

Міністерство освіти та науки, молоді та спорту України  
Міністерство охорони здоров'я  
Сумський державний університет  
Медичний інституту



# АКТУАЛЬНІ ПИТАННЯ ТЕОРЕТИЧНОЇ ТА ПРАКТИЧНОЇ МЕДИЦИНИ

Topical Issues of Clinical and Theoretical  
Medicine

**Збірник тез доповідей**  
III Міжнародної науково-практичної конференції  
Студентів та молодих вчених  
(Суми, 23-24 квітня 2015 року)

Суми  
Сумський державний університет  
2015

stratification for prognosis, data on end-organ damage and others. Monitoring of compliance dispensary patients with preventive and therapeutic recommendations of doctors.

*Results.* An audit of medical records showed that: 14% of outpatients there is no information about the medical condition of the patient during the year; recommendations for lifestyle modifications received only 40% of patients, 18% of outpatients patients there is no record of the risk factors in outpatients 46% of patients no information on target organ damage or lack of them, in 81% of outpatients patients have a record of concomitant diseases or lack thereof, in 70% of outpatients is evidence expert advice; 62% of family physicians have standardized protocols for patients with hypertension; not carried out the recommended level dynamic monitoring of the hypertensive patients, so dispensary examinations held twice a year only 41% of patients; only 53% of outpatients patients have data on the level of cholesterol, 85% - information about the complete blood count, 80% - a record of urinalysis in 76% of outpatients patients there is evidence of the level of blood glucose, 41% - the level creatinine in 79% of outpatients patients there is evidence of an electrocardiography, 45% of outpatients patients have a record of the results of the ultrasound examination of the cardiovascular system, 73% of outpatients has a record of carrying out fluorography, 48% of outpatients patients no information on risk stratification; target BP level was achieved in only 14% of patients.

According to the results of monitoring activities are designed and implemented to raise awareness in hypertensive patients by strengthening advocacy by using information and communication technologies.

*Conclusions.* Medico-social mechanism of internal audit provided the feasibility of making and implementing management decisions to ensure continuous improvement of the quality of medical care to patients with arterial hypertension in the studied institutions.

## FEATURES OF THE HEALTH CARE SYSTEM OF NIGERIA

*As. Smiianova O.I., Egejuru Christian Chisom*

*Suny State University, Department of Social Medicine*

Nigeria, the most populous country in Africa with 140 million people, has more than 250 ethnic groups. The vast oil wealth accounts for 40% of the country's gross domestic product. However, years of military rule, and mismanagement have limited the country's economic growth and resulted in rising levels of poverty. The rating by the United Nations Human Poverty Index in 1999 revealed that Nigeria has been ranked among the poorest nations in the world. Per capita income is estimated at \$692 25th USD, with an estimated two-thirds of the population living in poverty. However, in addition to rebuilding the economic and political system of the country, the Nigerian government embarked upon rebuilding its health infrastructure and since Nigeria operates a mixed economy, private providers of health care significantly contribute to health care delivery. Health care provision in Nigeria is a concurrent responsibility of the three tiers of government in the country and is structured such that, the Federal government's role is mostly limited to coordinating the affairs of the University Teaching Hospitals, Federal Medical Centers (tertiary health care) while the state government manages the various general hospitals (secondary health care) and the local government focuses on dispensaries (primary health care), (which are regulated by the federal government through National Primary Health Care Development Agency-NPHCDA).

Although the recurrent expenditure on health has risen from Nigeria Naira 12.48 million in 1970 to 98.200 million in 2008, health care system remains inefficient and plays a key role in the poverty status of the country. Over the last two decades, Nigeria's public health care system has deteriorated in large partly because of a lack of resources and a "brain drain" syndrome of Nigerian doctors as well as skilled health workers to other countries. For instance, infant mortality rates have been deteriorating from 85 per 1000 live births in 1982, 87 in 1990, 93 in 1991 to 100 in 2003, according to the Nigeria Demographic and Health Survey, 2003. And in 2007, the Federal Ministry of Health reported 110 deaths per 1000 live births. Its under-five mortality rate is 197 deaths per 1000 live births, and HIV, malaria and diarrheal disease account for about a quarter of the deaths among

adults. In rural areas, access to even basic health care services is difficult. According to the world development indicators, the life expectancy at birth in 2006 for male and female in Nigeria was 46 and 47 years, respectively.

In May 1999, the government created the National Health Insurance Scheme (NHIS), which encompasses government employees, the organized private and informal sector. Legislative wise, the scheme also covers children under five, permanently disabled persons and prison inmates. Health insurance in Nigeria can be applied to a few instances: free health care provided and financed for all citizens, health care provided by government through a special health insurance scheme for government employees and private firms entering contracts with private health care providers.

However, there are few people who fall within the three instances. Moreover, for the past two or more decades, many Donor agencies and Non-Governmental Organizations (NGOs), usually in partnership with the States and Federal Ministries of Health, have played prominent roles in intervening in the provision of public health services to the teeming Nigerian population. Many of Donor Agencies and NGOs concentrated their activities on the prevention and control while few others focus on therapeutics and management of many endemic, emerging and reemerging diseases.

Health care in Nigeria is influenced by different local and regional factors that impact the quality or quantity present in one location. Due to the aforementioned, the health care system in Nigeria has shown spatial variation in terms of availability and quality of facilities in relation to need. However, this is largely as a result of the level of state and local government involvement and investment in health care programs and education. Also, the Nigerian ministry of health usually spends about 70% of its budget in urban areas where 30% of the population resides. It is assumed by some scholars that the health care service is inversely related to the need of patients.

## RESEARCH OF FACTORS, WHICH INFLUENCE ON DIAGNOSTIC AND TREATMENT PROCESS OF PATIENTS WITH LUNG CANCER

*Zinchuk A.M.\*, Levashova A.I.\*, Zinchuk O.G.\*\**

*Scientific adviser: MD, Professor Ognev V.A.*

*Kharkiv National Medical University, Department of Social Medicine, Organization and Economics\**

*Kharkiv Basic Medical College №1\*\**

The Aim. Research of factors that influence the diagnostic and treatment process of patients with lung cancer. Objectives. To study the degree of confidence of lung cancer patients towards doctors of different specialties, determine the level and sources of their medical awareness.

Materials and Methods. We used a survey method of anonymous patients from Kharkiv Regional Clinical Oncology Center using the author's questionnaire. Patients with confirmed diagnosis of lung cancer (239 persons) were interviewed. Results. We found, that the patients had highest degree of confidence in thoracic surgeons, It was indicated that 97,4±1,0% of respondents trusted them in management of their disease: 77,9±2,7% trusted completely, 21,2±2,7% - partly trusted. The majority of patients (83,5±2,4%) indicated that they received the necessary information about lung cancer during the conversations with doctors and from literature sources. 16,5±2,4% of respondents did not recognise the role of the doctor in this process, they preferred literature, television and internet. Those who acquired knowledge about lung cancer exclusively from the doctors were 25,5±2,9%; sourced information from books, magazines and media - 12,2±2,2%, most of them received the information from multiple sources - 62,3±3,2%. Studying the level of medical awareness we found, that 96,1±1,3% of respondents understood the need for gentle treatment, and 83,1±2,5% - were sure that surgery is the main way of treatment. Those that were fully aware of the consequences of refusing surgical treatment were: 86,6±2,2%. Those who were partly aware were: 13,0±2,2%. About 96,5±1,2% of respondents knew about the complications and 97,0±1,1% - about the first aid in such emergencies. Conclusion. Our findings indicate the important role of thoracic surgeons in the health care system of patients with lung cancer.