

# BIOETHICAL ASPECTS OF THE MANAGEMENT OF LONG-TERM OBSERVATION PATIENTS

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One of the main links in the work of the family doctor is the treatment and management of patients with chronic diseases, often leading to their disability. Such as, oncological diseases, diseases of the nervous system (strokes, spinal trauma, Parkinson's disease, Kononov-Wilson's disease, cerebral palsy, progressive muscle atrophy), diseases of the elderly (diseases of the musculoskeletal system, mental disorders) and others. This is a difficult task. Family is not ready for this. In this case, the family has many problems that it cannot solve on its own.

A palliative is a special kind of help that requires certain skills. Palliative medicine requires the highest medical qualifications, without certain knowledge it will be difficult to assist the patient. This is physical and psychological rehabilitation, possession of the features of the course of the underlying disease.

How to alleviate the suffering of those who no longer help at home? For many families in which there is a sick person who requires round-the-clock care, HOSPIS becomes salvation. In HOSPIS, the patient does not feel like a burden for the family, there is the possibility of communicating with other patients, there is an opportunity, if necessary, to receive narcotic analgesics for cancer patients). The majority of patients in HOSPIS are elderly and senile persons with severe cognitive, sphincter disorders, mental disorders, depressive disorders, often accompanied by suicidal thoughts. This greatly complicates the work with them and requires special skills of medical personnel. Thus, assisting terminally ill patients in HOSPIS walls, there is a greater likelihood of preserving families who cannot withstand the tests that fall on their shoulders, cannot see human suffering, and most importantly, are unable to provide moral and material support.

The lack of systematic monitoring of terminally ill patients, preventive rehabilitation orientation, lack of social and psychological support in the organization from social structures and volunteer organizations, the lack of HOSPISES in many regions of the country leads to the fact that these patients are watched by family doctors at home. Therefore, in medical care for this category of patients, outpatient care takes priority. So the training of family doctors, as well as family members, in managing such patients is becoming increasingly important.

Thus, it is necessary to expand the palliative care system everywhere, the creation of HOSPIS, where highly qualified palliative care will be provided to the patient. The patient will feel constant attention and care and will not feel abandoned. It is necessary to create training programs for health workers as widely as possible, to expand the volunteer movement for the proper management of long-term follow-up patients who need palliative care.

