

## LETTER TO THE EDITOR

## The fate and future of family practice in Thailand

Thailand's Ministry of Public Health policy on the national health system is 'Good Health for All' and was implemented around the core campaign of 'Thirty-Baht Health Care Program' launched nationwide in October 2001.

The campaign states that every patient, whether an outpatient or an inpatient will pay only *Thaibaht* (THB) 30 (US\$1 = THB 44) per visit. This includes care for any kind of illness including high-cost diseases. The government subsidizes THB 1202 (US\$27.3) per head per year to the hospitals and other primary care units. This subsidy covers the costs of treatment, health promotion, prevention and salary (for the government officials). The public must register at the primary care unit near their homes; with one primary care unit caring for approximately 10 000 people. The primary care unit is to provide all essential care for patients registered with them, such as health promotion, prevention, check-up, consultation, investigation, treatment and rehabilitation.

With the launch of this campaign, family doctors have been given an important role which will hopefully also make it trendy for postgraduate training. The Ministry of Public Health and the Council of Thai Doctors both share the same policy with respect to the residency training program; that is to increase the number of family practitioners to about half of the total specialist-training program in the near future. Currently, we have a yearly quota to facilitate family

practice training of only 60 doctors in comparison to the total of 800 doctors training in other specialties. So, our aim is to train about 400 graduates a year in family medicine! This raises many questions:

- Is it possible?
- How will we persuade new doctors to enter family practice?
- After completing their training, who will guarantee them a proper job or decent work?
- Will they be acceptable?

During the past 30 years, general practitioners have been seen as second-class doctors and were accepted by few hospitals. How can we change or improve or even prevent this from happening again?

In addition to this, will the Ministry of Public Health's Thirty-Baht Health Care Program and an assigned primary care unit actually be good for family physicians? Or is it just a 'new temporary job' for family physicians in Thailand (which is destined to fail again because it is unacceptable to the Thai public).

Well, we will all have to wait and see. What of the problems of primary care and family physicians in other countries? I would be interested to hear the thoughts and insights of others.

Sompong THANAPAISARNKIT  
*OPD, Rajvithi Hospital, 2 Phayathai Road,  
 Bangkok 10400  
 Thailand*