Title: An Application of Sufficiency Economy in the Health Sector in Thailand

Abstract

In 2002 the introduction of the Philosophy of Sufficiency Economy into Thailand’s national development plans represented a paradigm shift from the economic-based plans of the preceding four decades that resulted in unbalanced national growth. This paper relates a case study of the application of Sufficiency Economy in the Thai health sector to cope with the challenges arising from globalization through the generation of knowledge stressing moderation, self-reliance, and sustainability.

Keywords: Sufficiency Economy, health sector, Thailand.

Introduction

Thailand’s First to Seventh National Development Plans for four decades focused on mainstream ‘modernization’ and ‘development path’ paradigms. As a developing country, Thailand aspired for material comforts through export-led growth based on agricultural and industrial products. While economic progress was made to a certain extent, the country was faced with social deterioration and exploitation of natural resources and the environment illustrated by deforestation, high consumption of energy, and heavy, improper use of hazardous chemicals. The impact on Thailand of the Asian economic crisis in 1997 made the country realize the need for an alternative developmental paradigm. With more than 50 years of first-hand experience in rural development, His Majesty the King of Thailand recognized problems with the mainstream development path and its impacts at local and national levels and introduced the philosophy of Sufficiency Economy (SE) to the country.

The nation’s Eighth National Development Plan marked a change in emphasis with a human-centered approach and the Ninth (2002-2006) and Tenth (2007-2010) Plans have continued this and applied SE as the framework for the country’s development aimed to achieve well-balanced and sustainable growth at household, community, and nation levels (Sathirathai & Piboolsravut, 2004).

This paper investigates the application of SE at Siriraj Hospital, Bangkok, Thailand in a case study titled Knowledge Management to Promote Evidence-Informed Health Care Policy and Practice in Thailand. The paper is divided into four sections, a description of the holistic concept of SE, application of SE in the health sector, the case study, and an epilogue.

1. Holistic concept of Sufficiency Economy

For the past three decades, His Majesty the King of Thailand on many occasions reminded Thais of the balanced, step-by-step approach to development based on the principle of self-reliance or Sufficiency Economy (SE) (Sathirathai & Piboolsravut, 2004, p.8). It has been fully applied as a national development framework since the Ninth National Development Plan (2002-2006) and represents a paradigm shift in line with the forces of globalization but at the same protecting local
communities and the nation from the adverse impacts of changes. As Sathirathai and Piboolsravut (2004) stated:

The Philosophy of Sufficiency Economy (SE), bestowed by His Majesty the King of Thailand, is a holistic concept of moderation that acknowledges interdependency among people and with nature. It calls for a balanced and sustainable development as its objectives... (which) can be achieved, if the framework and the process of development are appropriate with social and natural conditions. (p.1)

Sufficiency Economy is a philosophy that stresses appropriate conduct and way of life while incorporating moderation, reasonableness (due consideration in all modes of conduct), and self-immunity (the need for sufficient protection from internal and external shocks). It requires the application of knowledge and ethics in the forms of accurate knowledge, care and giving, mutual assistance, and collaboration. The aim is to create bonds which closely link people from all sectors and boost positive creative force leading to unity, balanced and sustainable development, and a readiness to cope appropriately with critical challenges occurring as a result of globalization.

Figure 1 demonstrates the interaction of Sufficiency Economy and Globalization:

Figure 1 Interaction of Sufficiency Economy and Globalization


His Majesty the King emphasized that development must be done step-by-step starting from building a good basis for the people to enable them to have enough to live on and enough to eat and then to become self-reliant. SE as a guideline for conducting daily life suits all levels - family, community and national level.

At the family level, each individual must have a conscience in their daily conduct and lead a happy, joyful and moderate life. One should be engaged in a proper career to raise oneself and family to a sufficient level and refrain from taking advantage of other people showing generosity instead.
At the community level, people must cooperate in their activities, participate in decision-making in the community, develop mutual learning processes, and appropriately apply technology in the development of the community.

At the national level, a holistic development process should be promoted to create balance that considers social, economic, and resource capitals. Importantly, production should first meet the demands in the country before being considered for export. Low risk should be encouraged and over-investment and the possibility of debt avoided.

The country should follow careful planning procedures, keep pace with changes in the world, and use natural resources in a responsible manner while conserving the environment. In addition, social capitals such as education systems and local wisdom should be developed to increase the country’s capability for innovation and technology appropriate to the country’s needs, as well as being economical and simple (His Excellency Senanarong, 2004, pp.3-6).

2. Application of SE in the Health Sector

To pursue the SE concept of moderation, health care personnel as health care service providers should work with pride, honor and integrity (Nittayarumpong, 2006). Services provided to patients should be to the best of their knowledge and correct according to academic disciplines. In return, health care personnel are more respected, have more pride in their profession, and are happy. Patients and patient relatives have reasonable expectations of existing health care services but cannot expect medical technology to solve all problems. Nittayarumpong (2006) believed that legal action as a result of unintentional mistakes in medical practices due to the development of medical technology should not occur as the relationship between physician and patient should be a humane not a commercial one (p. 15).

In terms of reasonableness, overuse of drugs at the request of patients should be replaced by rational drug use as stated by the World Health Organization. The goal of rational drug use is to cut huge national expenditures, reduce side-effects of drug use, and minimize the development of drug-resistance. Appropriate use of available resources of equipment and personnel are also a means of achieving reasonableness. Nittayarumpong (2006) considered that such reasonableness does not reject technological progress but encourages the wise use of it to benefit the whole society (pp. 18-25).

A number of factors play a role in the development of self-immunity. These include the promotion of health by proper exercise, good diet, clean food free from toxic substances, fresh air, reduced mental stress, and appropriate health behaviors such as correct use of motorcycle helmets and responsible smoking and alcohol consumption, leading to fewer deaths from cancers, accidents, heart disease, and chronic diseases such as diabetes and high blood pressure. Nittayarumpong (2006) saw self-immunity as an increased reliance on alternative medicine to cure diseases appropriately instead of depending on importation of medical equipment and drugs (pp. 25-27).

Knowledge for Nittayarumpong (2006, p.29) meant evidence-based medicine or research-linked policy decisions to gain successful results and suitable use of resources. Ethics was reflected in excellent service and treatment of patients with high standards of morality, patience, perseverance, diligence, wisdom, and prudence shown by health care service providers, patients, and patients’ relatives. Nittayarumpong
(2006) also believed that good governance, transparency, fairness, quality, and efficiency are part of ethics (pp. 30-31).

3. The Case Study

The work of Thamlikitkul (2006) demonstrated the application of SE in the health sector with an emphasis on knowledge. Thamlikitkul (2006) stated that health research findings impact on policy, practice and patient outcomes if they are applied specifically to diverse political and social contexts, health systems and population groups. Thamlikitkul identified that health policy and practice (do) or existing knowledge (know) can lead to valid, relevant and applicable knowledge. If positive, the process may lead to knowledge implementation (evidence-informed health-care policy/practice) ultimately leading to good quality, effective, efficient, and equitable health care. Even a negative process may lead to knowledge generation (user-driven or policy-driven research).

Since 2001, Siriraj Hospital, a tertiary care hospital in Bangkok, Thailand, has conducted Knowledge Management to Promote Evidence-Informed Health Care Policy and Practice in Thailand project. Thamlikitkul conducted 4 case studies: (1) knowledge implementation for bridging the ‘do-know’ gap: Heparinized saline flush and peripheral venous catheter patency (2) knowledge generation for bridging the ‘do–know’ gap: Urinary drainage bag change regimen (3) knowledge implementation for bridging the ‘know–do’ gap: Semi-recumbent positioning to prevent ventilator/associated pneumonia (4) knowledge generation for bridging the ‘know–do’ gap: Antibiotic prophylaxis for preventing infection in cancer patients. The second case study is considered more closely here.

Thamlikitkul described that urinary tract infection (UTI) is a common complication among patients with an indwelling urethral catheter. Each change of the urinary drainage bag predisposes the patient to developing UTI and increases time spent by personnel, expense, and plastic waste. The frequency of urine bag changes for patients with short-term urinary catheters was a source of conflict among health personnel with no evidence-based support. The nurses’ guideline recommended a urine bag change every three days but the infection control committee said it should not be changed on such a routine basis. A guideline for prevention of infections associated with the insertion and maintenance of short-term indwelling urethral catheters in acute care recommended that urinary drainage bags should be changed when clinically indicated.

A review of the literature showed only one relevant study that compared urine bag changing regimens in 12 elderly long-term urinary catheterized patients. The study found no significant clinical or microbiological differences between patients who had a daily urine bag change and those who had a weekly bag change but the results were not applicable to Siriraj Hospital as this study was conducted on long-term catheterized elderly patients.

Eventually, Siriraj Hospital conducted a randomized controlled trial on the incidence of UTI among hospitalized patients with short-term indwelling urethral catheters that compared a three-day urinary drainage bag change to a no-change. The results found no significant difference in the incidence of UTI between the two groups. These results were adopted as a policy endorsed by the Dean of the Faculty of Medicine at Siriraj Hospital for the entire hospital from February 2002 and
disseminated to infection control nurses during the national workshop on prevention and control of nosocomial infections in July 2002. In addition to policy implications, the decision saved costs, personnel time and plastic waste.

Thamlikitkul concluded that the gap between knowledge and practice (know–do) and the gap between practice and knowledge (do–know) are common in health-care systems in developing countries, and knowledge generation is an important measure to bridge the gap between knowledge and action for health. Responsible institutions in developing countries should invest more resources in promoting professional communicators or intermediaries to narrow the gap as well as develop a culture where decisions taken by policy-makers, health professionals, and the public are based on evidence.

Epilogue

The ultimate aim of SE is to establish well-balanced and sustainable national growth that takes into account economic, social, and natural resources, and a middle-path approach to development. The integration of the three characteristics – moderation, reasonableness, and self-immunity – with the two conditions of knowledge and ethics – indicates that SE can be applied at the levels of household, community, and nation, and that its principles are influential on thinking and practice in a range of sectors including health.

References:


Curriculum vitae:

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