of general morbidity and mortality from cancer in Ukraine have decreased to the level of the 1980s. The quantitative characteristics of morbidity were obviously affected by the epidemic of COVID-19 and the war in the country, which changed the organization of the diagnostic process and the patient's ability to get to a specialized oncology care facility, which may subsequently lead to an increase in mortality from malignant neoplasms, increased cancer incidence, as well as the level of their neglect. The war in the country did not change the strategic direction of reforming the health care system and providing medical care, in particular to patients with oncological pathology. The workload and professional responsibility of medical personnel has increased [2, 4, 11, 12, 13, 14].

The perspective of further research is that there is a need to improve the system of monitoring the quality of medical care at all its stages and to train medical personnel due to insufficient knowledge in oncology.

CONFLICTS OF INTEREST

Nothing to declare.

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Резюме

ВПЛИВ ВОЄННОГО СТАНУ НА ОРГАНІЗАЦІЮ МЕДИЧНОЇ ДОПОМОГИ ПРИ ОНКОЛОГІЧНИХ ЗАХВОРЮВАННЯХ А. І. Набок, Б. І. Паламар

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В статті розглянуті актуальні питання надання онкологічної медичної допомоги в теперішній час. Вивчене діюче законодавство та проаналізовані сучасні підходи до структури та особливостей організації надання медичної допомоги при злоякісних новоутвореннях під час воєнних дій в Україні.

Вступ. Воєнний стан внаслідок нападу РФ ускладнив доступ пацієнтів до необхідних медичних послуг та лікарських засобів. Найбільш проблемними в організації контролю раку у регіонах залишаються своєчасність виявлення хворих, адекватне стадіювання злоякісного процесу, реєстрація смертей, а також система диспансерного спостереження онкологічних хворих, без налагодження якої неможливо досягти успіхів у збільшенні виживаності хворих на рак. Високі рівні занедбаності візуальних злоякісних новоутворень у багатьох областях свідчать про те, що стоматологічна, гінекологічна та інші служби загальної лікарняної мережі цих регіонів не приймають активної участі у вирішенні проблеми своєчасної діагностики раку [1, 2, 4].

Під час війни Програма медичних гарантій продовжує працювати, а пацієнти з онкологією можуть безоплатно отримувати лікування, яке забезпечує держава. Гарантії покривають медичну допомогу на кожному етапі лікування: діагностика, хіміотерапевтичне та радіологічне лікування, супровід в амбулаторних або стаціонарних умовах, хірургія, реабілітація, паліативна допомога. Отримати медичну допомогу безоплатно пацієнт може за скеруванням лікаря [2, 11].

Аналіз онкоепідеміологічної ситуації в Україні у останні роки виявив значуще зменшення кількості як захворілих, так і померлих від раку порівняно з минулими роками. На кількісні характеристики захворюваності очевидно вплинула епідемія COVID-19 та воєнні дії в країні, які змінили організацію діагностичного процесу та можливість пацієнта дістатися до спеціалізованого закладу онкологічної допомоги [4].

Метою роботи вивчити організацію медичної допомоги при онкологічних захворюваннях в період воєнного стану.

Матеріали та методи дослідження. Проведений аналіз нормативно-правової бази. Використані наступні методи: контент-аналіз, системний підхід і аналіз.

Ключові слова: онкологічні захворювання, якість медичних послуг, національний канцер-реєстр, програма медичних гарантій, воєнний стан.