

Z. Kheladze, Zv. Kheladze**Georgia has great achievements in the sphere of arranging critical care medicine services but there are lot of issues which must be done ahead.****(Critical Care Medicine Institute, Tbilisi, Georgia,)**

In this part we provide with information about the service of The Critical Care Medicine From the Beginning to nowadays. Here are indicated achievements and problematic issues, future prognosis and about a possibility that Georgia can become an example for developing countries and show how to own this expansive service in terms of limited resources. Moreover the experience of our country may be taken into consideration by developed states, because Georgia has already reached significant aims.

Key Words: Critical Care Medicine, Georgia, Expansive Service.

Georgia is the only country where the critical care medicine is represented as an independent medical specialty. In addition, it's the only country which has 3-year residency of critical care medicine doctors and the certification exam in this specialty is conducted two times per year. Moreover it's an obvious leader in the world because in each 1000o inhabitants there is one critical care doctor. In difference with other countries where critical care medicine is known as a multi-disciplined specialty, in Georgia it's a mono-disciplined one and each routine of treatment of a critical patient including medical manipulations (tracheal intubation, catheterization of magisterial blood miles, tracheotomy, puncture of pleural cavity and etc) except difficult surgical operations performs a physician of critical care medicine. Besides, Georgia owns the cheapest service of critical care medicine, this is visible from the viewpoint that a critical care bed-day cost of the same content and amount is 500\$ her and in USA and European Union countries the payment complies 5000\$ and 3500\$. This difference is not conditioned by low salary of Georgian critical care medicine doctors only; the main reason of this fact is organizing labor processes in order to maintain less expenses. Furthermore Georgia is the only country where the most authority organ- Ministry of Labor Health and Social Affairs in 2003 declared the critical care medicine as one of the priority direction of Georgian medical service. From this point of view a significant fact is that the word "care" is not taken out by chance which is accepted term in USA and EU countries, but this means that, the main aim to survive critical care patients is not care of them but actually the control of critical condition. The critical condition is represented as the form of living which is marked by the special pathological changes that is characteristic for this situation only; the most important is to recognize these pathological changes and liquidate them in order to rearrange organism to maintain the life. Moreover, the service of critical care medicine of Georgia do not begin to count from poly-organic failure but from earlier stage which is known as mono-organic failure or stage of living functions comparative failure. This gives the possibility for critical care medicine to include more patients in it's areal. This type of count is justified by the difference of each stage of dangerous condition for life (mono-organic failure, poly-organic failure, terminal condition, agony, clinical death, earlier post-reanimation period) clinical picture and treatment's tactic.

It is significant that the Critical Care Medicine of Georgia has considerable achievements in other fields but, first of all we will discuss when and how the country of little resources began to striving for such expensive service of medicine. The term "critical medicine" was utilized in 1983, when

Z.Kheladze maintained the thesis: “peculiarities of immune status changes during critical conditions”. The next step was development the Association of Georgian Catastrophe and Critical Conditions medicine in 1990. It is noteworthy that this was the first association of doctors in post-soviet union countries; in autumn, 1995 there were developed the standards of critical care medicine treatment that was commenced in January, 1985; the same standards were collaborated in anesthesiology too. By this fact, critical care medicine was dissociated from anesthesiology for the first time. Retrospective analysis showed that this was an optimal way to survive the sphere of country’s medical service’s hospital sphere after wars and economical crisis, because direction of this service – treatment of acute patients and surgical operation had their “owner”. In the same year there was collaborated the original program of residency in critical care medicine that began to work in 2000. Primarily this was 4-year program of studying which is nowadays reduced to 3 years. The program is guided by director and also trainers which are high-qualified persons working in this service and having medical experience. Recently this program works in the Critical Care Medicine Institute and medical department of Tbilisi State Medical University. In order to teach residents, the country owns 615 pages of studying program in Georgian language that is completely consents to the requirements raised from this point of view. In order to receive medical activity the resident after studying must pass certification exam which is conducted in the agency of the Ministry of Labor Health and Affairs of Georgia. Issues of exam includes nearly 3000 questions and per year there are plus 5-10 % of new questions before each exam. Nowadays there are nearly 630 certificated doctors of Critical Care Medicine in Georgia. These doctors are members of Critical Conditions and Catastrophe Medical Association. The majority of them take part in the events of 9 April, Spitak’s and Racha-Lechkhumi earthquake, also in affair of medical support of wars in order to support Georgia’s territorial unity. By means of aegis of this association there are conducted five symposiums and six national conferences. Moreover there is reviewed and referred magazine that is a subject of international interest in English and Georgian languages. Nowadays there are released 10 numbers of Critical Condition and Catastrophe Medicine. In 2012 Georgian Association was accepted in World Federation of Critical Care Medicine and national member of European Society of Intensive Care Medicine. In 2012 this association was actively participated in establishing of the day Against sepsis by “Global Sepsis Alliance” and UNO.

It is considerable that units of critical care medicine are located in clinics of general state and regional level. Majority of them are represented as 5-10-15 bed structural unit and what refers to the leader organization The Critical Care Institute, it owns 20 bed of critical medicine; last year it was the only organization that was take part in “open audit” with other organization of critical care medicine conducted by the European Society of Intensive Care by the aegis of World Federation. The Institute of Critical Care Medicine in also the one in region which is included in the list of World Clinic Directorate and is acknowledge by this organization. In institutes of Critical Care Medicine, treatment happens considering the standards and protocols. There are no concrete data from this point of view but if we say rudely, in Georgia there are treated nearly 20000 patients per year, from which 5000_7000 are patients of child age; the another contingent is elder people. The majority of them suffers from critical condition caused by nervous, respiratory and cardiac-blood vessel diseases and because of this the Critical Care Medicine of Georgia raised the problem of developing critical conditions of elderly people as a subspecialty. By this fact there was underlined that apart from child age, neurological and cardiologic subspecialties, the creating of the last one must be take into consideration.

Still, the strongest side of the Service of Critical Care Medicine of Georgia are it’s scientific works which were collaborated in the Critical Care Medicine Institute. The Medical Science Academy of

Post-Soviet considered these works as priority direction of fundamental medicine's field. Nowadays there are nearly 300 scientific works including guidelines, monographs, inventions, patents, rational sentences and so on. With this direction there are protected nearly 20 dissertation by the way of "doctor of medical science", "candidate of medical science", and existing today "academic degree of philosophic doctore". These works have an international recognition and condition the confession of Critical Care Institute that has had a high rating during the recent five years in the "stage" of world's critical care medicine ("www.Critical Care Medicine Institute"). This is an unprecedented event not only in Georgia but in the world as the leader of rating is the institute with a little budget in the most expensive field of medicine. The most remarkable work is the discovery of "death code", establishing association of death process with pleasant feelings, creating of exclusive model of Critical Care Medicine Service, "medicine during limited resources", "new NATO for civilization of 21th Century", collaboration of theories, new directions, by the way of "death immunology" and "progenitive precursors committing", establishing distant method of controlling Critical Care Medicine Service, differentiate of life and death forms and argumentation of their variety, usage of immune absorption and music tunes so that to treat critical conditions, activation of subconscious functions, strengthening of ability to recognize future prognosis, and others.

But ,these do not mean that Georgian Critical Care Medicine did not and do not have any problems. Surprisingly, these problems had more than subjective character than an objective one and were consequences of representatives of medical sphere. Mostly these were ineffectual persons who tried to fill their professional weaknesses by means of detaining post on the hierarchical stair of state governance. In the areal of contestants were anesthesiologist-reanimatologist which protested the separating anesthesiology from Critical Care Medicine and their work sphere was reduced; they were not able to stay in hospital on duty after the narcosis conducted and lost the possibility to earn complementary compensation. Opponents of separating critical care medicine and anesthesiology were guided by mercantile ideas and do not consider hat anesthesiology is a specialty studying a pain and critical care medicine- dangerous conditions for life; they do not understand that these two field need to be separated in order to develop more in future; this was inevitable from the viewpoint that one "mortal" doctors "brain" is not enough to make a practical realization of information of these specialties that is accumulated in both spheres. Besides, the Critical Care Medicine of Georgia has other problems: little financial recourses, right expense of little "sums", and in particular cases, precise select of priorities that is vulnerable places for medical institutes of countries having limited resources. So, despite some kind of success The Critical Care Medicine of Georgia has to do a lot of work in order to achieve an optimal level. In future it's important to develop united system of controlling Critical Care Medicine Service; it is considerable there are performed significant work in Critical Care Medicine Service so that to achieve this goal: there is collaborated and functioning distant system of control, there are prepared and established automatic systems of usage standards and protocols, also creating patient's histories; there are also complied and probed an optimal method of financing Critical Care Medicine Service and other problems which must be regulated. Finally, in the near future we can see Georgia in the list of Countries, which managed processing systems of the similar strategic importance in the whole areal of country.

ზ. ხელაძე, ზგ. ხელაძე

საქართველო შორს წავიდა კრიტიკული მედიცინის სამსახურის ჩამოყალიბების საქმეში, მაგრამ გასაკეთებელი კვლავ ბევრია. (კრიტიკული მედიცინის ინსტიტუტი, თბილისი, საქართველო)

წარმოდგენილია საქართველოს კრიტიკული მედიცინის სამსახურის მუშაობის ანალიზი დასაბამიდან დღემდე. მითითებულია მიღწევები და ნაკლოვანი მხარეები. დასახულია მომვლის პერსპექტივა. გამოთქმულია მოსაზრება, რომ საქართველო შესაძლოა მაგალითი გახდეს განვითარებადი ქვეყნებისთვის, რომელთა უმეტესობას შეზღუდული რესურსების გამო კრიტიკული მედიცინის სამსახური ჯერ კიდევ არა აქვთ. თუმცა საქართველოს გამოცდილება შესაძლოა გაიზიარონ განვითარებულმა ქვეყნებმაც, რადგანაც ზოგიერთი მიმართულებით საქართველო ამ უკანასკნელებზეც უფრო შორს არის წასული.