



The Essence and Importance of Hospice Homes, Performance Appraisal

Ziyaeva Holida Omonqul kizi

Associate professor Department of Social work doctor of philosophy in sociology (PhD) National University of Uzbekistan

B. J. Mingbayeva

Master student Department of Social work National University of Uzbekistan, Tashkent

Abstract: *In this article, the concept of hospice, the rules of the hospice Congress, as well as the registration of a person in the hospice, means that he can not only receive powerful pain relievers that relieve his pain, but also receive highly qualified psychological help, can correctly receive his diagnosis and again try to overcome the disease, and can apply not only to people on the.*

Keywords: *Hospice, medical institution, volunteers, oncological patients, hospital, outpatient, inpatient care, clinic, hospice care, palliative care.*

Date of Submission: 05-5-2022

Date of Acceptance: 06-6-2022

Today, social protection of the population is an important direction of reforms carried out in our country and increasing the welfare of the population [1].

Hospice is a medical institution, in which patients who expect an unfavorable result of the course can be provided with decent care. The essence of the hospices is that the patient spent the last months of his life worthy. They are surrounded by "Home" things, patients can freely communicate with friends and relatives. It is provided by medical personnel: if necessary, patients can be fed with a tube, painkillers, oxygen, etc. As a rule, most small and medium-sized staff and minimal doctors work in hospitals, because the function of the hospice is not only to restore the patient, but also to improve his quality of life and alleviate suffering. Due to the need for large investments and licenses for drug use, the problem of hospices in the territory of the post-Soviet space has not been fully resolved. At the same time, such medical institutions are widely distributed in Europe and America.

In the Samarkand, Fergana, Khorezm regions of the Republic of Uzbekistan and Tashkent City, on the basis of medical institutions or departments that are terminated during the optimization of organizations in the system of the Ministry of health, a hospice with a capacity of more than 50 people will be opened. Hospice in the city of Tashkent was defined as a methodological center providing assistance to hospice in the territory of the Republic.

Regional hospices are established as independent medical institutions that provide medical and psychological assistance to patients undergoing the missed stage of oncological and non-infectious diseases in both stationary and outpatient settings, as well as in the absence of the possibility of medical treatment at Home[2].

The term hospice is hospitium (lat.) came from the word, means hospitality.

Hospice concession includes the following rules:

Provide assistance to patients who cannot be cured at the terminal stage of the disease. In our country and in other CIS countries, hospitals usually find help for people and at the terminal stage, which is confirmed by a strong pain syndrome, as well as medical documents.

The patient and his family are the main objects of medical, psychological and social assistance. Patients are helped by special servants and medical personnel. Volunteers can also take care of - volunteers, relatives who have passed the first training in the hospice.

Safety to help patients inpatient and outpatient. The first of them, depending on the needs of the patient, can be provided day and night, as well as in the form of night or daytime stay in the hospital. Outpatient care is usually performed by Home Hospice groups.

The openness of the diagnosis is the principle, that is, the question of delivering the diagnosis to the sick person is solved only if the patient himself requires it.

All types of assistance to the patient are aimed at reducing or even eliminating pain syndrome, fear of death, but at the same time maintaining the patient's intellectual abilities and consciousness as much as possible.

Providing psychological and physical comfort to each patient. The creation of physical comfort is provided in hospital conditions as close as possible to the House. The implementation of psychological comfort is provided for each patient individually, taking into account his social, religious and spiritual needs.

Financing of hospices is carried out from the account of budget, charitable societies, as well as voluntary charities of organizations and citizens.

Hospice as much as possible relieves the condition of the victims, who are at the terminal stage of the development of the disease. Coping with the disease through this stage is not possible to drug therapy or surgery. The only thing that impresses a person's life is this palliative technique.

On the territory of the CIS countries, only oncological patients can stay in a specialized institution. This applies to patients who cannot be treated. In a specialized place, patients are helped to stop. To get to the hospital, you need to find documents confirming the terminal stage of oncopathology.

The main object of medical and psychological influence is the patient himself and his family. Care for the injured is carried out by specially trained personnel. These people may like medical education as well as volunteers.

Hospital outpatient and inpatient care. People with incurable diseases are always able to call a brigade to their homes.

Oncology hospital adheres to the principle of "openness of diagnosis". According to the decision of the relatives, a person can be informed about the presence of a deadly disease or hide this fact. This issue is resolved on an individual basis.

Together, medical, social and psychological help helps to overcome many fears, including the fear of death. Good conditions accompany the close work of psychologists, allowing you to maintain an adequate state of a person.

Psychological comfort is achieved by an individual approach to each patient. In this takes into account his condition, religious, spiritual and social needs.

When to take hospice? Hospice is a medical institution for patients whose diagnosis is fatal.

In other words, this is a clinic for people who have suffered death, and doctors do not give any guarantees for recovery or relaxation of their health.

In such institutions, there are all kinds of medical equipment and medicines that relieve human suffering.

To the hospice are often diagnosed with severe musculature with the diagnosis of oncology, AIDS and neurological diseases.

Disease data late stage is characterized by the severity of their development painful sensations, as well as instability of the psycho-emotional state.

Registering a person in a hospice means that he can not only take powerful painkillers that relieve his pain, but also receive highly qualified psychological help, correctly accept his diagnosis and again try to cope with the disease.

To the hospice can be addressed not only people on the verge of death, but also those who are temporarily absent during illness.

Once a person has remission, he can return home.

There are indications for registration in the hospice: an incurable stage of the disease leading to death;

Strong pain syndrome;

Suicide attempt against the background of a fatal diagnosis;

Stage 4 cancers without surgery;

Degenerative diseases of the nervous system;

Violation of brain activity;

People who need a number of mandatory examinations, which cannot be carried out at home, have the right to register in such clinics.

Also, heavy Casals who suffer from a shortage of undisciplined members and who do not have relatives can also be registered in the hospital[3].

Hospice care is a type of health care focused on palliation and pain and symptoms of a patient suffering from a debilitating illness and meeting their emotional and spiritual needs at the end of life. Hospice care gives priority to the well-being and quality of life by reducing pain and suffering. Care in hospices provides an alternative to measures that can be severe, bring out more symptoms or do not correspond to the goals of a person, lead a lifetime.

As well. Palliative care develops when the patient's condition is irreversible, which does not mean that he will stop dealing with other treatments. Palliative care not only refers to the physical condition of a person, but also seeks to work on psychology, social violence, etc. It can also be directed to the treatment of side effects of other procedures.

In the United States, the practice of caring for the hospice is largely determined by the Medicare system and medical insurance providers who provide hospice services inpatient or home settings to patients with extremely dangerous diseases who may have a life expectancy of six months or less. Hospice care, according to the Medicare Hospital Benefit program, requires the documentation of two doctors, who can live less than six months if a person follows his usual path. Among the benefits of hospice there is the possibility of using a multidisciplinary treatment team specializing in lifelong care, which can be applied to them at home, in a long-term treatment institution or in a hospital. The purpose of hospice care is to give priority to comfort, quality of life and personal

desires. How to determine the comfort depends on each person or, if the patient is a failure, on the family of the patient. This may include physical, emotional, spiritual and social needs satisfaction. With the help of hospice, patient-oriented goals are indispensable and interconnected throughout care. Hospices usually do not carry out treatments designed to diagnose or treat the disease, but do not include treatments that can speed up death. Instead, hospices focus their attention on palliative care to relieve pain and symptoms [4].

In conclusion, in the imagination of many people, hospice is the house of death. But this is not the case.

Patients are placed in the hospice not to wait for their death, but to improve the quality of life in the last days. The main advantage of such institutions is that the hospice staff prepares a person not for rapid death, but for recovery. Being a medical institution, its purpose is to take care of patients who have died, to ease their suffering in the last days. Such institutions can be state property, and therefore. For many people, the registration of a sick relative in such an institution will be the best way out of the situation, since it is not always possible to provide decent assistance to those who died at home.

References:

1. Ziyaeva X.O. The mechanism of the Development of social Protection of Women in the Context of Domestic Violence "International Journal of Engineering and Advanced Technology" (IJEAT) Published by : Blue Eyes Intelligence Engineering and Sciences Publication. ISSN: 2249 – 8958, Volume-9 Issue 2, December, 2019. P.63-69.
2. Marshall, Ketrin; Xeyl, Debora (2017). "Xospisni tushunish". Uyda sog'liqni saqlash. 35 (7): 396–397. doi:10.1097 / NHH.0000000000000572. ISSN 2374-4529. PMID 28650372 Entsiklopediya site:uz.wikisko.ru
3. "Onkologik xizmatni yanada rivojlantirish va onkologik kasalliklarning kechki bosqichlarini boshidan o'tkazayotgan bemorlarga tibbiy-psixologik yordam ko'rsatishni takomillashtirish bo'yicha qo'shimcha chora-tadbirlar to'g'risida" gi O'zbekiston Respublikasi Vazirlar mahkamasining 892- sonli qarori 24.10.2019 yil.
4. "Xospis qanday ma'noni anglatadi. Hospis - bu nima Xospis shifoxonasi nima ?"— Источник: <https://paverakov.ru/uz/kak-rasshifrovyvaetsya-hospis-hospis-cto-eto-takoe-cto-takoe-hospis/> © paverakov.ru
5. Fuli, Ketlin M.; Herbert Xendin (2002). " O'z joniga qasd qilishga qarshi ish: umr bo'yi parvarish qilish huquqi uchun". JHU Press. p.281. ISBN 0-8018-6792-4. Entsiklopediya site:uz.wikisko.ru
6. Kilpatrik, Anne Osborne; Jeyms A. Jonson (1999). Sog'liqni saqlashni boshqarish va siyosati bo'yicha qo'llanma. CRC Press. p. 376. ISBN 978-0-8247-0221-2..Entsiklopediya site:uz.wikisko.ru
7. NARBAEVA TANZILA KAMALOVNA, GANIEVA MARIFAT KHABIBOVNA, NURMATOVA MUKARRAM AKHMEDOVNA, LATIPOVA NODIRA MUKHTORJANOVNA, ZIYAEVA HOLIDA OMONKUL KIZI. Mechanisms of improving social protection of women: risk indicators and statistics (in the context of gender-based violence). Journal of Critical Reviews ISSN- 2394-5125 Vol 7, Issue 4, 2020. – P. 38-41.
8. Kholida Qizi Omonqul-Ziyaeva. The concept of " violence", types of family pressure and its social significance. ACADEMICIA: An International Multidisciplinary Research Journal: 2021, Volume : 11, Issue 12. – P. 196-202.

9. MUKHTORJANOVNA L.N., KHABIBOVNA G.M., ASILBEKOVNA A.M.' KIZI Z.H.O. Family violence in modern Uzbekistan. International Journal of Psychosocial Rehabilitation.2020, Volume : 24, Issue 6. – P. 371-388.
10. Холида Омонкуловна Зияева. Ижтимоий тадқиқотлар журналі. Маиший зўравонликнинг ижтимоий хусусиятлари таҳлили. 2019, № 6, Б.81-89.
11. Ziyayeva Xolida, Maxsudova Azizaxon. INTERNATIONAL CONFERENCE ON LEARNING AND TEACHING. Oilaviy munosabatlarning barqarorligi. Vol. 1 No. 3 (2022) – P. 38-41.