

*normati vno - pravna regulati va***PRI MENA NA ME\UNARODNATA  
KLASIFIKACIJA NA FUNKCIONI -  
RAWETO, POPRE~ENOSTA I ZDRAV-  
JETO NA PEDIJATRI SKO POLE <sup>1</sup>**

(Nacrt verzija na Svet skat a  
zdravstvena organizacija)

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**Rezime**

Avtorot, kako aktiven u~esnik na Seminarot PRI MENA NA MKF NA PEDIJATRI SKO POLE, odr`an od 14-15 juli 2004 godina vo hotelot Panorama-Skopje, iznesuva svoi viduvawa za organizacijata, raboteweto i celite na seminarot. Toj pravi osvrt na stavovite i poliwata za koi se zalovuva MKF na pedijatri skopolje. Istaknati se zalobite na MKF (Mejunarodnata klasifikacija na funkcioni raweto, popre~enosta i zdravjeto) deteto so pre~ki vo razvojt da bide staveno vo centarot na vnimanieto, da bide dinami~ki sogledano preku biorazvojniot model vo interakcija so sredinata i da ima pogolemi mo`nosti da mu se obezbedi pogolema sigurnost i zadovoluvawe na potrebite, kako i pogolema sloboda na u~estvo vo zaednicata vo ostvaruvawe na zakonskite prava. Vo ovoj kontekst e istaknato deka MKF na pedijatri skopolje se zalovuva za dejata "site za eden#.

**Klu~ni zborovi:** MKF na pedijatri skopolje, biorazvoen model, i dejata "site za eden#.

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*normative and legal regulation***IMPLEMENTATION OF INTERNA-  
TIONAL CLASSIFICATION OF FUNC-  
TION, DISABILITY AND HEALTH IN  
FIELD OF PEDIATRICS <sup>1</sup>**

(Draft version of World Health Organization)

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**Abstract**

The author, as an active participant at the Seminar IMPLEMENTATION OF ICF IN THE FIELD OF PEDIATRICS held on 14-15 July 2004 at the hotel Panorama – Skopje, states his insight about the organization, work and aims of the seminar. He makes a review on attitudes and fields ICF in pediatric field commits. The commitments of ICF (International Classification of Function, Disability and Health in the Field of Pediatrics) have been put on the child with developmental disabilities to be attention-centered; on bio-developmental model in interaction with the environment, on greater possibilities, safety and satisfaction of needs, as well as on greater freedom in participation in the community to realize the legal rights. It is pointed out that ICF in the field of pediatrics supports the idea 'One for all'.

**Key words:** ICF in pediatric field, bio-developmental model and idea "One for all".

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## Voved

Sekoja **klasifikacija** pretstavuva proces { to ima cel da vospostavi red me|u kompleksni te podatoci preku nivno grupirawe vo odredeni kategorii vrz osnova na ni vni zaedni ~ki karakteristi ki. Do denese izvedeni revizii na pogolem broj klasifikacijski sistemi, so cel da bidat poopf atni, lesni za primena i na struwacite od razni sredini, da im obezbedat pol esno komuni ci rawe. Denesvo upotreba se dva osnovni klasifikacioni sistema: Me|unarodnata klasifikacija na bol estite, povredite i pri ~ini za smrtta (MKB-10 ili ICD-10 na SZO od 1992) i DSM-IV klasifikacijata od 1994 godina na Amerikanskata psihijatri ska asocijacija. I dve te klasifikacii se vo golema mera kompatibilni me|usebno i so najnovata MKF (me|unarodna klasifikacija na funkcionalnata popre~enost i zdravjeto) i imaat mo`nost za konverzija na dijagnosti ~ki te kri teri umi. Vo razvojni ot period Klasifikacijata MKB-10 (ICD-10), koja zvani ~no i nie ja koristime vo R. Makedonija, mnogu pri donese da se rasvetlat neкои rastrojstva vo odnos na simptomatologijata, etiopatogenezata, tekot, prognozata ili neкои drugi varijabili. Sepak, poradi nemawe jasna diferencijacija me|u "zdravoto# i "patolo{ koto# vo razvojni ot period, mnogu rastrojstva ne gi zadovolwaat dijagnosti ~ki te kri teri umi na ni edna operacionalna dijagnoza, taka { to site se frlaat vo edna zaedni ~ka "korpa#, kako "neozna~eni rastrojstva#. Taka, za `al, denes u{ te ni edna klasifikacija ne e seopf atna.

## Introduction

Each *classification* is a process aiming to establish certain order among complex data through their grouping in certain categories on the bases

of their common characteristics. Revisions of a large number of classification systems have been performed in order to be more comprehensible, easy to implement and to provide easier communication for scientists from different environments. Nowadays, two basic classification systems are in use: International classification of disease, injuries and causes of death (ICD-10 of WHO from 1992) and DSM-IV classification from 1994 of the American Psychiatry Association. Both classification are compatible and with the latest ICF and are able to converse diagnostic criteria. During the developmental period, the Classification ICD-10 that we officially apply in the Republic of Macedonia has contributed a lot to enlighten certain disorders related to the symptoms, etiopathogenesis, course, prognosis and some other variables. However, due to the lack of clear differentiation between "healthy" and "pathologic" in the developmental period, many disorders do not satisfy diagnostic criteria of non-operational diagnosis. Thus, all of them are thrown in one common "basket" as "unmarked disorders". So unfortunately, no classification can be considered comprehensive.

<sup>1</sup> Usoglaseni mislewa i stavovi od seminarnot: "Primena na MKF na pedijatri sko pole#, organiziran od EducAid (nevladina organizacija za sorabotka i pomo{ na edukativen, socijal en i zdravstven plan)

<sup>1</sup> Harmonized opinions and attitudes of the seminar "Implementation of ICF in the field of pediatrics", organized by EducAid (non-governmental organization for cooperation and aid on educational, social and health plan".

## **Organizacija, cel i rabot a na semi narot**

Seminarot "**Primena na MKF na pedi-jat risiko pole**" be{ e organi zi ran od *Educ Aid* (nevladi na organi zacija za sorabotka i pomo{ na edukati ven, socijal en i zdravstven plan). Predava~i bea obezbedeni od I tali ja i toa: dr M. Leonardi, pedijatar-nevrolog od Nacional ni ot nevrolo{ ki i nstit ut vo Milano i dr A. Marti nuci, pri mari us po nevrologi ja vo I nsti tutot za smestuvawe i gri ` a od nau~en karakter "E. Medea"-zdru ` eni e-"Na{ ata f ami li ja# vo Koneqano Veneto. Dvajcata se ~lenovi na SZO-MKF pedi jatri ska grupa.

Kako u~esnici na seminarot bea golem broj stru~waci od razni prof ili { to se zani mavaat so problemi vo razvojnata vozrast (pedijatri, nevrolozi, psi hi jatri, def ektol ozi, psi hol ozi, soci jal ni rabotnici i drugi). Od I nsti tutot za def ekto logi ja na Filozof ski ot fakul tet vo Skopje vo dvodnevnoto rabotewe, akti vno u~estvuva **prof. dr Qup~o Ajdinski** i **prof. dr Dragoslav Kopa~ev**. Prvi ot den be{ e teori ski so diskusija. Razraboteni bea temi za va ` nosta od raspol agawe so instrumenti za procena na zdravjeto i f unkcioni raweto, opis na stavkite i { i f ri te, vli jani eto na MKF vrz sopstve nata prof esi onal na akti vnost, pozi ti vni te i skustva od upotrebata na MKF, ana liza na problemi te, nametnati od make donskata verzija i ni vnoto kone~no utvr duvawe. Naredni ot den be{ e pretstavena detskata verzija na MKF, razrabotuvawe na listite za { i f ri rawe so primena na razli ~ni listi za procena vo razvojnata vozrast. U~esnici te bea podel eni vo pove }e grupi i prakti ~no rabotea vrz popol nuvaweto na MKF-pra{ alnici te (nacrt verzija za deca i mladi nci za razli ~ni vozrast i razli ~ni rastrojstva). Po eden pretstavnik od grupi te pred si te u~esni ci od semi narot iznesuva{ e { to izrabo tila negovata grupa, a potoa sledea op{ ti di skusi i, vo koi akti vno u~estvuva i dva ta pretstavni ka od I nsti tutot za def ekto logi ja.

## **Organization, aim and work of the seminar**

EducAid (non-governmental organization for cooperation and aid on educative, social and health plan) organized the seminar "Implementation of ICF in the field of pediatrics". The lecturers came from Italy: Dr. M. Leonardi, pediatrician –neurologist from National Neuralgic Institute from Milan and Dr. A. Martinuzzi, expert in neurology at the Institute for board and lodging and care "E. Medea" – association – "Our family" in Conegliano Veneto. Both of them are members of WHO-ICF group of pediatricians.

A great number of experts from various profiles who deal with problems in developmental age (pediatricians, neurologists, psychiatrics, special teachers, psychologists, social workers and others) took part. The professors from the Institute of Special Education and Rehabilitation at the Faculty of Philosophy in Skopje **Prof. Dr. Ljupcho Ajdinski** and **Prof. Dr. Dragoslav Kopa~chev** actively participated during the 2-day seminar. The first day was theoretical one with discussions. The themes for the importance of instruments for evaluation of health and functioning were elaborated, as well as description of items and codes, the influence of ICF on their own professional activity, positive experiences from ICF implementation, analysis of problems imposed by the Macedonian version and their final setting. The following day, the children version of ICF was presented, elaboration of coding lists with implementation of various lists for evaluation in developmental age. The participants were divided in several groups and they worked on filling up the ICF questionnaires (draft version for children and youth of various age and various disorders). One representative of each group explained before the participants at the seminar what each group had done, followed by general discussions where both representatives from the Institute for Special Education and Rehabilitation actively participated.

Osnovna cel na seminara beše uesnicite da go razberat konceptot na zdravjeto, promoviran od SZO, da se zapoznaat so opisnata sposobnost na stavkite i ifrite, praktino da se doivee vlijani eto na MKF vo sopstvenata profesionalna aktivnost. Vo ovoj kontekst uesnicite trebaše teoriski, a potoa praktino, da go osoznaat konceptiskiot i strukturen model na klasifikacijata na MKF i da ponesat pozitivna motiviranost za nejznata primena vo praktkata. Na krajot na seminara na pogolem broj uesnici od razni institucii im bea dostaveni MKF-pra{alnici (verzija za deca i mladinci) koi trebaat za odredeni rastrojstva vo razvojnata vozrast da gi popolnati da gi prosledat do *EducAid*, za da se vidi nivnata validnost vo na{ata makedonska sredina.

### ***Sogleduvawa, diskusija i stavovi***

Smetame deka klasifikacijata MKF vo celost pretstavuva nekornapred, osobeno vo razvojnata vozrast. I ako MKF, za razlika od MKB-10 (ICD-10) klasifikacijata, nema primarno znaewe vo dijagnostikata na bolestite, vo prekite i drugite zdravstveni sostojbi, sepak, MKF klasifikacijata so bogatstvoto na dopolnitelni informacii to ni gi dava, ima pridonesi za pol esno rasvetluwane na dijagnostikata, etiopatogenezata, tekot, prognozata i irokata paleta od postapki to moe da se prezemat. Zatoa, najdobro e MKF i MKB-10 (ICD-10) klasifikaciete da se koristat zaedno. MKF-klasifikacijata, primeneta na pedijatri skopol e, nema cel da klasificira deca. Decata se razvivaat i se menuvaat, ta dijagnozata moe da se promeni vo odnos na odredeno rastrojstvo, vo zavisnost od periodot na razvojot to go dostignalo deteto. Sepak, MKF detetogo stava vo centarot na vnimani eto (pedocentri no) vo kontekst na negovata "razvojna mikrosredina" i "makrosredinata", odnosno vo op{testvotokade to treba da se integri ra i kade to detetogi ostvaruva potrebite i treba da

The basic aim of the seminar was to enable the participants to understand the concept of health, promoted by the WHO, to be informed with the descriptive ability of items and codes, the influence of ICF in their own professional activities to be experienced practically. The participants should theoretically and practically experience the conceptual and structural model of ICF classification and take positive motivation for its implementation in practice. At the end of the seminar, a great number of participants from various institutions were given ICF questionnaires (version for children and youth) to be filled up for certain disorders in developmental age and sent to *EducAid* for examination their validity in the Macedonian environment.

### ***Impressions, discussions and attitudes***

We think that ICF is entirely a step forward, especially in the developmental age. Although ICF, contrary to ICD-10 classification, has no primary significance in the diagnosis of diseases, disabilities and other health conditions, still MCF classification with its richness of additional information contributes to better enlightening of diagnosis, etiopathogenesis, course, prognosis and wide range of procedures that can be undertaken. So, the best way is MCF and ICD-10 classifications to be implemented together. The MCF classification, implemented in the field of pediatrics, does not aim to classify children. Children develop and change, the diagnosis can change in relation to certain disorders depending on children's developmental period. However, according to the MCF, children are in attention-centered position in the context of their "developmental micro environment" and "macro environment", i.e. the society, where children are integrated, carry out their needs and are protected by legal regulations.

bide za{ titeno so zakonski regulativi. Niz prakti~noto rabotewe, pri popolnuvaweto na pra{ alni ci te, i mavme mo`nost da se uveri me deka MKF-kl asi f i kaci jata se temel i vrz f akti, koristi jasni operaci oni defi nici i, upatstva i objasnuvawa, nudi pobogat i zbor na re{ eni ja za davawe pomo{ na deteto vo kontekstot na sredni ski te i li ~ni te f aktori, raspol aga so lo gi ~en si stem, osnovan vrz pri nci pi so jasni i precizni pravila i ostava otvoreni vrati za nejzi no natamo{ no pro{ i ruvawe i usovr{ uvawe, dozvol uvaj}i vkl opuvawe na raznoprofilni stru~waci i primena na timsko rabotewe. Klasifikacijata MKF poka`uva interes za zdravjeto i sostojbi te, povrzani so zdravjeto. Taa ne zboruva za bolest i bol na li ~nost. Medi cinski ot poi m za zdravjeto si pove}e do biva soci jal na dimenzi ja i se sodr` i vo postigawe pogol em kval i tet na edi nkata za ` i veewe, odnosno vo postigawe dobro ~uvstvo i ramnote` a so sebe i okoli nata. MKF-kl asi f i kaci jata se zal o` uva names to termi not "borba protiv bolesti te#, na{ a vodi lka da bide "so zdravje protiv bolesti te#, odnosno konceptot "zdravje za si te# i "si te za edi nkata#. Na ovoj na~i n MKF-kl asi f i kaci jata ja odbegnuva domi naci jata na klasi ~ni ot "medi cinski mo del # i "medi kal i zaci jata# na probl emi te, od pri ~i ni { to tie mo` e da dadat pove}e { teta odo{ to pol za, poradi nei skoriste nosta na ogromna energija od drugi te op{ testveni sektori i op{ testvoto vo celo st. Od druga strana, iskustvata od si te granki vo medi cina zboruvaat deka te` inata na edna sostojba ili bolest i te` inata na di jagnozata ne odat sekoga{ zaedno. Zdravjeto kako poi m mo` e vo sebe da ja sodr` i i bol esta, taka { to nekoj e zdrav ili bolen vo zavisnost od negovata f unkcional nost ili di sf unkcional nost vo soci jal noto pole. Pri menata na MKF vo razvojni ot period se zal o` uva za po~i tuvawe na hol isti ~ki ot pristap, odnosno deteto da go po~i tuvame i od somat ski i od psi hosoci jal en aspekt. MKF-kl asi f i kaci jata ` i vi ot organi zam go sf a}a

When filling up the questionnaires, we could see that MCF classifications were based on facts. They use clear operational definitions, instructions and explanations. They offer better selection for helping children in the context of environmental and personal factors. They possess their logical system established on the principles with clear and precise rules and leave the door open for its further enhance and improvement; allowing inclusion of various experts and implementation of team work. MCF classification shows its interest for health and conditions related to the health. It does not talk about diseases and ill person. The medical concept of health takes social dimension and means achievement of greater individual quality for living, i.e. achievement of good feeling and own balance and balance with the environment. MCF classification insists, instead of the term "Fight against diseases", the term "Health against diseases" to be implemented, i.e. "Health for everybody" and "All for one". In this way, MCF classification abandons the domination of the classical terms "Medical model" and "Medicalization" of problems because they can cause more damages than benefits due to lack of use of huge energy from other social sectors and the society, as a whole. The experiences of all branches of medicine state that the burden of a condition or disease and the difficulty of diagnosis do not always match. Health as a concept can incorporate the disease, so one is ill or healthy depending on one's functionality or dysfunctionality in the social field. The implementation of MCF in the developmental period insists upon respect of holistic approach, i.e. to respect a child from both somatic and psychosocial aspect. MCF classification comprises live organism

kako sistem na strukturi i izvor na aktivnosti { to se nedelivi. MKF -klasi f i kacijata za popre~enosta nema najadekvaten termin i ja sfa}a kako eden "op{ t ~ador#{ to pretstavuva mul ti di menzi onal en fenomen, koj e rezultat na zaemnoto dejstvo me|u liceto, fizi ~ki ot i socijal ni ot ambient. MKF -di menzijata ja vkl u ~uva eti ol ogijata, zdravstvenata sostojba, pre~kite, nedostatocite, ograni ~enata aktivnost i ograni ~enoto u~estvo. Smetame deka ovde MKF -klasi f i kacijata }e poka` e pogolemo dobl i ` uvawe do def i ni raweto na popre~enosta ako se pri f ati di menzijata "problemi vo razvojni ot peri od# i ako mu se dade pogolemo vrednuvawe na "posebni te obrazovni potrebi#. Mnogu e o~i gl edno deka MKF -klasi f i kacijata vo razvojni ot peri od se zal o` uva za prezmawe pogolemi odgovornosti od ~lenovite na semejstvata, i nst i tuc i i te i op { testvoto za decata so pre~ki vo razvojot. Ako e toa taka, o~i gl edna e potrebat i od obezbeduvawe na ni vna soodvetna edukaci ja i obezbeduvawe posebni slu` bi. Selektirawe na stavkite na skrin ingot, koi se ~ustvitelni indikatori za popre~enosta vo razvojot, ovozmo` uvaat MKF da ima nau~na vrednost, da mo` e da se koristi vo epidemi ol o{ ki celi, a se koe dete da stane "studija za sebe# vo momentot na i spi tuvaweto. Vakvi ot pristap e zna~aen za vidot na pri menata na posebni te obrazovni potrebi. MKF dava pogolemi opti mi zam vo odnos na prognozata, pri menata na razni te edukati vno-rehabili taci oni postapki i za prezmawe pogolema op{ ta odgovornost, ostvaruvawe na pravata i potrebite na deteto. Toj ovozmo` uva pogolema metodol o{ ka i tehni ~ka povrzanost, kako i razmena na iskustva me|u stru~wacite od razni sredi ni, dozvol uvaj}i li ~nosta da ima pravo na svoe mislewe { to, za nea, bi pretstavuval o potreba ili pre~ka (vo semejstvoto, u~ili { teto, zakonodavstvoto, socijal nata sredi na i drugo).

as a system of structures and a source of activities that are indivisible. The MCF classification for disability has not the best adequate term and comprises it as a "common umbrella" which is a multi dimensional phenomenon as a result of mutual action among human beings, physical and social ambient. The MCF dimension incorporates etiology, health condition, disabilities, limited activity and limited participation. We think that MCF classification will show greater closeness to the definition of disabilities if a dimension "Problems in the developmental period" is accepted and if "Special educational needs" is better evaluated. It is obvious that MCF classification in the developmental period insists on undertaking greater responsibilities about children with developmental disabilities from members of families, institutions and society. Thus, the need for obtaining their education and special services is obvious. Selection of items of screening, which are sensible indicators of developmental disabilities, enables MCF to have scientific value, to be implemented in epidemic purposes and each child to become "Study for oneself" in the moment of examination. Such attitude is important for the type of implementation of special education needs. MCF gives greater optimism in relation with prognosis, implementation of various education and rehabilitation procedures and undertaking greater general responsibility, realization of child's rights and needs. It enables greater methodological and technical connection, as well as experience exchange among professionals from various environments, allowing the individuals to have right to say their opinions which, for the individual is a need or an obstacle (in the family, school, legislation, social environment and other).

### **Opšt i zaklu-oci**

- Verzijata na MKF-klasi f i kacijata vo golema mera ja zadovoluva { irokata potreba za iznao|awe zaedni ~ki jazik i unificirawe na standardi te { to se od znaewe za popre~enosta i funkcioniraweto, kako bi mo`ele stru~wacite od razli~ni sredini pol esno me|u sebe da se razbraat, da izmenuvaat iskustva i da iznao|aat mo`nosti za kvalitetno `iveewe na edinkata, odnosno da bi de zadovol ena osnovnata ideja "si te za eden#;
- Se nametnuva potreba za edukacija na pošt i rok krug stru~wacite od razni prof il i za dosledna primena na MKF preku interpretacija na prašt awata { to se opf ateni so MKF-prašt alnicite, a toa otvara mo`nost da se javati golemi problemi na relacija klient-institucija-politika;
- Priminata na MKF-prašt alnicite baaat obezbeduvawe pogolema sumafinansijski sredstva, koi mnogu institucii vonašt a sredina ne mo`e da gi obezbedat, kako i potreba za podolgo vreme na nivoto popolnuvawe (20-30 min) { to mo`e da se obezbedi vo stacionarni ustanovi, a ne i vo ambulantski uslovi;
- Kul turata, stavovite i normite za povedeni e vo edna sredina mo`e da pretstavuvaat olesnuva~ki ili ote`nuva~ki faktori za primena na MKF-klasifikacijata.

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### **General conclusions**

- MCF classification version satisfies the wide need for finding common language and unification of standards significant for disability and functioning and enables professionals from various environment to understand each other, to exchange experiences and to find out possibilities for enriching individual's quality of life, i.e. the basic idea "All for one" to be satisfied.
- The need for standardization of education imposes the need for a broader circle of professionals of various profiles for consistent implementation of MCF through interpretation of issues from MCF questionnaires, opening the possibility of big problems in the relation client – institution – policy.
- The implementation of MCF questionnaires asks for greater funds but a great number of our institutions do not have them, as well as a need for long period of their filling up (20 – 30 minutes) that can be obtained in stationary institutions, but not at ambulance conditions.
- The culture, attitudes and norms of behavior in an environment can be alleviating or difficult factors for MCF classification.

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