

REVIEW ARTICLE

ORGANIZATION AND LEGISLATIVE REGULATION OF REHABILITATION ASSISTANCE TO PARTICIPANTS OF JOINT FORCE OPERATIONS

DOI: 10.36740/WLek202006138

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ABSTRACT

The aim of our study was to investigate the mechanisms of rehabilitation, primarily medical, of participants in the armed conflict in the eastern regions of Ukraine (anti-terrorist operation/Joint Forces operation).

Materials and methods: Standard statistical methods were used to accomplish these tasks – bibliosemantic and content analysis methods. So, as can be seen from the conducted research, in Ukraine there is a legal regulation of the process of providing rehabilitation assistance (social, psychological, medical) for the participants of armed conflict in the eastern regions of Ukraine (ATO / JFO).

Review: It should be noted separately that the organizational mechanisms for the provision of rehabilitation are constantly improving: introduction of the International Classification of Functioning, Restrictions of Life and Health and the International Classification of Functioning, Restrictions of Life and Health of Children and Adolescents in Ukraine introduced the qualification characteristics of rehabilitation specialists and rehabilitation specialists, physical therapist, ergotherapist, physical therapist assistant, ergotherapist assistant.

Conclusions: It was also determined that despite the constant improvement of the organizational and regulatory frameworks for the provision of rehabilitation, there is a problem of the lack of unified protocols for the provision of medical rehabilitation – there is only a protocol of measures for post-traumatic stress disorder. Available and applicable the “road map” of providing of medical assistance, reparative treatment and rehabilitation measures in health care facilities for ATO participants.

KEY WORDS: medical rehabilitation, anti-terrorist operation, Joint Force operation, organization or rehabilitation

Wiad Lek. 2020;73(6):1272-1278

INTRODUCTION

The current situation in the eastern regions of Ukraine constantly requires from our state resources – both material and human. An increasing number of Ukrainians are forced to take up arms in order to protect their homeland and promote a peaceful situation [1, 2]. Despite all measures taken by the government of the country and the world community (Minsk negotiations, sanctions and restrictions on the aggressor and other measures), the armed conflict continues and constantly leads to human casualties among Ukrainian civilians and military men [3]. It should be noted that in addition to irreversible human losses, there is a large amount of financial, social and psychological damage to military personnel who take part in the defense of the state [4, 5]. The problem of restoration and preservation of health, as well as of working capacity of the persons who have faced military actions in Ukraine is very urgent today [6, 7, 8, 9].

The basic concepts of rehabilitation, developed by WHO experts, focus on a system of measures aimed at the quickest and most complete restoration of a patient's physical, psychological and social status in order to actively integrate the patient into society with a view to achieving possible social and economic independence for him. In the conditions of constant increase of the number of participants of

hostilities, conducting a complex of measures for rehabilitation treatment and further social integration of veterans of the anti-terrorist operation in the society is one of the priority directions of the social policy of the state [10, 11].

THE AIM

The aim of our study was to investigate the mechanisms of rehabilitation, primarily medical, of participants in the armed conflict in the eastern regions of Ukraine (anti-terrorist operation/Joint Forces operation).

MATERIALS AND METHODS

Standard statistical methods were used to accomplish these tasks – bibliosemantic and content analysis methods.

REVIEW AND DISCUSSION

The issue of obtaining the status of a participant in the anti-terrorist operation. It is the responsibility of the state and the government to provide of social protection of the members of the anti-terrorist operation (Joint Forces operation(JFO)) and they do it [12, 13].

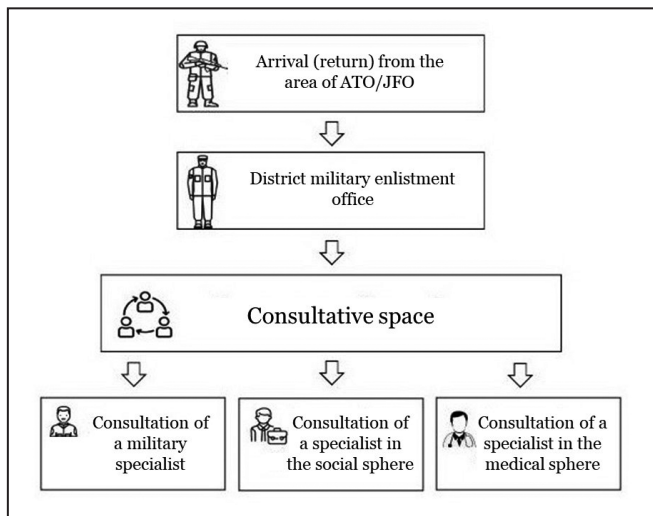


Fig. 1. Scheme of determining the need of the ATO/JFO participant in the rehabilitation program.

According to 6th Article of the Law of Ukraine “On the Status of War Veterans, Guarantees of their Social Protection” [14], military personnel (reservists, conscripts) and workers of military formations of Ukraine, who defended the independence, sovereignty and territorial integrity of Ukraine and participated directly in anti-terrorist operation (ATO), ensuring its carrying out, being directly in areas of carrying out the ATO, and also employees of the enterprises, establishments and the organizations which were involved and participated directly in ATO in areas of its implementation.

Procedure for granting and denying the status of a participant of hostilities to persons who defended the independence, sovereignty and territorial integrity of Ukraine and participated directly in the anti-terrorist operation, ensuring its realization or in the implementation of national security and defense measures, repulsion and restraint of armed aggression of the Russian Federation in Donetsk and Lugansk regions, ensuring their implementation was

approved by the Cabinet of Ministers of Ukraine of August 20, 2014 № 413. The legislative changes from February 19, 2020 to this Resolution were introduced the procedure for obtaining of this status by volunteers who participated directly in the ATO/JFO. [15, 16].

Rehabilitation and readaptation of participants of ATO/JFO. The Decree of the Cabinet of Ministers of Ukraine of December 5, 2018 №1021 approved the State target program for medical, physical rehabilitation and psychosocial re-adaptation of the victims of the Revolution of Dignity, participants of the anti-terrorist operation and persons who participated in the implementation of national security and defense measures, curbing the armed aggression of the Russian Federation in Donetsk and Luhansk regions, ensuring their implementation, for the period up to 2023 [17].

Complex rehabilitation of disabled military personnel and combatants (ATO/JFO participants) provides for statutory guarantees and aspects of rehabilitation and adaptation, including: medical rehabilitation; prosthetics and orthotics, provision of technical means of rehabilitation; psychological rehabilitation; social rehabilitation; vocational rehabilitation [14, 18, 19].

A generic algorithm for determining need and providing rehabilitation assistance is presented in Figure 1.

After counseling, the individual needs of each demobilized soldier are determined, and a plan and a clear program of rehabilitation activities are developed accordingly.

At the level of a military specialist, the task is to identify military personnel who have a morbid mental reaction and refer them to health care facilities. Particular attention is paid to the diagnosis of acute reactions to stress, the detection of signs of physical and mental fatigue, severe asthenisation, mental maladaptation and the like. It is obligatory to carry out specialized individual psychological counseling on problems of alcohol and drug abuse, asocial behavior, problems in acute psychological crises, etc [20].

Speaking about social problems, it is established that different types of trainings – specialized, professional, communicative, social and psychological, etc. are very effective

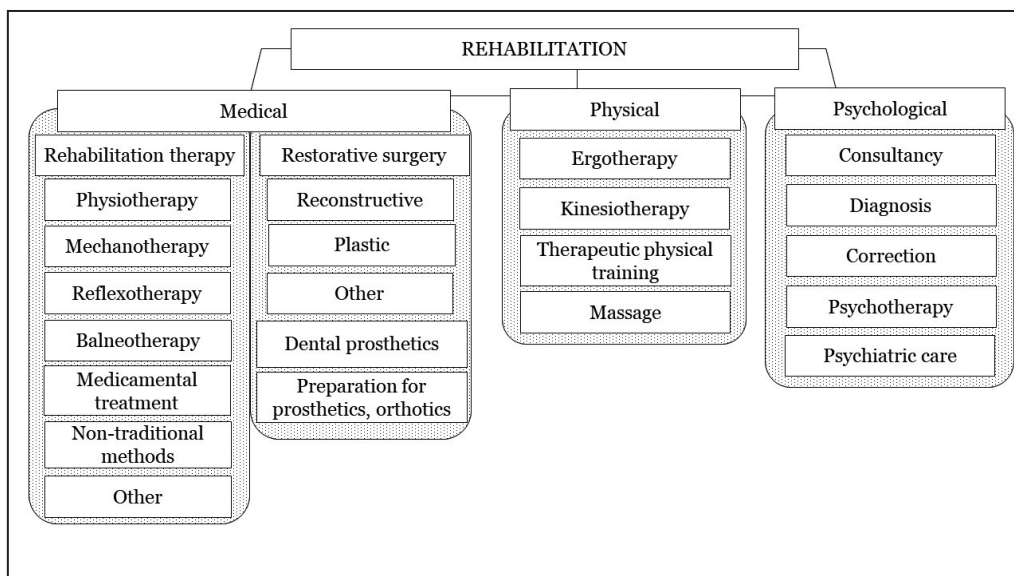


Fig. 2. The types of medical rehabilitation.

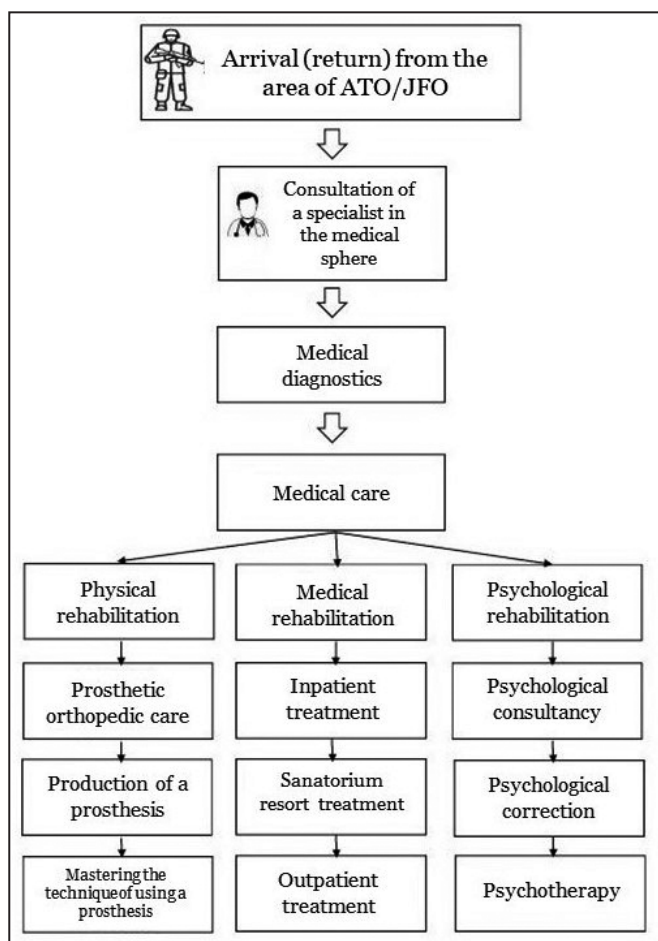


Fig. 3. The scheme of choice of the rehabilitation program.

in the development of the rehabilitation complex. When conducting such activities, social services professionals should pay attention to the creation of a clear algorithm for structural elements, focusing on adaptive issues with emphasis on specific features, principles and rules, a set of methods and techniques. Family therapy, which provides individual and family counseling as well as group psychotherapy separately with military personnel and separately with their family members, aimed at correction of interpersonal relationships in family and family relations, is very important and valuable for effective rehabilitation of the participants of the fighting [21, 22].

Events in the area of anti-terrorist operation have a strong impact on the mental and, often, physical health of its participants. Analyzing the causes that lead to the loss of health and the need for rehabilitation measures, we can say that the main part consists of various post-traumatic conditions and disorders: traumas, injuries, as well as psychological disorders (post-traumatic stress disorder, psychological disorders, etc.). It should also be noted that in addition to post-traumatic health loss, often persistent health loss (disability) is caused by various infectious and parasitic diseases, as well as by various conditions of the therapeutic profile: pathology of blood and hematopoietic organs, endocrine disorders, diseases of the nervous system, the eye and its appendix, the ear and the mastoid

process, the circulatory system, the respiratory system, the digestive system, the genitourinary system [24].

Based on the above, it should be noted that along with sociological and psychological rehabilitation special attention should be paid to the organization of medical rehabilitation. Medical rehabilitation is a system of curative measures aimed at restoring impaired or lost functions of the body of the person, to identify and activate the compensatory capacity of the body in order to provide conditions for the person to return to normal life, to prevent complications and relapses of the disease.

The importance of medical rehabilitation for armed conflict participants was underlined by Presidential Decree No.150 of March 18, 2015, which required that steps be taken to introduce a mandatory medical examination of the health status of demobilized anti-terrorist operation participants [25]. The Cabinet of Ministers issued the Order “On Approval of the Plan of Measures for Medical, Psychological, Professional Rehabilitation and Social Adaptation of the Participants of the Anti-Terrorist Operation” No. 359-r dated 31.03.15, which provides for mandatory medical examination of military personnel after participating in the ATO [26]. According to Article 35-5 of the legislation of Ukraine on health it is determined that medical rehabilitation assistance is provided only after recognition of a person with a disability in accordance with the established legislation and is carried out according to medical indications in a certain order and ensures the formation of state health policy [27].

To improve the mechanism of medical rehabilitation and increase its efficiency in Ukraine, a plan of measures for implementation of the International Classification of Functioning was developed and implemented, as well as the qualification characteristics of most specialists of rehabilitation: physician of physical and rehabilitation medicine, physical therapist, ergotherapist, assistant therapist. The Ministry of Health of Ukraine has drafted the Concept of Reform of the Medical and Social Expertise, which is changing the approach to disability – medical rehabilitation services should start from the moment of a health problem, and not only after establishing the disability status. This approach should increase the level of recovery of body functions to the maximum possible level of recovery. Medical rehabilitation is included in the program of medical guarantees in accordance with the Law of Ukraine on “On State Financial Guarantees of Public Health Services” [19].

It should be noted that medical rehabilitation is a heterogeneous concept and has different directions and approaches in its structure (Fig. 2).

The process of medical rehabilitation involves the formation of multidisciplinary rehabilitation teams that, working mainly within the framework of evidence-based rehabilitation, will focus not only on the treatment and elimination of the disease by all possible traditional medical methods, but also on the elimination of activity limitations due to that disease or injury.

Generally, a medical rehabilitation scheme for demobilized soldiers returning from the ATO/JFO Area involves

conducting a comprehensive medical examination, followed by the establishment of a diagnosis, followed by the provision of appropriate medical care, the results of which determined the rehabilitation mechanisms (Fig.3).

The following rehabilitation periods are identified in the planning of rehabilitation activities:

- stabilization period – focused on stopping the progression of the damaging agents and stopping the deterioration of body functions;
- mobilization period – efforts focus on restoring the functional state of the organism or on empowerment in the altered state of damage;
- supporting period – consolidation of the results achieved in the previous stages and prevention of their reverse development.

The leading methods of medical rehabilitation are rehabilitation therapy and surgery with subsequent (if it necessary) prosthetics. Restorative therapy is carried out, first of all, with the help of standard medicament treatment.

In carrying out of medical rehabilitation, the following tasks are put to specialists:

- restoration of health status;
- elimination of pathological process;
- prevention of complications and recurrences;
- restoration or, if impossible, partial or full compensation of lost functions;
- adaptation to household and professional production loads;
- prevention of permanent disability (early onset) or worsening of the already established degree of disability. [28]

Specialists in medical rehabilitation: physicians, physical therapists, ergotherapists, traumatologists, neuropathologists, surgeons or other specialists (depending on the nature of the diseases of the persons to be rehabilitated), nurses [29].

In medical rehabilitation various and unequal means are used in different stages. The complex of rehabilitation therapy includes various medical treatment, various types of hardware physiotherapy, hydrotherapy, climatotherapy, physical therapy, mechanotherapy, therapeutic massage, ergo and kinesitherapy, psychotherapy and psychological correction, diet therapy, non-traditional therapy, diet therapy, phytotherapy, etc.), speech correction, occupational therapy, rehabilitation mode [30].

Medical rehabilitation usually begins with active treatment, which is dominated by pathogenetic drug therapy or surgical treatment aimed at eliminating or reducing the activity of the pathological process.

Standard drug treatment is gradually being replaced by supportive pharmacotherapy and various non-drug therapies. The role of non-drug rehabilitation is gradually increasing in the next stages of rehabilitation and is intended to accelerate recovery, achieve long-term remission, restore disability, prevent disability and return the patient to society (Fig. 4).

Medical rehabilitation can be carried out according to the appropriate rehabilitation programs (Fig. 4) according

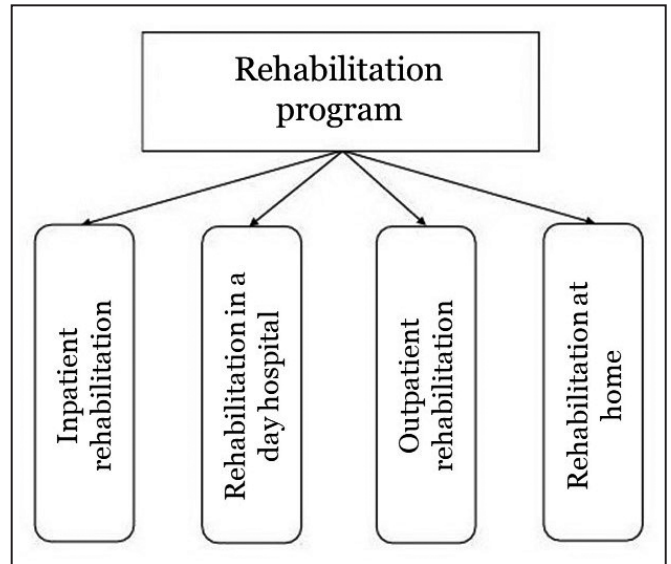


Fig. 4. Types of medical rehabilitation programs.

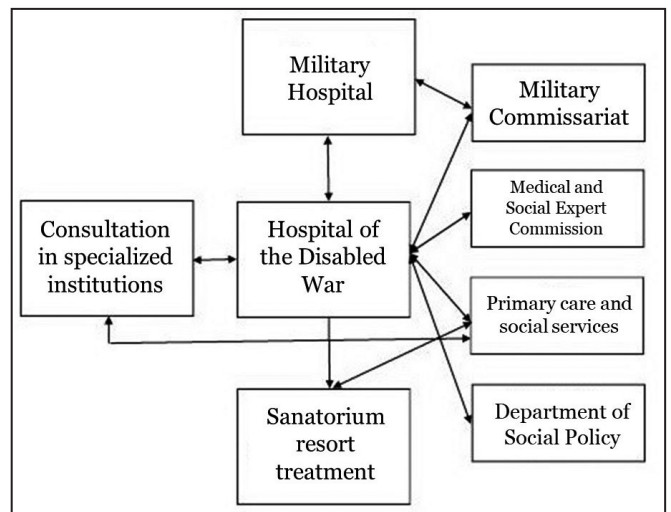


Fig. 5. Scheme ("road map") of providing of medical assistance, reparative treatment and rehabilitation measures in health care facilities for ATO participants, incl. demobilized.

to which treatment regimen is selected. The most common non-medication remedies are adherence to the appropriate regimen. Guard mode, which involves depriving the patient of excessive mental and physical activity. In hospitals when undergoing treatment use: bed mode (severe and extended bed), semi-bed (within the ward) and free (general) regimens. In sanatoriums and during outpatient clinic treatment, patients are prescribed sparing, sparingly-training, training, and more recently – intensively training regimes.

Protocols on standardization of medical care for post-traumatic stress disorder (PTSD), approved by the Order of the Ministry of Health "On approval and implementation of medical and technological documents for standardization of medical care for post-traumatic stress disorder" No. 121 of 23.02.16, which is the only document that is approved servicemen. However, the protocols regulate the highly specialized issue of PTSD and the provision of assistance to

military personnel in institutions subordinate to the Ministry of Health. The procedure for providing assistance with other diseases and disorders that may befall a person who has gone through combat has not yet been established by law [31].

Departments of health care of regional administrations have developed and implemented a “road map” of medical rehabilitation of servicemen, employees of the Armed Forces of Ukraine, National Guard, and other law enforcement agencies that participated in the anti-terrorist operation (Fig. 5).

Based on this “roadmap” and based on medical history, analysis and instrumental findings, a doctor may recommend medical, physical or psychological rehabilitation at a regional hospital or hospital in subordinate of the Ministry of Armed Forces of Ukraine (there are 30 such institutions in Ukraine). The decree of the Ministry of Defense of Ukraine No. 703 of 09.12.2015 approved the lists of medical indications and contraindications to sanatorium treatment and medical rehabilitation in the health resorts of the Armed Forces of Ukraine.

CONCLUSIONS

So, as can be seen from the conducted research, in Ukraine there is a legal regulation of the process of providing rehabilitation assistance (social, psychological, medical) for the participants of armed conflict in the eastern regions of Ukraine (ATO / JFO). It should be noted separately that the organizational mechanisms for the provision of rehabilitation are constantly improving: introduction of the International Classification of Functioning, Restrictions of Life and Health and the International Classification of Functioning, Restrictions of Life and Health of Children and Adolescents in Ukraine introduced the qualification characteristics of rehabilitation specialists and rehabilitation specialists, physical therapist, ergotherapist, physical therapist assistant, ergotherapist assistant.

It was also determined that despite the constant improvement of the organizational and regulatory frameworks for the provision of rehabilitation, there is a problem of the lack of unified protocols for the provision of medical rehabilitation – there is only a protocol of measures for post-traumatic stress disorder.

Available and applicable the “road map” of providing of medical assistance, reparative treatment and rehabilitation measures in health care facilities for ATO participants.

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The work is a fragment of SRR “Medical and social rationale for optimizing approaches to managing and organizing various types of medical care for adults and children in the period of reforming the health care industry” (№ St. Registered 0119U102926 term of performance 2018-2022 year).

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Conflict of interest:

The Authors declare no conflict of interest.

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Received: 04.03.2020

Accepted: 07.05.2020