Key Words: oncology, rehabilitation, health care, social security, social policy, laws, orders.

ORGANIZATION OF REHABILITATION AND MEDICO-SOCIAL ASSISTANCE TO ONCOLOGICAL PATIENTS IN UKRAINE

Summary. The chronology of the development of oncology in Ukraine from 1918 to the present time and the bases of rehabilitation and social care for patients with cancer in this period were analyzed. Today, in general, legislative basis rehabilitation of the disabled was developed, but, unfortunately, no staffing provision of services for cancer patients and their respective regulatory documents. To optimize the system of rehabilitation in Ukraine cancer patients need to ensure that the three components of the organizational structure: implementation of practical interaction of the Ministry of health and Ministry of social policy; organization of training of specialists in rehabilitation of cancer patients and personnel support this work; carrying out scientific-methodological research of the mechanism of rehabilitation processes in the restoration of the health of cancer patients.


In 2001, Resolution of the 54th session of the World Health Organization has approved adoption of the International Classification of Functioning, Disability and Health (ICF). Upon the conditions of the ICF model, rehabilitation is defined as “coordinated process, which intensifies activity and participation of disabled persons in achievement of optimal social integration”. ICF interprets term “health” and “disability” in the new perspective: disability is interpreted as abasement of personal human dignity and personal dignity in the eyes of other people. Besides psychological aspect of disability, ICF takes into account its social aspects and does not regard disability only as medical and “biological” dysfunction [2].

Ukraine attempts to put in order its legislation in accordance with the UNO and European Council standards concerning rights and social guarantees of disabled persons. Verkhovna Rada of Ukraine passes series of laws ensuring social security of these population groups by the state [1].

To clarify the compliance of legislation of Ukraine with social life, in realities of which cancer patient are living, let us represent historical aspects of mentioned problem and compare legislation documents of the Ministry of Health (MoH) and Ministry of Social Policy (MoSP) of Ukraine.

Study is aimed at analysis of chronology and matter of the formation and organizing of work of health authorities, social security concerning rehabilitation of persons, who underwent radical treatment of cancer diseases in Ukraine; to determine achievements and unsolved problems in rehabilitation of persons with disability from cancer in Ukraine.

To achieve the goal, historical, comparative and descriptive methods and method of empirical study were used. These methods are universal and used in all fields of science while analyzing general and particular problems. Analysis was carried out in historical aspect.

Organization of medical assistance for disabled persons and patients with chronic diseases in the first half of twentieth century. First domestic cancer institutions were organized in 1903, when Institute for Treatment of Malignant Tumors was established as charitable organization to help seriously ill patients. At the same time, in Saint-Petersburg, Obstetrics and Gynecology Society has established Committee for the study and treatment of cancer patients and Helen hospital for needy women – charitable institution for assistance to cancer patients [3]. After 1918, the main areas of activity of Soviet health and social security system were formed. On the basis of charity organization, development of research cancer institutions in Moscow, Leningrad, Kyiv, and Kharkiv has started. During 1920-1934, system of anticancer fight was formed. Decrees of People’s Commissariat for Health of the RSFSR have approved the main principles of cancer assistance for population – medical and research work in oncology [3].

When analyzing researches of the founders of health system organization of that period [4-6], one should note that medical assistance proposed to be available, free of charge and qualified. These three principles underlay the basis of medical assistance.
In the outlines of history of the USSR public health service (1917-1956), we can chronologically trace the following main health activities [4]:
- health education for the prophylaxis of infectious diseases, fight against them; development of the field surgery;
- fighting hunger; development of sanitary-medical business in the undertakings, fight against infectious diseases; renewal of social insurance; initiation of medical surveillance system; establishing resorts, renewal of hospitals;
- fight for decrease of morbidity accompanied with temporary disability; fight against traumatism in the undertakings; fight against infectious diseases (malaria, tuberculosis, syphilis, trachoma); introduction of specialization of medical assistance; development of the rural medicine; expansion of psychiatric service and medical maintenance of children;
- organizing of health units in the factories to fight against morbidity of the working people; building of hospitals in industrial regions and ambulatory-hospital networks in the state farms and collective farms; introduction of health education, development of sanatorium and health business;
- development of medical industry to provide medical institutions with appropriate equipment; fight against infectious diseases, such as tuberculosis, trachoma, goiter; control over observance of sanitary norms; building of maternity hospitals, dairy meals kitchens, increase of welfare for women recently confided; development of labor protection; organizing of rest and physical culture; increase of medical assistance for the population; introduction of health education and expansion of sanitary-educational measures; convergence between medicine, biological, and physicochemical sciences.

When analyzing peculiarities of measures from 1918 to 1939, we can observe that they were aimed at providing health protection to the working groups of population, in which disabled persons were not included. System of state and public measures aimed at prophylaxis and treatment of diseases, providing healthy conditions of labor and life, high working capacity and human longevity was formed [3]. For disabled persons, social security system aimed at payment of pensions, welfare, as well as keeping them in state houses for disabled persons for the costs of insurance offices, was organized [7].

The period of 1941-1945 was special, since it was associated with providing of army with medical aid, rather than with development of public health. System of medical care was entrusted with the following tasks: organizing of hospital bases with principles of active surgical intervention, treatment physical training, labor therapy, treatment nutrition; transformation of civil medical network for the needs of medical army service; formation of medical and sanitary units in the undertakings; development of operative intervention in surgery in severe injuries, methods of initial and secondary management of wounds and fight against shock. Antiepidemic measures and organizing of the fight against tuberculosis were emphasized.

Not less interesting from the historical perspective is analysis of organizing of social security, social aid for disabled persons in the first half of twentieth century. In 1918, Red Cross alarmed at the problem of social protection, social security and rehabilitation of disabled persons, was transformed into the proletarian organization, which started to perform the role of subunit of Ministry of Health aimed at realization of medical-prophylactic work and sanitation of the able-bodied citizens, carrying out of the antiepidemic activities and control over the sanitary conditions in the undertakings, detection of patients with fever, preparation of medical squads for evacuation hospitals. Being organization, Red Cross had to train staff for the military defense [8]. Control, maintenance, legal protection was replaced by social surveillance in the form of monitoring the quality of people’s life. Conception, according to which state had to provide social aid for the needy, was formed in the society.

When analyzing activity of the state in social security, one may notice that administrative approach to its management caused the removal not only of religious, public, charitable organizations, private persons, but also of health authorities and institutions of Ministry of the Education and Science. People’s Commissariat for Social Security was transformed into the social security authorities for disabled persons – disabled workers and other categories. State social insurance did not provide for the full measure the financing of the needs of disabled persons. For this reason, in 1921, the All-Russian Cooperative of Disabled Persons was established (ACDP) [9], and later (1931) – Council on Employment Assistance for Disabled Persons responsible for the employment of persons with special needs on industrial undertakings in quantity up to 2% of the total number of workers [10]. Relationships between “working masses” and disabled persons were formed on the background of permanent conflicts between unemployed and disabled persons, while heads of the undertakings considered disabled persons unqualified, and so they hired the unemployed persons more often. Conflicts concerning employment of disabled persons in the enterprises caused the occurrence of their cooperatives. Such cooperatives have united in the Council of Cooperation of Disabled Persons, which activity was supervised by Council of Ministers, but not Ministry of Social Security. Till the end of fifties, in the USSR within the Promcooperation, still 4252 artels of disabled persons existed, and number of working disabled persons exceeded 220,000 people. In 1960, volume of the gross production of these artels achieved 22 milliard karbovantsiv [9]. This positive direction of labor rehabilitation of disabled persons has existed up to 1960, but had no further development [9]. In the society the idea formed that for disabled persons, every form of working activity can be connected only with “labor therapy”, performance of low-skilled work, but not with full integration in the social life of the state. During this period, no measures for renewal of state of health of disabled persons were set, as well as no groups of disabled persons and cancer patients were singled out.
Organizing of medico-social assistance to disabled persons, patients with chronic diseases and their rehabilitation in the second half of 20th – beginning of the 21st century. In the first days after the end of the World War II, the Order of People’s Commissariat for the Health Service of the USSR from 24.05.1945 № 323 «Measures on improvement of cancer assistance for the population and intensification of scientific studies in oncology” was adopted, and later (1956) – Order of Minister of Health from January, 25 № 19-m «Measures on improvement of cancer assistance for the population and intensification of scientific studies in oncology”, which concerned prophylactic examinations, early diagnostics, combined treatment of cancer patients and specialization, improvement of training of doctors in oncology. To the achievements of these orders, study of etiology, pathogenesis of malignant tumors, development of the new methods of chemotherapy, radiotherapy and effective prophylactic antitumor measures can be referred. For the improvement of anticancer measures, observation of patients with pre-cancer diseases was planned to organize. March 12-19, 1946, decisions for the period of 1946-1956 were adopted. They aimed to direct the activity of the authorities in providing of health protection of the “working masses”. Among these measures are: “renewal of the network of rest homes and sanatoriums for the workers, farmers and intelligentsia; providing medical service for disabled veterans of the Patriotic War in hospitals, rest homes and sanatoriums; providing production of high quality artificial limbs; increase of production of medicines; association of polyclinics and hospitals; intensification of the fight against tuberculosis; increase of quality of medical surveillance; providing of training of specialists for the health authorities; arrangement for development of cancer assistance that includes early diagnostics of cancer, determination of pre-cancer diseases, treatment of cancer and carrying out researches in its etiology, pathogenesis, treatment of malignant tumors”.

In the fifties, development of the “Malignant neoplasms” problem was started, All-Union Scientific Society of Oncologists was established (1953). Its task was to organize and carry out congresses, conferences and symposiums, to determine the main directions of the further development of oncology, to carry out work on training and specialization of the personnel. Starting from 1953, besides prophylaxis, early diagnostics and treatment of malignant tumors, cancer statistics was introduced. It provided collection, storage, processing and operative use of data on morbidity and mortality caused by malignant tumors among the USSR population [11]. It should be emphasized that among 170 sources (and these are mainly practical works, monographs and some brochures) on oncology published from 1917 to 1957, there was no study on rehabilitation of cancer patients [12-14].

September 1, 1966, Ministry of Health of the USSR has published the Order “On measures of development of medical rehabilitation in the institutions (of orthopedic-traumatologic, neurosurgical and neurological profile)”, in which the formation of specialized centers for medical rehabilitation on the basis of multifield hospitals was emphasized. The expansive use of medical rehabilitation methods through the organization of the appropriate departments in the large policlinics, hospitals, as well as independent clinics, was provided. System of such medicine provided recovery of health only of the workers employed in the public undertakings and in the farming, military people. Rehabilitation medicine is defined as independent scientific-prophylactic direction based on the principles of sanology, conceptions of occupational health and human health.

Cancer experts of the USA have organized four conferences, in which question on rehabilitation of cancer patients was placed [15]. National Cancer Institute of the USA has prepared National Program for the Prophylaxis of Cancer and Rehabilitation of Cancer Patients. In 1971, Senate of the USA has approved it legislatively. This document has declared rehabilitation as existing direction, has determined principles of financing of the research projects and carrying out of trainings for the specialists, who are involved in rehabilitation of patients of this category [15]. At the same time, when rehabilitation direction in oncology emerged, the necessity of treatment of psychological state of cancer patients and their families arose. In 1970, J.C. Holland has offered to adapt methods of psychiatric diagnostics and treatment to the cancer patients and has created psychiatric service. Later (1989), this direction was reformed in psychooncology [15].

In 1972, National Cancer Institute of the USA has hold conference on the issues of development of rehabilitation in oncology, at which new levels of rehabilitation were approved: psychosocial support, emotional balance, optimization of the body functioning, consulting on the choice of occupation, social adaptation and social rehabilitation. At that time, rehabilitation of cancer patients was defined as a process, which allows patient to achieve maximal corporeal, psychological and professional functioning with simultaneous limitation of dissemination of the process, effective treatment, prophylaxis of metastases and relapses of disease [16].

While measures on approval of rehabilitation of cancer patients took place in the USA, Order of the Minister of Health of the USSR from 29.04.1976 № 425 «On measures for the further improvement and development of cancer assistance for the population” and corresponding Order of MoH of the USSR from 25.06.1976 № 400 were published. These orders have legislatively ratified firmness of the main principles of cancer assistance for the population: arrangement of prophylactic measures for prevention of malignant tumors, early diagnostics and surgical, chemotherapeutical, radiation treatment. Other forms of work with cancer patients both on the level of health protection and social security were not legalized [11]. One of the first scientists-oncologists, who raised the question about rehabilitation of cancer patients in the USSR, was V.N. Gerasymenko, who has pointed at necessity of rehabilitation as a component of the complex of therapeutic measures [17].

In 1978, in Leningrad, first All-Union Symposium “Improvement of methods of rehabilitation of cancer patients”, at which scientific studies on rehabilitation of such patients were represented, was carried out. In symposium, social-economic issues of
rehabilitation of cancer patients, evaluation of their psychological state during the treatment, as well as period of re-adaptation to the previous way of life, job and relationships in the family, were studied. An attempt to create universal theory allowing to evaluate the whole process of rehabilitation from the perspective of the interests of the patient was made. The result of this symposium was publishing of the compendium “Rehabilitation of cancer patient” by the N.N. Petrov Research Institute of Oncology. The quintessence of this research work was the conception, which represented rehabilitation as synthesis of different knowledge – medical, psychological and social [18].

Second scientific forum – Republican Conference on Rehabilitation of Patients with Malignant Neoplasms took place in Vinnitsa (1982) [19].

In Ukraine, in 70-80th of the 20th century, issues of reconstructive surgery, which underlie medical rehabilitation of cancer patients, were attended by academician of NAMS of Ukraine G.V. Bondar and his fellows [20]. Yu.I.Yakovets in his doctoral thesis has analyzed conditions of providing medical rehabilitation of patients with rectal cancer, having disclosed methods and maneuvers of surgical intervention, has expanded indications to sphincter-preserving surgeries that had high significance for the professional rehabilitation and social integration of patients. Besides choice of tactics of surgical intervention depending on localization of tumor, Yu.I. Yakovets has offered definitions of medical rehabilitation in oncoproctology that gave the opportunity to demarcate treatment and rehabilitation measures [21]. Thus, regardless of the approved standards of cancer assistance for the population, oncologists have started to study rehabilitation component of the oncology.

October 15, 1988, Resolution of Council of Ministers of the USSR “Issue on Soviet Fund of Charity and Health” was published. According to this resolution, Fund was permitted to establish enterprises and organizations required for realization of the tasks specified by its statute in accordance with an established procedure [22]. Among founders of the Fund were MoH, Union of the Red Cross and Red Crescent Societies, Academy of Medical Sciences, State Committee on Labor and Social Issues, other state and public institutions. In 1990, the Law “On principles of social security of disabled persons in the USSR”, which focused on medical, professional and social rehabilitation of disabled persons performed according with the individual program of rehabilitation, has gone into effect [23].

In 1989, Soviet Fund of Charity and Health has established first institution, which dealt with rehabilitation of cancer patients. This institution is scientific-practical medico-social union “ARGUS”. It was established in Ukraine, exactly in Kherson, with branch offices in Kyiv, Donetsk, Novosibirsk and Dniprodzerzhynsk. Structure of mentioned union is represented in Figure [24].

Medical rehabilitation
1. Hospital/clinics
2. Mobile diagnostic groups
3. Rehabilitation department
4. Medical units in production department

Labor rehabilitation
1. Production manufactory
2. Commerce
3. Production departments
4. Foreign-economic activity
5. Exchange/Brokerage office
6. Scientific-research laboratory

Social rehabilitation
1. Social assistance department
2. Club for persons with disability from cancer

3. Courses of social workers training

Figure. Structure of scientific-practical medico-social unions for rehabilitation of cancer patients [24]

One of the first laws passed in independent Ukraine was Law “On social security of disabled persons in Ukraine” developed on the basis of mentioned above Order of the USSR in 1989, from which part about training of specialists in the field of rehabilitation of disabled persons was erased [25]. According to this Law, social guarantees for disabled persons were realized through providing them with working places in the enterprises and organizations by 5% quota and later 4%. But the law did not cover setting the conditions for the development of rehabilitation measures not only as process of integration of disabled persons in society, but also as research direction. According with the mentioned law, public organizations of disabled persons were recommended to introduce measures for their rehabilitation [25].

Assistance to cancer patients was provided and continues to provide system of wide range of cancer institutions. Condition and ways of improvement of this assistance is one of the most relevant social and medical problems in Ukraine. Almost immediately after adoption of the Law of Ukraine “On the fundamentals of social security of disabled persons in Ukraine”, MoH has prepared Order from 30.12.1992 № 208 “On improvement of cancer assistance for the population of Ukraine” [26]. The main tasks of this order were prophylaxis, diagnostics and treatment of cancer patients without taking into account rehabilitation.

At the end of nineties of twentieth century, need for establishment and organizing of rehabilitation centers arise. June 11, 1999 by joint Order of Ministry of Labor, Ministry of Education and MoH of Ukraine, typical provision of center of professional, medical and social rehabilitation of disabled persons was adopted [27]. Adoption of mentioned Order and typical provision set the conditions for rendering medico-social assistance to disabled persons, specialized rehabilitation services for disabled persons and patients with different pathologies. Thus, the beginning of 21st century in Ukraine can be characterized as a period of setting conditions for introduction of rehabilitation of disabled persons, but persons with disability from cancer were not included in the category of disabled persons and rendering rehabilitation service for them was not supposed.

Starting from 2000, more than once was brought up the question concerning development of rehabilitation of cancer patients, number of which is permanently increasing. In 2012, more than 1 million people were registered in cancer dispensaries. However, for the healthcare system of Ukraine, the same as for the all other countries of the former USSR, the problem of rehabilitation of cancer patients both from scientific and practical perspective remained unsolved.

March 29, 2002, Cabinet of Ministers of Ukraine (CMU) has approved Decision № 392 “On the State Program “Oncology 2002-2006)”. Among the goals and main tasks of this Program, conduction of scientific researches on the most relevant problem of oncology – rehabilitation of cancer patients – was determined.

Later on, CMU has adopted State Program “Oncology” 2009-2016 (№ 1794-VI), in which orientation on formation of system of medical, social, psychological and sanatoria and health rehabilitation of patients with malignant neoplasms through reshaping of current healthcare institutions and providing scientific assistance, including carrying out of scientific studies aimed at development of modern methods of organization of cancer assistance. Also, CMU has approved State Program “Children’s Oncology” for 2006-2010. In substantiation of adoption of this Program, its authors have pointed at lack of system of rehabilitation, reintegration of children in society. Unfortunately, when analyzing current legislative materials on organization and introduction of rehabilitation of cancer patients, one can notice inconsistence between state “Oncology” programs and Order of the MoH of Ukraine from 1992 № 208, which is still in force. There are no norms regulating rehabilitation of disabled persons by medical specialty “Oncology” in the 2007 medical professions list of MoH, which has approved state standards in rehabilitation of disabled persons (Order of MoH of Ukraine from 18.06.2007 № 336 “On approval of state social standards in rehabilitation of disabled persons”).

Certain legislative breakthrough in the field of rehabilitation of cancer patients occurred, when Order “On rehabilitation of disabled persons in Ukraine” (06.10.2005) was adopted and Decision of CMU “List of services rendered for disabled persons with oncologic diseases” was issued in Ukraine. However, rehabilitation of cancer patients and disabled persons according with the mentioned order supposes approval of individual program of rehabilitation. Development and registration of this individual program was imposed on doctors and set series of problems.

According with the Decision of CMU from December 8, 2006, № 1686, coordination and control over fulfillment of the State typical program of rehabilitation was charged on Ministry of Labor (now – Ministry of Social Policy). If questions of medical rehabilitation are secured to the medical-prophylactic institutions, specialized departments, clinics of the institutes, sanatoria and health institutions, which belong to the MoH, then doctors-experts of MoSP have opportunity to give recommendations when evaluating condition of patient/disabled person. Program tasks being component of psychological, pedagogical and physical rehabilitation, social work, labor and professional training for rehabilitation of disabled persons, cannot be set because of lack of MoSP experts professionally trained for rehabilitation of disabled persons, who underwent standard treatment of malignant neoplasms.
Thus, analysis of situation concerning organization of rehabilitation in Ukraine of cancer patients draws picture of underestimation by MoH authorities and institutions of arrangement of physical and psychological rehabilitation such people and their integration in social life. At the same time, legislative basis for rehabilitation of disabled persons was developed in the MoSP system, but, unfortunately, there are no personnel able to render this type of assistance to cancer patients. To establish system of rehabilitation of cancer patients in Ukraine, three components of organizational structure are required: practical interaction between MoH and MoSP; organization of trainings for specialists of rehabilitation of cancer patients and providing oncologic and rehabilitation institutions with appropriate personnel; scientific-methodic studies of rehabilitation mechanisms in the process of recovery of cancer patients.

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REFERENCES