

МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ
БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ



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MEDICAL AND SOCIAL SIGNIFICANCE OF THE ORGANIZATIONAL MODEL OF GASTRIC CANCER PREVENTION

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Introduction. The fight against malignant neoplasms is one of the most important problems of health care in Ukraine; its relevance is due to the constant growth of oncological morbidity in the population, the complexity of timely diagnosis and treatment, high cost, as well as rather high levels of disability and mortality of such patients. Stomach cancer, which remains one of the most common and deadly neoplasms in the world, occupies one of the leading places among oncological diseases.

The aim of the study was to develop and scientifically substantiate a model for improving the organization of the prevention of malignant neoplasms of the stomach.

Materials and methods. A study of performance indicators of oncology healthcare facilities and a survey of respondents was conducted: 180 respondents with stomach cancer and precancerous diseases of the stomach using medical-statistical, sociological methods and questionnaires.

Results. A functional and organizational model for improving the prevention of malignant neoplasms of the stomach has been scientifically substantiated and developed. The features of our proposed model were the following:

- previously existing components (main structural and technological elements of the system of prevention and medical care for cancer patients);
- previously existing components, but functionally changed (optimization of the PMD doctor's functions in relation to the information provision of the patient and his relatives);
- monitoring of risk factors for precancerous and cancerous diseases of the stomach, control, and accounting of the implementation of the recommendations of specialist doctors and rehabilitation specialists);
- as well as innovative elements (algorithm for early diagnosis and prevention of negative consequences of gastric cancer at the level of PMD, reminders for PMD doctors regarding monitoring of risk factors and predictors of malignancy of precancerous diseases of the stomach, allocation of a group of dynamic monitoring due to the increased risk of transformation of precancerous diseases of the stomach into oncological), the interaction between which gave the system a qualitatively new focus on preventing the occurrence and progression of the development of malignant neoplasms of the stomach.

Conclusion. The proposed functional-organizational model will lead to a positive medical and social effect for improving the organization of gastric cancer prevention in the main areas: systemic, comprehensive, and preventive orientation.

Domanchuk T.I.

PRINCIPLES AND PRACTICE OF SCREENING IN THE DETECTION OF GASTRIC ONCODISEASES

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Introduction. Screening is a mass examination of people who do not consider themselves sick to detect diseases at the earliest possible stage or other conditions (risk factors for future diseases). The concept of screening in health care was formulated at the beginning of the last century. Gradually, the concept of screening became effective for the prevention of various diseases, especially oncological ones.

WHO in its monograph (1968) for the first time defined the main criteria of screening programs: the disease targeted by the screening program must be an important social and medical problem; the pathogenesis of the disease should be well researched, risk factors and specific markers of the disease should be determined; there should be a sensitive and specific diagnostic test to detect the latent and early stages of the disease; intervention at an early stage of the disease

should be more effective than at a late stage; the cost of the screening program should be balanced against the subsequent economic costs of disease treatment and rehabilitation.

These criteria remain relevant to this day, however, taking into account the stricter requirements of evidence-based medicine.

The aim of the study is the timely recognition of gastric cancer and clarification of the extent of the tumor process in order to choose the optimal treatment tactics.

Materials and methods. Analytical studies of malignant neoplasms of the gastric (MNG) were conducted: prospective (cohort) and retrospective (case-control).

Results. The frequency of diagnosis of MNG with stage I-II is quite low - only 46.3% among those detected for the first time. A significant part consists of patients who, at the time of seeking medical help, are diagnosed with the IV stage of the disease (30.8%). Only 20-30% of patients with a newly established MNG can undergo radical surgery. The duration of the stages of the development of stomach cancer is quite long and is 10-25 years, but with the onset of full-fledged dysplasia, the risk of developing cancer increases to 96%, and here the time factor takes on a completely different meaning, the calculation continues not in years, but in months, (full-fledged dysplasia can go in cancer after 3 months). Therefore, if full-fledged dysplasia is detected, a second biopsy should be performed after 3 months. At the same time, despite the development of new methods of diagnosis and treatment of stomach cancer, more than 50% of tumors are diagnosed at stages 3-4, and the 5-year survival rate in the USA and Western Europe does not exceed 5-15%.

It should be emphasized that modern methods of diagnosis, treatment, and rehabilitation of cancer patients are extremely expensive. International experience shows that in no country can the average citizen cover these expenses on his own. Public funds intended for the purchase of medical services for the population within the framework of programs of universal access to medical care, so-called medical guarantee programs, are also usually insufficient.

Conclusion. The implementation of screening programs in Japan, the United States, and the United Kingdom has allowed to improve early detection, prolong 5-year survival, and reduce the mortality of the population from MNG. However, mass screening of the population to detect early cancer in many countries of the world is either economically impractical due to the low incidence rate of the population, or economically unavailable due to its high cost.

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NORMATIVE REGULATION OF THE ESTABLISHMENT OF PUNITIVE PSYCHIATRY IN THE USSR

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Introduction. The Soviet authorities adopted several documents that made it possible to use medical institutions for the forced detention of "inconvenient" people: the instruction "On imprisonment as a punishment and the procedure for its serving" (1918); the instruction of the People's Commissariat of Justice "On the examination of the mentally ill" (8. 06.1918), "Regulations on Psychiatric Examination" (8.05.1919); October 24, 1921, the resolution "On Forensic Medical Experts" (24.10.1921).

The aim of the study. The legislation contained some provisions that contradicted each other. Thus, in the Criminal Code of the Ukrainian SSR (1922), Article 161 provided for liability for placing a person who is known to be healthy in a hospital for the mentally ill for mercenary or other personal reasons. This crime against personal freedom was punishable by imprisonment for a term of at least 5 years. The Criminal Code of the Ukrainian SSR of 1927 also contained a similar provision - for "placing a knowingly healthy person in a hospital for the mentally ill for mercenary or other personal reasons" (Article 156), but the sentence was 3 years. At the same time, in 1922, the CPC included articles on compulsory treatment "as a measure of social protection" that could be applied in accordance with a court decision. Forced hospitalization of a person contradicted Articles 58-60 of the Criminal Code, as this decision could be made by a court.