

АКТУАЛЬНІ ПИТАННЯ ОРГАНІЗАЦІЇ МЕДИЧНОЇ ДОПОМОГИ ДИТЯЧОМУ НАСЕЛЕННЮ В УКРАЇНІ

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ASPECTS OF THE DEVELOPMENT
OF THE PROGRAM OF PALLIATIVE
ASSISTANCE FOR CHILDREN OF THE
KHARKIV REGION THROUGH THE
CHALLENGES OF THE MILITARY CONFLICT

Summary

In the context of armed conflict, palliative care, pain management, and care for the dying and bereaved require increased and urgent attention. The devastating humanitarian crisis in Ukraine makes these issues even more critical. In 2021, a project working group was created in the Kharkiv region to prepare the program for the implementation of palliative care for children in the Kharkiv region. The main reasons for the imperfect development of pediatric palliative care in Kharkiv region were some points such as: lack of a systematic vision of the organization of pediatric palliative care services; acute shortage of qualified medical personnel, lack of educational programs and opportunities to study best practices in this field; lack of relations between primary and secondary (tertiary) links of medical care and coordination; lack of formulations of children's drugs for pain relief and fear of prescribing opioid analgesics; an imperfect system of informing medical workers about the rights of children as patients; lack of interdisciplinary cooperation in the field of providing pediatric palliative care (education, social services, clergy, lawyers, economists); lack of joint programs between health, social and education departments in the field of pediatric palliative care; lack of a state policy in the field of pediatric palliative care; lack of a system for financing pediatric palliative care measures and monitoring their effectiveness. Before the war, the approximate number of children in need of palliative care in the Kharkiv region was 9,000 - 10,000, plus an estimated 21,000 - 25,000 family members. As of January 1, 2022, there were 426,000 children under the supervision of health care institutions in the region. 216,900 children lived in the city of Kharkiv, 209,700 in the rural areas. In the pre-war period there were 9,372 children with disabilities in the Kharkiv region. The structure of the causes of disability was as follows: congenital malformations - 25.5% (2389 children), diseases of the endocrine system - 16.4% (1537 children), diseases of the nervous system - 16.0% (1497 children), mental and behavioral disorders 13.8% (1295 children), ear diseases - 9.2% (862 children). The authors' vision is: to start policy development and creation of an effective system of pediatric palliative care in accordance with the needs and international standards; creation of an effective system of training of medical and social workers in pediatric palliative care protocols and standards; development of coordinated pediatric palliative care at the place of residence/stay of the child; mobile teams; hospital beds and hospital teams; wide public awareness and involvement of public organizations in the provision of pediatric palliative care; attraction of budgetary and extra-budgetary funds for financing pediatric palliative care. Authors also speculate that other important steps need to be implemented to regional program of pediatric palliative care and integrated with international recommendations and organizations.

Key words: Palliative Care; Children; Humanitarian Crisis; Program; Armed Conflict.

According to WHO, humanitarian emergencies and crises are large-scale events that affect a population or society and cause a variety of difficult and distressing consequences, including massive loss of life, disruption of livelihoods, breakdown of society, forced displacement, and other serious political, environmental, economic, social, and psychological effects [1].

In the context of armed conflict, palliative care, pain management, and care for the dying and bereaved require increased and urgent attention. The devastating humanitarian crisis in Ukraine highlights the importance of these issues [2].

The global network Palliative Care in Humanitarian Aid Situations and Emergencies (PallCHASE) and a WHO

guide "Integrating palliative care and symptom relief into the response to humanitarian emergencies and crisis" determine the following provisions:

1. The most fundamental goal not only of palliative care, but also of medicine itself, including medicine practiced in humanitarian emergencies and crises, is to relieve human suffering. Saving lives is a crucial way to achieve this goal but not the only way.

2. Humanitarian responses to emergencies and crises should include palliative care and symptom control. Responses that do not include palliative care are medically deficient and ethically indefensible.

3. In humanitarian emergencies and crises, the statements that palliative care "regards dying as a normal

process” and never intends to “postpone death”, as in the 2002 WHO definition, require additional clarification. In this setting, any clinician, including those trained in palliative care, should make every effort to save the life of any patient who may be savable. The only exception should be patients with a pre-existing chronic life-threatening condition who had decided and left clear instructions to forego life-sustaining treatment.

4. Palliative care never intentionally hastens death, but provides whatever treatment is necessary to achieve an adequate level of comfort for the patient in the context of the patient’s values.

5. Palliative care and life-saving treatment should not be regarded as distinct from each other. Palliative care and symptom control should be integrated as much as possible with life-saving treatment for patients with acute life-threatening conditions.

6. Palliative care should commence immediately, as needed, for patients with non-life-threatening conditions whose injury- or disease-specific – treatment may be delayed.

7. Palliative care must be provided for all patients deemed expectant and should commence immediately [1, 3].

In 2021 in Kharkiv region a project working group was established for the preparation of the program of palliative care for children in Kharkiv region (hereinafter – the program). Taking into account the status quo, the working group came to the conclusion that this type of assistance is insufficiently developed in the region. For the creation of the Program and its effective implementation in the Kharkiv region, international recommendations should be used as sources. Planning and implementing palliative care services – a guide for program managers the full paper of WHO 2016 and Building Integrated Palliative Care Programs and Services [4, 5].

Estimates of the number of children in need of palliative care in the Kharkiv region in the pre-war period were approximately 9,000-10,000, including an additional 21,000-25,000 family members. As of January 1, 2002, there were 426,000 children under the supervision of health care institutions in the region. 216,900 children lived in the city of Kharkiv, 209,700 in rural areas.

Before the military conflict, health care for children aged 0-17 in Kharkiv included outpatient care provided by 10 municipal children’s polyclinics and 2 polyclinic departments that are part of municipal children’s hospitals, as well as one family medicine department of the municipal polyclinic. For children of Kharkiv region: In the regions, outpatient medical care was provided in primary health care facilities by general practitioners-family doctors, but all children have access to consultative care by pediatricians in all areas of the region. Inpatient care was based on the 690 beds provided by two regional children’s clinical hospitals. Currently, these two hospitals will be merged into one in 2023. In 2021 and 2022, between 9,300 and 17,700 patients were treated. It should be noted that in connection with military operations in the Kharkiv region, the forced departure of the population outside the region, the number of registered diseases decreased by an average of 1.5. Pediatric palliative care was provided in two institutions.

There were opened “Department of palliative care – children’s hospice” (for municipal children) and “Regional

Clinical Center of Medical Rehabilitation and Palliative Care for Children “Hippocrates”” (for regional children). The “Department of Palliative Care – Children’s Hospice” was opened in 2018 and had 20 beds for round-the-clock qualified palliative treatment and care, psychological, social and spiritual support of a sick child aged 1-18 years and members of his family, mobile team. The Regional Clinical Center of Medical Rehabilitation and Palliative Care for Children “Hippocrates” was transformed from the Baby Home in 2021 and had inpatient department for children under state care – 15 beds, inpatient department for joint stay with or without parents (individual wards) – 10 beds, mobile palliative team – 5 services, children’s hospice – 10 beds.

By January 2022 in Kharkiv city and Kharkiv region 9 372 children with disabilities were registered. The structure of the causes of disability was as follows: congenital malformations – 25.5% (2389 children); diseases of the endocrine system – 16.4% (1537 children); diseases of the nervous system – 16.0% (1497 children); mental and behavioral disorders – 13.8% (1295 children); ear diseases – 9.2% (862 children). The study of age structure shows that 18,7% of children with disabilities are in the age interval from 0 to 6 years, 58,9% in the age interval from 7 to 14 years, 22,4% in the age interval from 15 to 17 years.

Treatment of disabled children in medical, preventive and sanatorium institutions of the Kharkiv region is carried out at the expense of the estimated allocations of the general and special fund for each institution, as well as centralized supplies at the expense of the state budget.

In order to provide medicines to children suffering from oncological and hematological diseases, medicines are ordered annually, taking into account the balance of the previous fiscal year and the redistribution of some medicines in accordance with the orders and letters of the Ministry of Health of Ukraine.

In 2021, Kharkiv region received medicines and medical products in the total amount of 172,363,248.0 UAH centrally at the expense of the state budget. In 2022, UAH 103,293,599.0 of medicines and medical products will be received from the state budget. In order to implement the main priorities of the state social policy in the field of health care at the regional level, taking into account the specific tasks of socio-economic development of the region, the regional program “Health of Slobozhan oblast” is approved annually by the decision of the session of the Kharkiv Regional Council. The measures and financial support of the mentioned program are primarily aimed at improving the level of medical care for the most vulnerable segments of the population, in particular children, by providing children’s hospitals with medical equipment and apparatuses, preventing disability and improving the health of disabled children, providing surgical interventions for children with congenital malformations, high-cost medicines for some rare diseases, prevention and treatment of respiratory diseases in severely premature children, rehabilitation of children with congenital irreversible hearing disorders, etc. No funds have been allocated for 2021-2022.

Medical and social rehabilitation groups have been created and operate on the basis of 4 regional children’s

homes. Children under 7 years of age living in families with neurological pathology, congenital malformations, diseases of the musculoskeletal system, children with chromosomal anomalies, mental and behavioral disorders are referred for rehabilitation to medical and social rehabilitation groups in regional children's homes, as well as children with metabolic disorders, diseases of endocrine pathology and children born to HIV-infected mothers.

In addition to medical treatment methods, a complex of physiotherapeutic procedures (electrotherapy, heat therapy), massage, physiotherapy, balneotherapy (hydrokinesitherapy, hydromassage, therapeutic salt baths and mud therapy), swimming lessons, aromatherapy, hippotherapy, lessons on special simulators are used for rehabilitation. In addition, there are classes with a psychologist, special education teachers, speech therapists.

In connection with the introduction of martial law in Ukraine, military operations on the territory of the Kharkiv region, the existing real threat to life and health of the children in the children's homes, children and staff were evacuated in March 2022 to the city of Poltava (Ukraine), the city of Vorokhta Ivano – Frankivsk region (Ukraine), the city of Hegenberg (Federal Republic of Germany), the city of Kaunas (Republic of Lithuania). Children with oncohematologic problems were evacuated to St. Jude Children's Hospital (USA).

During the massive shelling and bombing of Kharkiv and the Kharkiv region, and especially during the occupation of the territories, medical and palliative care faced challenges:

- How to organize access to food, water, and medicine
- How to hide in basements for people with disabilities during incessant shelling?
- How to stand in line at the border when the child is dependent on equipment?
- What to do with a child dependent on mechanical ventilation and other equipment during a prolonged power outage
- How to help people with severe cognitive disabilities
- How do children and people with cognitive impairments react?

These people are unaware of what is happening, but during shelling and fires, they feel misfortune (or distress) and an overwhelming sense of fear. A series of such experiences plunges them into chronic anxiety and stress. Such people cannot be prepared for the challenges of war. They are totally defenseless.

- The main reasons for the incomplete development of pediatric palliative care in the Kharkiv region were
 - Lack of a systematic vision for the organization of pediatric palliative care services;
 - Acute shortage of qualified medical staff,
 - Lack of educational programs and opportunities to study best practices in this field;
 - Lack of relationships between primary and secondary (tertiary) medical care links and coordination;
 - Lack of pediatric formulations of analgesics and fear of prescribing opioid analgesics;
 - An imperfect system for informing health professionals about children's rights as patients;

- A critically low number of pharmacies licensed to distribute controlled drugs;
- Lack of interdisciplinary cooperation in the provision of pediatric palliative care (education, social services, clergy, lawyers, economists);
- Lack of joint programs of health, social and educational departments in the field of pediatric palliative care;
- Lack of government policy in the field of pediatric palliative care;
- Lack of a system for financing pediatric palliative care and monitoring its effectiveness.
- The main provisions of the program proposed for implementation are
 - Initiation of policy development and creation of an effective system of pediatric palliative care in accordance with needs and international standards;
 - Creation of an effective system of training medical and social workers in protocols and standards of pediatric palliative care;
 - Develop coordinated pediatric palliative care at the child's place of residence/stay; mobile teams; hospital beds and hospital teams;
 - Increasing public awareness and involvement of public organizations in the provision of pediatric palliative care;
 - Attracting budgetary and extra-budgetary resources to fund pediatric palliative care;
 - Methods and ways of implementation.
 - Ensure access to pediatric palliative care for all pediatric patients, regardless of their place of residence/stay;
 - Provide 100% analgesia with effective analgesics in sufficient quantities and in appropriate dosage forms;
 - Provide pediatric patients with modern, effective technologies for symptom management and end-of-life services;
 - Provide support programs for family members of pediatric patients;
 - Create an effective training system for medical, pharmaceutical, social and educational personnel on the topic of pediatric palliative care;
 - Create conditions for the development of primary palliative care, general palliative care and specialized palliative care for children;
 - Ensure 100% coverage of training for health professionals working with children from 0 to 18 years of age to ensure children's right to access palliative care;
 - Ensure continuity of pediatric palliative care;
 - Increase public and non-governmental activity in the implementation of the program, development of charity and volunteerism;
 - Establish local protocols and other medical documentation for the provision of pediatric palliative care and monitor their use;
 - Establish justification for the level of reimbursement for palliative care medications and medical devices;
 - Establish monitoring of the physical and economic availability of medicines and medical devices for palliative care patients;
 - Create pathways for palliative children both between institutions, services (regardless of the form of subordination), and within each medical institution;

- Create programs and services for the treatment of acute, procedural and chronic pain in children;
- Create a respiratory center and provide 100% of children with the necessary equipment for respiratory support;
- Create a playroom in children's hospitals in the Kharkiv region;
- Develop a list of equipment for the appropriate level of palliative care (hospital, mobile team, outpatient, etc.);
- Conduct an epidemiological study to determine the need for pediatric palliative care, and calculate the services and resources needed;
- Provide educational opportunities for children with terminal illnesses;
- Create burial programs for children with terminal illnesses;
- Create support systems for a family that has lost a child;
- Establish cooperation and involvement of social services, educational institutions, public and religious organizations to provide social, spiritual and psychological support to children and their family members;
- Organize and implement a program of respite services;
- Conduct targeted information campaigns on palliative care and access to analgesia;
- Organizing conferences and round tables with the support of public authorities and organizations and with the participation of the general public;

- Develop a step-by-step plan for the implementation of pediatric palliative care in the health care and social services system of the region based on the principles of coordination, continuity, accessibility and sustainability;
- Establish an interdisciplinary monitoring group with representatives from health care, education, social services, lawyers, economists and clergy to monitor the development and implementation of pediatric palliative care in the Kharkiv region;
- Creation of a monitoring group responsible for the financing and expenditure of funds for the implementation of the program.

How should the program change in light of the military conflict and humanitarian crisis? What has been lacking in pediatric palliative care since the early days of military violence?

- Telemedicine and other communication points;
- Knowledge;
- Coordination;
- community information;
- "not prepared for a crisis";
- Lack of adequate social support;
- Large number of refugees among staff;
- Lack of psychological support;
- Lack of bereavement support and end of life services.

Pediatric Palliative care during armed conflicts should be based on these additions to the basic principles of palliative care (Figure 1).

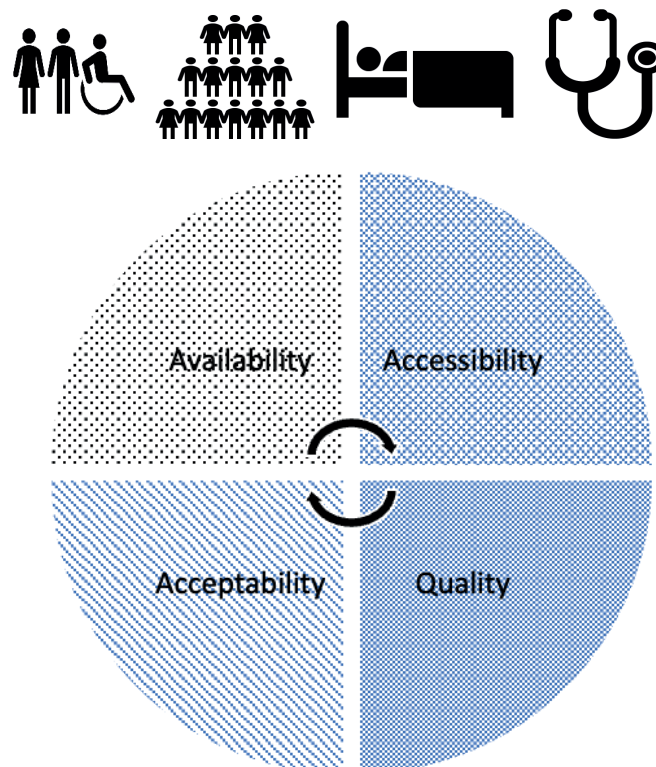


Fig. 1. The basic principles of Pediatric Palliative care during armed conflicts and humanitarian crises additionally to traditional holistic approach

What aspects of palliative care do the authors believe should be considered in the state in general?

1. Development of universities and research centers: pre- and in-service training, evaluation and research.

2. Internationalization of education through partnerships with ICPCN, PallCHASE, WHPCA, EPEC-P, etc.

3. Group of National Education Council with plan of development of pediatric palliative care.

4. Creation of educational programs in pediatric palliative care.
5. Advocate for specialization in pediatric palliative care.
6. To participate in international multicenter research in pediatric palliative care.
7. Translation of pediatric palliative care textbooks.
8. Creation of a national educational website in pediatric palliative care.
9. Support of new design (international) of national/regional programs of pediatric palliative care needs.
10. Creation of formal educational support for pediatric palliative care and for scholarship programs, training.

11. Revise elements of training programs; adapt and translate program materials, tools, manuals and training modules.
12. Improve and expand training programs until national coverage is achieved.
13. Review programs and action plan every 3-5 years.

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References:

1. World Health Organization. Integrating palliative care and symptom relief into the response to humanitarian emergencies and crisis: a WHO guide [Internet]. 2018[cited 2023 Aug 24]. 116 p. Available from: <https://www.who.int/publications/i/item/9789241514460>
2. Rosa WE, Grant L, Knaul FM, Marston J, Arreola-Ornelas H, Riga O, et al. The value of alleviating suffering and dignifying death in war and humanitarian crises. *Lancet*. 2022;399(10334):1447-50. doi: 10.1016/S0140-6736(22)00534-7
3. PallCHASE. Help Support Palliative Care Patients in Ukraine [Internet]. 2018[cited 2023 Aug 24]. Available from: <https://pallchase.org/>
4. World Health Organization. Planning and implementing palliative care services: a guide for programme managers [Internet]. 2016[cited 2023 Aug 24]. 91 p. Available from: <https://apps.who.int/iris/handle/10665/250584>
5. Gómez-Batiste X, Connor S, editors. Building Integrated Palliative Care Programs and Services. 4th ed. University of Vic Eumo Editorial, Chair of Palliative Care, World Hospice, Palliative Care Alliance; 2017. 385 p. Available from: <https://www.thewhpc.org/resources/category/building-integrated-palliative-care-programs-and-services>

АСПЕКТИ РОЗВИТКУ ПРОГРАМИ ПАЛІАТИВНОЇ ДОПОМОГИ ДІТЯМ ХАРКІВСЬКОЇ ОБЛАСТІ У ВИКЛИКАХ ВІЙСЬКОВОГО КОНФЛІКТУ

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Резюме

У контексті збройного конфлікту паліативна допомога, лікування болю та догляд за вмираючими та загиблими потребують підвищеної та термінової уваги. Нищівна гуманітарна криза в Україні посилює життєву важливість цих питань. У 2021 році в Харківській області створено проєктну робочу групу з підготовки Програми впровадження паліативної допомоги дітям Харківської області. Основними причинами недосконалого розвитку педіатричної паліативної допомоги в Харківській області були такі моменти, як відсутність системного бачення організації педіатричної паліативної допомоги; гострий дефіцит кваліфікованого медичного персоналу, відсутність освітніх програм і можливості вивчення передового досвіду в цій галузі; відсутність взаємозв'язку між первинною та вторинною (третинною) ланками надання медичної допомоги та координації; відсутність дитячих форм препаратів для знеболення та боязнь призначення опіоїдних анальгетиків; недосконала система інформування медичних працівників про права дітей як пацієнтів; критично мала кількість аптек, які отримали ліцензію на обіг підконтрольних лікарських засобів; відсутність міждисциплінарної співпраці у сфері надання педіатричної паліативної допомоги (освіта, соціальні служби, духовенство, юристи, економісти); відсутність спільних програм між відділами охорони здоров'я, соціальної сфери та освіти у сфері педіатричної паліативної допомоги; відсутність державної політики у сфері педіатричної паліативної допомоги; відсутність системи фінансування заходів педіатричної паліативної допомоги та моніторингу її ефективності. Перед війною приблизна кількість дітей, які потребували паліативної допомоги, у Харківській області становила приблизно 9 000-10 000, плюс приблизно 21 000-25 000 членів сімей. Станом на 1 січня 2022 року під наглядом закладів охорони здоров'я області перебувало 426 тис. дітей. У місті Харкові проживало 216,9 тис. дітей, у сільській місцевості – 209,7 тис. дітей. У довоєнний період у Харківській області було 9372 дитини-інваліда. Структура причин інвалідності була такою: вроджені вади розвитку – 25,5% (2389 дітей); захворювання ендокринної системи – 16,4%, (1537 дітей); захворювання нервової системи – 16,0%, (1497 дітей); розлади психіки та поведінки 13,8% (1295 дітей); хвороби вуха – 9,2% (862 дитини). Бачення авторів: розпочати розробку політики та створення ефективної системи педіатричної паліативної допомоги відповідно до потреб та міжнародних стандартів; створення ефективної системи навчання медико-соціальних працівників протоколам і стандартам педіатричної паліативної допомоги; розвиток скоординованої педіатричної паліативної допомоги за місцем проживання/перебування дитини; мобільні бригади; лікарняні ліжка та лікарняні бригади; широке інформування населення та залучення громадських організацій до надання педіатричної паліативної допомоги; залучення бюджетних та позабюджетних коштів для фінансування педіатричної паліативної допомоги. Автори також припускають, що інші важливі кроки мають бути здійснені до регіональної Програми педіатричної паліативної допомоги та інтегровані з міжнародними рекомендаціями та організаціями.

Ключові слова: паліативна допомога; діти; гуманітарна криза; програма; збройний конфлікт.

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