

Some aspects of health care development in Ukraine and its transformation in Chernihiv region in the 1960-1980 s.

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Abstract. The article analyzes the problem of state regulation of “public health care” in the USSR and in Ukraine in the 1960s – 1980s and its manifestation in a particular region – Chernihiv region on the development of logistical capacity of medical institutions. Special attention is paid to building a hierarchical system of health care, uniting it around a common management centre, as well as ensuring direct involvement of higher authorities in the development and approval of programs of public health. It is indicated that in the studied years the concept of specialization of medical services was in progress and the basis for such specialization was the plot of a decisive role of quantitative indicators.

Keywords: *health care, medical institutions, physicians, specialty, treatment and preventive care.*

Introduction. At the present stage of development of society the greatest social value, the decisive factor of socio-economic development, competitiveness, growth, well-being is health. Both positive and negative factors of Semashko's health system were most fully manifested in 1960-1980-ies.

Conducting the analysis of the forms and methods of state regulation of “public hygiene”, specialization of medical services in Ukraine and their impact, we focus our attention on the urgent problems of preservation of health of the population in Chernihiv region.

A brief review of publications on the topic. The description of development of health care in Ukraine and in Chernihiv region was given in the textbook “History of Medicine” by S. Verkhatskiy, in monographs by a group of authors A. V. Pidaev, A. F. Vozianova, V. F. Moskalenko, in “Panorama of Health of Ukraine's population” by V. Ponomarenko, in the works “Social Medicine and Health Organization”, “Ukrainian health care: how to get out of the crisis”, “History of Medicine: achievements and problems” by A. Holyachenko. A significant role was played by local publications as “History of Medicine of Chernihiv Region”, “Development of Medicine and Pharmacy in Chernihiv”, prepared by M. Dulia, A. Grusha, S. Pastalytsa and a teamwork “From the history of health care of Chernyov region“. To examine the health of the population the source base of the State Archives of Chernihiv region was used.

Oblect. To carry out the study of particular trends of the health care system in Ukraine in the 1960-1980s and their manifestations in Chernihiv region, with emphasis on forms and methods of state management of social institutions and in particular issues of development of medical care system.

Materials and methods. To study certain aspects of healthcare development in Ukraine and their transformation in Chernihiv region in the 1960-1980s source database of the Central state archive of Supreme bodies of power and administration of Ukraine (Kyiv), the Central state archive of public associations of Ukraine (Kyiv), the State archive of Chernigov region and numerous published sources were used. Among the methods of historical research the following can be highlighted: statistical, periodization, comparative-historical, historical-genetic, historical and typological.

The results and discussion. Medical science of the Union of Soviet Socialist Republics (hereinafter USSR),

the concept of health care passed a difficult way of its formation and development. The tragic period were the conditions of the Soviet regime, which was characterized by not only national oppression, but a fierce ideological and political dictatorship.

Let's have a look at one of the stages of development of health care of Ukraine, and also at a particular region – Chernihiv.

In the 1960s, the health care system of the USSR was characterized by a specific stage of its development. The causes of this phenomenon are well known and stemmed mainly from the bowels of deep social crisis. The organizing principles, which were formulated in the 1920-ies by the Commissar of people's health M. Semashko included rigid routine, free accessibility of care, preventive orientation, availability of medical stations had no further theoretical development, and therefore, ceased to meet the objectives.

In the years studied, adequately to the general trends of the development of the Soviet society, the concept of specialization of medical services, based mainly on quantity (not quality) parameters, was promoted. In 1964, Boris Petrovsky took responsibility in the health sphere but in terms of the general crisis of the Soviet system all attempts to find new ideological postulates to justify its benefits proved to be unproductive. Specialization gave a powerful impetus to the growth of a new number of frames and the decisive indicator of the health institution became the number of beds available. The place of a general practitioner was taken by a range of specialists: internist, pediatrician, obstetrician-gynecologist. The therapeutic service included number of such doctors as a cardiologist, gastroenterologist, nephrologist, hematologist, pulmonologist, etc. The system required financial costs for training, maintenance of significant human resources. The former Soviet Union in the number of doctors was not only ahead of other highly developed countries, but also concentrated over a third of all doctors in the world – 1 million. 263 thousand (1990). “Every third doctor in the world is from the Soviet Union” – proudly announced the party leaders, ignoring the fact that, despite the enormous resources invested in the functioning of the system, the performance of it was extremely low [1, p. 19].

Gradually, the health system was entangled in thousands of rigid and restrictive regulations that excluded any initiative at all levels of its organization and

management. This eventually led to stagnation and as a result to the deep crisis.

The activities of the public health management were also the most regulated and carried out under the conditions of "vertical control". So, the health care system of Ukraine, being part of the health care system of the USSR, for a long time developed in an extensive way – from year to year, from five-year plan to five-year plan investments increased, the number of health care institutions, health workers and hospital beds also increased. Along with free accessibility of medical care these figures were one of the main ideological frameworks that demonstrated the advantages of the socialist system over the capitalist.

In 1960-1980-ies the vertical model of health care management became even tougher. In 1962 significant changes occurred. The management of the institutions of the district was transferred to the chief physician of the district hospital.

However, the public system of health management (Ministry, regional Directorate, Central regional hospital, medical facility) remained administrative. It seemed to be logically coherent, monolithic and stable, but in practice was stagnant. Its features consisted in worshipping the authorities; minimal upgrading of managerial personnel; the conversion of every manager from the top down only into someone's representative ("cog"), and not the lawful manager in the field of their competence; the delegation of rights only "up"; lack of self-financing as the antipode; fear in the face of authorities.

In the framework of the financial mechanism of medicine of the USSR and also Ukraine there was the principle of the estimated and command-administrative funding. It was based on the content of the budget of medical institutions and provided with the salaries of doctors and funding the hospital days, and costs in accordance with the volumes of actually provided services [2, p. 330-333].

During the years from 1965 to 1985 the public expenditure on health care increased more than twofold, from 30.1 to 70.5 mln of karbovanets. Annual increase in healthcare funding has given the possibility to improve the patients hospitalization, providing medical institutions with equipment: diagnostic equipment, x-ray devices, electro- and swflooder. In most health facilities, including district hospitals, clinical laboratories and vehicles appeared. For district, urban and rural district hospitals there increased the supply of surgical instruments, bestrophin lamps, apparatus for gas anesthesia, and the like. There was a lack of physiotherapeutic equipment: quartz, solux, diathermy; laboratory equipment and reagents [3, p. 20-21].

However, despite the growth of absolute expenditures, the construction of health facilities, the health system constantly felt the lack of funds, material and technical potential developed spasmodically.

In the 1960-ies, construction of healthcare facilities was steadily ramping up. Only during the 1960 – 1967 in Chernihiv region 13 district and central district hospitals, 3 polyclinics and 16 other rooms were built and put into operation. In the countryside with the provision of collective and local budgets 66 hospitals, 28 clinics, 80

local clinics, 19 maternity hospitals at collective farms, 39 nurseries were constructed [4, p. 3].

From mid-1960-ies Chernihiv region unfolded new construction agencies for special projects. At the same time, they were often conducted on the cheapest norms, there were cases when the cost of a bed in the hospital was lower for the cost of a place in a livestock facility.

In this period there was an increase of the material potential of the regional hospital. There were opened the blood-medicine department, endocrinology clinic; regional cancer treatment center with 50 beds and a boarding house with 40 seats. They had 52 physician and 264 nurses [5, p. 50-68]. In the regional sanitary-epidemiological station there were bacteriological, virological, radiological, industrial, toxicological and other sanitary-hygienic laboratories [6, p. 123].

Along with the development of material-technical base of the health care system of the USSR, quantitative indicators were steadily growing: increased number of health workers, hospital beds were targets for the development of medical care. For these indicators the region ranked the first in the world and they helped to justify its advanced nature.

There was a change in the structure of hospital beds. The new and specialized departments in both urban and rural hospitals were replenished with beds of therapeutic profile among which there were rheumatological, cardiological, gastroenterological, allergic, endocrinologic, hematologic, neurologic beds. Structure of beds of a surgical profile was testifying about the power of service in providing specialized neurosurgical, thoracic surgical, cardiac, proctologic, urological, dental, orthopedic, trauma, cancer care. According to WHO (world health organization) the duration of use of hospital beds in Ukraine remained the highest among European countries. Precept VCSPS (all-Union Central Council of trade unions) and the people's health Commissariat (people's Commissariat of health) of the USSR "On the procedure for issuing sickness certificates insured" No. 1382 from 14.08.1937 (in use until 2001) allowed patients to stay in hospitals as much time as was necessary for full recovery.

In 1989, in Chernigov region there was a huge disparity between the number of available hospital beds and patients who were prescribed hospitalization. Economists speak about the exaggeration of duration of stay of the patient in the hospital (redundancy of terms of treatment), approximately 4645 beds were unnecessary (excessive) [7, p. 125].

In the health care system of the Chernihiv region the number of beds was closely related to staffing. The number of beds served as means of increasing human capacity in a particular medical facility. It was nonsense of the Soviet health system.

During 1960 – 1985 Chernihiv region doubled the number of hospital beds from 9425 to 19500. On the average on 10 thousand patients there were 135.8 beds [8, p. 83]. However meaningless persecution for the increase in the number of beds in medical institutions failed to radically improve the health of the population. The increase in the quality of services was blocked from a whole series of reasons, among which an insufficient amount of public spending in infrastructure sector and

poor training of health workers and the like.

In the 1960s according to the accepted norm the number of doctors was from 7 to 18.5 per 10 thousand inhabitants. In 1980 this rate was 38 per 10 thousand [9, p. 36]. In addition, there existed staff positions standards for health professionals in towns and villages.

At the end of the 1980s due to policy of specialization, especially in the prehospital phase, Ukrainian medicine was a dubious "leader". In Ukraine there were 123 specialties, while in some countries they numbered just 16-17 (Germany, Switzerland). "Narrow" specialization led to irrational use of experts. More than half of working time was spent on preventive medical examinations and solving personal complains of people, which was not the main function. While in family medicine in Western countries, doctor could concentrate all types of medical care in his hands, allowing to solve 80-85% of patients problems within primary care.

In 1977 Chernihiv Regional Party Committee and Executive Committee on the implementation of the CC CPSU and the USSR CM decree on September 22, 1977 "On measures to further improvement of people's health" approved changes in the health care system. It included measures to eliminate differences in health care between urban and rural areas, downsizing therapeutic and pediatric sections, creating specialized cardiology services [10, p.4].

Specialization was connected with quality of medical care. It was believed that the narrower the doctor's specialization the better help he would provide. Since the 1960s there existed a three-tier system of medical care, where village stations provided primary health care, district and city hospitals – specialized care and regional institutions – highly specialized. Each level did not only provide a better treatment, but also managed the lower level. Total volume of aid was distributed as follows: primary level – 5-20%, secondary – 40-70%, tertiary – 10-20% [11, p. 4].

In the 1960s – 1970s rural medical system was formed, which included the phasing of care. At each of these stages patients receive more quality medical care than at the previous. These stages are health posts, hospital clinic, rural district hospital, numbering and central district hospitals, urban and regional medical facilities. The main principle of specialized medical care to the rural population is the maximum concentration within the area mostly in the central district hospital, which held the main part of hospital beds, and a specialized clinic operated offices.

Treatment and prevention work aimed at providing health care to workers of industrial enterprises, thus expanding the number of people subject to examination. The most common forms and methods were industrial craft stations and outpatient services. Plant dispensaries, health posts, branches of clinics were functioning with a success. They managed to reduce the cases of temporary disability. In the early 1970s, preventive examinations covered about 90% of workers. For Soviet health care system this was a political matter, the contribution to social development, implementation of national economic plans.

In 1970 health authorities stated the growing incidence of temporary disability in Chernihiv region [12, p. 7-8]. Therefore, adjustments were made to the organization of health care of the workers in work places.

Provision of medical care in the workplace was the invention of the Soviet health care system. Almost all large industrial enterprises had sanitary posts, medical stations, first aid stations. They operated at the expense of businesses, but administratively subordinated to public health system.

In the years studied integrated assessment of the state of health of the citizens of Chernihiv was clasificated as unsatisfactory. Among the reasons of this phenomenon should highlight the sharp disparities between age groups, which has evolved over a long period of time, inadequate organization of medical assistance, the numerical predominance of the rural over the urban society.

The Chernobyl tragedy had a negative impact on the overall health status of the population of Chernihiv region. There was almost a ten-fold increase of thyroid disease, leukemia (as compared with indicators for Ukraine). The oversight of the victims was not enough. Although the cost of the program of liquidation of consequences was sufficient but it was distributed incorrectly and conered primarily social benefits. Funds for the rehabilitation of the liquidators was more than not enough.

In the 1960-1980s, restrictive trends in the study of the health of certain categories of the population only intensified. In Chernihiv region, where the rural population is predominant, they were shown very clearly and boldly. There was the depreciation and depletion of labor resources of the village. Difficult working conditions quickly made itself felt and had a negative impact on the physical health of people employed in agricultural labor. In 1980, agriculture accounted for 8% of newly registered cases of occupational diseases. The proportion of healthy citizens in rural areas was more than twice less than in the city.

In the cities of Chernihiv region risks lesions of malignant tumors were higher. This was mainly due to intensive change of environmental components: gravitational, thermal, electromagnetic, physical. In the 1960-1970s the most often malignant tumors appeared on the stomach, lung, skin, lips, breast, cervix and bladder. The annual incidence of urban and rural women of this disease increased by 2 to 2.5%. Rural women have less cancer than those in cities. This is mainly due to environmental factors. In the late 1980-ies in the structure of mortality of the citizens of Chernihiv region, noncommunicable diseases accounted for 82%, injuries and external causes – 12%, infectious – 6% [13, p. 97].

In the studied years in Chernihiv mortality rates from diseases that were subjected to treatment, remained stable, indicating unchanged efficiency of medical care. In Western Europe, particularly in Great Britain, in these years, mortality decreased, indicating the development of the provision of medical services.

Conclusions. An important principle of health protection of Ukraine with the transformation of Chernihiv province was deepening of the foundations of state regulation.

Specialization of medical services has made fundamental changes in the organization of care, the development of medical science and its connection with the practice, but did not lead to substantial improvement in population health and increase in lifespan. There was a significant difference in the health status of the population at the level of the city-village.

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Некоторые аспекты развития охраны здоровья в Украине и их трансформация на Черниговщине в 1960-1980-е годы

Л. И. Лавриненко

Аннотация. В статье анализируется проблема государственного регулирования “охраны народного здоровья” в СРСР и в Украине в 1960-1980-е гг. и ее проявления в отдельно взятом регионе – Черниговщине, которые касаются развития материально-технического потенциала медицинских учреждений, выстраивания иерархической системы охраны здоровья, централизованного распределения финансирования, обеспечения непосредственного участия самых высоких органов власти в разработке и утверждении программ развития общественной охраны здоровья. Указывается, что в исследуемые годы реализовывалась концепция специализации медицинских услуг, в основу которой закладывалась фабула преимущественности количественных показателей.

Ключевые слова: охрана здоровья, медицинские учреждения, врачи, специализация, лечебно-профилактическая помощь.