Endocrinology in Thailand: Unique challenges, unique solutions

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ABSTRACT

Thailand is a developing country in Southeast Asia with a nationally acknowledged requirement for improvement of the national medical system. Although the new (Western) system in medicine has been introduced to Thailand for about a century, the present status of medicine in Thailand is still not as good as those developing countries in Europe and USA. This is in spite of the fact that the country is well known as a hub of medical tourism abroad.

Focusing on endocrinology in Thailand, it is classified as a specific branch of medicine that is taught in few medical schools. There are very few endocrinologists in Thailand, who are unable to cope with the large number of patients with endocrinology problems. Primary care for common endocrine disorders, such as diabetes mellitus and thyroid disease, is still the domain of general practitioners. In this article, the author will present unique challenges and unique solutions of endocrinology practice in Thailand.

Key words: Challenges, endocrinology, solutions, Thailand

THE CURRENT SITUATION OF ENDOCRINOLOGY IN THAILAND

Thailand is a developing country in Southeast Asia with an acknowledged requirement for improvement of the national medical system. Although the new (Western) system in medicine has been introduced to Thailand for about a century, the present status of medicine in Thailand is still not as good as those developing countries in Europe and USA. This is in spite of the fact that the country is well known as a hub of medical tourism abroad.

Focusing on endocrinology in Thailand, it is classified as a specific branch of medicine that is taught in medical schools. As far as the post-graduate training system is concerned, there is no specific resident training for endocrinology. However, specific postresidency training, fellowship in endocrinology is available. To be an endocrinologist, one has to pass a total of 11-year training period. This is considered a very long period compared with the period for training for other specialties, such as neurology (only 9 years).

This is one reason that there are very few endocrinologists in Thailand. This shortage is in spite of the many patients with endocrinology problems. Annually, up to 5 million patients with endocrine disease are recorded in Thailand, and this is significantly higher than the number of endocrinologists in Thailand (the present number is 474). The primary care of common endocrine disorders, such as diabetes mellitus and thyroid disease is still delivered by the general practitioner.

The other reasons that there are very few endocrinologists in Thailand include the following: (a) this specialty is not a “money-making” specialty. The newly graduated physician would like to join the other branches that make more money, such as cardiology and neurology, (b) there is no additional salary for endocrinologists although this kind of specialist knowledge is still inadequate, similar to some specialists, such as pathologists and radiotherapists, who get additional salary, and (c) not all medical schools can train the endocrinology specialists. Only some big schools have this ability.

UNIQUE CHALLENGES

Lack of education and financial constraints are still major
problems in Thailand, similar to many other developing countries. Focusing on education, not only the problems of very long training period, and lack of good training centers (only 6 medical colleges offer specific endocrine courses), but also limitations in the present training curriculum can be seen. Interestingly, the specialty training curriculum in Thailand is still not approved and certified by the international standards. Lack of local experts in endocrinology leads to weakness of the endocrinology society in Thailand. The specific society of endocrinology has been present in Thailand for years (1981) but it does not function well. At present, there are very few professors of endocrinology in Thailand, and most are not well accepted by scientific society. The rate of scientific publication is low, and this leads to poor recognition of Thai endocrinology.

Focusing on the medical economics aspect, the huge number of endocrine patients in Thailand implies the need equally strong funding. However, based on the general universal coverage principle in Thailand, the average payment for all kinds of diseases by the Thai government might not be sufficient for some endocrine cases that have a high management cost. In addition, the drug and laboratory costs for endocrinology cases are usually expensive. This is yet another financial concern in endocrinology in Thailand.

Apart from the general problems, some unique problems in Thailand can be seen. Due to the tropical nature of the country, some endocrinology problems relating to tropical diseases might be expected. The good examples are HIV-related endocrinopathy, malaria-related endocrinopathy, and diabetic foot (with superimposition of tropical fungus and bacterial infections). Although this is not common, it is very unique.

However, the more important consideration is of the Thai culture, which is a Buddhism-based culture with mixed Indian and Chinese roots. Superstitious belief is very common, and patients usually use unacceptable alternative treatment when they get endocrine dysfunction or diseases. Sometimes, some rare endocrine disorders are perceived as spiritual processing. This can be called a Thai culture bound condition that modifies the endocrinology presentation and disease course. Examples of superstitions are usage of holy water from Buddhist temples hoping for disease cure and usage of horoscope “siumsee” paper for selection of herbal drug for treatment of disease. Indeed, Buddhism has both positive and negative effects on endocrine care. For positive effect, it can be a kind of psychological support. For negative effect, if the patients do not get standard treatment but use only superstitions, the disease will worsen. Finally, focusing on the problem of endocrine disorder among Buddhist monks, there is a previous report showing that the Buddhist monks have a trend of lower incidence of disorder, which might be due to the strict lifestyle in medical practice.

The unique challenges in Thailand can be explained as the complex situation of (a) lack of good education and training system, (b) lack of specialists and experts, (c) lack of funding for management and poor resource allocation, and (d) the problem in management due to rooted Thai culture and belief. How to manage these problems is the actual challenge in Thai endocrinology.

**UNIQUE SOLUTIONS**

To solve the problems in Thailand is a very big issue. There are many proposed solutions. Implementation of quality system for assurance on all education and service process in medicine has just been set for about 5 years. However, the system is not effective and seems to focus on paper work, and not the actual practice. In addition, the auditors are not well trained and do not have good quality.

To solve the problem of the case management, it is not presently possible to produce sufficient endocrinologists. Hence, the present solution is the strengthening of the quality of the family physician to cope with the basic endocrine problems. This is via the continuous medical education system and use of new technology for case management.

Based on the concept that prevention is better than correction or treatment, many screening programs for common endocrine disorders in Thailand are promoted. Those examples include the neonatal screening program of hypothyroidism and screening for diabetes mellitus and its complications in population aged more than 35 years. These processes help identify indexed cases and early management of those cases. The use of new tools, such as point-of-care testing technology has just recently implemented, over the past few years. It is hoped that Thailand will be able to achieve an increase in the coverage of screening and monitoring endocrine and metabolic disease.

**FUTURE DIRECTION**

The future direction of endocrinology is hard to predict. It is the hope that there will be sufficient number of endocrinologists in Thailand, working within a good preventive and treatment system. However, with the unstable situation in Thailand at present, it is very hard to make a commitment. At least, improved acceptance of the
standards and quality in endocrinology practice, by general practitioner and endocrinologists might be successful in improving endocrine care in Thailand.

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