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VOCATIONAL PROGRAM OF GENERAL PRACTITIONER OF 2000 MODEL IN CONDITIONS OF UZBEKISTAN AND TASKS OF PRE-DIPLOMA EDUCATION

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Abstract: The population of Uzbekistan as of January 1, 2024 is 36.8 million people. In 2021, the top ten leading causes of death include ischemic heart disease, stroke, chronic obstructive pulmonary disease and cancer of the lung, trachea and bronchi. Early marriage is common in some areas, and early pregnancy is a serious problem, posing a high risk of complications for both mother and fetus. Maternal mortality in Uzbekistan is high, especially due to postpartum purulent-septic diseases and gestosis. Infant mortality is also a concern, and deficiency of the trace element iodine is a serious public health problem. The incidence of diabetes mellitus and fluorosis has increased, and cardiovascular and respiratory diseases are common among young children. It is recommended that demographic, social, technological, and economic aspects affecting the medical profession and society be anticipated and addressed. The most important are diseases with high mortality rates, frequent occurrence or significant impact on people's lives. The training of general practitioners must take into account geographical, demographic, socioeconomic perspectives, hygiene difficulties and education. They must be prepared for urbanization, increased migration and changes in disease patterns. With a primary care orientation, GP training requires a solid foundation in internal medicine, an understanding of the medical sciences, and the organizational and economic aspects of health care.

Keywords: The top ten leading causes of death, maternal and Infant mortality, GP training with a primary care orientation.

Relevance. The phrase “Model 2000 physician profession” should be understood as the ability of all physicians to meet the steadily increasing demands of society on the profession of medicine in the changing conditions of morbidity, affliction, and morbidity of the population in the coming decades. This requires anticipating the demands that will arise in society [1,2,3].

In recent years in the Republic of Uzbekistan due to demographic, social, technological, economic reasons, as well as regional peculiarities there have been some changes in the state of health of the population. It is necessary to take these peculiarities into account when training a PTO at the stage of pre-graduate education [4,5,6].

Discussion of the obtained data. According to the UN Population Fund, the total population of the world at the beginning of 2024 is 8,147,701,969 billion people. Uzbekistan ranks 43rd in terms of population. Demographic data for 2024 have been published. As of January 1, 2024, the population of Uzbekistan reached 36.8 million people. Of these, women - 18.3 million, men - 18.5 million. 18.8 million people live in cities, 18 million in rural areas. Samarkand (4 million 208.5 thousand people), Fergana (4 million 560.5 thousand people) and Andijan (3 million 394.4 thousand people) regions are also noted as regions with the largest population. The most sparsely populated regions are Syrdarya (914 thousand people), Navoi (1

million 75.3 thousand people) and Jizzak (1 million 507.4 thousand people) oblasts. In 2023, 2.9 thousand people immigrated to Uzbekistan from abroad and 17.3 thousand Uzbeks moved abroad [7,8,9].

In 2023, 172.8 thousand deaths were registered in Uzbekistan. At least 61% of deaths were caused by diseases of the circulatory system. About 10.8% of people passed away due to neoplasms, and 5.5% due to respiratory diseases, accidents, poisoning and injuries - 5.2%, digestive diseases - 4.1%, infectious and parasitic diseases - 1.3% and other diseases - 12.4%.

The top 10 leading causes of death in 2019 looked pretty familiar. In descending order, these were coronary heart disease, stroke, chronic obstructive pulmonary disease, lower respiratory tract infections, neonatal disorders (i.e., any cause leading to death in the first month of life), Alzheimer's disease and other dementias, lung cancer, diabetes, chronic kidney disease, and finally diarrhea (usually associated with intestinal infections). The list was almost the same in 1990. However, this is where COVID-19 broke into the ranking. In 2021, the new disease came in second place after ischemia, pushing stroke to third position [10,11,12].

The top 5 leading causes of death in the World

Nosologies	Today.	%	In the current year
Ischemic heart disease	6 832	15,51	7 345 210
Stroke	4 869	11,06	5 235 350
Acute lower respiratory tract infections	2 490	5,65	2 676 624
Chronic obstructive pulmonary disease (COPD)	2 474	5,62	2 659 579
Cancer of the lungs, trachea and bronchi	1 322	3,00	1 421 413

Despite a 97% reduction in early marriages (under 18) across Uzbekistan, early marriages are most common in Samarkand, Andijan and Namangan regions. The statistics on early pregnancy for 2020 is 1,044 cases, which is 12.7% less than in 2019. Respondents also stated that in 38.2% of cases their health deteriorated. Pregnancy at a young age is a major challenge, posing a high risk of complications for both the mother and the fetus. The survey also showed that 41.6% of girls received a full range of medical care during and after pregnancy, 12.7% did not receive it at all, and 25.1% received it partially.

7.2% of respondents reported spending a lot of money on medical care. Thus, the reason (MS) for pregnant women of young age - liver diseases, 1/3 of them due to viral hepatitis; nephropathy of pregnancy; late toxicosis; bleeding; extragenital diseases. As negative consequences of early marriages, respondents indicated possible divorce (49.6%), negative impact on women's reproductive health and children's health (44.8%), possible family violence (19.5%), and negative impact on opportunities for self-realization in various spheres of life (17.5%).

According to some authors, Uzbekistan has a high percentage of maternal mortality (MM). In 2023, Uzbekistan registered more than 7000 deaths among newborns and more than 135 among mothers, 1741 children were born with congenital disabilities. This was stated at a meeting chaired by President Shavkat Mirziyoyev. Based on the data, babies die in 8.1 cases out of 1,000. Thus, 123 newborns die on average.

Maternal mortality occurs in 14.4 cases out of 1000. On average, 71 women die during pregnancy or childbirth. In Uzbekistan as a whole, mortality from postpartum purulent-septic diseases ranks 1 and 2 in the structure (MM). Cases of gestosis among pregnant women have become more frequent. The causes of

background condition were obesity, hypertension, chronic kidney disease, diabetes mellitus. The main cause of anemia in pregnant women was iron deficiency.

In the country as a whole, the mortality rate of children under 1 year of age is 21.7-22.5%. The cause in 25.9% of cases was infectious and parasitic diseases. Infant mortality has increased in such provinces as Tashkent, Samarkand, Andijan and Fergana. Among children who have had viral hepatitis, the proportion of chronic active delta hepatitis is 80.6 per cent, which is the reason for the increase in complications such as liver cirrhosis. Epidemiological studies have shown that in the Republic of Uzbekistan the deficiency of the microelement iodine averaged 50-60%, which is the reason for the growth of patients with endemic goiter and all its consequences. Iodine deficiency provokes miscarriages, stillbirths, and increases the risk that the child will be born with abnormalities.

The incidence of diabetes mellitus among children and adults has increased. Due to atmospheric pollution by various harmful substances (hydrogen fluoride, sulphur dioxide, nitrogen dioxide and carbon monoxide) exceeding MAC, the incidence of fluorosis, infectious and somatic diseases in children and among the population has increased 1.5-2 times over the last 3 years. Among children with pneumonia there is a high frequency of rickets, hypotrophy, encephalopathy, hypokalemia. Changes in the cardiovascular system such as cardiomyopathies, myocarditis, rhythm disturbances, mitral valve prolapse, congenital heart defects are common among young children. Hereditary predisposition, kinship to the proband plays an important role.

Hip joint changes, clubfoot, torticollis, etc. are common among newborns. High rhythm of life and labor complicates adaptation, gives birth to constant stress and can lead to serious diseases. Recently we, therapists, observe more and more neurogenic diseases of different organs and systems. Formally, this disease is therapeutic, but in fact due to overstrain of the nervous system. After a brief decline during the COVID-19 pandemic, global life expectancy at birth is rising again, reaching 73.3 years in 2024, up from 70.9 years during the pandemic. By the end of the 2050s, more than half of all global deaths will occur at age 80 or older, a rate that was at 17 percent in 1995.

Conclusions. It is necessary to tentatively anticipate the demographic, social, technological and economic background on the scale of the whole country and individual economic regions, which will make new demands on the medical profession. Secondly, it is necessary to foresee the ways, principles and methods, by which it will be possible to optimally meet the requirements of society to the professional training of a doctor To consider as the most important diseases those that are deadly, statistically the most frequent or affecting large contingents of people, leading to serious complications, accompanied by prolonged temporary and permanent loss of working capacity, well treatable with timely diagnosis.

It is necessary to plan training in the light of geographical and demographic, socio-economic perspectives, not to forget about hygienic difficulties, problems caused by motorization and intensification of production, in the light of the growth of alcoholism and drug addiction, to take into account physiological disadaptation in the migration of the population, maternal and child problems. Immigration may increase the risk of new infectious diseases in the region.

The tendency of the urban population to increase and the rural population to decrease indicates that the vigilance of the urban physician should not be lower than that of the rural physician. Hygienic difficulties (difficulties in water supply, disposal of waste, sewage, sewage, sewage) can lead to an increase in acute infectious diseases, in particular gastrointestinal diseases. This leads to a large increase in chronic, less often acute intoxications, a sharp increase in allergic diseases. The high mortality and fertility rates are due, among other reasons, to low levels of health care and education. The task of GPs is to improve the work of the adolescent service, with the aim of improving the health of girls and young women in order to ensure safe motherhood, and to promote the harms of early marriage. A general practitioner is a doctor, a highly

qualified specialist responsible for the health status of a certain population, who provides primary, necessary medical care and regulates the planning of the medical side of the family.

A GP is a doctor who provides personalized, primary and continuous care to individuals, families and communities in their homes or in a health center, regardless of age, gender and illness sometimes for years or decades. He/she makes the initial decision for each presenting problem, medical or otherwise. Training family physicians and general practitioners requires a lot of experience and hard work.

How to teach? Internal medicine encompasses a thousand nosologic units. But, dividing all the wealth of medical science into two large subgroups - for pregraduate and postgraduate training of a doctor, in pregraduate training we will bring only the most important ones, leaving all others for postgraduate training. The distribution is made taking into account the hierarchical importance of certain diseases and their significance for the formation of subsequent knowledge, skills and abilities.

The training of GPs is also conditioned by organizational and economic problems of health care and higher medical education. The tendency to increase the cost of medical care to the population leads to the fact that more and more complex types of diagnosis and treatment should be carried out in outpatient settings. This will require higher qualification of the outpatient doctor and reorganization of outpatient care in order to make it as effective as possible. As medical care becomes more expensive, hospitalization of patients will be attempted only for the short period of time necessary for complex and time-consuming diagnostic procedures.

A look into tomorrow, an attempt to forecast the conditions of society's development and its upcoming requirements for medicine and health care clearly dictate a long-term strategy for the training of a general practitioner.

References:

1. Ишанкулова Д. К. Однонаправленность этиопатогенетических изменений у больных острым и хроническим бронхитом как реальность хронизации воспалительного процесса в бронхах //Journal of Cardiorespiratory research.
2. Инновационный прогресс в исследованиях внутренней медицины. Материалы международной научно-практической конференции. Сам. – 2021. – С. 23-24.
3. Дилором К. И. (2022). ЭФФЕКТИВНОСТЬ ПРОТИВОВИРУСНОГО ЛЕЧЕНИЯ БОЛЬНЫХ ОСТРЫМ ЗАТЯЖНЫМ И РЕЦИДИВИРУЮЩИМ БРОНХИТОМ. *Евразийский журнал медицинских и естественных наук*, *2*(5), 253–258. извлечено от https://www.in-academy.uz/index.php/EJMNS/article/view/1650
4. Ishankulova D. K. O'TKIR CHO'ZILGAN BRONXITNING SURUNKALI BRONXIT SHAKLLANISH BOSHQICHI SIFATIDAGI KLINIK XUSUSIYATLARI //Евразийский журнал медицинских и естественных наук. – 2022. – Т. 2. – №. 6. – С. 493-497.
5. Ishankulova D. K. The Formation of Mucociliary Insufficiency in the Bronches on the Role of Respiratory Viral Infection //Journal of Pharmaceutical Research International. – 2022. – Т. 34. – №. 34A. – С. 1-7.
6. Ishankulova D. K. The effects of respiratory viral infection in combating Avicenna's legacy. – 2023. American Journal of Social and Humanitarian Research, 3(1), 378–383. https://doi.org/10.31150/ajshr.v3i1.825
7. Ishankulova, D. K. ., & Nizomov, B. U. . (2022). Evaluation of the Efficacy of Treatment with Resistol in Patients with Acute Respiratory Virus Infection. *Vital Annex: International Journal of Novel*

Research in Advanced Sciences, *1*(5), 331–333. Retrieved from https://innosci.org/IJNRAS/article/view/534

8. Ishankulova Dilorom Kamarovna. (2022). classification, principles of treatment and prevention of chronic bronchitis. Results of National Scientific Research, 1(9), 426–436.
9. Kamarovna I. D. Influence of the Premorbid Background on the Clinical and Immunological Picture of Patients at the Stage of Formation of Chronic Bronchitis //Central Asian Journal of Medical and Natural Science. – 2023. – Т. 4. – №. 4. – С. 158-163.
10. Nasirova A. A. et al. Features Of Immunological Indicators In Patients With Chronic Obstructive Lung Disease And Bronchial Asthma //Solid State Technology. – 2020. – Т. 63. – №. 6. – С. 6873-6880.
11. A., Ruziyeva A., et al. "Verification of Dyspnea According to External Respiratory Function in Patients with Bronchial Asthma." *International Journal on Orange Technologies*, vol. 3, no. 2, 2021, pp. 48-51, doi:10.31149/ijot.v3i2.1279.
12. https://www.uzdaily.uz/ru/chislennost-postoiannogo-naseleniia-uzbekistana-sostavila-3679-mln-chelovek/
13. https://www.gazeta.uz/ru/2022/09/29/senate/