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Interview with Ukraine Acting Health Minister Dr. Ulana Suprun (US)

The foundation of the Ukrainian healthcare system is primary care, emergency medicine, and palliative care provided at no cost to the patient.

KP (for IAHPC)Minister, thank you for your statement at RC68 about the importance of palliative care as part of primary healthcare, and Ukraine's move to empower providers to prescribe controlled medicines for those who need them. Could you please describe some of the challenges of introducing palliative care into the Ukrainian public health system?

US. One of the biggest challenges is the traditional mentality of Ukrainian physicians. They don't want to admit the fact that children and adults require palliative care (PC). In the past, there was always a culture of hiding statistics that were not praised by the (Communist) Party boss. So they wouldn't say that children were dying or needed PC. They presented cancer rates as much lower than they actually were. People died from "sudden heart attacks" or "trauma," which did not require PC. Hiding diagnoses makes it difficult to provide care. The challenge is to teach them differently.

In October 2017, we transformed the Ukrainian healthcare system and financing by basing it on three pillars: primary care, emergency medicine, and palliative care. These, and some other services on the list, are all provided at no cost to patients through national health insurance. We determined that 85% of all care is primary care and emergency care, and decided to provide PC because those who need it are the most vulnerable in our society.

IAHPC: What was the deciding factor in your inclusion of palliative care under national insurance?
US. Ukraine's strong NGO and religious communities have traditionally provided palliative care. When we first started developing the national health plan, we were only going to cover primary care and emergency medicine. But my advisors brought palliative care forward as an important service to for this most vulnerable population, both in terms of health status, and financially

We teamed up with those NGOs (such as the International Renaissance Foundation) and now hold seminars to teach the basics to family physicians to develop the palliative care service. Since we don't have enough beds yet, we rely on mobile teams. Our providers are drawn from the same NGOs and religious communities who were already providing PC, funded by donations, and are now paid under the national insurance scheme. We have too few hospices and mobile units, and an abundance of infrastructure, which we are gradually transforming into a more efficient delivery system. [The Minister gave an example of a hospice that has been created in Lvov.]

Another challenge is that we have a hard time getting family doctors to prescribe medications for pain control because they are afraid of being arrested and

punished, even though the law allows them to prescribe. The laws are strict but reasonable, and their fears are irrational, since general practice physicians can write for fifteen days of medications, with the possibility of refills.

We registered morphine syrup for children last year, but pediatricians and oncologists are not prescribing it because they are used to giving injections. When we were doing the national procurement estimates, we sent letters out to all regions, asking how many doses to order, and the response was 240 for the whole year! We had to ask several times, because doctors still believe that injectable is better than oral. We overcame that through personal contact and having ministry staff call each physicians on the phone, talking to them one on one. We also hold educational programs with physicians and nurses.

We monitor quality by inspecting facilities in person, rather than renew licenses through paperwork. Briefly, if we are paying for services, we inspect them, but it will take a while to bring up standards.

IAHPC: Yours was the only country statement in the plenary during the whole day [and in fact the whole week of the WHO Euro meeting] that mentioned palliative care and controlled medicines. What do you think Ukraine might be able to do to get other countries to support the development of palliative care, and how might IAHPC and the regional association EAPC support you in this?

US. We could start planning to organize a side event at RC69 next year in Copenhagen, with other member states (Giovanna Abbiati suggested Italy). We would frame it in terms of health systems approach that promotes equity and leaves no one behind.

IAHPC. Thank you very much for your time minister. It has been an honor.