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**EMERGENCY PRIMARY MEDICAL CARE
OF A FAMILY DOCTOR**

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Introduction. Primary health care is the starting point of contact between the patient and the health system, which gives people access to the information and resources they need to achieve optimal health outcomes.

Primary care professionals typically work with many different patients and have extensive knowledge of the various physical, psychological and social illnesses that can affect their patients.

A family doctor must provide emergency care for various life-threatening conditions: cardiac arrest, respiratory arrest, broncho-obstructive syndrome, hypertensive crisis, pain.

The aim. The main goal is to show the importance of primary health care, which is to improve the health of the population by providing easy access to medical care. It also focuses on the person as a whole rather than on the disease of a particular organ, system, or disease. It aims to improve their health and well-being by preventing or addressing any health problems that may or may be present.

Materials and methods. Analysis and synthesis of literary sources and Internet data on the implementation of emergency medical assistance, systematic analysis and generalization.

Review and discussion. From now on, the provision of primary medical care will be based on building trust between the doctor and the patient. The new approach to the functioning of primary care institutions aims to:

to minimize time spent on receiving medical assistance;

increase the safety of medical care and minimize possible harm to the patient's health;

to implement the principles of evidence-based medicine and advanced achievements of world medical science;

to make the provision of primary medical care as cost-effective as possible, to minimize inefficient spending of funds.

In addition, patients have the right to equal medical care, regardless of their race, gender, age, sexual orientation, religious beliefs, material wealth and other factors. The individual needs of each patient will also be taken into account.

According to the World Health Organization (WHO), primary health care practitioners perform several key roles in achieving this goal. This includes:

- Ensuring greater health care coverage
- Prevention of social inequalities in the healthcare sector
- Organization of health services to meet health needs
- Help to make health and healthcare part of public policy in all areas
- Help educate leaders on effective health care
- Increasing the level of participation of all those who have an interest in health, whether they are patients, physicians, public health workers or employees of allied health services.

«The social conditions in which people live greatly affect their chances of being healthy. Indeed, factors such as poverty, social exclusion and discrimination, poor housing conditions, unhealthy conditions in early childhood, and low occupational status are important determinants of most diseases, deaths, and health inequalities across countries, and within the same country» [1].

Even in high- and middle-income countries in the WHO European Region, the ability to survive and be healthy is still closely linked to the socioeconomic status of individuals and families. These opportunities are reflected in large and even increasing health inequalities across Europe.

These health inequalities are unfair and preventable because they are generated by unhealthy public policies and lifestyles influenced by structural factors [2].

It is contrary to the basic human rights principle that "the enjoyment of the highest attainable standard of physical and mental health is the right of every human being" [3].

Therefore, upward alignment of the health status of the most disadvantaged socioeconomic groups to that of the more privileged populations should be the main focus of health policy at the international, national and local levels.

An increasing number of countries and international organizations have recognized the importance of closing health gaps.

Improving the health of the population as a whole, and especially of low-income groups, in the countries of Central and Eastern Europe (CCEE) and the Commonwealth of Independent States (CIS) is an urgent and even more important task. Typical trends in the health status of the population as a whole in almost all of these countries are stagnation and deterioration, accompanied by increasing social inequities in health.

International organizations such as WHO also undertake and support efforts to reduce social inequalities in health. Examples of recent WHO activities include the Office of the Commission on Social Determinants of Health [1], the contribution to the development of the Bangkok Charter for Health in a Globalized World [1] and the opening of the new WHO European Office in Venice for Investment in Health. I and development. In fact, one of the core ethical principles in WHO's Health for the 21st Century: Policy Framework for Health for All in the WHO European Region is "health equity and solidarity in action" [4,5]. Achieving equity in health is also proclaimed as a core principle in 34 of the 40 strategies for achieving health for all developed in different countries of the WHO European Region [5], as well as in the Bangkok Charter for Health Promotion in globalized world.

However, a very small number of countries have developed specific strategies to integrate health care policies aimed at overcoming inequalities into economic and social policies.

The perspective of achieving equity is also missing in many special programs focused on different determinants of health, even in those countries that claim that reducing social inequalities in health is a task that is not taken into account in all strategies and programs related to health care. It is striking how low the priority of this problem is, considering that people consider health to be one of the most important indicators of well-being.

Although there are significant differences between countries in the extent and causes of social inequalities in health, there is no strategic plan to close these health gaps. Opportunities (and obstacles) for policies to address health inequalities may also vary due to a number of factors, such as political ideologies, institutional frameworks and the power of different global and national interest groups. Thus, the possible political actions presented should be evaluated and refined for each country, taking into account its specificities. However, when assessing and developing country-specific strategies to reduce social inequalities in health, the general analytical approach of the report should be applied in most countries of the European Region [6].

Primary care practitioners are responsible for the ongoing health of their patients by preventing, diagnosing and treating common health conditions. An important aspect of their work is referral to specialists as needed.

They are also in a unique position to understand and study the natural history of the disease, the family environment in which the patient is, and the treatment and follow-up of chronic or relapsing diseases.

When properly implemented, primary health care is very beneficial for the health of patients and also reduces the financial burden on the public health system. This is partly due to fewer hospitalizations and less need for secondary and tertiary care.

Other benefits of primary health care include:

- Expanded access to medical services
- Improving the quality of medical care
- Focus on preventive health

- Early intervention to prevent the development of diseases
- Improving relations with patients
- Reducing the need for specialized assistance
- Economic benefit in the form of several related jobs

However, there are also several barriers to benefiting from primary health care. The shortage of primary care physicians is a serious problem, and the demand for new medical practitioners is currently growing at a faster rate than supply. In addition, the quality of care varies across practitioners, regions, and countries.

Out-of-hours care is typically available in less than half of primary health care centers.

There are different types of primary health care providers who are responsible for ongoing patient care. Each of these can act as a patient's entry point into the healthcare system for advice or referral.

- Attending doctor
- Nurse Practitioner
- Family practice doctor
- Doctor of Internal Medicine
- Gynecologist
- Obstetrician
- Geriatrician
- Pediatrician

Each of these practitioners usually has a specific group of patients they are most suited to. They have a deeper knowledge of the health conditions that typically affect these patients.

The primary care physician or general practitioner is the most common type of primary care provider and has the most general knowledge of patients' diseases as well as the widest variability in their patients.

It is important to note that physicians outside primary health care do not offer the same level of comprehensive and ongoing care as they do in specific medical specialties. Non-physician primary care providers offer some first contact

services such as dietary and lifestyle changes for diabetics and patients with cardiovascular disease.

However, they function best as part of a primary health care team.

Having trust between the primary care physician and the patient is essential to maintaining a strong relationship and maximizing the benefits of primary health care. Because the primary care physician is the population's entry point into the healthcare system, patients should feel comfortable discussing any signs or symptoms they may be experiencing.

They should be able to speak freely about the complications and side effects of any treatment they are taking. They should also be prepared to accept advice and guidance from their medical practitioner accordingly.

It should be noted that every medical practitioner has a unique way of interacting with patients, so people may need to go to several doctors before finding one they feel comfortable and comfortable working with to improve their health and well-being.

Maintaining a proper level of a person's physical and mental working capacity requires compliance with certain conditions, including a rational regime of the day, a sufficient level of physical activity and rest, active participation in mental activity, abandonment of bad habits and more [7, 8, 9, 10].

Conclusions

If the organization of effective provision of emergency medical care will increase the number of saved lives, therefore, it is necessary to develop emergency medical care programs, conduct a wide information campaign, which is now being done in European countries.

Studying the conditions that allow maintaining physical and mental performance and the effectiveness of professional activity, scientists focus on the appropriate combination of rational nutrition, physical exercise and mental work.

Keywords: urgent, primary, aid, family doctor, primary care

References.

1. World Health Organization. The World health report: 2004: Changing history. World Health Organization. 2004.
2. Whitehead, M. and Dahlgren, G. (2007) Concepts and principles for tackling social inequities in health: Leveling up part 1. Studies on social and economic determinants of population health, No 2. WHO Regional Office for Europe, Copenhagen. <http://www.euro.who.int/document/e89383.pdf>
3. Kalin et al. The role of the central nucleus of the amygdala in mediating fear and anxiety in the primate. 2004.
4. WHO Regional Office for Europe, 1999.
5. WHO Regional Office for Europe, 2005.
6. World Health Organization Regional Office for Europe, Margaret Whitehead Göran Dahlgren, Copenhagen, Denmark, 2007. 143.
7. Musita ZA, Muthondeki DK. Assessment of the effectiveness of guidance and counselling establishment programme on administration police officers' self efficacy in Nairobi County, Kenya. Europ J Human Social Scienc. 2021;1(4):102-110.
8. Lentz L., Voaklander D., Gross D.P. et al. A description of musculoskeletal injuries in a Canadian police service. Int J Occup Med Environ Health. 2020; 33(1): 59-66.
9. Bondarenko V, Okhrimenko I, Medvediev V et al. Effectiveness of means of restoring the working capacity of employees of the security and defense sector in the conditions of rehabilitation after injury. Acta Balneol. 2022;1(167): 39- 43.
10. Blynova O, Kisil Z, Tkach T et al. Psychological manifestations of professional marginality of future social welfare professionals. Rev Inclus. 2020;7:218-233.

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