

SECTION 2. INTERNATIONAL AID TO UKRAINE IN THE WAR AGAINST THE RUSSIAN AGGRESSOR

DOI <https://doi.org/10.30525/978-9934-26-451-1-13>

INTERNATIONAL SUPPORT FOR FURTHER DEVELOPMENT OF TELEHOSPICE CARE IN UKRAINE IN 2022–2024

МІЖНАРОДНА ДОПОМОГА РОЗВИТКУ ТЕЛЕХОСПІСНОЇ ДОПОМОГИ В УКРАЇНІ В 2022–2024 РР.

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The number of elderly and individuals with severe, incurable illnesses in Ukraine remains high. In the conditions of martial law, mortality statistics in our country for 2023 and 2024 remain undisclosed. However, available data also indicate general trends. For instance, in 2017, the total number of deaths was 583,600, and in 2021, already taking into account the consequences of the Covid-19 Coronavirus, 714,263 individuals [4]. The number of deaths from new formations in 2019 was 61,289 [1], in 2021, 53,012 [2], and in 2022, 42,660 (excluding temporarily occupied territories) [3]. Palliative and hospice care can be provided to these individuals [5]. This type of assistance may be provided not only within the healthcare and medical sphere but also generates interest in related fields such as social work, psychology, political science, economics, and others.

In this context, the scholarly comprehension of practical endeavors involved in rendering assistance to these individuals holds significant practical relevance, particularly amidst the ongoing war between Russia and Ukraine. This material delineates the outcomes of a social initiative undertaken by the charitable non-governmental organization "Association of Palliative and Hospice Care", operational in eight regions of Ukraine

since September 2022. The principal aim of the initiative was to devise an innovative framework for delivering comprehensive services encompassing medical, psychological, and social support to terminally ill palliative patients residing in Ukraine, who are deprived of access to essential medical, social, and psychological amenities due to the prevailing war conditions.

The project began with the Association of Palliative and Hospice Care conducting training for over 110 representatives from medical facilities in October 2022. Project participants were selected from successful graduates. Leading experts from the Department of Palliative and Hospice Medicine at the Shupyk National Healthcare University of Ukraine and Association of Palliative and Hospice Care were involved in the selection process. Ultimately, 13 medical facilities from 8 regions of Ukraine were chosen including communities directly affected by the Russian aggressor (Sumy, Dnipro regions).

During the training, various topics were covered, including the principles of telemedicine and provision of services in war time.

With the grant support of international donors (from USA and Denmark) Association have procured laptops, tablets, and other necessary informational communication equipment and distributed it among medical facilities.

From September 2022 to February 2024, the Palliative and Hospice Care Association collected detailed reports from each institution, based on which this summary information was prepared.

Hospitals and palliative care practitioners administered remote, online consultations to patients afflicted with palliative illnesses, predominantly situated in rural areas or small urban centers. Core services encompassed consultations pertaining to the medical and nursing dimensions of severe illnesses. Furthermore, psychologists and social workers affiliated with hospital or palliative care facilities were incorporated into the consultation team to furnish comprehensive support. Given their increased mobility, nurses undertook home visits to palliative patients, facilitating communication via tablet devices with palliative care physicians and other specialized personnel who remained in hospitals and who could consult more patients at the same time.

We can affirm that we achieved positive outcomes, as the existing teams already show a promising trend in the number of consultations using our telehospice computer communication equipment: laptops, tablets, video cameras. 3–4 persons team of each facility was able to provide around 10–20 consultations monthly. Relatives and close ones of patients

who could not be physically present with the patient during consultations were actively involved in the consultations. The number of consultations remained relatively stable in different months, such as in Dezember 2022, September 2023, or January 2024. Hence, we can estimate the number of services provided in various months beyond the project period. Notwithstanding the declared multidisciplinary character of consultations, physicians in all the units have the inclination not to engage social workers, volunteers, chaplains. Instead, they engaged physicians of different specializations (for example, neurologists, oncologists etc.) and nurses to provide multidisciplinary care. Of course, this contradicts international standards of palliative and hospice care. The engagement of volunteers and peer-groups was one of the desires, meaning that the Association of Palliative and Hospice Care provided hospitals with a list of potential partners who were willing to provide free consultations for patients. However, the hospitals did not take advantage of these resources. Accordingly to survey of answers of medical workers, it was not connected to war and has a reason of lack of education of medical workers on multidisciplinary cooperation. Remote consultations enable more efficient use of physician time, allowing for increased patient consultations compared to in-person visits. Factoring in equipment costs of \$17,500 and hospitals' monthly contribution of \$2,500, with 115 consultations provided monthly, the approximate cost per consultation over a 36-month period is around \$26. However, this calculation is approximate, considering the equipment's longer lifespan. The financial efficiency is very important for the project implementation as have proved that such remote online services could be provided for more patients as offline. The constraints of the project encompassed instances wherein medical personnel, particularly nurses, were compelled to attend to patients during interludes of reduced military activity. Moreover, the provision of services was occasionally impeded by the absence of internet connectivity and electrical power supply. Notwithstanding these challenges, the delivery of services remained consistent and regular.

Thus, the implementation of the project aimed at providing innovative telemedicine services to critically ill patients in Ukraine from 2022 to 2024 demonstrated the feasibility and economic viability thereof amidst the ongoing conflict with the Russian aggressor. The project's realization was primarily contingent upon the motivation and enthusiasm of Ukrainian healthcare professionals. The significance of international support in the form of grants for equipment acquisition proved pivotal.

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