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**THE MEDICINE AND ARCHITECTURE OF HEALTHCARE INSTITUTIONS
AT CONTEMPORARY TIMES IN UKRAINE**

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Abstract. Ukraine development time frames in the years since Hetman P. Skoropadsky's management, the pre-revolutionary period, First and Second World Wars, the remedy period, the Soviet time are considered in the article. The opening of hospitals, ambulant clinics, and other medical institutions in pre-revolution Ukraine was carried out by various departments and organizations without a state plan and in deficiency. Private doctors are of paramount importance deliver health care for the population. For the first time, tasks were formulated in the area of health care for working people with the formation of the USSR.

The theoretical and organizational Soviet health care system principles, the basic principles of which are the state nature and planned character of the preventive trend, common availability, free-of-charge basis and high quality of medical assistance, the unity of medical science and health practice, public participation and the common people in the health authorities and institutions activities were developed after the Great October Socialist Revolution. The pre-war health promotion period in Ukraine is characterized by the statement of the preventive trend in the healthcare system activity, large-scale implementation of the dispensary method, the district, and territorial principle promotion, community-based care with the servicing of workers at enterprises. Healthcare in Ukraine in the postwar period is characterized by the active development of medical institutions with the formation of their network.

An important organizational measure in the conditions of the recovery period was the unification of hospitals and polyclinics into single medical institutions, the emergency and primary health care service creation. The main reform trends during this period were to improve the level of material support and the quality of medical care; in raising the practical qualification of a polyclinic physician to the level of a hospital doctor's qualification; efficient use of beds at hospitals; in reduction of diagnostic pitfalls in the outpatient clinics and the number of fatal cases.

Keywords: the architecture of healthcare institution, urban development network, children's institution, contemporary times.

Introduction. Healthcare institutions form an integral part of the social infrastructure of new towns and settlements, in which they play one of the key and city-forming functions, actively shaping the three-dimensional urban environment architecture. Placing mainly in the tight substance of the city, health care facilities incite to development of new components and elements of the urban framework. Today it is necessary to turn attention to the fact that the critical and archaic condition, the reformative disuse of the medical building's architecture is observed in both segments – in adult and children treatment activities in Ukraine. Herewith, the current statistics with reference to the observable decline in children health, dynamics and severity, types and extents of children health problem in last decades indicate looming and the highly dangerous crisis in the children's health care of Ukraine.

Obviously, the period of economic and political transformations in the state involves a whole range of medico-ecological problems that is a major threat to every segment of the population and especially children. Herewith, it should be noted that the children health is the future of the nation and the main resource of any society. It should be remembered that the health of children is the future of the nation and the main resource of any society. Children`s health condition problem in the

demographic crisis period that has dominated in Ukraine for the last decades comes into sharp focus. The number of childbearing in the country is way below than the generation base of their parents from year to year. Therefore, the quality issue and accessibility to health care services in Ukraine is of current interest. It also depends on the proper and up-to-date requirements of architectural “envelope” for the medical treatment facilities for dealing with problems of low children birth rate and a heavy percentage of the childhood disease incidence of the state as a whole.

Recent research analysis and publications. Basic works in the History of Architecture and City Planning industry are A.V. Ikonnikova, S.O. Khan-Magomedova, O.V. Orejskaya, I.A. Vysochina, M.A. Votnova. These works are the scientific and methodological foundation for present research. Theoretical and practical issues of the urban layout analysis were considered in the studies of K. Lynch, O.E. Gutnova, S.L. Glazichev. The systems analysis usage in architectural and city planning systems was explored by Y.P. Surmin, G.I. Lavrik. Architectural types and planning of healthcare institutions were investigated by R.U. Allen, J.L. Bishop, P. Blandela, T.O. Bullikova, T.V. Zyuzina-Zinchenko, K.Y. Podgornyak. Functional-structured analysis and typological project design basis are considered in works of G.G. Azgaldova, I.G. Lezhavi, T.F. Savarenskaya.

Engineering and technical organization and health care institutions` armamentarium are analyzed in the works of M.S. Boguslavsky, R. Hopkinson, I. Kapustina, S.E. Kvasova, A.B. Petrovsky, A.V. Razumovsky. Ergo-designer approach to the architectural space formation of advanced healthcare institutions is presented in works of V.P. Mironenko, O.V. Mironenko, S.V. Bodin, Y.S. Rodic. The architectural and spatial organization overseas experience of healthcare institutions is highlighted in the works of architects K. Shermer, F. Meuseer, H. Nickel, H. Nicholl-Veller. The main focus of researchers was locked on solving general-purpose issues of the architecture formation for healthcare institutions or the placemaking of health care institutions in a certain professional direction. At the same time, the issue research for dynamics of architectural and urban system development of children's therapeutic complexes is proved to be undisclosed.

Problem formulation. The healthcare industry condition in civilized world indicates the living standards of the country's society, the state's relation to the citizens of its country, and the health care for the next generations. The nation health is under consideration as one of the important indexes of the development level and state civilization and reflects the socioeconomic environment of society as a whole. Under UN Resolution No.38/54 of 1997 public health is considered as the key factor of expediency and efficiency of all, without any exception, economic activity spheres of the country. Herewith, it is important to note according to research, about 75% of adults' illnesses are the result of living conditions in childhood and youth.

Unfortunately, we cannot be proud of the high quality of healthcare benefit in Ukraine today. Moreover, a great weight of working child-healthcare facilities currently operating in the country is an inheritance of the Soviet and even pre-Soviet times of the healthcare sector. In those days, healthcare institutions were built on the basis of an increase in the quantitative needs in them, this happened in our country for a long time. Herewith, today approaches to the systematization and healthcare organization conditions of healthcare institutions existence within the city have changed, resulting in an urgent need to implement appropriate and effective changes in the architectural and urban organization of children's hospitals. First of all, it is necessary to research our own story behind and development history of healthcare institutions network, including those specializing in the children treatment, get a feel for understanding in which direction it should move to bring this issue to a close.

The purpose of the article. The purpose of the work is to analyze the medical industry and healthcare facilities growth, in particular, children's specialization, in the contemporary gestation period of Ukrainian nationhood.

Task of the article. The task of the article is to analyze the peculiarities of the medical industry growth and healthcare institutions architecture, including children's specialization, in the contemporary gestation period of Ukrainian nationhood (XX century).

Main materials and research methods. Comparative methods and statistical analysis, systematization, and generalization, structural-functional and graph-analytical modeling methods

were used in the research.

Presenting basic material. The global economy has begun to grow rapidly, people's living conditions have changed, demographics and information explosions took place, theoretical and applied sciences have developed intensively in the 20th century with the active acceleration of scientific and technological advances. At this time in the medical industry particularly significant success was achieved. Scientists and practitioners have managed to solve the issues of treating many diseases, to propose new methods of their prevention, diagnostics, action mechanisms of new effective medicine were invented. The state has assumed a leading role in preserving public health. This was reflected in the creation of special state bodies that were involved in the health organization of their citizens. The Ministry of Health was created in Austria-Hungary in 1917 first in the world, and the second – at the Hetman P. Skoropadsky's government. In pre-revolutionary Ukraine, in the Russian Empire, there was no public health organization. The opening of hospitals, clinics, and other healthcare facilities was carried out by various departments and organizations without any national plan and in the quantities extremely insufficient for the needs of public health care. Private doctors occupy a significant place in population healthcare (especially in the city).

With the USSR creation task in the area of workers' health protection, according to which the requirements of the eight-hour working day, the complete prohibition of child labor, the prohibition of women's work in harmful industries, the organization of nursing homes for children, the provision of free healthcare at the expense of entrepreneurs, workers' state insurance and the establishment of proper sanitary conditions at the enterprises were first developed. The theoretical and organizational foundations of the Soviet health system were developed after the Great October Socialist Revolution.

National principles and preventive trend planning, accessibility, free of charge basis and high quality of medical assistance, the unity of medical science and health practice, public and the general public of workers' participation in the activities of health authorities and institutions were identified as the main principles of health care. The pre-war period of Ukraine's healthcare growth is characterized by the adoption of preventive measures in the health care system, the wide implementation of the dispensary method, the development of the district-territorial principle, the combination of medical care according to the place of residence and the maintenance of industrial workers at enterprises.

The main trends of reconstruction and restoration of the medical and sanitary network in Ukraine in the postwar period were determined by the five-year plan (1946-1950). The government's tasks included not only restoring pre-war medical care but also further developing and improving the medical and sanitary network. The health care reform should have contributed to the accomplishment of the tasks. The backwardness of the medical care delivery in outpatient clinics and in medical centers compared to day and night clinic and hospitals led to the implementation of the reform, which was due to the lack of practical skills of out-patient doctors. The system of separate activity of the hospitals and clinics did not provide qualitative consistent medical and preventive maintenance of the population.

Combining hospitals and polyclinics in integrated healthcare facilities has become an important and appropriate organizational measure during the recovery period [1, p. 381]. The main reform trends are: improving the level of material support and quality of health services; improvement of practical qualification of the clinic doctor to the level of qualification of the in-patient doctor; more rational use of beds in hospitals; reduction of diagnostic errors in outpatient clinics; the reduction of the number of fatal cases have been determined in accordance with the tasks set. The reform should have become a new stage in the growth of health care in the Soviet system.

This task complexity was connected especially with the fact that the reform took place in difficult conditions of post-war reconstruction. In cities there was more successful reformation. The healthcare institutions reorganization of all levels and the introduction of new approaches to medical assistance for the population have brought positive results in the reform framework. The number of hospitals has increased. The professional level of doctors and nurses has increased significantly in both urban and rural areas. The further growth foundation and headway in medical industry branch, which allowed to bring it to a rather high level in the future, especially in the approximation of medicine to the population needs, was laid in 1946-1950 in Ukraine. The reform,

carried out in 1947, contributed not only to the restoration of medical institutions but also to a significant increase in the professional level of doctors, which positively influenced the level of medical and preventive care provision to the population of Ukraine and the elimination the medical and sanitary consequences of the war.

At the beginning of the 1950's. the bed fund of health care institutions of Ukraine was largely restored. The dispensary method was implemented in a polyclinic service. New methods of cure were introduced into medical practice, specialized medical assistance was expanded. Hospital construction has been widespread. Health care institutions` construction has been widespread. The large hospitals' construction to meet the population needs in all types of highly-qualified medical assistance has unfolded in Ukraine since the 1960's. The multidisciplinary centers' construction has contributed to the specialized medical assistance growth, the intensive development of which required a major restructuring of higher medical education – from the training of general practitioners to training specialists from individual branches of medicine. The basics of the public health legislation in 1969 became a generalizing act with the main legal documents [8, p. 104].

For the first time in the document at the law level experience in the health area, which was accumulated in almost half a century of the Soviet healthcare activities, was generalized and consolidated. The construction massive program of polyclinics, large multi-type hospitals, maternity hospitals, children's clinics, children's sanatoria, and other healthcare facilities was determined in accordance with the resolution of the CPSU Central Committee and the Council of Ministers of the USSR “Measures for Further Improvement in the Public Health” (1977). The tasks for the creation and production of new medical equipment were established.

A sizeable place in the healthcare tasks` decision was the developed concept of emergency medical service organization in the country. The priority of prevention in creating of the emergency medical service system has been to solve such problems as the elimination of smallpox, plague, cholera, and significantly reduce the incidence of other infectious diseases effectively. The Soviet healthcare preventive trend was provided on a state scale by such important measures as environmental protection, including atmospheric air sanitary protection, soil, reservoirs, boundary protection, sanitation, life and rest of the population, which were envisaged by sanitary legislation. Following health and safety regulations were controlled by the sanitary and epidemiological service; among the population, sanitary and educational work was carried out. The growth and scientific research deepening in the area of theoretical and clinical medicine led to the need for the allocation of subspecialty medical specialties. Ukrainian Soviet medical scientists, in collaboration with engineers, have made a significant contribution to scientific, diagnostic and therapeutical medical instrumentation [3, p. 729].

The slowdown of economic growth began in the mid-70's of the twentieth century. This was reflected in all branches of the national economy, including in the health care system, whose financing was spent by the residual model. The share of budget expenditures on health care has steadily decreased, which sharply slowed the process of updating the material and technical base of health care, its modernization, led to low wages of health workers.

The Chernobyl catastrophe has become the worst catastrophe of this period with far-reaching, hard-to-predicted consequences for the population. The Scientific Center for Radiation Medicine of Medical Sciences Academy of Ukraine was established in order to provide a scientific analysis of the consequences of the accident and to coordinate the dispensary supervision in Kyiv. Elimination of the accident consequences required not only medical but also significant state measures. In the 80's of the 20-th century, the healthcare system faced difficulties due to lack of funding and extensive development mechanism increasingly. The contradictions between the scale of tasks and the level of their funding were increased. The real opportunities of the healthcare industry are lagging behind the needs of the population in medical assistance. Serious changes were needed in the financing system, the introduction of new economic methods of health care management, and the wider involvement of public and private structures.

Attempts to conduct individual economic experiments in the healthcare area did not have any expected effect. The reality throughout the entire Soviet construction remained harsh: medicine

constant shortage, chronic shortage of places in healthcare institutions, poor working and living conditions for the overwhelming majority of the population, progressive deterioration of the ecological situation, and even almost unbelievable – insufficiency of medical personnel, although in the USSR and the UkrSSR the number of physicians and the nursing staff was constantly growing. There were 15 medical universities, 99 medical colleges, which thousands of doctors and nursing personnel graduated from annually on the territory of Ukraine. For every 300 population inhabitants, there were 1 physician and 3 nursing staff – the index is one of the highest in the world [4, p. 748].

By quantity index everything was well with other factors of health care: in Ukraine there were more than 750 sanitary and epidemiological stations, which included 685 bacteriological and 196 sanitary and hygienic laboratories that monitored the state of the environment, industrial and communal objects construction, water pipes, treatment facilities, food production, labor protection, etc. [4, p. 748]. The state of the environment and the sanitary and hygienic conditions at work and in the life went down. The weakness was also maintained regarding the labor protection of the rural population. The principle maintenance of a territorial area division provided for the approximation of the medical network to the population, and the combination of a polyclinic and inpatient care within the same institution helped to ensure the continuity of treatment.

In the 70's and 80's of the 20-th century, there were about 10 thousand outpatient and preventive and hospital medical and preventive health care institutions in Ukraine, in which there were almost 610 thousand hospital beds. The medical and preventive quantity beds should be characterized as large. They were always in lack, due to the growth of negative trends in the population health, in the first instance the increase in the incidence of certain diseases (cardiovascular, oncological, pulmonary, nervous, etc.).

In the 80's of the last century, every resident of Ukraine applied for medication on average 10 times a year, which is too high indicator. As for such massive initiatives as a general prophylactic medical examination service of all Ukrainian residents aimed at early detection of illness and prevention, they did not live up to expectations, since they remained more ideological than practical and were not provided with the necessary resources. Attempts to establish a medical examination for certain diseases, such as tuberculosis, rheumatism, and infarct disease was more successful. For example, in general, an effective service was provided for the examination, treatment and post-discharge adjustment from Miocardial Infarction. And if not in such a near past, almost 80% of patients after Miocardial Infarction did not return to active life, then in the 80's the same 80% after passing the full course of scientifically grounded post-discharge adjustment returned to work and full lives [4, c. 749].

The emergency medical service has proved to be quite effective. An important stage in the ambulance growth was the emergency medical service teams creation, as well as the special ambulance hospitals construction in major cities of Ukraine – Kyiv, Donetsk, Zaporizhia, Nikolaev, Kharkiv, Simferopol and others. In Ukraine, the Soviet era, authentic scholars of the pre-Soviet formation were working of F. Yanovsky, M. Volkovich, D. Zabolotny, A. Korchak-Chepurkivsky, V. Vorobiev, M. Strazhesko, V. Danilevsky, O. Bogomolets, V. Chagovets, L. Gromachevsky, V. Filatov, O. Palladin, M. Hubergritz, and many others, and later well-known doctors M. Amosov, L. Mala, O. Shalimov, A. Romodanov and others, which went through war trials, their achievements were recognized by the whole world and the institutes and clinics that they had created laid the foundations for new areas in home medicine.

In the 20-th century for medicine and health protection growth and was influenced by the awareness of the general warmongering the Third World War, the unification of the progressive forces efforts to prevent wars, nuclear disaster, the threat of an ecological catastrophe, the population, and the food problem. The International Movement “Doctors of the World for the Prevention of Nuclear War” was originated from the initiative of medical scientists [7, p. 542].

Famous Soviet and Russian cardiologist, Hero of Socialist Labor, laureate of the Lenin and State Prizes of the USSR, Minister of Health of the USSR, graduate of Bogomolets National Medical University – academician E. Chazov, awarded with the Nobel Peace Prize (1985), became

one of the co-heads of this movement. The formation period of the healthcare regulatory and legal principles in the new socio-economic conditions has begun in independent Ukraine since 1991. The basic legislative principles of Ukrainian health protection were adopted in 1992. The right of everyone to health protection, medical assistance, and health insurance is proclaimed in the Constitution of Ukraine (1996). Academy of Medical Sciences of Ukraine was established in 1993. The transformation in the socio-economic sphere was accompanied by a weakening of the financial standing of health protection and other social programs.

Research results. The health protection system of Ukraine has stopped to meet the basic current requirements – to ensure the preservation and strengthening of the people's health, to ensure the availability and quality of qualified medical assistance, which caused the need for its reform. The necessity for a system conception to planning and implementation of reforms has led to the lay-out of a Concept for the development of public health services in Ukraine, which has identified the principles and ways of reforming the industry at the present moment and has become a strategy for future growth.

Actual needs in the main types of medical assistance were determined to take into account the real state of the population health; the staff standards of the medical and preventive treatment institutions were specified. The bed fund sorting and optimization was carried out, which made it possible to change the structure of costs for the direct provision of the diagnostic and treatment process. Hospital beds usage indicators, in this case, have improved – the hospitalizing rate has completely justified, the average occupancy of stationary beds has increased, the average length of patients stay in hospitals has decreased, resource costs of the industry have decreased.

The day patient facility growth at outpatient-polyclinics and in-patient facilities at home has streamlined the usage of hospital beds. Staff assistance system improvement of the branch taking into account current socio-economic conditions and real needs; introduction of an employment contract in accordance with the established procedure under the contract with the heads of health care institutions, and in the future – with all health care workers; reorganization of the plan system and the human capacity division in the ratio of “doctor – middle ranking health care worker” by increasing the number of middle ranking employees; the reform of the step-by-step medical and pharmaceutical education; training realization of specialists in new specialties; expanding the family doctors` training – general practitioners; development of new state standards of higher medical and pharmaceutical education, educational and professional programs and means of unified assessment of the level of knowledge of medical and pharmaceutical workers; the improvement of the training nurses system, elaboration and implementation program for the nursing development, the expansion of the nurses functions in accordance with global practise was determined by the strategic objectives of personnel policy.

The medical and preventive assistance optimization contributed to the introduction of effective medical technologies, the diagnostic and treatment standards growth, the supporting system creation and controlling the quality of medical assistance on the basis of treatment standards, certification and health care workers` certification, accreditation and licensing of health facilities. Taking into account the maternity priority and childhood protection, the activity of the branch was aimed at ensuring the rights of women and children in all life spheres, social support for young families, the protection of women's work, the development of the baby food industry, the improvement of reproductive health services, the proper level of medical assistance provision during pregnancy and childbirth.

The creation of conditions for strengthening the physical, psychological and social well-being of children and young people, the development of sanitary institutions network and leisure facilities was paid special attention. The structure of maternity and child care facilities was improved, equipping them with modern medical and diagnostic equipment improved. An important role in the developmental processes of the industry was provided by the powerful scientific potential of health care in Ukraine. Actual medicine problems were solved by 35 institutes of the Academy of Medical Sciences of Ukraine and 22 scientific institutes of the Ministry of Health of Ukraine. Scientific research on medicine and health topical issues was also conducted in higher education institutions.

Conclusions. An overview of the health care growth in Ukraine indicates the complex path

that it has undergone. In this way, the health system has experienced both successes and failures associated with a number of external and internal factors, but its main function - providing the population with affordable medical assistance – has fulfilled. Every century in the history of our state has its own unique look. The twentieth century differs from the previous special dynamism, the events scale, and the change in quality. The October revolt of 1917, the victory over Nazism in the Second World War, Dissolution of the USSR, the flight of the man into space, UN formation, the splitting of the atom, TV broadcast, computer and the Internet emergence, the discovery of the human genome and the cell cloning principle – is a fragmentary planetary background, on which the Ukrainian nation developed: with its first attempt to gain its own statehood, with collectivization and the Holodomor, with Chornobyl, declaration of independence, with a non-nuclear status and a slow but irrefutable rebirth.

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МЕДИЦИНА ТА АРХІТЕКТУРА БУДІВЕЛЬ ОХОРОНИ ЗДОРОВ'Я В УКРАЇНІ У НОВИЙ ПЕРІОД

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Анотація. У статті розглянуті періоди розвитку України з часів управління гетьмана П. Скоропадського, дореволюційний період, періоди першої та другої Світових воєн, період відновлення, радянський період. Провідну роль в збереженні громадського здоров'я в цей період взяла на себе держава. У дореволюційній Україні відкриття лікарень, амбулаторій та ін. медичних закладів здійснювалося різними відомствами і організаціями без державного плану і в недостатній кількості. Значне місце в наданні медичної допомоги населенню займали приватні лікарі.

З утворенням СРСР вперше були розроблені завдання в галузі охорони здоров'я населення. Після Великої Жовтневої революції були розроблені теоретичні та організаційні основи радянської системи охорони здоров'я, головні принципи якої: державний характер і плановість профілактичного спрямування, загальнодоступність, безкоштовність і висока якість медичної допомоги, єдність медичної науки і практики охорони здоров'я, участь громадськості та широких мас робочих в діяльності органів і установ охорони здоров'я.

Довоєнний період розвитку охорони здоров'я України характеризується утвердженням профілактичного спрямування в діяльності системи охорони здоров'я, широким впровадженням диспансерного методу, розвитком дільнично-територіального принципу, поєднанням медичного обслуговування за місцем проживання з обслуговуванням робочих на підприємствах. Охорона здоров'я України в післявоєнний період характеризується активним розвитком медичних установ з формуванням їх мережі.

Важливим організаційним заходом в умовах відновлювального післявоєнного періоду

розвитку нашої держави стало об'єднання та укрупнення лікарень і поліклінік в єдині медичні установи, створення служб швидкої та невідкладної медичної допомоги. Основні напрямки реформи в цей період полягали в поліпшенні рівня матеріального забезпечення та якості медичного обслуговування; в підвищенні практичної кваліфікації поліклінічного лікаря до рівня кваліфікації лікаря стаціонару; в раціональному використанні ліжок в стаціонарах; в зменшенні діагностичних помилок в амбулаторіях; в зменшенні кількості летальних випадків.

Ключові слова: архітектура медичних закладів, містобудівна мережа закладів охорони здоров'я, дитячі лікувальні заклади, Новітній час.

МЕДИЦИНА И АРХИТЕКТУРА ЗДАНИЙ ЗДРАВООХРАНЕНИЯ В УКРАИНЕ В НОВЫЙ ПЕРИОД

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Аннотация. В статье рассмотрены периоды развития Украины со времен управления гетмана П. Скоропадского, дореволюционный период, периоды первой и второй Мировых войн, период восстановления, советский период. Ведущую роль в сохранении общественного здоровья в этот период взяло на себя государство. В дореволюционной Украине открытие больниц, амбулаторий и др. медицинских учреждений осуществлялось различными ведомствами и организациями без государственного плана и в недостаточном количестве. Значительное место в оказании медицинской помощи населению занимали частные врачи.

С образованием СССР впервые были разработаны задачи в области здравоохранения трудящихся. После Великой Октябрьской революции были разработаны теоретические и организационные основы советской системы здравоохранения, главные принципы которой: государственный характер и плановость профилактического направления, общедоступность, бесплатность и высокое качество медицинской помощи, единство медицинской науки и практики здравоохранения, участие общественности и широких масс трудящихся в деятельности органов и учреждений здравоохранения.

Довоенный период развития здравоохранения Украины характеризуется утверждением профилактического направления в деятельности системы здравоохранения, широким внедрением диспансерного метода, развитием участково-территориального принципа, сочетанием медицинского обслуживания по месту жительства с обслуживанием рабочих на предприятиях. Здравоохранение Украины в послевоенный период характеризуется активным развитием медицинских учреждений с формированием их сети.

Важным организационным мероприятием в условиях восстановительного послевоенного периода развития нашего государства стало объединение и укрупнение больниц и поликлиник в единые медицинские учреждения, создание служб скорой и неотложной медицинской помощи. Основные направления реформы в этот период заключались в улучшении уровня материального обеспечения и качества медицинского обслуживания; в повышении практической квалификации поликлинического врача до уровня квалификации врача стационара; в рациональном использовании коек в стационарах; в уменьшении диагностических ошибок в амбулаториях; в уменьшении количества летальных случаев.

Ключевые слова: архитектура медицинских зданий, градостроительная сеть учреждений здравоохранения, детские лечебные учреждения, Новейшее время.

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