

National Policy on Palliative Care in Thailand

Dr.Ugrid Milintangkul M.D. M.P.H.

Advisor to National Health Commission Office (NHCO)

Sept 17, 2015

This article will be concisely about strategies, programs, plans and institutional movements which are implications of policies related to palliative care at the national level in Thailand. The process of making the policies will be mentioned in order to understand it in Thai context. And then it will share what is going on under current situation and challenges in the near future.

Rest in Peace (RIP) is a popular phrase used when we want to express our sympathy on the the death of a person. It means let the person go to heaven, in Thai. However Thai people always seriously consider what is “rest in peace” at the terminal stage of life. Modern medical technology makes people hopeful on prolonging life and defying death. Many patients experience futile medical intervention at the terminal stage of life that only complicates and makes it difficult for patients and their loved ones, bringing both parties not only physical suffering but also mental, social, spiritual and financial suffering. According to the Worldwide Palliative Care Alliance (WPCA) report on the level of palliative care development in 2011, Thailand was among the level 3a countries, the isolated palliative care provision. This group of countries is characterised by: the development of palliative care activism that is patchy in scope and not well supported; sourcing of funding that is often heavily donor-dependent; limited availability of morphine; and a small number of hospice-palliative care services that are often home-based in nature and relatively limited to the size of the population. This is why we need to do something on this issue. We have lessons learned from what was going on in the past that will pave the way to the future.

Two decades ago, palliative care was mentioned in the National Cancer Prevention and Control Programme 1997-2001 as an intervention of tertiary prevention plan. It was to ensure accessibility of needy patients to full-scale health services under cooperation among health facilities and the society as team member. It was also aimed at: providing quality of life care in the rest of life until passing away with peace and human dignity; enhancing knowledge and skills of health care providers covering institutional-based and community-based palliative care; promoting of accessibility to sufficient pain relief medicine; and establishment of special clinic, hospice and home-based care through referral system. The sole responsible organisation was the Department of Medical Services of the Ministry of Public Health.

In 2007, Section 12 of the National Health Act 2007 endorsed the right of terminally ill patient to refuse futile medical interventions to prolong natural death or to end the severe suffering

from that illness by writing a living will. The public health personnel who has done in compliance with the living will shall not be offended and liable to any responsibility whatsoever. The National Health Act provides a legal tool for society to respect patient's right to self determination and can resolve conflict among relatives of the patients. It is not to hasten death or any forms of active euthanasia or mercy killing. A living will is part of the advance care planning of palliative care. A living will could also include other last wishes of the patient.

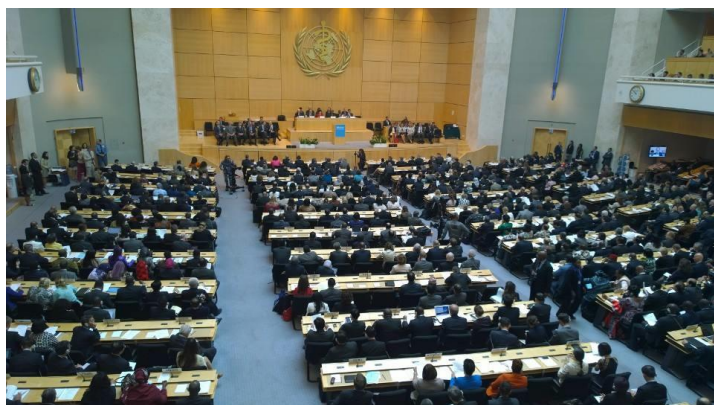
In 2009 the Medical Schools Palliative Care Network, MS-PCARE was established under the Consortium of Thai Medical Schools to campaign towards systematic palliative care in the country through academic activities such as knowledge generation, network building, services model development in particular area setting, human resources development and development of medical curriculum. It came to be the Thai Palliative Care Society or THAPS in 2012. Composed of multidisciplinary group of health professionals, it is supposed to be the most active and renowned non-government organisation at the national level. Policy makers always take into account the suggestion on palliative care policy from this Society.

The National Cancer Control Program 2013-2017 has reaffirmed palliative care development to comply with WHO Guide for Effective Programmes: Cancer Control, Knowledge into Action, Palliative Care. This program was drawn by means of collaboration between related organisations hosted by the National Cancer Institute. Palliative Care is one out of seven strategies of national cancer control programme. It aims at: improving quality of life of the patient; cooperation of patient and family member in caring; dignifying good death; developing caring systems and establishing palliative care services within health care facilities. Activities that support the objectives include availability of controlled medicine, practice guideline development, palliative care clinic establishment, equipment supporting system, hospice establishment, network of referral system, human resources development and promotion for public awareness and understanding to palliative care. This program is a major improvement from the previous program as it addresses key performance indicators or KPI. It also includes many responsible health and health-related organisations from several sectors such as governmental, non-governmental, autonomous and private bodies other than the Ministry of Public Health as a partner on palliative care provision.

Meanwhile under the reform movement of the Ministry of Public Health, Service Plan was implemented in 2013. Palliative care was also mentioned in cancer care program and in primary, secondary and holistic care programs. Palliative care will be provided by means of Family Care Team (FCT) provision under District Health System (DHS). Although there are gradual development of the detail in that plan, the implementation will be concurrently conveyed from the aforementioned movement. This year, the Strategic Plan of the Ministry of Public Health do not have a formal, concrete and practical indicators at the national level though regional levels have in their own context.

In 2014, the National Health Commission endorsed the National Strategic Plan on Health Promotion for Good Death 2014-2016 embracing partnerships and paved the way for further movement. It will be elaborated later.

In the same year, Global Atlas of Palliative Care at the End of Life was released by Worldwide Palliative Care Alliance (WPCA) and WHO. It comprehended current situation, concept, direction and shared models of palliative care in different resources setting worldwide. This book would be useful as strategic guideline for palliative care development at the national level. Apart from that, World Health Assembly Resolution on Agenda Item 15.5 entitled **“Strengthening of palliative care as a component of comprehensive care throughout the life course”** in May 2014. It has underpinned the justification of palliative care development locally and globally. The resolution called for several key areas of action including for the Director General of World Health Organisation. Particular key areas concurrent with Thai National Policy are policy development and implementation, development of funding mechanism under Universal Health Coverage (UHC),



promotion of opioid availability and accessibility, education and training, development of practice guideline and fostering partnerships among stakeholders. It could claim that the international support influence country development in some extent - at least being a reference for responsible

agencies.

By the end of 2014 the government at that moment issued a health policy on palliative care encouraging that “Systems to promote the well-being of the elderly, dependents and patients in the terminal phase of their life will be established in a year and continue to function in a sustainable manner. This focuses on care by community and family support with close cooperation between health services facilities and local administration organisations”. This policy aims at strengthening long term care and palliative care to improve quality of life of the elderly and patients at the end of life emphasising on community-based and family-based care. The 2-year target of the policy stated that “Palliative care unit should be established in every departmental, regional, general hospital deployed with at least one full-time trained nurse as the coordinator and 300 community hospitals to establish the unit by 2016”. This policy opened a window of opportunity to leap forward palliative care movement nationwide. Although the current government has not explicit policy on palliative care in particular. The Minister of Public Health has pledged to continue the good policies those are useful. Palliative Care is supposed to be one out of those.

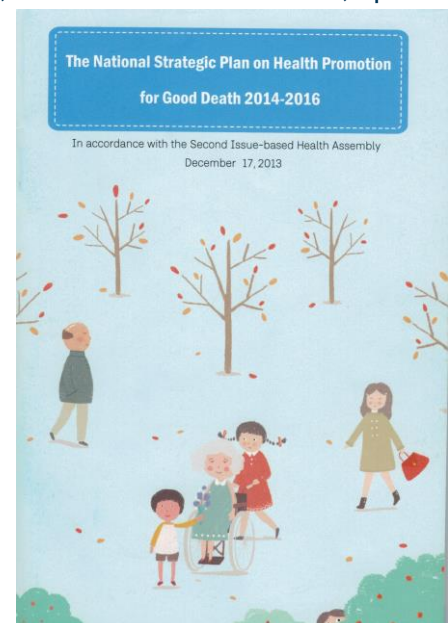
However the year 2015, is the golden year of palliative care development in Thailand. Department of Medical Services of the Ministry of Public Health has been obliged to be the key mover for this policy at the national level. Under the strategy of Knowledge Management or KM, the Department move forward the existing Quality of Life Care Units or Palliative Care Units of its tertiary care hospitals as a learning experiences for countrywide hospitals. As well, the Department conducted sharing activities among hospitals and health care facilities of the Ministry on this issue. The First National Palliative and Hospice Care Conference which co-hosted with several partners in the country was conducted earlier this year with nearly a thousand active participants. Many institutions under the department are updating and developing practice guideline on palliative care for particular purposes such as National Cancer Institute (NCI), Cancer Hospitals, Neurological Hospitals, Priest Hospital etc.

Along with the policy implementation academic institutions and hospitals nation-wide have conducted Annual Palliative Care Day activities to promote and strengthen service. Thai Nursing Council published Nursing Practice Guideline on Palliative Care for adult and children. Certified training curriculum for nurses and volunteers were also released. It also supports Thai Palliative Care Nurses Society (PCNS). National Health Security Office (NHSO), Food and Drug Administration (FDA), and many more active partners are breaking through the barriers of opioids availability and accessibility. The promotion of essential drug listing, procurement, dispensing and utilisation are the key priorities. Financing model for palliative care provision is on going process of research project by Thailand Development Research Institute (TDRI) under the support of National Health Commission Office (NHCO). It is supposed to get recommendations by the end of next year. Thai Palliative Care Society (THAPS) has launched several academic activities as previously mentioned under the support of Thai Health Promotion Foundation (THF) and National Health Security Office (NHSO). It has been proceeded in reference to the National Strategic Plan on Health Promotion for Good Death too. Civil Society Network such as patient with cancer network, friendship therapy network, religious bodies network, volunteer group etc. have more space and legitimacy to participate in palliative care activities including engagement of local government and community organisation in one way or another. It has shown the impact of national policy developed from various modalities to the implementation of the former government policy.

Nevertheless the movement of every organisation is independent and patchy. Each handles programs and projects at their own mandatory missions, while some actions need more power to push forward to be successful. So the National Strategic Plan on Health Promotion for Good Death 2014-2016 under the authorities of National Health Commission which chairs by the Prime Minister might overarch all movement. It could fill the gaps where there are no responsible organisations. It also fosters synergistic actions of those organisations which are on board.

The National Strategic Plan on Health Promotion for Good Death 2014-2016 was made by the joint initiative of the Ministry of Public Health, the National Health Security Office, Thai Health Promotion Foundation, Health Systems Research Institute, Healthcare Accreditation Institute (Public Organisation) and the Thai Palliative Care Society (THAPS). These bodies assigned the National Health Commission Office to be coordinator to draft the National Strategic Plan. This comes from knowledgeable collaboration and participation of partners, co-operations and experiences as well as an intention to see the health system that bring about well-being to Thai people who is at the terminal phase of life. In the other words to establish holistic care for quality of life until the end. The process of the National Strategic Plan drafting involved situation analysis, consultations and group working activities including field studies, interviewing strategic partners and seeking advice from experts which resulted in the draft version of the National Strategic Plan. This plan aims to be used as a system-based tool which leads to promote health for good death or natural dying with quality of life and human dignity. It determines directing strategic plan which aims to be effective at a practical level.

The National Strategic Plan was gathered in the First Issue-based Health Assembly. This event brought together representatives from civil society, communities and the private sectors. There were professional and academic networks, state official networks, public organisations and academic institutions as well as health professional organisations. Let us be informed that health assembly is an official process in compliance of the National Health Act 2007 that enables the public and concerned State agencies to share their knowledge and learning through systematic meeting and public consultation with a view to set up public policy on public health or wellness. In other words, the health assembly is the legal process of healthy public policy making. It consists of 3 modalities: area-based, issue-based and national health assemblies. The resolutions from the health assembly can be proposed directly to the National Health Commission and then to the Royal Thai Cabinet for endorsement. Related organisations could refer to the resolutions when they want to proposed a plan, activities or even call for budget allocation.

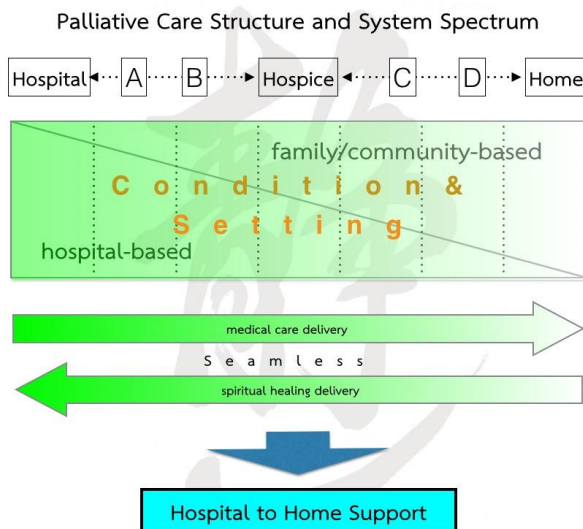


Later, the academic task force was setup to develop a second draft of the National Strategic Plan, which married the recommendations and opinions of its network and partners who had joined the First Issue-based Health Assembly. Then it was improved and underwent the process of public reviewing. Eventually, it led to the Second Issue-based Health Assembly which took place on December 17, 2013. As a result, a consensus was agreed with regard to the second

draft of a National Strategic Plan. It was subsequently endorsed by the National Health Commission on April 25, 2014. It was supposed to present to the Royal Thai Cabinet thereafter.

However, this is just the first National Strategic Plan with only a 3-year duration for driving it into actions. So it is just aimed at steering directions and underpinning palliative care development of the country. There are strategies and tactics in place to move forward in order to achieve the vision of a ‘Good Death’ for those who live on Thai soil. Whereby the details of activities are kept undeclared. It would be in operation plan that might be different depending on the contexts of area and level of agency involved. On another note, this 3-year National Strategic Plan aims to pave way to the next strategic plans.

Since the National Strategic Plan is the first of its kind it paves the way to realise the vision of everyone in Thailand for having well-being in the terminal stage of their life and good death. Palliative Care System in Thailand now look like a spectrum of care which has a hospital for hospital-based care at the one end and a home for family or community-based care at another



end. While we have hospices somewhere in between depending upon conditions and setting either hospital-based or community-based hospice. So in terms of hospital to home support, we expect seamless delivery of medical care from hospital to home, spiritual healing and vice versa. In terms of strategic framework, in order to reach the ultimate goal of “Good Death” we need to have a caring system of good quality which

consist of medical and non-medical palliative care as well as social norm to life and death as the natural way of human being. The vision of the National Strategic Plan is “everyone on Thai soil possesses well being at terminal phase of life and demises well” or a good death. The three following are important strategies: First , to generate knowledge and positive attitudes about terminal well-being, good death and palliative care and to foster participation of all stakeholders ranging from family to institution; second, to create and systematise quality, standard and comprehensive palliative care service to promote well-being in the terminal phase of life and support good death; and finally, to establish logistic systems to support the provision of care. After the National Strategic Plan was endorsed by the National Health Commission, the driving project to bring the Plan to action was launched at the end of last year. Since modality of palliative care delivery in Thailand is diverse whereby knowledge and experience are tacit within an individual.

The key activities of the project are knowledge management, synergistic networking and strategic communication.

Since then the active movement nationwide regarding national policy are: human resources development by means of training courses, service model development under the variety of setting, promotion of opioid availability and accessibility, updating practice guideline for particular purpose, organisation of academic activities, promotion of living will under advance care planning process and etc. They have not been successful so far but there have been a larger scale of involvement.

There are challenges to further implement the strategic movement to ensure sustainability and quality of care with simplicity in the national services system. Those are: public education, achievement of opioid availability and accessibility, integration of palliative care as a component of comprehensive care into national health service system, establishment of appropriate financing model in Universal Health Coverage (UHC), reorganisation of service structure and promotion of community-based care towards dying at home or home-like facilities, legal support on hospital to home care, and promotion of non-cancer palliative care and palliative care for children. Furthermore 12th National Economic and Social Development Plan 2017-2021 and 12th National Health Development Plan 2017-2012 would take into account “Good Death” in one way or another.

Therefore, it can be expected that palliative care in various dimensions including medical and spiritual ones as well as attitudinal changes in the society will develop rapidly to respond well and swiftly to upcoming demographic, health, economic and social changes and that the care will be efficient, comprehensive and sustainable for all people in Thailand who are approaching the final stage of their life so that they can pass away naturally and peacefully without any suffering and their human dignity is guaranteed, in the other words quality of care throughout the life course “From Womb to Tomb”.