For my international elective, I studied at Siriraj Hospital in Bangkok, Thailand. I chose this location because I have never been to Thailand before and I wanted to study in a non-Western country with a new language and culture. I was intrigued by Thailand in particular because I had heard that it is welcoming to outsiders and a relatively safe place to travel on one’s own. One of my topics of interest was health care coverage, since that has been quite a huge issue in the US for many years, as the US remains the only industrialized nation without universal insurance. At the time, I didn’t know anything about the health care system in Thailand. I also wanted to spent some time living in an Asian country, as I have Asian heritage on my mother’s side, but haven’t spent much time in Asia in recent years. As Asian values tend to be more traditional than Western beliefs, I was curious about how different cultural norms affect the physician-patient interactions and health care in general.

**Health care coverage**

While it is a developing nation, Thailand has made impressive advances in recent years. In 2001, Thailand became one of only a few developing countries to adopt a universal health care system. This extended medical coverage to 18 million previously uninsured people, and provided more comprehensive insurance for another 29 million. According to the World Bank, 99.5% of the Thai population now has health insurance. Universal health care is provided by three programs. The first is a welfare system for civil servants and their families. The second is
social security for private sector employees. The third is universal insurance available to everyone else, the so-called “30 baht treats all diseases” program, where a person pays a copay of about eighty-six American cents per hospital or clinic visit, including many prescription drugs. The effort was buoyed by a massive increase in per-patient government funding of public hospitals. Before, public hospitals received about 250 baht ($7) per patient. Afterwards, that amount increased by almost five-fold. Addition revenue comes from alcohol and tobacco taxes, which finance health promotion efforts.

These efforts, in addition to economic growth, lead to substantial bounds in health care markers. Life expectancy in Thailand is now about 75 years, which is comparable to more industrialized nations. Systemic health care reforms also significantly reduced infant mortality and decreased the burden of health care costs on the poor. While Thailand is a role model for other middle-income countries, the reforms are certainly not without problems, including rising costs and concerns about sustainability. This is partially driven by an aging population and the growing number of people living with chronic, but manageable diseases, like diabetes and heart disease. Another significant problem is inequality in the medical treatment provided to patients covered by different health care schemes.

I certainly observed inequality in care during my clinical rotations, even in the most basic comparisons. Thailand is a tropical country and quite warm, but the government hospitals do not have air conditioning and patients are housed in crowded wards with about 20 other people. Patients are often visibly quite ill, nauseous and vomiting, and some are actively dying, yet there is no privacy. I feel that this scene is completely unlike anything I have seen in the US. In addition to being profoundly uncomfortable, this facilitates the transmission of disease. Few of the patients receiving chemotherapy are isolated, and many have fungal infections, which are
already more common here due to Thailand’s tropical climate. In contrast, the private hospitals are very similar to the hospitals in the US, where patients stay in much more comfortable private or semi-private rooms.

Furthermore, patients under the universal health care system and social security get different medicines, which are usually cheaper and often less effective than those provided under the civil service program. The civil service program pays four times more per patient compared to the universal health care system. I recall several cancer patients who were being treated with cheaper, older, less-effective, more toxic drugs because they couldn’t afford the superior, more expensive first-line medications. Costly interventions are often not covered as well. For example, bone marrow transplants (which can be curative for certain hematologic malignancies) from unrelated donors are not covered by the universal insurance.

It is also important to note that, much like in the US, the distribution of health care workers varies greatly across geographic areas. Much of the medical workforce resides in a few large urban areas, while large swaths of the country remain without many resources. People in rural areas often travel very far to seek care.

Cultural Considerations

Obviously Thailand and the US have very different cultures, although Western influence is certainly evident in Thailand. One somewhat shocking moment of cultural disconnect occurred when I was at hematology clinic. In clinic (where about 200 patients wait for hours, in chairs, rows of wheelchairs, and stretchers), I learned that some of the older patients being treated for cancer don’t even know about their diagnosis. Their adult son or daughter will speak to the doctor about the patient privately, and then the doctor will examine the patient with divulging the
real reason for their visit. One older lady with multiple myeloma appeared to believe that she only had osteoporosis, because her daughter believes that her mother would be become depressed and get worse if she knew the truth. Admittedly, part of this obfuscation is mutual. Many times the parent suspects or knows he or she is sicker than what is said.

The issue of gender and sexuality in Thailand is quite complex and nuanced, and unfortunately I can’t really do the subject justice, although I wanted to touch upon it briefly because it’s so interesting. Homosexuality and transsexuality are more accepted in Thailand than most parts of the world, even in rural parts of country. Thai Buddhism does not consider homosexuality a sin and has no specific rules about gender identity, so alternative lifestyles are at least tolerated. Thai culture considers transgender people as a third gender and sex change operations are even covered by universal insurance. While Thailand is progressive in many ways, gender roles, especially for women are often traditional and very confining. Although this might seem like being damned with faint praise, compared to women in other developing countries, Thai women generally have a more favorable status and more autonomy, as least if they are of a certain class or status. For example, there were about equal numbers of male and female medical students and physicians at Siriraj Hospital. For poorer women, gender inequality manifests itself in violence and sex trafficking, which became prevalent during the Vietnam War and remains a significant commercial industry in Thailand.

I had a fantastic experience in Bangkok and Siriraj Hospital. I met some incredible people and learned a lot about a wonderful and very complex culture. This was definitely my favorite month of medical school and I would highly recommend the experience. I am going into radiology, but didn’t elect to rotate through that specialty at Siriraj, so I can’t really comment
much on how this experience will impact my radiology career. Health disparities in Thailand certainly extended to imaging, as wait times for CTs and MRIs were often weeks to months long. I think this experience will motivate me to be involved in international health as a resident and an attending. On a more holistic note, I was really impressed by the culture of respect and acceptance in Thailand. The medical culture there is less aggressive and competitive than American traditions, and one that I would rather emulate in my future practice.

References


