Linkage of Palliative Care from Hospital to Home in Northern Thailand

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Background: At the end of life, most people would choose to stay and die at home. However, over half of all deaths take place at an acute care hospital due to lack of services to support coping at home during the terminal stage.

Objective: To explore strategies used for promoting linkage of palliative care from hospital to home in Northern Thailand.

Methods: A descriptive study collected data on symptom management and management support for terminal stage patients at home. Three tertiary hospitals, two community hospitals, one health promotion hospital, and one local administrative office in Northern Thailand were chosen to represent settings where hospital-based and community-based palliative care services were provided. Focus groups and in-depth interviews were utilized with hospitalized and stay-at-home patients diagnosed with advanced cancer, caregivers, health care providers, and senior executive managing directors.

Results: Symptom management, especially pain and dyspnea at home, is inadequate and inappropriate. Physicians in general and community hospitals commonly prescribed controlled-release and intermediate-release oral morphine to in-home patients. Transdermal fentanyl and injectable morphine were less available in community hospitals. In terms of management support, some physicians utilized diagnosis code Z51.5 for palliative care which allowed patients to receive a comprehensive benefits package under the universal coverage scheme that included oxygen therapy, pain management and wound care within 30 days of discharge. Only a few general and community hospitals set up specialty palliative care clinics with palliative care managers. Also, few support staff received training to strengthen their capacity to manage palliative care and provide better care services. Both short (2–3 days) and intermediate (6–16 weeks) courses are available. The referral system was not properly managed to assure continuity of care.

Conclusion: Findings have significant implications for policy-makers and health care professionals to improve quality of palliative care.

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Thai Health Beliefs and Implications for Teamwork across Cultures and within Culturally Diverse Teams: A Q Methodology Study

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Background: Contemporary healthcare teams are increasingly complex: nurses are likely to be working in teams with others from different cultural backgrounds and with patients who may not share their own health beliefs. Nurses have a great influence on health beliefs through their teaching and interaction with patients and the general public. A lack of shared understanding about health beliefs can compromise communication and healthcare quality.

Objective: The aim was to provide understanding of health belief content, origin, socio-cultural and other influencing factors held by clinical nurses and nursing academics in Thailand, and its impact on their nursing practice and education.

Methods: Using Q methodology and structured interviewing, 25 clinical and 25 nursing academics were asked about their health beliefs.

Results: This paper reports the Thai component of a five-nation study into nurses’ health beliefs and discusses the health beliefs held by Northern Thai clinical and academic nurses, the sources of their beliefs, and how they relate to evidence-based practice and cultural ways of knowing.

Conclusion: We offer some suggestions for increasing the effectiveness of nurse education, reflective practice, and teamwork across national boundaries and future research in relation to health beliefs.

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