

HOSPICE PATIENTS' TENDENCY TO MENTAL HEALTH DISORDER

Malyk Nataliia

PhD, docent

Ryzhova Daryna

Student

Kharkiv National Medical University

Kharkiv city, Ukraine

Introductions. The hospice is usually treated people with different pathologies of gravity and as a rule these are incurable diseases and conditions. It is worth noting that these are people who cannot receive proper care at home. As a rule, hospice patients stay here for a long time. In addition, unfortunately, all that awaits them is either their relatives will take them home, or they will be in the hospice until they die. This is the bitter truth.

This is why it is extremely important to understand the mental state of these patients. Because despite physical defects, they are still people, they are still components of our society. Moreover, if hospice patients need moral support, we must provide it to them.

Aim. Determine the tendency of hospice patients to mental health disorder.

Materials and methods. A comprehensive randomized study was carried out using a standardized questionnaire among patients of the Kharkiv Regional Center for Palliative Medicine "Hospice". Students of the Kharkiv National Medical University carried out this sociological survey. The main task of this study was to identify the interrelation between the psychological state of hospice patients and the length of their stay on treatment. Also attention was paid to identifying the tendency of hospice patients to mental health disorder.

Results and discussion. Respondents were 57 hospice patients aged from 47 to 91 years. Of all those surveyed, 49.2% were patients with neurological disorders, 40.4% were cancer patients, 9.1% were trauma patients and 1.3% were patients with other chronic diseases (endocrine system, cardiovascular and respiratory). The

patients were divided into 3 groups according to the length of stay in the hospice. The first group, with a stay in the hospice for more than 8 years, accounted for 3.6%. The second group, with a stay in the hospice for 3 to 8 years, accounted for 74.8%. And the third group, with the duration of stay in hospice up to 3 years, was 21.6%. It is also worth noting that relatives visit only 56.7% of the respondents.

Summarizing the survey results:

1. 2.7% of respondents believe that they are better in hospice than at home. Of these, 96% are respondents from the third group (duration of stay in hospice up to 3 years). The other 4% are patients from the second group (3-8 years).

2. 10.5% of respondents are neutral about their position. Among them 77.8% are patients from the second group (3-8 years), 19.2% are from the third group (up to 3 years) and 3% are patients from the first group (over 8 years).

3. 35.9% of respondents feel the loneliness and sadness. Of these, 68.4% are people from the second group (3-8 years old), 30.2% are from the first group (over 8 years old) and 1.4% are from the third group (up to 3 years old).

4. 27.8% of respondents blame themselves for what happened and feel like a burden. Among these respondents, 98.1% of those who have been in hospice from 3 to 8 years (second group) and 1.9% of those who have been in hospice for more than 8 years (first group).

5. 23.1% of respondents have ever thought about suicide. 73.8% - representatives of the second group (3-8 years) 20.1% - representatives of the first group (more than 8 years) and 6.1% - representatives of the third group (up to 3 years).

When asked if you would like to be treated at home - 97.3% of respondents answered yes.

Conclusions. The following conclusion can be drawn. Hospital conditions will never replace home comfort. But, unfortunately, the reality is that very few families can afford to arrange adequate conditions for the patient.

The longer the patient is in the hospice, the more difficult it becomes mentally. A person feels lonely, abandoned, and unnecessary. Many people have thoughts of

suicide, which is just awful. One can only imagine how morally depressed these people are.

As a solution to this problem, you can consider:

1. The creation of volunteer groups.
2. Conducting motivating conversations with relatives of patients.
3. Organization of events for patients within the walls of the hospice.