

韓國農村醫學의 將來

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序 文

韓國農村 經濟가 急速히 向上되어 감에 따라 農村住民의 保健醫療에 對한 利用度가 높아져 가고 있는 實情으로서 農村地域에 醫療惠澤의 不均 露를 正하여 保健醫療施惠의 質의 向上을 圖謀 하기 爲하여 保健醫療網의 擴張과 農村地域住民 의 無料分娩介助와 原價診療를 施行하여 醫療均 露施策의 土臺를 構築하고 醫療保險制度의 基盤 을 造固하고자 한다.

1. 農村保健 醫療網의 強化

農村地域에는 醫療施設의 貧弱과 醫師의 不足, 交通의 不便等으로 迅速하고 體系의인 診療가 어 려은 點이 많아 이를 強化하기 爲하여 地域別로 診療圈을 設定하고 患者에 對한 診療傳達 體系를 強化한다.

a) 診療圈의 設定

大診療圈과 小診療圈으로 區分

大診療圈：全國市道別로 構成

各 地域別 中央病院 1個所 設置

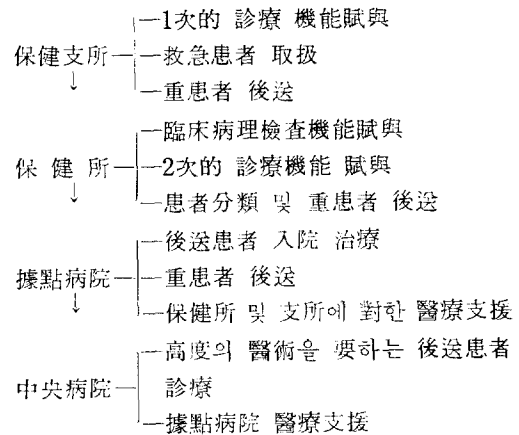
小診療圈：各小診療圈別 據點病院 1個所 設置

b) 保健醫療 傳達體系와 機能

患者發生時 그 疾病의 輕重에 따라 後送體系는 다음과 같이

患者→保健支所→保健所→據點病院→中央病院 順으로 後送을 하게 된다.

各診療所의 診療機能 限界는 다음과 같다.



2. 農村地域의 保健所 및 支所運營改善

從來에는 農村地域에 保健醫療事業을 郡單位 保健所가 中心이되어 事業을 展開해 왔으나 農村 이라는 地域的인 特殊性때문에 醫療惠澤의 均露 施惠가 困難하였다. 그래서 이 方法을 止揚하고 面單位 保健支所 또는 部落單位 中心으로 農村保 健事業을 推進해 나갈 計劃이며 保健所 및 支所 이 다음과 같은 業務機能을 補強시켜 地域單位 醫療施惠에 不便이 없도록 그 土臺를 構築해 나 가고 있다.

a) 保健所

事業方針과 業務

1. 各種 保健醫療事業의 綜合的 計劃管理

2. 保健支所에 對한 各種保健醫療事業에 中樞 的 支援部署 役割

3. 農村保健을 爲한 地域中心役割

4. 診療業務를 強化시켜 外來患者의 診療과 後 送患者를 暫定的으로 入院治療可能토록 한다.

5. 各種 病理檢査 機能을 強化

6. 醫療保險業務의 地域單位 役割

1) 保健支所

事業方針과 業務

- 1 患者에 對한 一次의 診療와 重患者 및 應急患者 後送
- 2 農村地域內 產母에 對해 定期的으로 産前・産後 管理와 分娩介助 및 母子 保健과 家族計劃 事業의 推進
3. 結核 및 急慢性疾患과 風土病 및 農夫病 管理 및 豫防指導
4. 保健看護事業을 強化
面單位로 保健看護員 1名, 助産員 1名 看護補助員 3名, 計 5名을 增員配置한다.
(現在 補助看護員 2名을 配置)
5. 農村生活環境改善과 衛生指導

3. 原價診療(Lower cost medical care)

低所得層의 農村地域 住民에게 良質의 醫療를 低廉하게 施惠할 수 있도록 醫療 均霑施策의 土臺를 構築하기 爲하여 分娩介助, 母子保健, 結核 家族計劃, 風土病 및 農夫病管理에 對해서는 無料로 施術할 것이며, 一般患者에 對해서도 無料 또는 原價診療토록 하고 重患者나 應急患者는 據點病院 또는 中央病院으로 後送하여 患者에게 診療原價 以外는 負擔이 가지 않도록 하며 病院 運營費는 國家에서 負擔하여 將次 施行할 醫療保險 制度에 基盤을 造成한다.

4. 診療圈形成과 患者後送體系

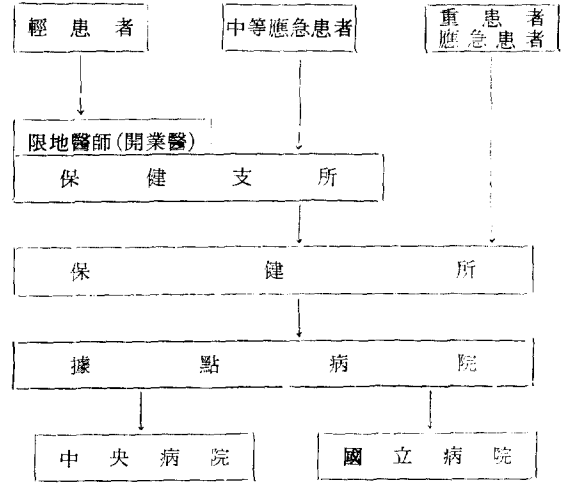
患者를 輕, 中等, 重患者로 分類하여 疾病의 輕・重에 따라 患者를 初診所 (保健支所), 保健所, 據點病院, 中央病院의 順으로 診療圈을 地域 單位로 形成하여 迅速하고 不便없는 診療를 받을 수 있도록 患者後送 體系를 갖춘다.

5. 據點病院 設置

據點病院을 地域單位로 新設하고 既存 市・道 立病院을 補修擴張하여 現代化시켜 이에 包含 시킨다.

病院의 規模는 80病床, 50病床, 20病床의 3種으로 區分하고 地域 單位 設置基準은 診療圈의 人口基準으로 80病床, 50病床, 20病床 規模로 設

診療圈別 患者後送體系圖



置하고, 市・道單位로 中央病院을 더 增設하고, 既存道立病院을 補修擴張하며 新設 據點病院을 追加로 建立할 計劃이다.

PROSPECTS OF AGRICULTURAL MEDICINE

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Abstract

As, in Korea, rural economy has a rapid growth and medical health care becomes more necessary for rural inhabitants, we are planning to enlarge the medical care networks and aid childbirth free of charge and perform lower cost medical care in order that more inhabitants are benefited and more available for medical care in rural society.

Further, we will make it a basement of the policy to equalize benefits of medical care and medical insurance system.

1. Enlargement of Medical Health Network

To lessen the limitations of medical facilities, doctors and traffic conditions in rural society, we are planning to form several Medical Circles and streamline patient transferring system.

a) Formation of Medical Circles

Divided in Large Medical Circle and Small Medical Circle.

Large Medical Circle: Consisting of Cities and Provinces. A Medical Center shall be founded in each Region.

Small Medical Circle: A Local Hospital shall be founded in each Small Medical Circle.

b) Patients Transferring System and its Function

Patients will be transferred according to the grade of illness:

Patients—Health Sub-Center—Health Center—Local Hospital—Medical Center
Functions of each medical care facilities are:

Health Sub-Center:	—First aid medical care —Care for emergency case —Transferring serious case
Health Center:	—Clinical Laboratory examination —Second aid medical care —Classifying patients and transferring serious case
Local Hospital:	—Care for transferred patients —Transferring serious case —Medical support to Health Center and Health Sub-Center
Medical Center:	—Medical care for transferred patients in delicate case —Medical support to Local Hospital

2. Improvement of Rural Health Center and Health Sub-Center

Since, nowadays, all the medical health projects have been carried out by Health Centers in each GUN (county), it has not equalized in benefiting medical health care in rural society due to regional limitations.

So we are programming to carry out projects of all medical health by unit of sub-center or villages and make rural inhabitants more convenient in benefiting medical care through reinforcing the functions of Health Center and Health Sub-center as follows.

a) Rural Health Center

Aims of projects and tasks:

- 1) Planning and management of all projects on rural medical health.
- 2) Supervising and Supporting Health Sub-center.
- 3) Being a regional center of rural health.
- 4) Expanding medical care for outpatients and temporary care for patients to be transferred.
- 5) Reinforcing function of medical laboratory examination.
- 6) Taking a role as regional medical insurance facilities.

b) Health Sub-Center

Aims of projects and tasks:

- 1) Treatment of first-aid patient and transferring of serious and emergency cases.
- 2) Executing periodical check-up for pregnant women before and after child birth and performing projects for Health of Mother and Child and family planning in rural society.
- 3) Guidance for preventing of tubercles,

acute or chronic diseases, an endemic diseases and farmers diseases.

4) Strengthen the nursing of health care. In each Myun (township) posted 1 health nurse, 1 maternity nurse, 3 aid-nurses making total 5 persons(at present only 2 aid-nurses).

5) Improving of rural circumstances and guidance in hygiene.

3. Lower Cost Medical Care

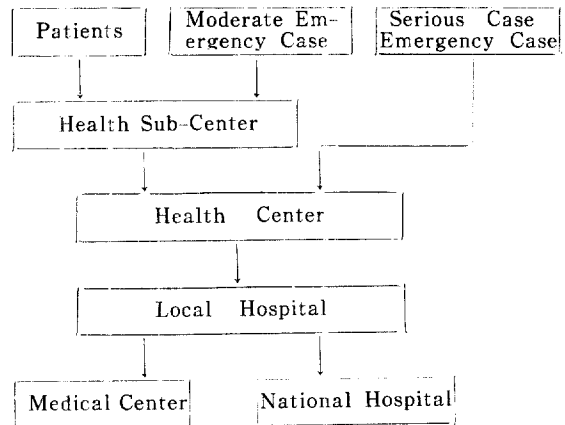
To lay the basement of "Every One Benefited Medical Care System", in which rural inhabitants of lower income, can benefited convenient medical care at lower cost, we are intending to execute medical care for tubercles, health of mother and child, aid-birth, an endemic, family planning and farmers diseases at free of charge.

We are also planning to perform medical care for general illness at free of charge or lower cost, and to prevent patients in serious and emergency case, transfered to Local Hospital or Medical Center, from the burden of other expenses, Government shall bears all expenses for Hospital in a sense of Medical Insurance System, which will be operated in the near future.

4. Formation of Medical Care Circle and Patients Transferring System

Classifying patients according to their conditions and forming the medical care

circles regionally, we will furnish the patients transferring system without delay and inconvenience in the sequence of Health Sub-center, Health Center, Local Hospital and Medical Center.



5. Establishment of Local Hospital

We are planning to set up Local Hospitals according to regional unit, and utilize the existing facilities of provincial or city hospitals after repairing or extension.

Hospitals are divided into 3 kinds of 80 beds, 50 beds and 20 beds in scale, and those are also settled up according to regional inhabitants in each medical care circle.

We will also establish more Medical Centers in City and Province, repair and extend the existing provincial Hospitals, and additionally establish more Local Hospitals.