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Реферати

ОСОБЕННОСТИ КАРДИОРЕСПИРАТОРНОЙ АДАПТАЦИИ ПОЗДНИХ НЕДОНОШЕННЫХ ДЕТЕЙ В РАННЕМ НЕОНАТАЛЬНОМ ПЕРИОДЕ

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В работе представлены результаты суточного мониторинга ЭКГ с параллельной записью реопневмограммы 22 «поздних недоношенных» детей, в выхаживании которых с первых суток жизни использовался метод «кенгуру» и 20 недоношенных новорожденных, у которых по состоянию здоровья матери этот метод был ограничен. Выявлено периодическое дыхание с наличием респираторных пауз у всех «поздних недоношенных» детей и достоверно более выраженная электрическая нестабильность миокарда у детей, у которых был ограничен метод «кенгуру» в раннем неонатальном периоде.

Ключевые слова: «поздние недоношенные» дети, постнатальная адаптация, метод кенгуру, реопневмография, суточное мониторирование ЭКГ.

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FEATURES OF CARDIORESPIRATORY ADAPTATION OF LATER PRETERM INFANTS IN THE EARLY NEONATAL PERIOD

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The paper presents the results of 24-hour ECG monitoring with parallel recording of reopneumogram in 22 “late preterm” infants, who used the “kangaroo” method and 20 preterm newborns in their nursing from the first day of life, in whom this method was limited due to their health condition. Periodic respiration was detected with the presence of respiratory pauses in all “late preterm” infants and a significantly more pronounced electrical instability of the myocardium in infants who had a limited “kangaroo” method in the early neonatal period.

Key words: “late preterm” infants, postnatal adaptation, kangaroo method, reopneumography, 24-hour ECG monitoring.

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FEATURES OF PUBLIC HEALTH GOVERNMENT REGULATION IN THE CARPATHIAN REGION AS A PART OF POLAND (THE SECOND POLISH REPUBLIC) IN 1919-1939

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Based on the archival, published historical documents and other available information sources, the specifics of public health state regulation in the Carpathian region as part of Poland (1919-1939 years II) (II Rzecz Pospolita, Polish - II Rzeczpospolita, Polska) is found to be a relevant experience for building a modern healthcare system in Ukraine. The change of various socio-economic formations, the Carpathian region's transfer from the influence of one to another country, significantly influenced the nature of social relations in the region, including health care. It was established that the authorities and public institutions in the field of health care while the Carpathian region being a part of Poland in 1919-1939, in an effort to expand medical care and educational work among the population, in order to prevent diseases and increase life expectancy, started a systematic purposeful work on forming the prevention medicine system and in fact laid the first bricks in the sphere of public health. Their experience and practice is not only of scientific interest, but will also have practical significance for construction of a modern health care system.

Key words: government regulation, public health, Carpathian region, Poland.

Research topicality of the present study is determined by the reorientation of the public health paradigm in Ukraine from the treatment policy to the policy of strengthening and preserving health and preventing diseases, which will change not only the state approaches, but also the consciousness of each person.

In order to form and implement an effective state policy for preserving and strengthening the health of the population, increasing the duration and improvement of the quality of life, preventing diseases, prolonging active and able-bodied age and promoting healthy lifestyles, the Government of Ukraine in 2016 approved the Concept for the Development of the Public Health System I, which defines the principles, directions, tasks, mechanisms and terms of the development of the public health system through the consolidation of the efforts of the whole society, the realization of which is expected during 2017-2020 years [17].

In June 2018, the Ministry of Health of Ukraine issued a public discussion on a draft law "On the Public Health System", which is the next stage of systemic changes in healthcare. The purpose of the law is to preserve health, prevent illness and increase the life expectancy of Ukrainians, i.e. to create a unified system of preventive medicine.

Formation and implementation of state policy on the construction of an effective system of the public health, according to the intention of the department, should take place in the following strategic directions:

- adoption of the appropriate regulatory framework that would regulate public health;
- creation of a system of biological safety aimed at protecting the population from particularly dangerous infections and responding promptly to epidemic threats;
- personnel and scientific support of the public health system (education of qualified personnel);
- communication with the population (conducting awareness-raising campaigns on the prevention of diseases and promoting the benefits of a healthy lifestyle).

According to the Ministry of Health of Ukraine, implementation of public health policy at the regional level will be carried out by local self-government bodies. They will be responsible for the sanitary and epidemiological well-being of the population, the implementation of the National Public Health Strategy at the local level, as well as for informing the population. The purpose of such state progress is to create a system in which each head of the central and local executive authorities will take into account the consequences of their decisions for the health of the population and give priority to those measures that will help people to avoid illness and injury. The development of such a public health system in Ukraine is one of the requirements of the Association Agreement between Ukraine and the European Union.

Actuality of theme is conditioned also by a requirement in research of historical past of the state formation, in particular in the objective and impartial exposure of facts from history of management of health care. There is an aspiration to appeal to the facts of the own past and describe them for the sake of that in society, in order to understand what is possible to do with them today. A comprehension and use of this historical heritage are the important source of construction of the system of health protection in modern Ukrainian state, and taking into account of historical experience in the process of construction of state management model and its state administration of health protection - is an objective necessity [4].

History is a key to analyzing the public policy, it helps identify negative experiences, avoid the worst mistakes, and try to develop simple solutions. Without studying the history of public administration of the health care system and the specific conditions of its development in the past, it is impossible to develop a modern theory of health care and create its new Ukrainian model. The basic principle of any management action, and in health care too, is you need to know well the past, its backwardness, to offer new perfection.

Researchers of this problem emphasize the importance of scientific research on various components of state regulation of the health care sector: M. Bilynskaya, Y. Voronenko, D. Karamishev, A. Radich [11] and others emphasize the fact that state regulation of medical activity is an integral part of health care management, which is characterized by the existence of many theoretical and practical problems, the solution of which will ensure the output of the branch from a long-standing systemic crisis.

Retrospection in the science of public administration was the subject of scientific research by I. Bulgakov [3], who noted that the retrospective approach to studying modern state-management life allows to adequately perceive its genesis, to study the history of existing state-management problems and thus to get a better understanding of them.

In their scientific works, researchers I. Robak and G. L. Demochko [12] emphasize that the history of health care in Ukraine requires a more thorough research, and in some cases, a completely new vision and interpretation, first of all, in order to restore historical objectivity and saving and taking into account the positive practical experience of past generations, in this case, in the further fruitful development of the medical sector.

Despite the large number of works on various aspects of state regulation of health care, there is no doubt that there is an urgent need for a study on the formation and development of public health (preventive medicine) in different regions of Ukraine and at various stages of historical development in the field of public administration science, which contribute to a better understanding of management processes and decisions, help to overcome the existing health system with all its manifestations and ideas.

The purpose of the study is to find out the peculiarities of state regulation of public health (preventive medicine) in the Carpathian region during the 1919-1939 (II Rzeczpospolita, Polish II Rzeczpospolita Polska) on the basis of archival documents, published historical documents and other available information sources.

Materials and methods used in the present study include: historical, retrospective, statistical, analytical and general ones.

Results of the study and their discussion. The Carpathian region is a historical region of Western Ukraine, the center of which is the city of Ivano-Frankivsk (until 1962 Stanislaviv (Polish version), Stanislav (Austrian variant)) has its unique experience in organizing power institutions, including the formation and development state management of health protection, which were conditioned by the course of historical processes at that time.

Historically, during the first half of the twentieth century, the Carpathian region was part of different states. At the beginning, there were two of them: on the one hand, Austria-Hungary, which did not want to give up its piece of Ukraine, on the other - Poland, which was interested in establishing itself here after the collapse of Austria-Hungary. In 1918, the Carpathian region became a part of the Western Ukrainian People's Republic (ZUNR), and after the Act of unification on January 22, 1919, it became part of the Ukrainian People's Republic under the name "Western Provinces of the Ukrainian People's Republic". From 1919 to 1939, this territory was part of Poland - II Rzeczpospolita and subsequently, on the basis of the Molotov-Ribbentrop Pact, it was occupied by Soviet troops and included in the Ukrainian SSR. From June 1941 to May 1944, the Carpathian region was under the German occupation, and since June 1944, the Soviet government was reestablished on this territory.

Frequent changes in various socio-economic formations, complex socio-political conditions, the transition of the Carpathian region under the jurisdiction of one state and another have significantly influenced the nature of social relations in the region, including the development of public health, which at that time is referred to as the sanitary case or anti-epidemic measures.

As a result of the Ukrainian-Polish war, which the Ukrainians lost in 1919, the Poles captured Eastern Galicia, Western Volyn, Western Podillya, Kholmshchyna, Podlyashshya. Without waiting for the decision of the international community, which finally recognized the transition of these lands under Polish rule only March 14, 1923, they began to introduce their own management system here. In December 1920, the administrations of the Krai, Lviv, Ternopil and Stanislaviv voivodeships were formed on the lands of the former Kingdom of Galicia and Lodomeria. The last state of the state in 1921 included 16 counties: Bogorodchansky, Dolynsky, Gorodenkivsky, Kalush, Kolomysky, Kosivsky, Nadvirnyansky, Pechenezhinsky, Rogatinsky, Skolsky, Stanislavivsky, Stryjsky, Snyatinsky, Tlumatsky, Turchansky, and Zhydachivsky [16].

Along with the territorial gains, the Polish authorities also received a number of urgent problems. The devastating effect of the war and political cataclysms has led to a general disorder of life, a catastrophic state of the economy and the economy. The health care system was no exception in this respect. As a result of the war, the health status deteriorated dramatically, the incidence, especially the infectious, which became the character of epidemics with high mortality, increased enormously [7].

Taking into account the complex sanitary and epidemiological situation, the Polish government began the creation of a health care system in the territory of the Stanislav Voivodship in accordance with the legislation of the Second Polish Commonwealth. According to the State Basic Sanitary Act, which entered into force on July 19, 1919, the highest leadership in matters of hygiene and medicine was assigned to the Ministry of Public Health established in January of that year [14].

Health care was taken care of local management. Their duties included: supervision of the purity of water, air, streets, norms of construction and sanitary condition of dwellings, personal hygiene of citizens, caring for sick, pregnant, mentally retarded and disabled, ensuring their timely and, if possible, qualified medical assistance, cooperation with government authorities in the fight against epidemics and sexually transmitted diseases, management of vaccinations, cemeteries and grabbing, cooperation with the Ministry of Public Health in the control of consumer products, creation of statistical reports and implementation of government decrees and applications in the field of health care. The district doctors supervised the activities of communal services in the gminy, which in turn was supervised by the district medical inspector [15].

After liquidation of this Ministry, its functions were divided between the Ministry of Internal Affairs and the Ministry of Labor and Social Security. The last received the protection of motherhood and childhood, maintenance of invalids and cripple, supervision over activity of medical and hygienic establishments and societies passed. All other issues passed over to the Ministry of Internal Affairs, which included the establishment of a health service department. It was at this time that the issue of health care for schoolchildren was assigned to the functions of the Ministry of Culture and Public Education [6]

On June 14, 1920, the head of the Polish Revived State, Juzef Pilsudski, issued a decree on the organization of the "Office of the Chief Extraordinary Commissioner for the Epidemic, which threatens the security of the state", which was supposed to function sporadically - during the period of epidemics under a special permission of the Cabinet of Ministers. Four districts of the Office of the Chief Extraordinary Commissioner, in particular one in Lviv (Lviv, Stanislaviv and Ternopil Voivodeships), were created. In connection with the continuation of epidemics and high mortality of the population, this Office did not cease its activities during the entire time the Precarpathia as a part of Poland. Along with the Office of the Chief Emergency Commissioner for Combating Epidemics, the functions of combating infectious diseases were under the authority of the Polish Ministry of Public Health and, in part, the Ministry of the Internal affairs [13].

In the study period, medical districts were created. Each district consisted of about 25 thousand people and united several gmina (communities). For example, in the Kosiv district 5 medical districts (Kosiv, Kutu, Rozhniv, Grinyava, Zhabye) were created. It was in charge of medical affairs in this territorial formation, a district physician who was subordinated to the county doctor and was fully responsible for the health of the population in his district. The district doctor solved all health care issues and organized the activities of district doctors. At the same time, he served as a sanitary referent. The county sanitary controller was appointed to help the sanitary doctor. District doctors in their work were guided by an instruction issued by Austria-Hungary in 1901. For the help of district doctors were also appointed prosecutors or observers of corpses, which had neither general nor special education [2].

Primary care for the population of the Carpathian region during this period was received in outpatient clinics and hospitals, which were created and maintained at the expense of budgets of local authorities and various public associations. Thus, in 1920, 8 public hospitals of thirteen were held on the budget of local authorities of Stanislav, Kolomiya, Gorodenkivsky and Nadvirna counties. As of 1934, there were only 15 medical establishments with 338 beds in total within the oblast (hospital beds were 0.7 beds per 1000. For comparison: the average level of provision of hospital beds in the population of Poland was almost twice as high as in the Stanislav Voivodship), the majority of which belonged to sejms and magistrates. These hospitals had therapeutic, surgical, maternity and infectious beds. In Lviv and Ternopil voivodships inpatient care was not better. Even in 1928, there were no medical institutions in 24 counties of these voivodships [5].

In order to carry out public control over the activities of state and local government bodies, according to the order of the Ministry of Internal Affairs of March 13, 1926, a system of voivodship and district health councils was established. Members of the Health Board were officials and individuals who enjoyed respect among the population - the chief of staff, the district doctor, the doctor of the garrison, the doctor of the directorate of state railways, the chief city physician, the chief physician of the sickness insurance fund, the school inspector, the labor inspector, the state delegate of the construction management, representative of the county department. The main purpose of the created councils was to initiate measures to improve the health of the population, to coordinate them, as well as to play the role of analytical and advisory bodies. [8].

In the same period, the main organizational unit in public health was the health center. Since 1934, all cases of medical practice, according to the new law, were transferred to pharmaceutical companies. On June 15, 1936, a circular of the Ministry of Social Security was issued, which legitimized the organization of health centers and outlined their activities in a special instruction. The health center was the main organizational unit in public health care. The centers consisted of preventive out-patient departments - maternity and child protection, protecting from trachomatous virus, venereal illnesses, tuberculosis, alcohol addiction the sanitary department dealing with water supply, food quality monitoring, housing, construction, infectious disease prevention. An auxiliary department with the functions of propaganda of hygiene and the organization of children's sanatoriums, camps and baths. In this instruction it was noted that when the health center for some reason could not cover the whole complex of prevention of social diseases, he had to deal with the issues of maternity and childhood protection, the fight against tuberculosis and the prevention of those diseases that were the most important in the area, as well as issues of sanitary supervision. Health centers, according to their theorists, were supposed to be a form of rural local medicine. It was supposed to separate the counties at the district and to organize a health center at each district, headed by a doctor who was to carry out medical and preventive and sanitary-anti-epidemic work. By design, they should have been a form of rural precinct medicine. [10].

In such conditions, the problem of disease prevention and the formation of the fundamentals of sanitary-hygienic knowledge among the general population was particularly urgent. Public organizations and movements had to assume the functions of state structures in providing free medical care to the poor population, prevention work through the active detection of patients and promotion of a healthy lifestyle, the implementation of active educational work, etc.

Public organizations and movements contributed to increasing public confidence in the health care system and state regulation of medical care in the Carpathian region in the first half of the twentieth century. They united and rallied around them professional doctors with an active civic position.

The most prominent national institution to provide medical care to the poorest people is the People's Hospital, a social institution that, under difficult social conditions, rendered assistance to thousands of sick people of different nationalities and occupied a special place in the structure of public institutions of Galicia and Precarpathian in particular.

It is interesting to note that the People's Hospital (Charity Hospital), which functioned during the Austro-Hungarian Empire since 1903, continued its activities during the ZUNR, the reign of Poland and the German occupation of the Carpathian region, ceased to exist in 1944 with the advent of Soviet power.

The ascetic work of domestic doctors became the basis and precondition for the creation of a Ukrainian public health system. It was an alternative to the state system of medical care, which was organized by Ukrainian doctors and public figures, Greek Catholic clergy and patrons.

Conclusion

It was clarified that the change of various socio-economic formations, the transition of the Carpathian region from one state to another, significantly influenced the nature of social relations in the region. The organization of health and sanitation in this region of Ukraine was built under the influence and according to the models of the laws of the states, which included the Carpathian region in the corresponding historical period.

Thus, the authorities and public institutions in the field of health care during the stay of the Carpathian region in the composition of Poland (II Rzeczpospolita) from 1919-1939, seeking to deploy medical care and educational work among the population in order to prevent illness and increase life expectancy, initiated systematic and purposeful work on the formation of the basis of preventive medicine and essentially laid the first bricks in the field of public health. Their experience and practice is not only of scientific interest, but also of practical significance for the construction of a modern health system.

The results of the study are of some interest to the science of public administration and are of great practical importance for understanding the problem of state regulation of medical activities and the use of positive historical experience. Each national system of public administration is unique in view of the historical features and national traditions of the state concerned. The vision of the present, through a peculiar prism of the past, contributes to a better understanding of management processes and decisions, helps to penetrate into the internal life of a certain historical period with all its manifestations and ideas, and also helps to better understand the state's current policy of building an effective system of public health.

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Реферати

ОСОБЛИВОСТІ ДЕРЖАВНОГО РЕГУЛЮВАННЯ ГРОМАДСЬКОГО ЗДОРОВ'Я НА ПРИКАРПАТТІ У СКЛАДІ ПОЛЬЩІ (П РІЧ ПОСПОЛИТА) 1919-1939 РОКИ

Сорока О.Я.

На основі архівних, опублікованих історичних документів та інших доступних інформаційних джерел з'ясовано особливості державного регулювання громадського здоров'я на Прикарпатті у складі Польщі 1919-1939 роки (П Річ Посполита, польською П Rzeczpospolita Polska), що є актуальним досвідом для побудови сучасної системи охорони здоров'я в Україні. Зміна різних суспільно-економічних формацій, перехід Прикарпаття під вплив від однієї до іншої держави, суттєво вплинули на характер суспільних відносин у регіоні, в тому числі і в охороні здоров'я. Встановлено, що органи влади й громадські інституції у сфері охорони здоров'я за часів перебування Прикарпаття в складі Польщі 1919-1939 роки, прагнучи розгорнути медичну опіку і просвітницьку роботу серед населення, з метою запобігання хворобам і збільшення тривалості життя, започаткували системну цілеспрямовану роботу з формування основ профілактичної медицини та по суті заклали перші цеглини у царину громадського здоров'я. Їх досвід і практика діяльності викликає не лише наукове зацікавлення, а й матиме практичне значення для побудови сучасної системи охорони здоров'я.

Ключові слова: державне регулювання, громадське здоров'я, Прикарпаття, Польща.

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ОСОБЕННОСТИ ГОСУДАРСТВЕННОГО РЕГУЛИРОВАНИЯ ОБЩЕСТВЕННОГО ЗДОРОВЬЯ НА ПРИКАРПАТЬЕ В СОСТАВЕ ПОЛЬШИ (П РЕЧЬ ПОСПОЛИТАЯ) 1919-1939 ГОДЫ

Сорока О.Я.

На основе архивных, опубликованных исторических документов и других доступных информационных источников выяснено особенности государственного регулирования общественного здоровья на Прикарпатье в составе Польши 1919-1939 годы (П Речь Посполитая, польским - П Rzeczpospolita, Polska), является актуальным опытом для построения современной системы здравоохранения в Украине. Смена различных общественно-экономических формаций, переход Прикарпаття от влияния от одной другую страну, существенно повлияли на характер общественных отношений в регионе, в том числе и в здравоохранении. Установлено, что органы власти и общественные институты в сфере здравоохранения во время пребывания Прикарпаття в составе Польши 1919-1939 годы, стремясь развернуть медицинскую помощь и просветительскую работу среди населения, с целью предотвращения болезней и увеличения продолжительности жизни, начали системную целенаправленную работу по формированию основ профилактической медицины и по сути заложили первые кирпичи в сферу общественного здоровья. Их опыт и практика деятельности вызывает не только научный интерес, но и будет иметь практическую значимость для построения современной системы здравоохранения.

Ключевые слова: государственное регулирование, общественное здоровье, Прикарпатье, Польша.

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PERIOPERATIVE MEDICINE - A NEW FIELD OF SEVERE BURN INJURY TREATMENT

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The study includes the results of perioperative examination and treatment of 75 surgical patients with burns. It was determined that the terms of severe burns surgical treatment (ST) are influenced by the presence of comorbidity, flame burn (93.3%) with simultaneous respiratory tract injuries (53.3%). It was established that a complicated course of the burn disease (BD) was associated with an increase of a deep burn area > 20% (p = 0.001), the volume of infusion therapy on the 1st day (p=0.001) and on the 2nd day (p=0.005) of the burn shock with the need to increase the rate of intravenous crystalloids administration to achieve the target diuresis rate of > 0.5 ml / kg / h during the first 24 hours after the burn (p = 0.001). The expediency of observing the tactics of "Damage Control Resuscitation", which is aimed at performing surgical treatment of burns, taking into account the stabilization of the patient's condition and the possibility of the body's adaptive capabilities, is substantiated. This necessitated the development and use of a perioperative management scheme for patients, which contributes to the restoration of homeostasis indices against the background of staged surgical interventions with severe burns.

Key words: burn disease, intensive care, metabolic response, systemic inflammatory response syndrome, perioperative medicine.

The present study is a fragment of the research project "Improvement of emergency and immediate care, intensive care and anesthetic methods in patients of different age categories at treatment stages", state registration No.0116U006507.

Frequency and severity of burns, duration of hospital stay and mortality after burns have decreased, especially in countries with high and average incomes, and one of the major reasons for such dynamics is the achievement and possibility of providing adequate intensive care (adequate volemic resuscitation, respiratory therapy, nutritive support and antibiotic therapy) in combination with the possibility of early necrectomy [4, 8, 9].