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Original Article

Dynamics of assessing the availability of medical care by patients in the Far East from 2005-2025

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ABSTRACT

The main studies of the availability of medical care in the Russian Federation base on statistical data and a survey of patients. There is a lack of data in the Far Eastern Federal District. Purpose of the study: analysis of the dynamics of assessing the availability of medical care by patients in the Far East. Sociological surveys were conducted in the Khabarovsk Territory in 2005 (n = 1098) using paper questionnaires and in 2025 (n = 2888) using Google Forms. Primary data were processed using the Kendall rank correlation coefficient. Most often, in 2005, a doctor's appointment with a non-acute pathology was conducted in 1-2 days, and in 2025, within a week. The situation is somewhat leveled by the redistribution of patients to private clinics in 2025. Over the 20 years studied, there is a redistribution of answers about the time of service in the clinic from 1-2 hours or more, towards answers of 15-30 minutes. The number of prescribed drugs has not changed significantly - most often, the patient receives 3-5 drugs. The own purchase of medical and pharmaceutical goods for the day hospital and hospitalization has significantly decreased. Most often, respondents purchased drugs for hospitalization. Antibacterial drugs remain the most popular group, and ceftriaxone is the most purchased antibiotic for these purposes. The results of the sociological study demonstrate, in general, an increase in the availability of medical care for the population over the study's 20 years, including through the receipt of medical care in private clinics.

Keywords: Medical care, Dynamics, Drugs, Antibiotics, Acquisition, Availability

Introduction

The availability of medical care is one of the most important factors that can have a significant impact on the quality of life of the population. Different countries may use their own methods and criteria for researching to assess and control it. So, in Austria, Belgium, Germany, and Estonia, the experience of creating an institution of independent ombudsmen is used, patients have the right to control the treatment process, as well as the possibility of choosing a medical organization and a doctor, and in Belgium, the choice of an insurance organization [1]. In other countries, indicators characterizing the waiting time for medical care by patients are applied. There is a correlation of the indicator with the resource capabilities of organizations [2].

The availability of medical care in Russia (RF) is also one of the pressing problems in the healthcare sector. In accordance with Article 10 of Federal Law № 323, the availability and quality of medical care in the Russian Federation is ensured by: "organizing the provision of medical care on the principle of proximity to the place of residence, work or training; availability of the required number of medical workers and the level of their qualifications; the possibility of choosing a medical organization and a doctor; application of medical care procedures, clinical guidelines and standards; providing a guaranteed amount of medical care in accordance with the program of state guarantees; establishing

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requirements for the placement of organizations based on the needs of the population; transport accessibility of medical organizations; the possibility of unhindered and free transportation of the patient to the nearest medical organization in cases that threaten his life and health; equipping medical organizations; the use of telemedicine technologies "[3-5].

Based on the factors presented, the availability of medical care may change, so from 2005 to 2023, there is a decrease in the number of hospital organizations from 9.5 to 5.2 thousand, that is, by 45%. The number of hospital beds per 10,000 population also decreased from 110.9 in 2005 to 77.5 in 2023 - that is, by 30%. At the same time, the number of outpatient organizations did not change significantly over 18 years, from 21.8 thousand to 22.7 thousand (an increase of 4%), and the capacity (the number of visits per shift per 10,000 people) - from 256.0 to 304.6 (an increase of 19%). The number of doctors per 10,000 people also changed slightly from 48.6 to 51.9 (an increase of 6.8%). The incidence rate of the population in the main classes of diseases (registered diseases in patients diagnosed for the first time in their lives per 1000 people of the population) remains consistently high, 743.7 in 2005 and 822.1 in 2023 (an increase of 10.5%) [6-8].

Up-to-date statistics demonstrate the feasibility of assessing and monitoring the availability of care. In a comparative study of the situation in Russia and the countries of the European Union, as criteria, they used "coverage of the population receiving medical care through state insurance; the volume of household personal payments for health care; territorial distribution of doctors; assessment of unmet needs of the population in the field of medical care". Based on the data obtained, conclusions can be drawn about the discrepancy between the basic package of health services and the needs of the population; an increase in personal spending on health maintenance, compared to European countries; unevenness (compared to Europe) in the provision of doctors in urban and rural areas, especially highly qualified medical personnel. The problems of transport accessibility and high cost of services remain relevant for Russia [9, 10].

The uniformity of the availability of medical care is also one of the problems of the health care system of the Russian Federation. So, in a study of the regions of the European north (Murmansk region, Komi Republic, Arkhangelsk region, Nenets Autonomous Area), "a lag in the number of doctors per capita and the number of registered cases of the disease was revealed. The medical burden for the adult population is 30-50% higher than the national average, and for children it is 2-2.5 times "[11, 12]. A promising area is research, including an analysis of not only the staffing of medical personnel and the territorial (geographical) accessibility of medical institutions (quality of the roadway, average speed of cars on the roads, spatial spread of diseases and the placement of territorial health care facilities) in the constituent entities of the Russian Federation [13-15].

Evaluating patients' medical complaints is an interesting method of determining the availability of care. Therefore, an examination of the problems of violation of the availability and quality of medical care was conducted in the Moscow region with the aid of artificial intelligence. Based on the results obtained, it can be concluded that "the statistics of public complaints about the activities of medical organizations reflect the situation with the availability of medical care. Most patient complaints are initially explained by a shortage of medical personnel and overload of medical workers "[16, 17].

In a study in the Vologda region, an integral index of the availability of medical care was tested. Based on the data obtained, it can be concluded that the availability of medical care/services in private medical organizations is higher than in public ones; the least subjective assessments received medical care in rural areas; the highest level of accessibility was found in small towns [18].

The results of the study in the Saratov region demonstrate a shortage of personnel in 23 medical specialties, a decrease in the availability of medical care to the population of the districts in the winter, the need to contact larger (regional) medical organizations, the geographical remoteness of the districts, the lack of funds from the population to pay for medicines, roads, as well as medical care on a paid basis [19, 20].

Based on the data from the survey of patients in the Republic of Tatarstan, it can be concluded that the most relevant criteria when assessing the availability of medical care for patients are the expectation of a specialist, the ability to get to a narrow-profile specialist, the availability of diagnostic procedures (biochemical blood test, computed and magnetic resonance imaging, ultrasound), attention from medical workers [21-23].

Based on the results of the survey of patients in the Krasnodar Territory, problems were also identified that arise when it is necessary to obtain advice from specialized doctors, long waiting times for referral for laboratory diagnostic and other instrumental studies [24-26].

Studies are also conducted on the availability of medical care for certain categories of the population. For example, based on a questionnaire, barriers for patients over working age were analyzed - "problems with movement due to inconvenient location of offices, lack of the necessary specialist and the need to visit another medical organization, living in rural areas, the presence of financial problems, and low social integration, older age" [27, 28].

According to a sociological survey of the population in rural areas, a smaller proportion of respondents assess their state of health as good. Rural residents are less likely to seek medical care and turn to specialists on a paid basis. The main reasons for low availability are the lack of specialists (equipment), long queues, or the remoteness of organizations where medical care is provided free of charge. However, compared to citizens, rural dwellers are more satisfied with the work of medical organizations [29, 30].

In general, the reasons for the low availability of medical care in the Russian Federation are staff shortage in state healthcare institutions, chronic underfunding, and the lack of an established system for replenishing medical personnel, low motivation to work in the public healthcare system, and insufficient training of novice doctors [31, 32].

According to the results of a sociological survey, problems were also identified: "the lack of the right specialist in the clinic or the

inability to sign up for it; inability to receive all necessary services in one place; long wait for reception of a narrow specialist after registration - more than 14 working days; difficulty getting through to the clinic to make an appointment for an examination, an appointment or to get background information; long wait for instrumental examinations (X-ray, magnetic resonance imaging, computed tomography, ultrasound) after their appointment - more than 14 working days; incorrect behavior of health workers; the difficulty of calling a doctor at home; purchase of drugs prescribed by a doctor at his own expense; referral for paid examinations or tests before hospitalization; additional costs for paid services during the hospital stay; acquisition of consumables at its own expense "[33-35].

Also, many studies are aimed at studying the possibilities of increasing the availability of medical care, without a serious increase in the burden on the budget of the Russian Federation and its subjects. One of these options is the operation of mobile consulting and diagnostic centers based on Russian Railways trains, motor ships, and mobile medical complexes [36], as well as the active introduction of telemedicine technologies, consultations, including when organizing the provision of specialized, including high-tech medical care [37, 38].

Thus, in the Russian Federation, studies are actively conducted on the availability of medical care based on an analysis of the staffing of medical organizations, the incidence of the population, geographical factors, but the most common method remains the questionnaire of the population. Nevertheless, there is a lack of data on the assessment and dynamics of the availability of medical care in the territory of the largest and sparsely populated federal district - the Far Eastern (Far Eastern Federal District about 40% of the territory of the Russian Federation). Low population density, remoteness from the center (Asian part of the Russian Federation) and municipalities from each other, as well as the concentration of medical specialists mainly in large cities, the outflow of the population and specialists can lead to a decrease in the availability of medical services for the population. At the same time, the structure of the most common diseases of the population in the Far Eastern Federal District in 2022-2023 corresponds to the all-Russian one. Respiratory diseases, injuries, poisoning, and some other consequences of exposure to external causes, diseases of the genitourinary system, skin, and subcutaneous tissue are leading [8, 39-41]. Therefore, the purpose of our study is to analyze the dynamics of assessing the availability of medical care by patients in the Far East from 2005-2025.

Materials and Methods

The survey was conducted based on the Federal State Educational Institution of Higher Education, Far Eastern State Medical University of the Ministry of Health of the Russian Federation. In 2005, paper-based questionnaires were used. A sociological survey was conducted in 2025 using the Google form (URL https://www.google.ru/intx/ru/forms/about/). Links were sent with the consent of the respondent. The questionnaire consisted of questions to identify the characteristics of the respondent (gender, age, education, availability of benefits), assessment of the availability of medical care (time of appointment with a doctor, service, prescribed number of drugs, recipe design), the completeness of providing the treatment process in medical organizations (self-purchase of medical products).

The sample was 1,098 respondents in 2005 (n = 1,098). In 2025, 2,895 respondents were surveyed. 2,888 questionnaires (n = 2,888) were considered suitable for processing; thus, the response was 99%. With confidence probability of 95% and a share of the sign of 50%, the confidence interval in 2005 was ± 2.96%, and in 2025, ± 1.82%. In 2005, the survey was conducted in the city of Khabarovsk. In 2025, 58 regions of RF were included in the sociological survey, while more than 90% of respondents accounted for the Far Eastern Federal District. The forms were sent out with the participation of students of the FESMU.

Statistical analysis

Primary data was processed using Microsoft Excel (Microsoft Office 365 suite). When processing the questionnaires, the respondents' answers were coded using nominal and ordinal scales. Statistical data processing was carried out using the IBM SPSS 25 program. The Kendall rank correlation coefficient (Kendall Tau-b) and Spearman rank correlation coefficient were used to determine the correlation, the relationship of the distribution of responses with the year of the study. The correlation was considered statistically significant with a significance (two-sided) of less than 0.05 ($p < 0.05$).

Results and Discussion

Characteristics of respondents participating in the study are presented in **Table 1**.

Table 1. Characteristics of respondents and dynamics of health care availability for the population

Criterion	Characteristic	2005 year	2025 year	Private Clinic 2025	P Tau-b Kendall
Gender	Male	23,4%	31,1%		
	Female	76,6%	68,9%		
Age	less than 20 years	29,1%	32,0%		
	21-40 years	37,1%	42,3%		
	41-60 years	26,7%	21,1%		
	Over 61 years	7,1%	4,6%		

Education	Incomplete secondary general (incomplete school)	1,7%	5,8%		
	Secondary general (graduated from school)	42,7%	28,4%		
	Secondary vocational (technical school, college)	12,6%	22,4%		
	Higher professional (university, institute, academy)	43,0%	43,4%		
Benefit	Is available	11,7%	16,1%		
Time of appointment with a doctor for non-acute pathology of the day	1-2 days	47,2%	24%	57,1%	p=0,001
	2-7 days	44,0%	35%	30,8%	
	7-14 days	5,9%	30%	8,3%	
	15-30 days and more	2,9%	12%	1,3%	
Clinic service time	Less than 15 minutes	12,4%	12,3%	43,3%	p=0,001
	15-30 minutes	19,6%	28,5%	41,1%	
	30-60 minutes	27,2%	36,5%	12,8%	
	1-2 hours	22,1%	14,3%	1,5%	
	More than 2 hours	18,7%	8,4%	1,4%	
Number of drugs prescribed	1-2	29,6%	36,6%		*p=0,470*
	3-5	65,8%	51,4%		
	5-7	3,5%	7,6%		
	7-10 and more	1,2%	4,4%		

Based on the data obtained, it is possible to determine the most common characteristics of respondents: female sex, up to 40 years old, with higher education, which does not have benefits. According to the results of 2025, the share of respondents with secondary education increased significantly, due to the indicator - graduated from school.

The next block of questions was devoted to the dynamics of the availability of medical care from 2005-2025. The distribution of respondents' responses is presented in **Table 1**. The reliability of the correlation with the study period is analyzed for state medical organizations because, in 2005, in the Russian Federation, especially in the Far Eastern Federal District (the most sparsely populated territory of the Russian Federation), a small number of private medical organizations were observed. Therefore, many respondents did not have the opportunity to assess the frequency of visits to such organizations. There is a significant correlation with the study period, Rs = 0.3, that is, in general, the average appointment time to the doctor increased. The most common response in 2005 was 1-2 days, and after 20 years, the public clinic most often appointment with a doctor in a week. The situation is somewhat leveled by the redistribution of patients to private (paid) clinics in 2025, in which, most often, there is an opportunity to receive medical care in 1-2 days.

Another trend observed over the past 20 years has been a reduction in the time of a visit to a medical organization in 2025. There was a redistribution of respondents' answers from 1-2 hours or more towards answers of 15-30 minutes, which proves a reduction in waiting time and reception at a state medical organization [42-46]. The advantage of private medical organizations is saving time for the patient. The most common responses were less than 30 minutes, which is convenient for the young working population [47-52].

The structure of the number of prescribed drugs did not change significantly over the study 20 years. Most often, the patient receives 3-5 drugs. The prescription of several drugs, in accordance with clinical recommendations (mandatory for the Russian Federation), is effective if patients are highly compliant with medical prescriptions [53-57].

According to the requirements of regulatory legal acts, the registration of a prescription when prescribing drugs is mandatory; nevertheless, in 2005, 57.9% of respondents noted the absence of a prescription. Despite the tightening of legislative requirements, regular inspections by Roszdravnadzor in 2025 were noted by 50.5% of respondents (p = 0.001). Based on the data obtained, it can be concluded that the trend of the lack of a properly issued prescription in the patient remains, which is a violation [7, 58, 59].

The purchase of all medical and pharmaceutical products at the outpatient stage of therapy occurs most often by the patient at their own expense. At the same time, in case of hospitalization of the patient (day hospital or round-the-clock), the patient should receive help free of charge. Therefore, in the next block of questions, we asked patients to clarify what they independently acquired in case of hospitalization. The distribution of respondents' responses while in the day hospital is presented in **Figure 1**.

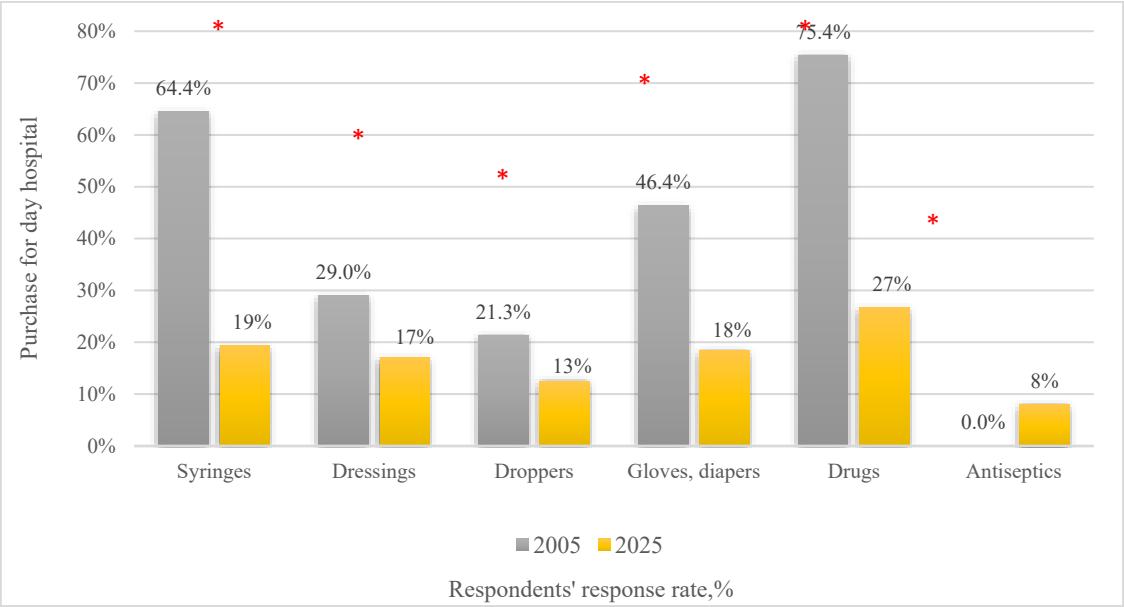

Figure 1. Respondents' opinions on the purchase of medical supplies for a day hospital
* $p < 0.05$ - correlation with the study period is significant

More than 75% of patients in 2005 purchased drugs on their own, as well as more than 25% in 2025. Syringes, diapers, and gloves are also often purchased independently. Nevertheless, over the study 20 years, there was a significant decrease in patients' self-purchase of medical and pharmaceutical products ($p=0.001$, $0.18<Rs<0.445$). Most often, drugs were purchased, so patients indicated therapeutic classes or the names of the drugs they bought. The rating of therapeutic classes of drugs purchased for the day hospital is presented in **Table 2**.

Table 2. Rating of the most purchased therapeutic groups for the day hospital

Position	Therapeutic group	
	2005 year	2025 year
1	*Antibiotics - 41%*	Neurological (Combilipen, Berlithion, Chondroitini sulfas)
2	Microcirculants (Actovegin, Vinpocetine, Cerebrolysin, Dipiridamol)	Microcirculants (+Actovegin, Ethylmethylhydroxypyridine succinate, Cerebrolysin)
3	Cardiovascular (Enalapril, Indapamide, Lisinopril, Ramipril)	Anesthetics (Procainum, Lidocaine, Articaine)
4	Vitamins and trace elements	*Antibiotics (Ceftriaxone) - 10%*
5	Neurological (Pyracetam, Magne B6, Meldonium)	Non-steroidal anti-inflammatory drugs (Meloxicam)
6	Non-steroidal anti-inflammatory drugs	External medicinal products
7	Gastroenterological (Dalargin, Essentiale, Ranitidine, Omeprazole, etc.)	Cardiovascular (+ diuretic)
8	Antiallergic (Fenspiridum, Loratadine)	Vitamins and trace elements (Iron)
9	Antitussive, mucolytics (Ambroxol, Bromhexine)	Hormones (GCS - Triamcinolone)
10	Antifungal and vaccines (Itraconazole, Fluconazole, Nystatin, hepatitis vaccine)	Hemostasis correctors (Sulodexide, Erythropoetin, Tranexamic acid)

The most purchased in 2005 for a day hospital was a group of antibacterial drugs (AMPs). Almost half of the respondents' answers came from her. Microcirculants, cardiovascular, and neurological drugs were also often purchased. In 2025, there was a redistribution of the share of antibiotics towards other therapeutic classes, and the acquisition of anesthetics also increased.

The antimicrobial group is also interesting due to the global problem of antibiotic resistance; therefore, the following question was devoted to the structure of their acquisition **(Figure 2)**.

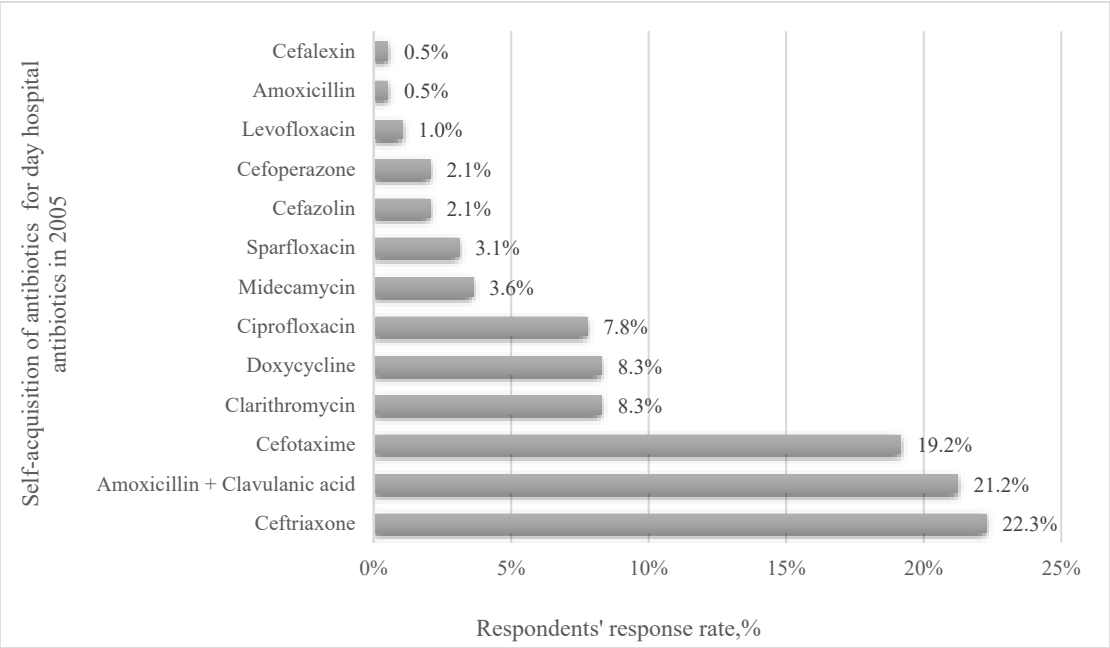

Figure 2. Patient acquisition of day hospital antibiotics in 2005

The most sought-after antibiotic was ceftriaxone. In 2025, it was the only antimicrobial drug mentioned by respondents. In 2005, the top three also included a combination of Amoxicillin + Clavulanic acid and Cefotaxime. Based on the results obtained, we can conclude that the most frequent use of 3rd generation cephalosporins and inhibitor-protected penicillins. The absence of other AMPs in respondents' responses demonstrates a reduction in their use for the day hospital.

The last block of questions was devoted to hospitalization in a round-the-clock hospital. The structure of medical and pharmaceutical goods own acquisition is shown in **Figure 3**.

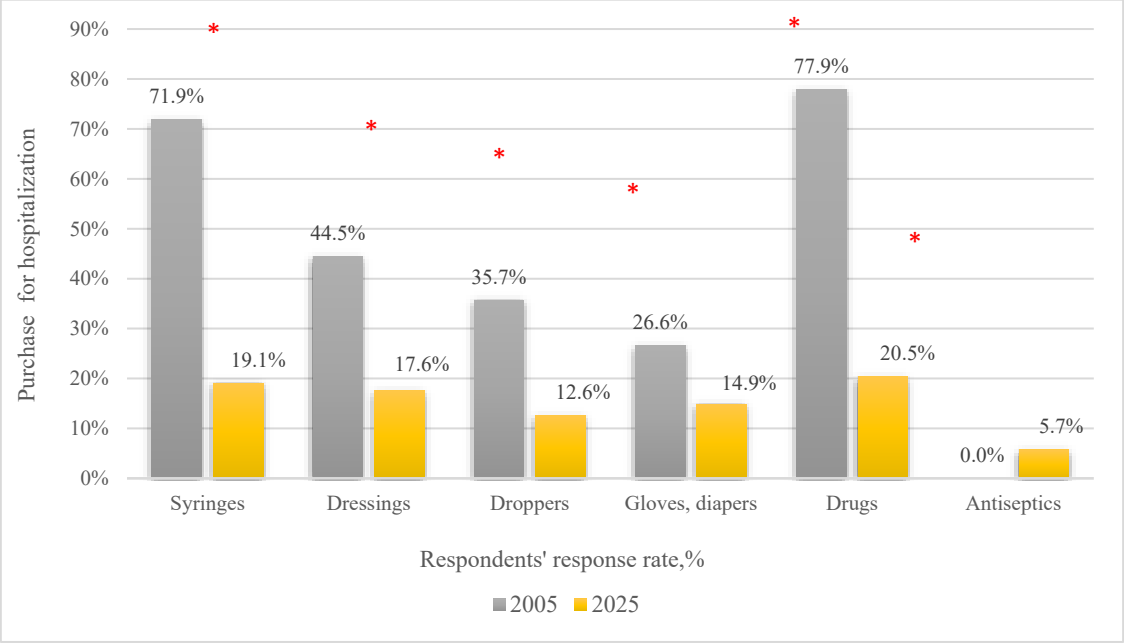

Figure 3. Respondents' opinions on the purchase of medical supplies for hospitalization
* $p < 0.05$ - correlation with the study period is significant

Also, more than 70% of respondents in 2005 independently purchased drugs and syringes. More than 40% bought dressings. In 2005, self-acquisition by patients decreased significantly across all areas ($p=0.001$, $0.2<Rs<0.448$). Based on the data obtained, it can be concluded that state funding for healthcare procurement has been expanded and material support for hospitals has been improved.

The rating of therapeutic groups of drugs that were purchased during hospitalization in a round-the-clock hospital is presented in **Table 3**.

Table 3. Rating of the most purchased therapeutic groups for hospitalization

Position	Therapeutic group	
	2005 year	2025 year
1	*Antibiotics - 47%*	*Antibiotics - 12%*
2	Microcirculants (Betahistine, Vinpocetine, Nimodipine, Cerebrolysin, Pentoxifylline, Dextran)	External medicinal products (ointments, solutions, drops, etc.)
3	Gastroenterological (Ademetionine, Essentiale, Famotidine, Drotaverine, Omeprazole, Rabeprazole, etc.)	Non-steroidal anti-inflammatory drugs
4	Hemostasis correctors (Aprotinin, Dalteparin, Aminomethylbenzoic acid)	Anesthetics
5	Cardiovascular (Amiodarone, Indapamide, Betaxolol, Perindopril, Bendazol)	Hemostasis correctors (Heparin, Rivaroxaban, Enoxaparin)
6	Non-steroidal anti-inflammatory drugs (Ketoprofen, Metamizole sodium, Ketorolac)	Antitussive, mucolytics (Acetylcysteine, Butamirate)
7	Vitamins and trace elements (Ferrous sulfate + Ascorbic acid)	Cardiovascular (Telmisartan)
8	Neurological (Pyracetam, Meldonium, Cortexin)	Gastroenterological (Sodium laurylsulfoacetate + Sodium citrate + Sorbitol)
9	Female hormones (Oxytocin)	Female hormones (Progesterone)
10	Immunostimulators	Pro-prebiotics

Antibiotics are also in the lead in the ranking of the most purchased drugs for hospitals. A similar trend is observed - their share decreased from 47% to 12%. In 2005, microcirculants and gastroenterological, hemostasis correctors were also often purchased. And in 2025, external drugs, anesthetics, painkillers, hemostasis correctors - that is, mainly drugs, to reduce side effects from medical manipulations or drugs used.

The distribution of respondents' responses on the acquisition of AMPs in 2005 is shown in **Figure 4**.

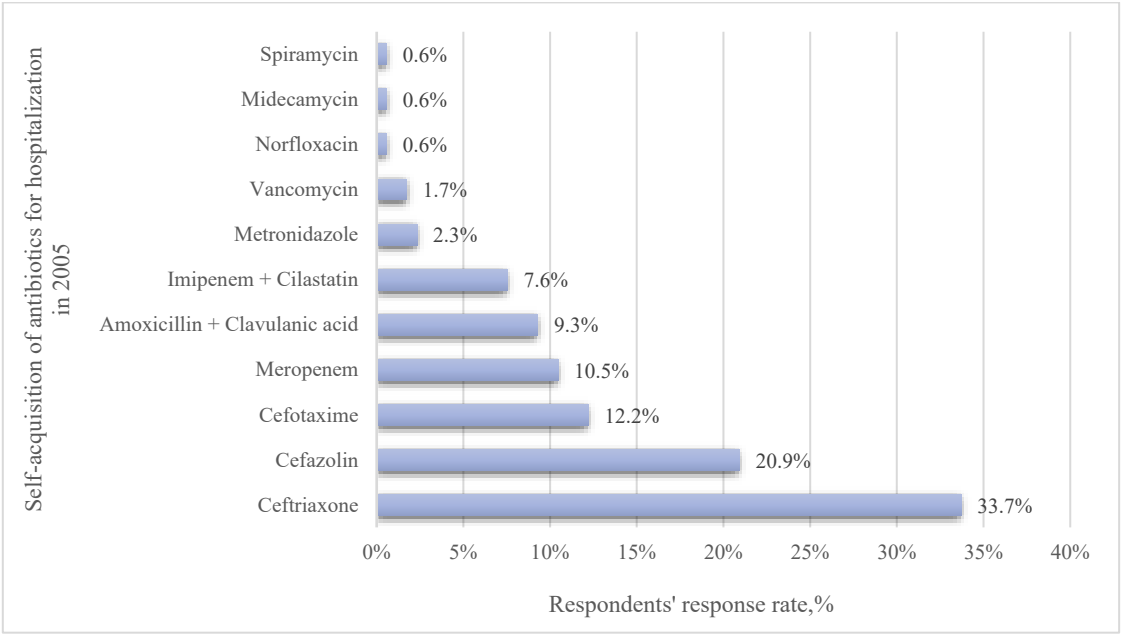

Figure 4. Patient acquisition of antibiotics during hospitalization in 2005

In 2005, the purchase of Ceftiaxone was also the most popular. But antibiotics of reserve appear in the structure (Meropenem, Imipenem + Cilastatin, Vancomycin). They were probably purchased for intensive care units. In 2025, respondents could not remember the names of antibiotics, only the therapeutic class.

Changes in the distribution of education level among respondents towards secondary vocational (an increase in its share) can be explained by the growing popularity of secondary education and a decrease in enrollment in classes of high schools, the orientation of state policy of the last decade. The proportion of beneficiaries can be explained by the young age of most respondents (under 40 years old) participating in this study.

Despite the digitalization of modern medical organizations, as well as the possibility of making an appointment with a specialist online, for the 20 years studied, there has been no reduction in the time before a visit to the doctor. The current situation can be explained by the insufficient number of medical personnel (shortage of personnel), especially narrow-profile specialists in state organizations. The frequent transition of doctors to private

clinics, their work at the same time in several organizations, as well as the limited time of work of specialists.

The data obtained on the time spent in a state medical organization can be explained, on the one hand, by the introduction of an online appointment with a doctor, and on the other hand, by a reduction in the time of visiting a doctor according to the standard in the Russian Federation. For example, a visit to the therapist lasts 10-15 minutes. The situation is often complicated by the presence of extraordinary patients with the need for an emergency appointment, as well as the violation of the schedule of appointments with the doctor by the patients themselves. In private clinics, due to the need to pay for services, specialists and patients themselves try to adhere to the schedule, so the time spent in such clinics is significantly less. Prescribing 3-5 drugs to a patient is most often due to the mandatory implementation of clinical recommendations in the treatment of the patient. The use of rational combinations can increase the effectiveness of therapy, while leading to its rise in price, due to the independent acquisition by the patients themselves (not by insurance from the compulsory health insurance fund - the share of beneficiaries was less than 20%). In addition, the simultaneous use of many drugs can lead to a decrease in compliance; therefore, it is advisable to use fixed-dose combinations.

The lack of a properly written prescription by the majority of respondents can be explained by violations on the part of medical specialists on the one hand, and pharmaceutical workers on the other. The problem of prescription drugs remains relevant, especially while maintaining a high level of self-medication among the population. In the case of a visit duration of 10 minutes, it is difficult to have time to complete all the documentation and write a prescription. A pharmacy is most often a commercial organization with a dependence on sales profits; therefore, it is economically interested in the sale of drugs.

The high frequency of self-acquisition of antimicrobial drugs, both for a day hospital and for hospitalization, can be explained by the prevalence of bacterial diseases, including as a complication of the main disease. The situation is aggravated by the risk of nosocomial infections in the hospital. The acquisition of microcirculants, cardiovascular, and neurological drugs is natural based on the structure of the incidence of the population. In 2025, the decrease in their independent acquisition for a round-the-clock hospital can be explained by the distribution of beds by profile, as well as by the purchase of drugs in the hospital in accordance with the requirements of regulations.

The high frequency of Ceftriaxone use, including in 2025, can be explained by the increase in resistance to the 1-2 generation of cephalosporins. Most AMPs, which were purchased in 2005 in a day hospital, are tablet/capsulated, therefore they can be used at the outpatient stage of therapy, without the need for hospitalization. The high frequency of patients self-purchasing carbapenems and glycopeptides in 2005 proves the lack of funding and insufficient purchase of broad-spectrum antibiotics/reserve in 2005 for hospitals. In 2025, patients could not remember the names of the drugs, but in general, AMPs were purchased less often than 20 years ago. Treatment of the primary diseases during hospitalization at the expense of the Federal Compulsory Medical Insurance Fund explains the shift in therapeutic group ratings towards correcting base therapy side effects.

Conclusion

The results of the pharmacoepidemiological study demonstrate an overall increase in the availability of medical care for the population over the study 20 years. The average length of time waiting to see a specialist has increased, although the patient's stay in the medical facility has decreased. The number of drugs prescribed to the patient did not change significantly. At the outpatient-polyclinic stage, the purchase of medicines is mainly carried out by the patient independently, and during hospitalization, the frequency of purchases of medical and pharmaceutical goods significantly decreases. Most often, during hospitalization, medicines are purchased independently; the most popular are antibacterial drugs. The most purchased in the group of antibiotics is Ceftriaxone. The availability of medical care has also increased due to the active distribution of private clinics with a shorter waiting period, as well as the absence of the need to spend an hour or more in the clinic.

The direction of further research on the availability of medical care can be a comparative assessment of satisfaction with medical care, the possibility of paying for the services of private medical organizations by the population, the frequency of appeals to public and private organizations, the reasons for choosing private clinics, and the degree of trust in them. A promising area of research is to analyze the possibilities of online consultations and artificial intelligence to increase the availability of medical care, especially for sparsely populated and geographically remote areas.)

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Ethics statement: Study approval was provided by the Ethics Committee of the FESMU (Minutes № 2, 2025). Consent was obtained from all participants.

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