

**Ministry of health Ukraine
Higher state educational establishment of Ukraine
«Ukrainian medical stomatological academy»**

DEPARTMENT OF ONCOLOGY



It is ratified on the methodical conference
Protocol №1 from August, 30 2018
year. Manager of department
MD, prof. Bashtan V.P.

**METHODICAL POINTING
FOR INDEPENDENT WORK OF STUDENTS
DURING PREPARATION TO PRACTICAL EMPLOYMENT**

<i>Educational discipline</i>	<i>Palliative help</i>
<i>Module №</i>	<i>I</i>
<i>Rich in content module №</i>	<i>I</i>
<i>Theme of employment</i>	Palliative and symptomatic help by an oncologic patient
<i>Course</i>	<i>VI</i>
<i>Faculty</i>	<i>Medical</i>

Prepared methodical development:
MD, prof. Sheleshko P.V.
MD, prof. Chernobay A.V.

Poltava – 2018

Theme: Palliative and symptomatic help by an oncologic patient.

Amount of hours : 6 educational hours.

Financial and methodical providing of theme : educational rooms, wards, polyclinic, hospital charts, ambulatory cards, methodical pointing for students.

1. Actuality of theme.

Presently malignant new formations continue to show by itself the serious problem of humanity, because medical, social, biological, demographic, technical, economic and other questions were concentrated in it, straight or side related to growth of indexes of morbidity.

The problem of oncology a long ago already stepped over for the scopes of guard a health and became a serious social problem. Oncologic diseases cause catastrophically meaningful socio-economic losses to our society:

- concerning patient is the decline of social activity, physical pain, psychical tension;
- to family is a decline of incomes, disintegration of family;
- to society are huge economic and skilled losses.

In 2002 years in the world under a supervision there were more than 57 million patients with neoplasius, and the again found out for a year cases were 9 240 000. On the prognosis of experts of VOOZ to 2020 year the number of again found out the cases of malignant new formations will attain 16 millions, and a death rate from a cancer will go out into first place because 90% the registered oncologic patients will be incurable. In the first time found out every fourth not subject sick to radical treatment, and 35,3% from them die during first-year from the moment of establishment of diagnosis. In addition, which before got 46,3% patients radical treatment, in next 5 years need palliative treatment.

By confirmation foregoing researches of Chisova V.I. (Russia) what proved that among all of patients with the cancer diagnosed in the first time lights not less than 80% patients already have native distribution of new formation, but in 40% lymphatic metastases appear from them (Chisov V.I., 2002). Remains so high and relative number of patients with the widespread forms of cancer of stomach, prostate gland, rectum, urinary bladder, uterus and other organs (Bershteyn L. M., 1994; Garin A.M., 1993; Starinskiy V. V., 2000; Shapiro S., 1998)

2. Whole lessons.

1. To know (and - II) :

- epidemiology and modern indexes of morbidity in the world and on Ukraine
- reasons of neglect
- a concept is about a palliative help
- stage of setting of analgetics and other facilities of palliative and symptomatic treatment

2. Able (and - III) :

- to define the stage of distribution of tumor process;
- to define the necessity of setting of palliative treatment and symptomatic therapy
- Able to determine a testimony to symptomatic therapy

Practical skills are on the topic:

To fill a necessary medical document on in the first time found of patients. To conduct the analysis of every case of late diagnostics of cancer illness.

To conduct a clinical supervision after patients after radical treatment. In good time to diagnose in them the relapses of disease and origins of complications after chemo- and radial therapy.

To conduct symptomatic therapy patients 4 clinical groups. If necessary to organize stationary treatment on to the house.

Correctly and in detail oriented in the questions of medical, social and labour rehabilitation of oncologic patients.

4. Intradisciplinary integration (base knowledges, abilities, skills, necessary for a study themes)

Disciplines	To know	Able
Anatomy	Anatomic features of location of new formations, their attitudes toward vitally important organs.	<p>Correctly to understand etiology of disease, nosotropic explanation of clinical displays and prophylactic measures.</p> <p>To define the prognosis of disease depending on a histology structure tumor.</p> <p>Palpation, percussion, review of organs of abdominal region.</p> <p>To appoint the course of polychemotherapy.</p> <p>To appoint the course of analgetics and detoxication therapy.</p>
Pathistology and pathanatomy	Histological structure of malignant tumors, which is predefined the plural sources of their origin.	
Surgery	Principles and volume of palliative and symptomatic surgical interferences	
General physiology	To the function endocrine, to immune, nervous systems, function of liver, buds.	
Physiopathology	To the function endocrine, to immune, nervous systems, functions of liver, buds, at pathosiss	
Therapy	Methods of general inspection of patients.	
Gynaecology	Methods of gynaecological inspection of women.	
Pharmacology and pharmacotherapy	Knowledge from the groups of antitumorous preparations and by the mechanism of their operating on a tumor and organism of man in general. To know the features of action of different groups of anaesthetic preparations of preparations.	

5. Table of contents of theme of employment.

A palliative help has on an armament a row of independent methods, called to improve quality of life of oncologic patients of the IV clinical group: anaesthetizing,

correction of the psychical state, detoxication, palliative instrumental and surgical interferences which do not foresee diminishing (delete) of tumor mass.

Achievements of modern oncology on principle influenced on ideology in determination of certificates to the palliative help on the whole and substantially changed strategy and tactic of palliative treatment of patients the widespread forms of malignant new formations (Zhvavo A.V., 1999, 2001)

The row of authors considers that collective clinical experience leads to expedience of application of wide arsenal of methods of palliative treatment (chemo- radial therapy, immunotherapy, palliative surgical interferences but other) convincingly, that not only improve quality of life of this contingent of patients, but also for certain increase his duration (Zhvavo A.B., 1999-2001; Vazhenin A.B. 2001).

At the same time, a lot of questions to this day remain not decided, but ideas researchers ambiguous and even contradictory in the plan of expedience, expected efficiency and economic validity of palliative treatment of patients, the widespread forms of malignant new formations (Barchuk A.S. 1998).

The decision of this problem requires combining effort specialists of different areas of fundamental and applied science. A modern situation in Ukraine is characterized not only negative by changes physical and chemical indexes environment but also considerable socio-economic cataclysms, by changes in the historically formed social way of life, corrosion of social economic and domestic relations.

It should be noted that the last weeks and days of oncologic patient, as a rule, are accompanied the heavy physical sufferings and sickly fear of death. In these cases into first place, next to medical measures which allow even on an of short duration period to improve quality of life of sick, the necessity of adequate therapy of sickly syndrome and prophylaxis of suicide conduct of patient comes forward. Presently for this purpose in a number of oversea countries the system of the specialized establishments (clinics of pain, hospices, separation/centers of palliative help, home-nursing services) in which a medical personnel removes the physical and sincere sufferings of patients professionally is created. In this situation it is necessary not only dates to the patient deservingly to die but also to

bring maximally possibly the moral calming him native. Creation of the special medical establishments which facilitate suffering of the already doomed oncologic patients has considerably more protracted history, than it is accepted to think. There is the first oncologic hospital in France, founded on facilities, endowed canonical G.Chas, was built as early as 1740 year at the hospital of Sv. Ludovik in Reyms. In 1842 years society of "Kalver", which combined "devout and merciful widows" which helped in an oncologic hospital to look after sick women, was created in Lione (France). Then oncologic hospitals were opened in Paris, Sent-et' of chi, Topsails, Claret and Nansi. Similar establishments were founded as early as XVIII age in London and other cities of England, in Venice, in separate federal earths (before - principalities) of Germany, in a number of Scandinavian countries and in Russia. In next years described higher than hospital for oncologic patients in were many cases regenerate to the specialized medical establishments (oncologic separations at hospitals, oncologic centers are specialized, oncologic dispensaries but other).

The state system of anticarcinogenic fight creation of wide network of oncologic dispensaries and highly specialized oncologic centers lay in basis of which was created in Ukraine, basic work of which assignments is diagnostics and treatment of malignant tumors. The however presented tasks do not dip out fully the problem of medicare by a patient by malignant new formations. Treatments of patients with the widespread forms of malignant new formations, rescuing of them, from the unnecessary sufferings in the last months and days of their life always remained in a spotlight practicing oncologists. Brings imperfection over of organization of the specialized help a dying oncologic patient to the necessity of decision of row of problems, related to medical service and departure, by the search of medicinal preparations and acesodynes, that sharpens this problem yet more. Yes, next to tortures of dying patient, we run into sufferings of relatives and near, and also with experiencing of medical workers, which do not know sometimes, that and how to tell a hopeless patient. Presently all more obvious necessity creations new and perfections of existent organizational forms and methods of palliative help by an

oncologic patient, called to improve quality of life by the decision of row of problems of medical, social and psychological character.

At resolution, accepted on II International Congress "Palliative medicine and rehabilitation in the guard" (Moscow, 1998) of health, clear, that a palliative help is an area of oncology which differs from palliative treatment absence of direct influence (surgical, chemotherapy, radiotherapy) on malignant new formation and common in instance where possibilities of antitumor treatment are limited or outspent. A palliative help is called to improve quality of life of incurable oncologic patients the quantity of which in Ukraine annually makes more than 100 thousands. Today for the grant of palliative help oncologic patients Ukraine must more rationally utilize the existent network of medical establishments of oncologic and therapeutic broadly speaking type. Creation on their bases of cabinets of antipain therapy, separations of palliative help and brigades of home-nursing help, by the incurable oncologic patient of house possibly already presently and does not require additional capital investments.

Basis of the system, which will be organized guilty to make main oncologic establishments, which are daily engaged in treatment of this contingent of patients at the methodical help of which the Territorial organizationally methodical centers of palliative help are created by an oncologic patient. As an example it is possible to point principles of grant of palliative (symptomatic) help city Poltava where all of volume of such help is carried out the clinical department (by home-nursing service) of regional oncologic dispensary.

The organizational structure of the regional system of palliative treatment of patients is presently developed by the widespread forms of malignant new formations

Principle of multilevel and stage-by-stage grant of treatment which allowed maximally to increase its efficiency and is fixed in its basis, that, to improve quality of life of this contingent of population.

After introduction in practice of health protection regional system of palliative treatment it must be got the followings results:

- at 1,3 time surgical activity will grow on implementation of palliative operations;

-at 1,8 time the amount of days will diminish from the moment of appeal of patient in to establishment of diagnosis and measure of prevalence of process;

-in 2 times the amount of days will be abbreviated from the moment of raising of diagnosis on beginning of palliative treatment.

Methodological approaches of complex estimation of efficiency of methods of palliative treatment are offered will allow to develop recommendation for the practical guard of health for optimizations of the programs of improvement of quality of life of oncologic patients.

Introduction will allow in practice of health protection the developed original system of palliative treatment:

- to define the optimum medical route of every patient;
- to shorten time to beginning of treatment;
- to define the rational use of resources of for the leadthrough of palliative treatment;
- to adapt territorial cancer register for an analysis and prognostication of results of palliative treatment of oncologic patients.

Application of all of complex of methods of palliative treatment within the framework of the developed organizational form allowed considerably to improve quality and life-span oncologic patients.

The choice of organizational form of grant of palliative help depends on financial possibilities of territory. In this connection in a number of regions for creation of separations of palliative help utilize an existent beds fund which already is on the budgetary financing. Hospice and department of palliative help nowise are not an alternative to each other, but present different organizational forms, because ideological and medical-social principles of grant of palliative help beggarly patients in these subsections are unique.

Perspective directions are certain in therapy of chronic sickly syndrome of application of the non-invasive prolonged medical forms of analgetics of central action and the methods of the regional anaesthetizing are prolonged, including central electrostimulation. The structure of methods changed depending on localization of

primary tumor. By the basic method of palliative treatment at, from data of most authors, chemotherapy (62.7%) appeared the widespread breast cancer, that and on efficiency excelled other methods.

By the most effective method of palliative treatment of widespread cancer of stomach surgical (72%), that not only improves quality of life but also increases its duration. Anymore represses (the best) to execute gastrectomys.

Most frequent, that meets, the method of palliative treatment of widespread cancer of ovaries was chemotherapy (42.1%), but only his connection with surgical (31,6%), in most cases, allowed to improve quality of life of patients and increase its duration.

At specific gravity of surgical method was the widespread cancer of prostate ponderable (33,3%), however most, efficiency in the plan of improvement of quality of life of this contingent of patients connection of him owned with an endocrinotherapy (22,9%).

More frequent all the common methods of palliative treatment of widespread cancer of gullet were surgical treatment (42,2%) and radial therapy (46,7%). However at the estimation of efficiency appeared, that it is possible to consider surgical the method of choice, in the volume of tube tumor.

Frequency of application of surgical treatment, ray and immunotherapy of widespread cancer of kidney approximately identical, but with most success it was succeeded to attain the expected effect at connection of surgical method with immunotherapy.

The conducted researches will allow to define possibilities of different methods of palliative treatment in the improvement of quality lives sick with the widespread forms of tumors of basic localizations.

Most sharply during all of time the problem of training of skilled medical personnels stood in the area of palliative help by an oncologic patient.

In world practice a palliative help is a joint job of medical personnel and representatives of international unions, associations, bureaus and public funds which are engaged in the problem of cancer performance, that organize international forums and carry out preparation of specialists in the different countries of the world. From data of

oversea oncologic clinics of decision of problems of palliative help it is impossible a sick cancer without bringing in of off-budget facilities, basis of which is made by sponsor facilities of business and public corporations, funds and religiously cult organizations. Bringing in of off-budget facilities is possible only at public propaganda of necessity of creation of the system of palliative help.

So for example, in Russia in connection with the necessity of assistance the government program to the health protection in creation of new direction - palliative medicine, in 1995 year Fund was organized "Palliative medicine and rehabilitation of patients", that has status of eleemosynary organization. It - one of the first in Russia of noncommercial non-state public organizations, the primary purpose of which is an assistance development of optimum methods of palliative medicine and principles its organizations in Russia, which promote quality lives sick with the different nosology forms of chronic diseases and patients which require a rehabilitation. Foreground jobs Fund were: organization of congresses is on issue of palliative medicine and rehabilitation; edition of thematic magazine; creation in the prospect of Russian Association of palliative medicine. From 1996 year Fund gives out a scientific-practical magazine "Palliative medicine and rehabilitation", which combines professionals in this area of health protection, that propagandizes the necessity of decision of the presented problem among medical and public circles.

Strategy of subsequent development and perfection of the system of palliative help foresees development of the followings perspective directions : creation at federal level of the system of statistical account of patients which require a palliative help; perfection of existent legislative base is with development of new positions about the cabinets of palliative help, hospice (there are 3 hospices in Ukraine for today) : In Kyiv, Donetsk and Lvov), home-nursing departure brigades; determination of regular norms of medical personnel is for the system of palliative help; development and claim of algorithms and protocols conducts sick, medical and economic standards of work of structural subdivisions (cabinet of antipain therapy, separation of palliative help, hospice, territorial center of palliative help) of the system of palliative help by a patient with the widespread

forms of malignant new formations, and also tables of their rigging; determination of necessity of the system of palliative help by an oncologic patient in analgetics of central action, adjuvant medicinal preparations, instrumental and technical providing, and also in medical wares and facilities of rehabilitation and departure after heavy patients; leadthrough of co-operative researches in the area of organizational approaches and methodological principles of improvement of quality lives sick with the widespread forms of malignant new formations; determination of perspective directions in therapy of chronic sickly syndrome on the basis of application of the non-invasive prolonged medical forms of analgetics of central action and the methods of the regional anaesthetizing are prolonged, including central electrostimulation; determination of sources and order of financing of providing narcotic analgetics that suffer chronic pain of oncologic patients in accordance with the specially developed normative documents; propaganda among the medical and public circles of possibility of the adequate anaesthetizing of oncologic patients with the purpose of overcoming of inertia of medical personnel in setting of narcotic analgetics in adequate doses, certain the proper orders in Ukraine; organization of courses of palliative help at type departments with the use of the existent compatible program in the system after the studies of doctors or proper departments; bringing in of the off-budget financing is as sponsor facilities of business and public corporations, funds and religiously cult organizations.

In modern economic terms sharply a question gets up about the necessity of expert estimation of economic meaningfulness for the system of domestic health protection, and, above all things, in oncology of the organizationally methodological going near a palliative help by a patient by the widespread forms of malignant new formations. Most perspective in this area are researches, devoted the estimation of charges on conducts sick in the system of palliative help as compared to the stay of these patients in the conditions of therapeutic broadly speaking separations, and also charges, on the unspecialized departures of brigades of "first-aid" domiciliary of patients. Economic evaluation of the organizationally methodological going near a palliative help will allow to perfect the existent medical-

economic standards of conduct of these patients, which will result in the rational use of budgetary facilities, oncologic patients.

In a prospect system of palliative help in oncology it is expedient to utilize for the grant of the specialized help patients with the different nosology forms of chronic diseases in the terminal stage of their development, that in instance where possibilities of the specialized treatment already outspent or his leadthrough is impossible through weight broadly speaking the somatic state of patients.

In a prospect palliative help by an oncologic patient organizationally can be presented different structural subdivisions:

- an ambulatory help is conducted in the cabinets of antipain therapy
- stationary: in hospice
- in the separations of palliative help .

Thus, development of the methodological going near organization of palliative treatment with the purpose of improvement of quality lives sick the widespread forms of malignant new formations is by the scientific-practical issue of the day, which requires a decision.

6. Plan and organizational structure of employment

№	Basic stages of employment of their function but maintenance	Educational aims are in levels mastering	Control methods and studies	Materials of the methodical providing : to control, evidentness and instructional.	Distributing to time of min.
1	PREPARATORY STAGE Organizational measures. Raising of educational aims and motivation. Control of initial level knowledges of skills and abilities : epidemiology of tumours; Consisting of morbidity of Ukraine and in the world; Basic contingents of patients which get a palliative help	Control of presence Aktual'-nist' of theme (I) (II) (II) (II) (II) (II)	Individual verbal questioning. Testing of initial level of theoretical knowledges.	Tables, pictures, ter casts, parations. Tests of initial level of knowledges. Methodical developments are for students. Reference map.	5 min. 20 min.
2	BASIC STAGE To conduct curation of patient which gets palliative or symptomatic treatment To work out a plan of inspection; To define the plan of treatment; Able if necessary to execute a thoracocentesis and laporocystostomy	(III) (III) (III) (((III) (((III)	Filling of hospital chart	Work in a separation and in diagnostically - manipulation cabinets and in clinical separated. As chance offers visits sick, which get symptomatic treatment of house	60 min.
3	FINISHING STAGE Control and correction of level of professional abilities and skills. Working out the totals of employment. Home task.	III	Individual control of skills. Analysis and estimation of results. Clinical works. Laboratory researches.	Clinical job performances + hospital charts. Task of III level. Results of laboratory research. A reference map is for work with literature.	35min.

Literature

1. Abraham C., Jonston G TheWHOobjectivesforpalliativecare; Towhat of exnehnareweachievingthem // of PalliativeMedicine9:2| (Apr., 1995). - P. 123-137.
2. Comer J. Is of there and researchparadigmforpalliativecare // of PalliativeMedicine10:3| (JUL 1996) of P. 201-208.
3. Parkin D., etal. GlobalCancerStatistics. CA, Cancer J Clin, 1999.,49; 33-64.
4. RobinsonBE, Pham H. Cost - effectivenessofhospicecare // of Clinics of in of GeriatricMedicine12:2| (May, 1996). P. 417.
5. SchonwetterRS. Care of ofthedyinggeriatric patient// of Clinics of in of GeriatricMedicine12:2| (May, 1996). P. 253.
6. Zhvavoa.V. fromспівавт. A modern chemotherapy of widespread недрібноклітинного shrine is lights of // of С. -Петербург, 1998. С. 3-7.
7. Vazhenin a.V. Palliative oncology, as a social order presently of // Thesis of lectures of plenum of rule of the All-russian union of oncologists. - 2008. is Moscow.