

**МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ
БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ**



МАТЕРІАЛИ

**106-ї підсумкової науково-практичної конференції
з міжнародною участю
професорсько-викладацького колективу
БУКОВИНСЬКОГО ДЕРЖАВНОГО МЕДИЧНОГО УНІВЕРСИТЕТУ
03, 05, 10 лютого 2025 року**

Конференція внесена до Реєстру заходів безперервного професійного розвитку,
які проводитимуться у 2025 році №1005249

Чернівці – 2025

УДК 61(063)
М 34

Матеріали підсумкової 106-ї науково-практичної конференції з міжнародною участю професорсько-викладацького колективу Буковинського державного медичного університету (м. Чернівці, 03, 05, 10 лютого 2025 р.) – Чернівці: Медуніверситет, 2025. – 450 с. іл.

У збірнику представлені матеріали 106-ї науково-практичної конференції з міжнародною участю професорсько-викладацького колективу Буковинського державного медичного університету (м. Чернівці, 03, 05, 10 лютого 2025 р.) зі стилістикою та орфографією у авторській редакції. Публікації присвячені актуальним проблемам фундаментальної, теоретичної та клінічної медицини.

Загальна редакція: професор Геруш І.В., професорка Годованець О.І., професор Безрук В.В.

Наукові рецензенти:

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професор Черноус В.О.

ISBN 978-617-519-135-4

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університет, 2025

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.

Mandryk-Melnychuk M.V.

NORMATIVE REGULATION OF THE ESTABLISHMENT OF PUNITIVE PSYCHIATRY IN THE USSR

Department of Social Medicine and Public Health

Bukovinian State Medical University

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.

Material and methods. During the 1930s and 1940s, the authorities legalized the use of compulsory treatment for "political" persons. The provision on liability for illegal placement in a psychiatric hospital disappeared, which made it possible to isolate dissidents in specialized psychiatric hospitals. At the end of 1926, the Soviet Criminal Code introduced a section "On social protection measures applied to persons who have committed a crime," which provided for compulsory treatment, isolation, and placement of patients in a specialized psychiatric institution. In 1934, after organizational changes in the psychiatric field, the Criminal Code of the Ukrainian SSR was supplemented with Articles 54-1-54-10, according to which a person could be forcibly treated for counterrevolutionary activities and high treason, after which mass repressions against dissent began. In 1936, at an all-Union meeting on forensic psychiatry, it was decided to finally turn psychiatry into an effective tool for punishment and persecution.

Results. For example, on February 17, 1940, the "Instruction on Forensic Psychiatric Examination in the USSR" was approved, which caused considerable confusion in identifying changes in the patient's mental state: a temporary disorder that occurred during the investigation, the person became a subject if the disorder occurred after the verdict, he or she was sent for compulsory treatment. The criteria for identifying these conditions were very vague. In the event of recovery, both categories of patients were subject to return to the labor camps. A few months later, the People's Commissariat of Health issued Order No. 235, which developed documents on the establishment of forensic psychiatric departments at psychiatric hospitals and samples of patient medical records and forensic psychiatric reports. On July 13, 1945, the special Regulations were approved, which defined two categories of prisoners: 1) mentally ill persons who had committed state crimes, who were held in custody and sent for compulsory treatment combined with isolation by court order or by resolution of the Special Meeting of the NKVD of the USSR; 2) mentally ill prisoners convicted of state crimes whose illness began in prison. Until the end of the 1950s, prisoners were sent here out of court. The V. Serbsky Central Research Institute fabricated acts of forensic psychiatric examination, based on which decisions were made about compulsory treatment. In 1938, a special department for "counter-revolutionaries" was established within the structure of the Research Institute (Article 58 of the Criminal Code of the RSFSR). In the 1930s, a secret laboratory operated here to develop drugs that were used during interrogations.

Conclusions. The Soviet authorities, at the legislative level, used medical institutions for forced detention of "inconvenient" people.

Vlasyk L.Y.

FEATURES OF PATIENT ACTIVATION IN RELATION TO PREVENTION DURING MARTIAL LAW IN UKRAINE.

*Department of Social Medicine and Public Health
Bukovinian State Medical University*

Introduction. Patient activation involves participation in the organisation of health care and the creation of conditions for improving one's own health, responsibility, compliance with the doctor's recommendations, and shared decision-making. Patient activation and its counterpart, preventive health behaviour, are strengthened by health literacy and doctor-patient interaction. According to the results of the study on the health behaviour of the economically active population of Bukovyna, the known predictors of preventive activity are a healthy lifestyle, i.e. a healthy diet, in particular a sufficient amount of fruit in the diet, active physical exercise and an annual visit to the doctor for preventive purposes. Bad habits such as smoking and frequent alcohol consumption were not considered by the respondents to be an obstacle to maintaining health (Vlasyk, 2021). However, the understanding of established things and values changed during the pandemic and then during martial law. It is important to predict what changes in patient activation occurred during martial law in Ukraine.

The aim of the study. Our aim was to study how people's rethinking of life values (including health) might affect preventive healthcare activities during wartime.