Palliative Care Model in Thailand

Suchira Chaiviboontham, Ph.D., APMSN.
Scope

• Why do we need palliative care?
• What is palliative care?
• Palliative care in Thailand.
Why do we need palliative care?
Diseases requiring palliative care for adults:

- Alzheimer’s and other dementias
- Cancer
- Cardiovascular diseases
- Cirrhosis of the liver
- COPD
- Diabetes
- HIV/AIDS
- Renal failure
- Multiple sclerosis
- Parkinson’s disease
- Rheumatoid arthritis
- Drug-resistant TB
WHO NEEDS IT?

Of the **40 million** people who need palliative care each year:

- **39%** have Cardiovascular diseases
- **34%** have Cancer
- **10%** have Chronic lung diseases
- **6%** have HIV/AIDS
- **5%** have Diabetes

(WHO, 2016)
8-Hospital Study in USA.
Costs/day for patients who died
palliative care vs. matched usual care patients

• HCC with PC undergone ET intubation significantly less often (P=0.025) than usual care patients and less likely to be admitted to ICU (P=0.001).
• Lung CA also most unlikely to be intubated (P<0.001).
• Adjusted net savings for the care of palliative patients was 16,669 baht (555 USD) per person (P=0.035) compared to usual care patients.

(Sinsuwan, Pairojkul, Gomutbutra, Kongkum, & Kosuwon, 2016)
What is palliative care?
WHO defines palliative care as the prevention and relief of suffering of adult and paediatric patients and their families facing the problems associated with life-threatening illness.

These problems include physical, psychological, social and spiritual suffering of patients and psychological, social and spiritual suffering of family members.

(WHO, 2002)
WHAT IS PALLIATIVE CARE?

It is care for patients with life-threatening illnesses & their families

It can be given in homes, health centres, hospitals and hospices

It improves quality of life

It benefits health systems by reducing unnecessary hospital admissions

It relieves physical, psychosocial & spiritual suffering

It can be done by many types of health professionals & volunteers

(WHO, 2016)
The goals of palliative care:

✓ Quality of life
✓ Pain and Symptom control
✓ Compassionate care
✓ Holistic care (psychosocial/ spiritual)
✓ Patient, carers and family
✓ Context and place of care and death
✓ Bereavement
Palliative care = Live well and Good Death
WHEN IS PALLIATIVE CARE NEEDED?

Curative care

DISEASE PROGRESSION

PALLIATIVE CARE

Diagnosis

Death

Bereavement support

(WHO, 2016)
Palliative care in Thailand
Where are we now?
National Cancer Prevention and Control Programme recommended palliative care as an intervention in the tertiary prevention plan.

The National Health Act 2007, Section 12, approved the right of terminally ill patients to palliative care.

1. The Thai Palliative Care Society (THAPS)
2. Thai Palliative Care Nurses Society (PCNS)

1997

HA set palliative care as part of the hospital accreditation standard.

2006

1. MS-PCARE
2. Nursing Institutes published a Standard of Nursing Care
3. Thai living will website

2007

2009

2012

2013

1. The 10th APHC Conference was organized in Bangkok
2. The National Cancer Control Programme 2013–2017 set palliative care as one of seven strategies of cancer control program
3. Palliative care was also mentioned in cancer care program in Service Plan.
The National Strategic Plan on Health Promotion for Good Death 2014–2016 was approved by the National Health Commission.

1. THAPS provided training for Doctors, Nurses, Pharmacists.
2. PC-NIG provided training for nurses more than 500 nurses.

1. The 1st National Palliative and Hospice Care Conference (NPHC 2015)
2. TNC develop a competency-based training for palliative care nurse.

Palliative care unit has been fully established in hospital deployed with at least one full-time trained nurse as the coordinator.

Integrated to long-term care District health system.
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 characterized by: The development

- **Activity**: that is patchy in scope and not well supported.

- **Sourcing of funding**: that is often heavily donor-dependent.

- **Morphine availability**: limited availability of morphine.

- **Hospice-palliative care services**: a small number of hospice-palliative care services that are often home-based in nature.
The QOD index 2015

The Index is composed of five categories:

1. Palliative and healthcare environment (20% weighting)
2. Human resources (20% weighting)
3. Affordability of care (20% weighting)
4. Quality of care (30% weighting)
5. Community engagement (10% weighting)
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### 2015 Quality of Death Index—Ranking by region

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<td>Bangladesh</td>
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Policy
- PC part of national health plan and policies
- Funding/service delivery models support PC delivery
- Essential medicines

Education
- Media & public advocacy
- Curricula, courses for professionals, trainees
- Expert training
- Family caregiver training & support

Drug Availability
- Opioids, essential medicines
- Importation quota
- Cost
- Prescribing
- Distribution
- Dispensing
- Administration

Implementation
- Opinion leaders
- Trained manpower
- Strategic & business plans – resources, infrastructure
- Standards, guidelines measures

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.
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.

In 2017, PC put into National service plan.
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.
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’
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.
Along with the policy implementation:

- 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 organization in one way or another.
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.
Establish 4 regional training centers, provide nation-wide training for:

- Doctors
- Nurses
- Pharmacists
- Social workers
1. Thailand Nursing and Midwifery Council: Appointment of Working Group Members on competency-based development for palliative care nurse.

- 2 days training program for nurse assistant
- 3 days training program for general nurse
- 10 days training program for palliative care ward nurse
- 4 months training program for post-Baccalaureate
- 4 months training program for post-Master
- 2 months training program for APN
Nursing Education

2. College of Advanced Practice Nurse, Thailand Nursing and Midwifery Council.

Ramathibodi School of Nursing:

3 years Board certified training program
Implementation: Palliative care services

✓ General ward
✓ Palliative ward
✓ OPD
✓ ER
✓ Home
✓ Hospice
Future direction

• Service system:
  
  PC specialists in hospitals.
  
  Community PC services (PC integrated into district health system)
  
  Hospice and home care center in metropolitan area

(Pairojkul, 2016)
Future direction

• PC should be fully funded

• Human development – rapid mid-career training

• Medical & nursing curriculum revision; postgrad training

• Building strong PC network

• Opioid accessibility

• Generate public awareness, promotion of ACP and AD

• Explicit PC QI in hospital accreditation

(Pairojkul, 2016)
A study of palliative care model in Thailand

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Piyawan Pokpalagon, PhD, RN
Research questions

1. What is a structure of palliative care at each level of healthcare services across Thailand?

2. What are the process and outcomes of palliative care in Thailand?
• Physical and organisational characteristics where health care occurs

• Focus on the care delivered to patients (e.g. services or treatments)

• Effect of health care on the status of patients and populations

(Donabedian, 1966)
A mix-method study design to capture both qualitative and quantitative data
Sample and Setting

- Central
- North
- North
- South
- Eastern
Setting

3 Level of health services in 4 regions

Primary level: 4 hospitals

Secondary level: 3 hospitals

Tertiary level/University hospital: 1/4 hospitals
Instruments

1. Personal Information Questionnaire
2. Organization Assessment Form
3. Semi-structure interview guide
Data Analysis

Structure: Organizational structure was described in descriptive and narrative form.

Content analysis was used to analyze the process and outcome data.
Result and Discussion

Informants:

4  Doctors from university hospital
20  Nurses: 11 from 3° and university hospital
     4 from 2° hospital
     4 from 1° hospital
     1 from religious organization
Result

Structure: Organizational structure

Access to care within system

Organization of care

Formal support services available

Environment and Visiting
Result

Process

- patients and families assessment
- care plan including sheared-decision making
- symptom control, availability of opioid,
- referral and networking, and quality of care evaluation
Result and Discussion

Outcome

Most patients and families described that they all received an excellent care from the team.

They very satisfied and appreciated.

no formal evaluation of quality of care in all setting
Process

**Assessment:** holistic assessment, develop own assessment form

**ACP:** Formal/informal discuss and documented/form

**Symptom control:** fully provide opioid and essential medications, provide, pharmac/o non-pharmac/o

**Networking:** formal/informal

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**Access:** specialist, provide consultation

**Organization:** policy, guidelines, education/training, regularly conferences

**Support and services:** home care, limited respite care, family counseling, spiritual counseling, bereavement care, provide med equipment, volunteer

**Environment and Visiting:** limited PC ward, manage visiting hour, family participation

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**Assessment:** holistic assessment, develop own assessment form

**ACP:** Formal/informal discuss and documented/form

**Symptom control:** limited opioid and essential medications, provide pharmaco/non-pharmac/o

**Networking:** formal/informal

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**Access:** limited specialist, supervise PCU

**Organization:** policy limited guideline and discuss

**Support and services:** home care, limited respite care, family counseling, spiritual counseling, bereavement care, provide med equipment, village volunteer

**Environment and Visiting:** no PC ward, manage visiting hour, family participation

---

**Assessment:** holistic assessment, develop own assessment form

**ACP:** Formal/informal discuss and documented/form

**Symptom control:** limited opioid and essential medications, provide pharmaco/non-pharmac/o

**Networking:** formal/informal, village volunteer

---

**Access:** no specialist, GP or Nurse lead team

**Organization:** policy

**Support and services:** home care, family counseling, spiritual counseling, bereavement care, provide medical equipment, village volunteer

**Environment and Visiting:**

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(Chaiviboontham & Pokpalagon, 2016)
Conclusion

• Palliative care in Thailand is accessible
• Provides a continuity of care at all levels of health services, but needs to be more systematic
• The specific outcomes of palliative care were rarely indicated in each setting.
• These findings indicate that Thailand represents a variety of palliative care delivered, which are proper for each context but still require improvement regarding structure, access to opioids, referral systems, and outcome indicators.
Thank you for your attention