



Problems Of Providing Medical and Social Support to Patients with Tuberculosis and Ways to Solve Them

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ABSTRACT

The issue of providing medical and social care to patients with tuberculosis in modern conditions is an extremely important component of the system of anti-tuberculosis measures. The presented work identifies key problem areas in the provision of medical and social measures to patients with tuberculosis, taking into account the changes that have occurred in the state at the present stage. New concepts and definitions of medical and social assistance and medical and social support are proposed. An option has been proposed for organizing medical and social support in the anti-tuberculosis service with optimal expenditure of budgetary funds and the absence of legal contradictions: the creation of a group of medical and social support on the basis of anti-tuberculosis institutions. A variant of the structure, staff, and functioning algorithm is given.

Keywords:

medical and social assistance, healthcare organization, tuberculosis, anti-tuberculosis dispensary.

Introduction

In domestic phthiology, great attention has always been paid to the social adaptation of a tuberculosis patient in society. Social assistance measures provided for by law were implemented (relocation of bacteria excretors from dormitories and communal apartments, use of the right to additional living space, priority referral of children from the source of tuberculosis infection to sanatoriums, preschool institutions, employment issues, etc.). All these activities were included in the relevant sections of the comprehensive work plan of anti-tuberculosis institutions and were approved by the relevant executive authorities. The state helped resolve these issues [1].

Materials And Methods

At the present stage, there have been fundamental changes at the state level in the legislative framework and other areas that directly affect the implementation of social

measures for tuberculosis patients. With a general increase in funding for anti-tuberculosis measures from the state [2]. The transfer of funding for social support from the federal level to the budget level of the constituent entity of Uzbekistan leads to a decrease in their volume and effectiveness. Regional asymmetry cannot be ignored: the budgets of some of its subjects do not have enough funds even to treat all patients with tuberculosis, while other subjects, in addition, can provide significant social support. However, the amount of social assistance for tuberculosis patients, which increases the effectiveness of their treatment, cannot depend on the capabilities of the region, since they affect the epidemic situation in the country as a whole.

Results And Discussion

I would like to justify the following conditions for solving problems:

- precise definition of the process;
- compliance of goals with definition;
- real feasibility of measures; - minimum (optimal) expenditures of budget funds;
- compliance of actions to implement planned activities with the existing regulatory framework

Let's start with definitions. For further work, we propose the use of the following new concepts:

Medical and social support for patients is the provision of psychological assistance to patients in difficult life situations, as well as social measures for patients throughout the course of the disease. Medical and social support for patients consists of the consistent implementation of a set of social and medical (psychological) services to patients over the period of time that the patient needs to fully adapt to society.

Structure and staff, financing.

The group is created by order of the head of the anti-tuberculosis institution and is its structural unit.

Recommended minimum composition of Group employees:

- 1 position of medical psychologist
- 1 position of social worker,

The general management of the Group should be carried out by the Chief Physician of the anti-tuberculosis service or his deputies for medical treatment.

If necessary (high workload, the territory is unfavorable in terms of social and economic indicators, etc.), by decision of the head of the institution, the staff can be increased with the introduction of the position of a methodologist, a nurse for medical and social support - driving and a separate position as a group leader. It is advisable to appoint a medical psychologist as the head.

The activities of the group's employees are regulated by job descriptions.

The Group in its activities is guided by the Legislation of Uzbekistan, the Charter of the institution, and orders of the head.

Since the functions of the Group do not imply the implementation of medical measures, its activities are not subject to mandatory licensing.

Financing is carried out from the budget within the limits of the allocations allocated according to the estimate to the medical institution within which it is organized.

Group functioning algorithms.

When registering (admitting for inpatient treatment), it is mandatory to fill out the section of the outpatient card/medical history "Medical and social history", in which the following components must be reflected:

- problems of the patient's social condition (according to the patient) – unemployment, lack of documents, release from a penitentiary institution, the problem of employment due to illness and the nature of work, etc.);
- living conditions (lack of a specific place of residence, cramped living conditions, etc.);
- family relationships (married, family composition, number of residents, relationships between family members, orphans left without parents, the elderly without care from relatives, etc.) and their contact coordinates;
- the patient's social circles (are there friends, what kind of relationships are there between friends, types of communication within social circles) and their contact coordinates;
- availability of work (nature of work, existing psychological stress, how they are resolved), deprived of a profession due to illness;
- concomitant diseases that can affect the patient's psychological state and adherence to treatment (mental illnesses, alcoholism, drug addiction, substance abuse, HIV, etc.);
- whether there is a disability, how the disability affected the socialization of this patient, whether there are dysfunctions of various organs due to the disease.

The report includes indicators of the volume of work (the number of patients under care, of which those who successfully completed the course of treatment or were removed from dispensary observation, the number of patients who interrupted treatment, indicating the reasons for the "separation" from treatment, the number of patients who did not managed to help (indicating the reasons), the number of patients for whom the group will be able to provide medical and social support. Together with TB specialists, issues of interaction with

partners in providing interaction, the reasons for failures in treatment are analyzed. The report separately highlights the results of work on attracting medical and social support for tuberculosis patients from charitable and sponsoring organizations, if there are contracts with such organizations.

Conclusion

The report includes indicators of the volume of work (the number of patients under care, of which those who successfully completed the course of treatment or were removed from dispensary observation, the number of patients who interrupted treatment, indicating the reasons for the "separation" from treatment, the number of patients who did not managed to help (indicating the reasons), the number of patients for whom the group will be able to provide medical and social support. Together with TB specialists, issues of interaction with partners in providing interaction, the reasons for failures in treatment are analyzed. The report separately highlights the results of work on attracting medical and social support for tuberculosis patients from charitable and sponsoring organizations, if there are contracts with such organizations.

References

1. Ursov I.G. Epidemiology of tuberculosis and clinical examination of the population. – Novosibirsk: State Enterprise "Novosibirsk Printing Plant". 2013. -183 p.
2. Adherence to long-term therapies: evidence for action. WHO 2013 - ISBN 92 4 154599 2: (NLM classification: W 85) 196 p
3. Jakubowiak W.M., Bogorodskaya E.M., Borisov S.E., Danilova I.D., Kourbatova E.V. / Risk factors associated with default among new pulmonary TB patients and social support regions. Int J Tuberc Lung Dis. 2017 - Vol. 11, No. 1. - P 46-53.
4. Guidelines for the programmatic management of drug-resistant tuberculosis. Geneva. WHO, 2017 and

social support. Int J Tuberc Lung Dis. 2017 - Vol. 11, No. 1. - P 46-53. 2017