

## Ukraine

*Ukraine has a landed area of 603,700 sq km and is bordered by Belarus, Hungary, Moldova, Poland, Romania, Russia and Slovakia. Its estimated population in July 2001 was 48,760,474. After Russia, the Ukrainian republic was far and away the most important economic component of the*

*former Soviet Union, producing about four times the output of the next-ranking republic. Output in 1992-99 fell to less than 40% of the 1991 level. Inflation rose to hyperinflationary levels in late 1993. Outside institutions - particularly the IMF - have encouraged Ukraine to quicken the pace and scope of reforms. GDP per capita in 2000 was estimated at \$3,850.*

*The country's ethnic groups comprise: Ukrainian (73%), Russian (22%), Jewish (1%), other (4%). Religious groups include: Ukrainian Orthodox - Moscow Patriarchate; Ukrainian Orthodox - Kiev Patriarchate; Ukrainian Autocephalous Orthodox, Ukrainian Catholic (Uniate); Protestant; and Jewish<sup>1</sup>. The official language is Ukrainian.*



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<sup>1</sup> Eradicate Conflict by Building Cultural Awareness, website - <http://www.countryreports.org/content/ukraine.htm> passim.

## 1 Palliative care service provision

### 1.1 Current services (last updated: May 2002)

The following palliative care services are known to exist in Ukraine:

		<i>Existing services (2002)</i>
<b>Adult</b>	Inpatient - Freestanding	2
	- Hospital unit	2
	- Hospital mobile team	0
	Nursing home	0
	Home care	1
	Day care	0
	<b>Total</b>	<b>5</b>
<b>Paediatric</b>	Inpatient	1
	Home care	1
	Day care	0
	Unspecified	0
	<b>Total</b>	<b>2</b>
<b>Grand total</b>		<b>7</b>

### Current projects (last updated: May 2002)

The following palliative care projects are known to exist in ; these are not yet operational services

		<i>Known hospice/ palliative care projects (2002)</i>
<b>Adult</b>	Inpatient - Hospital	0
	- Hospice	0
	Home care	0
	Unspecified	2
	<b>Total</b>	<b>2</b>
<b>Paediatric</b>	Hospital	0
	Hospice	0
	Home care	0
	Unspecified	0
	<b>Total</b>	<b>0</b>
<b>Grand total</b>		<b>2</b>

Zubov and Mykhalsyy<sup>2</sup> have described in detail the provision of hospice and palliative services in the Ukraine in the spring of 2000. This can be summarised as follows:

*L'viv*: 30 bedded hospice run by a city church with doctors, nurses and a psychologist. Attempts to develop home care are underway. Among the 200 patients per year, mortality is 80%; the mean length of stay is 8-10 days in the days before death. A family doctor working there comments:

‘I am working at the Hospice hospital (30 beds). This is the first hospice in Ukraine. It is owned by the Lviv City Department of Health Care. Our patients (adults only) are oncological (70%) and somatic (30%) with pain syndrome (eg after cerebral stroke). Many of them have no relatives. [The] main indication for hospitalisation is the terminal stage (IV) of disease with the pain syndrome. Acute stage is [the] main contraindication. All our doctors are physicians of general practice. We often lack doctors [or]consultants able to perform some surgical manipulations. As a rule our nurses don't want to work here for a long time, so we often must recruit the new ones just graduated from the nurse school and teach them ... as we are the first Hospice in Ukraine, many doctors who want to organize the same hospitals in other regions of our country come to me and I share my documentation and experience with them<sup>3</sup>.

*Kiev*: 30 palliative care beds caring for 80 patients per year within a 65 bed hospital therapeutic unit, covering 5 districts. Staff include physicians (1 trained in Krakow and Uljanovsk) and volunteers from the evangelical church.

St Barbara Hospice for Children, founded as an NGO in Kiev in 1999, with the support of the Ukrainian Orthodox Church, providing inpatient facilities and home care.

*Donestk*: at the Donetsk Regional Oncological Centre, there is a nursing team for patients with advanced disease and a volunteer home care team, begun in 1999. This has now become a hospice service with doctors, nurses, a manager and volunteers<sup>4</sup>. It is also the base for the first Ukrainian Palliative Care Teaching Center, at the Donetsk State Medical University, which has been developed as part of a project with the

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<sup>2</sup> A Zubov and V Mykhalsky 'Palliative care in Ukraine – organisational aspects'. Unpublished paper, nd, probably May 2000.

<sup>3</sup> Questionnaire data (EAPC East)

<sup>4</sup> Questionnaire data (EAPC East) [2].

British-Russian Hospice Society, begun in 2000 (an application to OSI was unsuccessful). A number of seminars and courses have now been organised.

*Belogorod-Dnestrovsky*: in the Odessa region, a home care team run by the evangelical church with medical assistants/nurses serving 20-25 patients.

*Irano-Frankirsk*: in-patient hospice, supported by the Board of Health, with 25 beds, with 2 physicians, 13 medical nurses and 12 junior medical nurses. ‘Our hospice is a budget institution to provide assistance to incurable oncologically diseased patients and other patients at their terminal stages, whose disease progression is defined as apocalyptic, based on clinic and diagnostic methods.’<sup>5</sup>

In addition there are hospice projects in Dzerzhinsk (Donetsk region), Kherson and some other cities.

### *1.2 Reimbursement and funding for services*

No information currently available.

### *1.3 Opioid availability and consumption*

‘The main drugs for cancer pain control in Ukraine [are] – injection forms of morphine, omnopon, fentanyl, promedol, dipidolor, buprenorfin, tramal. Injection forms of opioids are available free of charge to patients and there is no strict restriction for their prescribing’<sup>6</sup>. However, codeine and trans-dermal fentanyl are not available. All opioid prescriptions require the ‘round’ stamp of the oncological dispensary<sup>7</sup>.

One oncologist wrote:

‘The primary care physician prescribes injectable narcotics with the approval of the chief of the physician’s department, oncologist/surgeon, chief of the polyclinic, head of the commission on narcotics administration and the vice-chief doctor of the

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<sup>5</sup> Questionnaire data (EAPC East)

<sup>6</sup> A Zubov and V Mykhalsky ‘Palliative care in Ukraine – organisational aspects’. Unpublished paper, nd, probably May 2000.

<sup>7</sup> Questionnaire data (EAPC East)

hospital, assured with the official stamp. Narcotics are issued to the senior nurse of the polyclinic. She issues narcotics to the sub-district nurse according to the daily demand signed by the physician (in 2 copies), and this nurse performs injections at home during the day. Returning of empty vials is mandatory'<sup>8</sup>.

A family doctor working in a hospice stated:

'In order to receive narcotics from the drugstore I must every day submit the invoice on narcotics (in 5 copies) signed by the officials of the hospital and assured with the official stamp, [together with] doctor's prescriptions for every patient (3 copies, valid for 10 days only). According to the new rule, every hospital must have the special licence for narcotic usage in treatment. As there are no [relevant personnel] I must prepare all the necessary documents myself'<sup>9</sup>.

A doctor working in 60 bed urological department of a 500 bed general hospital states:

'If the patient requires the protracted prescription of narcotics, the special committee must confirm it; every 10 days the prescription must be re-approved. The nurse performs the injection and the doctor on duty must sign the prescription and make a notice in the history of the disease. Empty ampoules with the signed list of the patients who received narcotics must be returned to the hospital officials the next day to prove the medical usage of the narcotics. Oral narcotics are not available ... Often the patient's relatives prefer to take him home. In this case the oncologist from the nearest polyclinic prescribes the injectable narcotics (he must have the hospital's confirmation of the oncological disease, preferably with the result of the histological examination) and the primary care nurse makes injections at home (they have the same rules on the narcotic usage as at the hospital). This situation is often very complicated in the rural areas because of the lack of nurses. In practice, patients' relatives often make additional injections (ketamine+dimedrole [is] available freely at the drug stores without prescription) to control the pain better'<sup>10</sup>.

INCB data on opioid consumption in the Ukraine between 1995 and 1998 shows some remarkable variations, for example for codeine 415kg (1995); 1 kg (1996); 36 kg (1997); 5 kg (1998) and for morphine 370 kg (1997); 88 kg (1998). The average daily

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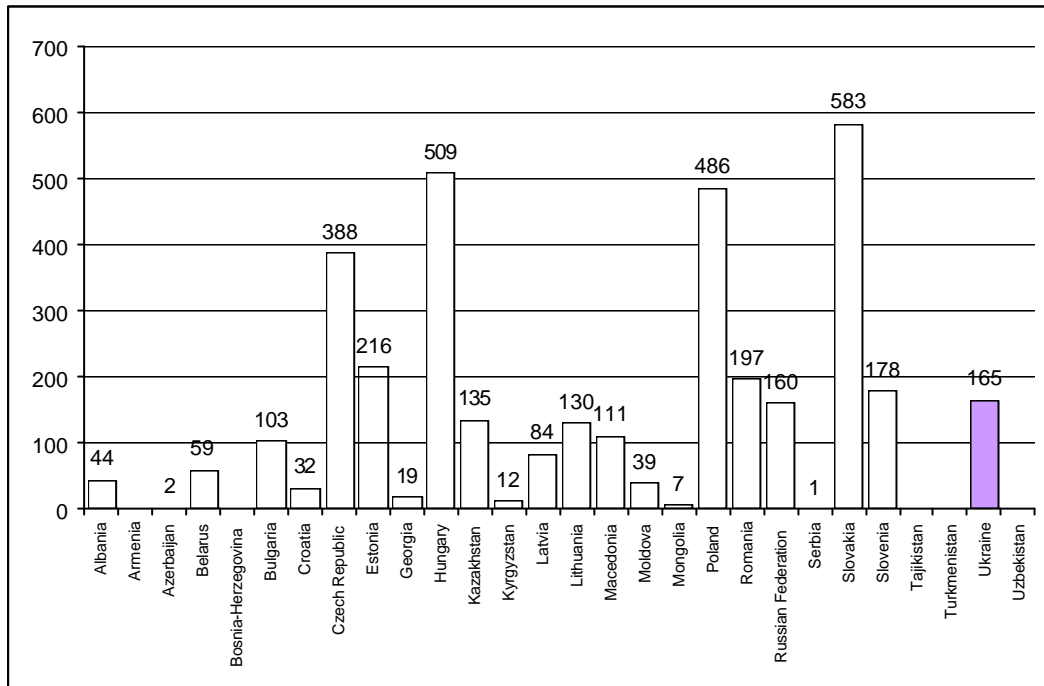
<sup>8</sup> Questionnaire data (EAPC East)

<sup>9</sup> Questionnaire data (EAPC East)

<sup>10</sup> Questionnaire data (EAPC East)

consumption of defined daily doses of these drugs between 1994-98 was 49 (codeine) and 165 (morphine) – in a country with a population of around 50 million<sup>11</sup>.

*Average defined daily doses of morphine, Central and Eastern Europe (1994-1998)*



Source: Clark D, Wright M (2002) *Transitions in End of Life Care: Hospice and Related Developments in Eastern Europe and Central Asia*. Buckingham: Open University Press

#### 1.4 National and professional associations

There is a Ukrainian Association of Palliative Care and Minimally Invasive Therapy, comprising surgeons, anaesthesiologists and other specialists, nurses, social workers, psychologists and volunteers. The group has published a *Manifesto of Palliative Care in the Ukraine*, which has been sent to a variety of medical, government and religious organisations. The association has also undertaken translation work. It represents Ukraine within ECEPT. The association has formed a link with Saskatchewan University, Canada, together with the Donetsk State Medical University. There are other links with key palliative care centres in Poland and Hungary and with the British-Russian Hospice Society.

<sup>11</sup> International Narcotics Control Board (2000) *Narcotic Drugs: Estimated World Requirements for 2000. Statistics for 1998*. New York: United Nations.

### 1.5 Palliative care ‘coverage’

There is a service providing palliative care for every 7.07 million people in Ukraine.

*Ratio of hospice/palliative care services per million population,  
Commonwealth of Independent states (2002)*

<b>CIS</b>	<b>Ratio 1:</b>
Armenia	1: 1.23m
Moldova	1: 1.40m
Russia	1: 2.08m
Kyrgyzstan	1: 2.45m
Belarus	1: 3.67m
<b>Ukraine</b>	<b>1: 7:07m</b>
Azerbaijan	1: 8.00m

*Source: Clark D, Wright M (2002) Transitions in End of Life Care: Hospice and Related Developments in Eastern Europe and Central Asia. Buckingham: Open University Press*

### 1.6 Palliative care workforce capacity

No information currently available.

## 2 History and development of palliative care in Ukraine

### 2.1 Narrative history of palliative care in Ukraine

The first palliative care course in the Ukraine was held in Kiev in May 1996, with the support of the principal doctor, Anatoliy Voronin and Pastor Philip Barnett of the Church of God of Prophecy. The course was led by Virginia Gumley (hospice/palliative care director of an NGO promoting health care in the former Soviet Union) and Dr Stephen Dyer (of Milton Keynes, UK). They found poverty levels much worse than they had anticipated and a medical system where dying patients are sent home to die with minimal assistance from the district oncologist and nurse. Support of the Red Cross and the local church helped to establish palliative care beds in the Dniprovsky Regional Hospital<sup>12</sup>.

One respondent wrote:

‘Ukraine has [just] started the palliative medicine development thus there are no more than five or six hospices in the country, The first hospice was opened in Lviv in 1997, our hospice [Irano-Frankirsk] is second ...The Ukrainian hospice service is developed by enthusiastic individual people’<sup>13</sup>.

A particular issue concerns the effects of the Chernobyl nuclear accident in 1986. One effect has been the increasing incidence of thyroid cancer in children. As one respondent noted: ‘Many organizations still provide some medical and social aid to victims of Chernobyl. But none of these projects currently support a hospice program for children with life threatening illnesses as has been done in Byelorussia’<sup>14</sup>; there is however a children’s hospice, begun in 1999, in Kiev.

### 2.2 Hospice/beacon case studies

No information currently available.

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<sup>12</sup> Gumley V (1996) ‘The Ukraine’. *Hospice Bulletin*. July: 5.

<sup>13</sup> Questionnaire data (EAPC East)

<sup>14</sup> Questionnaire data (Observatory).

### *2.3 Life/oral histories*

No information currently available.

### 3. Public Health Context

#### 3.1 Population

The population of Ukraine was estimated at 48,760,474 in July 2001, slightly lower than the figure of 49.5 million given for the year 2000 in a report from the World Health Organisation.

#### 3.2 Epidemiology

In 2001 life expectancy for males at birth was estimated at 60.62 years and for females at 71.96 years; a decrease from the figures shown for 2000, which were 62.6 years for men and 73.3 for women.

'In 1999, Ukraine was one of the worst placed countries in WHO's European Region in terms of overall mortality and a negative trend in natural population growth'<sup>15</sup>. Premature mortality from diseases of the circulatory system and from cancer is among the highest in the region. However there has been a downward trend in cancer mortality since 1995 and the rate of deaths from neoplasms among people over 65 years is relatively low. In Ukraine, as in Belarus, the number of cases of children with thyroid cancer rose sharply after the disaster at Chernobyl. Tuberculosis incidence has risen steadily throughout the 1990s, but remains lower than in other newly independent states. Nevertheless, the incidence of AIDS is the highest in this group of countries<sup>16</sup>.

Each year in Ukraine there are about 150,000 new cases of cancer and about 100,000 deaths from the disease. Of these deaths, 82% take place at home, 15% in hospitals and 2% elsewhere. Home deaths from cardiovascular disease are also high, at 86%. In 1997 75% of all deaths in Ukraine took place at home.

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<sup>15</sup> *Highlights on Health in Ukraine*. WHO Regional Office, October 2000: 1.

<sup>16</sup> *Highlights on Health in Ukraine*. WHO Regional Office, October 2000: 1.

*Population and life expectancy, Commonwealth of Independent States & Mongolia (2000)*

Country	Population	Life expectancy	
		Male	Female
	<i>Millions</i>		
Armenia	3.7	64.4	71.2
Azerbaijan	8.0	61.7	68.9
Belarus	10.1	62.0	74.0
Georgia	5.2	65.7	71.8
Kazakhstan	16.1	58.0	68.4
Kyrgyzstan	4.9	60.0	68.8
Moldova	4.2	63.1	70.5
Russia	145.4	59.4	72.0
Tajikistan	6.0	60.4	64.7
Turkmenistan	4.7	60.0	64.9
Ukraine	49.5	62.6	73.3
Uzbekistan	24.8	62.1	68.0
[ Mongolia ]	2.5	61.2	66.9

*Source: World Health Report 2001*

*WHO age standardised death rates per 100,000 population, Commonwealth of Independent States & Mongolia (1995-1998)*

Country	Year	All causes	Cancer
Armenia	1997	696.7	97.7
Azerbaijan	1997	814.4	84.5
Belarus	1998	1015	141.8
Georgia			
Kazakhstan	1997	1196.7	152.9
Kyrgyzstan	1998	1033.2	91.9
Moldova	1996	1202.5	125.5
Russia	1997	1084.4	151.
Tajikistan			
Turkmenistan			
Ukraine	1998	1010.7	135.9
Uzbekistan			
[ Mongolia ]			

*Source: World Health Organisation: World Health Statistics 1997-1999*

### 3.3 Health care system

The proportion of GDP spent on health in Ukraine remained almost unchanged in the 1990s and is among the lowest in the European region. It was 3.5% of GDP in 1998. In the same year inpatient care accounted for 67.9% of total healthcare expenditure.

Changes in health care organisation since 1991 have been described as ‘inconsistent and fragmentary’<sup>17</sup> and reforms are hindered by a lack of national strategy.

Undergraduate medical and nursing education makes no provision for palliative care. Health care educational reform, particularly designed to produce more ‘holistically’ oriented nurses, will provide opportunities for palliative care development. There are no trained palliative care specialists and no palliative care handbook written in the Ukrainian language.

Communication remains a problem in the area of cancer and palliative care. One respondent describes the difficulties:

‘[There is] insufficient communication with cancer patients. Unfortunately, [the] Soviet doctrine that cancer patients must not be informed about diagnosis and prognosis has not changed yet in Ukraine ... Stalin considered people as a small detail of the state machine. Unfortunately that principle is still alive ... Government is simply not interested in health care, especially in problems of fatal diseases. On the other hand, we have a public health system. As the result of this situation a “vicious circle” has been formed. “Abandon all hope, ye who enter here”, the words from Dante’s *Inferno*, surely capture the emotions of considerable parts of our patients ... psycho-oncology is “terra incognita” in our country’<sup>18</sup>.

Two key activists in the development of palliative care in the Ukraine provide a summary of the current situation:

‘One of the biggest obstacles for developing a hospice system in Ukraine is the low level of public and even medical professional’s awareness of palliative care. There is not much information about hospices. In general, the public knows nothing about hospice, or doesn’t believe hospices could be implemented.

There are others who admit to supporting hospice principles. But even among oncologists there are many who define “palliative care” as “non-radical treatment”. They do not know about pain control and oral forms of opioids. Psychological, social, cultural concerns are usually disregarded. Bereavement support services are completely absent.

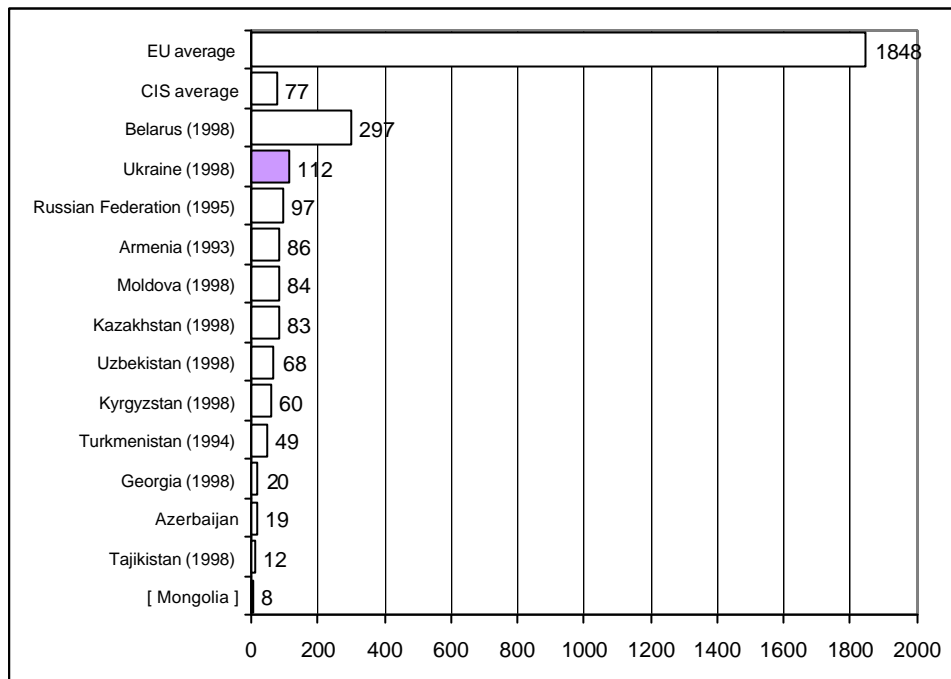
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<sup>17</sup> *Highlights on Health in Ukraine*. WHO Regional Office, October 2000: 22.

<sup>18</sup> Questionnaire data (EAPC East)

The ongoing economic crisis presents a major problem in hospice development, especially if it is done through government authorities. It seems reasonable that we begin developing initiatives which use non-government organizations and health professionals' associations. To do so may prevent funding problems, at least initially.<sup>19</sup>

*Health care expenditure (US\$) per capita, Commonwealth of Independent States and Mongolia*



Source: WHO Regional Office for European Health for All database and HiTs

### 3.4 Political economy

After Russia, the Ukrainian republic was far and away the most important economic component of the former Soviet Union, producing about four times the output of the next-ranking republic. Ukraine depends on imports of energy, especially natural gas, to meet some 85% of its annual energy requirements. Shortly after independence in late 1991, the Ukrainian Government liberalized most prices and erected a legal framework for privatization, but there was also widespread resistance to reform within the government and reform efforts were limited. Output in 1992-99 fell to less than

<sup>19</sup> A Zubov and V Mykhalskyy 'Palliative care in Ukraine – organisational aspects'. Unpublished paper, nd, probably May 2000.

40% of the 1991 level. Inflation rose to hyperinflationary levels in late 1993. Outside institutions - particularly the IMF - have encouraged Ukraine to quicken the pace and scope of reforms. GDP per capita in 2000 was estimated at \$3,850.<sup>20</sup>

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<sup>20</sup> Eradicate Conflict by Building Cultural Awareness, website - <http://www.countryreports.org/content/ukraine.htm> passim.

## **4 Ethics and ethnography**

### *4.1 Ethical issues*

No information currently available.

### *4.2 Ethnographic studies*

No information currently available.

## 5 References and further reading

### 5.1. References

- <sup>1</sup>: Eradicate Conflict by Building Cultural Awareness, website - <http://www.countryreports.org/content/ukraine.htm>: passim.
- 2: A Zubov and V Mykhalskyy ‘Palliative care in Ukraine – organisational aspects’. Unpublished paper, nd, probably May 2000.
- <sup>3</sup>: Questionnaire data (EAPC East)
- <sup>4</sup>: Questionnaire data (EAPC East) [2].
- <sup>5</sup>: Questionnaire data (EAPC East)
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- <sup>10</sup>: Questionnaire data (EAPC East)
- <sup>11</sup>: International Narcotics Control Board (2000) *Narcotic Drugs: Estimated World Requirements for 2000. Statistics for 1998*. New York: United Nations.
- <sup>12</sup>: Gumley V (1996) ‘The Ukraine’. *Hospice Bulletin*. July: 5.
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- <sup>15</sup>: *Highlights on Health in Ukraine*. WHO Regional Office, October 2000: 1.
- <sup>16</sup>: *Highlights on Health in Ukraine*. WHO Regional Office, October 2000: 1.
- <sup>17</sup>: *Highlights on Health in Ukraine*. WHO Regional Office, October 2000: 22.
- <sup>18</sup>: Questionnaire data (EAPC East)
- 19: A Zubov and V Mykhalskyy ‘Palliative care in Ukraine – organisational aspects’. Unpublished paper, nd, probably May 2000.
- <sup>20</sup>: Eradicate Conflict by Building Cultural Awareness, website - <http://www.countryreports.org/content/ukraine.htm>: passim.