DIRECTIONS FOR ENSURING EQUAL ACCESS TO MEDICAL SERVICES FOR RURAL POPULATION IN THE CONTEXT OF HEALTH CARE REFORM

This article highlights the main directions for the health care reform in Ukraine. On the basis of the analysis of legislation and normative legal acts, the author argues that the rights of each citizen are of declarative character, and the programs, which were calculated only for a certain time, were not properly financed, and therefore did not reach the main aim – to ensure the equality of citizens of Ukraine in accessible and quality medical care. The unsuccessful attempts to reform the medical branch during 2005-2014 have been analyzed. The essence of the Concept of the Healthcare Financing Reform in Ukraine in 2016 is characterized. The author substantiates that the reorganization of the infrastructure of rural medical establishments is due to the non-compliance of the standards of public planning of the organization of rural medical districts on the basis of population size to current realities; morally obsolete physical condition of premises of feldsher stations and medical equipment; unprofitable system of district hospitals where a significant number of medical and management staff is required to maintain a small number of beds. At the same time, on the other hand, the structure of the aging rural population requires the preservation of the old system of primary medical and sanitary medicine in each populated area (including sparsely populated villages), which is provided by feldsher stations.

Key words: healthcare protection, medical establishments, public administration, rural population, ensuring equality.

The urgency of the problem of overcoming the inequality in the field of medical care for urban and rural residents is stipulated by the 12 principles of organization of health protection of residents for any national system defined in the World Health Organization which stem from full respect for human rights. There is a growing interest in this problem by the European Commission and the relevant agencies. The outlined problem is of particular relevance for Ukraine in light of the health protection reform.

At the same time, in spite of the considerable amount of literature on public administration in the field of medicine, the issues of scientific analysis of public provision of the equal access of all citizens to the medical services of rural population remain beyond the attention of domestic researchers.

The article aims to reveal potential threats to the public provision of equal access of rural population to medical services in the conditions of the health care reform, and to define the main directions and ways to overcome negative tendencies.

While reforming secondary and tertiary medical care, creating hospital districts and enlarging hospital establishments through centralization, specialized medical care is becoming far less affordable for rural residents, especially those living in remote regions. The prescribed standards (200 thousand population, distance – 60 km, arrival time – up to 1 hour) are a conditional mathematical calculation, which does not consider the peculiarities of uneven distribution of population density in regions.

The remoteness of hospital districts violates the principle of equal rights of people living in small remote villages who also have the same constitutional right to medical care and affordable treatment as close as possible to their place of residence. This circumstance will further aggravate the demographic situation – small villages will die out and disappear from the map of Ukraine.

In addition, the introduction of paid services in secondary and tertiary medical care units, and the relevant commercialization of specialized medical
establishments will make them even more unaffordable for rural citizens, the major part of which belongs to low-income groups of the population. It should be noted that such a principle does not correspond to the constitutional norms concerning free of charge and available medicine for all citizens of Ukraine.

It should be noted that the negative experience of the closure of rural hospitals survived the USA in 1998-2000. The reason for the closure was the same as in Ukraine today – unprofitability of rural hospitals in comparison with urban ones. But soon it turned out that the closure of the hospital in the countryside leads to the destruction of the already weak infrastructure of remote regions. The overcoming of the crisis of rural medicine was through the opening in 2002 of 604 so-called “rural critical access hospitals” which had 5-10 bed resuscitation units. Ascribing medical facilities to this category provided for the increase in the level of public reimbursement of medical expenses for small rural hospitals, which were not able to function in competitive market conditions and were under threat of closure.

In our opinion, Ukraine should use the experience of Canada, which solved the problem of optimization and reformatting of rural medical facilities by opening palliative care establishments at the place of unprofitable hospitals, which are entrusted to territorial communities. It should be noted that such palliative care establishments for rural elderly residents do not require additional technical equipment and can be opened at the place of those hospitals which are subject to closure. And the telemedicine tools in these establishments would create conditions for successful treatment.

The problem of re-profiling central district hospitals can also be solved through creation of the network of establishments for rehabilitation treatment (rehabilitation centers). For the rural population, which is closely linked to the agrarian sector and, accordingly, to high physical loads, it is important that such establishments have specialists in the treatment of the musculoskeletal system (massage, balneology, paraffin therapy) besides therapists and neuropathologists.
Latvia has a positive experience of maintaining such establishments by unified territorial communities.

The development of the network of palliative and rehabilitation establishments in district centers will solve the problem of lonely people who are left without relatives’ care and need medical care. At the same time, it will solve the staffing problem and remove the social tension among the doctors who faced the threat of job loss. This would additionally solve the problem of job creation in depressed regions.

In parallel with the creation of hospital districts and intensive care hospitals, there is an urgent need to complete the emergency medical care reform. It is necessary to have appropriate dispatching units in each district center in order to ensure the full operation of centers and the ability to deliver the patient, who needs emergency medical care, to the intensive care hospital in a relatively short period of time. To deliver the patient to the intensive care hospital in a relatively short period of time, ambulances should be guided by a single centre, and the service must be very mobile, equipped with high mobility cars.

Thus, a comprehensive solution to all problems of rural medicine is possible only through the conceptual provision of public management mechanisms in the conditions of decentralization and the creation of efficient and effective mechanisms for the interaction between public authorities in the health care sphere and territorial communities, as well as through intensification of inter-sectoral and inter-branch partnerships.