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ДЕРЖАВНЕ УПРАВЛІННЯ ПАЛІАТИВНОЮ ТА ХОСПІСНОЮ ДОПОМОГОЮ В УКРАЇНІ: ОРГАНІЗАЦІЙНИЙ МЕХАНІЗМ

STATE MANAGEMENT OF PALLIATIVE AND HOSPITAL ASSISTANCE IN UKRAINE: ORGANIZATIONAL MECHANISM

У статті досліджено та науково обґрунтовано сучасний стан реалізації організаційного механізму державного управління паліативною та хоспісною допомогою в Україні. Доведено, що існують блоки факторів, впливають на здійснення державного управління в цій системі серед яких: політичний, економічний, соціально-демографічний, технологічно-інноваційний, нормативно-правовий та організаційно-інституціональний. Серед основних проблем визначено: недостатнє фінансування та технічне забезпечення закладів паліативної та хоспісної допомоги; відсутність затверджених державних стандартів що встановлюють вимоги до закладів паліативної та хоспісної допомоги; незадовільне забезпечення паліативних пацієнтів знеболювальними препаратами; відсутність актуальних, достовірних статистичних даних щодо паліативної та хоспісної допомоги на центральному, регіональному та місцевому рівнях; низький рівень поінформованості громадськості щодо такої допомоги та недостатнє формування громадської думки щодо необхідності, важливості розвитку системи паліативної та хоспісної допомоги тощо.

Ключові слова: державне управління, система, паліативна та хоспісна допомога, інкурабельні пацієнти, організаційний механізм, фактори: політичний, економічний, соціально-демографічний, технологічно-інноваційний, нормативно-правовий та організаційно-інституціональний.

The article investigates and scientifically substantiates the current state of implementation of the organizational mechanism of state management of palliative and hospice care in Ukraine. It is proved that six blocks of factors influence the implementation of public administration in this system, including: political, economic, socio-demographic, technological-innovative, regulatory and organizational-institutional. Among the main problems identified are: insufficient funding and technical support for palliative and hospice care facilities; lack of approved state standards setting requirements for palliative and hospice care facilities; unsatisfactory provision of palliative patients with analgesics; lack of up-to-date, reliable statistics on palliative and hospice care at the central, regional and local levels; low level of public awareness about such assistance and insufficient formation of public opinion on the need, importance of the development of palliative and hospice care, etc.

Key words: public administration, system, palliative and hospice care, incurable patients, organizational mechanism, factors: political, economic, socio-demographic, technological-innovative, normative-legal and organizational-institutional.

Problem solving in general and its connection with important scientific or practical tasks. The current state of development of Ukraine as an independent and social state occurs in the conditions of the socio-political and economic crisis, which prompts the state administration to modernize and improve the efficiency of the system of palliative and hospice care as an important component of social protection of the population. At present, there is an urgent need to develop a system of palliative and

hospice care, given the high level of need in Ukrainian society and the European integration processes of Ukraine to ensure international social standards for its citizens. The foregoing determines the need for scientific research and substantiation of the state of implementation of the organizational mechanism of state management of palliative and hospice care in Ukraine

Identification of previously unsettled parts of the general problem to which the article is devoted. Despite

the base of scientific publications of domestic researchers about the system of palliative and hospice care in Ukraine, there is no information on the study of the organizational mechanism of state management of palliative and hospice care of Ukraine in it, which is precisely this argument which led to this study, which will fill the gap in the science of public administration of the palliative and hospice care.

Goal to investigate the current state of implementation of the organizational mechanism of state

management of palliative and hospice care in Ukraine. To achieve the goal, *the task is* set: to scientifically substantiate the factors influencing the implementation of public administration in this system and to reveal their essence.

Presentation of the main research material with full justification of the received scientific results. The current state of implementation of the organizational mechanism of state management of palliative and hospice care in Ukraine is complicated and ambiguous. In the period of independence of our state, the construction of the system of palliative and hospice care has begun, but in order to better understand this process, we will briefly analyze the important milestones of the formation, development of this assistance in Ukraine. The first institutions of the hospice type in Ukraine were opened (with the assistance of international organizations) - in Lviv (1996), Ivano-Frankivsk (1997), Korosten (1998), which are currently the leading institutions providing palliative care and hospice care stationary and outpatient. In 1999, the Association for Minimally Invasive and Palliative Therapy was created, which developed the Manifesto of the Hospice Movement in Ukraine. In 2001, the All-Ukrainian Charitable Organization "Council for the Protection of Patients Rights and Safety", which was founded with the support of the International Renaissance Foundation, for the first time in our country, the public attention was drawn to the urgent issues of ensuring the rights of incurable patients. Thus, in the approved Resolution of the Cabinet of Ministers of Ukraine No. 14 dated January 10, 2002, the Interregional Integrated Program "Nation's Health" for 2002-2011 provided for the establishment of hospices networks for the symptomatic treatment of cancer patients at the terminal stage, the expansion of the network of day care and inpatient facilities at home, institutions (divisions) of medical and social assistance and hospices.

In 2006, the Interdepartmental Working Group on the Improvement of the Legal Basis of Palliative Care was established, and in 2007 - the All-Ukrainian Association of Palliative Care [4, p. 41]. In 2008, in accordance

with the Order of the Ministry of Health of Ukraine dated April 17, 2008 No. 210, a Coordinating Council for Palliative and Hospice Assistance at the Ministry of Health of Ukraine was established, which developed a draft concept of the State Target Program for the Development of Palliative and Hospice Assistance in Ukraine for 2010-2014 [10] In 2008, by Order of the Ministry of Health of Ukraine No. 159-0 of July 24, 2008, the Institute of Palliative and Hospice Medicine – the basic scientific-methodical and clinical institution of the Ministry of Health of Ukraine for the provision of palliative and hospice care was established. There was also created: the Department of Palliative and Hospice Medicine at the National Medical Academy of Postgraduate Education named after. PL Shupika (2009), where he carries out professional training of doctors and nurses in this direction; All-Ukrainian public organization "Ukrainian League for the Promotion of Palliative and Hospice Care Development" (2010), which has its own organizations in almost all regions of Ukraine.

The Cabinet of Ministers of Ukraine adopted Resolution No. 1417 dated December 29, 2009 "Some Issues of the Activity of the Territorial Centers of Social Services (Provision of Social Services)", the provisions of which stipulates the possibility of *establishing social services in the territorial centers (provision of social services)* (hereinafter referred to as "tercents"): social care departments at home (at the place of residence), day care, in-patient care for permanent or temporary residence with an appropriate structure, staffing and payment fund these (p. 9); multidisciplinary teams for the provision of social services in accordance with the order of the Ministry of Social Policy of the Order and the involvement of enterprises, institutions, organizations and individuals, in particular volunteers, on a contractual basis (p. 14). Palliative and hospice care (except home care, inpatient and day care) refers to certain types of social services that can be provided by tercentricians, or rather, specialist departments of such care at home, in accordance with the state standards of social services. However, the issue of the establishment of such

divisions is within the competence of local executive authorities or local authorities.

Summarizing the above analysis, it can be stated that palliative and hospice care is a complex, multi-dimensional social phenomenon, the organization of which is determined by a number of distinct and simultaneously interconnected factors that influence the processes, mechanisms of state control of such assistance. In other words, palliative and hospice care has different dimensions, including political, economic, social, organizational, legal, cultural, etc. On the basis of this it can be argued that state management of palliative and hospice care is a multidimensional, complex process, in the course of which it is necessary to encounter, as convincing evidence of practice, with a range of diverse problems in various spheres of public life. Of course, the effectiveness of solving the problems of state management of palliative and hospice care depends, first of all, on their clear identification, comprehensive and thorough analysis. And hence, according to the author, the key factors and problems in the investigated system should first be segmented according to their inherent features and group them into certain blocks, and then, proceeding from this, each block (factor, problems) should be analyzed more closely. The obtained results of the analysis will become the basis for defining proposals for improving the mechanisms of state management of palliative care and hospice, developing normative legal acts, concepts, strategic documents, etc.

For the effective solution of the above tasks, adequate and most appropriate type of analysis is the *PEST-analysis*. It is a modern type of analysis that is widely used both by researchers and experts, by public administrators to identify large-scale problems, to comprehensively study, assess and generalize the effects of the environment on the phenomenon, process or policy under study. Undoubtedly, the problems of the state management of palliative and hospice care in Ukraine, as well as the extent of their coverage, the importance of solving them is national, can be categorized as such problems.

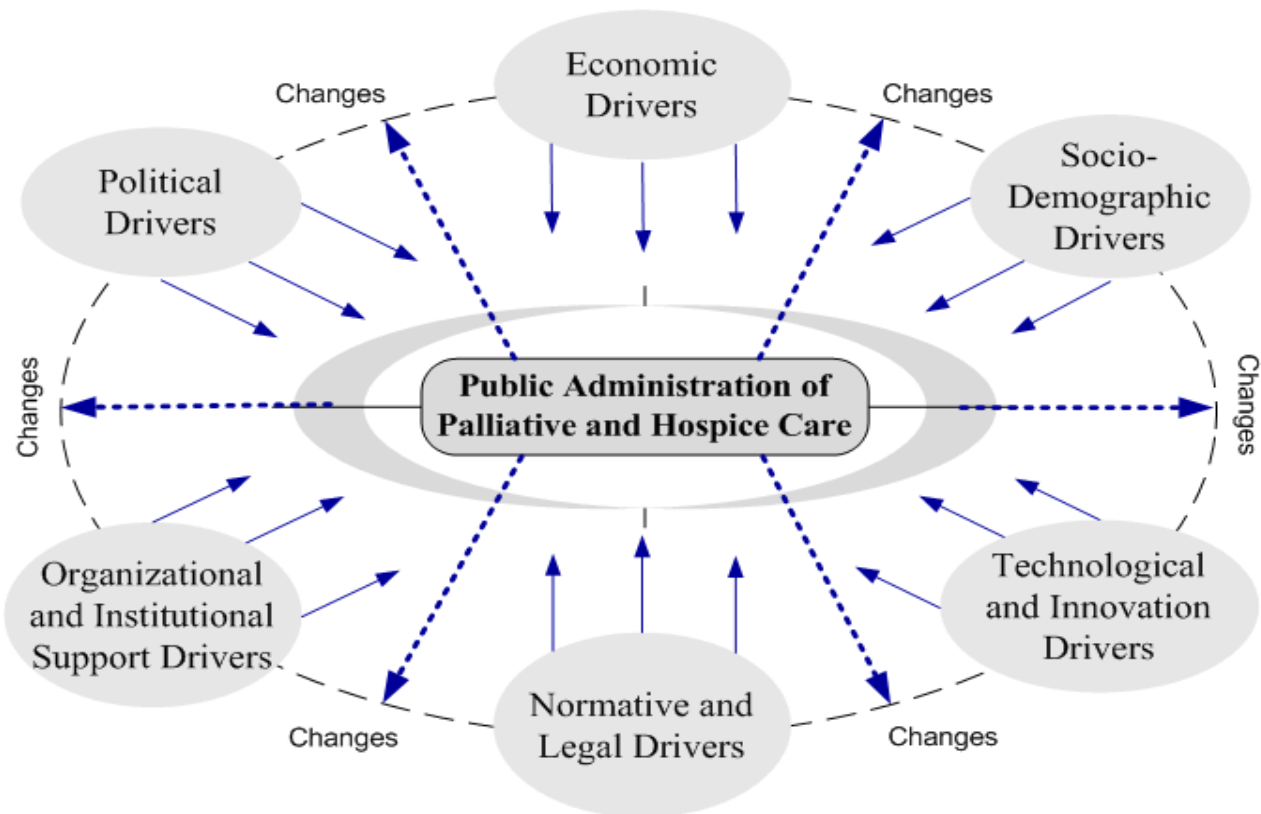


Fig. 1. Scheme of the macrosecurity of the organization of the provision of palliative and hospice care and the main factors influencing the influence state administration of such assistance

PESTL* - Analysis allows you to categorize the effects of the external environment (macro environment) through the prism of its varieties or measurements. In this context, this analysis will enable the above tasks to be effectively addressed and, therefore, is the most appropriate, adequate for the study of factors influencing the state management of palliative and hospice care. The obtained results of the analysis will allow better understanding, understanding the macro environment and problems of state management of palliative and hospice care, the extent of their distribution. This, in turn, will make it

* *Note:* **PESTL** is an acronym from English: **P**olitical – political; **E**conomic – economic; **S**ocial – social; **T**echnological – Technological; **L**egislative – Legal. Depending on the specificity of the problem being studied, this type of analysis can be supplemented by categories or measurements, in particular, such as ecological, cultural, demographic, ethnic, geographical, etc.

possible to determine the priorities of the development and improvement of the organizational mechanism of public administration of this assistance, the corresponding state policy, and consistently track changes and trends in certain of its macro-environments.

Based on the PEST analysis methodology [13, p. 105-106] segment the macro-environment of the organization of the provision of palliative and hospice care and, in particular, the factors influencing the implementation of public administration in this area in Ukraine, the main of which we will define: political; economic; socio-demographic; technologically innovative; legal and regulatory framework; organizational and institutional support.

The decomposition of these macro environments and factors is schematized in *Fig. 1*. As can be seen in *Fig. 1*, six blocks of factors influencing the implementation of public administration in this system are formed on the basis of relevant macro-political, economic, socio-demog-

raphic, technological, innovation, norma-tive and organizational and institutional.

It should be noted that the macro-environment of the organization of the provision of palliative and hospice care and drivers influencing on the state management of such assistance are unstable, constantly changing - in *Fig. 1*. This phenomenon is indicated by the words 'changes'. In this context, the author fully agrees with G. Johnson, K. Scholes, R. Wittinton, and other Western researchers [12, p. 3, 54-54; 14, p. 106] that the priority of certain factors, the relevance and validity of the results of the PEST analysis can be limited in time and sometimes of a subjective nature. Dice Arrows on *Fig. 1* – are mechanisms of public administration, which are aimed at ensuring positive changes in the proper organization of the provision of palliative care and hospice assistance, the effective functioning of the whole system.

To objectively track the dynamics of the current problems of implementation, implementation of the orga-

nizational mechanism of state management of palliative and hospice care in Ukraine, manifestations and changes in the macro-environment and measurements of this phenomenon, we define the chronological boundaries of the analysis – 1996-2017. Selection of the lower chronological limit (1996) due to the opening of the first Ukrainian hospice. The upper chronological limit (2017) is determined by the current events in the development of the organizational mechanism of state management of palliative and hospice care, the availability of officially published statistical data, and other information resources used for the analysis.

We will begin the PEST analysis by characterizing each of the macro-environments (*Fig. 1.*), assessing the importance of the impact of the identified factors on the organization of the provision of palliative and hospice care, and, in continuing, define and comprehensively analyze the problems that are due to the influence of these factors in the public administration of such help.

The political factor within the framework of this study is considered important, as senior officials of state executive bodies and politicians are direct subjects of the formation, approval of the state policy in the system of palliative and hospice care, the corresponding state programs, measures, amounts of their financing, and also the proper implementation control over their implementation. The presence of political will and stability have a positive impact on the development of palliative and hospice care, are favorable factors for the economic development of the state, increase the volume of financial and other resources of the system under study. Conversely, the lack of political will, political instability negatively affects the development of this type of assistance, the amount of funding, material support, etc. In this context, there is a close relationship between the economic and political factors that influence this system. It should be noted that the level of political will regarding the development of the system of palliative and hospice care in Ukraine is low. Domestic experts and scholars [2, p. 66] draws attention to the fact that the recognition, evaluation and support of the development of such a system by the government, regional executive bodies is

insufficient.

In Ukraine, the state policy on the development of the system of palliative care and hospice care has not yet been formed. Although during the research period some improvements and successes have been made in the system of palliative care and hospice, but the initiatives, policy priorities for the development of this system, their lobbying in political circles are formed and implemented, as a rule, from the bottom. Quite often, the efforts, efforts of initiative groups of progressive doctors, scientists, and public organizations to solve at the state level the pressing issues in this system are confronted with indifference by politicians and political parties and being leveled out by them. This is confirmed by the Government's rejection of the Draft Concept of the State Target Program for the Development of Palliative and Hospice Assistance for 2010-2014 [10], which was developed by the "Ukrainian League for the Development of Palliative and Hospice Assistance" in 2008, by representatives of other non-governmental organizations, specialists, scientists in This system was submitted to the Ministry of Health of Ukraine for consideration by the Cabinet of Ministers of Ukraine. Ukrainian politicians, government officials, and executive officials are not well-informed about the scale, current trends in the development of palliative and hospice care problems, with a superficial understanding of its socio-economic and humanitarian significance [4, p. 43].

Ukraine, constitutionally declaring it a legal and social state, carries out inconsistent and unsystematic policy in the system of palliative and hospice care. Thus, according to experts from the International Alliance of Palliative Care under the WHO, Ukraine was classified as "non-systemic palliative care" (with Armenia, Cuba, Egypt, Pakistan, Russia, other countries), in which the state lacks support for palliative and hospice movement. Public management of palliative and hospice care during the study period can be defined as ineffective. Thus, according to domestic experts in Ukraine: in 1990, 670 thousand patients with cancer were diagnosed, and at present about 1 million people; mortality from ontological diseases in Ukraine is 2 times higher than in Europe; Every year more than 700 thousand people die in Ukraine,

almost 500 thousand of them require palliative care, every second terminal patient in Ukraine dies in the first year of the diagnosis of the disease, which is 10 times higher than in the developed countries of the world.

Thus, the political macro-environment of the organization of palliative and hospice care is generally unstable and insufficiently favorable for the proper development of this assistance in Ukraine. Public administration of palliative care and hospice care is ineffective due to the lack of systemic acceptance and implementation of state policy, which is characterized by periodicity and inconsistency. The mechanisms of government in this system are either at the stage of the search and formation, or at the stage of testing and implementation in practice.

The economic factor is no less important than the above analyzed political factor, since the development of palliative and hospice care is largely determined by the economic development of the state, allocation of this system of budgetary funds and other resources, rational and targeted use of them, creation of a system of palliative and hospice assistance in economic relations, market conditions and the provision of competition, solvency of the population, other financial and economic and economic aspects.

It has to be noted that the economic macro-environment in Ukraine, unfortunately, is also unfavorable for the financial provision of the system of palliative and hospice care. For example, the development of a network of hospice establishments (departments, rehabilitation centers), their creation and functioning, as well as the provision of palliative care are the ones that, in the conditions of insufficient development of the financial mechanism of the state management of palliative and hospice assistance, the permanent underfunding of such assistance from the state, Local budgets are extremely unsatisfactory. In 2016, more than 70 thousand patients did not receive treatment as a result of underfunding of state health programs from the state budget. According to an all-Ukrainian poll, 43% of citizens hospitalized in 2016 were forced to borrow money or sell property to pay for treatment, and the average amount of funds that they had to borrow amounted to 4,865 UAH. There are no traditions of philanthropy and philanthropy in Uk-

raine. In today's realities of the financial and economic crisis, low solvency of the population, 80% of Ukrainians are forced to die at home due to lack of funds for treatment in medical institutions.

Generally, it should be noted that the financial mechanism of state management of palliative care and hospice assistance in Ukraine is still unregulated at the regulatory level. So, in practice, providers providing medical and social care, palliative care and hospice assistance receive funding from the state and local budgets, depending on their sectoral affiliation or ownership. The domestic fiscal legislation does not foresee the possibility of obtaining budget funds by non-state actors providing these services - such funds are directed exclusively to state institutions providing them, while non-state actors providing such services cannot receive state social expenditures [2, p. 66; 4, p. 45] Such an approach to the financing of palliative and hospice care leads to a violation of the principles of subsidiary and equality of the entities providing such assistance, competition in its provision, market monopolization, low levels of quality and effectiveness of social and medical services, etc.

A serious omission on the part of the state in the development of such assistance and reduction of mortality in Ukraine is that budget funds are allocated mainly to state programs for the treatment of cancer, and funds for their early diagnosis, prevention and prevention in the state budget are not provided. And so, today's level of organization of work on the prevention of cancer is critically low. The population is not aware of the risks of developing these diseases, is not aware of the need, and neglects the implementation of self-examination, preventive medical examination, which leads to cancer diagnosis in its later stages. While in developed countries of the world, a significant proportion of funding falls on programs, preventive measures, prevention and early diagnosis of cancer and palliative care of terminal patients. The implementation of such a state policy, taking appropriate measures is a guarantee of effective treatment of diseases and reduction of mortality rates. In addition, in the West, employers are interested in co-financing social insurance funds with the regular training of their employees to diagnose such

illnesses, since their treatment at a later stage is too expensive. However, the Ministry of Health of Ukraine admits that the level of organization of work on the prevention of cancer is low, and the lack of programs promoting healthy lifestyle is among the reasons for the increase in cancer incidence in the state. Domestic oncology [5] argue that regular prevention of cancer will reduce the incidence of cancer in Ukraine by 50%.

The socio-demographic factor also has a significant impact on the development of palliative and hospice care. The social and economic dimensions of palliative care and hospice care are closely interrelated, since the economic downturn leads to a reduction in social security costs, medicine, and research systems, respectively. The social dimension of palliative and hospice care is determined, first of all, by wage indicators, established by the minimum social standards, social assistance and pensions, on the basis of which household income is formed. It is clear that low levels of household incomes result in low purchasing power of the overwhelming majority of the population, especially the poor, socially vulnerable individuals and their groups, their access to social and medical services and other types of services. In this context, the social dimension of palliative and hospice care to the level of poverty of Ukrainians is assessed as objective. According to the UN Development Program Representative in Ukraine N. Walker estimates that the status of 01.04.2017, 60% of Ukrainians lives below the poverty line. According to the Institute of Demography and Social Studies named after MV at the end of 2015, the hives of the National Academy of Sciences of Ukraine under the poverty line lived approximately 28% of Ukrainians. Today, almost 23% of families with pensioners and 38% of families with 2 children live on the poverty line. There is also a *pessimistic index of social progress*¹, which in 2016

¹**The Social Progress Index** – The combined indicator of the international research project The Social Progress Imperative, which measures the achievements of the countries of the world in social development in 50 indicators (grouped into 3 groups – the basic human needs, the foundations of well-being rights, human development opportunities), in particular access to

Ukraine ranked 63rd among the 133 studying countries of the world [12, p. 17] The UN has set a ceiling on the proportion of the population that can live in the poverty line in a given country, which is 10%. That is, under the poverty line in Ukraine, 6 times more (!) People live from the threshold. Experts from the National Institute for Strategic Studies [1, p. 95] also argue that in Ukraine, processes of marginalization² of society and total poverty of the population, social support which is an overwhelming burden for the state are rapidly taking place. It is clear that such a level of social development in Ukraine determines not only the deterioration of the state of social security of the population, the violation of legal rights, freedoms of citizens, but also leads to the spread of dissatisfaction, distrust by the public to the state authorities, increasing social tension, manifestations of various.

In Ukraine, over the last 30 years, the demographic crisis has been constantly expanding, which causes a steady increase in demand for palliative and hospice care. World Bank experts predict that in the next 10-15 years, the needs for palliative and hospice care in Ukraine will increase by at least 20%, both at the place of residence of the patient (at home) and permanently. Such forecasts are unreasonable. According to the State Statistics Service of Ukraine (hereinafter – State Statistics Committee of Ukraine) [7, p. 39] in Ukraine: in 2015 there was a *natural decrease in the population*³: – 183 015 people, or – 4.2 persons per 1 thousand of the existing population; in 1991 these indicators were – 39,147 persons and – 0.8 persons respectively; the mortality rate of the population increases – the number of deaths per 1 thousand of the population increased from 12.9 in 1991 to 14.9 in 2015. Such mortality leads to distinct and stable population depopulation: for 7 years, the population of Ukraine is

medical care, the level of health care, the level of personal and civil liberties, the provision of human rights and opportunities.

²*Note.* The ratio of incomes of the richest and poorest segments of the population in Ukraine in 1995 was 37: 1. UN Boundary Indicator – 10: 1.

³**Natural increase (reduction) of the population** – the difference between the number of live births and the number of deaths.

reduced by 1 million people. By preserving this trend, by 2050, the population may fall to 36 million. It is worrying that only 11% of births are completely healthy, while others are born with a certain pathology, which, to some extent, necessitates pediatric palliative and hospice care. It is likely that congenital pathology in the future can lead to disability. According to the Ministry of Social Policy of Ukraine, the number of persons with disabilities is almost 2.8 million people or 6.1% of the total population of Ukraine.

The demographic crisis in Ukraine is determined by the intense aging of the population: according to the Gosstat of Ukraine, as of April 15, 2017, there are 6.8 million citizens⁴ aged 65 and older, about 3 million of them - persons 75 years and older [6] Ukraine is ranked 11th in the world by the percentage of persons aged 60 and over (22.1%), 65 and over (15.9%) in the general population structure and belongs to the "oldest" countries of the world. This unfavorable demographic trend in Ukraine is complicated by an increase in the proportion of the elderly who suffer from severe chronic non-curable illnesses, primarily malignant tumors – their number at the end of 2013 exceeded 1 million people (of which 5,500 are children). A significant proportion of patients with malignant neoplasm's are diagnosed at incurable stages of the disease, which leads to the fact that more than 90 thousand people die each year from oncological diseases. As noted above, terminal patients suffer from intense chronic pain and require professional multidisciplinary palliative and hospice care.

Technological and innovation factors largely determine the development of palliative and hospice care, in particular logistical, informational, personnel support, social-medical and other dimensions of this system. As practice shows convincingly, the best western models of palliative and hospice care are based on the results of scientific and innovation activities, the wide introduction of innovations into the practice of this system. It is clear that the "generator" of scientific and technological innovations is the results of fundamental, applied and applied research, on which the activities

of palliative and hospice care institutions should be based, the training of medical, social and other workers in this system. These employees must be qualified specialists, able to apply various innovations in their professional activity, to carry out their tasks efficiently, qualitatively and in a timely manner.

However, it has to be noted that today in Ukraine, neither the material and technical base in most of the existing institutions of palliative care and hospice care, nor the condition of their stay in patients, do not meet the requirements and standards of WHO [3, p. 70]. The analysis shows that capital expenditures in the structure of total health care expenditures for many years are about 10%. It is difficult to set precise amounts of allocated budget and other funds for the system of palliative and hospice care. Funding and opportunities for conducting research in the system of palliative and hospice care are scanty. Due to resource constraints, palliative and hospice facilities are not provided with the necessary medical equipment and equipment, which adversely affects palliative care and treatment [2, p. 66].

In Ukraine, the National Cancer Institute (hereinafter referred to as NER) is the main medical oncology institution, whose activities are aimed at conducting fundamental and applied research in the field of oncology. NIRs for carrying out research and innovation activities receive approximately 10% of the funds allocated by the state for the treatment of cancer patients and has wide powers, in particular, regarding the purchase of medicines, equipment, etc., independently from the Ministry of Health of Ukraine. However, in NIRs, according to the British newspaper *The Guardian* [11], other media outlets, bribery and corruption flourish. In 2014, conducted by the Ministry of Health of Ukraine in the NIH investigation revealed 43 violations of the law, including forcing patients to buy medicines already paid by the state at inflated prices, other facts of misuse of public funds in the amount of approximately UAH 50 million, which currently are checked by law enforcement agencies.

The material and technical base of many operating hospices, departments of palliative and hospice care does not meet international norms and standards, and conditions of stay in them patients are unsatisfactory and violate their rights [9]. The Ministry of Health of Ukraine

acknowledges [5] that insufficient level of equipment with medical and diagnostic equipment of specialized oncology health facilities is the reason for the increase of cancer incidence in the state.

It is logical that the constant underfunding of the health care system in Ukraine, including the system of palliative and hospice care, was accompanied by a gradual reduction of the capacity of medical institutions, personnel, logistical and other resources. This state of affairs is unsatisfactory, while neglect of the state's scientific and innovative activities in the investigated system is unwarranted and inadmissible.

The regulatory framework, though considered by the latter in the PESTL analysis, is a cornerstone of the development and implementation of the organizational mechanism of public administration of palliative care and hospice, a foreword, an important determinant of the effectiveness of providing such assistance, the quality of the services concerned, and so on. This is a macro environment, consisting of a set of: the provisions of the articles in the Constitution of Ukraine, which guarantees human rights to life and health, respect for its dignity; current legislative acts, subordinate normative legal acts (Decrees of the Cabinet of Ministers of Ukraine, Orders of the Ministry of Health of Ukraine, etc.) that regulate social relations, activity of state and non-state actors in the system of palliative and hospice care.

The analysis of legislative, regulatory and legal acts gives grounds to conclude that the legal regulation does not properly regulate the issues of public administration of palliative care and hospice, mechanisms of its organization and provision in Ukraine. Despite the fact that Art. 49 of the Constitution of Ukraine guarantees every citizen the right to health care, medical assistance, certain amendments and additions to the Fundamentals of Ukrainian Health Law have been introduced, but there is currently no systemic legal framework for palliative and hospice care. As noted above, the following are not regulated in this system: financial mechanism; standardization and licensing of such assistance; personnel support; provision of palliative patients with analgesics, organizational mechanism of inter-sectional and interagency cooperation; the mechanism of rendering such assistance to NGOs, benefactors,

⁴Note. Excluding the temporarily occupied territory of the Autonomous Republic of Crimea and the city of Sevastopol..

volunteers, etc. Until now, the Draft Concept of the State Target Program for the Development of Palliative and Hospice Assistance for 2010-2014 [10], the Concept of the National Program for Combating Cancer in 2017-2022 (draft) remains unconfirmed. Such gaps in the regulatory framework are hindering the effective functioning, development of palliative and hospice care in Ukraine.

Organizational and institutional provision is an important aspect of the development of the system of palliative and hospice care, which consists of:

1) institutes formed at the state and public levels for the implementation of state management of palliative and hospice assistance, ensuring the organization of the provision and proper functioning of this system; an important place in this aggregate is given to institutions, which directly entrusts the performance of functions related to the provision of palliative and hospice care (hospices, specialized departments of hospitals, outpatient clinics, etc.);

2) relationships and relationships between subjects of the system of palliative and hospice care.

It should be emphasized that in Ukraine there is no coordinated effort aimed at the development of the palliative and hospice care system; proper interagency cooperation of institutes at the central and local levels of public administration; interdisciplinary coordination of services in this system. There are no or very weak interagency cooperation of the Ministry of Health of Ukraine with the Ministry of Social Policy of Ukraine, integration of institutes, coordination of activities and cooperation between institutions, institutions of these ministries, intersectional cooperation of non-governmental organizations, private structures, public associations on issues of medical and social care and palliative care [2, with. 66; 4, p. 43] The absence of a mechanism for coordinating interagency and interdisciplinary cooperation on providing such assistance at the central and local levels is a serious shortcoming in this system, which needs urgent resolution.

According to the NGO "Ukrainian League for the Development of Palliative and Hospice Assistance", at the beginning of 2017 there are 7 hospices, 2 centers for the provision of palliative care (Ivano-Frankivsk, Khar-kiv) and more than 60 specialized

palliative outlets with an aggregate number of approximately 1,500 beds for service palliative patients with a minimum need for 4,000 inpatient beds [9]. According to the Ministry of Health of Ukraine and regional departments / health departments, specialized inpatient palliative and hospice care is provided by: 12 hospices and centers (state and non-governmental forms of ownership), which cost more than 450 beds; 68 outlets for such assistance, in which approximately 1650 beds are deployed [3, p. 70].

The exact number of facilities for palliative and hospice care is currently not possible due to the lack of relevant state standards and requirements approved by the Ministry of Health of Ukraine. In addition, according to domestic experts, Ukraine does not have reliable statistical data and there is no current statistics on palliative and hospice care, which hinders the obtaining of objective results of the analysis. Currently, hospices have not been established in Vinnitsa, Dnipropetrovsk, Donetsk, Kyiv, Kirovograd, Luhansk, Mykolayiv, Odessa, Poltava, Rivne, Sumy, Ternopil, Khmelnytsky, Cherkassy, Chernihiv oblasts and Kyiv. The analysis also found that, despite the statistics of the Ministry of Health of Ukraine, which convincingly indicate that most of the palliative patients are dying at home; there is no ramified system of care for incurably sick patients in their place of residence in Ukraine.

Palliative and hospice care facilities operating in Ukraine provide disastrously scarce amounts of such assistance, the demand for which is substantially higher than the supply, resulting in the vast majority of incurable patients do not receive it. In accordance with WHO standards hospice (with a hospital for 30 beds) is designed to serve 300-400 thousand people or 100 beds per 1 million people. The calculations made by the author of the availability of bed places and population statistics prove that the existing bed hospital in Ukraine providing palliative and hospice care in about 300 beds is estimated at 3-4 million people in the country, which is less than 10% of WHO standards. This figure coincides with the data of the Ministry of Health of Ukraine, which also shows that the needs of Ukrainians in palliative care are satisfied by 10%, and 85% of inpatient patients die alone at home, suffering from pain, depression,

lack of proper palliative care. If we take into account the fact that in Ukraine there are about 480 thousand incurable patients, which are cared for by at least two people from their families and families, then the annual demand for palliative care in the country amounts to approximately 1.5 million people.

Conclusions. Based on the results of the study on the current state of implementation of the organizational mechanism of state management of palliative and hospice care in Ukraine, one can conclude that the critically low levels of such assistance in Ukraine are a natural phenomenon, an integrated result of a number of unresolved problems of the day, accumulated in organizational and institutional provision of such assistance during many years among which:

- insufficient financing of palliative and hospice care facilities;
- the lack of approved state standards (design, technical, social, household, etc.) that establish requirements for palliative care and hospice care (equipment, premises, etc.), their accreditation, licensing, staffing, social and medical, other services, the quality of their rendering etc.;
- unsatisfactory provision of palliative patients with analgesics (upload analgesics) – only 10-20% of these patients receive effective, high-quality analgesia, and others do not have access to them and are forced to suffer from unbearable pain in inpatient settings and at home;
- insufficient staffing, lack of training system for medical, social workers in the field of "palliative care" (not included in the list of specialties) and improving their qualifications – in practice, the vast majority of workers providing such assistance do not have the relevant knowledge and skills not familiar with modern methods of anesthesia etc.;
- a lack of unified staffing, according to which positions of social worker, psychologist, consultant lawyer, pastor should be introduced in hospices, other institutions providing palliative and hospice care, which will provide a multidisciplinary approach to such assistance;
- lack of up-to-date, reliable statistics on palliative and hospice care at the central, regional and local levels;
- the low level of public awareness about such assistance (3% of the

population understand the essence of such assistance) and insufficient public opinion about the necessity, importance of the development of the system of palliative care and hospice care;

- low activity and participation of non-governmental organizations and philanthropists in the provision of palliative and hospice care;

- negative cultural stereotypes and lifestyle of citizens - low physical activity, inappropriate nutrition, tobacco smoking, alcohol abuse, other bad habits, stress, obesity, drug addiction, etc.

Thus, in the organization of provision of palliative and hospice care there are serious problems that are largely determined by the disadvantages of organizational and other mechanisms of public administration in this area. The scale of coverage of these problems is national, which proves the urgent need for them to be considered and resolved at the level of higher, central government agencies, which must ensure proper regulation of social relations in this system, the implementation of incurable patients constitutionally guaranteed by them the right to medical care and appropriate support. The urgent need is the development and implementation of such an organizational mechanism of state management of palliative and hospice care that would enable not only to effectively solve these problems, but also to constantly provide such assistance in the necessary volumes and at the appropriate level of quality.

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