

CHANGING PUBLIC POLICY EMPHASIS: ASPECTS OF ETHICS AND PUBLICITY IN HEALTH CARE

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Abstract: The article aims to reveal and analyze the principle of publicity in government processes and the field of health care. The study highlights the following aspects: first, it is publicity – the requirement to ensure public awareness of planned reforms, the progress of their implementation at various stages, free public access to information on the content of the reform, evaluation of constitutional innovations, forecasts of the domestic and international expert community. After all, such information cannot, in principle, be a state secret or a medical secret. The second aspect of the principle of publicity defines the balance of publicity and privacy to ensure the interests of subjects – the interests of the state, people, nation, individual, which is directly correlated with the human right to privacy. Finally, it is determined that publicity in the context of implementing the legal mechanism for ensuring publicity is provided through understanding, public awareness of the goals and consequences of the processes.

Keywords: Health, Medical training, Publicity, Public administration, Public policy, Public-private partnership, Regional policy, Reproductive health.

1 Introduction

The state policy of Ukraine in the field of health care is a set of national decisions or commitments to preserve and strengthen the physical and mental health and social well-being of the population as the most important component of its national wealth through a set of political, organizational, economic, legal, social, cultural, scientific and medical measures to preserve the gene pool of the Ukrainian nation, its humanitarian potential and taking into account the requirements of present and future generations, in the interests of both individual (individual) and society as a whole [4].

To develop and implement an effective public health care reform policy, scientists believe that the system should go through three stages: political and managerial decisions, implementation, and evaluation of reform results [6]. In the context of reforming state policy in health care, the question of transformations in the state regulation of health care provision arises.

The "medical service" category is relatively new to public health administration in Ukraine. The legislation introduced this category in the legal field in 2017; it is formulated as a public health service (medical service) – a service provided to a patient by a health care institution or an individual entrepreneur who is registered and licensed in accordance with the law, conducting business activities in medical practice, and paid for by the customer. The customer of the health care service may be the state, relevant local governments, legal entities, and individuals, including the patient. From the point of view of providing medical services to the population at the regional level, local governments must be customers of services for the population of their region or local community [3]. They can also be, for example, employers/businesses located in this area. This possibility is fixed in the interpretation of the category of medical care, which is understood as the activities of health care institutions and natural persons-entrepreneurs who are registered and licensed in the manner prescribed by law, in the field of health care, not necessarily limited to medical assistance, but directly related to its provision.

2 Materials and Methods

In the context of the acute shortage of resources (state and municipal) and the development of market relations, the issue of providing paid medical services to the population is becoming

increasingly critical. Currently, Ukraine has identified several main areas of health care reform: raising the salaries of health workers, the development of digital transformations in health care, health professionals, education and science, psychiatric and tuberculosis services [8, 9].

The provision of medical services takes place in each of these areas. However, state regulation in paid medical services in Ukraine is still in its infancy. The primary document is the List of paid services provided in state and municipal health care institutions and higher medical and educational institutions [8]. However, this document is quite broad in its wording. It does not consider all aspects of the main directions identified by the Ministry of Health and the National Health Insurance Fund, so it needs to be clarified in the context of recent transformations.

3 Results

Today, the health care system of Ukraine needs ways out of the crisis and building a new model that is close to European standards [5]. This process causes changes in the paradigm of primary secondary and higher medical education.

There is a need to improve the quality of training of future doctors following the world and European standards to strengthen the competitiveness of domestic higher medical education, optimize conditions for international mobility of medical students, and expand the capabilities of Ukrainian medical professionals in domestic, international labor markets.

Medical education is provided by a network of medical, pharmaceutical, and dental colleges, institutes, academies, universities, which train medical personnel of various levels.

Today, significant steps have been taken in developing national education, as evidenced by the entry of Ukrainian education into the European world educational space. These changes also apply to the system of medical education, which is experiencing a period of intensive renewal of approaches to training.

Building capacity based on quality medical education is significant for the stable functioning of the health care system.

With the development of international law in 1949, 1968, and 1983, the international community attempted to define approaches to understanding medical ethics. Among some principles, such as decision-making solely in the patient's interests, non-disclosure of medical secrets, honesty with patients and colleagues, etc., the issue of ethics in the provision of paid services remains unresolved. In formulating health policy, each state addresses this issue within its understanding, public tradition, public opinion, and resources.

The events of the 2020-2021 pandemic focused the attention of all public administration sectors on the health care sector. The issue of balancing the need to guarantee the right to life (in the context of medical care) and the financial capacity of state or municipal budgets have become more acute; limits of payment for medical services by the state and the patient. This has prompted countries to review public health policies [3].

The rapid development of technology over the past two decades, including the medical field, has created a vast and extensive area of medical services that provide both life-saving and quality-enhancing life. The central dilemma is the moral limit in determining the availability of medical services for the vast majority of the population. These theses are devoted to this. The main focus of the study is on building a basis for formulating ethical principles for reviewing public health policy in current conditions.

In current conditions, first of all, we are talking about the global pandemic COVID-19 and the relentless processes of globalization; we are rethinking the right to health through the

prism of the challenges of professional medical ethics and public perception of the value of life. We focus on the social component of understanding the right to health and changes in the principles of cooperation between man and the state to realize the right to health in the new conditions of the post-coronavirus pandemic. At the same time, we consider ethics as specific rules of life in society, normalization of the behavior of different population groups depending on their role (social, professional, etc.) [4].

The urgency of changing the principles of ethical interaction between man and the state in the perspective of the right to health is much broader exclusively in the field of health care or public policy of medical services. The social health of man and society includes aspects of a decent standard of living, work, nutrition, and environmental infrastructure, access to various (not only emergency) medical and social services, the realization of spiritual and social needs, etc. In the field of completion of spiritual and social needs are ethics issues, including ethics of medical services. In other words, in addition to the individual and the state, business, the sports/physical education sector (health content), education, religious communities, and the security sector are involved in realizing the right to health. Our study is of an applied nature because changes in the cooperation between man and the state begin with the awareness of each person – acceptance or refusal to accept – new conditions for living together, including ethics.

Solving the problems of publicity, transparency, openness, and transparency of public authorities is one of the key directions in the process of further establishment of democratic principles of the state in the constitutional process and reform in Ukraine. Transparency, openness, and transparency of public authorities are necessary conditions for the legal provision of the constitutional rights of citizens to publicity and their participation in the management of state affairs. The issue of publicity in health care is no exception.

The content of the concepts of "publicity," "transparency," and "openness" are not identical, and there is no single approach to their interpretation and unambiguous definition. Currently, in Ukraine, there is no single law that would fully regulate publicity, openness, and transparency in the activities of public authorities. For example, the content of the principle of transparency is disclosed in the Law of Ukraine "On Civil Service," it is interpreted as open information about the activities of civil servants, except as provided by the Constitution and laws of Ukraine [8].

Bukhanevych in his work "Ensuring the principles of openness and transparency in establishing a dialogue between government and the public," identifies openness as a necessary component of transparency of government. In his opinion, openness primarily characterizes the understanding of the goals of government and functions for citizens, and accordingly its functionality – the realization of the interests of citizens and their influence on it [1]. Openness is revealed as a form of access to information about local government activities, procedures for making and implementing public administration decisions, and the ability to influence the activities of public authorities – the ability to use and change what is available.

Consider how "publicity," "openness," "publicity" are in the practice of public administration in Ukraine. Stretovych believes that the openness of government and society is their state, which is most evident when combining two critical components for their effective functioning, namely competition, and transparency [10]. Transparency enables the existence of public control, and the existing one makes it more effective, and thus increases the responsibility of public authorities and local self-government, provides feedback in both directions: "community – government" and "government – community," increases the latter's trust in the government. Therefore transparency is a critical element for both public authorities and local governments and the self-organization of the population. This is particularly important in the context of the restructuring of the

health care system and the high level of demand for medical services and services for the administration of medical services in the Pandemic [10].

In Mitchener and Bersch's "Conceptualization of the quality of transparency," publicity, which means openness and maximum publicity, has significantly increased the popularity of the concept of transparency and is its rough equivalent [7]. Available information is the primary building block of democracies; transparency dissipates non-transparency – the first refuge of corruption, inefficiency, and incompetence [7].

4 Discussion

In our opinion, the principle of publicity is the obligation of public authorities to perform their functions and powers on behalf of the state in the prescribed manner, with the participation of stakeholders, disclosing statutory information about their activities, providing decision-making procedures, departmental and public control [5].

The authors of the study emphasize the need for access to information necessary for public awareness and the possibility of participation of various groups, civil society institutions, political parties, etc., in the process of creating, amending, interpreting constitutional or other legal norms following the constitution, its various stages. But in this case, there is a question of ethics in disseminating information related to health care.

The International Code of Medical Ethics contains rather broad norms that can be conditionally grouped into general responsibilities of a physician, list of unethical activities of a physician, responsibilities of a physician to a patient, responsibilities of a physician to colleagues [2]. As we can see, in the context of the formation of state policy on the ethics of paid medical services, this normative act is quite a framework. However, it does not regulate the interaction of the state, society, and business in medical services. Thus, changing the policy of medical ethics in the provision of paid services is now the state's responsibility and largely depends on the activity of citizens in protecting their right to health [2].

It is crucial to develop government policies on health care ethics in areas such as reproductive health. The demographic situation in Ukraine and the nature of socio-economic processes, which are inextricably linked to human capacity building, show that the population's reproductive health is a factor in national security, a guarantee of Ukrainian society based on the rule of law, democracy, and human rights. Therefore, the issue of ensuring and protecting the reproductive health of the population has significant potential, directly related to the tasks of the state. The authorities' conceptual positions on fundamental issues, both reproductive health and the reproductive rights of the population, are crucial for many people in their quest to build strong families free from poverty and violence. Member States of global and regional integration structures introduce different options for legal approaches to use, in particular in the processes of human reproduction, Assisted Reproductive Technologies (from now on, ART), abortion, surrogacy.

At the national level, there are significant differences between states on the legality of equal access to reproductive health services, reimbursement of medical expenses, and the rights and recognition of children born due to or through reproductive technologies. Reproductive health and reproductive rights are novelties of modern demographic policy. The importance of legal and, in particular, administrative and legal regulation of relations in the field of ART is due, on the one hand, to the extraordinary achievements and results of scientific and technological progress in the field of ART. On the other, the rapid and inconsistent development of legislation in Ukraine's area of independence does not contribute to the effective functioning of the national health care system. According to Ukrainian scholars and foreign experts, the current state of legal regulation of relations in this area generally does not meet the requirements of the formation and development of modern social

democracy, provoking fair comments. It is often controversial among politicians, scientists, health workers, and, most importantly, citizens.

The existence of processes of the interpenetration of norms of private and public law at regulation of the relations arising at the application of methods of auxiliary reproductive technologies is proved. Currently, there is no branch of law that would fully regulate the whole complex of relations in the field of ART. It is established that despite the regulation of connections on ART application by the norms of several branches of law, the current legislation in this area is a gap. The use of ART in practice precedes the formation of the legal framework and ethical regulation in this area.

According to the world's leading scientists, human health has a special place in the system of values professed by any civilized nation. But, in terms of forming a separate human biography and at the level of society's development, it isn't easy to find another phenomenon to which health would give way, deep inner meaning and impact on various spheres of activity.

Based on the components of the right to health, we will try to model possible structural changes in the interaction of a person and the state and the role of other subjects of interaction. Society as a whole and the state, as a form of organization of society, must develop new measures for the development and further functioning of health systems within countries and the world. Ensuring adequate sanitation involves strengthening control over contacts and movement of people. The simplest and most effective way is to control through digitalization tools. Of course, an ethical discussion arises regarding the limitation of the right to personal space and non-interference in a person's private life on the part of the state. Today, the emphasis is shifting from individual rights to collective security.

Health education and information as part of the right to health are also transforming. To form an attitude towards an object, it is necessary to have reliable and timely information. The leading role will be played here by the state and international organizations, which should provide communication channels. The experience of the COVID-19 pandemic shows that harboring or distorting information about the disease and the extent can lead to dire consequences for entire countries. Therefore, the emphasis is shifting to creating parallel channels of information with a wide range of access and target groups (for the population, for the sick, for medical personnel, etc.) [5].

Reproductive rights are based on recognizing the fundamental right of all couples and individuals to decide freely and responsibly how many children, at what time and at what intervals they want to have, and the ability to achieve the highest standards of sexual and reproductive health.

The World Health Organization (WHO) has outlined priorities for maintaining the population's health in the XXI century. Among them is a priority area such as reproductive health.

The right to free reproductive choice is the right of every person, especially women, because they suffer from the adverse effects and complications of pregnancy, which pose a risk to their health and even life.

In this regard, for every woman, the right to free reproductive choice and reproductive health is the right to freedom to decide on the implementation of its reproductive function: the development of the desired pregnancy and the birth of desired children, or the use of contraceptives, and in case of development unwanted pregnancy – the possibility of its termination in the conditions of available safe, effective and highly qualified medical care.

In the future, assisted reproductive technologies may follow different paths. The primary role is given to scientific and practical research of genetics at the molecular level to improve knowledge of the mechanisms of development of the egg, sperm, fertilization, embryo implantation, and pregnancy. Such studies

are the basis for developing treatment protocols, preserving and restoring human reproductive function.

Further development of new medical technologies (ART methods, new drugs, and ovulation stimulation schemes, modification of endoscopic operations, reduction of fetuses in multiple pregnancies, etc.) will be carried out based on the biological research in reproduction and medical technology. A further direction is the improvement of methods of organizing the treatment process. Only an adequate organization will allow new medical technologies in health care, developed based on fundamental research results. We have seen that medical science and training have made significant strides in recent years. Maternal and child health has become a priority in the country.

Financial and medical services also have an ethical component, part of the minimum, guaranteed, and funded by the state list of services. Who and for whom determines this?

The reform of the financing of the health care sector of Ukraine envisages the transition from the funding of medical institutions following the budget to the payment by the state of the provided medical care to a specific person. In practice, the principle of "money follows the patient" means that the patient seeks help from a particular doctor. If he has his practice, the state transfers funds to the medical institution where the doctor works directly to the doctor. Thus, if before the state maintained medical institutions, now it pays for a specific package of medical services provided to patients. To introduce a new system of health care financing, the National Health Service of Ukraine (NHSU) has been established, which transfers budget funds to medical institutions and entrepreneurs' doctors for providing medical care to the population. The National Health Insurance Fund enters into agreements with all medical institutions and guarantees funding according to the number of patients who will receive medical care in these institutions. Funding is prepaid.

It is assumed that the financing of medical care through the National Health Insurance Fund will ensure uniform standards of medical care and equal access to medical services for every citizen, regardless of residence or place of registration. The state guarantees that every citizen who consults a family doctor will receive free assistance. Accordingly, the doctor is guaranteed to receive money for his work, according to the established tariff, regardless of where he works (in a big city or a rural area). Funding for the institution where the doctor, outpatient clinic, or entrepreneur works will be provided from the state budget and does not depend on the financial capacity of the local community or the commitment of local officials. Its volume is calculated exclusively following the number of citizens who have concluded agreements with doctors of these institutions. For the transition period, the current system of financing medical institutions is partially maintained (for the secondary and tertiary level) – through a subvention to local budgets. Legislative changes are expected to increase the efficiency of Ukraine's health care financing from the budget. Still, in many cases (some secondary and tertiary services, provision of medical services to vulnerable groups, development, and implementation of innovative and high-tech treatments, treatment severe or chronic diseases), the provision of quality medical care to the required extent requires the expansion and diversification of funding channels for the medical sector.

Reproductive health protection in Ukraine in the context of managerial discourse is closely linked to national security issues [5]. For example, the Demographic Development Strategy states that raising the birth rate is necessary for national development and prosperity, and reducing it is seen as a significant threat to national security. As a result, the population's reproductive health, including the use of assisted reproductive technologies, the creation of institutional and legal regulatory mechanisms for this purpose, are becoming segments of the state's strategies aimed at regulating the birth rate.

Decentralization reform poses new challenges for the provision of assisted reproductive technologies. The main problem is the access of the population to these programs. According to the

current legislation, emergency, primary, outpatient, hospital, and palliative care services are financed by the state within the framework of the medical guarantee program. As a result, patients will have to pay for such services as non-emergency dentistry, referral to a doctor without a referral, aesthetic medicine, etc.

Since medical services for the use of assisted reproductive technologies do not belong to emergency and primary medicine, this area of medical services is outside the range of services that are provided at the level of the United Territorial Communities (UTC). At the UTC level, they can only be provided if possible. Given the rather complex and costly methods of using assisted reproductive technologies locally, such a medical service is almost impossible. Therefore, providing medical services in assisted reproductive technologies for couples who do not have the financial resources to receive these services on a paid basis remains open.

It should be noted that the management of health care must change with the development of the health care system itself and taking into account changes in approaches and principles of funding. After all, health care is such a complex system that proper functioning cannot do without adequate management. The principles of management in the health care system are in many respects similar to the principles of management in other sectors of the economy but have their unique specifics. The use of modern specific approaches to management makes it possible to increase the efficiency of the health care industry as a whole and individual medical institutions and medical teams. In turn, making sound management decisions and effective management of the medical institution in a competitive environment should be based on reliable statistical, accounting, economic and analytical data, the receipt and processing of which is possible only with the quality implementation of medical information systems.

Thanks to the decentralization reform, the united territorial communities will independently develop the system of primary health care providers on their territory. Also, there will be a method of forming a network of secondary health care - hospital districts soon. These steps should address the existing problems with creating a network of quality health services in the united communities and coordinate the actions of central executive bodies and local governments in the process of further reforming the health sector.

The essence of the decentralization process is the redistribution of powers and the allocation of funds to the local level. At the same time, it is important to ensure the provision of new quality services, including medical and public access to them. Today, all territorial bodies are being reformed. Therefore, it is necessary to show how medical services will be provided directly in changing the management system and how cooperation with bodies and institutions providing these services will be established (through funding, social support for those in need), provision of medicines, etc.).

The high cost of assisted reproductive technology programs remains extremely important, as most infertile couples cannot pay for infertility treatment on their own at a private clinic or turn to public health care providers at their own expense. Therefore, the state should use the potential to increase the birth rate by financing the most socially vulnerable segment of the population to improve the reproductive potential of the population of Ukraine. Such programs can be developed at the level of central budgets and local ones.

5 Conclusion

The mechanism of legal regulation of the use of high-tech methods needs further improvement, as the legislation of Ukraine regulates only some aspects of ART. Also relevant is the development of joint funding (co-financing) for the implementation of treatment programs using assisted reproductive technologies from the state budget, local budget,

civil society institutions (mostly charitable foundations), and directly interested individuals (couples in need of treatment).

At the level of providing primary health care services, it is crucial to ensure the competence of doctors in this unit to timely refer infertile couples to providers of secondary (specialized) health care services following medical indications.

Therefore, the issues of improving legal, economic, and scientific measures for the further development of reproductive medicine in Ukraine remain relevant.

An essential tool that can be used to overcome crises such as the COVID-19 pandemic and achieve specific public health goals is public health policy. According to WHO, such a policy is seen as a set of decisions, plans, and actions related to the future vision, setting priorities, reaching consensus in the activities of various groups, setting goals and benchmarks in the short and medium-term (Health policy, WHO), decision-makers to review public health policy and search for new management approaches in its implementation. It is already becoming evident that health management requires a different strategy than in modern society, based on informed decisions.

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