

Healthcare in Ukraine: Interview With a Citizen

☒ My new sister-in-law grew up in Siberia and moved to Ukraine when she was 16. She became a nurse, married, had children, divorced, had grandchildren, met my brother, fell in love with him and his mission and they married last year. On her first trip to the United States, she finds things different and puzzling. While shopping for a dress, my mother told her that she could always return it if it didn't fit and my sister-in-law looked at her strangely. In Ukraine, you cannot return things.

I knew Sveta had been very ill right before her trip to the United States, so I asked her about healthcare in Ukraine. She described the recent experience in her newly-acquired English with my brother translating some words here and there.

Mary Pat: Tell me about being so sick a few weeks ago.

Sveta: I was sick for 5 days and my friend came and said she would call the ambulance. The ambulance is for people who are too sick to walk to the doctor or to take a taxi.

Mary Pat: What happened when the ambulance came – did they take you to the hospital?

Sveta: No, the ambulance does not take you to the hospital, the doctor and his assistant come on the ambulance and he examines you and tells you what to do to get better. The ambulance doctor only works on the ambulance.

Mary Pat: What did he tell you to do?

Sveta: He was very kind, many ambulance doctors are rough. He gave me a prescription for some pills, and also a prescription for medication and syringes that I had to buy at the pharmacy

and take to the polyclinic for injections.

Mary Pat: What is the polyclinic?

Sveta: It is where the government physicians work.

Mary Pat: What is going to the polyclinic like?

Sveta: Going to the doctor you wait in line and people are very good about keeping places in line. It can be a 3 hour wait for the doctor. There are always a lot of people in line that are sick and coughing and it is a very negative experience.

Mary Pat: Are there any physicians who do not work for the government?

Sveta: The intersana is where you go for the independent doctors. They have better doctors because they can pay more money. Government doctors make about ~~\$50~~ \$300 per month.

Mary Pat: How does Ukraine pay for healthcare for its citizens?

Sveta: We pay 40% of our paycheck for retirement and healthcare benefits and there is a 20% tax on purchases.

Mary Pat: Do you also have to pay something when you go to the doctor or to the hospital?

Sveta: Going to the doctor is free, but you must pay money if you go to the hospital. The food is very bad in the hospital, so family members bring good food to the patient. Money must be paid for medications and for the doctor to do operations. Most physicians will not do surgery until the money is paid to them for a surgery. It is not unusual for physicians not to start an operation until the family can pay the surgeon's fee, and sometimes the patient dies while waiting for the money to be paid.

Mary Pat: Are the hospitals well-equipped?

Sveta: *Everything in the hospital is very old and there is no modern equipment.*

Sveta also told me a story about her son's stay in the hospital when he was little. Her son, Misha, had been in the hospital for a week. Physicians in the hospital kept their own cabinets of medication that they sold to patients. Sveta purchased very expensive medicines directly from the physician, but Misha was not getting better. Sveta had made sure to also give gifts to the nurses and physicians for "good attention" for her little boy. One nurse took her aside and told Sveta that if she wanted Misha to get better, she had to take him to a different hospital. Sveta had to get the first doctor to give her a document to take to the new doctor, which he begrudgingly did, so she was able to move Misha to the new hospital and he soon recovered.

Healthcare in Ukraine – in contrast to the United States

Ukraine became an independent country in 1991. After independence, Ukraine underwent a painful process of economic restructuring that was accompanied by social instability and drastically reduced living standards for large parts of the population, especially pensioners, disabled people and other vulnerable groups, leading to further worsening of population health. This increased need for health care took place against the background of reduced ability of the health care system to respond adequately.

The general economic downturn has also had an impact on the resources available for health care at a time when the costs of running the system have increased substantially. In Soviet times, costs for material and medical supplies and basic services such as electricity, heating and others were fixed

and thus allowed the state to maintain the extensive network of facilities. Also, running costs of hospitals were comparatively low. The costs of pharmaceuticals were also relatively low, as the limited range available from production in the USSR or in other socialist countries was subsidized. The transition to a market economy has resulted in soaring prices of pharmaceuticals as well as basic services such as energy, thereby further complicating the already difficult economic situation in the health care sector. Against this background, maintaining the complex, inefficient public health care system with its unbalanced structure of services in Ukraine has resulted in a highly unequal health care system of low quality.

As indicated above, out-of-pocket payments now constitute a major source of revenue for the health care system in Ukraine. These payments can be divided into several categories: official user fees charged by governmental health facilities for listed services; official "voluntary" contributions and donations; official payments for outpatient drugs; semi-official charges for consumable supplies such as drugs for inpatient treatment, agents, medical devices; informal user fees or under-the-table payments to providers; private provider charges for goods and services; and direct payments for non-prescription drugs and medical devices sold by pharmacies. The full extent of out-of-pocket payments is difficult to evaluate due to the scarcity of data.

In 1998, Ukrainian experts, with technical assistance from the United States and Canada, developed state accreditation standards, approved in 2001. Assessment of the first stage of accreditation indicated that it has led to some improvement in material and technical resources, qualifications of medical staff and the quality of care (53). However, the full potential of accreditation has not yet been reached, as none of the facilities that failed to meet the requirements were reorganized or closed. A recent review of medical equipment

in health facilities pointed out that much of the more complex equipment was purchased before 1992. A number of facilities are still using devices manufactured in the 1970s. More than 50% of the equipment is considered technically outdated.

There is an understanding that improving the financial basis of health care in Ukraine will require overall economic growth in the country. Acute problems in the health care system are not only due to shortage of funds but also to its inefficiency in financing, planning and regulation.

From the report "Health Care Systems in Transition" published in 2004, Written by Valeria Lekhan, Volodymyr Rudyi, and Ellen Nolte

NOTE: My brother Mark and sister-in-law Sveta are missionaries in Ukraine and make it possible for disabled and orphaned children to receive massage therapy and other good and healthy things that children need. Their sponsor is a 501(c)(3) non-profit organization called [Mission Ukraine Children's Hope \(MUCH\)](#).

This is My Application for a Spot on the Advisory Board for the Mayo Clinic Center for Social Media



Image via Wikipedia

Recently the Mayo Clinic launched its Center for Social Media and announced the names of 13 well-suited social media stars to sit on its volunteer external advisory board. An additional 12 people will be chosen from nominations and applications. This post is my application.

I've been writing about social media in healthcare since I read [Phil Bauman's groundbreaking "140 Healthcare Uses for Twitter"](#) almost two years ago. The exciting potential for social media in healthcare settings is also cause for apprehension among administrators and clinical staff. What once was so hidden, so cloistered, so proprietary, so inscrutable is now emerging into the sunlight and is becoming collaborative, transparent, open, consumerist and available. It's refreshing and scary.

I started my career in healthcare as a temp receptionist in an orthopedic office over 25 years ago. I have been a consultant, a private practice manager of small practices, a Chief Operating Officer of a very large practice. I've worked with physicians and care providers of all kinds in settings both rural and urban, for-profit and not-for-profit, and I have done most everything in healthcare except serve on the Mayo Clinic Center for Social Media Advisory Board. (hint)

For the talent portion of my program, I will be interviewing myself live.

Q: Tell us something interesting about yourself.

A: I was Butler County (PA) Junior Miss of 1976 (a brains pageant with some physical fitness thrown in for good measure.)

Q: What is your greatest regret?

A: I wish I had taken touch typing in high school.

Q: Are you a cat person or dog person?

A: A cat person but I get along well with dogs.

Q: Favorite charity?

A: My brother is a missionary in Ukraine and his organization (www.muchhope.org) helps disadvantaged children with food, clothing, healthcare and education.

Q: How do feel about shameless plugs?

A: I find them tacky, but ultimately necessary.

Q: What social media apps do you use?

A: Twitter, Facebook, LinkedIn, YouTube, GoAnimate, Wellsphere, WordPress Blog

Q: What is your favorite social media app for healthcare?

A: Ummm. Pass.

Q: Why you?

A: Why not me? I'm a patient, a mom, a wife, a healthcare manager, a social media groupie, a blogger, a reader, a thinker, a cartoonist, a learner, a writer, an observer of life. Every board needs me.

Q: What is the future of social media in healthcare?

A: Mobile, for sure, and I think QR codes have tremendous promise.

Q: What is your favorite social media app for healthcare?

A: Facebook. The potential is unlimited.

Q: Last question: "healthcare." One word or two?

A: One.

NOTE: If my beloved readers wish to support my appointment to the MCCSM Advisory Board, please Tweet about me with the hashtag #mccsc, leave a comment on the MCCSM blog [here](#), or send an email of support to socialmediacenter@mayo.edu. Thank you!