

ETHICAL AND PSYCHOLOGICAL COLLISIONS ON REFERRAL OF VIII TYPE INSTITUTIONS LEAVERS TO NURSING HOMES FOR CHRONIC MENTAL PATIENTS

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Former research showed that up to 20–25 % of those who leave schools of type VIII (schools for children with cognitive development disorders) are referred to nursery homes for chronic mental patients not due to medical problems but because of social ones. According to the authors' opinion, such social practice has more positive than negative aspects. However, this issue requires extensive discussions. Organizing special post-diploma training courses of 16–24 hours on ethical-psychological aspects of referral various categories of patients (not only leavers of type VIII institutions) to nursery homes for chronic mental patients also seems to be reasonable.

Key words: referral of adolescents with mental retardation to nursery homes for chronic mental patients, ethical and psychological collisions.

ЭТИЧЕСКИЕ И ПСИХОЛОГИЧЕСКИЕ КОЛЛИЗИИ ОФОРМЛЕНИЯ ВЫПУСКНИКОВ УЧРЕЖДЕНИЙ VIII ВИДА В ДОМА-ИНТЕРНАТЫ ДЛЯ ХРОНИЧЕСКИ ПСИХИЧЕСКИХ БОЛЬНЫХ

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Выполненные ранее региональные исследования показали, что до 20–25 % выпускников школьных учреждений VIII вида (для детей с нарушениями интеллектуального развития) переводятся в дома-интернаты для хронически психически больных не столько из-за медицинских, сколько из-за социальных проблем. Согласно мнению авторов статьи, данная социальная практика является скорее позитивным, чем негативным явлением. Однако она требует широкого обсуждения и дискуссий. Также предлагается организация на постдипломном этапе специальных курсов повышения квалификации в объеме 16–24 часа, посвященных

этико-психологическим аспектам оформления различных категорий лиц (не только выпускников учреждений VIII вида) в дома-интернаты для хронически психически больных.

Ключевые слова: оформление подростков с умственной отсталостью в дома-интернаты для хронически психически больных, этические и психологические коллизии.

Mental retardation is one of the most common pathologies of mental development; its prevalence rate is usually assessed as 0.5–3 %, whereas majority of cases (about 85 %) are mild cases (F70 according to ICD-10), when it is possible to acquire a simplified school program and elementary skills of primary vocational education that supposes complete social adaptation and makes psychiatric follow up unnecessary [2, 3].

Former research showed that up to 20–25% of those who leave schools of type VIII (schools for children with cognitive development disorders) are referred to nursery homes for chronic mental patients not due to medical problems but because of social ones, though in most cases these problems are quite manageable (employers are not willing to employ mentally retarded people; they have no skills of doing everyday chores, no prospects of living in an apartment of their own, negative attitude to them in a society, difficulty in getting a social aid) [1, 4, 5].

It is natural that if mentally retarded people go to a nursery home after type VIII school, they get accommodation (a bed in a room), have three meals a day, some medical services are more available to them, in some cases they can work as street cleaners, oddjobbers, medical orderlies, etc. and earn some money. In general, such people get “attached” to the nursery home for chronic mental people for all their lives, though they are provided with some medical and social guarantees.

On the other hand, the average life expectancy of the patients with a mild form of mental retardation in the absence of malformations and defects of the central nervous system makes about 50 years [6]. With all this if 20yo leavers of type VIII school (with a mild form of mental retardation) start the life of self-dependent adults, they face the above mentioned problems (unwillingness of employers to employ mentally retarded people, lack of skills to care of themselves, negative attitude to them in a society, etc). The most urgent problem for such people is housing. If they have parents (who, as a rule, do not belong to the problem-free social groups both in respect of finance and health), the leavers live with their parents who support them; in most cases, though not always, the problem is solved. But 10-15 years later when parents get older, they are unable to help their children. Much worse is the housing situation, though orphans, including social orphans, have state guarantees for an apartment or a room, chances to get it are extremely low and even if they succeed to have an apartment, they may highly

probable become fraud victims. The above listed problems are aggravated by the fact that due to a “clinically expressed immature emotional and volitional sphere” the leavers of type VIII institutions easily fall under influence of anti-social people, become alcoholics or criminals and go to jail for various law violations (mostly typical of orphans). All this deteriorates not only their quality of life but also life expectancy.

In this connection ethical and psychological issues arise due to the question: “Is it wrong or fair to admit leavers of type VIII institutions to nursery homes for chronically mental patients for social but not medical reasons?” In fact, these are representatives of the so-called caring professions (medical doctors, psychologist and social workers in the first turn) who are directly responsible for each case of such referral, should answer this question for themselves. The decision, in turn, often supposes a contraposition of proper medical reasons and individual ethical-psychological beliefs/principles/values, especially taking into the account the fact that there is no univocal performance algorithm for such situations. Correspondingly, to justify the decision (of referral) the diagnosis is “aggravated” (to make everything “correct”) and thus there appears a cause for intra- and interpersonal conflicts that arise from time to time (in connection with the same new cases) and thus they contribute to psychological instability of specialists with a high risk of professional burnout syndrome.

According to the authors’ opinion, to refer type VIII institutions leavers to nursing homes for chronic mental patients for social reasons more than for medical ones has more positive than negative aspects. This issue, though, requires extensive discussions, but an unambiguous answer is hardly to be expected (as in respect of euthanasia, for example). Organizing special training courses of 16–24 hours on ethical-psychological aspects of referral various categories of patients (not only leavers of type VIII institutions) to nursery homes for chronic mental patients also seems to be quite reasonable.

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УДК 614.23: 618.8+159.9 (470.45)

DOI 10.19163/2070-1586-2020-2(26)-52-57

THE FRAGMENT OF RESEARCH THE QUALITY OF LIFE AND PROFESSIONAL BURNOUT OF DOCTORS IN CHILDREN'S POLYCLINICS IN VOLGOGRAD

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The level of medical care to patients and the success of the implementation of the national project "Health" depend on the health status and doctor's professionalism. Modern healthcare reform is being implemented by optimizing costs, merging medical organizations, closing ineffective hospitals, expanding the use of high-tech care and informatization of the doctor's activities. All this makes it necessary to assess the health of doctors. Scientists have studied the quality of life and identified the professional (emotional) burnout of doctors in children's clinics in different age groups. Primary care pediatricians have a higher quality of life score when compared to the standard [1]. However, all groups have a high level of professional burnout. The pre-retirement group of doctors has more unfavorable profile. They are highly professional specialists but may experience emotional discomfort because the pension system has been reformed. This situation requires the introduction of preventive work with doctors of this age as a group with great potential and capable of professional longevity.

Key words: quality of life (QL), professional (emotional) burnout, pediatrician.