Thai Health 2016

Institute for Population and Social Research, Mahidol University
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12 Health Indicators of the Thai Generations

10 Health Issues

4 Outstanding Accomplishments for Health

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Thai Health 2016

Preface

In the past decade, Thai society has been experiencing accelerating change, especially in the area of technology and communication. This is having an adverse impact on the health of Thais due to reduction in exercise and increase in sedentary lifestyles and associated consumption. Thais born during this period are expected to have unique thoughts and behaviors when compared to previous generations. Thai Health Report 2016 has compared Health Indicators of the Thai Generations. This generational comparison shows how change is happening and in what direction. The study also considers contextual factors such as income, family formation, domicile, values, consumption behavior, health behavior, use of technology and the Internet, On-line lifestyles and solidarity with peer groups.

The second part of the report examines important topics of the day, including: (1) The Universal Health Insurance for Thais is on Shaky Ground; (2) Draft 2015 Constitution is Rejected – Derailing the Roadmap; (3) Reclaiming the Forest is a Bigger Problem than Once Thought; (4) At Last: Community Deeds and Land Bank; (5) National Savings Fund: Retirement Security for Workers in the Non-formal Sector; (6) MERS: A New

Emerging Disease Threat; (7) Cross-border Human Trafficking: The Case of the Rohingya; (8) Thailand is Given a "Yellow Card" by the IUU; (8) Is this Good News or Bad?; (9) The Explosion at Rajprasong Heard around the World – The Uyghur Issue; (10) Chao Praya Riverside Pathway: A Test of Community Living.

Thailand has also received global recognition of the following: (1) UNESCO lauds Prof. Puey and M.R. Pia as Honored People of the World; (2) The UN praises Thailand for eradicating mother-to-child transmission (MTCT) of HIV; (3) Thailand has been elected to chair the G77 meeting; (4) Mahidol University Produces a 100% Effective Vaccine to Prevent all 4 Strains of Hemorrhagic Fever.

An important feature of this report is the portion on "A good death is an option now." Even though death is inevitable, people can now choose how their life ends and optimize their final years, clinically and psycho-emotionally. Thais also have the right to execute a living will which may include instructions "not to resuscitate" or provide undesired life-support merely to postpone certain death.

The Thai Health Report team would like to thank all readers who have waited for this publication to arrive. It is hoped that the information and knowledge gained can be used for study, teaching, social advancement, and dissemination in conferences and other public forums. The authors are proud to have produced this reference for the reader. Additional content may be accessed at www.thaihealthreport.com

The Thai Health Report Team

March 2016

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12

Health Indicators
of the Thai Generations

12 Health Indicators of the Thai Generations

Thai society consists of people of multiple generations. Each generation differs not only by age, but also in their way of thinking. The different attitudes and behaviors of each generation are shaped by the different social, economic, environmental and cultural contexts in which they grew up.

This 2016 report presents "12 Health Indicators of the Thai Generations", to gain a better understanding of generational differences. Each section focuses on different habits, childhood experiences, work perspectives, values, and behaviors of each generation.

Currently, there are four main generations worldwide categorized by their year of birth: The Silent Generation, the Baby-boomer Generation, Generation X, and Generation Y. According to Theory of Generations, members of the Silent Generation are generally described as risk-averse and prefer predictable patterns. Baby Boomers are generally described as hardworking, while members of Generations X and Y prefer independence in their work lives and are innately more familiar with modern technology.

The generation profile is shaped by each generation's experiences during various stages of their life cycle. Most members of the Silent Generation came of age during the World War and the global depression. Baby Boomers grew up in the post-World War era and the economy was recovering. Members of Gen X, on the other hand, came of age during economic prosperity, while Gen Y members are the first to be born into the world comprehensive technological modernization. That said, these theoretical classifications of generations are based on Western experiences, and thus Thai generations may differ. Thai generations may not have the same childhood and youth experiences as generations in the West, however, with the rapid emergence of technology and a global communication network, national and regional borders are dissolving, and there may be fewer differences among the newer generations.

The Theory of Generations received considerable attention, particularly in business. Gen Y is of particular interest due to its population size and potential to influence consumer behavior and business in the coming decades. Twenty years from now, about half of working-age Thais will be Gen Y. Thus, businesses are now competing for the hearts and minds of Gen Y since they promise to be an important force to drive business organizations for many years to come.

Current trends suggest that members of Gens X and Y will have greater income security than their Baby Boomer counterparts who are now in or entering the elderly age groups. However, the Baby Boomers also have the advantage of having more children or grandchildren to provide support, something later generations might not be able to enjoy due to the low fertility of the current reproductive-age population. Nearly two out of five of today's Gen Y females say they do not want to have children at all since they value their independence more. Thus, the systems for income security for Gen X and Y members need to compensate for the projected loss of support from children and grandchildren as they age. Otherwise, they will need to find innovative ways to be more self-sufficient throughout their life cycle. Gen X and Y members will need to take more advantage of their higher income (relative to Baby Boomers) by investing in savings instruments starting at a younger age than their parents did.

As noted, females in the younger generations give less value to family formation, and this gives them more freedom to pursue an independent career and personal interests. These youth have greater freedom of travel and domicile than previous generations. Currently, three out of five Gen Y members in Bangkok live in a condominium, apartment, or dormitory. This represents a striking new habitation pattern that is emerging and likely to be replicated in other urban centers of the country.

Information technology (IT) and on-line society is changing the lifestyles of all the generations, but in different ways. Baby Boomers mostly use modern technology to follow the news and read books and magazines on-line. Gen X use IT for work, while more Gen Y see IT as a source of entertainment, social connection, and chatting with friends. Among generations, Gen Y members have the most integration of IT into their daily life, spending up to a third of a day on-line. Spending this much time on-line comes at the expense of physical activity, and this more sedentary lifestyle could have adverse health consequences for them in the future.

As fewer Thais are being born each year, there will need to be a shift to promote quality birth among the dwindling numbers of youth. Thus, Thailand will need to intensify its investment in creating a positive environment, promote solidarity of the family, and invest in human capital starting at the pre-school level throughout childhood and adolescence with the hopes of creating quality citizens that will be productive members of the Thai society in the future.

1 Understanding the Different Generations

At present, 39% of the world's population are members of Gen Y, while 27% are members of Gen X

Childhood experience is an important determinant of the way people think, how they view the world, and their values, attitude toward society, and lifestyle. Thus, persons of the same generation tend to share similar traits across these dimensions.

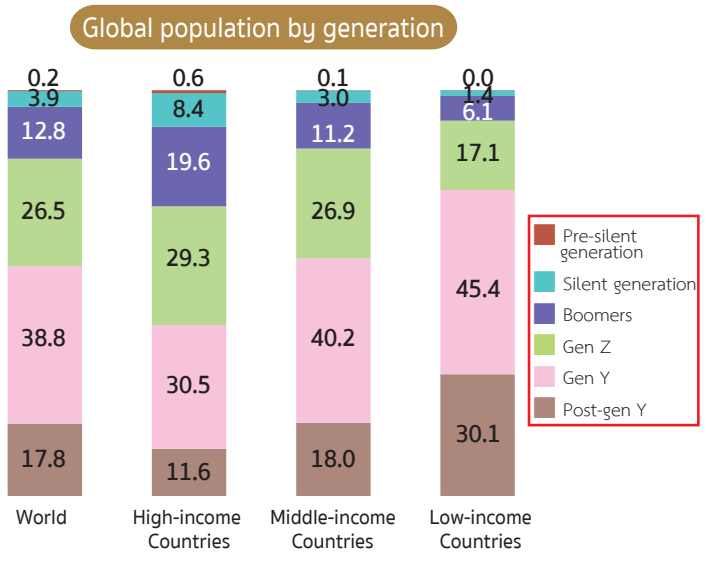
Generally, societies are comprised of multiple generations, with each having their own unique characteristics. However, these differences are not only attributable only to age variations, but also due to belonging to different generations. People born and raised during different times have different experiences in terms of societal, economy, environmental and cultural contexts. Each generation is therefore shaped by the context in their formative years.

The Theory of Generations helps explain differences among large demographic cohorts, and are usually defined by their year of birth. In this report the focus is on four main generations: Silent, Baby Boomer, X, and Y. At present, Gen Y is the largest of the global population (39%) and Gen X is the second largest (27%). Higher-income countries have a smaller proportion of Gen Y populations than middle- and lower-income countries

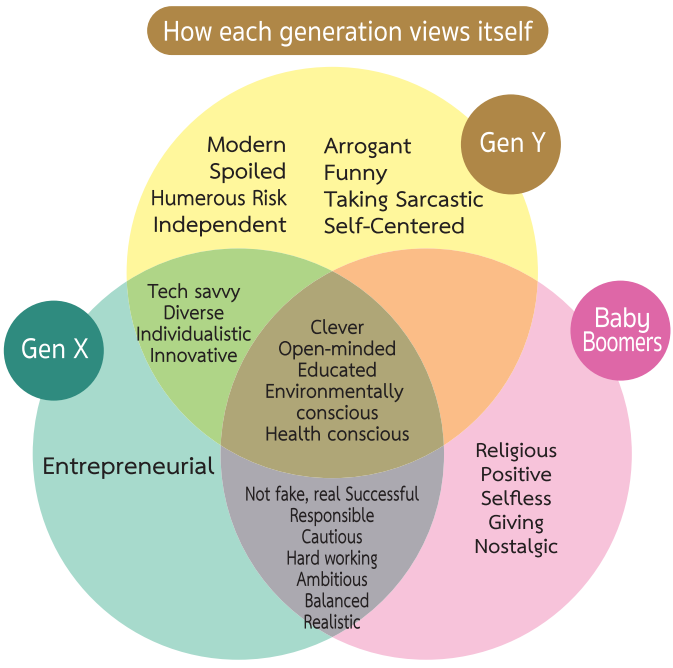
Generation

Generation	Year Born	Key Contextual Factors	Attributes, Habits and Values
 Silent Generation	1925-1942	Global depression and world war	Prefer familiar patterns, risk-averse, conservative
 Baby Boomer	1943-1960	Peace time, economic recovery, rapid rise in fertility	Career-driven, hard-working, tolerant, prefer secure occupations, loyal to company/ organization, civic-minded
 Generation X	1961-1981	Stabilization of the global economy, more women in the labor force, modern culture is flourishing	Dislike formality, seek a balanced life, creative thinking, delayed marriage, seek more independence in the workplace, prefer self-employment to working for a large company, prefer challenging work and gaining new knowledge and skills, prefer social work/ volunteering to civic duties
 Generation Y	1982-2005	Era of technology boom, most notably the Internet	Creative thinking, multi-tasking, very familiar with technology, determined but not patient, good at teamwork, risk-averse, more conforming than Gen X

Source: Adapted from Strauss & Howe, 2007



Source: World Population Prospects: The 2015 Revision,United Nations



Source: Adapted from BCG U.S. Millennial Supplemental Consumer Sentiment Survey, 2013

Other generations at present

Generation	Characteristics
 Generation Z	This generation overlaps somewhat with Gen Y, depending on definition. The members are IT babies who have used cell phones since early childhood. They do not know a world without technological devices. However, they are coming of age in a period of global recession, rising international terrorism, climate change, change in household structure, the need for higher education, more time spent indoors, and sedentary behavior.
 Generation Alpha	This generation refers to those born after Gen Z and also are growing up surrounded by IT. They are very comfortable with modern technology and are referred to as 'digital natives.' Some studies mark the start of this generation at the year when the iPad first launched in 2010.
 Generation C	This label is not age-specific but refers to individuals who have to be on-line (i.e., Connected) at all times.

Remarks: The context in which each generation comes of age shapes their attributes and worldview.

Baby Boomers were born in a post-war era of optimism, global restructuring and growth. Thus, many Baby Boomers display characteristics of entrepreneurialism, endurance, and work-aholism. By contrast, Gens X and Y were born in more prosperous and stable times. Thus, they are attracted to career diversity and use of creativity and intellectual ability in pursuing independence and challenge in their life.

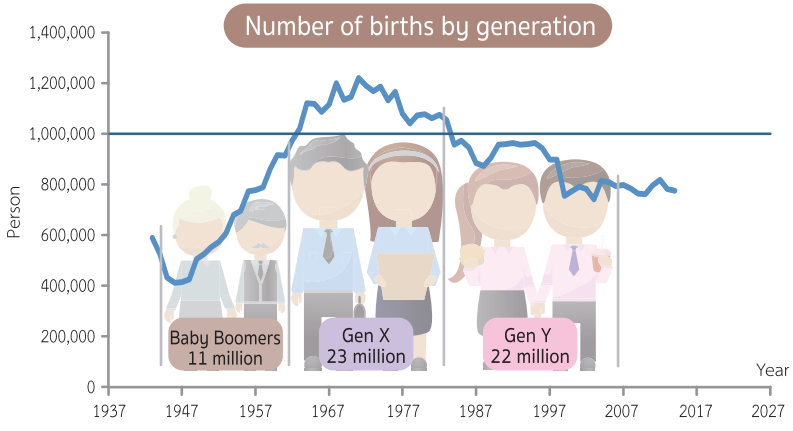
The Theory of Generations has gained wide acceptance, especially in marketing and human resources management. The theory is used to better understand motivation and behavior of the different generations. Currently, there are many more generations, particularly those born after Gen Y.

2 Generations in Thailand

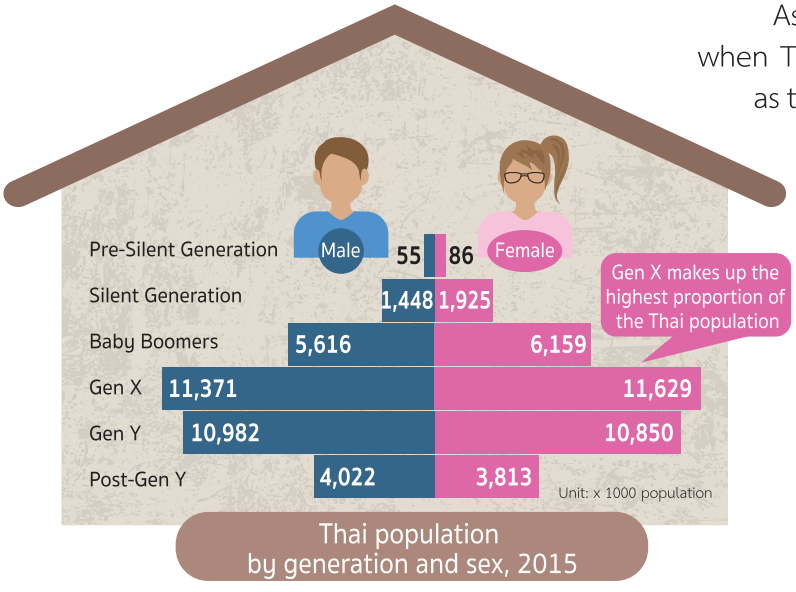
Thai Baby Boomers grew up in a time when only 20% of the Thai population lived in urban areas. By contrast, Gen Y members came of age at a time when 44% of the Thai population lived in urban areas.

Thai Baby Boomers were born when Thailand had a smaller, but rapidly growing population. Thai Gen X grew up in a period with more international influence. Meanwhile, the Thai Gen Y group tends to increasingly resemble their counterparts in other parts of the developed world, with the acceleration of globalization via the Internet.

Thailand that we know today is vastly different from the Thailand our grandparents or even our parents know when they were growing up. Over many decades, Thailand has gone through many significant changes socially, economically and culturally. Due to Thailand's many contextual changes throughout history, Thais of different generations are exposed to different circumstances while growing up despite being in the same country, and thus influencing each generation's unique characters and traits.

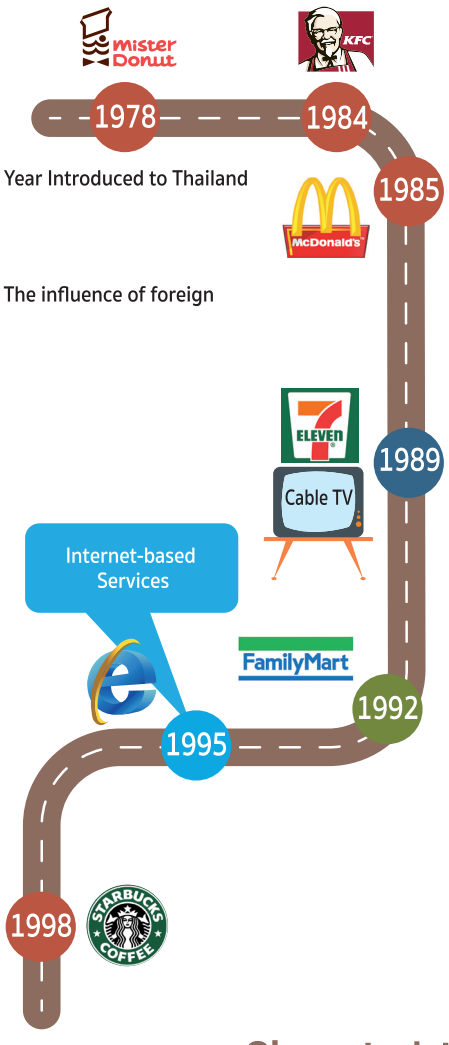


Source: Civil Registration Department, Ministry of Interior



Source: World Population Prospects: The 2015 Revision, United Nations

As noted, Thai Baby Boomers came of age when Thailand was largely rural, with agriculture as the dominant occupation. In 1965, only 20% of the Thai population lived in cities, concentration of the population was not dense (51 persons per sq. km.), and average household size was 5.6 persons. Thais of that generation were born during a rapid rise of fertility, although number of births peaked later during 1963-83. Thus, Thais born during this era of high fertility (the Gen X) have been dubbed as "Million Birth Cohort."



While Western movies had been shown in Thai movie theaters for many decades, the introduction of international cable TV and the Internet in Thai households radically increased exposure of Thais to Western media and norms. The evidence for this change is the steady increase in the popularity of Western fast food outlets. Thai Gen X members were therefore grew up in this more globalized version of Thai culture.

Urbanization of Thailand by generation

	1965 (Baby Boomers, age 5-22 years)	1986 (Gen X, age 5-25 years)	2010 (Gen Y, age 5-28 years)
Urban (% population living in cities)			
Thailand	20.2	28.4	44.1
High-income countries	65.6	73.8	79.8
Middle-income countries	24.2	32.6	46.5
Low-income countries	13.0	20.6	28.0
World	35.5	41.5	51.6

Source: World Development Indicators, 2015, World Bank

Characteristics of the Thai population and society

Census Year	Average House-hold Size (persons per household)	Population Density (persons per 1 sq. km.)	Dependency Ratio	Child Dependency Ratio	Elderly Dependency Ratio
1960 (Baby Boomers, age 0-17 years)	5.6	51.1	85.2	80.0	5.2
1980 (Gen X, age 1-19 years)	5.2	87.4	72.0	65.9	6.1
2000 (Gen Y, age 0-18 years)	3.8	118.7	51.2	**36.9**	**14.4**

Source: National Population and Housing Census, 1960, 1980, and 2000

Rapid decrease during the era of Gen Y

At the same time, the Elderly Dependency Ratio is more than double that of Gen X

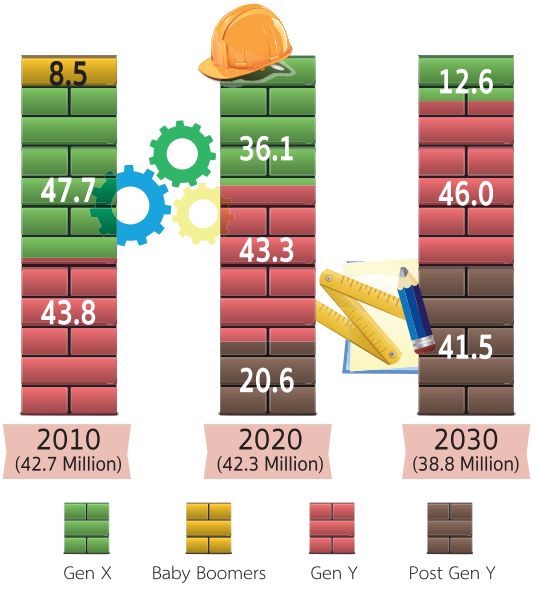
The Gen Y came of age during a period of increasing urbanization of Thailand. As of 2000, 44% of the total population resided in a municipal area, and population density increased to 119 persons per square kilometer. By contrast, average household size had decreased significantly to 3.8 persons per household on average. In addition to these demographic changes by generation, the biggest influence has undoubtedly been the advent of personal access to the Internet in 1995, radically reshaping the profile of Gen Y members.

3 Work

Twenty years from now, nearly half of the Thai working-age population will be Gen Y

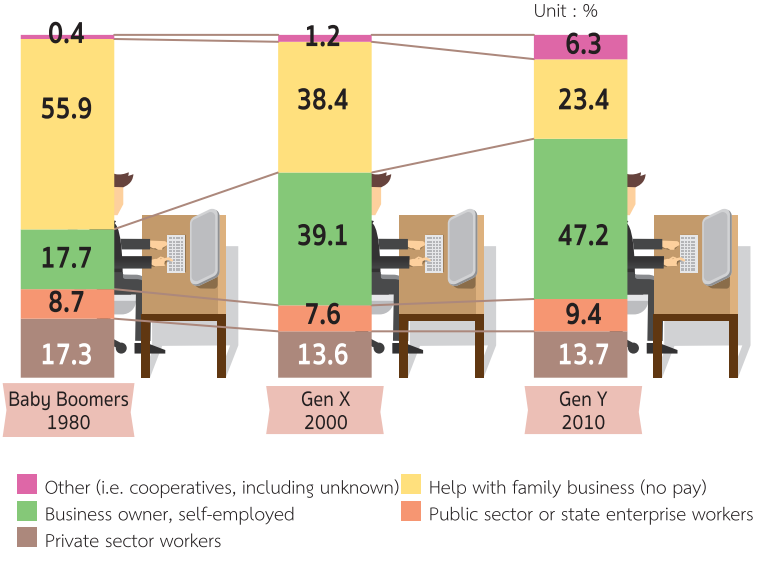
Career outlook, world viewpoint and behavior differ by generation, across dimensions of format, place, and time for work activity, as well as compensation, security, participation, and life goals.

Thai population age 15-59 years, 2010-2030



Source: Estimates and Projections of the Thai Population: 2010-2040. NESDB

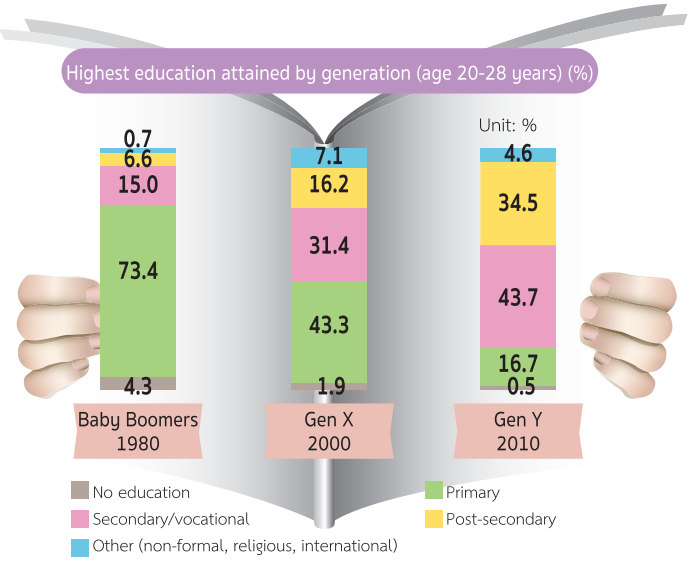
Working status by generation (age 20-28 years)



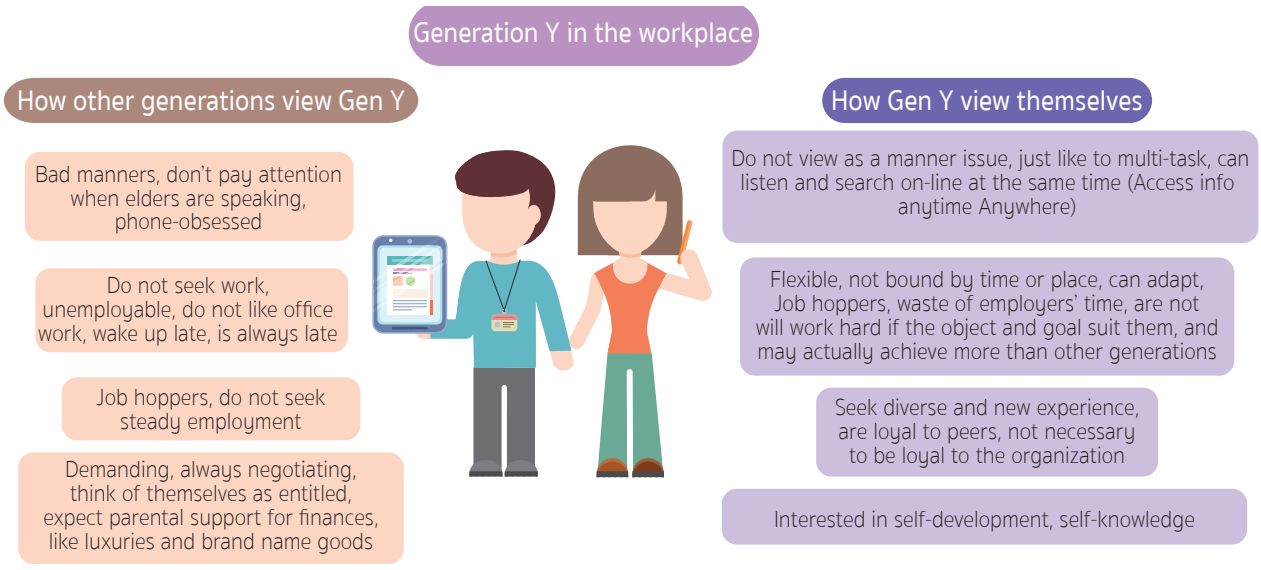
Source: The Population and Housing Census, 1980, 2000, and 2010, National Statistical Office.

Going forward, the proportion of the Thai population between the prime working ages of 15 to 59 years will decline. Twenty years from now, Thai Gen Y will comprise 44-46% of the Thai working age population. Subsequent sub-generations are projected to delay entry into the labor force and prolong their formal education. The increased educational attainment of the Gen Y group should increase the quality of the Thai labor force and contribute to better development prospects for Thailand over the longer term. When compared with the Baby Boomers, during the initial period of employment (age 20 to 28 years) Gen X and Y members are more likely to be employed workers, especially in the private sector. By contrast, they are less likely than older generations to work in the family business for no pay, or be a business owner or self-employed.

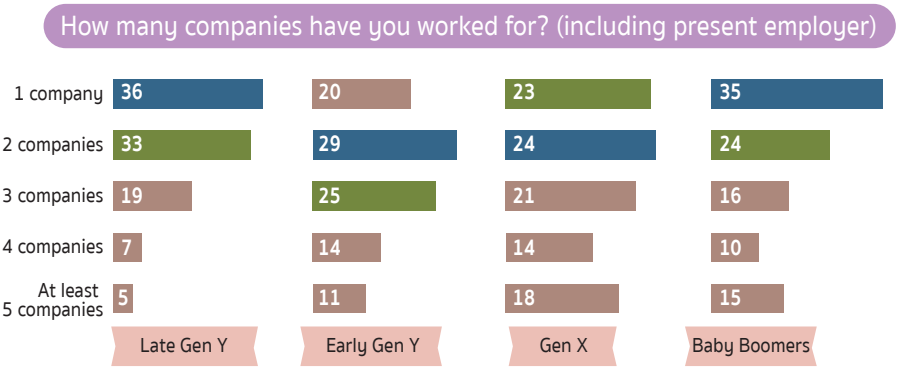
Highest education attained by generation (age 20-28 years) (%)



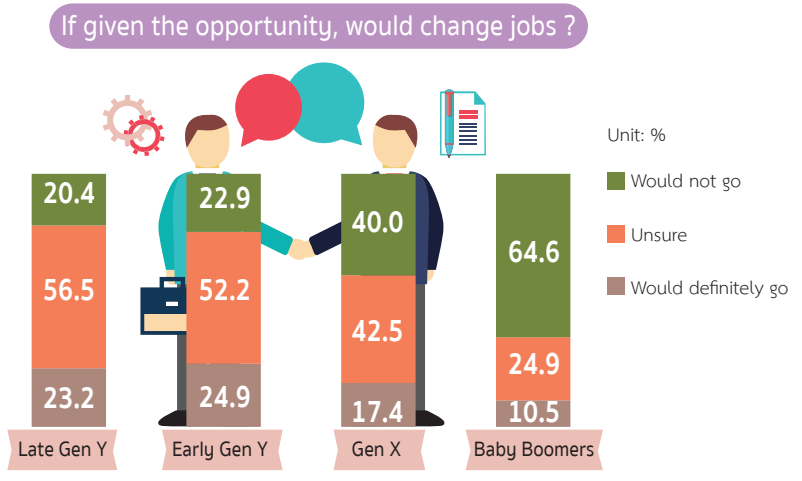
Source: The Population and Housing Census, 1960, 1980, and 2000, National Statistical Office.



Source: Adapted from the 2014 Connected World Technology Report.



Unit: % Response by generation
Remarks: In this survey, Baby Boomers were defined as those born between 1946 and 1965; Gen X between 1966 and 1980; Gen Y between 1981 and 2000
Source: Economic Intelligence Center, Siam Commercial Bank, 2014



Remarks: in this survey, late Gen Y were defined as those born between 1989 and 1998; early Gen Y between 1979 and 1988; Gen X between 1978 and 1959; Baby Boomers before 1959
Source: Data from Thai Workmen Happiness Watch Project, 2012-14, Sirinan Kittisuksathit et al, IPSR, Mahidol University

From the viewpoint of employers or businesses (most of whom a Baby Boomer or Gen X) Gen Y members are viewed as not committed to stay with the organization for any length of time, and to frequently change jobs. In fact, the survey of work history did not find a large difference between Baby Boomers and Gen Y in terms of number of employers, despite their 20-30 years age gap. A larger difference emerged when asked if they wanted to change jobs: One in four Gen Y wanted to change compared to only 17% and 10% of Gen X and Baby Boom members, respectively. In any case, the aspiration to change jobs should not necessarily be viewed as a negative, but may reflect a diversification of the employment landscape and strategy for advancement in one's personal goals. Employers need to understand and adapt to this phenomenon rather than hold negative stereotypes against the Gen Y group. It is the employer's challenge to improve retention of the talent pool.

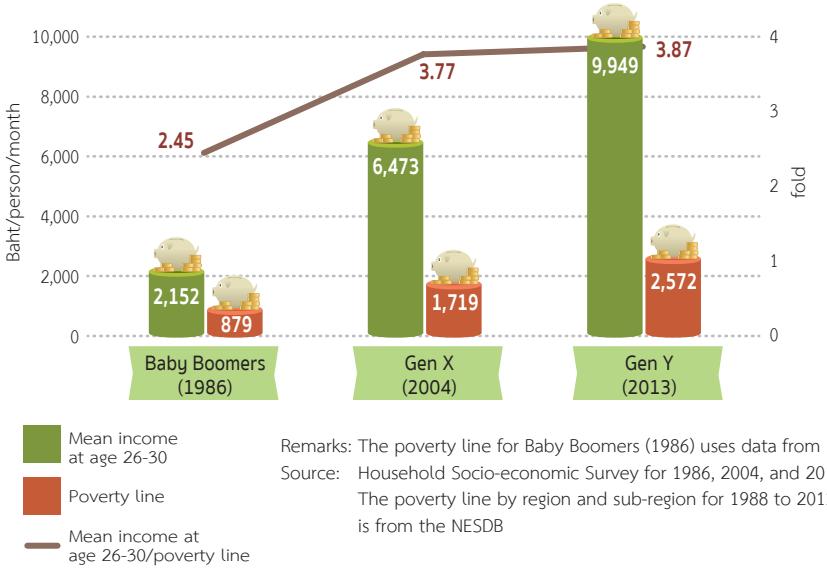
4 Income

Only 26.3%, or one in four Gen X and Baby Boomers in the working age years, have plans for income security during retirement

Even though the younger generation has higher income and purchasing power, most have not planned how to support themselves during their elderly years and retirement.

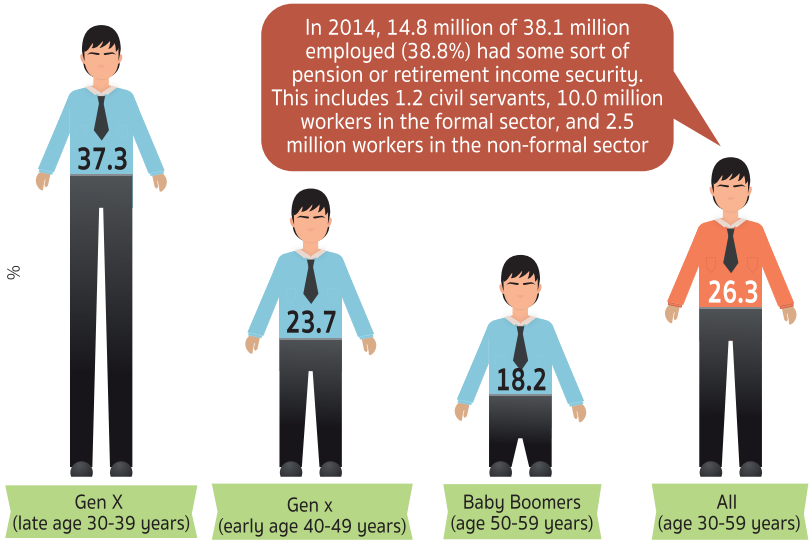
Comparing the two generations at the same age, Gen X and Gen Y had higher incomes and purchasing power than Baby Boomers. Mean income when first starting occupational employment (age 26-30) for Gen X and Y was about four times higher than the poverty line (which is the lowest level of purchasing power), compared to only 2.5-fold for their Baby Boomer counterparts.

Income by generation (age 26-30 years)

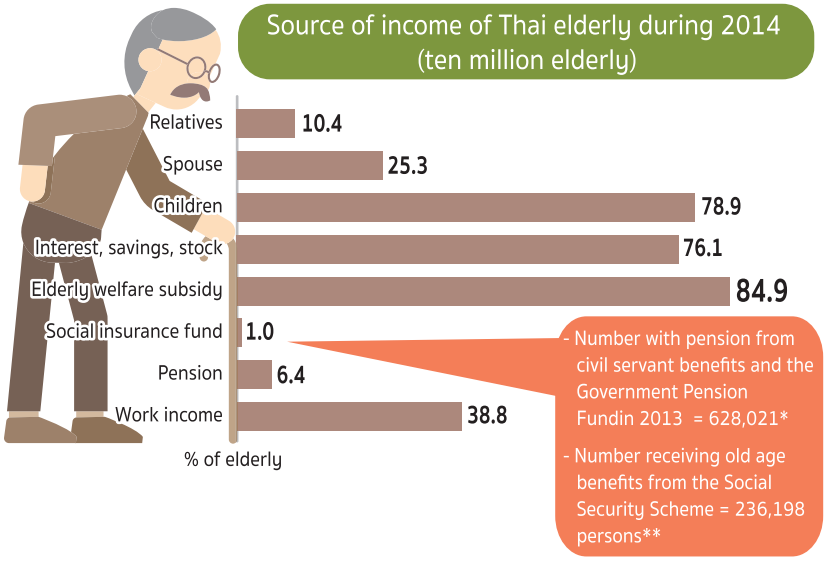


Remarks: The poverty line for Baby Boomers (1986) uses data from 1988
Source: Household Socio-economic Survey for 1986, 2004, and 2013; The poverty line by region and sub-region for 1988 to 2013 is from the NESDB

Coverage of old-age income security (after retirement) 2011

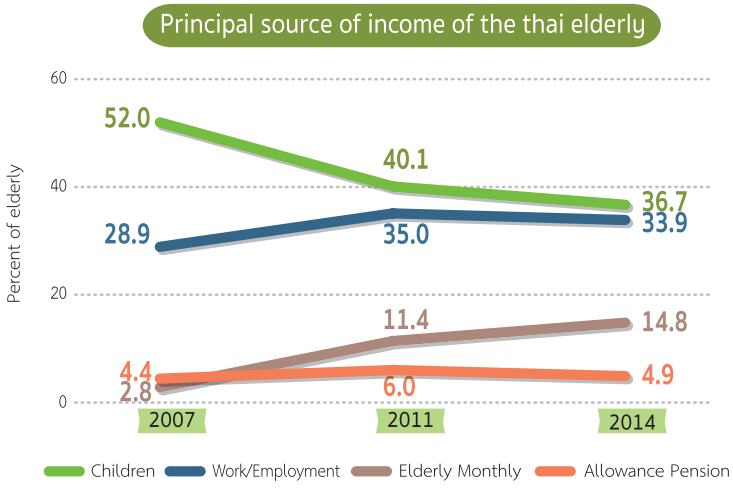


Source: Annual Report 2014, Social Security Office, Ministry of Labor; 2014 Annual Report, the Government Pension Fund

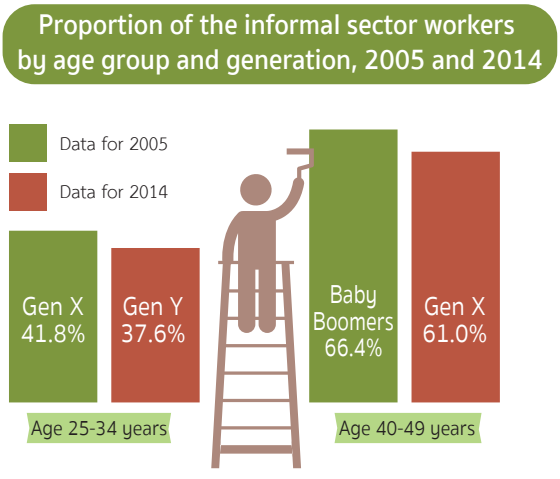


Source: The 2014 Survey of the Older Persons in Thailand, National Statistical Office
*Situation of the Thai Elderly Report, 2013
**Annual Report for 2014, Social Security Office

Given the rapid pace of aging of the Thai population, income security for the elderly is becoming an increasingly large and urgent challenge for the country. Significant percentages of the Baby Boomers (both the elderly or those nearing elderly status) are not adequately covered by pension income or other sources to prevent elderly poverty. In 2013, the proportion of the elderly with government pension or social security's old age benefits was less than 10%. Data from 2011 show that those age 50-59 years with some form of retirement pension is less than one in five (18.2%).



Source: Compilation of data from the survey of the elderly in Thailand, 2007, 2011, and 2014, National Statistical Office



Source: The Informal Employment Survey, 2005 and 2014, National Statistical Office

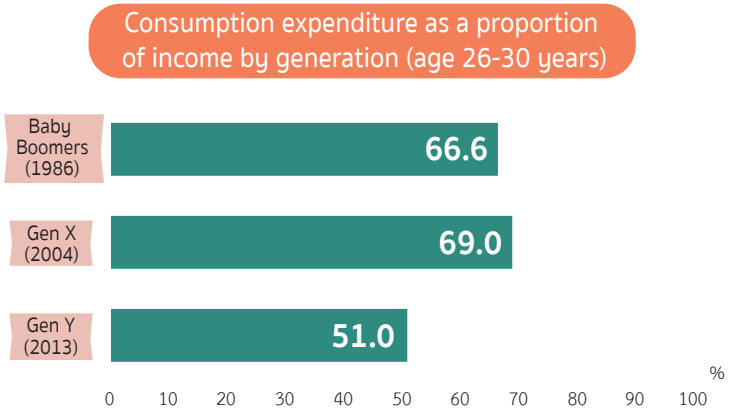
Members of Gens X and Y are still in the prime working ages, and have higher income security compared with Baby Boomers, especially those in informal occupations, due to the protections under Article 40 of the Social Security Scheme and emerging National Savings Fund. However, participation in retirement savings plans is mostly still on an elective basis, and this means that coverage of pension plans is still low for X and Y Gen members, and lower with high average. What is more, reduced fertility among these groups mean that fewer Gen X and Y individuals can look forward to financial assistance in retirement from children or grandchildren which, until now has been a traditional source of elderly income security. Unless the Gen X and Y groups become more serious about planning for their retirement, many could become dependent on government welfare, which is certain to be inadequate to meet most of their needs. There need to be campaigns and orientation for Gen X, Y and subsequent sub-generations to explain the importance of saving for retirement at a young age. Alternatively, there could be a movement for universal coverage of a pension fund, and/or raising of the retirement age.

5 Consumption Behavior

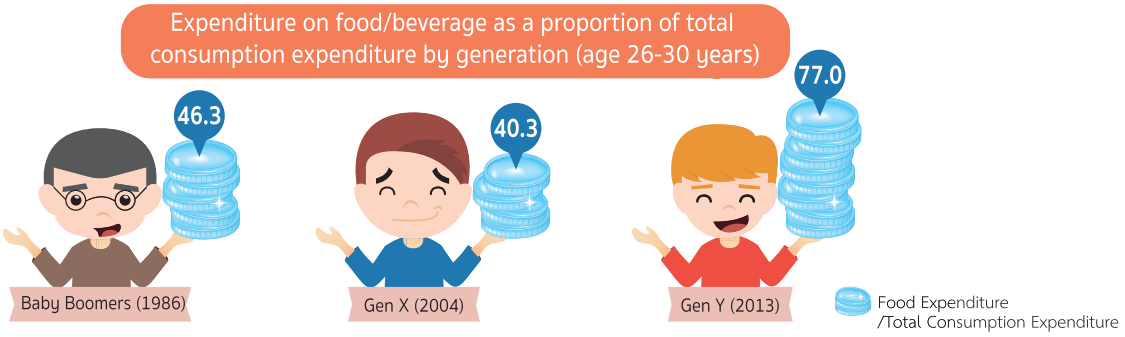
Gen Y members pay the largest proportion of their consumption expenditure on food/beverage (77%)

The consumption behavior of Gen Y reflects a modern lifestyle trend which prizes convenience, such as eating out or shopping on-line.

Gen Y members' consumption expenditure is the lowest by proportion of income compared to other generations when compared at the same age of 26-30 years old. This difference in consumption proportions probably reflects the higher income of Gen Y members rather than less consumption expenditure.

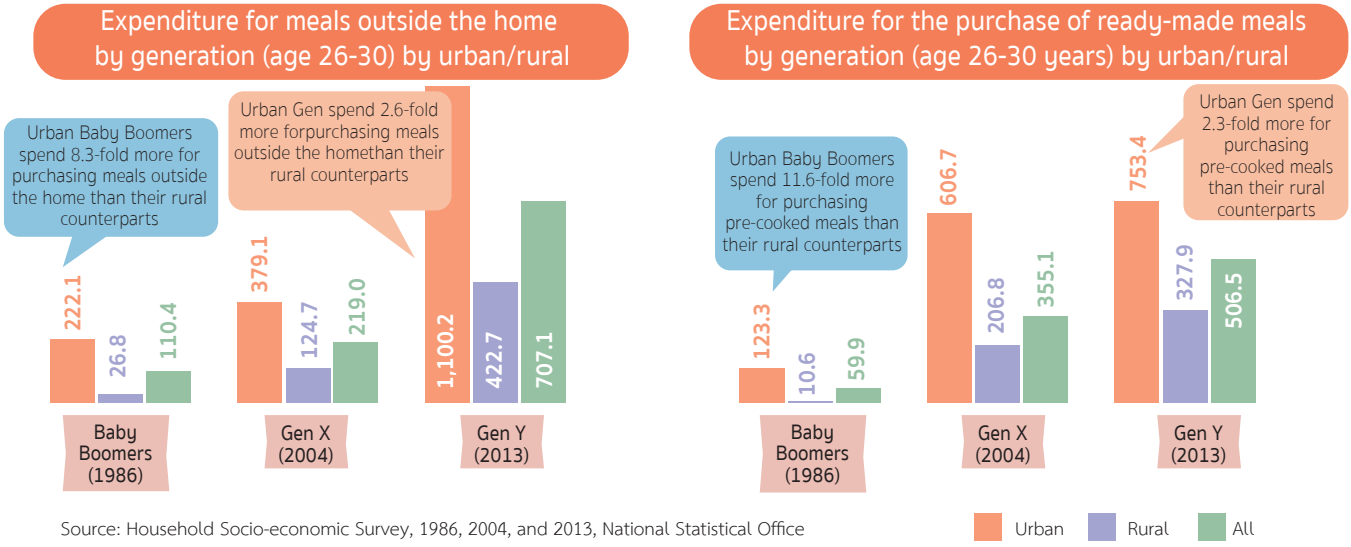


Source: Household Socio-economic Survey, 1986, 2004, and 2013, National Statistical Office

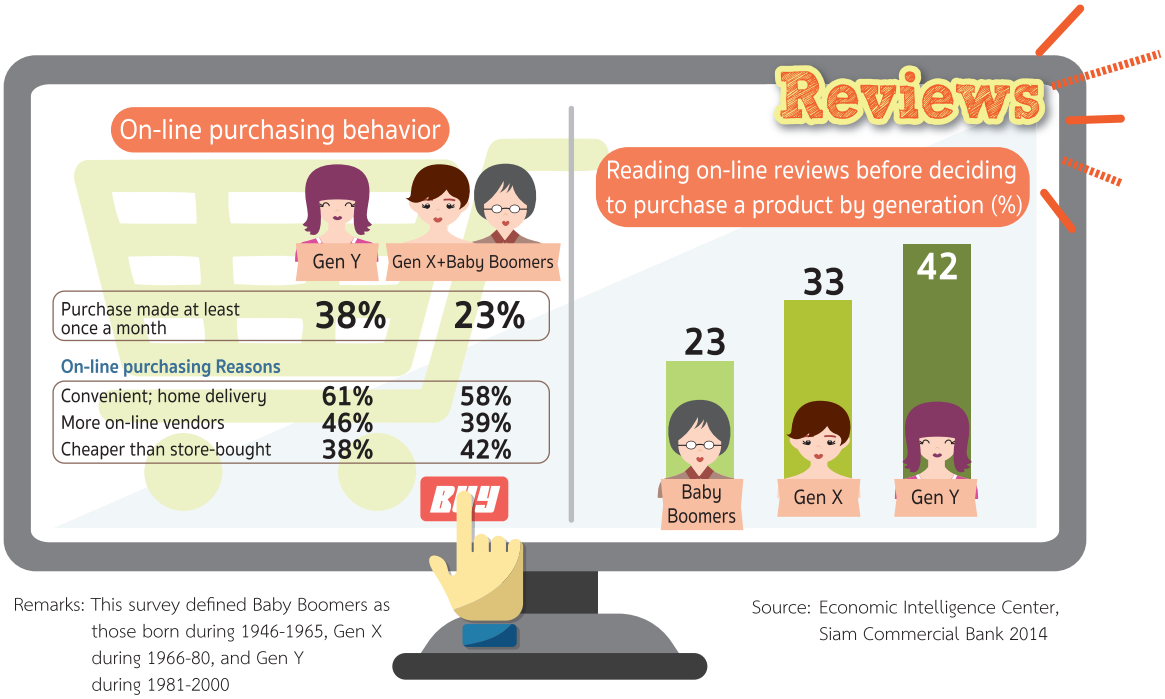


Source: Household Socio-economic Survey, 1986, 2004, and 2013, National Statistical Office

Patterns of consumption expenditure differ distinctly for Gen Y members compared to both Gen X and Baby Boomers, which have similar patterns. This is especially clear for consumption of food/beverage which accounts for 77% of Gen Y overall expenditure against only 40% and 46% of Gen X and Baby Boomers, respectively. It is possible that fewer Gen Y members are preparing their own food (or live in households where someone else prepares food) and, thus, have to pay more to eat out or buy ready cooked meals, compared to previous generations. It is also noteworthy that this is not just an urban trend; more people who reside in rural areas are electing to eat outside the home or buy prepared meals from shops.



Source: Household Socio-economic Survey, 1986, 2004, and 2013, National Statistical Office



Remarks: This survey defined Baby Boomers as those born during 1946-1965, Gen X during 1966-80, and Gen Y during 1981-2000

Source: Economic Intelligence Center, Siam Commercial Bank 2014

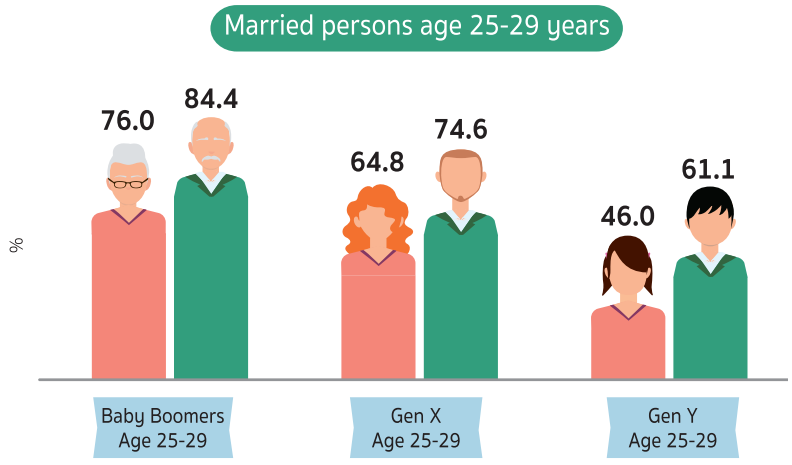
Another factor affecting consumption patterns is the rapidly increasing number of channels and options for purchasing and delivering consumer products. The Internet is becoming an increasingly popular way to transact purchases, and is more favored by Gen Y compared to previous generations. The survey found that 38% of Gen Y make at least one on-line purchase per month compared to only 23% for Gen X and Baby Boomers. In addition, fully 42% of Gen Y read on-line product reviews as a basis for making a purchase decision compared to only 33% and 23% of Gen X and Baby Boomers, respectively.

6 Family Formation

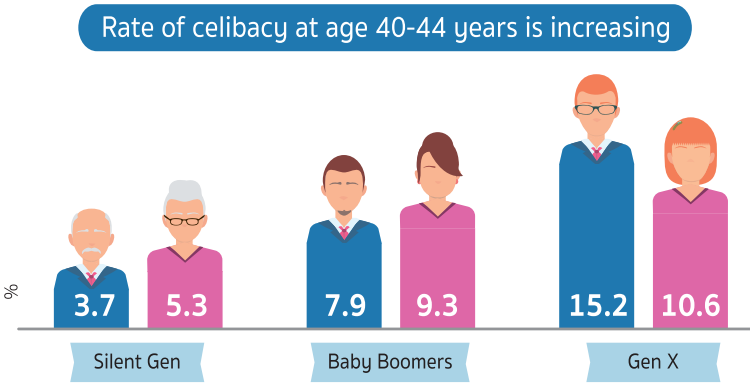
70-80% of Baby Boomers married before age 30 years; Gen X and Y members show a trend toward increasing age at first marriage

A noteworthy phenomenon is the significant proportion of Gen X and Y members who say they do not want to have children; those that are married express lower fertility aspirations than previous generations. Thus, it is important to promote quality birth for future generations.

A half-century ago, Thais usually married under age 30 years, couples had many children, and people lived in extended-family households. Over the subsequent decades, Thailand's society has modernized and this has meant more opportunities for women to work outside the home community and gain increased socio-economic status. This evolution has corresponded with a steady increase in the age at first marriage among Gen X compared to the Silent and Baby Boomer

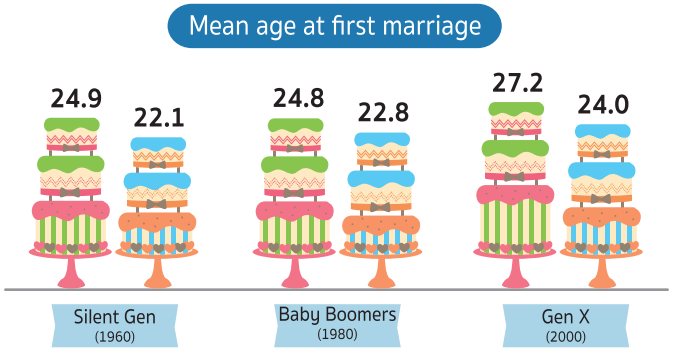


Source: The Population and Housing Census:1970, 1990, 2010, National Statistical Office

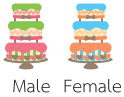


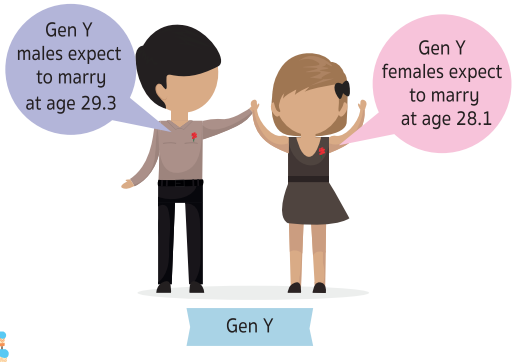
Source: The Population and Housing Census: 1980, 2000, 2010, National Statistical Office

Gen Y members show a trend toward increasing age at first marriage compare to previous generations



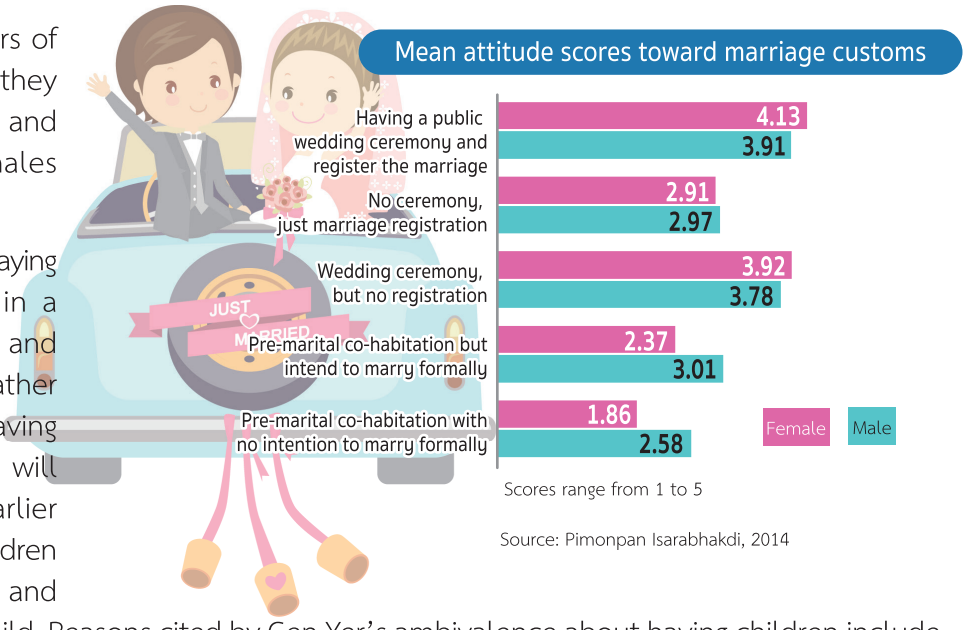
Remark: Silent generation age 18-35 years
Baby Boomers age20-37 years
Gen X age 19-39 years
Source: The Population and Housing Census: 1960, 1980, 2000, National Statistical Office



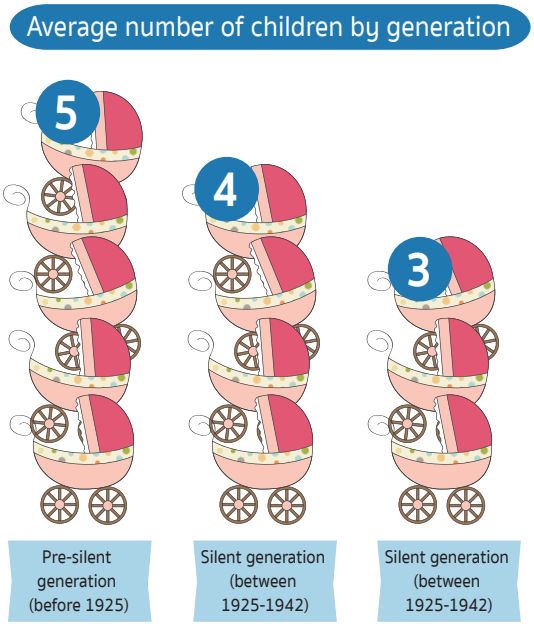


Remark: Sample size 1,608 Gen Y members age 15-24 years
Source: Pimonpan Isarabhakdi, 2014

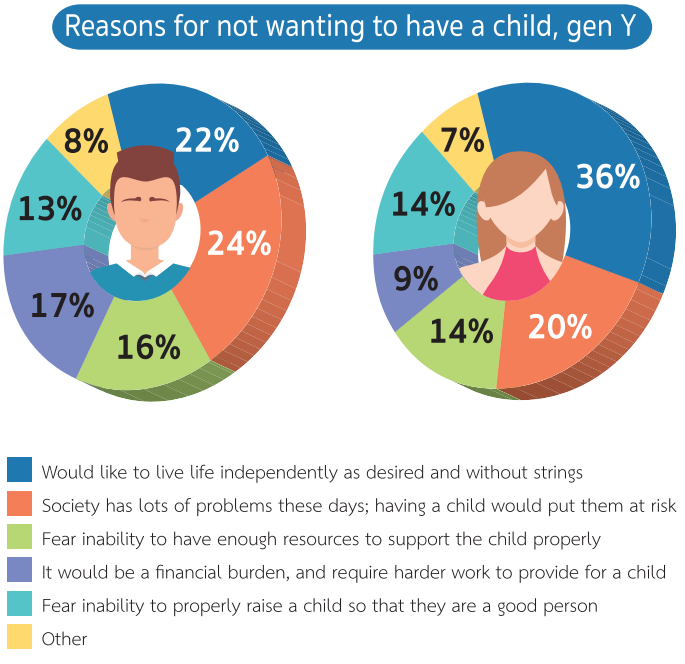
generations. Likewise, members of Gen Y aged 15-24 years said they expected to marry at age 28 and 29 years for females and males respectively.



Even though Gen Y are delaying marriage, they still believe in a traditional marriage ceremony and registration of the marriage, rather than co-habiting. In terms of having children, younger generations will have fewer children than earlier generations, going from five children on average, to three children, and very likely to decline to one child. Reasons cited by Gen Yer's ambivalence about having children include preference for an independent lifestyle (36%) for female, while male Gen Y cited concern about the unfavorable social environment for bringing child into an uncertain world as a reason.



Source: National Population and Housing Census, 2010, National Statistical Office



The lower and delayed fertility of the younger generations, the increased rate of celibacy, and the changing family structure are a result of social change. An important task for Thailand is to ensure quality birth under this changing circumstance.

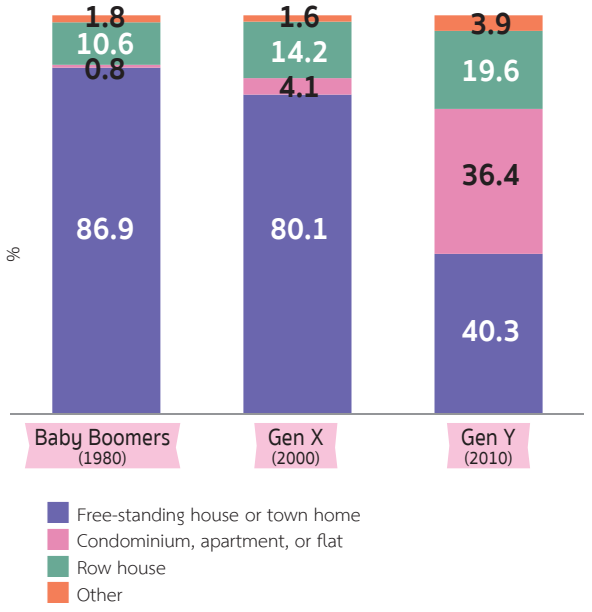
7 Residence and Migration

3 out of 5 Gen Y in Bangkok live in a condominium, apartment or dormitories

Many Gen Y members are single and childless, and that gives them freedom and flexibility to explore alternative living arrangements and also the ability to move around

Data from Population and Housing Census: 1980, 2000 and 2010, show that more than one in three Gen Y members (age 20-28 years) live in condominium, apartment, or dormitories which is radically different from their Boomer and Gen X counterparts, among whom 80% lived in a house or town home at that age. Such changing residency pattern gives the individual more freedom of movement, less commitment, and reduced maintenance cost. In addition, urbanization and dense residential areas reduce the availability of land for houses. Thus, living in a condominium, apartment or dormitories are the preferred (or only) option for Gen Y members and this is especially true in Bangkok (60%) and non-Bangkok cities (47%).

Patterns of residency by generation (age 20-28 years)

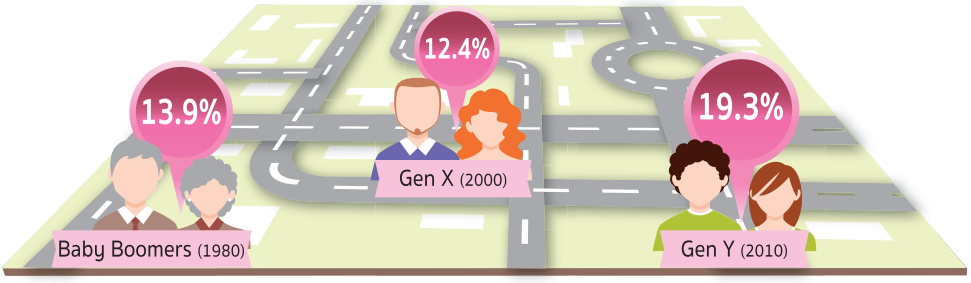


Source: National Population and Housing Census: 1980, 2000 and 2010, National Statistical Office

Gen y residence patterns (age 20-28 years), 2010

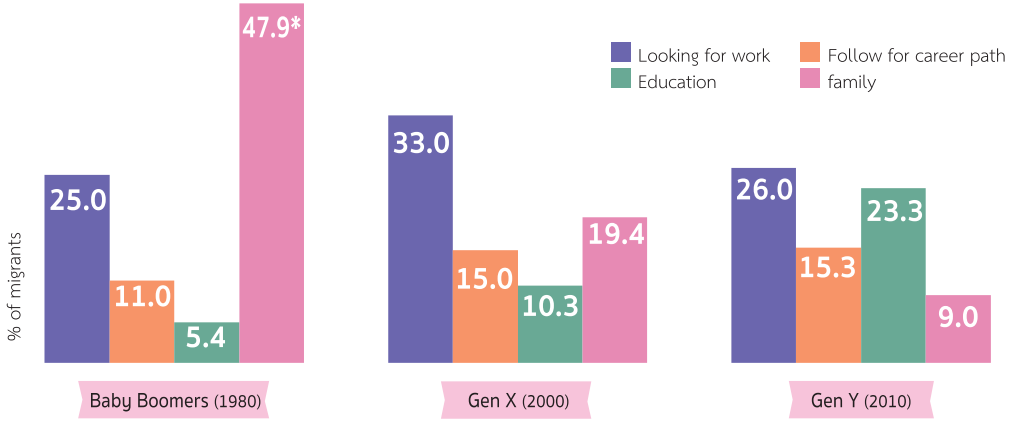
Source: The Population and Housing Census: 1980, 2000 and 2010, National Statistical Office

Migration rate (in past 5 years) by generation (age 20-28 years)



Unit: % of population
Source: The Population and Housing Census: 1980, 2000 and 2010, National Statistical Office

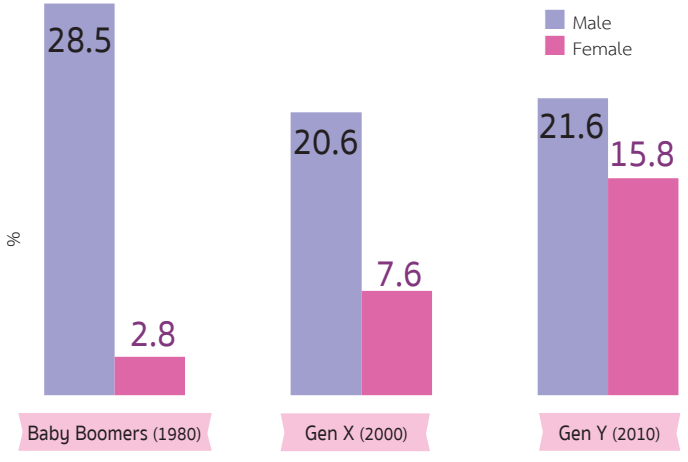
Reason for migration (in past 5 years) by generation (age 20-28 years)



Remark: *Data for 1980 include migration due to change in marital status (19.9% or 47.9%)
Source: The Population and Housing Census: 1980, 2000 and 2010, National Statistical Office

In addition to the pursuit of flexibility in domicile, the Gen Y also change residence more often than earlier generations. The reasons for moving are also evolving, while the principal reason remains work-related. However, more Gen Y move to continue their education than did Baby Boomers and Gen X. By contrast, moving to be with spouse or family is declining (from 47.9% among Baby Boomers to only 9% among Gen Y). This is consistent with the Gen Y preference for independence from the family and self-reliance, especially for women. Fully 15.8% of female Gen Y age 20 to 28 years are the head of their household compared to only 7.6% and 2.8% of Gen X and Baby Boomers, respectively.

Being a head of household by generation (age 20-28 years)



Source: The Population and Housing Census: 1980, 2000 and 2010, National Statistical Office

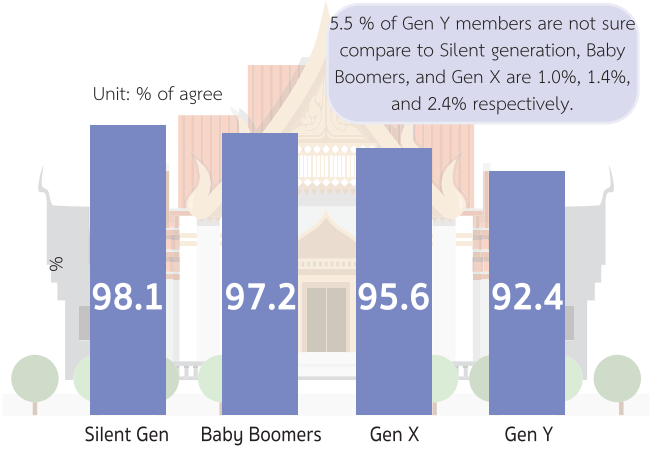
8 Values

Religion still plays a significant role in Thai society. Over 90% of persons in all three generations feel that religious beliefs are an essential part of their life.

The evolution of Thai society is resulting in changes in values, and these are reflected in differences by generation. Gens X and Y are more open to diversity, but Gen Y are less bound by social norms than earlier generations.

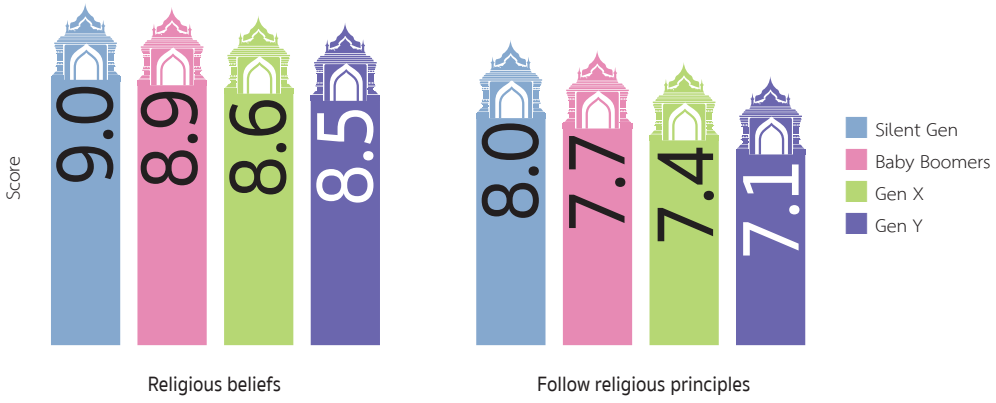
At present, members of all three generations still give importance to religious principles and teachings. Older generations report that they practice and follow religious principles and teachings more than younger generations, which can be an age-effect rather than a generation-effect.

Religious teachings are important for daily life by generation



Source: The 2014 Survey on Conditions of Society and Culture, National Statistical Office

Level of religiosity and religious practice by generation

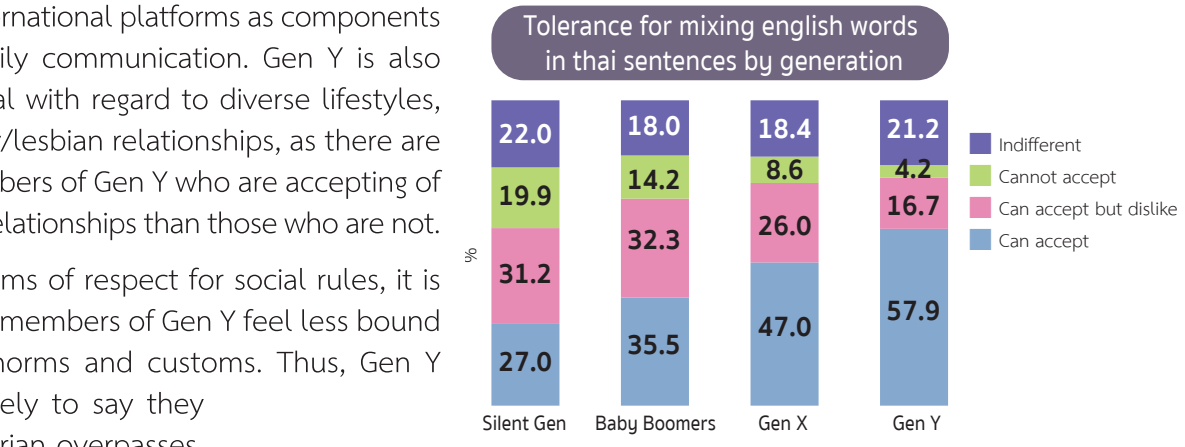


Remarks: Score range is from 0 to 10, where 0 denotes not religious/not practicing and 10 denotes highest religiosity and practice
Source: The 2014 Survey on Conditions of Society and Culture, National Statistical Office

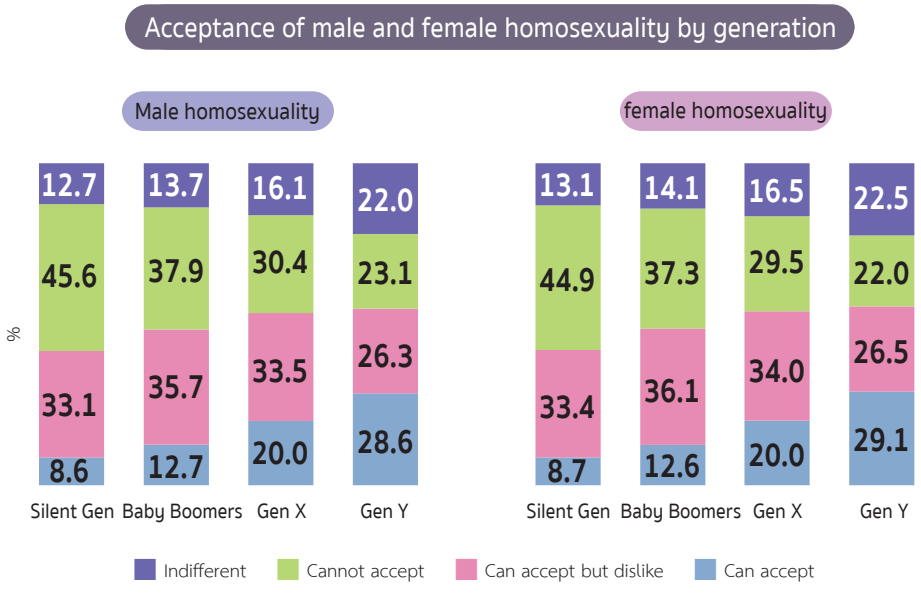
More recent generations of Thais have a greater mixture of traditional Thai and international values and norms, such as using English words when speaking Thai. Acceptance of this practice is 58% for Gen Y, 47% for Gen X, 35% for Baby Boomers, and 27% for the Silent Generation. This pattern is certainly related to youth exposure to Western media and the Internet, and youth naturally incorporate terms

used in international platforms as components of their daily communication. Gen Y is also more liberal with regard to diverse lifestyles, such as gay/lesbian relationships, as there are more members of Gen Y who are accepting of same-sex relationships than those who are not.

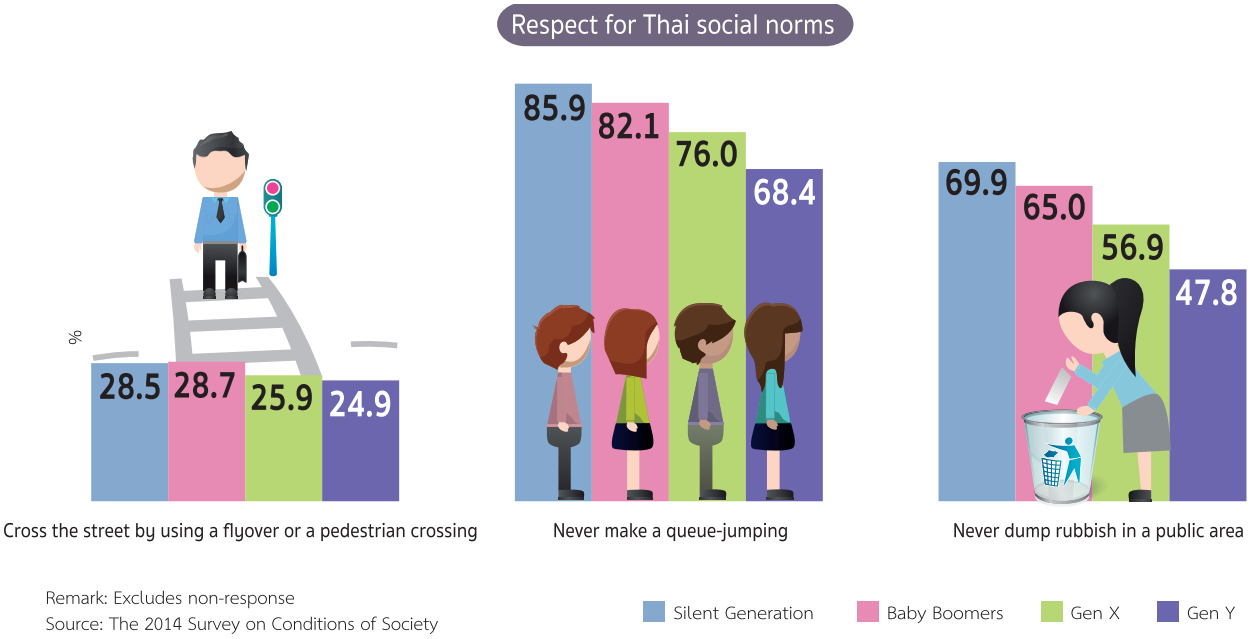
In terms of respect for social rules, it is found that members of Gen Y feel less bound by social norms and customs. Thus, Gen Y are less likely to say they use pedestrian overpasses, cross streets in the zebra crossings, and refrain from public littering. This behavior may be a reflection of a more chaotic and convenient-oriented lifestyle in the modern world.



Source: The 2014 Survey on Conditions of Society and Culture, National Statistical Office



Source: The 2014 Survey on Conditions of Society and Culture, National Statistical Office

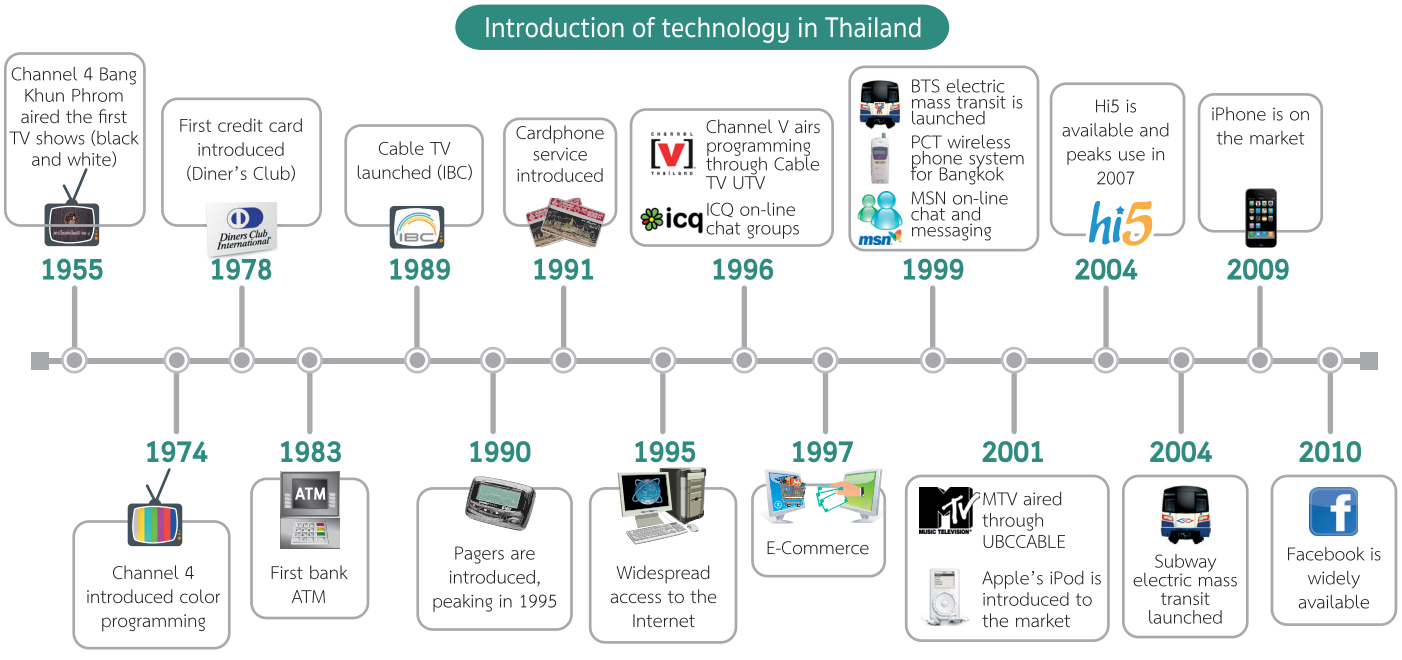


Remark: Excludes non-response
Source: The 2014 Survey on Conditions of Society and Culture, National Statistical Office

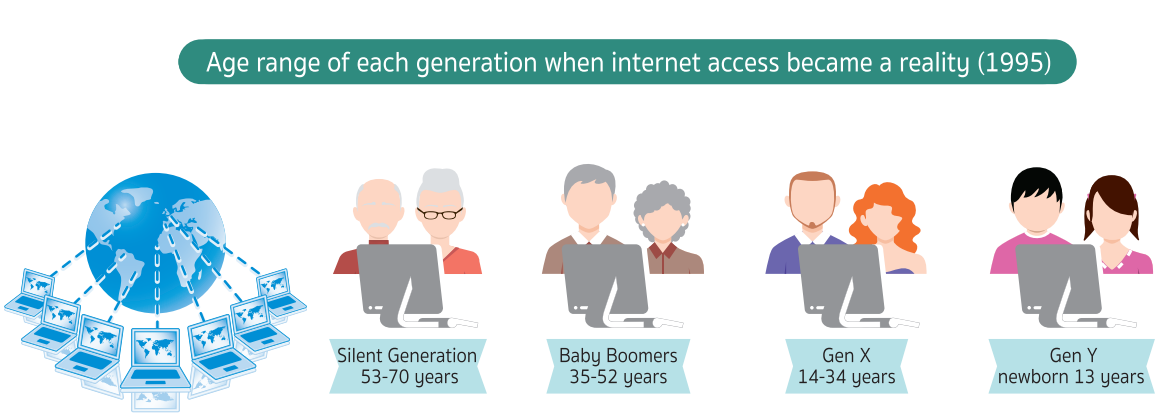
9 Technology

Fully 3 out of 4 Gen Y are innately comfortable with using the range of features of modern technology; Baby Boomers are willing to learn new technology to meet certain needs

Modern technology is influencing the lives of all generations. Gen Y and subsequent generations are able to keep pace with the rapidly advancing information technology (IT) and are more likely to make full use of new innovations than older generations.

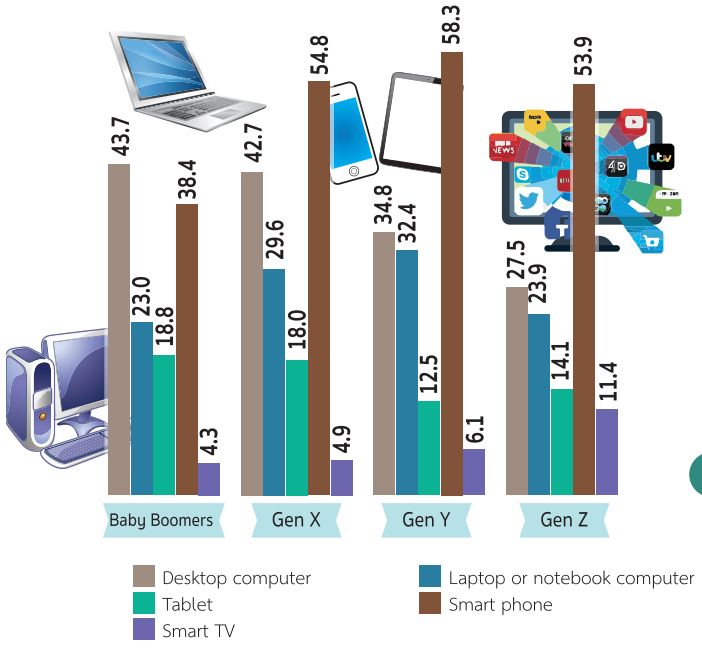


The accelerating advancements in technology and Thailand's openness to absorb these into the local market has led to ubiquitous adoption of such conveniences as cell phone use and Internet access. Smart phones are now considered necessities by the newer generations as they allow 24-hour access to the Internet and an endless supply of applications.



It is clear that members of Gen Y were born in the age of global communications and high-speed Internet. Thus, they are very comfortable with modern IT and seem to effortlessly learn how to use new innovations and applications, e.g. TV with internet connection or smart TV. By contrast, less than one in ten Baby Boomers have ever used a laptop or desktop computer, smart phone or tablet.

Use of technology to access the Internet



Remark: Multiple response allowed This survey defines Baby Boomers as those born during 1946-1964, Gen X during 1965-1980 and Gen Y during 1981-2000.

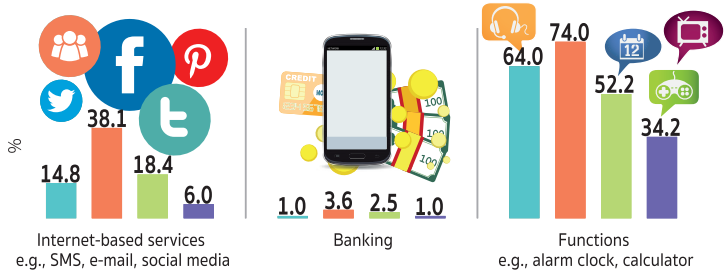
Source: Thailand Internet User Profile 2015. Electronic Transactions Development Agency (ETDA)

Experience in use of technology by generation

	Ever used a desktop computer	Ever used a laptop or notebook computer	Ever used a tablet	Ever used a smart phone
Silent Gen	1.3	0.3	0.6	1.2
Baby Boomers	9.3	5.1	2.6	6.9
Gen X	22.2	13.5	7.6	22.6
Gen Y	60.1	27.7	15.8	45.2
After Gen Y	36.4	7.4	16.7	4.9

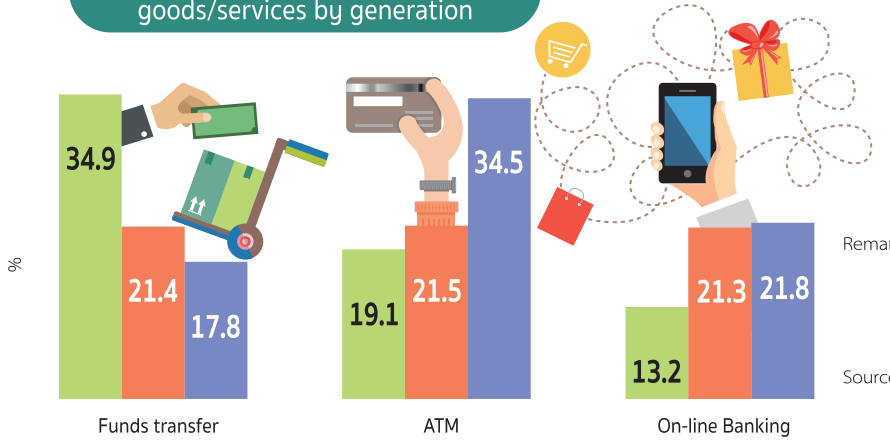
Source: The 2014 Household Survey on the Use of Information and Communication

Various behaviors via use of a cell phone by generation



Source: The 2014 Household Survey on the Use of Information and Communication Technology, National Statistical Office

Method of payment for on-line goods/services by generation



Remark: Multiple response allowed
This survey defines Baby Boomers as those born during 1946-1964, Gen X during 1965-1980 and Gen Y during 1981-2000.

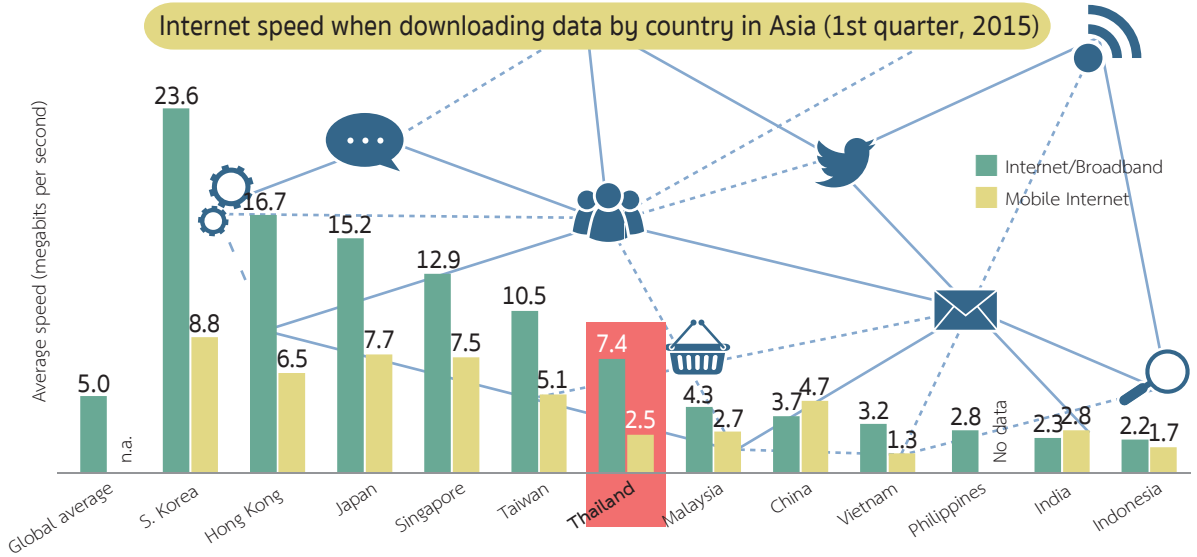
Source: Thailand Internet User Profile 2015. Electronic Transactions Development Agency (ETDA)

For most categories, Gen Y are more likely than other generations to use modern IT and the Internet for everyday transactions and conveniences such as on-line banking or e-books. This familiarity with technology positions Gen Y as most likely to benefit from and adapt new applications to enhance their daily life than their peers.

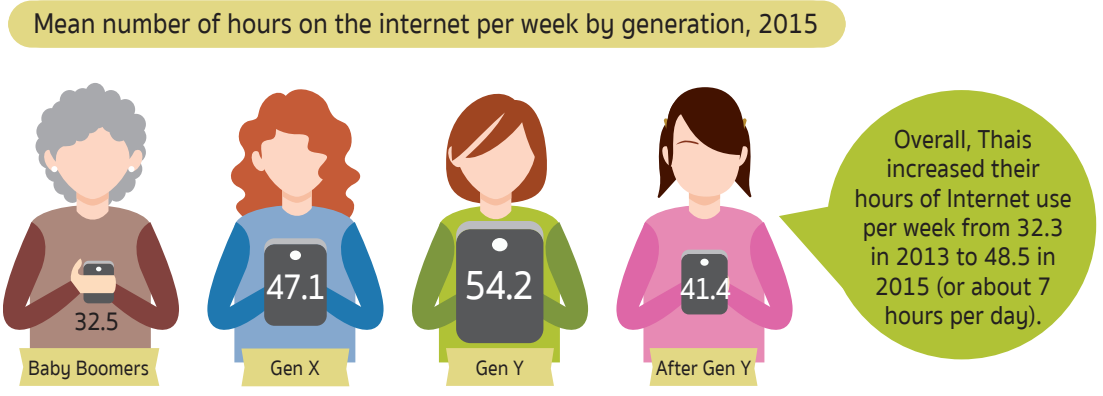
10 On-line Lifestyle

Thai Gen Y spend an average of one-third of their day on-line

Internet speed and wireless access in Thailand is expanding rapidly. Increasing portions of each generation are connected and have more mobile lifestyles, but this is most pronounced for the younger cohorts.



Remark: Speed of Internet/broadband in Thailand was 4.8 and 6.6 Mbs for 2013 and 2014, respectively
Source: Akamai's the State of the Internet, Q1 2015 Report



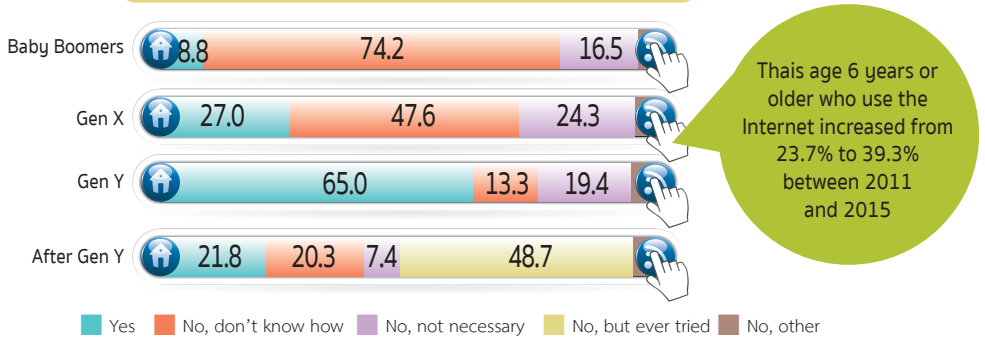
Source: Thailand Internet User Profile 2015 Baby Boomers (born 1946-1964), Gen X (1965-1980), Gen Y (born 1981-2000)

During 2013-15, speed of on-line communication in Thailand improved as reflected by the speed of downloading a file from 4.8 to 7.8 Mbs. This ranked Thailand 2nd among ASEAN member countries for Internet speed. Increased speed translates into increased usage among Thais from 32.3 hours per week

in 2013 to 48.5 hours per week in 2015. Typically, Gen Y had the highest prevalence of on-line usage, both in terms of the proportion of the sub-population and hours of use per person. Gen Y spent an average of 54 hours per week on-line (about 8 hours per day), compared to only 47 hours and 32 hours per week for Gen X and Boomers, respectively.

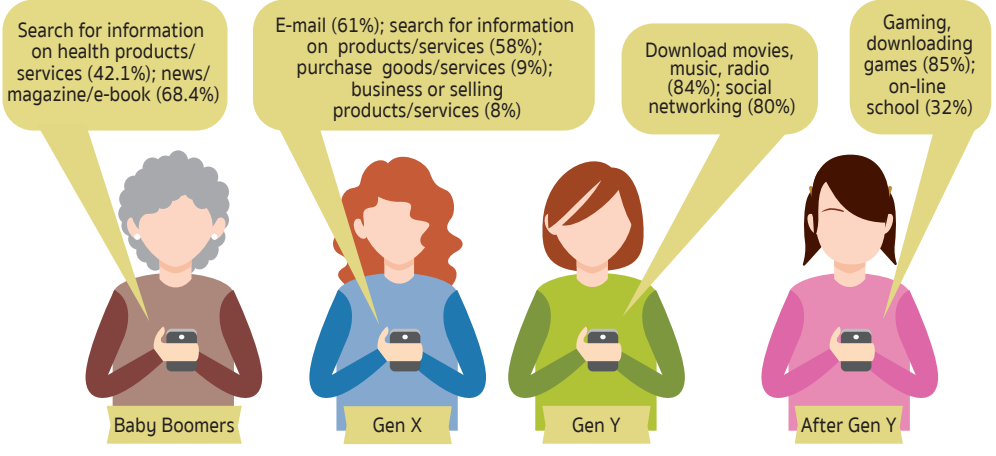
At present, access to the Internet can be done almost anywhere and anytime by mobile access through smart phones and tablet computers. On-line behavior differs by generation, which can be a reflection of different ages. Many Gen X are now in the peak employment years and, thus, much of their on-line activity is work-related such as exchanging e-mail, selling/purchasing goods, and doing business on-line. By contrast, Gen Y use the Internet more for entertainment and social networking, while Baby Boomers, many of whom are in or approaching retirement, use the Internet to access news and information in their areas of interest, especially in the health sector and e-books.

Reason for using/not using the internet in 2014



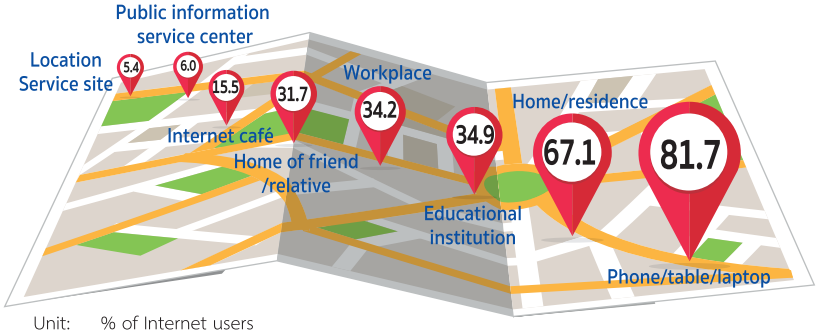
Source: Survey of Use of Information Technology and Communication in the Household, 2014, National Statistical Office. Comparative data for 2011-15 are from the Survey 2015 round of the same survey.

Most common usage of the Internet by generation



Source: The 2014 Household Survey on the Use of Information and Communication Technology, National Statistical Office

Use of internet by location for population age 6 or older



Unit: % of Internet users

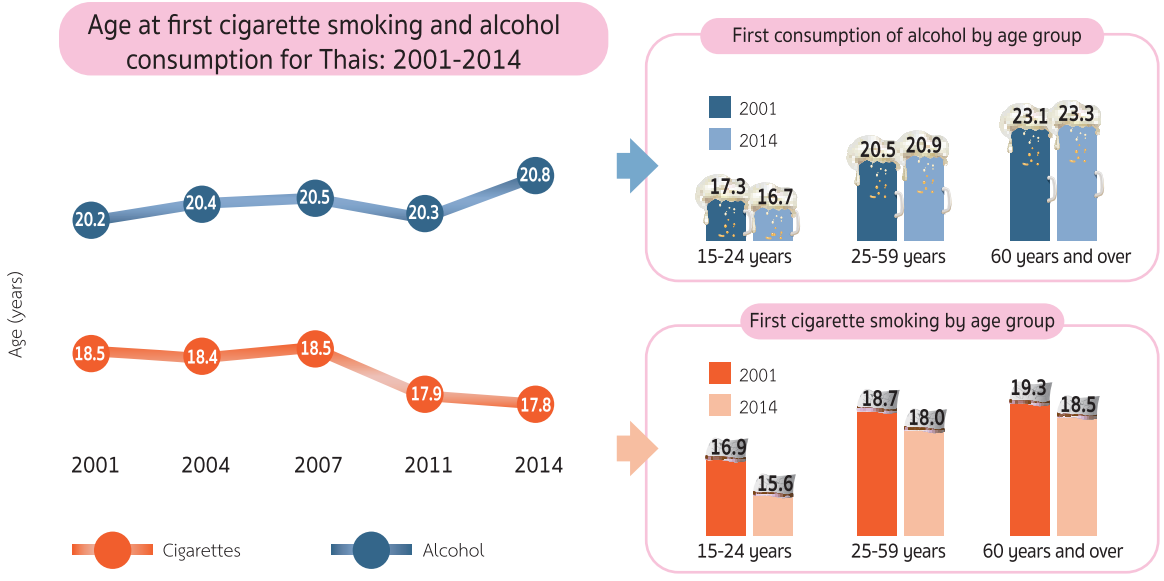
Source: The 2015 Household Survey on the Use of Information and Communication Technology, National Statistical Office

11 Health Behavior

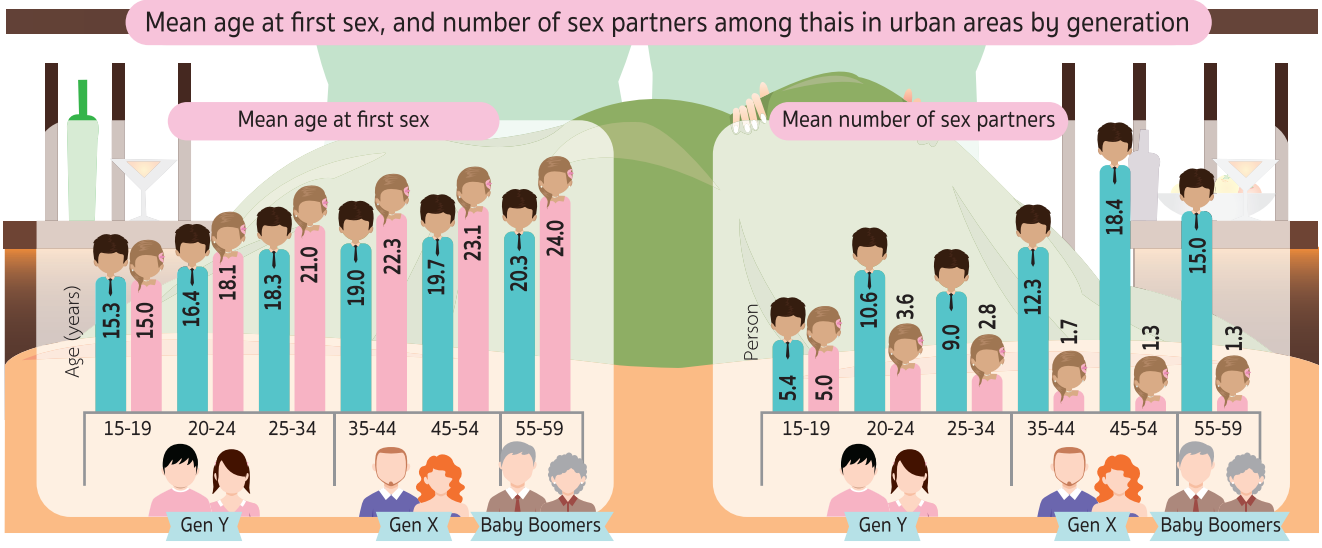
Each day, Gen Y spend just over one hour in physical activity, the least in comparison to other generations

Gen Y in the West are typically characterized as health conscious, a trait that is not yet fully portrayed among Thai Gen Y.

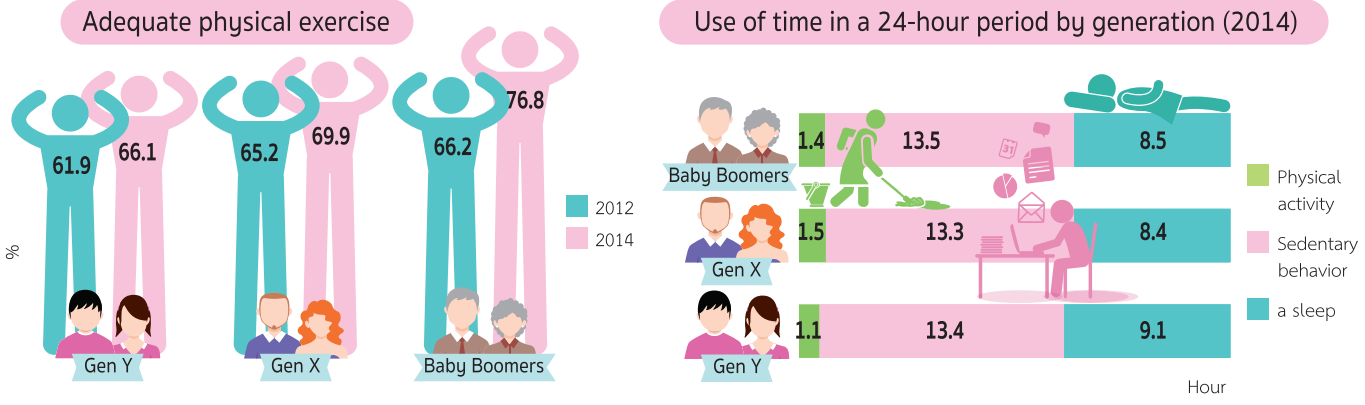
One indicator of a threat to health is the age at first health risk behavior. Using this indicator, youth in the latest generation show a younger age at first health risk behavior compared to earlier generations. Surveys conducting during 2001-14 show that the mean age at first cigarette smoking declined from 18.5 to 17.8 years during the period. By contrast, the age at first consumption of alcohol actually increased slightly from 20.2 to 20.8 during the period. Youth age between 15 and 24 years started smoking and drinking alcohol between the ages of 15 and 17 years, which is younger than the earlier generations. Mean age at first sex among urban Thais is also declining over time by generation, and number of sex partners, especially for young women, is increasing. For males, the first sex partner has shifted from predominately commercial sex worker to girlfriend. For females, the first sex partner has shifted from predominately husband to boyfriend. It must be noted that earlier and premarital sex with more partners over time is not necessarily a risk to health if proper sexual transmitted diseases and pregnancy prevention is practiced.



Source: The Smoking and Drinking Behaviour Survey, 2001 – 2014, National Statistical Office



Remark: Data refer only to those who ever had sex
Source: Report on Changes in Sexual Behavior and Attitudes across Generations and Gender Among a Population-Based Probability Sample from an Urbanizing Province in Thailand. Teeranee Techasrivichienet et al, 2014



Remark: For 2012: Gen Y (age 9-30 yrs), Gen X (age 31-51 yrs), Baby Boomers (age 52-69 yrs); For 2014: Gen Y (age 11-32 yrs), Gen X (age 33-53 yrs), Baby Boomers (age 54-71 yrs)
Source: Surveillance of Physical Activity of the Thai Population, IPSR Mahidol University in collaboration with the Thai Health Promotion Foundation

Having adequate physical activity is one important health-promoting factor. However, many Thais are not getting adequate activity, and the younger generation may be at greater risk of this than earlier cohorts. Surveys conducted during 2012 to 2014 found that, overall, there was a slight increase in the proportion of Thais with adequate physical activity (from 66.3% to 68.3%). However, by age group, the Gen Y members (age 11 to 32 in 2014) had the lowest proportion who practiced adequate physical activity in their daily life among generations. Gen Y also spent the least amount of time per day in physical activity among generations.

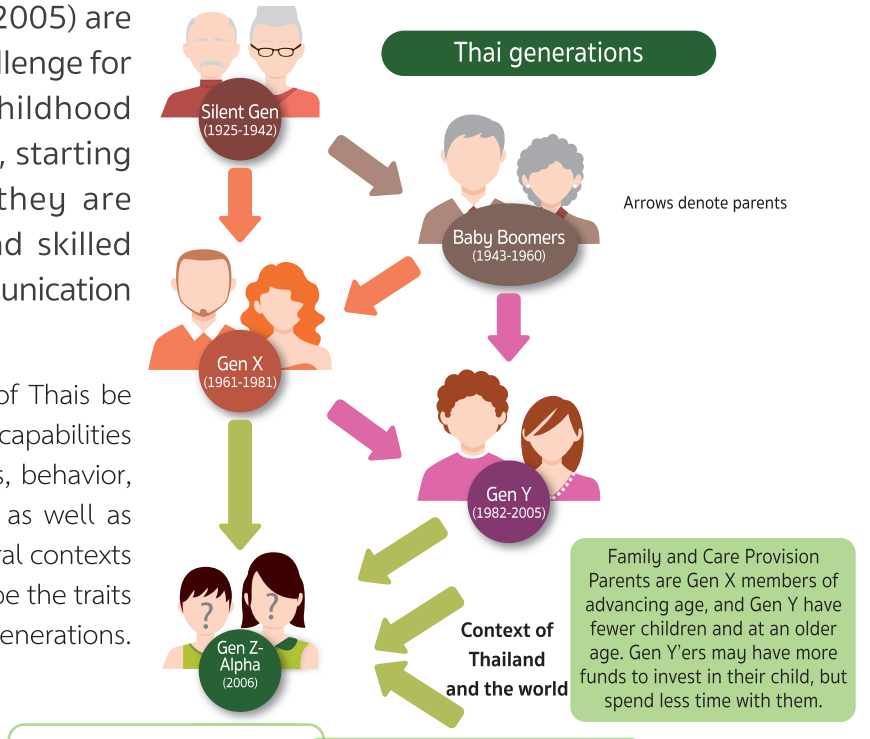
12 Future Generations

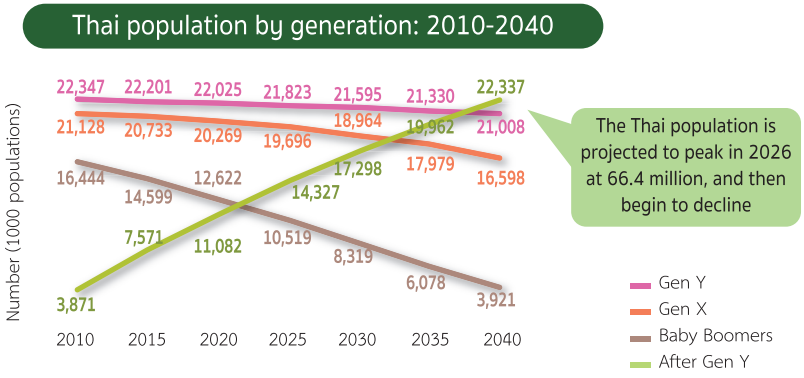
In the coming ten years, the Thai population will begin to decline in number; quality of the population will become more important than the quantity

Gens X and Y are the present and the generations to follow (born after 2005) are the future of the country. The challenge for Thailand is how to tailor the childhood development of these individuals, starting from primary school, so that they are appropriately knowledgeable and skilled for coming changes in global communication and information.

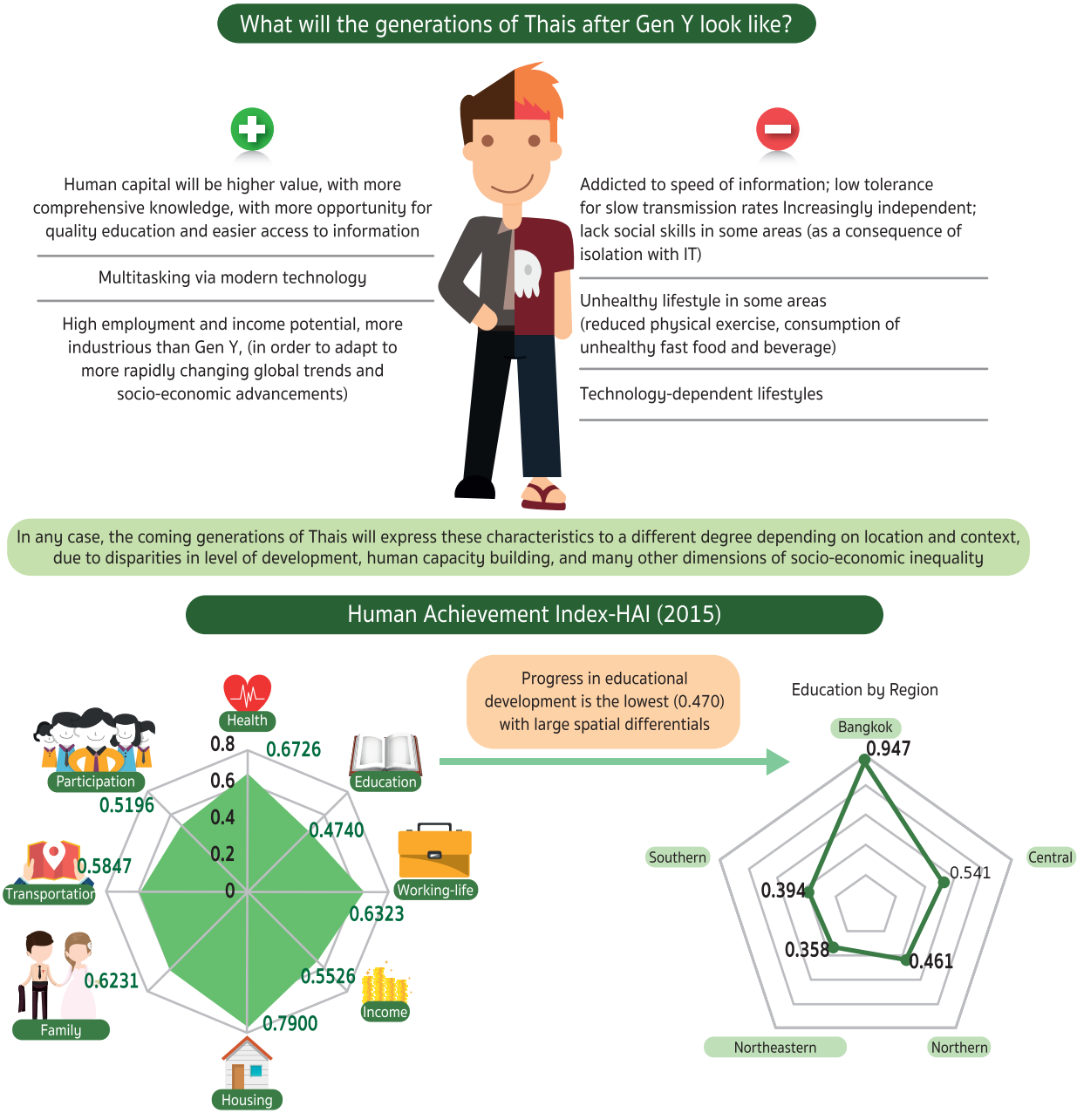
What will the future generations of Thais be like? How will they think, what skills and capabilities will they have, what will be their values, behavior, and attitudes. Families and up-bringing, as well as the country's social, economic and cultural contexts are important determinants that will shape the traits and characteristics of Thailand's future generations.

Overall, quality of life for average Thais has improved steadily over time. There has been improvement in educational attainment, employment income and health. Gen X and Y are now parents themselves and are having fewer children than earlier generations, allowing them to invest more time and resources with their own children. Thus, it can be expected that the generations following Gen Y will be even more valued and cherished for their human capital at a societal level. Post-Gen Y are expected to have greater breadth and depth of knowledge, creativity and skills in a diverse range of areas, and an innate familiarity with modern technology and community. At the same time, these emergent youth are at risk of becoming





Source: Office of The National Economic and Social Development Board, 2013



Remark: Education is measured across three dimensions including cumulative results of education, school attendance, and quality of education. Four indicators include mean number of years of education of the population age 15 years or older, proportion completing upper high school/vocational education, IQ of the population age 6 to 15 years, and mean score on the O-Net national standardized exam.

Source: Office of The National Economic and Social Development Board, September 2015

addicted to technology and isolating themselves from peers and society at-large. They can also be expected to be addicted to speed of communication and resent any delays in transmission of information, products and services. While they may live more independent lifestyles, this comes at the expense of learning social skills. Their increasingly sedentary lifestyles could also have adverse impact on their health.

At present, the post-Gen Y generation is still in early childhood. It is imperative for society to maximize the quality of up-bringing and development for this latest generation of Thais so that the country can keep pace with global trends in technology and innovation. Access to a quality education is one of the most important factors to equip this generation with the skills needed to cope and compete in a global economy. Thus, it is worrisome that education has the lowest value in the Human Achievement Index for Thailand. Addressing this education deficit is an urgent challenge and responsibility for Thais of all generations.

Citation:
Thai Health Project.2016. Title of article. In *Thai Health 2016*. (page number). Nakorn Pathom: Institute for Population and Social Research, Mahidol University.

10

Outstanding Situations

1 The Universal Health Insurance for Thais is on Shaky Ground

http://ruraldoctor.or.th/upload/pics/nhso2.jpg

There was a notable event in 2015 that impacted on the Universal Health Insurance program of the National Health Security Office (NHSO) and its related agencies. The NHSO was being audited on its use of the Health Fund, control of government finances, and performance of related beneficiary organizations, such as the Thai Health Promotion Foundation (THPF). One outcome of the audit was the finding that the THPF was not programming its funds in accordance with its mission, leading to the resignation of the THPF Board members. This incident had an adverse impact on related agencies (public, private and civil society) who were implementing projects with THPF funds. Many projects were forced to halt their operations. There was also concern by some civil society groups that the government was trying to control the role of non-governmental organizations (NGOs) which are active players in national health promotion programs. Thai NGOs had been working for decades to decentralize the Thai bureaucracy, and build up networks at the sub-national level to outreach underserved populations. Thus, there is some concern that if the current government wants to centralize health administration and funding, it would disrupt many successful projects and programs being implemented.

The NHSO and the "health insurance for all" program is considered as a widely-acclaimed health policy of Thailand.[4] This program helps to improve an equal access to standardized essential health care for all Thais (as reflected in the 1997 Constitution). The 30-baht health care scheme was a politically-driven concept that was designed to benefit the lower-income groups of society. The political scheme led to the creation of the National Health Security Act of 2002, and the creation of NHSO to implement the program.

A founding principle of the Act was that health is a right[1] of all Thai citizens[2] in accordance with international human rights as espoused by the UN.[3] If the program covers a large population base, then risk could be distributed and the program would be affordable. It was agreed that the government would administer the program to ensure the equal access to standard care, and that cost should not be a barrier. The Health Security Act[4] led to a revolution of Thai public health services and financing. While the Ministry of Public Health (MOPH) was assigned the responsibility to oversee public health services, the NHSO managed the financial aspects of the program, with the participation of local administrative organizations (LAO) at the community-level.

However, the national health security program was in fact an addition to two existing public health insurance schemes the NHSO system and the SSS. The NHSO system is the government's social security for civil servants. The SSS is health insurance under the social security system. Importantly, there was a disparity among the three health insurance schemes. For example, the government only covers one-third of the cost of health insurance under the SSS, while the remaining two-thirds is covered by the worker and their employer in equal parts.[5] On the other hand, the government fully covers health care costs of the national health security program and the NHSO system. But the budget subsidized per head for the NHSO system is much higher than that of the national health security program.

The expansion of affordable health care services as a result of the national health security program has resulted in the increasing number of patients and the increased workload of MOPH care providers, while diminishing the MOPH's role in financial control of the health system. The new system requires hospitals to reimburse from the NHSO based on caseloads and types of care, compared to previous budgets based on the size of the hospital. The Health Security Act was also a source of concern to clinicians since the primary clinical facility had to be responsible for patient grievance or malpractice law suits. The new law would oblige clinicians to legal liability[6] and could potentially affect the clinician-patient relationship.

The Inequality of Health Security Systems

At present, the access to affordable health care is virtually universal for the Thai population[7] through the three health insurance systems mentioned above: the government's civil servants scheme, NHSO and SSS. Moreover, the MOPH has a supplemental program for non-documented

Thais and non-Thai migrant workers and accompanying dependents. The causes of the disparities across the three schemes for Thais can be summarized as follows:

1) There is extra medical care coverage for civil servants. But it is argued that civil servants sacrifice for the public sector;

2) The different budgeting systems of the three schemes are reflected in different benefits;

3) There is no central coordinating agency to ensure a uniform standard of services across the three systems.

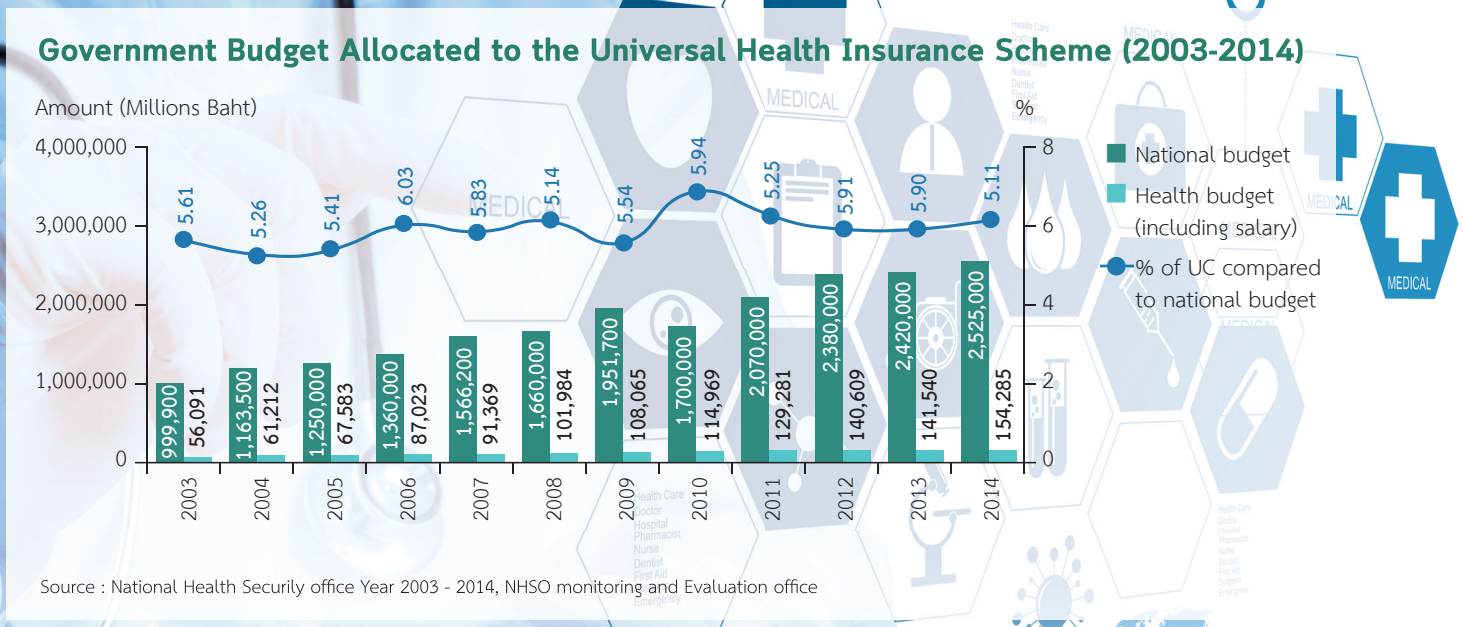
Public Funding of Universal Health Insurance

Is the universal health insurance putting a strain on the national budget? Prime Minister Prayuth Chanocha once commented that the 30-baht health card scheme was a populist policy draining the health budget.[8] In addition, since 2014, the National Council for Peace and Order (NCPO) has tasked the MOPH to find a solution that would make the universal health insurance scheme sustainable. One suggestion is that the client would have to cover 30-50% of the cost of care to make the system viable.[9] But many civil society groups have challenged the validity of this estimate. This debate erupted into a confrontation in 2014 between the MOPH and the NHSO on how to manage the health budget.[10] The MOPH argued that the universal health care scheme has stretched government hospitals and put them at a loss.

An examination of the health budget would paint a different financial picture of the universal health insurance in Thailand. In 2003, the health budget was 56 billion baht, or 5.6% of the national budget. In 2013, government health expenditure had increased to 154 billion baht or only 6.1% of the national budget. Thus, over the ten-year period, the proportional cost to the national budget for health care increased only 0.5 percentage points. In addition, the number of persons covered by health insurance increased from 47 million in 2004 to 48 million by 2014.

http://www.jvkorat.go.th/newsite/images/stories/Other/right1-1[1].jpg

On the other hand, the Department of the Comptroller-General recorded a significant increase in the cost of health insurance for the civil servants, from 17 billion baht in 2004 to 30 billion baht in 2007, and 62 billion baht in 2011. For 2014, the Department allocated a budget of 60 billion baht for this program.[11] There are 4.3 million Thai civil servants



and their families covered under this system.[12] It is projected that this number will increase to 4.6 million in 2017. Thus, the expenditure under this system is likely to increase. Under the SSS, the coverage is classified into medical care and delivery. The cost is split between the government, the insured, and the employer.[13] In 2009, the number of insured was 8.7 million persons, and health expenditure for these individuals was 28.2 billion baht.[14] The government paid one-third, or 9.4 billion baht of this cost. In 2014, the number of insured increased to 13.6 million persons, and health expenditure was 41.2 billion baht,[15] with the government covering one-third, or 13.7 billion baht.[16] Thus, because of the cost-sharing, the amount of public budget spent in the SSS scheme is less as a proportion than the other two health insurance schemes.

Table: Budget and Actual Expenditure of Health Insurance for Civil Servants during 2004-2011 (millions of baht)

Budget year	Budget (Millions Baht)	Actual Expendith (Millions Baht)
2547	17,000	26,043.11
2548	18,000	29,380.03
2549	20,000	37,004.45
2550	30,000	46,481.45
2551	38,700	54,904.48
2552	48,500	61,304.47
2553	48,500	62,195.57
2554	62,000	56,764.53*

Source: Work Cluster on Medical Benefits for Government Civil Servants, Department of the Comptroller-General. *Data as of August 31, 2011.

Controlling the Cost of Health Care

In the annual report 2015, the Minister of Health reported that, of all public health expenditure[17], 78% was paid by the government, while the remainder was covered by co-payments.[18] The challenge for 2016 and beyond is how to make the health security system sustainable. Currently, public opinion is split between those who agree with a higher co-payment and those who do not.[19]

On 20 April 2014, the Cabinet Resolution tasked the Minister of Public Health to appoint a committee to make recommendations on how to make the universal health security affordable, sustainable and equal to all.[20] The committee came up with two core recommendations: (1) Increase the value-added tax (VAT) to raise the health budget. The extra payment at the point of service (for faster or supplemental service) must not be at the expense of the basic client service; (2) There are cost-savings if the financial systems for the three schemes are unified under a single system. Unit costs must be the same at all public outlets at all levels of facilities. The cost per client must be comparable for a given service or condition. Moreover, there must be an appropriate use of technology and medicines, with efficient cost controls for medications.[21]

Centralization of Health Care VS Participatory Health Security System

The public has a vested interest in the public health system and their own health security. True health security requires the public to be involved in the financial viability, services, and health promotion activities of the system. The most proximal extension of the government is the local administrative organization. The advocate for the average citizen is civil society. The goal is less dependence on the clinician and more cost-effective care and treatment.

It has been proposed that the well-off members of society should not take advantage of subsidized health care systems, and should partially pay for their health[22] and medical care or secure private health insurance. Others would like to see health budget management returned to the MOPH as in the past. There is a tendency that the centralization of Thailand's health care system is taking shape. It was evidenced from the government's recent audit of the NHSO and removal of its Board Members. The audit of the NHSO resulted in the temporary suspension of the use of

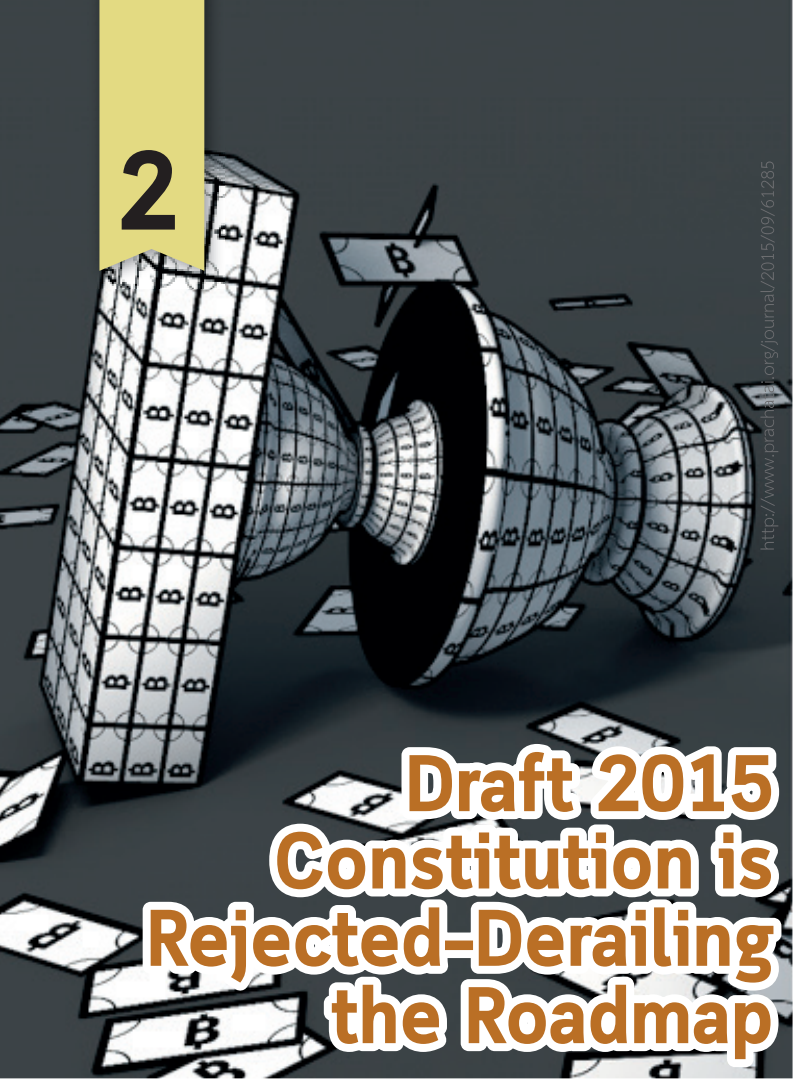
the Health Fund to support health promotion, disease prevention, and personnel capacity building programs.[23] The rationale was that the NHSO Health Fund was intended to be used only for direct support to health service outlets. Also, the government mandated that reimbursements to clinical facilities and other public outlets must cover only the direct cost of clinical services, not for other costs (such as utility bills, overtime, or staff compensation).[24] These policies reflect the tightening of government controls over the universal health insurance system.

In addition, the government is also trying to control other aspects of the quasi-public health system, such as the Thai Health Promotion Foundation (THPF), by replacing its Board Members.[25] Later, the Prime Minister ordered suspension of the Health Fund, disrupting many ongoing projects.[26] It remains to be seen whether future Thai politics will affect the role of civil society groups in the health security system.

Future Directions for Thai Health Security

In the past decade and a half, the health security for Thais has expanded significantly, resulting in the more affordability and better equity of services. This has brought Thailand closer to achieving a minimum, unified standard of quality service for all clients. Thais can now feel confident in receiving the health care they need in a fair system. But to be sustainable, users are going to help share responsibility for underwriting the cost of the system. Users can also contribute to the sustainability of the health system by taking better care of themselves to maintain good health, avoid preventable diseases, and avoid dependence on clinical facilities when not necessary. Thai people should also be more active in public health programs by serving on community health boards, and supporting health promotion activities.

Meanwhile, the government needs to embrace the goal of a single, minimum standard of care for all clients in the public health system. There are many areas for improving efficiency of the public health system, including greater use of primary care facilities, less dependence on secondary and tertiary care, and efficient referral only when necessary.[27] One single agency should be created to manage all three publically-subsidized health security systems.[28] The civil society needs to be involved in public health efforts given their good access to vulnerable and underserved populations. This is crucial to achieving optimal coverage of care and prevention services for the better health of Thai population.



2

Draft 2015 Constitution is Rejected-Derailing the Roadmap

An important political event in Thailand in 2015 was the drafting of a new constitution as part of the Roadmap of the National Council for Peace and Order (NCPO) following the coup in May 2014. The NCPO pledged a speedy return to an election once the new constitution is approved. The draft completed by the Constitution Drafting Committee (CDC) in April 2015 was expected to be approved by the National Reform Council (NRC). However, the NRC finally rejected the draft, and this required a new round of drafting. The result of this is a delay of elections for at least one to two years, thus allowing the NCPO to remain in power. This incident dissatisfied many interest groups, and prompted some academics and students to protest.

A Coalition Government is Preferred

After the NCPO seized power in 2014, they created the CDC, with 36 members, and Dr. Bawornsak Uwanno as the Chairperson. The composition of the CDC has representation from many sectors, including the national assembly, NRC, and the Cabinet. The CDC goal was to draft a constitution that would pave the way for an election and the NCPO's withdrawal from direct political control. The Roadmap called for public hearings on the draft constitution to solicit comments prior to the final approval.

The CDC Chairperson stated that the new constitution should have provisions that would prevent political conflicts from getting out of control. CDC members viewed that there must be an end to destructive protests and riots which had cost the country trillions of baht of damages to the national economy. The goals were to create a model citizenry and clean and balanced politics, to promote a just society, and to return happiness to the people.[1] The draft constitution attracted close attention from all sectors, but especially politicians who feared that it would dilute their power. Professional politicians alleged that the constitution drafting process was being rigged to keep the NCPO in power.

After the first three months of drafting, the CDC submitted to the NRC a preliminary draft constitution with 315 articles. There was considerable criticism from the Pheu Thai Party

(PTP) and the Democrat Party (DP) which felt that the content of the draft constitution did not reflect democratic principles. For example, the draft allows the prime minister to come from non-elected Members of Parliament (MP), and the Senators would not be directly elected by the people. Moreover, Senators would have more power than elected MPs. For example, the Senate can screen candidates for the Cabinet before the appointment. The general election of MPs would be proportional, as in the German system, and this could reduce the number of party list MPs of major political parties.

Importantly, the 2015 draft constitution calls for the appointment of a National Strategic Reform and Administrative Committee (NSRAC): "In the next five years from the approval of the new constitution, if it becomes necessary, in order to preserve the security of the State, or if there is the potential for violent conflicts, the NSARC can pass a resolution with no less than a two-thirds vote, to use necessary measures to control the situation, after consultation with the Chief Justice of the Constitutional Court and the Chief Justice of the Supreme Court." This provision provoked serious protests from the political sector. Jurin Laksanwisit, Deputy-chief of the Democrat Party said that the CDC has produced a draft charter that takes the county back to a trouble time, i.e., the elected representatives would be "chump change." This view was echoed by Nikorn Jamnong, Chief of the Chart Thai Pattana Party, who said that the draft would lead the country into turmoil as it would anger radical grassroots movements. The election of MPs would be meaningless to the people.[2]

The NRC reviewed the draft on April 20, 2015. It was agreed that the consitution would promote balance and prevent a parliamentary dictatorship. But it would excessively weaken the executive power by encouraging a coalitional government that would result in multiple splinter groups in political parties (as was the case prior to the 1997 Constitution). In addition, the draft had contents that would reduce the power of the elected government while increasing the authority of civil servants, e.g., by having a "Committee for Merit-based Appointment of Civil Servants". Sombat Thamrongthanwong, NRC president, observed that the main deficiency of the draft was the possibility of a weak coalitional government which could not lead the country.[3]

Opposition to the Draft Forces the CDC to Retreat

After receiving the comments from the NRC over seven days and nights of debate, the CDC made modifications to the draft constitution. The CDC asked the NRC, Cabinet and NCPO to propose recommended changes. A final review was held in September 2015. Yet the voices of the opposition to the draft only continued to mount, not only from the political parties, but also from bodies such as the National Election Committee, the Auditor-General, and Judiciary. Sriamporn Sakikup, Senior Justice of the Supreme Court, submitted an open letter with signatures from 1,380 judges who opposed an increase in the proportion of the Judicial Service Commission and political appointees to the Judiciary.[4] Groups of village headmen and Kamnan (sub-district heads) came out to

oppose parts of the draft charter which called for the establishment of local administrative organizations (LAO) within one year. These local leaders saw the spreading of the LAO as eroding their power.

These strong objections from a variety of sectors pressured the CDC to do another round of revisions, leading to the removal of provisions on the 'parliamentary oversight of the citizenry' and the 'national assembly of the meritorious'. These concessions allowed the draft to proceed after nine months of deliberations. Yet the controversial point that allows a non-MP to be Prime Minister (P.M.) was maintained, with the proviso that the candidate be approved by the House. The specification of the House allowed for the election of 450-470 representatives. The Senate would be a combination of 77 elected and 123 appointed members. The draft charter also has anti-populist policies provisions. Political party candidates must also reveal their source of funds for political campaigns. Importantly, the draft charter would make it harder to amend the constitution.

Bawornsak admitted that some provisions of the draft might not be fully democratic. However, the country could not go back to the previous constitutions of 1997 and 2007 which gave rise to parliamentary dictatorship by the dominant party. Further, the CDC felt that the new constitution should be appropriate for the Thai political context. The cycle of political violence needed to be terminated once and for all.[5]

Despite this concession, when it came for a final vote for approval on September 6, 2015, the NRC surprised the public by rejecting the draft constitution by a vote of 135 to 105, with seven abstentions. Immediately, politicians complained that the NRC rejected the draft because they wanted to postpone the election in order to prolong the term of the incumbent government of General Prayuth Chanocha. In general, each round of constitutional drafting would take a year or more, thus keeping the NCPO in power longer. Moreover, the NCPO was concerned that the constitution might not win the public referendum, and thus the interim government and NCPO would face political pressure. Before the NRC vote, there was a rumor that a high-ranking military officer of the NCPO lobbied NRC members to reject the draft charter in exchange for political positions.[6] Paibul Nittitawan observed that most of the NRC opposed to the draft charter because of intense political conflicts among political groups in the country. Instead, the priority of the country should be economic development and the improvement of the well-being of the population.[7]

After rejection of the draft constitution, the NCPO appointed a new CDC with 21 members, with Meechai Ruchupan, advisor to the NCPO, as Chairperson. The new CDC was mandated to produce a new draft charter within 180 days, to be followed by referendum and the enactment of related laws. This would imply that elections would not occur until 2017, as estimated by the 6-4-6-4 formula proposed by Visanu Kreuangam,[8]

Deputy P.M. In other words, it takes six months to draft the charter, four months to prepare for the referendum and, and another six months for the legislation process (carried out by the National Legislative Assembly (NLA) and the Constitutional Court review), and finally, four months for political campaigns and elections.

The Meechai Ruchupan's Draft Constitution

The new CDC headed by Meechai Ruchupan had the mandate to produce a draft constitution by April, 2016. On January 29, 2016, the first draft charter was presented to the public for comments. This draft retained the core principles of the Bawornsak version, e.g., allowing for a non-parliamentarian to be P.M., indirect elections of 200 Senators, and the proportional election. Significant components of the Meechai's draft is the provision that the Constitutional Court, not the NSRAC, is the first body to consider whether Article 7 in the constitution should be invoked to settle political unrests.

Another significant feature is Article 190 of the new draft -- which could have an impact on some public offices such as the Thai Health Promotion Foundation (THPF). The Article prohibits the collection of earmarked taxes (also see Article 204, para 2) and that the special status of public offices which depend on earmarked taxes would last for only for years. This provision could have severe impacts on public organizations like THPF, Thai PBS TV station, and the Thai Sports Promotion Fund. This Article seems to contradict the 2001 Health Promotion which authorizes the THPF to use 2% of the "Sin Tax" (on alcohol and tobacco sales) for use in health promotion Unfortunately, there was misunderstanding that earmarked taxes would affect the government's tax revenue.[9] There has been strong criticism of the Meechai's draft charter from many groups. A total of 579 agencies involved in health care have objected Article 190.

Summary

The drafting of the constitution to return Thailand to a more democratic society is not a smooth process. Drafting a new constitution in the midst of intense political conflicts requires a lot of support from various stakeholders. In any event, the new charter is likely to lead Thailand to a different political landscape with different political mechanisms and processes. It is imperative that Thai people monitor the 2016 charter closely as it would lead to elections and the return of political power to the electorates in accordance with Thailand's Roadmap. Year 2016 is certain to be a political milestone for Thailand.

3

Reclaiming the Forest is a Bigger Problem than Once Thought

Reclamation of the forest land is one of the policies of the National Council for Peace and Order (NCPO) to return happiness and justice to the Thai people. The forest reclamation initiative was launched in late 2014 and has attracted much public attention. The strategy involves evicting encroachers from national forests and other public land. Many of these encroachers are also small farmers who don't have their own land.

Deforestation of Thailand has continued for decades, and the forest cover is currently only about one-third of the forest land in the past. Therefore, the NCPO produced a master plan to protect and conserve national forests, and to reforest some areas to increase the forest cover to 40% of the country's land area within ten years. The stated objectives of the plan are as follows:

1) To stop illegal logging and evict squatters on national forests in the first year;

2) To improve the management system of forest resources so that it is efficient, effective and sustainable in the next two years;

3) To reforest the country during the next ten years.

The main challenge to such policy is to counter the influence of large landholders and influential persons who are behind much of Thailand's deforestation. A lot of encroached land areas are turned into resorts and other businesses. Some of these land encroachers have obtained illegal land deeds or used illegal means to obtain land use rights[1].

Solving the Problem of Land Encroachment is Harder than Once Thought

The NCPO forest land reclamation program first hit a snag when it was found that many popular tourist resorts were found to encroach on national forest reserves. The NCPO then ordered the owners to demolish many resorts in famous tourist areas in the North and Northeast (e.g., Khao Kor and Phu Thap Berk in Petchabun, Wang Nam Khiao and Pak Chong in Nakorn Ratchasima). As the program expanded, many farmers who had lived on the public land for decades were also evicted. Starting in June 2015, the program began to focus on rubber tree plantations in 62 provinces which are found to encroach on national forests. A target was set to reclaim 600,000 rai of protected forests by the end of 2015, and another 900,000 rai in 2016. The breadth and depth of this action began to stir up social protests since it had affected poor farmers, not just rich resort owners and business people. Also, questions were raised why the program was directed at rubber tree plantations, when other farmland like corn and livestock farms also encroached on Thai forests. These farms also polluted the air in northern Thailand with much burning of the forest.

Urgent Issue: Agricultural Land Use Should be Monitored

Although deforestation is not a new phenomenon in Thailand, but the patterns of land encroachment is becoming more complex. Originally, squatters cleared protected forests in order to have a place to live and conduct small-scale farming. Over time, the agriculture progresses from subsistence farming to cash crop cultivation and contract farming as the farming has been more commercialized. The middlemen and investors have taken advantage of poor farmers since they were not in a position to negotiate, resulting in the exploitation of public land for private gains. Eventually, some forested land were turned into large-scale farming, the agro-industry and tourism facilities.

Methods of payment to encroached farmers varied. Some traded their farming rights for cash or other benefits such as crop-sharing, market quotas, or company stocks. The inexperience of these farmers in financial matters exposed them to exploitation and deception. Also, farming behavior was characterized by a herd mentality, growing similar crops to others. This further exposed farmers to commercial exploitation[2].

One of the more damaging effects of contract farming is the burning of forest to clear land for the cultivation of corn and livestock, and clearing corn husks after harvest. This practice is more common in the upper region of northern Thailand (Chiang Mai, Phrae, Nan, Lamphun and Lampang). The Department of Land Development reported that 5,592,375 rai of land in the north is used for corn cultivation and livestock.[3] The Bureau of Agricultural Economics observed that corn cultivation and livestock farming was increasing in the north, northeast and central regions. During 2002-13, land used for these two purposes increased by 109%, with 61% of the land was forest land (30,000 rai). Most of the products and profits went to the animal feed industry[4].

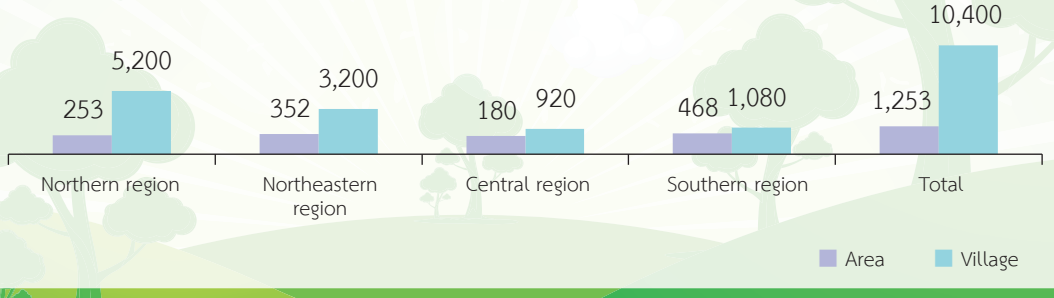
Reflections on Forest Reclamation

The forest reclamation program of the NCPO also has had adverse impacts on small-scale farmers although the policy initially targeted large-scale businessmen and investors. In June 2015, a large number of independent farms from 12 provinces in the northeast convened to ask for fairness in the land reclamation policy. It was found that 500 of the cases being prosecuted involved small-scale possession of illegal lumber. In contrast, only ten businessmen were prosecuted. Another complaint was that the government has not provided an equal access to natural resources among different groups of people. Whereas large concessions for mining, energy, and other industries were given to investors, average citizens were barred from using public land[5]. Another problem was the ambiguous delineation of national forest areas. Moreover, previous governments had allowed de facto settlement of farmers in some forest areas. It was felt that the government was unfair to suddenly demand for the eviction that would leave many people landless. Some observers pointed to the irregularity and inefficiency in granting land rights in the past[6].

The Coordinating Committee for Rural Development later asked the following questions to the government: "How can the government manage the relocation of all those persons evicted from forest land? How will they make a living and stay out of poverty?" Studies estimated that 1,253 areas were targets for the eviction, including 10,400 villages (2,300 in the northeast, 5,200 in the north, 1,080 in the south, and 920 in the central region)[7].

At the end of 2015, the Northern Farmers Union joined forces with the Movement for Social Justice to protest the land reclamation policy and demand that the government urgently address the

Number of Areas and Villagers Affected by the Forest Reclamation Program



(Source: Coordinating Committee for Rural Development, 2015)

problem of land rights. It was suggested that the policy should be more flexible, and the government should issue land deeds to people who settled in the areas before the proclamation of forest reserves. P.M. Prayuth admitted that the forest reclamation program could possibly have an impact on 20 million Thais, and called for a temporary halt to the eviction plan. However, the government affirmed that they would not issue land deeds for settlements on public land[8].

Burning of the Forest and Health Consequences

In addition to the adverse impact of the forest reclamation program on the quality of life of subsistence farmers, there were calls for more attention by the government on the encroachment of forest land for contract farming for the purposes of corn and livestock production. Such activities were encouraged by the agro-industrial business, particularly food and feed mill industries. Often, contract farmers in the upper north region would burn the forest land to produce corn and livestock. They also burn corn husks after harvest. The pollution from these fires could not dissipate in the dry season because of the nature of the terrain and the climate.

However, it would not be fair to blame just contract farmers for this pollution. The commercial enterprises who contract these farmers must also be held accountable. This air pollution from these "corn valleys" has had an adverse health impact on towns and communities of the upper north region for many years. It was estimated that, during the first two weeks of March, 2016, 37,000 persons went to hospitals for eye, skin and respiratory problems. Chiang Mai hospitals reported a nine-fold increase in patients with respiratory complaints. Maharaj Hospital reported many cases of eye infection and skin rashes related to air pollution.[9] There was a concern that the long-term effect of exposure to smoke would increase the prevalence of lung cancer in Chiang Mai[10].

Conclusion

The public outcry to the NCPO's policy for forest reclamation compelled the government to re-think its strategy and reconsider whether this policy was actually returning justice and happiness to the population as promised. The government needs to be careful to act in a way that would be fair to all segments of the population, and to minimize the adverse impact on average citizens and small-scale farmers. In the first instance, the government needs to have a plan for the relocation of evicted squatters, and provide occupational development for alternative livelihoods. Next, the government should seriously address the problem of contract farming, especially activities that encourage harmful farming practices and pollution.

4 At Last: Community Deeds and the Land Bank

In 2015, there was an important development which will improve the opportunity for homesteading and making better use of public land by subsistence farmers and lower-income groups. A draft law was put forth to award land deeds to communities and create a land bank to address land rights problems for the long-term. On June 8, 2015, the National Reform Council (NRC) signed a resolution for a Community Deed Act (to authorize communities to manage land natural resources through a deed-granting mechanism). On June 9, 2015 the NRC also approved in principle a law for the formation of land banks based on the recommendation of the Committee for Social Reform (for the Community, Children, Youth, Women, the Elderly, Disabled, and Disadvantaged). The draft laws were then submitted to the National Legislative Assembly (NLA) for approval.

The community deed, allows formal settlements to use the land area defined in the deed to address disputes between the government and local residents, reduce inequality, and encourage more local participation in management of natural resources of the country. There are protections to guard against selling the community land rights. The draft Land Bank Law would be a mechanism to ensure more equitable land rights for low-income farmers, so that they could have a plot of

land to farm and/or live on. These mechanisms would promote collaborative management of the land by the community and the farmer, and promote more effective use of public and private land. The Land Bank would be under the oversight of the Ministry of Finance. The Bank would assist farmers who were at risk of losing their land and lower-income farmers in leasehold arrangements.

Problems of Land Rights in the Past

Arable land is the principal resource for Thai farmers. Thus, to be viable, farmers need to have a secure plot of land on which to farm. Historically, all land was public (i.e., Crown Property) and farmers were allowed to farm on this public land, some of which was forest preserve. Over time, more and more public land was converted into private property, but many farmers continued to live and farm on public land or plots without proper ownership documents. De facto, these farmers became illegal squatters in the eyes of the law. However, this situation was essentially ignored for decades by past governments which had lax policy about land rights enforcement. The view was that, if the encroachers on public land were putting it to productive use, then this helped the economy and lower-income farmers at the same time. An unfortunate, but predictable, consequence of this laissez-faire approach to land management, was that people started to take advantage of the lack of enforcement by clearing more and more of the national forest for use in agriculture. The first Five-year National Economic and Social Development Plan (1962-66) called for the declaration of 50% of the country's land as protected forest, or 160 million rai. However, at that time, Thailand's population was still growing at a level of of over 3% per year, and more and more families were in need of farmland, resulting in encroachment on the national forest land. Within a short period, the area of the country with forest cover declined to 40%.

After a law was passed declaring large portions of the country as protected forest, the settlers who had lived on and farmed this land for generations suddenly became illegal squatters. Also contributing to the problem was irregular granting of logging concessions to clear parts of the national forest. The priority given to commercial agriculture created strong pressure to usurp even more public forest for private development of cash crops.[1] To combat the problem, more and more laws were passed which stipulated what was legal and illegal use of the land.

Prior to 1992, the government was rather lax in prosecuting encroachment on public land. However, it was becoming clear that the size of the encroachment was now starting to have a deleterious effect on the economy, society, politics and administration of the country. Thus, in 1992, a Cabinet resolution declared that the problem of encroachment on public land was going to be addressed, and a committee was appointed to provide guidelines for action. A 2002 act was passed that further tightened restrictions on public land use and punishment, followed by a 2004 act to verify land rights of persons on public land. In practice, the process of verifying land rights was slow and complicated, and thus did little to resolve the problem of illegal land use.

In 2009[2] the government estimated that 450,000 persons resided illegally on 6.4 million rai of public land, of which 185,916 persons were encroaching on preserved forest areas of 2,243,943 rai. This reflected the reality that the government was not successfully addressing the problem of encroachment on national forests.

New Policy: Community Deeds

A significant effort to address the problem of public-private land use is the concept of a "community land deed." Thus, a ministerial resolution was enacted in 2010 to authorize community deeds in principle.[3] "Community deed" was defined as a promissory to allow the community to be a partner to develop, oversee and use public land to promote security of domicile and land use of the community. In return, the community was required to care for and maintain the natural resources and the environment. It is noteworthy that the legal concept of community deed is not the same as an individual property deed, in that the community deed implies collective management of the land for the benefit of the public good. Thus, while the community holds the deed, the land still belongs to the government. This is also distinct from the 1968 Land Code (awards public land to private citizens) and the 1975 Agricultural Land Reform Act (which grants land for occupational purposes).

Having the community deed gives those communities more security for living on and using the land for their livelihood. It removes the fear of eviction and should also promote more productive use of the land. It promotes equality by providing the lower-income population a share of the public land and a stake in conservation of the natural resource base. There may be conditions that come with the community deed, such as the requirement to maintain or expand the community forest, and prevent forest fires and encroachment. This elevates the role of the community and reduces the burden on government officials.

As of May 31, 2014, 467 communities in 47 provinces had requested a community land deed covering a total of 1,599,029 rai, 55,495 households and 211,228 persons. Of these, 60 requests were approved by the Land Deed Commission. The first deed was awarded to the Ban Khlong Yong Cooperative in Puttamonthon District, Nakorn Pathom Province on February 11, 2011. Two other communities were also granted public land use rights: Ban Mae Ao, Nakorn Jadee Tambon, and Ban Mai Pa Fang (Rai Dong), Nam Dip Tambon, Pa Sang District, Lamphun Province.

Civil Society Network Joins Forces to Improve the Law

The first national reform assembly (March 24-26, 2011) appointed a committee to draft a law on community deeds. The Permanent Secretary of the Office of the P.M. was chair of the committee, with membership of representatives from related public, private and civil society organizations. In the second assembly (March 31 to April 1, 2012) there was unanimous approval of a plan to reform land structure, including three draft laws: Progressive Land Tax; Land Bank; and Community Deed.

In 2010, a movement emerged advocating for more social justice (the "P-Move"). This movement had its roots in a network of people experiencing

land problems, including the Four Region Slum Network, the Communities for Social and Political Reform Network, the North and Northeast Land Reform Networks, the Southern Farmers Federation, the Theuak Khao Banthat Land Reform Network, the Contract Farming Network, and the Group of Persons Affected by the Chiwamuan Electricity Power Plant, among others. These groups urged the government to appoint a committee to address the problem of land use for livelihoods and domicile, sustainable use of the natural resources by the community, and ceasing the eviction of lower-income people from their settlements. They also proposed the community deed and land bank mechanisms as a way to reduce conflict and help lower-income farmers and settlers.

This network of civil society groups drafted a law on community rights to the land and resources, as adapted from the concept paper on community deeds issued by the Office of the P.M. in 2010, pursuant to the 2007 Constitution which called for communities to conserve, rehabilitate and make sustainable use of natural resources and the environment. The vision was for a shared sense of responsibility for public land by the government and the local community.

Later in that year, a fourth draft law was added to create a Justice Fund. Combined with the progressive land tax, land bank, and community deed, these drafts were coined the "Four Laws for the Poor." Eventually, in early 2015, the drafts were submitted to the P.M., President of the National Assembly, and the National Reform Chairman. The proposed laws were seen to be consistent with the policy of General Prayuth Chanocha by contributing to the "Four Pillars of Community Strength" including

http://www.oknation.net/blog/home/blog_data/240/42240/images

community management, management of funds and resources, social welfare, and community occupations.[4]

Advocacy for the Land Bank

The problem of landlessness and lack of access to land for subsistence farming has been a chronic and worsening problem for Thailand. There are also problems of underutilization of private land and non-performing land loans that prevent more productive use of the agricultural land. The concept of a "land bank" to address these problems was first raised in the draft Land Reform Act of 1975. In 1991, a "Land Fund" was created by the Bank for Agriculture and Agricultural Cooperatives (BAAC) as the financial foundation for a land bank. Yet formal creation of a land bank was stalled and then abandoned in 2006. In May, 2011 an interim mechanism was established to open up underutilized land to small-scale farming via the Institute for Management of a Land Bank (Public Organization).[5] However, this mechanism never came to fruition due to the dissolution of parliament and change of government later that year.

After the May coup of 2014, the NCPO revived the Land Bank mechanism as one of its earliest actions, and appointed a committee to steer the process. Direct responsibility was handed over to the Reform Commission for Society, Community, Children, Youth, Women, the Elderly, Disabled, and Vulnerable Populations. A final draft law for the land bank was presented to the NRC on January 28, 2015, and was next approved, in principle, by the NCPO.

Summary

The community deed mechanism is an effective strategy to prevent and resolve land disputes between the government and local residents. It is also an effective way to increase a sense of community responsibility for protecting and preserving the natural resources and the environment, and decentralizes the monitoring and control of encroachment on public land and protects against government eviction. The land bank is one mechanism to address underutilized land and prevent farmers and low-income citizens from losing land rights. But no single agency is yet responsible for managing this mechanism. When fully and widely implemented, community deeds and the land bank should help reduce inequality and improve justice for the lower-income members of society, and other disadvantaged groups.

5 National Savings Fund: Retirement Security for Workers in the Non-formal Sector

The Thai population is aging faster than incomes can rise enough to prevent poverty in older age.[1] As the working age Thai population shrinks as a proportion of the total population, it either directly or indirectly takes on a heavier burden of financing the care for their parents' and grandparents' generations. Many current and future elderly are at risk of falling below the poverty line in retirement unless the government can create some sort of safety net for this most vulnerable group.

The National Savings Fund (NSF)[2] is an important policy to ease the crisis by creating a steady stream of retirement income for persons who spent most of their working life in the non-formal sector (e.g., the self-employed, farmers, daily-wage laborers, part-time workers, and students, etc.). This population comprises 35 million Thais, or over half the total population. The NSF would operate in the same fashion as the pension system for government civil servants. However, at present, only those in full-time jobs with monthly salaries pay into a pension fund.

The Birth of the NSF

The government currently pays a welfare subsidy to the elderly, ranging from 600 to 1,000 baht per month (depending on age group). However, this amount is not enough to support an individual. Thus, the government recognizes the need to arrange a system for the non-formal labor

sector to pay into a fund to support the retiring laborers not covered by another pension system. This would help reduce the burden on the government to support the Thai elderly over the long-term. The administration of Aphisit Vejajiva passed the NSF Act in 2011, and the fund was born. The NSF is under the management of the Ministry of Finance and is projected to cover 24.6 million persons who currently have no other pension plan. Prior to the NSF Act, elderly advocacy groups had petitioned the government to set up such a fund, and the Fiscal Policy Office was assigned the task of producing guidelines. These guidelines formed the based for the NSF which became law on May 12, 2011.[3]

Following this, the Non-formal Labor Network advocated aggressively for the NSF to be put into action. However, in August 2011, new national elections were held, the Peua Thai Party of Yingluck Shinawat assumed control of the government, and the NSF was set aside as a non-priority. Instead, the Peua Thai Party position was that the non-formal labor sector should use the existing Social Security System (SSS) provision for a retirement pension for those workers (i.e., Article 40).[4]

The NSF resurfaced after the NCPO and General Prayuth Chanocha took over control of the government in 2014. The NCPO instructed the Ministry of Finance, the Ministry of Labor and Social Welfare, and the National Economic and Social Development Board to consider how best to implement the NSF. They concluded that it would be more appropriate to have a separate agency oversee the NSF than integrate that function into the SSS, as the previous administration had tried.[5] Enrollment into the NSF began on August 20, 2015 through the public banks of Krung Thai Bank, Government Savings Bank (GSB) and the Bank for Agriculture and Agricultural Cooperatives (BAAC).[6]

How Does the NSF Operate?

The NSF was officially launched on July 18, 2015, and exists as a government agency, but not part of the public civil service or state enterprise systems. The objective is to fill the gap so that all workers who do not have a primary pension fund can have a minimum essential income during retirement. A secondary objective was to create a savings mind-set in the household so that they too would plan for their retirement through supplemental means. The NSF is funded by members and a government counterpart contribution. The retired worker would draw upon the amounts paid into his/her account over time. The government would guarantee a minimum not less than the average 12-month rate of interest of the GSB, BAAC and five large commercial banks. Until the NSF is fully funded, retired persons would continue to receive the monthly elderly subsidy in addition to whatever they paid into the NSF.

Who Are the NSF Members?

The goal of the NSF is to create a retirement pension for workers in the non-formal sector that is equivalent to other government pension funds. The following are criteria for membership in the NSF:

1. Thai citizen

2. Age at least 15 but under 60 years

3. Not enrolled in another legal pension fund with counterpart contribution by the government or one's employer, i.e., not covered by the SSS retirement pension, civil servants' pension, provident fund, or other such fund.

4. Not covered by a pension fund, public or private.

It is clear that the primary target of the NSF are self-employed workers without a steady income. This would include merchants, taxi drivers, housewives, farmers, performers, architects, physicians, lawyers, daily-wage earners, part-time workers, students, and any other person without a regular income or coverage by another pension fund. Those reaching retirement age who have not yet paid into any pension fund could apply for membership in the NSF in the first year of NSF operations. Those aged 50 or older have the option of membership in the NSF for a period of ten years from the date of enrollment. For example, if someone who is 57 years old enrolls, they can accumulate savings up to age 67 years, and then start to receive benefits. Younger workers who enroll prior to age 50 can start receiving NSF benefits at age 60.

Pros and Cons of the NSF

An obvious benefit of the NSF is that it provides a safety net for persons without a regular income or employment who can then plan on a steady flow of retirement income. The NSF increases the savings behavior of all these groups of workers so that they have social insurance during their elderly years. Further, NSF membership is flexible. If a person joined the fund when they were in the non-formal labor sector, but then entered the formal sector, they will still retain their membership in the NSF, even though they are also now covered by their regular employer, and can continue to contribute to their NSF account. Members can also contribute extra to their account, but the government will not make a counterpart contribution for the surplus.

As currently structured, an NSF member can accumulate a maximum of 13,200 baht per year, and this limits the amount they may receive in retirement. The maximum case scenario is if someone starts paying into their account at the earliest age (15 years) at a rate of 1,100 baht per month. At retirement, the member will then receive a monthly benefit of 10,795 baht. If a person opened an NSF account at age 30, then the corresponding benefit at retirement would be 4,821 baht. The corresponding benefit for a member joining at age 50 years would drop to 985 baht per month. Thus, the structure provides a strong incentive to open an account at the youngest age possible. Also, the NSF only provides income benefits and no other services (e.g., loans, medical care, accident insurance, maternity leave, and unemployment compensation, etc.).

The NSF requirement of a public counterpart contribution places a burden on the government budget, as more people open accounts. The Office of Savings Policy and Investment of the Fiscal Policy Office, estimated that the total labor force in the non-formal sector (excluding students) is 25 million persons. If all 25 million joined the NSF, that would mean an average increase to the national budget of 22.5 billion baht (0.18% of GDP[7]) for counterpart contributions to the NSF.

Confusion of the Insured Regarding Article 40 (Social Security System Pension)

At present, Thailand has four mechanisms for creating retirement income: (1) Government civil servant pension system; (2) Provident Fund of state enterprises and the private sector; (3) Privately purchased social insurance; and (4) the NSF.

Table 1: Benefits for Persons Covered under Article 40 of the SSS by Option

Option (accumulated amount by member + government)	Benefits for persons Covered under Article 40 of the SSS by Option				
	Sickness	Disabled	Die	Severance pay	Pension
1 member 70 + government 30	✓	✓	✓		
2 member 100 + government 50	✓	✓	✓	✓	
3 member 170 + government 100					✓
4 member 170 + government 130	✓	✓	✓		✓
5 member 200 + government 150	✓	✓	✓	✓	✓

Prior to the creation of the NSF, if a self-employed or non-formal sector worker wanted to create a retirement account, their options were to save/invest themselves, buy into a commercial fund, or join the SSS Fund. This latter option is referred to as Article 40. After the NSF was launched, persons who had signed up with the SSS were unsure if they could participate in both Article 40 and NSF retirement fund schemes. Currently, about two million Thais are enrolled in Article 40 and their options for retirement income mechanisms -- vis a vis the NSF -- are as follows (see Table 1):

Option 1: Retain the SSS account, and join the NSF if not receiving Article 40 retirement income;

Option 2: Retain the SSS account, but cannot join the NSF if already receiving retirement benefits.

Option 3: Already completely vested in the SSS, and received a refund from the government. Those funds can then be invested in an NSF account.

Option 4: Retired and can claim a refund from the government to manage personally or invest in an NSF account.

Option 5: No longer obligated to the SSS, but if retired then must close the Article 40 account in order to open an account with the NSF.

In sum, with the NSF in place, members of the Article 40 provision of the SSS have only two realistic options. Only Option 1 allows members to receive social insurance benefits for accidents, illness, disability, death ***and*** receive NSF benefits. Those under Article 40 who wished to switch to an NSF account had to declare their intent during September 26, 2015 to March 23, 2016. To receive a full refund of Article 40 funds at retirement, the insured must demonstrate that they do not have an account with the NSF. There are about 350,000 persons who are eligible to choose this action, which would cost the government about 2 billion baht.

Summary

Thailand must not delay preparations to ensure income security for the growing population of the elderly. The NSF is a positive start to fill the gap among the non-insured. This will help move the country toward a more equitable system of savings and retirement pension options. The current public subsidy of 600 to 1,000 baht a month for the elderly is not adequate to meet the basic minimum needs today or in the future. Thus, every person working in the non-formal sector needs to take advantage of the NSF and open an account as soon as possible. It must be recalled that the NSF account only contributes to income security and no other benefits that are important in older age. Thus, people who want to enjoy optimal quality of life in retirement need to prepare carefully and comprehensively to ensure that all their anticipated needs are met at a minimum standard of acceptance. The sooner this planning and savings begins, the better.

6

MERS: A New Emerging Disease Threat

In the middle of 2015, the breaking news was the outbreak of MERS (Middle East Respiratory Syndrome) in many countries around the world. MERS is caused by a new type of coronavirus (MERS-CoVorHCoV-EMC/2012) and has similar properties as SARS (Severe Acute Respiratory Syndrome) which spread worldwide in 2003. The coronavirus was usually found only in mammals (e.g., bats and camels).[1] However, MERS was first diagnosed in humans in 2012, in a Saudi Arabian male aged 60 years, who later died from a lung infection and kidney failure. From Saudi Arabia, MERS then rapidly spread to other countries in the Middle East, and on to other parts of the world.

Initial symptoms of MERS resemble the common flu with cough, sneezing and fever. MERS cases have difficulty in breathing, fatigue, and in some cases, diarrhea or vomiting. Severe cases experience lung infection, kidney or respiratory failure, and death. The incubation of the MERS virus is about two weeks before symptoms appear. This is a crucial feature of the spread of MERS since carriers may not realize they are infected.[2] Case management is to treat the symptoms of MERS as they appear since there is no cure or mechanism to attack the virus directly.

It is still not known how the MERS virus jumped from animals to humans, or how it is transmitted among humans. Most cases so far have shared a household with the index case, or have reason to be in close contact with an infected person (including MERS clinicians). In October, 2015, the ECDC (European Centre for Disease Prevention and Control) reported that MERS had been found in the following countries: Saudi Arabia, South Korea, United Arab Emirates, Jordan, Qatar, Oman, Iran, United Kingdom, Germany, Kuwait, Algeria, Tunisia, France, Spain, Netherlands, Philippines, United States, Greece, Malaysia, Turkey, Yemen, Austria, Egypt, Italy, Lebanon, and Thailand. There have been a total of 1,616 cases and 624 MERS deaths.[3] The South Korean MERS epidemic is of concern because of the speed of its spread. WHO observed that, initially, South Korean physicians were not being vigilant enough in diagnosing MERS at an early stage.[4]

MERS in South Korea

South Korea experienced its first epidemic of MERS during May, 2015 when 23 cases were diagnosed in a single day. Following that outbreak, the South Korean government ordered strict control measures, including isolation and treatment, surveillance of risk populations, and education of the public. The incidence of MERS then declined steadily to one case a day by June 25, and then no case reports between June 26 and July 1, 2015.[5] Since then, no more cases have been reported. As a result of this rapid eradication of the epidemic, WHO now praises South Korea as a model of rapid response. The South Korean MERS epidemic resulted in 183 cases, 102 of whom were cured. South Korea continues to reassure potential visitors and tourists that travel to the country is safe from MERS. The Korea Association of Travel Agents (KATA) launched a program to guarantee 5 million won (about 142,587 baht) to any tourist infected with MERS within 20 days after a visit to the country (during June 22 to September 21, 2015), and 100 million won (2,857,142 baht) to the family of any tourist who died from contracting MERS during their visit to South Korea.[6]

MERS in Thailand

After learning of the Korean MERS epidemic, both the public and private sector agencies in Thailand mobilized a prevention and detection response. There was considerable concern in the Thai tourist sector since the Korean epidemic had reduced tourism to that country by 30%.[7] Travelers and tourists delayed or were changing their travel plans out of concern for MERS.[8] To be proactive, tourist guides were asked to be on the alert for persons with MERS symptoms and urgently refer any suspected cases to a hospital. In addition, the Islamic Association of Thailand advised pilgrims making the Haji to Saudi Arabia to have vaccinations for flu and meningitis before travelling and to monitor any symptoms after returning to Thailand.

On June 18, 2015, the Thai Ministry of Public Health (MOPH) reported the first case of MERS diagnosed in Thailand among a 75 year-old male Omani who had travelled to Thailand with his relatives. This led to follow-up of 66 contact cases. The index case was successfully treated and returned to Oman. None of the contact cases developed symptoms of MERS. Nevertheless, Thai authorities remained alert for other cases. On January 22, 2016, a second case of MERS was diagnosed in Thailand among a male Omani, aged

71 years, who had traveled to Thailand with his son. The case was detected by thermoscan at the airport, but the case did not develop fever and, thus, was put under observation, with follow-up of 37 contact cases.[9] The index case recovered and returned home to Oman, while none of the contact cases developed MERS.

Control of MERS in Thailand

The Thai MOPH implemented standard epidemic prevention measures in the face of the MERS threat. This includes surveillance at hospitals, especially medium and small hospitals which have higher risk of an outbreak. The Thai MERS response can be classified into the following six phases:

1. Case investigation and contact case follow-up

2. Report the MERS situation through the MOPH Internet website

3. Form surveillance teams to monitor symptoms of contact cases

4. Distribute hand-disinfectant gel, medical masks, advice sheets, and contact numbers to the public, and train staff to provide counseling on MERS

5. Any contact case developing MERS symptoms could call an MOPH hotline (#1422) and would be immediately picked up at their home for diagnosis

6. Distribute public information to keep the public informed of the situation.

The Thai Cabinet also added four measures to strengthen control and prevention of MERS[10] as follows:

1. Risk assessment and prevention, and monitoring of the epidemic in other countries on a continuous basis, with analysis of the relevant data

http://mpics.manager.co.th/pics/Images/558000007277601.JPEG

2. Surveillance and screening, including persons who travel to/from Thailand and countries with MERS, and monitoring risk groups

3. Diagnosis, treatment and referral, and laboratory diagnosis

4. Advice for travelers and tourists going to countries with MERS

The MOPH coordinated with the private sector as well. The Director-General of the Department of Health Services convened a meeting with representatives from 100 private hospitals and clinics to describe guidelines for treating MERS cases, provide instructions to post vinyl posters on screening persons at-risk, advice to establish screening units, advice to use sanitizing hand gel, and provide guidelines for educating the public about MERS. All suspicious cases must be reported immediately to the Department of Disease Control, and hospitals cannot refuse to treat cases or improperly refer them. The MOPH conducted sample monitoring of clinical outlets to ensure compliance with the guidelines.[11] The MOPH pledged to cover the costs of treating each case of MERS, and would remain on alert until other countries had their MERS epidemic under control.[12]

Economic Impact

The 2015 MERS outbreak in South Korea only had short-term impact on tourism to Thailand through travel cancellations or postponed visits by Koreans to Thailand.[13] (South Koreans are the fifth largest group of tourists to Thailand.) The two cases detected in Thailand probably had no impact on tourism since the cases were successfully resolved. The Office of Fiscal Policy observed that MERS was effectively controlled in Thailand and did not have the same impact as SARS in 2003. Further, no countries issued alerts on travel to Thailand because of MERS. Further, tourism numbers for 2015 continued to be strong.[14]

Summary

Thailand was successful in its response to MERS and an epidemic was prevented by prompt and comprehensive action. There was also effective coordination and collaboration between the public and private sectors in the response. The experience of the MOPH in responding to SARS, Ebola, and Avian Flu had also prepared its staff and systems to respond rapidly to any new infectious disease threat. The MOPH kept the public well-informed about the latent period, symptoms, prevention and treatment.[15]

Even though the MERS threat has abated, there are new infectious diseases emerging throughout the world. The Zika virus is only the latest example of a mutant pathogen. WHO has already declared the Zika virus epidemic an international public health emergency. Thailand has already detected cases of Zika, though no epidemic has occurred. Nevertheless, the MOPH has designated Zika virus infection as a reportable disease.[16] An informed and prepared public is crucial to the defense against new epidemics.

7

Cross-border Human Trafficking: The Case of the Rohingya

On May 1, 2015, Thailand was delivered a shock with the discovery of a mass grave of 33 Rohingya persons in the forest at the foot of the Emerald Mountain, Padang Besar Tambon, Sadao District, Songkhla Province. Nearby was an abandoned holding center, presumed to have housed Rohingya refugees who had paid to be smuggled from Myanmar and Bangladesh to Thailand and then to a third country that would accept them. The news worsened when more mass graves were uncovered in Thailand and Malaysia. No longer was it possible to deny that there was organized, international criminal activity involved in human trafficking and extortion.

Mass Graves of Rohingya

The discovery of the mass grave of Rohingya at Emerald Mountain was the result of relatives of the missing Rohingya reporting their disappearance to Region 9 Police Headquarters. Two of the missing relatives were imprisoned in that area of Padang Besar (Mr. Afit and Mr. Kasin). The relatives had been told to pay a ransom for the release of the two men. Instead Mr. Kasin was killed while Mr. Afit escaped. That led to the criminal report. Further investigation identified the holding camp of Rohingya and graves. This presented a serious problem for Thailand since it had been criticized by the US State Department in the past on issues related to human trafficking, and its status had been reduced to Tier 3, or the worst level in the US State Department classification system for countries related to human trafficking.

P.M. Prayuth Chanocha ordered the military and police to urgently investigate the situation and identify the perpetrators. The Internal Security Command for Region 4 (Sub-division 1), branches of the navy, Royal Thai Police Region 8, and staff from Ranong Province reported that the exodus of a large number of Rohingya from Myanmar had been going on for some time. The Rohingya refugees sought out traffickers to smuggle them out of Myanmar. The agents used modified long boats, disguised as fishing boats to transport the refugees first to Ranong then overland to Sadao District. At that stage, refugees were demanded to pay an additional 3,000 to 5,000 baht for transport to a third country. Some smugglers reneged on the agreement and increased the handling fee to 50,000 or 60,000 baht, threatening to kill the refugees if they did not pay or tried to seek help from the police. Other refugees died from their injuries or infections caused by the arduous and dangerous journey.

Expansiveness of the Human Trafficking Problem

Police Maj. Gen. Praween Pongsirin, Deputy Commander of the Region 8 Royal Thai Policy, headed the investigation into the Rohingya human trafficking case. The investigation took five months, resulting in warrants for the arrest of 153 persons, 91 of whom were apprehended. There were also charges of money laundering against 79 persons, 40 of whom were apprehended. These two groups of cases were referred to the provincial prosecutor for processing and forwarded to the Attorney General on October 1, 2015. All defendants faced charges of human trafficking in addition to other criminal offenses. The estimated amount of money involved in the human smuggling and extortion system was one billion baht.[1]

This was shocking news, especially when the first eight suspects turned out to be government officials: Mr. Prasit Lemlaw, Deputy Mayor of Tambon Padang Besar; (2) Mr. Asan Intanu, Member of the Padang BesarTambon Councilor, (3) Mr. Lee Karem, Headman of Taloh Village, Padang Besar, (4) Mr. Ro-e Sonyalae, Asst. Village Headman of Taloh; (5) Alee Samoh, Asst. Village Headman of Taloh; (6) Mr. Anwa, with Burmese nationality; (7) Mr. Panphon Benlatoh; and (8) Mr. Charoen Thongdaeng. Later, another suspect was identified as Lt. Gen. Manat Khongpaen, Senior Advisor of the Army, the highest ranking Thai official ever to be accused of human trafficking.

The investigation found that Rohingya refugees were transported in batches of 200 to 3000 persons at a time. The smuggling fees involved in each trip were about 10 million baht. Other accomplices included the boat owners, land transport vehicle owners, and influential persons along the way who offered protection. The number of Rohingya who had ever entered or transited Thailand in this way is uncertain but is estimated to be 100,000.

Summary of the Global Rohingya Refugee Population (inside and outside of camps)

Country	Number
Myanmar	800,000 - 1,500,000
Saudi Arabia	400,000
Bangladesh	300,000
Pakistan	200,000
Thailand	100,000
Malaysia	40,000
India	30,000
Indonesia	1,200
USA/Canada	1,000

Source: Rohingya Association[2]

The large amount of money to be made in smuggling the Rohingya refugees makes it that much more difficult to control. As evidence of the influence of the organized crime behind human trafficking, Police Maj. Gen. Praween Pongsirin resigned from his position and sought asylum in Australia since he felt his life was in danger after successfully prosecuting so many members of the trafficking gang. Undoubtedly, there are influential persons in the police and military who have some stake in the smuggling operations.[3]

Extreme Suppression of Human Trafficking

Police Maj. Gen. Aek Angsananon, in his then position as head of the investigation into human trafficking cases, said that the police were able to make an impact on the human trafficking of Rohingya in about one month after the discovery of the mass grave because of the strategy of prosecuting suspects for money laundering, since it was easier to prove wrongdoing for that crime. This broke up the trafficking system for the time being. Yet, the smuggling will surely return unless there is more intensive policing of the borders and transit points, especially in and around Ranong Province.[4] He further said that there has to be a three-pronged attack on the problem: Prosecution, suppression, and prevention. However, Thailand doesn't currently have the manpower or capacity to assist, screen and re-locate the Rohingya refugees that enter Thai territory illegally. Human trafficking in this part of the world is an international problem and requires a multi-lateral solution.[5]

International Conference on the Rohingya Refugee Crisis

Malaysia and Thailand coordinated with their neighbors to consider causes and solutions to the Rohingya refugee crisis during a 4-country summit in Kuala Lumpur (Thailand, Myanmar, Malaysia and Indonesia). One outcome of the summit was the agreement by Malaysia and Indonesia to provide humanitarian assistance to the refugees, and the Ministers of Foreign Affairs of Malaysia and Indonesia proposed the creation of a refugee center for 7,000 Rohingya still stranded on fishing boats in the Malacca Straits. This temporary solution was offered with the proviso that the refugees be repatriated to their country of origin within one year.

On May 29, 2015, Thailand hosted a meeting on irregular migration in the Indian Ocean, including the issue of the Rohingya refugees. Representatives from 17 countries attended including Afghanistan, Australia, New Zealand, Malaysia, Myanmar, Pakistan, Bangladesh, Cambodia, India, Indonesia, Lao PDR, Iran, Papua New Guinea, the Philippines, Sri Lanka, Thailand and Vietnam. Three core issues discussed were: (1) The need for urgent life-saving interventions for migrants stranded in the Indian Ocean; (2) The need to attack the process of the human trafficking; and (3) The need to address the root cause of the population exodus. The US vowed to support a multi-lateral effort to address the problem, Thailand agreed to open its air space so that US planes could survey the region, and the US pledged $3 million for the effort. Australian pledged Aus$5 million to Myanmar to address the issue there, adding to the assistance it had already given. Japan and Switzerland also pledged consideration and assistance for the problem.

US Still Rates Thailand at Tier 3

Even though there was increased international collaboration to address the Rohingya crisis and human trafficking, on July 27, 2015, the US State Department reaffirmed Thailand's placement on the Tier 3 (worst) level of countries with human trafficking problems.[6]

Thailand Will Not Give Up – And Will Continue to Address Human Trafficking and Migrant Labor

P.M. Prayuth Chanocha announced that he was pleased with the progress Thailand was making to combat human trafficking. He affirmed that the country would continue to combat the problem of illegal migrant labor in Thailand, including the deep sea fishing sector, and hopes that the global community will recognize Thailand's sincere efforts and progress in this area. In the words of the P.M. himself:

"The problem of human trafficking affects rights and freedoms of people, and is a violation of basic human rights...[5] The government is giving high priority to the prevention and suppression of human trafficking and is determined to eradicate human smuggling within or through Thailand's borders."

In these efforts to combat human trafficking, the Thai government also includes the movement of illegal migrants to Thailand for work, and illegal businesses which use foreign migrant labor for child prostitution or begging.

Summary

The trafficking of Rohingya refugees is a cross-border crime and stems from oppression of this Muslim minority in Myanmar. Gangs of middlemen have stepped in to exploit the refugees for material gain and extortion, reneging on promises of relocation to a third country. Refugees are abused, exposed to injury and infection, and sometimes killed outright if they refuse to pay ransom or try to seek police help. Thailand has tried to use law enforcement and prosecution to combat the gangs of smugglers. Thailand also provides humanitarian assistance to help address the problem at its source. However, the root cause of the problem is the political and ethnic strife in Rakhine State in Myanmar's western border. Thus, the involved countries need to have a coordinated and sustained effort to combat the problem at all stages. There needs to be collaborative monitoring and control of gangs and smuggling of refugees. This will also help to address problems of illegal, cross-border labor migration in the sub-region.

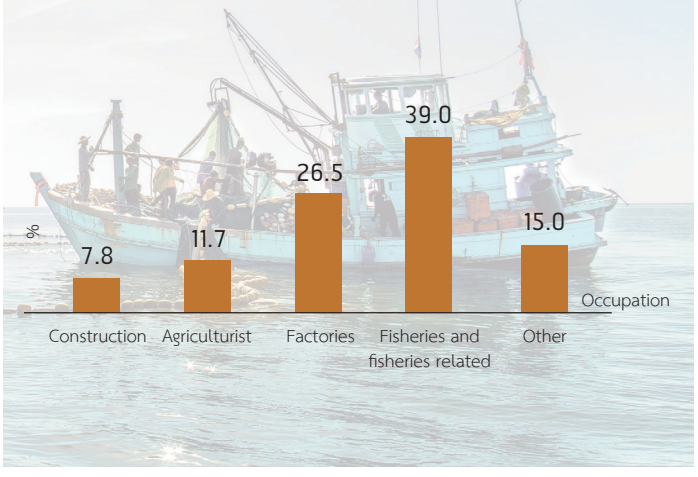
8

Thailand is Given a "Yellow Card" by the IUU. Is this Good News or Bad?

Thailand has been struggling to control the problem of human trafficking through its seas and territory for quite some time. The US State Department had classified Thailand on the Tier 2 Watch List as part of its annual Trafficking in Persons Report (TIP Report) in 2010.[1] In 2014, Thailand was further demoted to Tier 3.2 That ranking suggests willful neglect of the problem and could have harmful consequences for trade and Thailand's international image.[2]

It is undeniable that a significant number of illegal migrants seeking work in Thailand are transported by the help of agents and smugglers. Some of this movement is voluntary, but in other cases it might be coercive, deceptive or involve extortion. One problematic area is crew of deep-sea fishing boats. These boats are at sea for months or even years at a time, and thus it is very difficult to monitor the labor conditions at sea or how the crew are recruited and paid. The PHAMIT 2 Project, which works on HIV prevention and migrant labor, found that the occupations which had the least proportion of legal workers were deep-sea fishing boat crew and seafood processing worker. As a

Percent of Foreign Workers in Thailand without Work Permits by Occupation



Source: PHAMIT 2, 2014

result, Thailand was pressured by DG-MARE to urgently rectify the situation, starting in 2011. Inspectors to Thailand from DG-MARE found that Thailand had limited ability to control illegal deep sea fishing practices, and issued a "yellow card" for IUU Fishing (Illegal Unreported and Unregulated fishing) on April 21, 2015. DG-MARE further warned that, unless Thailand made progress to address the problem, they would be at risk of a "red card" which would limit the countries that could import seafood products from Thailand.

What is IUU Fishing?

Identifying countries with Illegal, Unreported and Unregulated Fishing (IUU Fishing)[3] is a mechanism of the European Union (EU) to pressure countries to comply with fair labor practices in producing seafood for export to any EU member country. The goal is to eliminate illegal fishing, illegal labor practices, and to protect the world's ocean life and habitat. IUU is more specific than the TIP classification and can result in the boycott of imports from violating countries. The most punitive action for derelict countries is the red card which results in boycotting all fish products from ships with that country's flag, except for cultivated shrimp or fish, or decorative fish.[4]

Impact of IUU Fishing

Sustainability of the ocean resources: In 2014, the UN's FAO found that the fish yield by Thai boats had declined by 39% between 2003 and 2012.[5] The cause was deemed to be overfishing, use of non-standard equipment and methods, and not protecting small, developing fish *("Both large and small fish are caught in the nets together*

without regard for protecting developing fish"–PHAMIT 2 Staff). There was fear that the entire eco-system was being destroyed and Thailand would have to become a fish importing country in the future.

Economic impact: As the Thai fish harvest declines, so does export revenue, reducing the value of this sector to the economy. Thus, being yellow-carded may be a good thing if it stimulates Thailand to take greater action to reform fishing.

Governmental Challenge: In fact, Thailand was not lax in responding to the IUU yellow carding and is treating it as a national priority. It set up a center to address illegal fishing practices, and mobilized both the public and private sector agencies and businesses to help Thailand shed its yellow-card status (Table 1).

The NPOA-IUU is in force as of October, 2015.[6]

Government Measures and Impact

If the government is successful in complying with the IUUD Fishing guidance, this could have an impact on stakeholders, including the commercial fishing boats and coastal traditional fishing practices. Most of the problem areas of illegal fishing concern the commercial fleets, funded by investors, whose main goal is to maximize profit. They are not concerned about sustainable resources or whether some species of fish go extinct. Thus, ever since the government announced the new regulations, these commercial fishing boat owners protested. The tighter restrictions and fewer fishing boats with permits had an adverse impact on the docks, ice factories, and

Action Plan of the Center to Combat Illegal Fishing

Component	Progress
1. Register fishing boats and issue permits to fish	50,970 boats have registered 8,024 boats have been denied registration due to illegal practices
2. Control and monitor fishing activity	The Department of Fisheries (DOF) has set up a center to control in-out movement of fishing vessels in 22 coastal provinces
3. Vessel Monitoring System (VMS)	The VMS is for large vessels (60 ton gross wt) and other fishing vessels. 4,986 vessels now have the VMS
4. Improving the traceability system	The DOF issues permits to catch certain types of fish, and spot checks catch at the ports
5. Improved laws on fishing	The new and improved Fishing Act has been reviewed by the National Legislative Assembly, and its approval was published in the Royal Gazette on April 28, 2015
6. The National Plan of Action on IUU (NPOA-IUU)	The Ministry of Agriculture and Cooperatives has drafted a NPOA-IUU and has received comments from the public and private sector, and will make final revisions to the plan.

Source: Commission for Advocacy of Strategy of the NCPO

seafood processing plants. The expansion and influence of large fleets of commercial fishing vessels had also squeezed out many of the traditional coastal fishermen, who were mostly subsistence fishermen.

Traditional Coastl Fishing: The IUU guidelines restrict the activity of trawlers with drag nets, boats with electricity generators, and other types of fishing which had reduced the stock of fish accessible to coastal fishermen. If the government is successful in implementing the IUU measures, this should greatly reduce overfishing, harmful fishing methods, and return the marine ecosystem to a more sustainable and stable state. That would help revive the livelihood of the subsistence coastal fishermen who had learned how to live in a balance with nature.

Human Trafficking: In addition to addressing the IUU challenge, Thailand needs to urgently and aggressively solve the problem of trafficking of boat crews in order to shed its Tier 3 rating in the next TIP Report. One strategy of the government is to regularize the status of all migrant workers in the country, including deep-sea fishing boat crews. There have been a series of campaigns and one-stop centers around the country to help unregistered migrants to enroll, including a special registration drive for workers in the fisheries sector.[7] The penalty for not doing so is lack of health insurance and potential for deportation to the country of origin if caught working without a permit. However, since boats are far out at sea for much of the time, many crew and boat captains may not know about the registration campaign, or may not wish to register. Also, when in port, the crew may not have enough time to register before going back out to sea. The government needs more flexibility and outreach to achieve greater coverage of registration.

Epilogue

The yellow-carding and Tier 3 rating is not something that Thailand needs or wants. But it may serve as a good warning and stimulus for action, like the steps the government is taking now. Not controlling illegal fishing is harmful to the economy, society and ecosystem. Having a fishing industry which is in balance with nature will improve the quality of life for people in Thailand and the eco-system of the ocean. Ideally, the commercial fishing owners and investors will see the merit in practicing safe, sustainable fishing methods, and only using legal labor.

9

The Explosion at Rajprasong Heard around the World– The Uyghur Issue

In mid-August 2015, Thailand made world news headlines when, at about 7:00 p.m., a bomb was detonated at the busy Erawan shrine in the middle of the commercial shopping district of downtown Bangkok. Twenty people died and 125 were injured in the blast.

Initially, many people hypothesized that the bombing must be related to domestic political conflict since the Rajprasong intersection was ground zero for Thai political protests of both opposing factions. However, after an intense investigation, it was determined that the bombing was a protest against Thailand for the deportation of Uyghur terrorist suspects to China instead of Turkey which offered asylum. In the immediate aftermath, Thailand was able to arrest two Chinese nationals of Uyghur ethnicity and charged them with the crime. Among the 20 dead were six Thais, five Chinese, five Malaysians, two from Hong Kong, and one each from Indonesia and Singapore. Most of the dead and injured were tourists.

The day following the Erawan shrine incident, another bomb was detonated at the Sathorn pier. However, there were no casualties since the bomb exploded under water in the Chao Phraya River. The NCPO announced that both incidents were probably the work of the same group.[1]

12 million baht bounty for capture of the man in the yellow shirt

Close-circuit cameras caught the image of a man who went into the Erawan shrine area and left a backpack next to the fence, just minutes before the blast. The man had Asian features but was not typically Thai. He wore an ordinary yellow t-shirt and came to the area by taxi and left by motorcycle taxi. The police posted a reward of 12 million baht (about $350,000) for the capture and successful prosecution of the "man in the yellow shirt." The police also said that perpetrators included both Thais and foreigners but were not part of an international crime or terrorist network.[2]

On August 29, 2015, 12 days following the bombing, the police arrested their first suspect: Mr. Adem Karadak, age 24, and a Turkish citizen with Uyghur ethnicity. The suspect was living in an apartment in Bangkok and had a large quantity of bomb-making material that matched remnants of the blast at Rajprasong and Sathorn Pier. Karadak also had hundreds of fake passports, and police suspect that additional bombings were planned. Under questioning, Karadak admitted to being the man in the yellow shirt.

Shake-up at Immigration

The arrest of Karadak led to the apprehending of other members of the network in short order. The next arrest was of Mr. Miaraili Yousef, a 26 year-old ethnic Uyghur of Chinese nationality. The arrest occurred at the Thai border town of Aranyaprathet (Srakeo Province), as Yousef appeared to be preparing to flee to Cambodia. Next, eight additional arrests were made, most of whom were Turkish nationals who had bomb-making material in their possession. An arrest warrant was issued for a Thai citizen, Ms. Wanna Suansan, the lady who rented the rooms in Minburi District where some of the suspects stayed, and her husband, a Turkish national. But both Wanna and her husband were able to flee to Turkey to evade arrest. The fact that there were so many foreigners producing bombs and traveling unwatched around Bangkok led to accusations of negligence for 16 police officers who should have suspected criminal activity.[3] Some officers were transferred, including immigration officials.[4] The bombing suspects said they had entered and left Thailand many times, and often paid bribes to Thai immigration officers (at Srakeo). This also led to a crack-down on immigration practices at Don Muang and Suvannabhumi International Airports.[5]

The bombings and world news coverage and embassy travel alerts caused an estimated loss of over 60 billion baht in tourism revenue, and cancellation of over one million tourist visits. The biggest impact was on tourists from China, South Asia, Singapore and Japan. Nevertheless, the

impact was seen to be short-term, and projections of the Thai GDP growth were still healthy at 2.5-2.9% for 2015.[6]

Confessions of the suspects

Mr. Karadak said he was given instructions to conduct the bombing by a Mr. Isan who was to arrange for Karadak to flee to Malaysia and then on to Turkey where his family was.[7]Karadak was born in Turkey but had migrated to Xinjiang in China where the Uyghur ethnic group is populous. In China, Karadak was given an advance to fund the bombing and travelled to Thailand via Vietnam and Malaysia. Karadak met Mr. Isan once while in Bangkok. Isan fled Thailand for Turkey before the bombing took place.[8]

Initially, the bombers did not know each other before hand, and each received instructions separately from Mr. Isan. Some material for the bombs was ordered over the Internet. Isan prepared the bomb and had Yousef deliver it to Karadak at Hualampong Railway Station. Karadak left the scene before the blast to change shirts and return to the apartment in Minburi. Meanwhile, Yousef remained in the area of Central World (near the Erawan Shrine) to make a cell phone video clip of the explosion to send to Mr. Isan. After transmitting the video clip, Yousef discarded the phone in Khlong SaenSaep Canal and returned to his apartment.

Revenge Bombing

The alleged motivation of the bombing was revenge for the action by Thailand to deport 109 Uyghur to China which effectively broke up a human trafficking network to transport Uyghurs to Turkey via Thailand. In 2014, 300 Uyghur had fled to Thailand from China, claiming persecution. The Thai authorities investigated the Uyghurs and found that 172 had no criminal record and were sent to Turkey as was their intended destination. However, 102 Uyghurs did have criminal records in China and, in March 2014, were deported to China. The remaining 60 Uyghur were detained in Thailand pending nationality verification. There was much dissatisfaction with Thailand's decision to deport the 109 Uyghur to China. The anger in Turkey continued to mount and, in July 2015, a large group of Uyghurs and Turks gatheredm at the Thai embassy in Istanbul to protest the deportation of the Uyghur to China.[9] The government of Turkey also condemned the Thai action.[10]The protests at Thai embassies spread to Germany and the US.

On September, 2015, the Military Court indicted 17 persons in the bombing events, including two Thai nationals. The conclusion was that the prime motivation for the bombing was the breaking up of the Uyghur trafficking network and deportation of Uyghurs to China. Some persons in the political sector charged that the government might ascribe a political motivation for the crime, but there was no evidence of that.[11]

The indictment included the following charges: 1. Conspiracy to murder. 2. Committing murder. 3. Bombing resulting in death. 4. Conspiracy to damage property. 5. Illegal possession of bomb material. 6.Construction of a bomb in an urban area. 7. Possession of terrorist strategies.

The Rajprasong bombing is one of the worst incidents of its kind in Bangkok. This was a dispute between two countries, with Thailand caught in the middle. Even though the authorities insist this was an isolated attack and not part of an international terrorism plot, the methods and consequences have the same effect, and this has tarnished the image of Thailand as a peaceful place to visit. Thus, Thailand needs to intensify its efforts to identify and root out criminal elements who use Thailand as a base for fomenting violence and terrorist acts.

10 Chao Praya Riverside Pathway: A Test of Community Living

The Thai Cabinet issued a resolution to construct a pathway along the Chao Phraya River, extending from the Rama 7 Bridge to the Phra Pinklao Bridge. The road would serve as a public bicycle path and place for exercise and relaxation. This concept is based on the Cheonggye Model in South Korea which impressed P.M. Prayuth Chanocha on a visit there. The Thai adaptation has still not been clearly fleshed out, with an analysis of pros and cons, impacts on the environment, law, society, community, utility, and cost-effectiveness of such a megaproject. The design has to be in harmony with the context. Thus, civil society, social interest groups and academics from many sectors have criticized the lack of details on the proposal. As a result, the government has put off the finalization of the project plan for the time being.

Background of the Project

During its May 12, 2015 meeting, the Cabinet approved the Ministry of Interior proposal to redevelop the riverside area with a pathway on both sides of the Chao Phraya River from Rama 7 Bridge to Phra Pinklao Bridge (seven kilometers per side). The estimated cost was 14 billion baht. The

Conceptual image of the Chao Phraya Riverside Pathway

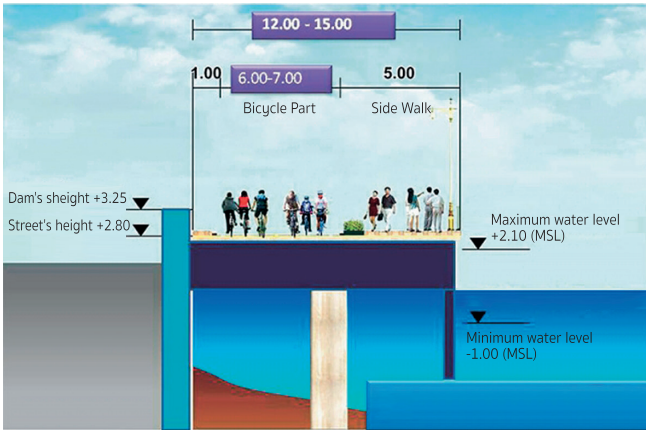
http://www.prachachat.net/news_detail.php?newsid=1431424293

intended use was for health-promoting activities such as jogging, walking, biking, along with places for rest and relaxation, sports and tourism. The pathway would be a safe place to enjoy the landscape, scenic views and landmarks of the city.

Phase 1 of the Project

https://www.google.com/maps/d/u/0/viewer?mid=1uSTR_5QA20eSQYsHySriGqRmul08

Design Concepts



http://m.prachachat.net/news_detail.php?newsid=1442390744

Initially, the government plan was to have the pathway cover the distance from the Rama 3 Bridge to the Phra Nangkalo Bridge, or a distance of 25 kms on each side of the river. The plan was to begin construction in January 2016 and be completed in 18 months.[1] But outcry from various sectors prompted the government to delay implementation. The Bangkok Metropolitan Administration (BMA) proposed a new timeframe for the Project with planning finished by June, 2016, and construction beginning in October.

Mr. Sanya Chinimit, BMA Clerk, explained that the planned width on each side would be 19.5 meters, and run 2.8 meters above the water level. The width was later reduced to 5–12 meters to reduce opposition from riverside communities. The pathway must not disrupt the flow of water, and must be high enough to exceed the height of the river at highest potential tide. The pathway must be able to accommodate both bikers and walker/runners, with a clear view of the landscape on both sides.[2] The reduced dimensions reduced the estimated cost to just over 13 billion baht, with 250 million baht for consultants and inspectors. Initial assessments concluded that the project would impact on eight Buddhist monasteries, 36 private and public piers, six schools and restaurants, 19 important sites, and 268 squatter households.[3]

Pros and Cons of the Project based on the Views of the Chao Phraya Riverside Consortium

Pros	Cons
1. Good use of public space for relaxation in a scenic area 2. Increases transit options for convenience, safety and non-dependence on fossil fuels 3. Addresses the problem of illegal encroachment on the riverside area	1. The height and walls of the pathway (2.8 m and 3.25 m.) will obstruct views of the local community 2. The construction obstructs the flow of the river by reducing the width of the river, speed of the current, and increasing risk of erosion damage to the banks 3. There may be a hidden agenda of converting the pathway into an access road for vehicles in the future 4. The pathway duplicates the direction of mass transit operations such as the Blue Line and Purple Line 5. The project wastes budget for care and maintenance; reduces access and views of the community and, thus, could be a place for crime or drug use. 6. The project obstructs the view of settlement features such as palaces, temples, and local communities which are a distinctive part of Bangkok 7. The project would cause water pollution and dumping of trash

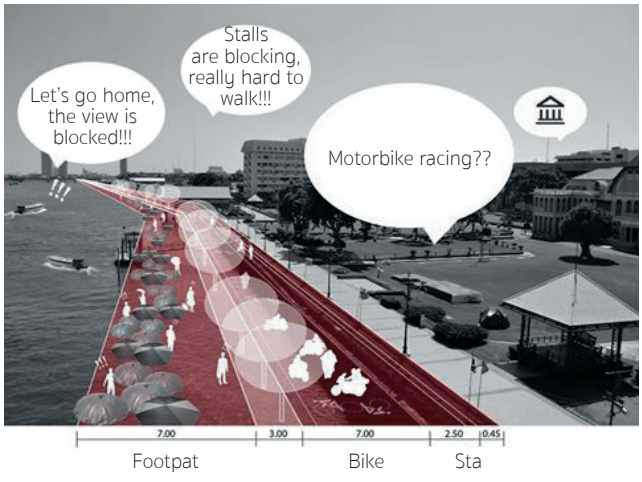
www.realist.co.th, www.change.org, www.manager.co.th, www.th.online-listing.com

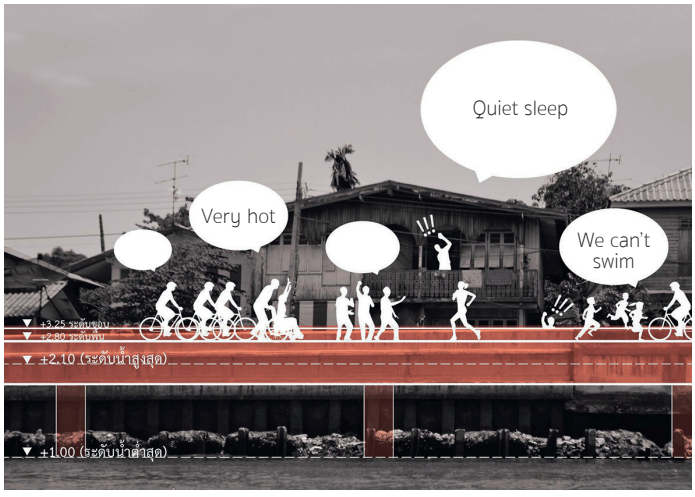
Voices of the Opposition

After the government released more details of the project, representatives from many sectors called on the government to reconsider the design out of concern that the construction would cause more harm than good.

The Chao Phraya Riverside Consortium is a collaboration of academic institutions involved in urban planning with representatives from agencies of Chulalongkorn, Thammasat, Kasetsart and Silapakorn Universities, the Association of Siam Architects, environmentalists, and civil society groups. These groups wants the government to conduct a more careful and comprehensive analysis of the optimal solution, rather than rush into construction.[4] The major complaints are as follows: (1) The width of the pathway need not be 19.5 meters; (2) There is a lack of linkage between the banks and use of the riverside; (3) There has been no impact analysis; and (4) There has been no opinion survey of the affected individuals and sectors.

Summary of Potential Problems from the Chao Phraya Riverside Pathway Project





Facebook : Friends of the River

The Chao Phraya Riverside Consortium has proposed the following issues for consideration: (1) The pathway should have the dimensions, design and utility that is appropriate and harmonious with the riverside context. The design should not be uniform along the entire length; (2) The pathway may run parallel to or over the riverbank, but must be integrated with the lanes, roads and footpaths of the community so that it seamlessly joins the existing transit network; (3) The design of the pathway should be done in conjunction with infrastructure improvements to the banks of the Chao Phraya for smooth integration. The pathway should not be so high as to appear as a wall. There should be a gradual sloping to/from the riverside.

The Friends of the River (FOR) group @ www.change.org opposes the proposed pathway project, and wants the government to start planning from scratch, through a careful process of study by public and private experts and local populations. This is a need to ensure an integrated construction and design and not just build another road.[5] FOR offers the following rationale for its objections: (1) The government is rushing this project too fast without comprehensive assessment by experts and participation of the local population; (2) The project will reduce the width of the river by 15-20%, and this will increase the current and accelerate erosion, and dangerously heighten the water level during periods of highest tides; (3) There will be more pollution and dumping into the river than is already the case; (4) The links between the community and riverside will be altered in ways that will reduce safety and increase places for criminal activity and unsavory behavior; (5) Having a uniform width and design for the entire length of the pathway is not consistent with the diversity of the landscape, use of the land, transportation network, and linkages in the area; (6) The project, as designed, is an unnatural construction in the river, altering the landscape on both banks, blocking the view of important architectural sites,

and could have an adverse impact on tourism; and (7) There is a lack of transparency in the budgeting of the project.

Academic Voice of Opposition

Asst. Prof. Srisak Wilipodom, a historian, does not agree with the proposed project because of its potential for destruction of community life along the river, which has historical significance for the country. The project could also destroy the landscape and scenic views of the riverside. The planners have not collected comprehensive data on design and consequences, especially concerning the preservation of places of historical value to the Thai heritage. The president of the Silapakorn Council, Mr. Paradet Payakwichian, feels that the government should seek the opinion of the public on this project, by holding forums for discussion with members of affected communities and potential users. A participatory process from the outset will ensure that the community will help to protect and maintain the project. The project should not be rushed. Mr. Sumeth Na Ayuthaya, 1998 National Artist in the Field of Architecture, observed that the proposed pathway is made of reinforced concrete. That material may clash with the riverside environment and obstruct water flow and the landscape. A floating promenade might be more appropriate.[6]

Hiring the LatKrabang Technology University to Study the Project Proposal

On December 23, 2015, Field Marshall Anupong Paochinda, Minister of Interior, stated that the Chao Phraya Riverside Pathway Project was conceived out of a desire to provide all people in Bangkok greater access to the river, not just those riding on boats and ferries, or riding in cars and buses over bridges. The river passes by important

landmarks of the city and nation, such as the Grand Palace, and the Temple of Dawn, among many others. Despite these good intentions, it is important for the population to review and accept the project, based on factual information. Field Marshall Anupong went on to say that some of the information about the project in the media is not factual. For example, the current design ensures that the pathway will not be flooded as some have charged.[7] Then, on January 20, 2016, the BMA announced that it was in the process of contracting with the King Mongkut Institute of Technology (Lad Krabang) to study the proposed design, and to prepare an environmental impact study. The BMA awarded 120 million baht for this study which is expected to be completed by June 2016, with completion of the final project design by September, 2015. The BMA projects that construction could begin in October, 2016.[8]

Summary

The Chao Phraya Riverside Pathway Project was initially developed by collaboration of the Ministry of Interior and the BMA. The project was intended to expand the public access area in close proximity to the river. However, the process of design and proposal development was not comprehensive and did not have enough input from the community, academics and civil society to ensure that the project is consistent and integrated with the culture and lifestyle of the riverside communities. The riverside is part of the Bangkok (and Thai) cultural heritage. However, the government wanted to rush into construction before careful consideration of the potential impacts. Further, the details of the plan were not all clear or openly shared with the public. As a result, the voices of opposition to the project became louder and louder. This prompted the BMA to commission a proposal review and impact study. This is a lesson for the government when designing public projects. The government needs to be comprehensive in its concepts and design, with careful consideration of social, community and environmental dimensions. This will promote acceptance of projects by the public, who will then support and protect them as enhancements to their improved quality of life through community development.

4 Good Health Practices for the Thai People

UNESCO lauds Prof. Puey and M.R. Pia as Honored People of the World

The 38th General Assembly of UNESCO in Paris on November 19, 2015 was noteworthy for the recognition of Dr. Puey Ungphakorn and M.R. Pia Malakulas Honored People of the World for 2015-16. Both honorees made important contributions to Thai education, society and the humanities. Dr. Puey was Governor of the Bank of Thailand and Rector of Thammasat University. He would have been 100 years old on March 9, 2016. M.R. Pia was the Minister of Justice, and played an important role in education reform and creating the foundation for post-secondary education in Thailand. M.R. Pia died 100 years ago in 1916. The UNESCO global recognition of these two men is a great honor which Thais and Thailand can be proud.

From 1962 to 2015, UNESCO has honored 26 important Thai persons/events such as the 50th year of the Reign of King Bhumiphol Adulyadej, the 100th anniversary of the birth of the Princess Mother, the 100th anniversary of the birth of Kukrit Pramote and the Royal Consor tNgarmjit Burachat, among many others.

The UN praises Thailand for eradicating mother-to-child transmission (MTCT) of HIV

Thailand is on the verge of eliminating MTCT of HIV, and has reduced the transmission risk from 20–45% in 1988 to 2% in 2014. Thus, Thailand is considered one of the first countries in the developing world to virtually eradicate MTCT of HIV. The UN recognition praises Thailand for its public health management of the MTCT program, its laboratory capability, and respect for human rights. In 2015, Thailand intensified outreach to further reduce MTCT of HIV by providing highly active anti-retroviral therapy (HAART) for HIV+ pregnant women, and to continue provision of triple therapy post-partum. The infant receives highly sensitive tests for HIV infection which is only possible with a highly equipped lab and well-trained technicians. Infants are also given a neonatal course of anti-retroviral treatment and are monitored closely in the first months of life. Infants born to HIV+ mothers are given breastmilk substitutes up to age 18 months to prevent HIV transmission via breastfeeding. The rights of all HIV+ pregnant and post-partum women are fully protected.

Thailand has been elected to chair the G77 meeting

The 39th ministerial-level meeting (Group of 77) was convened on September 24, 2015 in New York City. At this meeting, Thailand was elected to chair the 2016 meeting of the G77. This reflects the confidence in Thailand in the international arena, and the leadership role of Thailand in promoting collaboration among developing countries. The G77 strives to promote economic collaboration among members, and join forces to increase bargaining power at the UN. Indeed, it is the largest group of (loosely) aligned countries in the UN. Thailand is one of the founding members of the G77 which currently has 134 members. Being elected to the chair of G77 elevates Thailand's status on the world stage. Thailand will work to promote cooperation among G77 members and between the G77 and other groups, e.g., North-South cooperation. Thailand's progress in applying technology for development, promotion of gender equality, and universal health insurance coverage for all Thais are important factors in gaining the trust of the G77 members to appoint Thailand as chair of its 2016 meeting.

Mahidol University Produces a 100% Effective Vaccine to Prevent all 4 Strains of Hemorrhagic Fever

Thai health scientists have achieved great success in producing a vaccine which is 100% effective against all four strains of hemorrhagic fever through a single injection. Dr. Suthi Yokesarn, Chief of the Vaccine Research and Development Center, Institute for Molecular Biology, Mahidol University, announced the first laboratory development of the vaccine. The subject develops immunity within 14 to 28 days after inoculation, which should last from five to ten years. Currently, the vaccine is being tested in humans and should be available for widespread use in 2020. A Japanese company has been granted the rights to commercial production. In addition, the Faculty of Tropical Medicine of Mahidol University developed a vaccine for hemorrhagic fever in 2012 with about 60% effectiveness. They expect the vaccine to be available for use in July 2016. Researchers in other countries are also trying to develop these vaccines. Dr. Thomas Chambers of the University of St. Louis discovered a vaccine for hemorrhagic fever in 1997, and the University of St. Louis currently owns the patent on that product, while the Sanofi Pasteur Company in France handles commercial production (of Dengvaxia). That vaccine was the first of its kind in the world and cost $1.6 billion to develop. The vaccine is 60% effective in prevention of dengue and reduces severity of symptoms in 80% of cases. Thailand is currently considering the registration of the Thai-developed vaccines. It is expected that, once registered, the vaccine will be used in 20 countries with a combined population of 2 billion people.

Each person should have
self-determination of their life and their death,
since both are inter-related

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A Good Death:

Alternative Option

A Good Death: Alternative Option

All humans -- children or adults, the fools or the wise, the rich or the poor -- all are heading toward death.
Tripitaka, Vol. 10, Item 108

Death is the duty of the body and is unavoidable, but should be welcomed properly.
Buddhadasa Bhikkhu

Introduction

Nature presents us with the prospect of death as soon as we are boon. Death is one thing that all living humans have in common, regardless of income, social status, heroes, ordinary folk, the meritorious and the sinful. This is the truth. What is different however, is how people die. There may be a peaceful, natural death, or a painful death with suffering either from the failing body or attempts to postpone death as long as possible.

Death itself is not a matter of choice. However, ***how one dies*** is something that can be predetermined in many cases. Ideally, as a personal goal, each person would be able to determine how they die.

However, the trend today, with advances in medicine and medical technology, is toward prolonging life as long as possible. Thus, many people relinquish control of decisions in the final phase of their life to someone else, whether that

person is their physician or a close relative. In fact, these efforts are merely delaying the inevitable, and not necessarily improving quality of life. Indeed, in many cases, medical intervention at life's end merely prolongs or adds to the suffering. This can be equivalent to a living death and can place a heavy emotional and financial burden on the surviving relatives.

Why should someone give up control of their decisions, especially about something as important as end-stage medical care and how and when to die? Each person should have the right to deny treatment just to extend life for a short period of time if that would involve more suffering and no/lower quality of life. We should all have the right to a peaceful, painless and dignified death.

Would it be better if each of us could predetermine our death by preparing a "living will" while still of sound mind and body? The living will may specify the withholding of treatment or clinical measures merely to extend one's life in a meaningless way. Would it be better if we are prepared for the unavoidable instead of trying to escape from it? And wouldn't it be better to adopt a frame of mind of acceptance whenever death may arrive? In this way, one is free of the worry of unanticipated death, and is always in a calm state of mind when that time comes.

Yet, how can that be achieved when so many persons in a terminal condition find themselves in a hospital with equipment and specialists who have been trained to do no harm and fight illness and death with all means possible? Further, many of the bedridden have relatives who implore the doctors and nurses to keep the patient alive, and are willing to spare unlimited expense toward that goal either out of compassion or fear of retribution for not having done enough.

Today, many Thais are not ending their days peacefully or naturally. Instead, they subject themselves to a battery of treatments and procedures which only weaken them. This is even truer of the well-to-do and higher class individuals in society.

Isn't a good death everyone's right?

This report aims to make the case that medical care for the sole purpose of extending life without quality or reduced suffering, without hope of a cure, is something that the patient should be able to deny for themselves – and should deny. The surest way of having this preference honored is to put the instructions in a signed *Living Will*. At the very least, one should make sure that one's closest relatives understand these wishes as they need to prepare themselves for that day so that the death can be peaceful and natural for all concerned.

Religion, Medicine and Death

Among all the academic fields that humans have created, none has focused more on death than religion and medicine. Although religion does not directly deal with curing the illness and the cause of death, it is influential in defining death and what happens after death, including what a 'good death' is. A person's religious affiliation is a strong determination of how they deal with death and how it should occur. Modern medicine, on the other hand, which has evolved primarily as the science of combatting death, greatly influences how people die, in particular, when death should occur and the condition of a death.

Based on views of death, religions may be classified into two groups: One group views death as a natural transition from one stage to another. This view is popular in Hindu and Buddhist religions.

Buddhism, for example, views life as consisting of matter and mind (so-called *pañcakkhandha* or the 'five aggregates' of corporeality, feeling, perception, mental formations and consciousness). According to this view, death is a total transformation of all life aggregates depending on causal conditions; as long as these causal conditions remain, life continues to exist. Rebirth is possible in so far as there are causal conditions and good or bad karma. Birth and rebirth will no longer continue when an individual has reached nirvana, an 'unconditioned' state whereby life is absolutely free of all defilements and attachments. The other viewpoint is that a person is born only once, and death means no earthly rebirth. The nature of the afterlife depends on a God, and assignment to Heaven or Hell based on the person's acts while still alive. In this viewpoint, life on earth is temporary but is important in defining one's prospects for an afterlife. Theistic religions with an absolute God (particularly, Christianity and Islam) share this view.

These belief systems influence how their practitioners view death. In the Hindu and Buddhist traditions, followers tend to have a fatalistic acceptance of death, since they believe that there is an opportunity for re-birth.[1] The second belief system does not allow for a second chance, and this causes its practitioners to become fervent about how they and others carry out their present lives. Life then becomes a fight against time and must be maintained as long as possible until salvation is secured. They accept the inevitability of death, but are driven to secure a place in Heaven.

In the midst of the second traditional belief system has emerged the dominance of modern (Western) medicine which provides a short-term solution to death. This is perceived as promotion of viability for as long as possible or, in other words, to deny death. This optimistic outlook certainly confers benefit to many individuals and society, and helps to advance the cause of modern medicine by extending the quality of life for the majority of patients. In this way, modern medicine is consistent with instinctive self-preservation and fear of death (i.e., fear of the unknown). Thus, modern medicine hardly even questions the desire to prolong life, nor does the average citizen who wants to live as long as possible, despite the suffering that may entail.

Even as well-intentioned as modern medicine is to prevent death, it must be acknowledged how much harm and suffering that mission can create for many individuals. The fact is: not only are the attending physicians trained in their profession to do everything possible to keep the patient alive, but they also receive pressure from close relatives of the patient to do whatever is possible to spare the life of the patient. The result is often invasive or hurtful procedures by using so-called 'life-saving' medical instruments which only worsen the suffering of the dying patients, only to allow them one more breath. The outcome of this strategy is often a living death, which is satisfactory to no one. This process only adds costs to the hospital, relatives, and government; it hardly improves quality of life of the afflicted, nor is it good for society at-large.

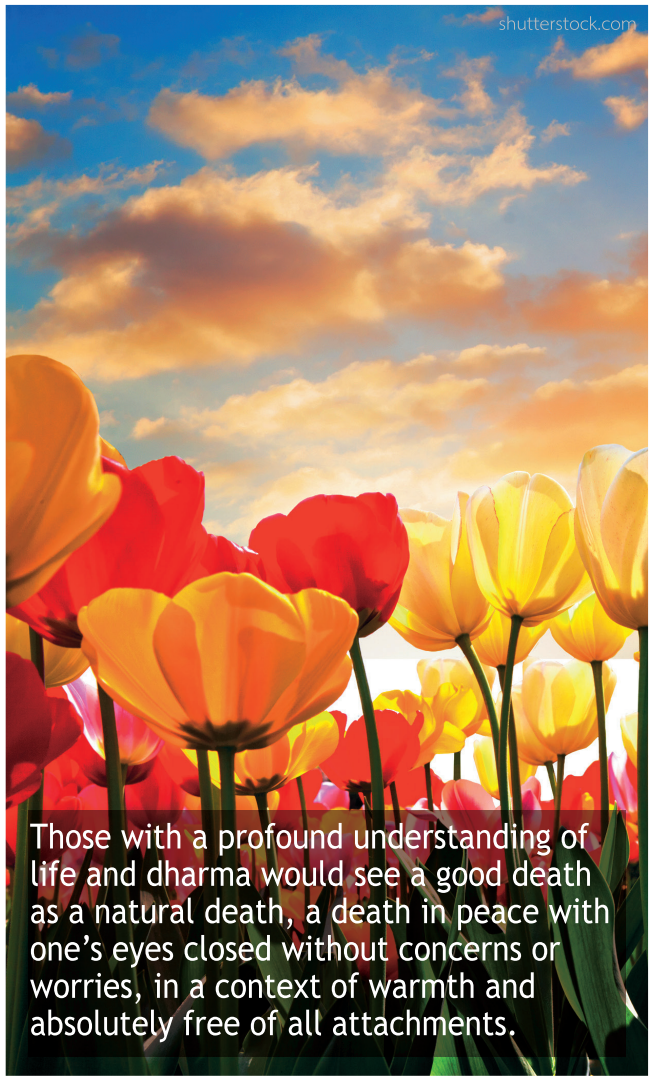
[1] Some Buddhists believe that the Lord Buddha had to experience 500 rebirths before enlightenment, while ordinary practitioners may have to endure hundreds of thousands of lives until they can eradicate all worldly temptations.

A Good Death: What Is It Like?

Just as humans have the opportunity to pursue a comfortable life, they should aspire to a peaceful and natural death. The question is: what constitutes a good death? Most people view death as a loss, a departing, and something fearful. If people think this way, how can any death be good?

There are more ways to view death than merely its negative side. If people gain a more profound understanding of the nature of life, then death will be seen as less negative, and this can help them attain peace of mind. While still alive, people can use the concept of death as a reminder to live a mindful life, to engage in good pursuits, correct wrongs, and steady oneself for a peaceful, natural death.

But what is a *good death?* This can be answered in many ways, and depends on our initial viewpoint of death, our spiritual beliefs and the cultural context. For persons who are addicted to the materialist consumer culture, a "good death" might be one after they have already attained all the wealth and material possessions they desire. But it is questionable whether such a death after surfeit, as in sexual intercourse, could possibly be a good death. Others may view a good death as one without prolonged pain or suffering. In that viewpoint, sudden death (e.g., electrocution) would be painless and, thus, good. But is that true? One view is that a death in the process of serving one's country, cause or idealology is a good, or honorable, death. But are the soldier's death on the battlefield or the suicide bomber's death good deaths? Then there are the religious adherents who say it does not matter how one dies, just as long as you go to Heaven or a divine place. But that type of afterlife is not something anyone can be sure of in advance. Thus, it would be premature to call it the death "good."



Those with a profound understanding of life and dharma would see a good death as a natural death, a death in peace with "one's eyes closed" without concerns or worries, in a context of warmth and absolutely free of all attachments.

1) A natural death

Birth and death are the nature of life. There is no birth without death. The only way to stop death is to stop birth. People in a Buddhist society often hear the truism about birth, ageing, illness and death. But many people view birth and death as opposite ends of a life course which have nothing to do with each other. However, if one

views birth, ageing, illness and death as part of a linked continuum or transition then a new paradigm emerges.

For all people, development in the life stages is almost automatic, programmed by genetic triggers and the gradual exhaustion of cell replication. Indeed, almost immediately after birth, ageing, illness and dealth are triggered off. In this view, ageing is a physical transformation from one state of life to the next – such as from infancy to childhood, adolescence, adulthood and elderly, or even from a state of being today to a different one tomoorow. Put differently, physical growth is an ageing of the body; one does not have to wait until the age of 60 or 70 to be old since ageing works on us everyday. Similarly, we experience pain or illness everyday and at all states of life, in different forms and severity. Ultimately, even sitting or standing too long causes some pain to the body; not eating a meal at the time we should can cause some sickness; the same is true for too much cold or heat. In short, illness is an uncomfortable state that we experience on a daily basis. Yet, most people take illness to include only the unhealthy state of the body and mind caused by some kind of disease or disorder. Death, too, is occurring everyday while a person is still alive. Biologically, our body cells do not last forever; old cells die and new ones are generated continually. In psychological terms, we also experience birth and death all the time. Each day several thoughts and emotions (desirable, undesirable, good, bad, etc.) occur in our mind in such a way that our mind is conditioned differently. Metaphorically, we (our mind) are 'born' to one thought or emotion at one moment and 'die' from it at the other. Viewed in this perspective, the whole life of an individual is nothing more than a natural process of birth, ageing, illness and death that goes on according to many changing causal conditions.

Since most of us tend to perceive death as a state opposite to living, we fail to realize the natural aspect of it. In fact, just as life is subject to natural and causal conditions, so is death. A good death should be one that occurs naturally without too much intervention. It can be achieved by denying excessive medical processes only to delay the inevitable without any improvement in quality of life. Indeed, in most cases, medical intervention to prolong a terminal condition is not the decision of the patients themselves. Instead, it is the decision of the immediate relatives, physician or other close acquaintances. While modern medicine can keep the lungs breathing and the heart pumping, prolonging the inevitable, more often than not, adds to the suffering of the terminally ill and those near the end of life.

2) A peaceful death without worries and fear

For many people, the fear of death is the fear of pain or suffering due to the cause of impending death, the sadness of leaving one's loved ones, and the anxiety about facing the unknown. Research has found that the greater the fear of death, the greater the suffering in the final stage of life.

Some people with terminal conditions may be concerned about distribution of their assets or property, conflict among surviving relatives and heirs, outstanding debt, unfinished business/ obligations, and burdens on others as a result of one's death. Having these concerns at the time of death is what Thais refer to as "dying with one's eyes open," which is not considered a good death.

In the Buddhist perspective persons near death might experience two types of vision *(nimitta - mental image)*: 'karmic vision' (*kammanimitta*) which is a mental image of all the significant events of one's life (good and bad) passing before their eyes. A second near-death vision is 'premonition'

(*gatinimitta*), or a portent of what it will be like after death of the body. The nature of these visions may determine the mental state of the dying individual just before the point of death. Both visions, if bad, could terrify a terminal patient so that his/her mind is not in peace in the critical stage of life.

The venerable monk, Phra Paisal Wisalo, who has extensive experience in assisting persons to transition through the final stage of life, found that the more anxiety persons feel near death the more suffering they experience. Those who are more accepting of death as a natural transition are more peaceful and calm, and are able to minimize the suffering. Thus, end-of-life case management should include mindfulness counseling as well as clinical care.

To minimize fear and suffering at the terminal stage, one has to have the right understanding of the nature of life and death, especially that death is a natural part of life. Such understanding is essential for acceptance of the death with a peaceful mind which could considerably reduce fear. On the contrary, if the person perceives death as a loss or the end of everything, then death could become most frightening. Shedding such sense of fear and loss is a key to facing death with equanimity.

3) Death in a warm, compassionate setting

This is a social dimension of a good death. Ideally, a person in the terminal stage should spend his/her last days and hours in the context of a warm and compassionate setting, with loved ones nearby, and as normal activities as possible. However, in fact, what happens in so many cases is that the terminally-ill individual, especially the elderly, is still receiving treatment in a hospital setting. Hospital patients almost always cheer up when relatives or close friends visit. That is not possible however if the person is confined to the ICU, which is inaccessible to those other than the attending clinicians. The only sounds are the beeps and whirs of the many life-monitoring and extending machines. These are frightening and unfamiliar settings for most individuals. The only interactions with humans relate to treatment and assessment of clinical condition. Some patients actually need to be restrained lest they remove tubes or other life-support lines and probes. At least in the past, when Thais took their ill relatives to the hospital, they would make sure to return the patient to the home setting if there was no hope for a cure. This was done out of compassion for the patient so that they could spend their final days and hours in a familiar home setting with loved ones. By contrast, at present, more and more Thais are dying at the hospital. This virtually eliminates the chance for a good death, since most terminally ill still have the need to feel part of a familiar community with social relationships.

4) Death with the mind free from all attachments

Buddhism holds that a death with a peaceful mind free of all attachments is a good death. Other religions might express this as the person giving him-herself totally to nothing but God. Such a free mental state is the lightest way to go and virtually ensures a good death. But this state of detachment is not easy for most people to attain, especially in today's materialistic society. The late Venerable Buddhadasa Bhikkhu emphasized that when in the terminial stage one should free his/her mind from all attachments, regardless of good or bad, and from clinging to the concept of "Me and Mine." The mind that is without all attachments is free and relaxed. Dying in such a state of mind is a good death. According to Buddhadasa Bhikkhu, one need not be a serious student of dharma to obtain this state of mind, "Regardless of whether one is a good or bad person, in the last moment one should be

mindful, free the mind from all attachments and drop personal clinging to the idea of 'Me and Mine'. A good death will thus be achieved."[2] However, there is no need to wait until the last moment. Any individual can begin this starting today, and enjoy the spiritual benefits that accrue almost immediately. In so doing, one is practically "preparing for dying" to ensure a good death well before it comes.

Ven. Buddhadasa Bhikkhu also espoused the concept of "dying while living" (See Box 1 for his poetic summary of this concept). This may sound contradictory, but the meaning is profound. This can be pursued by turning away and letting go of all the 'things' that may make one feel bad or good, so that the mind becomes free of all attachments. No more "Me" and "Mine." Although this may be hard to do in routine life while one is healthy and involved with work and society, one can intensify this practice when in the final stages of life, and still derive full benefit.

Such a good death is not impossible. Many persons seemed to have achieved a good death as described so far. Ven. Buddhadasa Bhikkhu himself certainly did, as he practiced diligently well before his own death. He even made it clear to all people close to him that he wanted to pass away in a natural way without aggressive medical intervention just to prolong his life only for a short time. Although his wish was not properly honored, this did not seem to make much difference for him since he seemed to have had already reached the state of 'dying while still alive' (See Box 2).

BOX 1
DYING BEFORE DEAD

DYING MERELY TO BECOME A GHOST,
WORTHLESS IS SUCH ABNORMAL CODE
LIFELESS ONE JUST ENDS IN BURYING
GRACEFUL BUT DYING WHILE LIVING

NEVER A GHOST IS 'DYING BEFORE DEATH'
NONPERISHABLE IS SUCH WHOLESOME PASSING
TRULY IMMORTAL AND WITH NO PAIN
NO MORE BIRTH DOES IT ENTAIL.

PUZZLED AND SCEPTICAL THE DISCOURSE IS
RHETORICAL AND SENSELESS IT MAY SOUND,
YET PROFOUND AND ATTAINABLE IT IS BOUND
TRULY DEATHLESS IS HE WHO KNOWS HOW.

(Translation: Chai Podhisita)

A learned Tibetan Buddhist Lama, Sogyal Rinpoche, wrote *The Tibetan Book of Living and Dying*, which has been disseminated throughout the world. A key part of the book states that a peaceful death "*is an important and genuine human right, perhaps more important than the right to vote or other secular rights according to civil law.*"[3]

[2] Seminar on "Death as viewed by Buddhadasa Bhikkhu" presented by Dr. San Hatthiratana, in the document: **"Death as viewed by Phra Buddhadasa Bhikkhu"** (2nd Printing) Buddhika Network Printing House. 2014

[3] Sogyal Rinpoche. 2015 Door to a New State of Being: Tibetan teaching on preparation for death and assisting those near death. Vol 2 (6th Printing). Phra Paisal Wisalo, translated from *The Tibetan Book of Living and Dying, Vol. 2.* Bangkok. Komolkhimtonh Publishing.

Box 2
The Disembodiment of Buddhadasa Bhikkhu

drawing: Kamolthip Chuenglertsiri

Phra Dhammakosajarn (1906-1993), or Buddhadasa Bhikkhu of Suan Mokkhapalaram (Wat Tan Nam Lai Monastery), Surat Thani Province, was one of the most revered monks who was well-versed in Buddhism. He preached based on his own practice and experience. An important theme of his teachings was the need to detach from material possessions and ego, no matter if those things gave pleasure, fame, friendship, knowledge, or goodness, or if they caused harm, loss, gossip, slander, estrangement, injury, illness or death. Buddhadasa Bhikkhu taught that all things, even life itself, must be let go of, since change is inevitable and constant. There can be no finite self in such a condition of existence. All this is to free one's mind from attachments.

According to Buddhadasa Bhikkhu, death should be viewed as a natural phenomenon and companion to birth. There is no altered state. It is our duty to prepare ourselves properly for death, by totally accepting that death is a natural event and must not be feared. Buddhadasa Bhikkhu introduced the concept of 'death before dying' (or dying while still alive) by which he meant dying or letting go of all that are good and bad with no attachment to anything whatsoever. Only by practicing this one is able to face death with a calm, free and lightened mind.

With his profound understanding of death and life-long dharma practice, Buddhadasa Bhikkhu must have died before his disembodiment by extinguishing attachments of all kinds and the sense of 'self'. He said, *"Death will occur when it is time. There is no need to resist or struggle against it. Having a heart transplant to extend life is nonsense, and only practiced by those who do not understand life and death. Without the skill for dying, that person will die an unusual death. A lack of acceptance of death is a prescription for an unusual death."* Buddhadasa Bhikkhu did not leave any written documentation about his death. Instead, he instructed his assistant as follows: *"When I am critically ill, do not use any technology to extend my life. That is contrary to nature. When the time comes, do not use any life support interventions. Just follow the footsteps of the Lord Buddha, our master."*

When Buddhadasa Bhikkhu became critically ill in 1991 (heart failure, pulmonary edema) and again in 1992 (stroke), his colleagues did not take him to the hospital. Instead, they provided palliative care for him at the monastery, as he had instructed. When Dr. Prawet Wasi, one of his acquaintances, asked if he would prefer to be treated at a hospital in Bangkok or Surat Thani, or in the monastery, he responded: *"Please, please do not do anything to try and cheat death."* When Buddhadasa Bhikkhu had another stroke on May 25, 1993, he was rendered unconscious and was taken to the Surat Thani provincial hospital. After two days, he was returned to the Monastery in a comatose state. The next day, he was taken to Siriraj Hospital in Bangkok where, for a period of 40 days, the attending physicians did everything they could to keep him breathing and his heart pumping. Ultimately, the team of physicians acceded to the requests of Buddhadasa Bhikkhu's disciples to return him to the monastery in Surat Thani on July 8, 1993. Minutes after arrival, he passed away.

The unnaturally prolonged death of Buddhadasa Bhikkhu is a great lesson for treatment of the terminal patients that their living will and dignity should be respected and adhered to by all concerned.

Source: *Death in the Viewpoint of Buddhadasa Bhikkhu* (2nd Printing, 2014)

As humans, one should be able to live a life that is "full of comfort when still alive and blissful when passing away."[4] Ideally, one should begin the path toward a good death by engaging in necessary preparation as far back as adolescence when the body and mind are strong and approaching their peak, just as one prepares for a good life. But how best to prepare oneself for a good death? The following are proposed methods of preparation:

(1) Prepare a *living will* while still of sound mind and body to inform relatives, close acquaintances and physicians, that no extraordinary measures should be used to keep the person alive if in the terminal stage of life. There should be no, or least, suffering due to end-of-life treatments or medical procedures. The signed document should be supplemented with discussion with close relatives and personal physicians to make sure they intend to comply.

(2) Prepare one's mind for death even though death is not imminent. This includes practicing each day as if it was one's last. That means making every moment, thought and action a quality moment, thought and action. This will involve periods of meditation on death until one is able to calmly accept the inevitability and naturalness of death, with no need to fear it.

Living Will

Some people believe that dying unattended is preferable than dying with tubes and sensors sticking into the body. Thus, it is preferable for people who are terminally ill or nearing death to be able to refuse medical procedures and medicines to prolong a life of little quality. Those who wish to have these life-extending interventions may of course have them. However, there should be an option to decline these interventions, since it is their life and death to manage.

Phra Payom Galyano, Wat Suan Kaew Monastery
(From 'Food for Thought', TV Channel 11, June 8, 2011)

When, near the end of their life, the ill and infirm must have the right and ability to stipulate how their case should be managed. Those desires should be respected by family and physician.

Dr. San Hatthiratana, Emeritus Professor, Faculty of Medicine, Ramathibodi Hospital
(From 'Food for Thought', TV Channel 11, cited in: "Dying with Dignity).

From Custom to Law

In the past, it was a common practice for Thais to take their terminally ill or aged relative back home from the hospital in order to be able to spend their final days at home, in familiar circumstances surrounded with loved ones. This practice, condoned by the patient, their family and the clinicians was, in effect, accepting the inevitable and not prolonging the suffering by implementing life-extending interventions. It was also a compassionate gesture to allow the patient a death with dignity. Returning home in advance allows relatives in Buddhist families to recite certain verses from the scriptures (e.g., *bojjhanggaparitta* – the constitutents of Enlightenment) or invite monks to perform the *pangsukula* ceremony (chanting of the verses on the impermanence of all things). Christian families could invite their local parish leader to hear a final confession or administer last rites (absolution) to speed the near-deceased to Heaven. Muslims practice reciting certain lines from the Al-Quran especially *"la ilaha illallah Muhammadur rasuulullaah"* (there is no god other than Allah, and Mohammed was his prophet). Relatives might also read portions of the Al-Quran to the dying person, especially the *"Surah Yasin"*; some might also read *the "Surah Al-Falaq"* (verse of the dawn) and *"Surah An-Naas"* (verses on the mankind). These practices are to help the dying to achieve peace of mind at the time of death. Returning home before death also allows the conscious person to give final instructions about inheritance and settling unfinished business. Even though this may be a sad time for all, it is done in an atmosphere of warmth and relief of burdens. This enables a good death.

[4] Phra Thampidok (P. A. Payutto). 1999. "Living is comfortable, dying is bliss." Bangkok. Mahachulalongkornrajavidyalaya Printing House.

Unfortunately, at present, fewer people are being allowed to die at home. Now that hospitals are more numerous, proximal and equipped with modern technology, more people prefer having their terminally-ill relative admitted to the hospital for life-extending care. This is not always the best choice in cases where the patient is isolated in a critical care ward, separated from relatives and loved ones, and in which the clinicians are focused on treating the incurable illness, rather than helping the person be as comfortable as possible and transition peacefully. Significantly, the terminal patients do not have the primary say in determining where and how they end their life.

Over the past two decades, an international movement has emerged to assert the right of the patient to determine whether or not to have life-extending interventions when no improvement in quality of life can be reasonably expected. The right of self-determination of the patient is being portrayed as a fundamental human right or a patient's right (1981, revised in 2005). Exercising this right would open the possibility for a natural death in appropriate surroundings.[5]

In Thailand, the concept of a patient's rights and self-determination to consent to or decline extraordinary care began at least with the death of the late Ven. Buddhadasa Bhikkhu in 1993 (if not before that). The Thai movement gained momentum in the year 2000 with formal health reform and a draft 'national health law'. But it wasn't until 2007 that the National Health Act was approved by parliament (See Box 3 for development of Article 12).

Article 12 of the health law affirms the right of individuals to prepare a document which expresses their wish to refuse health or medical care with the sole purpose of extending life without quality. The law also absolves the attending clinician(s) from wrongdoing or legal action as a result of honoring the patient's decision to deny end-of-life intervention.

The language in Article 12 might seem revolutionary, but the human right to deny public health care has always been there, at least implicitly. In fact, in the past many people did exercise this right. But the problem arises when terminal ageing or illness incapacitates the person so that he/she cannot make lucid, independent and informed decisions, and someone else steps in to manage the process. In this sense then, the advantage of having Article 12 is that it motivates individuals to prepare statements in advance, when they are of sound mind and body, which give instructions on withholding extraordinary measures to prolong life when death is imminent. The goal is to promote the possibility of a natural death with dignity, and not to prolong the suffering (and expense) of the patient and relatives when there is no hope for a cure or better outcome.

The intent of the law is not to deny the patient essential care or relief from suffering, but to encourage the patient, relatives and attending physician to agree (in writing) how best to honor the wishes of the patient at the end-stage of illness or ageing. Such a statement might specify that only palliative care be provided as death nears, but not other intrusive care, medicine or procedures that would disrupt a smooth, gentle and peaceful transition from life.

[5] It is noteworthy that the rights of the patient concept is generally endorsed by the Thai Medical Council, the Thai Nursing Council, the Pharmacy Council of Thailand, the Thai Dentist Council, the Thai Rehabilitative Care Council, the Thai Technical Medical Council and the Thai Medical Certification Committee. However, there is no explicit wording which endorses the right of the patient to deny care in the final stage of life. Instead, these councils recognize the right of the patient to be fully informed about their condition to help inform treatment decisions.

Box 3
Background of Article 12

On March 1, 2000, the Health Sub-committee of the Thai Senate distributed the report entitled: "National Health System: Recommendations for Health Reform in accordance with the 1997 Thai Constitution." The expectation was that the report would serve as a roadmap for health reform, and included a draft national health law as an umbrella legislation. The report is divided into eight sections. Section 2 discusses rights, responsibilities, equality and health security of the population. This section proposes eleven desirable goals, of which # 8 states that: *"At the end of life, a person has the right to a humane death with dignity, with appropriate use of medical technology which does not impose a financial burden on the individual or society at-large."*

In February, 2002, the Health Reform Sub-committee distributed a concept paper on the national health system which describes 13 sub-systems. The 2nd sub-system discusses rights, responsibilities, equality and health security of the population, and Item 2.2.10 states that: *"At the end of life, a person has the right to a humane death with dignity, with appropriate use of medical technology which does not impose a financial burden on the individual or society at-large."* Next, the Office for Health Reform convened 550 public forums with about 40,000 participants to hear opinions of the draft health law, and most participants approved the concept in principle.

The draft national health law was revised based on recommendations in the public forums. Article 24 of the draft law stated that *"Every person has the right to specify how they are to be treated, or not treated, when they are near death, so that they can have a peaceful and humane death with dignity."* There is additional detail about the right to refuse extraordinary measures to extend life with no increase in quality, or other life-support interventions. Article 24 endorsed the use of a living will to express these desires. The draft law was submitted to the National Health Assembly and the Cabinet which approved the draft. After further discussion and modifications, a subsequent draft law was submitted to the National Health Assembly in 2006 which includes Article 12 on the living will and the right to give instructions for end-of-life care.

The resulting National Health Law was announced as official in the Royal Gazette, vol. 124, section 16 A, on March 19, 2007. Article 12 states the following:

Individuals have the right to prepare a document to express their desire to forego health care solely for the purpose of extending life without quality or suffering from illness. Such a document, or living will, is to conform to the criteria in the relevant ministerial regulation. If the attending health or medical practitioner complies with the specifications in the living will, that practitioner will not be liable for any legal action against them.

Source: National Health Commission Office of Thailand, 2011

From Law to Guidelines for Action

Article 12 of the National Health Law, in effect, calls for the creation of a living will to help honor the wishes of an individual who is near death and who may not be in a condition or state of consciousness to express those wishes at that time. Article 12 also specifies that creation of the living will and the procedures of honoring the patient's wishes by the attenting physician follow the guidelines given in the ministerial regulation. Pursuant to the October 22, 2010 issue of the Royal Gazette, which announced that the new law would become effective in 210 days, guidelines were developed to assist health and clinical service outlets and staff on how to implement the law, starting in mid-2011.

However, during that interval, a group of clinicians raised concern about litigation if certain treatments or procedures were withheld when there was a lack of consensus among the patient and relatives. Another concern that such a provision in the law would lead practitioners to practice euthanasia, despite the consent of the patient.

Box 4
Living Will
In Accordance with Article 12 of the National Health Law, 2007

Written at: Chulalongkorn Hospital, Bangkok

April 15, 2011

I am *Paiboon Watanasiritham,* age 70 years, born March 24, 1941. I prepared this document while of sound mind, but in failing health and, thus, needing hospital-based care. It is possible, that during the course of treatment, I may become incapacitated and unable to make independent life decisions. Thus, the following are instructions for the attending physician(s), care providers and my immediate relatives:

I affirm, in writing, the following:

1. I hold that birth, ageing, illness and death are natural parts of the human life cycle, and that change is constant and unstoppable. The sense of self is vanity since there is no self. Life and non-life are part of the same unity of existence-non-existence. I adhere to these core principles of Buddhism and have been trying to practice them in my daily life for a long time.

2. Thus, I have no anxiety, fear or torment about living or not living. When I near my end of days, I will welcome death, naturally. I refuse to be subject to any extraordinary method or technology or other unnatural intervention done solely for the purpose of extending my life without any improvement in quality of life. Indeed, such intervention may increase the suffering of me and my loved ones, which I do not wish to have happen.

3. If there is any ambiguity in this document when I am in an incapacitated state or unable to communicate clearly to others, I authorize my wife, Khunying Chada Wattanasiritham, to communicate on my behalf.

I have prepared this living will and attest to that by my signature below:

(signed) Paiboon Wattanasiritham	author
(signed) Khunying Chada Wattanasiritham	close relative
(signed) Phicha Wattanasiritham	witness
(signed) Chompan Kulnithet	witness

(Published with permission of close relative)

These concerns resulted in a law suit to bar the ministerial regulation. This suit was struck down by the High Court on June 18, 2015. Thus, the health law and provision for a living will is in full force as of that date, along with the related ministerial regulation.

It should be mentioned that Article 12 merely allows for the creation and legality of a living will, but does not indicate what form it should take. The agreement between the patient, relatives and physician may be verbal or in writing. However, to guard against selective memory of what was agreed on or change of mind, a written expression of intent is safer. The written living will is not intended for use in a legal action in any way. Instead, it is an attempt to objectively state what has been agreed upon in advance.

This issue (of a living will) has started to attract more public attention. At present many people have prepared their living will. Examples are given in Boxes 4-5.

Box 5
Living Will
In Accordance with Article 12 of the National Health Law, 2007

61/76 Senaniwet 2, Jorakhebua
Lard Prao, Bangkok, 10230

November 1, 2008

Subject: Expression of intent to forego clinical care at the end of life
To: Attending physician(s) and health care providers

1. At the time of this writing, I am of sound mind in all respects, with relatives to attest to that, as witnesses;
2. I wish to exercise my right under Article 12 of the 2007 National Health Law as follows:
   2.1 If I have a terminal condition without possibility of cure, and if I am incapacitated and/or unable to consider treatment or care on my own:
   - I refuse to be resuscitated if my heart stops;
   - I refuse to be put on life support if I can no longer breathe

   I only consent to appropriate palliative care to mitigate unnecessary suffering. I refuse any medicine or intervention to extend my life without improvement in quality to prevent a natural death;
   2.2 If there is any ambiguity in this document when I am incapacitated or unable to communicate clearly to others, I authorize my wife, Wongdeuan Jindawattana, and my adult children to consult with the attending clinician(s) to determine a course of action;
3. I wish to thank the attending clinicians and health care providers for their care and compassion, and for respecting my right as stated above, and I wish all of you to have good health and happiness in your lives.

(signed) Ampol Jindawattana — author
(signed) Wongdeuan Jindawattana — wife and witness
(signed) Prathum Jindawattana — elder sister and witness

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Box 6
When I Die

Rosawan Muangmingsuk (Kan) had bladder cancer. She learned of her cancer at age 33 years, and the physician said the cancer was Stage 4. Kan died in 2015 at age 35. Kan did not refuse treatment and she had numerous surgeries and painful courses of chemotherapy. Finally, she enrolled in a palliative care program to ensure that this would minimize needless suffering and tend to her psycho-emotional needs so that she could die in peace.

Kan wrote her first living will, dated November 26, 2013, after she learned of her cancer diagnosis. Her last revision to the will was dated March 18, 2015. In that will, Kan clearly specified that she was not to receive life support or life-extending treatment or clinical procedures if that would not improve her quality of life. However, she would accept palliative care.

Kan fully accepted the fact that she could die from the effects of disease at any time, and she wished to be allowed to pass when that time came, instead of artificially extending her life. If she had painful symptoms which were not life-threatening, then Kan welcomed pain-relief medication. However, she was clear that she did not want life-support interventions or other extraordinary treatment to merely extend her life a few more days or weeks if the end was imminent.

Kan said that she had reached a point of tranquility with her fate, based on Buddhist principles and meditation. She received moral support from close friends and acquaintances. She spent each day as if it were her last, attaining a fullness of life that others take for granted. Her Facebook page was captioned "How cancer turned my life around," and she used Facebook to share her experience and tips with a large number of followers. There was mutual support among all her friends on the web page.

Kan also gave instructions for after-death, such as no need to dress in mourning attire, to hold a simple and frugal cremation ceremony, and instructions for disposal of her ashes, etc. She also expressed the hope that her death would not trouble her mother. She bequeathed her personal funds to her mother. Finally, she thanked all her caregivers and supporters.

Source: 1) "When I die" booklet distributed at the cremation of Rosawan Muangmingsuk
2) "A Big Smile on the Path of Illness" by Ekaphop Sitthiwantana, in *Athit Asadang*, vol 7, no 23, January – March 2015, pp 37-40.

Roger Tamon

Things One Should Know about Article 12

The content of Article 12 and the related ministerial regulations have certain details that may be complex in some aspects for the general public. The following provides highlights of the provisions which the general public should be aware of.[6]

1) Key definitions

Living will: This is a document which a person prepares to indicate, in advance, that they do not wish to be put on life support merely to postpone death, without any quality of life. The living will

[6] More information can be obtained from the document "Until Thai Rights are Realized" distributed by the National Health Commission, July 2011.

may stipulate that they would accept palliative care to relieve suffering. It is important to prepare this while of sound mind since one may not be conscious or lucid when near death. Thus, the living will ensures that the instructions of the patient will be followed. The living will may also specify that the author does not want any treatment or procedure to merely postpone death in a way that will cause more suffering and not improve quality of life. There may also be instructions such as "do not resuscitate" when in critical condition and death from the condition is certain.

Life-prolonging interventions at the end of life: This refers to clinical procedures or medicines which are administered merely to keep the patient breathing and heart pumping, without any prospect for return to extended quality of life before death. The exception to this is palliative care to relieve pain and suffering prior to death.

End of life: This refers to the point of ageing or illness which cannot be halted or reversed and in which there is pain and suffering and which the clinician has concluded that death from the condition or illness is imminent, or the person is brain-dead, or the person is terminally non-responsive. In some cases, a patient might be in a persistent/permanent vegetative state and can only survive with life-support. It would be considered inhumane to preserve the comatose life merely through technological means, and that is also a waste of resources for the family without providing any quality of life for either party.

Pain and suffering: This refers to both physical and/or emotional pain and/or suffering due to advanced age or terminal illness/injury that cannot be cured.

2) Right to deny treatment and euthanasia

As noted above, one controversy of Article 12 was whether the refusal of treatment constitutes euthanasia. The consensus is that, no, a person's advance instructions to forego extraordinary treatment or procedures to preserve a life without quality is not a mercy killing or helping someone to die more rapidly or commit suicide. Article 12 should not be interpreted as facilitating death or restricting the patient's access to end-of-life intervention (which would be illegal). Also, euthanasia is not the equivalent of ending artificial life support which is done to relieve the suffering of the patient. Furthermore, ending life support does not mean that palliative care cannot be provided instead in order to help the patient achieve a natural death. Ministerial regulations provide clearer detail on what procedures are relevant to sustaining-life provisions of a living will.[7]

3) Medical Ethics

Some health or clinical practitioners may wonder if acting in accordance with a living will might violate medical ethics. The consensus is that, no, complying with a living will does not violate the four principles of medical ethics as follows:[8]

[7] See the ministerial regulation on "Criteria and methods of implementing a living will with regard to consent to forego health/clinical intervention merely to prolong life or eliminate suffering." 2010 (Royal Gazette vol 127, part 65 Kaw, October 22, 2010, pp 18-21.

[8] Appendix in the document "Before Passing On" p. 262

(1) *Beneficence*: The practitioner acts to maximize the benefit of the patient. The physician must be sincere toward the patient and must not perform unnecessary procedures or meddlesome medicine. The physician must shed the idea that they know the patient's interests better than the patient.

(2) *Non-maleficence*: The process of treatment must not pose unnecessary danger to the patient's physical or mental health. The physician must act to ensure the highest probability of improved condition without avoidable side effects.

(3) *Autonomy*: The process of treatment must recognize and respect the rights of the patient to decide what is done to themselves, in accordance with the intent of the patient. The patient has the right to choose the therapy or procedure independent of external influence. The patient has the right to access essential data to make an informed decision. The health/clinical practitioner must provide complete and accurate information when the patient requests it.

(4) *Justice*: The process of treatment for the patient must be just and equitable, without discrimination based on socio-economic status, creed/religion, or race.

The attending physician needs to determine if the patient is actually in a terminal stage of ageing or illness, or cannot be returned to consciousness (i.e., brain-dead). Thus, withholding invasive treatment or medicine without hope for cure or quality of life is ethical. To do otherwise is considered to be unnecessarily prolonging death. Even though Article 28 of the Thai Medical Council pronouncement on Medical Ethics states that *"the clinical practitioner must not deny assistance to a person at risk of injury if requested and the practitioner is in a capacity to ameliorate the condition, except in cases of emergency when an intervention is necessary to save the life, after providing appropriate advice."* In the absence of a living will, and if the patient's condition does not improve, the physician may consult with the patient's relatives on the discontinuation of medical intervention. Otherwise, the specifications in the living will must be followed. As noted, following these specifications is in no way malpractice by the practitioner.

Dr. Amphol Jindawatana, Executive Secretary of the National Health Commission, has observed that the tendency of Thai clinicians to preserve the life of the patient at all costs is largely due to the influence of Western medical practices. Along with this comes the attitude that the physician's judgment is superior to the patient's. However, implementing extraordinary intervention merely to prolong the dying process denies the patient the opportunity for a peaceful passing and death with dignity. When the physician's and patient's desires are in conflict, the patient's preference should be honoured. There are other non-clinical considerations that go into this decision, including the cost of unnecessary care, prolonged suffering, and anxiety.

In sum, honouring a living will and the clearly expressed preferences of the patient for end-of-life care (or lack thereof) is not in any way a violation of medical ethics. Indeed, honoring a patient's preferences is the more ethical course of action.

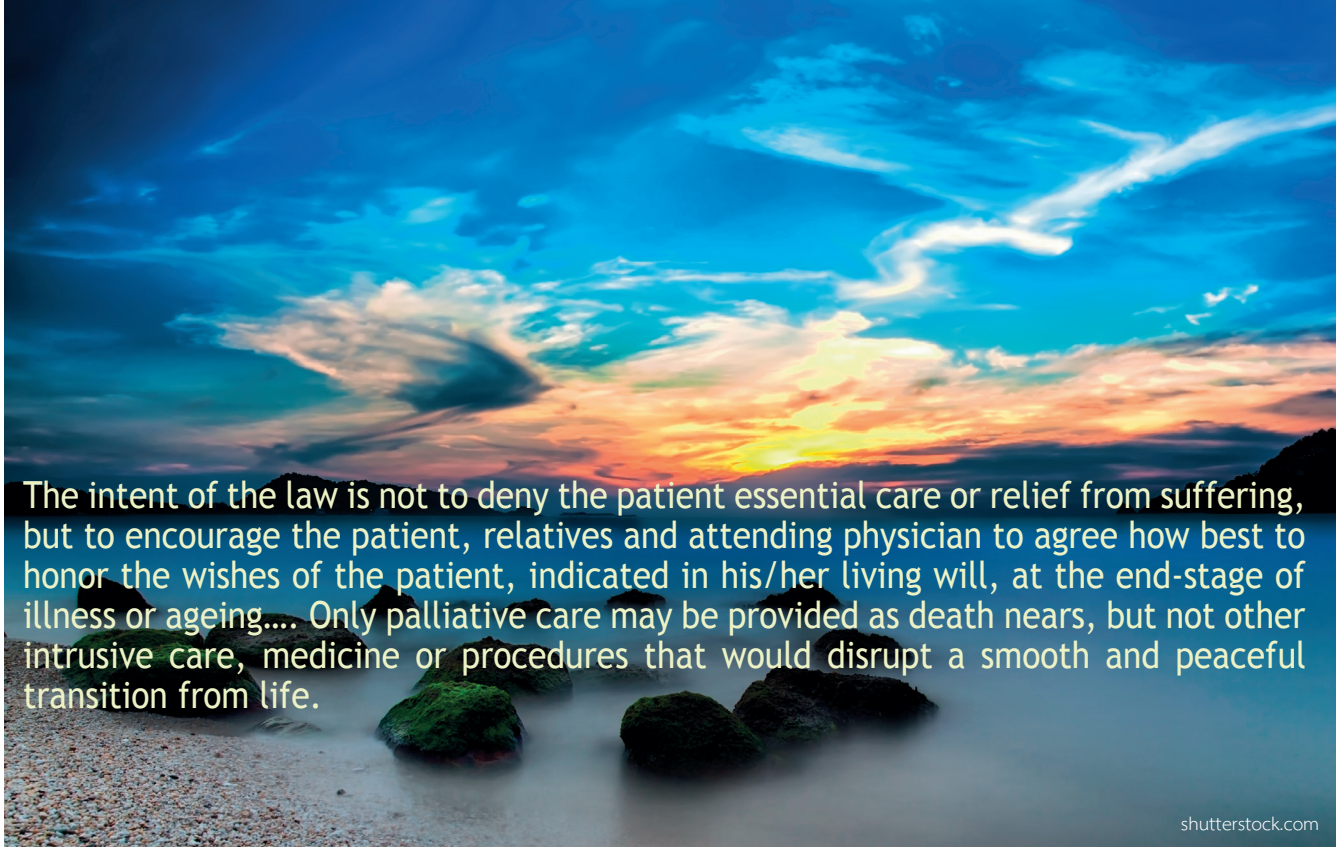
4) Preparing the living will

Some people may wonder who has the right to a living will, and whether it can be verbal or must be written.

The answer is that everyone has the right to a living will. This is especially important for those seeking a good death that is natural, peaceful and does not prolong suffering or burden living relatives. A living will may be prepared at any time, but preferably produced when still in good physical condition, and must be of sound mental health. Persons under age 18 years must receive parental/guardian consent to execute a living will, while fully honoring the preferences of the youth. Even in adulthood, preparers of a living will should do so in consultation with immediate family members so that there is a consensus. People who are unsure about the content or process should consult an appropriate health professional or lawyer with expertise in this area. The Thai National Health Commission has produced a generic living will which anyone can use and adapt to their situation.[9] The author of the living will can specify certain procedures that are not to be performed solely for the purpose of postponing death without cure or quality of life (e.g., tube feeding, chemotherapy, removal of organs, etc.). Also, certain types of acceptable care can also be specified in a living will (e.g., palliative care or hospice). Illiterate persons may authorize others to write the living will, but must specify that this authorization has been done with full consent of the author, the relationship to the author, the place and date of execution of the living will, signed by the preparer and witness(es).

Everyone has the right to a living will. This is especially important for those seeking a good death that is natural, peaceful and does not prolong suffering or burden living relatives.

[9] See more detail at http://www.thailivingwill.in.th/sites/default/files/024_livingwill.pdf



A living will may be stated verbally to a physician or health care provider. The person/patient must be of sound mind and, ideally, a close relative will be present to witness the exchange with the practitioner and help insure comprehensiveness of the specifications. But, as noted earlier, a written living will is a better safeguard that the person's wishes will be honored as initially agreed upon.

Regardless of whether there is a living will or not, the person, the closest relatives and attending physician should discuss and agree on a course of action with the goal of achieving a natural, humane death with honor.

5) Advantages of preparing the living will well in advance

(a) Death is intensely personal, and the person who is approaching death should be the one that specifies end-of-life care. We cannot predict when a natural death will occur, but we can do everything possible to achieve a good death. By putting off the consideration and development of a living will, one puts themselves at risk of not having their wishes honored in the final stage of life.

(b) The advances in modern medicine and technology means that clinicians have more options to treat illness or effects of ageing than before. This may cause some physicians to focus more on conquering the illness or condition, rather than treating the individual in a holistic way. Some clinicians tend to intensify treatments if earlier rounds do not cure or arrest the condition. These aggressive treatments may cause more suffering due to side effects and cost, at no improvement of the patient's condition. This is especially common in chemotherapy for cancer. Not only the medicines but invasive methods of delivery cause additional suffering for the patient who only wants to end their days in peace and comfort, and in the company of loved ones. That is not possible when the patient is strapped to monitors, tubes and drips. In the worst scenarios, the patient dies alone, in the hospital bed, without proximity of relatives and the familiarity of home. Having a living will ensures this will not happen.

(c) A study in the USA found that 60% of the cost of medical care in the whole country occurs in the final six months of life.[10] Thailand probably has a comparably high proportion of medical care costs from trying to prevent death from terminal illness or condition. This cost is added to the rather expensive cost of a funeral, all of which places a financial burden on average Thai families. Thai traditional values stress the importance of fealty to parents and elders, and some Thais might feel that sparing no expense in the care of a dying relative is proper respect and love (*Katanyu*). However, if that extraordinary care and treatment only prolongs or aggravates the suffering of a parent or grandparent, then the spiritual harm may outweigh whatever meagre clinical gains there are or none at all. Helping one's elderly relatives to die a natural, peaceful, death at home is not selfish. Indeed, it may be the most compassionate action in the given circumstances.

(d) In addition to the benefit to the family of a good death due to the existence of a living will, the country also benefits from the savings of resources for more cost-effective interventions for better causes than the senseless prolonging of suffering in death.

(e) The living will relieves the burden of doubt in the minds of the attending physician and clinical care providers that they are doing what is right and ethical, according to the wishes of the end-stage patient.

Preparing for the Final Transition

Even though death is naturally inevitable, we can specify in advance how to welcome it when the time comes. All humans have the right to determine how they would prefer to die. Ideally, most people would like to die painlessly and naturally, or at least die with a peaceful mind free from anxiety, unfinished business and obligations. In short, we all want a good death.

But a good death is unlikely possible without appropriate preparation. Therefore, it is best to plan well ahead since no one knows when death will strike. Also, in that way, one can enjoy each day to the fullest, as if it were their last. His Holiness the Dalai Lama of Tibet has observed that "No one knows which comes first, tomorrow or the next life." Conversely, without preparation, the way of death may not be optimal. Preparing a living will is one way of preparing in advance. The knowledge that one has a living will may also be a source of comfort and confidence that a good death is possible. People also need to prepare themselves emotionally and intellectually for death. This also helps ensure that one will be in the right state of mind in their final days. A good life, well-led, ensures a balance of the physical, mental, intellectual and social dimensions of existence. A good life means practicing healthy behaviors, not to avoid ageing, unpreventable illness and death,

[10] Phra Paisal Wisalo. 2013. *Beyond Death: From Crisis to Opportunity.* Bangkok. Buddhika Network

No one knows which comes first, tomorrow or the next life.
(His Holiness the Dalai Lama)

Since death is inevitable, the best approach is to accept it, and prepare oneself to the best of one's ability. That way, death is the most peaceful possible. Acceptance of death means that we live each day to the fullest and most beneficial...
(Phra Paisarn Visalo).

but to have the best physical and mental well-being that is attainable, and without the need for external health support. Buddhism recognizes dying of old age as one of four types of death.[11]

Having the appropriate mental outlook is also crucial to a good life, but requires dedication and training. This includes perseverance and tolerance, diligence and avoidance of causing harm to oneself and others. A good life is based on rational thought and action, and calm and equanimity in dealing with challenges and diversity in one's daily life. A trained mind is one which is ready for work with creativity, comfort and happiness. A trained mind is not anxious or easily perturbed even when death knocks at the door. The prepared mind can accept the inevitable with clear vision and tranquility.

[11] The Buddhist doctrine classifies four causes of death: (1) Old age; (2) Karma; (3) Both old age and karma; and (4) Sudden cause.

Another dimension of a good life is the social aspect. A good society begins with the family unit. The family is warm and loving, with mutual understanding and caring among members. There are good relationships with members of the neighborhood, community and society at-large. A good society means that each family is provided for, and each person is educated and employed to their full potential. People are frugal and avoid luxury spending. People in a good society avoid sins and impart positive values to their children and grandchildren.

Using one's intellect to skillfully conduct their life is another dimension of a good life. Today, many people are overly attached to material possessions, fame, praise, and artificial sources of happiness. They have forgotten that these things do not accompany the deceased. Those who are overly attached to material and false pleasures have great difficulty in letting go, even in the face of death. This attachment to the material and, by extension, to the self is the root cause why people become irrational in their attempts to avoid or delay death when faced with a terminal condition. Medical technology accommodates them by hooking the terminally ill to life-support machines which only preserve the appearance of life, not the essence.

A life of awareness does not mean the rejection of all materialism. Instead, it is characterized by rational consumption for the amount that is just enough, and without attachment. The aware person knows that consumption and possession do not enhance the self. Indeed, the sense of self is a figment of the imagination. The aware person is always mindful that death is inevitable and approaching. And by letting go of the sense of self, death ceases to have meaning as something distinct from living.

> *"As death is inevitable, the best approach is to accept it, and prepare oneself to the best of one's ability. That way, death is the most peaceful possible. Acceptance of death means that we live each day to the fullest and most beneficial. That way, descent into sin, materialism and self-adulation no longer has any meaning. The material is seen as ephemeral and non-transferrable. Attachments only make letting go in one's final moments much more difficult. Without attachments to the external or self, there can be no loss. At that point, our life is least encumbered, most transparent, and most peaceful. If you know what a good death is, then you know what a good life is. Similarly, leading a good life sets the stage for a good death."*[12]

[12] Phra Paisal Wisalo, in "1 + Adding Death as a Friend:" Preliminary Handbook on Learning about Death. Bangkok. Program for Peaceful Death. Buddhika Network for Buddhism and Society

A Good Death: The New Paradigm

Article 12 of the National Health Law is a tool to give Thais an opportunity to exercise their right to specify what, if any, end-of-life care and treatment they receive. That tool is a living will, which is increasingly accepted and implemented in countries around the world. This international movement is changing the conventional paradigm of death as something to be fought, to a paradigm of achieving a good death (see Table 1).

The information in Table 1 shows that, at present, society views death as distinct from life, disconnected and not inter-related. Death is feared and loathed and, thus, must be pushed aside and hidden from view, and thereby denied. Medicine and technology are mobilized to defeat death through continual treatment and attempts to cure each progressive disease or natural breakdown of the body. The person has little or no role at all in managing one's death. Every effort is made to keep the lungs breathing and the heart pumping, regardless of the quality of life or peace of mind of the suffering patient.

But there is a new paradigm emerging that holds that death is a part of life. Every person has the right to participate in and control their own death, in order to achieve as good a death as possible. Any clinical intervention must not undermine the patient's opportunity for a good

Table 1
Paradigms of Death

Conventional Paradigm	New Paradigm
Death is separate and unconnected with life.	Death is not separate from life; life and death are part of a natural cycle. Death is always present in the living.
Death is loss, fearful, and must be avoided at all cost.	Death is not something horrible that has to be avoided at all costs; death is inevitable.
Death must be prevented for as long as possible.	If a person is properly prepared, then death is accepted whenever it looms; there is no reason to delay death.
Death is one-dimensional and only relates to the physical.	Death is not just the shutting down of the body; there is also the mental and spiritual aspect of it.
Death is pain and suffering and the worst thing that can happen to an individual.	Death is not necessarily the worst outcome. A person's death can be used to uplift the spirit.
A good death is sudden, painless, and not unattractive.	A good death is not just a sudden death. If someone prepares well, then any cause of death can be a good death.
Death is something that can be thwarted, controlled, and managed.	Properly managing death does not mean using physical interventions, or treating the body as a clinical machine. The individual near death needs to participate with the attending clinician in how to manage their own death.
Preventing a patient from dying is the paramount duty of the attending physician. Thus, everything possible must be done to prevent or postpone death, and keep the patient breathing for as long as possible.	The most important role of the physician is not to extend life at all cost. The role of the physician is to help the patient transition if the condition is terminal with no chance of cure.

Source: Adapted from the teachings of Phra Paisal Wisalo, 2013 (2556), pp 63-79

death. Approaching death in this way can improve quality of life of all concerned.

At present, it is too soon to conclude what impact Article 12 has had on exercising the right to stipulate the terms of one's end-of-life care and achievement of a good death. Full impact means that the new paradigm is understood at all levels, from the individual, the society, and the medical/health institutions. However, mere understanding or acceptance of the new paradigm does not mean that the end-of-life care norms will change significantly. There needs to be more development and adoption of palliative care and hospice, which are now quite limited. They need to be accessible and affordable for all. Palliative care needs to be standard for all clinical facilities, and community and family members need to be trained and participate in its provision.

Summary

Persons who are still attached to their self-identity (as most of us are) see their life as their own. In the same sense, their death is their own, and everyone has the right to stipulate the terms of their death. Each person should have self-determination of their life and their death, since both are inter-related. A good life is the foundation for a good death.

In the past, health care in Thailand was rudimentary and dependent on traditional healers and animistic practices. Since the past century, Thailand's health and medical systems have lurched into the modern era and now boast some of the top clinical facilities and specialists in the world. The increasing sophistication of clinical care encourages the use of technology to manage illness and pursue a disease-focused approach to the individual, instead of holistic care. Unfortunately, this modernization has led to non-essential extraordinary interventions and meddlesome medicine, especially in end-of-life care, and the neglect of the psycho-emotional and spiritual needs of the individual. As Thailand's health care system has modernized, clinicians and health care providers have progressively taken over the treatment decision-making role and disempowering the patient. Even though the patient might know that more treatment and intervention will cause more suffering and be high cost, they dare not challenge the judgment or prescription of the physician in what should be done. These procedures and interventions are done even though the clinicians know that the probability of cure or improved condition of the terminal patient is scant. In this way, the needs of the patient are lower priority, as the war on disease and infirmity is waged in the hospital setting. The concept of a natural death is seen as antiquated or a failure of medicine.

Article 12 of the National Health Law is revolutionary in the sense that it codifies the right of Thais to define the terms of their end-of-life care, thereby returning some control to the individual from the attending doctor. The living will ensures that a bad death can be avoided and a good death is a realistic possibility. That possibility also helps people improve the quality of their daily life by not fearing death and embracing the present moment, without anxiety about when the end will strike. People in this state of mind think clearly and make rational decisions, and treat themselves and others with greater care and respect. A positive acceptance of death helps people detach from the material and ego-driven lifestyle.

Thais have always reminded each other that being born is an opportunity that should not go to waste. Each life is precious and should be conducted as such. The precious life is one that is full of comfort while still alive and blissful at the time of death. But it should not be forgotten that death is a natural transition as part of life and should come with dignity and peace of mind. A good death is an indication that life is worthwhile.

The Process of Producing the Thai Health Report 2016

Health Indicators

- Select interesting and important issues to be included in the health indicators through a series of meetings of the Steering Committee
- Identify experts to be contacted, then hold meetings to plan each section
- Assign an expert to each approved section to prepare a draft
- Brianstorm the draft papers, considering suitability, content, coverage, data quality, and possible overlaps
- Meetings with experts responsible for each section, to review the draft papers and outline key message for each section
- Broad review of the draft papers by experts, followed by revisions of the papers

Guidelines for health indicator contents

- Find a key message for each section to shape its contents
- Find relevant statistics, particularly annual statistics and recent surveys to reflect recent developments
- Select a format, contents and language suitable for diverse readers

The 10 Health Issues, and Four Outstanding Accomplishment for Health

Criteria for selecting the health issues

- Occurred in 2015
- Have a significant impact on health, safety, and security, broadly defined
- Include public policies with effects on health during 2015
- Are new or emerging
- Recurred during the year

Four Outstanding Achievements are success stories in innovation, advances in health technologies, and new findings that positively affected health in general.

The special Issue

There are two types of special topics: target group oriented and issue oriented. The types alternate each year. The topic is sometimes selected from the 10 health issues.

Important criteria in selecting the special topic include:

- Political significance
- Public benefits
- The existence of diverse views and dimensions

Working process

1. The Steering Committee met to select the topic
2. The working group outlined a conceptual framework for the report
3. Experts were contacted to act as academic advisors
4. The working group compiled and synthesized the contents. The contents were thoroughly checked for accuracy by academics and experts.
5. The report was revised in line with reviewers' suggestions.

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8. Surin Kitnitchi Klongkanomjeen	Community, Sena District, Ayutthaya Province	Committee
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A Good Death: Alternative Option

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