

ЗДОРОВ'Я ЛЮДИНИ: ТЕОРІЯ І ПРАКТИКА

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1. АКТУАЛЬНІ ПИТАННЯ СИСТЕМИ ОХОРОНИ ЗДОРОВ'Я

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PUBLIC HEALTH – WHAT DO WE NEED AND WHAT WE CAN AFFORD

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The healthcare systems of most developed and developing countries will be jeopardized by a fast changing demand of services. Contemporary medicine allowed to extend human life by 10-20 years, reaching in many cases life expectancy over 80 years. On the other hand, the “western” living standards lead do development of many chronic conditions – now referred to as diseases of civilization. Taken together we have now longer living citizens, suffering from multiple conditions (comorbidity) which demand chronic treatment. This causes the increased demand on medical services to increase their HLY (healthy life years) and HRQoL (health related quality of life). The chronicity of their treatment as well as extended time causes a substantial raise in medical costs. In Poland, the public payer estimated that treatment of a person older than 65 costs over 3,5 thousand zloty/year, as opposed to 1,4 thousand/year in younger population. In OECD countries, the average financing of healthcare reaches about 8% of GDP, which in many cases proves not to be enough, however. Most likely a substantial raise in public spending in this field cannot be expected. There several alternatives, but most of them based on private spending. In many countries, the alternative of choice is additional (supplementary) health insurance, which can be either obligatory (it adds up to the public funding) or voluntary (private funding).

The second problem closely related to society aging is social care and regular care of elderly. Since in many countries the “generational houses” do function any more, young people tend to migrate leaving parents and grandparents alone. In case of their disability not only occasional medical care is required but also a nursing care on a day-by-day basis.

Thirdly – increased percentage of 65+ citizens means a drop of percentages in younger groups – including those of working age. This result in a lower public budget. So, facing an increased demand for public financing we also face a decrease in public budget. In Poland, the growing gap is estimated as high as 3% of GDP in 2050.

Several actions have to be taken immediately to avoid a huge public financing crises:

1. More stress and expense on prophylaxis in the youngest groups – this will result in healthier society (less healthcare spending) and healthier elderly population (less comorbidities and disability).

2. Complex care in “work medicine” – closer look and immediate reactions to working people health needs will keep this population healthier – which decrease the cost of presentism and absenteeism. We need to remember that this group is the only source of budget revenues.

3. Tax deduction system needs to be implemented to encourage people to save money for their elderly care funds.

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ЗДОРОВЬЕ УКРАИНЫ: ВЧЕРА, СЕГОДНЯ, ЗАВТРА

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Fundamental position comes into question about essence of life and health as display of transformation of sunny energy in other kinds the energies (thermal, mechanical, electric to and other) used in the processes of life. It becomes firmly established that efficiency of intracellular form of energy as a display of function of mitochondria (eventual stage of transformation of sunny energy) is the index of stability of organism to external and internal negative influences. It gives an opportunity to walk up to the quantitative estimation of health (to viability) of individual level. There is a level of form of energy, neither endogenous risk factors nor diseases register oneself higher than that. Him quantitative description («safe» health level) is given to. Position is proved that an exit of majority of population from the «safe» zone of health is direct reason of epidemic of CND. It is established necessity in addition to «industry of illness» (establishments of Ministry of Health) of forming of «industry of health», in basis of that maintenance and increase of energypotential of the biosystem.

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