

Imagining a re-organized Russian model of care delivery

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Potential conflict of interests

- No PCOI



- Palliative care as it is and humans' self recognition as mortals
- Palliative model of health care

Численность населения в возрасте старше трудоспособного на 1 января

Показатель	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Численность населения в возрасте старше трудоспособного (тыс. чел)	29 408	29 732	30 161	30 541	31 714	31 809	32 433	33 100	33 788	35 163
Удельный вес населения в возрасте старше трудоспособного в общей численности населения (%)	20,5	20,8	21,1	21,4	22,2	22,3	22,7	23,1	23,5	24,0

Ожидаемая продолжительность жизни лиц, достигших 60 лет (оба пола)

Возраст (лет)	2005-2010 гг.	2010-2015 гг.
Мир	19,66	20,16
Африка	16,26	16,73
Европа	21,06	21,93
в т. ч.		
Россия	17,26	18,35
Норвегия	23,42	23,88

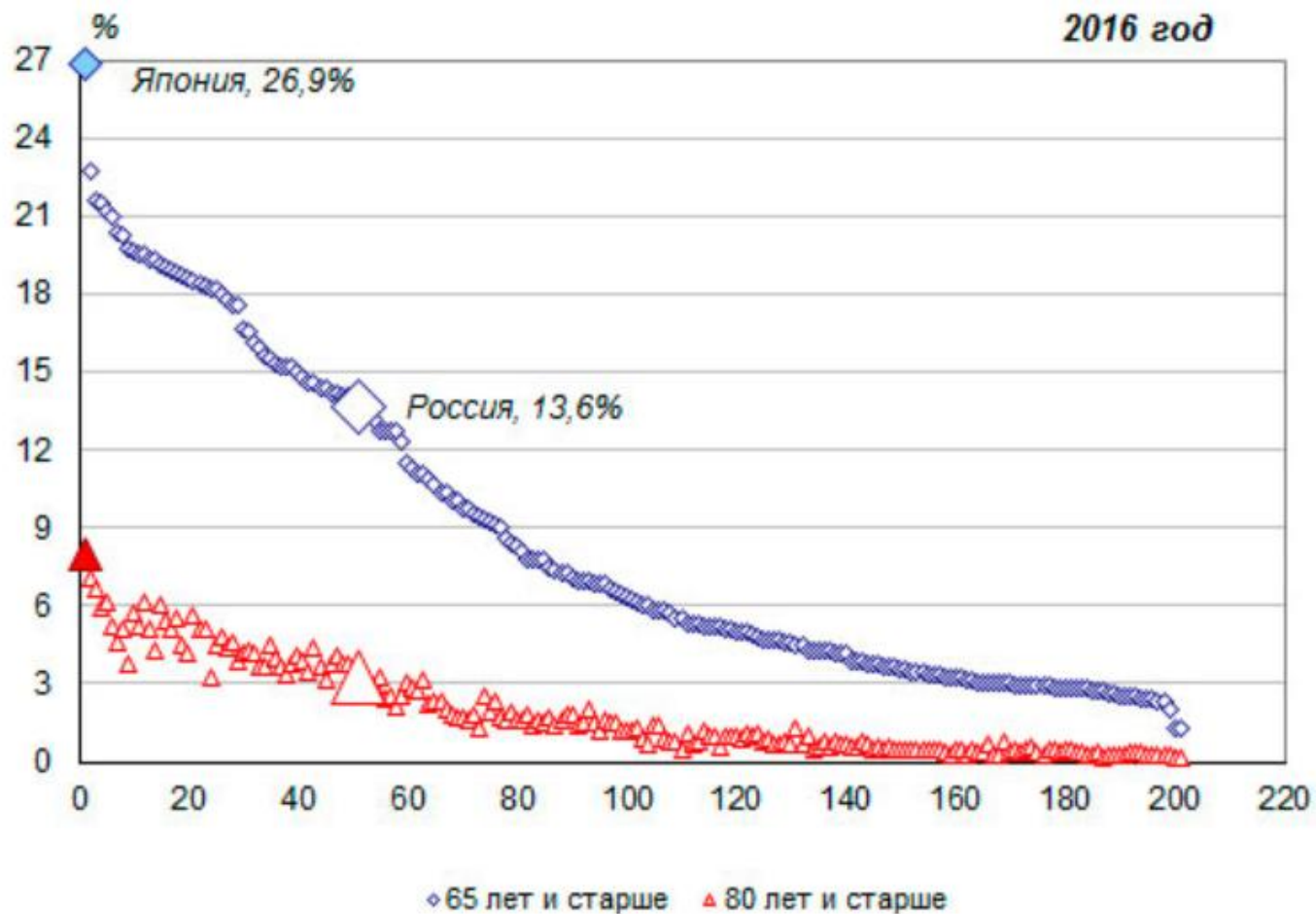


Рисунок 8. Доля населения 65 лет и старше и 80 лет и старше по странам мира, на середину 2016 года, % от общей численности населения

Источник: United Nations, Department of Economic and Social Affairs, Population Division (2015). World Population Prospects: The 2015 Revision, DVD Edition. File INT/2B-1: Percentage of total population by broad age group, major area, region and country, annually interpolated for 1950-2100. POP/DB/WPP/Rev.2015/INT/F02B-1.

Curative and palliative

- Curative – directed to healing, restoration/return to health (исцеление, избавление от болезни, возвращение здоровья)
- Palliative – directed to improvement in the quality of life when healing is not feasible
- 2 types are not clearly distinctive:
 - People live longer now and most of the suffer from chronic conditions
 - Deadly diseases now are better treated and people live longer with them, being treated

Acute and palliative

- Acute – directed to prolongation of life in case of the acute disease or severe state in course of chronic disease
- Palliative – directed to rise quality of life in course of chronic disease
- WHO defines palliative care as "the active total care... of patients whose disease is not responsive to curative treatment."
- Common understanding: Chronic care and advanced illness care should be integrated, acute and curative should be used appropriately

Difficult to differentiate, balance is moving



Example: chemotherapy is more actively used during the last days of life in cancer care. Why?

- Less toxic now
- To do it Dr. and Pat. do not need to make a difficult decisions

Russia: apotheosis of the curative model

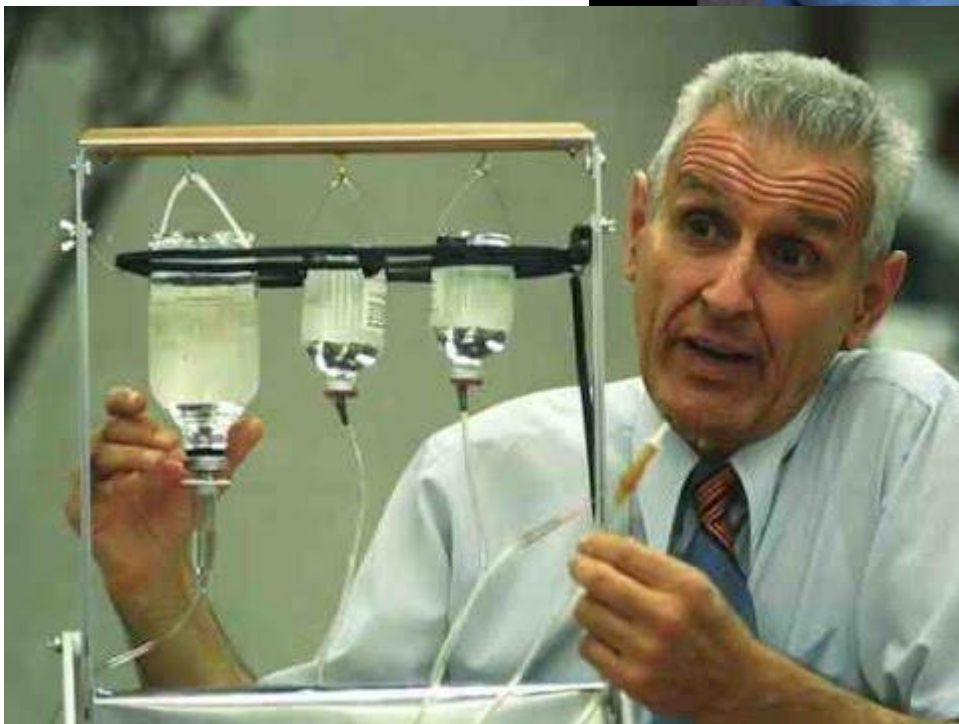
- People of the 'working age' offered the better access to health care
- Dumb believe that prevention may decrease the health care expenses (ounce of prevention worth pound of treatment)
- Patient by law is deprived from decisions about the purpose of treatment

Need in palliative model

- Most cases of health care in more than poor countries – due to chronic conditions
- It is already shown in trials that palliative care in some chronic conditions extends life at least as well as acute care, but keeps quality of life higher
- Chronic care and advanced illness care should be integrated, acute and curative should be used appropriately
- Most patients have problems to cure and problems to palliate

What happened during 50 years

- 1967 - Cicely Saunders, first Hospice
- 1980s - Graseby pump developed, Midazolam available, (compatible with morphine in a syringe). First reported in 1988 by De Sousa and Jepson for 'terminal restlessness', terminal sedation was described by Burke et al
- 1984 – USA advanced care directives recognized
- 1984 – Netherlands ≈approves euthanasia
- 1984 – AMA approves withhold/withdraw treatment from pats with permanent coma/close to death
- 1990 – J. Kevorkian assisted in a death
- 1990 –USA Congress Patient Self-Determination Act
- 1997 – Oregon Death With Dignity Act



Фильм: «Вы не знаете Джека»
Всем смотреть

What happened during 50 years

- 1998 – J. Kevorkian injected to death paralyzed patient, got prison
- 2008 – Luxemburg legalized PAS and euthanasia
- 2010 – number of countries have the PAS and/or euthanasia legal

RUSSIA LOST IT ALL (almost)

- 1994 – First hospice in Moscow
- 2011 – Russia got new health care legislation banning any death support/treatment withholding
- 2015 – Russia ban suicide discussions

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The woman helping Mongolians die with dignity

By Anu Anand
BBC World Service, Ulan Bator

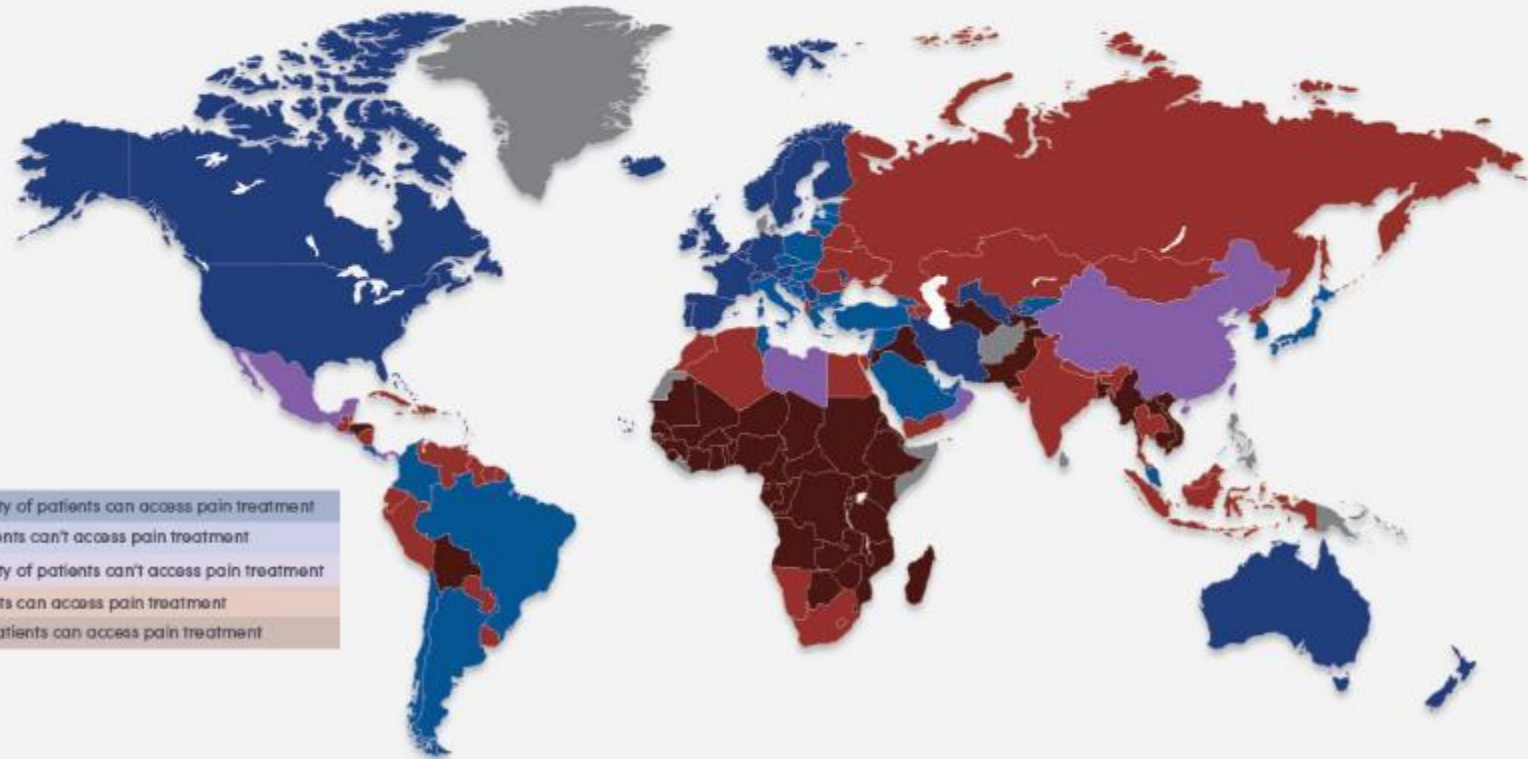
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WHICH COUNTRIES CAN ACCESS PAIN TREATMENT?



Good availability	The majority of patients can access pain treatment
Some availability	Many patients can't access pain treatment
Limited availability	The majority of patients can't access pain treatment
Very limited availability	Few patients can access pain treatment
Severe shortage	Very few patients can access pain treatment
Not reported	

Russian way wrong

- Terminal palliative care is patchy
- Patients have limited self-determination
- Community participation = ZERO
- Primary care is powerless
- Rich regions create specialized work force to address the old age/palliative demand

Oncology: The Sheffield Model

- The Sheffield model of palliative care, ...promotes the idea that palliative therapies are important from the very beginning of treatment until the end
- If you take the very large view, as in the Sheffield model, palliative therapies are included alongside rehabilitation, social work, chaplaincy, dietetics, and all the things that support the patient and the family, while the **oncologist is treating the disease with curative and life-prolonging therapies**
- Another name: 'comprehensive care'

Московские врачи получают гранты за патронаж лежащих больных

14:47 19.06.2017

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МОСКВА, 19 июня - РИА Новости. Постановление о материальном поощрении

- Как доложил ..., руководитель департамента здравоохранения Алексей Хрипун, для этой системы в департаменте выделяется примерно 100 врачей, за которыми закрепляется порядка 350-400 пациентов, а также 240 медицинских сестер для ухода за 150-200 пациентами.
- "Проект предусматривает выделение грантов поликлиникам, в составе которых будут работать эти специалисты. Они предусматривают выплаты в 25 тысяч р. к ...заработной плате врачу и 15 тысяч р. к ... заработной плате ... сестре, которая сопровождает эту работу и самостоятельно работает в системе патронажной службы", — пояснил Хрипун
- РИА Новости <https://ria.ru/society/20170619/1496832236.html>

Clinical Evidence (BMJ)

“We focus on clinical outcomes that matter to patients — meaning those outcomes that patients themselves are aware of in relation to their condition — for example, symptom severity, quality of life, disability, and survival.”

This is the approach selected for intervention evaluation from the beginning - 1999

A vision for best care (integrative)

- Cure whenever possible
- Disease modification and management in agreement with patient preferences
- Informed decision making
- Symptom control is a priority
- Optimize the quality of life
- End-of-life care

How the health care should be modelled



Who integrates?

- In all rich countries the hospital based and hospice care is developing fast, it is expensive and ineffective in addressing the person and family need
 - In UK number of palliative care physicians is more than oncologists and neurologists combined (Doyle D. Palliative medicine in Britain. Omega. 2007;56(1):77-88.)

Who integrates?

- Model of palliative care provided and integrated by hospices/palliative care specialists will expand, consume all resources, and cover primary care
- Primary care providers are better equipped for the role of integrators of the care
- Integration have to be community based, especially in the preventive interventions and palliative care

Is it viable?

- It is inescapable
- Before it may be implemented in Russia, this country should go through recognition of
 - Human rights, including property rights and right to decide on his/her body

Is it viable?

- The instruments of the modern medicine including DNR and HTA should be available and appropriated by the society
- Any way, the modern medicine may not exist without all that, even if the proposed model is not accepted.

