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SPECIFICS OF IMPLEMENTING PUBLIC HEALTH POLICY IN THE FIELD OF PALLIATIVE CARE IN UKRAINE

Abstract. Purpose. The purpose of the article is to reveal, relying on a systematic analysis of the integration of administrative and medical law, the specific features of implementing public health policy in the field of palliative care in Ukraine. **Results.** The article reveals that palliative care is a multidisciplinary system of medical, social, psychological, and spiritual measures aimed at improving the quality of life of patients suffering from serious and incurable diseases, as well as supporting their families, including early identification and assessment of symptoms, relief of pain and other suffering, provision of psychological support, ensuring proper care and support, assistance in self-care, provided in accordance with established standards and regulations, to ensure a decent standard of living and reduce physical and moral suffering of patients at all stages of the disease. It is determined that the procedure for providing palliative care in Ukraine is a comprehensive system that includes various aspects of support for patients with incurable diseases in order to ensure the maximum quality of life for patients and their families. Palliative care has specific coordination and management features, in particular, the Ministry of Health of Ukraine and local authorities coordinate the provision of palliative care in administrative units, form clinical pathways for patients and ensure interaction between different institutions and organisations. **Conclusions.** It is revealed that the basic principles of palliative care are: 1) multidisciplinary approach. Palliative care is provided by a multidisciplinary team composed of doctors, nurses, social workers, psychologists, spiritual advisers and other specialists. The composition of the team is determined individually, depending on the patient's condition and needs; 2) individuality. For each patient in need of palliative care, an individual care plan is drawn up, consented to by the patient or his/her legal representative, allowing for his/her wishes regarding the place of care and place of death. The care plan is periodically reviewed and adjusted in accordance with changes in the patient's condition; 3) continuity and succession. Palliative care is integrated into the overall healthcare system, ensuring continuity and succession at all levels of care, including coordination between healthcare facilities, social services, volunteers and other organisations; 4) ethics and humanity. Palliative care is based on respect for the patient's dignity, right to informed consent and autonomy in decision-making. Care providers must adhere to ethical standards and ensure humane treatment of patients and their families.

Key words: administrative legislation, public policy, accessibility, health, medical care, medical services, healthcare, patient, principles, actors.

1. Introduction

At present, Ukraine's development as an independent and social state is taking place in the context of the socio-political and economic crisis, which encourages public authorities to modernise and improve the effectiveness of the palliative care system as an important component of social protection. Currently, the development of a palliative care system is urgently needed, given the high level of need in Ukrainian society and Ukraine's European integration processes to ensure international

social standards for its citizens (Danyliuk, 2017, pp. 218-229).

One of the priorities of the healthcare and public health system of Ukraine is to develop and improve the quality of palliative care in accordance with international standards, as palliative care is a set of medical, social and psychological measures aimed at improving the quality of life of patients with incurable diseases and a limited life expectancy. To create a highly effective palliative care system in Ukraine, a number of barriers need to be overcome (Saturska, 2021, pp. 33–39).

Modern research emphasises the need to develop and implement a public policy that would meet the needs of society and address current challenges. Issues that focus on an integrated approach to reforming the healthcare system in the context of administrative law are covered in the works by the following scholars: V. Averianov, I. Buriak, Z. Hladun, D. Homon, H. Muliar, A. Kuchur, A. Manzhula, A. Markina, S. Sabluk, O. Sidelkovskiy, Ye. Sobol, S. Stetsenko, O. Yunin, and others.

Moreover, given the difficult political, social and environmental conditions of the Ukrainian population, new administrative and legal approaches and mechanisms are required to ensure quality healthcare and the readiness of the healthcare system to respond to global threats.

The purpose of the article is to reveal, relying on a systematic analysis of the integration of administrative and medical law, the specific features of implementing public health policy in the field of palliative care in Ukraine.

2. Public Health Policy

According to the Fundamentals of Healthcare Legislation of Ukraine, palliative care is a set of measures aimed at improving the quality of life of patients of all ages and their families who have faced problems related to life-threatening illnesses. This includes measures to prevent and alleviate patient suffering through early identification and assessment of symptoms, pain relief and other physical, psychosocial and spiritual problems. Palliative care is provided free of charge upon referral by the attending physician in accordance with the procedure determined by the central executive body responsible for the formation and implementation of public health policy. Palliative care is subdivided into general and specialised palliative care by type. The procedure, content and scope of palliative care, calculation of the need for the number of palliative care services to provide it, and the list of relevant medical indications are determined by the central executive body that ensures the formation and implementation of public health policy (Law of Ukraine Fundamentals of Ukrainian legislation on health care, 1992).

In addition, Ukraine has the Procedure for interaction of entities in the provision of social palliative care services at home to terminally ill persons, approved by Order of the Ministry of Social Policy of Ukraine, Ministry of Health of Ukraine No. 317/353 of 23.05.2014, which defines the mechanism of interaction between entities providing social palliative care services to terminally ill elderly persons, persons with disabilities who have reached the age of 18, as well as central and local executive authorities

in the organisation of social palliative care services at home. This Procedure defines a special concept of "social service of palliative care" (hereinafter - palliative care), which is used in the following meaning: assistance in self-care (personal hygiene, physical activity, medication, feeding); monitoring of health; assistance in the provision of medical services; assistance in providing technical means of rehabilitation, training in their use; training of family members in care; representation of interests; psychological support for individuals and their family members; provision of information on social protection issues; assistance in obtaining free legal aid; organisation and support of self-help groups (Order of the Ministry of Social Policy of Ukraine, the Ministry of Health of Ukraine On the approval of the Procedure for the interaction of subjects in the provision of social services of palliative care at home for the terminally ill, 2014).

The main tasks of palliative care, according to H.S. Saturdayska, I.M. Shyshatska, O.V. Satsurskiy, include the maximum possible reduction of pain, physical and mental suffering, elimination or reduction of disorders of vital activity and other severe manifestations of diseases, professional care, psychological, social and spiritual support for patients and their families (Saturdayska, 2021, pp. 33–39).

K. Danyliuk argues that palliative care is a complex, multidimensional social phenomenon, which is organised by a number of different and at the same time interrelated factors that affect the processes and mechanisms of public administration of such care. In other words, palliative care has different dimensions, including political, economic, social, organisational, legal, cultural, etc. The public administration of palliative care is a multidimensional, complex process, in the implementation of which, as practice convincingly shows, one has to face a number of diverse problems in various spheres of public life. Of course, the effectiveness of solving the problems of public administration of palliative care depends primarily on their clear identification, comprehensive and thorough analysis (Danyliuk, 2017, pp. 218-229).

According to A. Verhun, the fundamental principles of palliative care are respect for life, priority of the patient's interests, and collegiality in decision-making. The main principles and ways of providing medical care to incurable patients and secondary prevention of complications, in particular pressure ulcers, in conditions of polymorbidity and comorbidity are implemented after the main causes of deterioration of the patient's health and condition are established (pain syndrome, nutritional disorders, metabolic processes, neuropsychiatric

disorders, compression of organs and tissues, etc.), determination of the leading link that led to the emergence of a particular pathological syndrome, manifestations of the tumour process itself and/or paraneoplastic conditions, nonspecific and specific complications, concomitant pathology, neuropsychiatric reactions. The main measures of care and treatment in a palliative care unit include: nutrition (including through a tube), pressure ulcer prevention, symptomatic therapy (including pain relief), patient hygiene, parenteral nutrition, antibiotic therapy, chemotherapy and palliative radiotherapy, interventional and surgical treatment (including in the event of acute conditions and complications, including purulent ones). In the course of treatment, doctors are obliged to alleviate the patient's suffering, always guided by the patient's interests, prognosis and quality of life criteria (Verhun, 2020, p. 43).

Relying on the analysis of the world experience of palliative care and its comprehensive evaluation, T. Kolenichenko and A. Kuzmenko have formulated the basic principles and conditions under which this area can effectively develop and function in Ukraine. These principles are based on a very important problem, without solving which a successful and effective system of palliative care in Ukraine will not be created. This problem is the policy of the state authorities. If political forces consider the social problems of Ukrainian society, it is possible to build a system of palliative care. However, it is not only the attention of political forces to the pressing social problems of society that determines whether the palliative care system will be sufficiently effective. This process is influenced by several other very important factors that should not be overlooked. The first factor is the availability of effective educational programmes and reliable ways to train highly qualified personnel at all levels in accordance with the principle "from volunteer to doctor". The second factor is the availability of medicines, without which palliative care loses its meaning and cannot be considered as such (Law of Ukraine On the Public Health System, 2022; Kolenichenko, Kuzmenko, 2016).

In our opinion, palliative care is a multidisciplinary system of medical, social, psychological and spiritual measures aimed at improving the quality of life of patients suffering from serious and incurable diseases, as well as supporting their families, including early identification and assessment of symptoms, relief of pain and other suffering, psychological support, provision of appropriate care and support, and assistance in self-care, provided in accordance with established standards and regulations, to ensure a decent standard of living and reduce physi-

cal and moral suffering of patients at all stages of the disease.

3. Palliative care in Ukraine

The Procedure for Palliative Care, approved by the Order of the Ministry of Health of Ukraine No. 1308 of 04 June 2020, states that the basis for the provision of palliative care is a multidisciplinary approach, which provides for the engagement of a multidisciplinary team, which may be different and is determined depending on the patient's condition, the amount of care, and the size of the service area. The activities of the multidisciplinary team are regulated by the procedure for interaction between palliative care providers and social service providers approved by the Ministry of Health of Ukraine and the Ministry of Social Policy of Ukraine. The main components of palliative care are medical (symptomatic therapy, prevention and treatment of chronic pain syndrome, drug therapy, provision of effective pain relief), social (including provision of social palliative care services), spiritual and psychological support for the Patient and his/her family, and other persons caring for the Patient. The provision of palliative care is based on the principles of accessibility, planning, continuity and succession, in accordance with the wishes of the Patient regarding the choice of the place of treatment and place of death, ensuring the possibility of receiving curative treatment in parallel with palliative care, considering the ethical and humane treatment of the Patient and his/her family members, other persons caring for the Patient, 7 days a week (Order of the Ministry of Health of Ukraine On improving the organization of palliative care in Ukraine, 2020).

According to international standards, the focus of palliative care should be on the patient and his or her family, not the disease itself. Ukraine has made international commitments to implement palliative and hospice care. The Ministry of Health of Ukraine is creating a European model of palliative care, which includes three links: "family doctor - mobile service - inpatient care (hospice)" (Saturdayska, 2021, pp. 33–39).

Ukraine is one of the countries with separate specialised palliative and hospice care institutions, but the work of these institutions does not have signs of systematic organisation at the state level (no signs of integration into the general health care system). The principles of palliative and hospice care should be developed as part of an innovation in the public health system. Not all the main directions of development of the palliative and hospice care system meet the current needs of the medical community and Ukrainian society (Nesterenko, 2021, p. 62).

In order to determine the plan and scope of palliative care provided by a healthcare facility that provides palliative care, the individual entrepreneur draws up a plan for monitoring a patient in need of palliative care. The choice of the place of palliative care and place of death for the Patient shall be discussed and agreed with the Patient and/or his/her legal representative. The Patient's wishes are a priority and are recorded in the Care Plan. Continuity and succession of palliative care involves the cross-cutting integration of palliative care into the process of medical care in all healthcare facilities and coordination of palliative care. Specialists providing palliative care interact with each other and ensure continuity of care in accordance with the needs and clinical pathway of the Patient. The duration of stay of a Patient in need of palliative care in a specialised healthcare facility is determined by members of the multidisciplinary team and recorded in the Care Plan. If necessary, measures to be taken at the Patient's place of residence/stay in accordance with the Care Plan are determined. Palliative care involves monitoring of the Patient's condition, drawing up and reviewing the care plan, taking into account changes in the condition and needs of the Patient and/or his/her family, other persons caring for the Patient, as well as the use of the necessary highly specialised diagnostic and therapeutic methods in case of changes in the Patient's condition (Order of the Ministry of Health of Ukraine On improving the organization of palliative care in Ukraine, 2020).

It should also be noted that technological and innovative factors largely determine the development of palliative care, including the material, technical, informational, staffing, socio-medical and other dimensions of this system. Experience has convincingly shown that the best Western models of palliative and hospice care are based on the results of research and innovation, and the widespread introduction of innovations into the practice of this system. Obviously, the "generator" of scientific and technological innovations is the results of fundamental, scientific and applied research, which should be the basis for the activities of palliative and hospice care facilities, as well as the professional training of medical, social and other workers in this system. These employees should be qualified specialists who are able to apply various innovations in their professional activities, effectively, efficiently and timely perform the tasks assigned to them (Danyliuk, 2017, pp. 218-229).

The Ministry of Healthcare of Ukraine, the Ministry of Healthcare of the Autonomous Republic of Crimea, structural units for healthcare of oblast, Kyiv and Sevastopol city state

administrations within their competence coordinate the work on palliative care in the respective administrative-territorial units (including hospital districts) and determine the responsible specialist and/or structural unit for this purpose. The coordination of palliative care implies the approval of clinical pathways for patients of all ages for palliative care, measures to ensure the continuity and succession of palliative care for patients by healthcare facilities regardless of their form of ownership and subordination, as well as by individual entrepreneurs, and the identification of healthcare facilities that are responsible for the function of the regional palliative care network coordination centre. Information about healthcare facilities and individual entrepreneurs providing palliative care and the availability of round-the-clock counselling is posted on the official websites of the Ministry of Health of Ukraine. The content and scope of palliative care services are determined by the programme of state guarantees of medical care for the population for the relevant year. The regional palliative care network consists of all institutions, facilities, services and individual entrepreneurs providing palliative care at all levels of medical care on the territory of the relevant administrative-territorial unit (amalgamated territorial communities, hospital district). Palliative care units established within the structures of healthcare facilities are part of the regional palliative care network. One of the healthcare facilities providing specialised palliative care is defined as the coordination centre of the regional palliative care network. Coordination of palliative care implies interaction between healthcare facilities that provide palliative care, other healthcare facilities, social protection and education institutions, volunteers and non-governmental organisations to ensure continuity and succession of palliative care to the Patient (Order of the Ministry of Health of Ukraine On improving the organization of palliative care in Ukraine, 2020).

The legislation of Ukraine separately establishes a special procedure for the interaction of entities in the provision of social palliative care services at home to terminally ill patients, including the Ministry of Social Policy of the Autonomous Republic of Crimea and structural units for social protection of the population: coordinate the work on the provision of social palliative care services at home by local executive authorities and territorial centres; promote the engagement of other entities providing social palliative care services at home, civil society institutions, religious organisations (with their consent). Territorial centre of social services: - keeps records

of people in need of social palliative care services at home; - addresses the person's need for technical rehabilitation equipment; - assesses the person's social, emotional and psychological state and religious views (religion, observance of rituals, religious traditions, etc.) with the engagement of a doctor or psychologist, if necessary; - performs other powers. Local executive authorities: 1) make a decision to establish (if necessary) a structural unit within the territorial centre to organise the provision of social palliative care at home; 2) involve non-state entities in the provision of social palliative care at home on a competitive basis by concluding agreements with them on the attraction of budgetary funds for the provision of social services; 3) organise professional development of persons providing social palliative care at home. The Ministry of Health of the Autonomous Republic of Crimea, structural units for health care of oblast, Kyiv and Sevastopol city state administrations coordinate the work on palliative care within their competence. Healthcare institutions: 1) cooperate with territorial centres on the organisation of palliative care at home; 2) identify persons with a high degree of health loss; 3) organise palliative care for terminally ill patients; 4) promote social and educational work (social advertising, issuing social bulletins, etc.) on the development of palliative care; 5) take measures to cooperate with NGOs on the development of palliative care (Order of the Ministry of Social Policy of Ukraine, the Ministry of Health of Ukraine On the approval of the Procedure for the interaction of subjects in the provision of social services of palliative care at home for the terminally ill, 2014).

4. Conclusions

Therefore, the procedure for the provision of palliative care in Ukraine is a comprehensive system that includes various aspects of support for patients with incurable diseases in order to ensure the maximum quality of life for patients and their families. Palliative care has specific coordination and management features, in particular, the Ministry of Health of Ukraine and local authorities coordinate the provision of palliative care in administrative units, form clinical pathways for patients and ensure interaction between different institutions and organisations.

The basic principles of palliative care are:

1) Multidisciplinary approach. Palliative care is provided by a multidisciplinary team composed of doctors, nurses, social workers, psychologists, spiritual advisers and other specialists. The composition of the team is determined individually, depending on the patient's condition and needs;

2) Individuality. For each patient in need of palliative care, an individual care plan is drawn up, consented to by the patient or his/her legal representative, allowing for his/her wishes regarding the place of care and place of death. The care plan is periodically reviewed and adjusted in accordance with changes in the patient's condition;

3) Continuity and succession. Palliative care is integrated into the overall healthcare system, ensuring continuity and succession at all levels of care, including coordination between healthcare facilities, social services, volunteers and other organisations;

4) Ethics and humanity. Palliative care is based on respect for the patient's dignity, right to informed consent and autonomy in decision-making. Care providers must adhere to ethical standards and ensure humane treatment of patients and their families.

Palliative care includes certain components, including:

1) Medical care (symptomatic therapy and medication; prevention and treatment of chronic pain; provision of effective pain relief, etc.);

2) Social care (provision of social services, including palliative care; assessment of the need for technical rehabilitation equipment; support for the patient's social and living conditions);

3) Psychological and spiritual support (providing psychological assistance to patients and their families; providing spiritual support in accordance with the patient's religious beliefs).

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ОСОБЛИВОСТІ РЕАЛІЗАЦІЇ ДЕРЖАВНОЇ ПОЛІТИКИ У СФЕРІ ОХОРОНИ ЗДОРОВ'Я ЩОДО НАДАННЯ ПАЛІАТИВНОЇ ДОПОМОГИ В УКРАЇНІ

Анотація. Мета статті полягає в тому, щоб на основі системного аналізу інтеграції адміністративного та медичного права, розкрити особливості реалізації державної політики у сфері охорони здоров'я щодо надання паліативної допомоги в Україні. **Результати.** У статті розкрито, що паліативна допомога – це багатопрофільна система медичних, соціальних, психологічних та духовних заходів, спрямованих на поліпшення якості життя пацієнтів, які страждають від важких та невиліковних захворювань, а також підтримку їхніх родин, що включає ранню ідентифікацію та оцінку симптомів, полегшення болю та інших страждань, надання психологічної підтримки, забезпечення належного догляду та супроводу, допомогу в самообслуговуванні, що надається відповідно до встановлених стандартів та нормативів, з метою забезпечення гідного рівня життя та зменшення фізичних і моральних страждань пацієнтів на всіх етапах хвороби. Визначено, що порядок надання паліативної допомоги в Україні є комплексною системою, що різні аспекти підтримки пацієнтів з невиліковними захворюваннями з метою забезпечення максимальної якості життя пацієнтів та їх родин. Паліативна допомога має особливості щодо координації та управління, зокрема, Міністерство охорони здоров'я України та місцеві органи влади координують роботу з надання паліативної допомоги в адміністративно-територіальних одиницях, формують клінічні маршрути пацієнтів та забезпечують взаємодію між різними закладами та організаціями. **Висновки.** Розкрито, що основні засади надання паліативної допомоги включають: 1) мультидисциплінарний підхід. Паліативна допомога надається мультидисциплінарною командою, до складу якої входять лікарі, медсестри, соціальні працівники, психологи, духовні наставники та інші фахівці. Склад команди визначається індивідуально, залежно від стану пацієнта та його потреб; 2) індивідуальність. Для кожного пацієнта, що потребує паліативної допомоги, складається індивідуальний план спостереження, що погоджується з пацієнтом або його законним представником та враховує його побажання щодо місця надання допомоги та місця смерті. План спостереження періодично переглядається та коригується відповідно до змін у стані пацієнта; 3) безперервність та наступність. Паліативна допомога інтегрується в загальну систему охорони здоров'я, забезпечуючи безперервність та наступність на всіх рівнях медичної допомоги, що включає координацію між закладами охорони здоров'я, соціальними службами, волонтерами та іншими організаціями; 4) етичність та гуманність. Паліативна допомога ґрунтується на повазі до гідності пацієнта, його права на інформовану згоду та автономію в прийнятті рішень. Надавачі допомоги зобов'язані дотримуватись етичних стандартів та забезпечувати гуманне ставлення до пацієнтів та їх родин.

Ключові слова: адміністративне законодавство, державна політика, доступність, здоров'я, медична допомога, медичні послуги, охорона здоров'я, пацієнт, принципи, суб'єкти.

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