

Family Practice in Thailand: Will It Work?

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Thailand has undergone dramatic changes in the last two decades. As one of the most successful of the newly industrializing countries of Asia, its economy skyrocketed throughout most of the 1990s. As the first of the Asian tigers to tumble in 1997, however, the country faced grueling economic adjustments affecting all aspects of life. These spectacular swings in fortunes, coupled with recent political changes, have created an atmosphere in Thailand of questioning standard approaches to problems. Health care is one of those areas now being debated.

The health of the people of Thailand during the last two decades has changed as dramatically as the economy. Infant mortality and the population growth rate have declined by about two thirds (from 125/1,000 live births to 30.5/1000 live births, ie, from 3.2% to 1.2%, respectively) while vaccine-preventable deaths dropped as much as 90%.¹ Life expectancy at birth has increased to 66.9 years for men and 71.7 for women.¹ Government and private health centers have more than doubled within that time, as has the number of community hospitals.^{1,2}

Yet despite these very positive trends, major problems are increasingly apparent. Although the physician to population ratio in urban areas is less than 1 in 800, that same ratio in the rural areas, where more than 80% of the population lives, is approximately 1 in 29,000.² From 1992 to 1997, the share of total government expenditure devoted to health increased from 5.9% to 7.7%,³ although

at least a quarter of the population continues to have no form of health insurance coverage.⁴ Continuity of care is a concept largely unknown to much of the population, and few physicians either in the public or private sectors take on the task of addressing health needs on the community level.

These problems have drawn the attention of Thai health care planners, some of whom have begun to see the newly certified field of family practice as a potentially important part of the solution. They hope that an attractive generalist career option for physicians will begin to redress the health manpower imbalances and lead to a different style of medical practice. Despite this attitude, there is a great deal of uncertainty about the ability of family practice to tackle these problems. Success might depend on a vision of family practice that is relevant to countries other than Thailand.

History of Generalism in Thailand

Medical care in Thailand combines public and private systems. Although primary, secondary, and tertiary levels of care are provided by both systems, the organization of care is better understood as generalist or specialist. Until the post-World War II era, all physicians in Thailand were generalists. Starting in the 1950s, however, many Thai medical graduates began to seek postgraduate specialty training overseas, especially in the United States. The trend away from generalism received a major boost in the late 1960s, when the Thai Medical Council—the national medical accrediting and licensing body—was established and first approved specialty training and certification.⁵ Since then, the number of medical school graduates planning a generalist career has fallen sharply, while the number of specialists has grown rapidly.

Among the 20 postgraduate training specialties approved by the Thai Medical Council in 1969 were 3-year rotating general practice residencies. During the ensuing 30 years, relatively few physicians chose this training. For instance, in the aca-

Submitted, revised, 8 May 2001.

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demic year ending in May 1999, 9 physicians (from among 900 annual medical school graduates) entered these programs throughout the country. Among recent medical graduates, only 1.0% indicated a plan to pursue a general practice career.⁶ Of the total of 12,476 board-certified physicians, only 216 (1.7%) are board-certified general practitioners (from a total of approximately 3,000 full-time practicing general practitioners) (personal communication, Thai Medical Council, 1999).

Paradoxically, despite the low level of interest in a generalist career, most practicing physicians in Thailand maintain at least a part-time generalist practice. In the urban areas, where most physicians are located, more than one half of specialists (55.7%) maintain part-time generalist practices.⁷ In addition, new medical school graduates are required to serve 3 years as generalists in government rural clinics and hospitals.

Birth of Family Practice

In August 1998 family practice appeared as a new specialty in Thailand. In June 1999 the first 5 residency programs in family practice began operation with the entry of 9 trainees. These 3-year programs differ from the general practice residencies in a number of ways, including an emphasis on outpatient care in family practice sites and an emphasis on many of the conceptual elements that define the discipline of family medicine, such as continuity of care and the biopsychosocial model. These new family practice programs are based in regional and provincial hospitals, rather than university teaching hospitals, to allow for growth apart from other specialty training programs.

Graduates of the family practice residencies will be eligible for registration in the newly established Thai Board of Family Physicians. At first, in 1998, registration with the Thai Board of Family Physicians was open to any practicing generalist as a founding member. After an initial 60-day open registration, subsequent applicants were required to pass an examination for diplomate status in family practice. In late 1999 there were approximately 500 diplomate members.

Two medical schools in Thailand have now established departments of family practice. At the Ramathibodi campus of Mahidol University in Bangkok, curricular time in family practice is limited to 2 weeks of the 6-year curriculum. At Chiang

Mai University in the northern city of Chiang Mai, however, students have a total of 6 weeks in the fourth and fifth years that focus on sociocultural issues of health and illness in the family and on medical service issues.

Research in family medicine topics has not yet developed. A recent search of the Thai equivalent of *Index Medicus*, using "family medicine," "family practice," and "general practice" as key words, found 72 articles.⁸ Only 5 of those articles specifically addressed concepts related to family practice.⁸

The WONCA representative for Thailand is the General Practitioners/Family Physicians Association. Although its principal role in the past has been sponsorship of an annual continuing education meeting, it hosted the fifth WONCA Asia Pacific Regional Conference, "Learning and Teaching Family Medicine," in Bangkok in 1998. This meeting helped to advance the planning for postgraduate training in family practice.⁹

Barriers to Growth of Family Practice in Thailand

Despite the encouraging start, family practice faces formidable barriers to growth and development in Thailand. First among these is the limited demand for the specialty. The principles and competencies of family practice are not generally valued. Whereas in the United States, family practice was born and experienced its greatest growth as a result of pressure from the public and the government, no such movement is apparent in Thailand. Until very recently, the government has shown no active interest in health care reform or in family practice, preoccupied as it has been with the greater problem of stabilizing the overall economy. Nor does the drive for family practice come from colleagues in the medical profession, most of whom do not value generalism. Although the Thai Medical Council has advocated the development of family practice for a number of years, it has no authority to set national policy.

The lack of government and professional advocacy has been manifested in the low attractiveness of a generalist career. Although salaries are comparable at given levels of service, the career ladder offered generalists in government service, where most physicians are employed, has been limited compared with that for more narrowly trained specialists. As a result, it has become increasingly dif-

difficult to retain board-certified general practitioners in the government service. The percentage of government general practitioners who are board-certified has dropped from 70% to 51% in 1993 and to 35% in 1998.^{10,11} In addition, most medical schools spend relatively little educational time on aspects of care that form the foundations of family practice (eg, continuity of care, physician-patient communications, psychosocial elements of disease, etc). Combined with the absence of role models and the perception within medical schools of family practice as a second-class specialty, this curricular imbalance makes it less likely that a student would choose to enter family practice.

The Future of Family Practice in Thailand

Given the inhospitable environment then, what is behind the recent development of family practice? One force has been the concerted efforts of a number of energetic and visionary physicians across the country. The Thai Medical Council has also long advocated the development of family practice, and more recently some in the Ministry of Public Health, which has responsibility for health care for low-income and rural populations, have become interested. In April 2001 the National Medical Education Conference joined in advocacy of family practice by proposing that primary care and family practice should be principal foci of medical education. The conference further proposed that all medical schools assume responsibility for the primary care of a geographically defined population to promote student and resident training in family medicine. The Chiang Mai University has taken steps to begin implementing this recommendation within its catchment area.

Advocates in the Thai Medical Council and in the Ministry of Public Health see in family practice the potential to change the way health care is delivered in Thailand. They hope that family practice can bring a new style of relating to patients, a new understanding of the process of health and illness, a new emphasis on illness prevention, and an ability to coordinate care. They hope family practice will lead to improved access to care, increased action to prevent illness on the community level, and reduced costs of care. Based in part on these hopes, the new government, which took office in early 2001, has begun implementing a plan for universal health insurance, with primary care playing a central role in the scheme.

Can family practice deliver on the expectations of these advocates? The foundation of the Western model of family practice rests in part on a premise of continuity of care. Whereas this principle might work in private practice in urban Thailand, it is not feasible for most of the population served by the government, where there can be as many as 29,000 patients per physician. Furthermore, although some Western family physicians strive to work at improving health at the community level, the Western model of family practice remains largely focused on point-of-contact care. In most areas of Thailand, unmet health needs and limited resources amplify the importance of action at the community level. Physicians must be able to move outside the clinic setting, conceptually and literally, to begin to have an impact on the health problems of the communities they serve. For these reasons, the question being considered now by many of those same Thai advocates of family practice is, Can the Western model of family practice fulfill the primary care needs of this country?

A New Type of Family Physician

Thailand needs family physicians skilled at population-based health care. They must provide comprehensive care for a range of health conditions, have excellent communication skills, practice cost-efficient care, coordinate clinical services, and focus on preventive care. Yet, they must also function effectively at the community level, practicing community-oriented primary care. To do so, they must be competent in basic clinical epidemiology and related public health skills, be able to build community coalitions, be skilled at program management, and be effective educators.

The family physician who can meet the health care needs of most of Thailand will be a new breed of family physician. She or he will be a physician who not only retains many of the family practice perspectives and approaches but also functions effectively as leader and manager of community-focused health efforts.

Although this description focuses on the form of family practice that might best serve Thailand, it can be argued that such a family physician is needed in many other parts of the world, including the United States. Increasingly, family physicians require skills beyond the traditional clinical ones. Abilities to consider cost-effectiveness of their in-

terventions, to understand the epidemiology of their patient and community populations, to work as a member of or a leader of health care teams, and to educate individuals and groups effectively are all key elements of the role of future primary care physicians.¹²⁻¹⁴ Will a new family physician emerge to meet the needs of the new millennium?

The authors gratefully acknowledge the assistance of many individuals who informed and corrected us in the preparation of this article. We are especially grateful to Profs. Prasong Tuchinda and Somsak Chunharas; Drs. Vichai Fugpholngam, Kasem Uttravichai, Rapeepat Chacuprakart, Visal Yawapongsiri, and Stephen Hamann for their help.

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