



The students studied for five years and the next six years they practiced medicine. At first, they entered the preparatory (or artistic) faculty (from Latin artes which means arts), which had to be attended by everybody without exception, since it provided general humanitarian training, aesthetic education, the ability to speak eloquently and argue. Teaching was conducted under the system of seven liberal arts (*septem artes liberales*): 1) trivium (grammar, rhetoric, dialectics), after which they took exams and received a Bachelor degree in Arts, and 2) quadrivium (arithmetic, geometry, astronomy, the theory of music), a master's degree in art and the right to study at one of the three major faculties: theological, medical or faculty of law. Upon completion of their training, the student was awarded a master's degree (doctor) in accordance with the faculty's profile.

However, the students did not gain practical skills, since a dissection of the human body was banned by the church until the appearance of the special permit of Frederick II in 1238 for the preparation of one corpse during five years.

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INFLUENCE OF PSYCHOLOGICAL FACTORS OF RISK ON THE DEVELOPMENT OF NEGATIVE CLINICAL DYNAMICS OF ISCHEMIC HEART DISEASE

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The ischemic heart disease is the most frequent pleasant sudden death, the most course of coronary heart disease it self is complicated by myocardial infarction of stroke. The psychological risk factors play a big role in occurrence and development of coronary heart disease, which is confirmed by numerous studies. However, complex psychological researches which studying influence of psychological factors of risk in the clinical dynamics of coronary heart disease isn't enough.

Therefore, the aim of the our study to identify the psychological risk factors in the clinical dynamics of coronary heart disease and develop recommendations for the implementation of preventive measures. The objective of our research had been studied of the leading factors of the risk of coronary heart disease and to identify the relationship between the duration of coronary heart disease and psychological risk factors.

The materials of the research had been 46 patients with ischemic heart disease (IHD) on the basis of the Chernivtsi regional cardiology clinic. Of these, 26 (56.5%) were men and 20 women (43.5%) with a disease duration of more than three years. The average age of the patients was 54 years. The following methods of research were applied: questionnaires, clinical interview, the Zung self-rating depression scale, Rosenzweig Frustration Test. Methods of data processing: Kolmagorov-Smimova criterion, Fisher's criterion, Spierman non-parametric criterion, factor analysis, discriminant and regression analysis.

According to research results in 70% of patients, psychological factors (aggression, depression, resentment) increase with the increase in the severity of the clinical dynamics of coronary heart disease. 25% of patients were found to have a combination of psychological risk factors specific for each form of coronary heart disease and coronary heart disease combined with variable cerebrovascular disorders. The leading factors in patients diagnosed with "painless ischemia" are: suppressed aggression, autoaggression, low level of defense reactions. When ischemic heart disease is combined with variable cerebrovascular disorders there are pronounced self-defense reactions, negativism, need for love, depression, loss of reality, and feelings of guilt.

The connection between the duration of ischemic heart disease and the presence of emotional disorders ($r_s = 0.43, p < 0.05$) was found.

As follows, the study of the psychological status of patients with coronary heart disease requires a comprehensive assessment of psychological risk factors, which include: aggression, autoaggression, fear, dependence, passivity, stress, depression, resentment, guilt, restriction of social contacts. Using a screening study of psychological characteristics of patients with coronary heart disease is an effective means of correcting risk factors for the negative clinical dynamics of coronary heart disease.

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ОСОБЛИВОСТІ ОРГАНІЗАЦІЇ ТА СУЧАСНИЙ СТАН ФІНАНСУВАННЯ МЕДИЧНОГО ОБСЛУГОВУВАННЯ

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Організація системи медичної допомоги (медичного обслуговування) розглядається як національна (аутентична) справа, як продукт її (нації) «унікальних» характеристик, історичних політичних, соціальних та економічних процесів. Більшість існуючих моделей системи медичної допомоги (медичного обслуговування) населенню є похідними, від основних моделей, сформованих упродовж останніх століть у світі (рис.).

Сучасна система охорони здоров'я у світі, та країнах СС-28 зокрема, розглядається, як високо витратна галузь виробництва послуг – витрати на охорону здоров'я включають лікувальну та реабілітаційну допомогу, витрати на догляд, фінансування на закупівлю медичних товарів (фармацевтичні препарати) та додаткових послуг, витрати на колективні (громадські) послуги (профілактичні заходи по охороні здоров'я) та витрати на