

Care Concern and Cope in Reproductive Health: The Role of RTCOG

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The health of Thai women has improved considerably in the last 5 decades. This is achieved not only by the advances in the bio-medical technology which permeates the world from the West. Improvement in socio-economic conditions also lead to eradication of previously fatal communicable diseases of the past. However the resurgence of the old communicable diseases such as Tuberculosis, Malaria, coupled with surging new diseases such as Aids are slowly but gradually eroding the previous health gain of the latter half of the 20th Century.

The growing threat of "Lifestyle diseases" created by man and his behaviour becomes the new challenge for every society in the world, inspite of great scientific advances made over the same period of time.

For reproductive health in Thailand, the changing socio-political scene at the beginning of this century will create an indelible effect on the health of Thai women and her family.

This new socio-political context, created nationally by the Thai constitution of BE 2540, have far reaching effects on the whole Thai Society. The birth of National Health Security (NHSO) act in 2002, with the main agenda of equal access of quality health care to all, has created new concerns for the multi-dimension reproductive health. The concept of health as a central target for development necessitate a new look at healthcare services. Previously the "health-care" services had focused mainly on thera-peutic cure of "diseases". Prevention of diseases and promotion of good health took a back seat. The new notion behind the NHSO act of 2002 has a specific budget

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allocated for prevention and promotion activities in the capitation fee.

The main concern of this new legislation focused on the subject of equal access to quality health care for all at an affordable cost.

For reproductive health with its multi-dimension facets covering the ages of women and her family, equal access to quality care is, still, a concern.

The responsibilities of RTCOG as stated in the Royal decree are:

First, To promote the arts and science of obstetrics and gynecology; affirm and maintain high standard of service, through education and continue professional development.

Second, To motivate and promote professional unity and camaraderie

Third, To promote, maintain, regulate high standard of professional ethics.

Fourth, To inform the government and concerned organization matters pertaining to the health and wellbeing of women and her unborn fetus regarding threat; present, potential or looming health problems. To suggest also ways and means to mitigate such threats.

Fifth, To advocate, through public education and information, the rights and liberty of women; informing them of potential or impending health threat and suggest ways to alleviate such threat.

Sixth, To represent our professional organization nationally and internationally.

Creating public, as well as professional, awareness of diverging determinants to good health should be our main concern. Awareness leads to prevention.

Education is a "social vaccine". Education changes behaviour. Public education on etiology of emerging "Lifestyle diseases", hopefully, will lead to change in lifestyle that reduce risk. Providing relevant informations to government may produce legislation, such as 'Sin tax', contributive to reduction of these preventable "diseases of civilization". As for environmental induced diseases, attributed to burgeoning

manmade environmental pollution, creation of public awareness and understanding will lead to the mitigation of the problem.

Other issues of professional concern remain; maintaining the standard of care; rising incidence of caesarian section; the escalating incidence of medical Litigations; inappropriate use of medical "High technology"; the ever growing social distance between the patient and her healthcare provider; violence against women; the surge of 'informercial's' as well as medicalization of childbirth. Access to safe abortion, a major stumbling block, in many developing countries, in their pursuit to reduce maternal deaths. Most often this is due, not only from legal restriction but also the lack of legal knowledge and understanding by the healthcare providers themselves. Concurrently imposing physician's belief on the patient also play a part. The lack of organized systematic screening for malignancies in the female is still a concern. The burden of this disease is high on our national economy.

As for the relationship between the health-care providers and his patient, the erosion of trust occurred with increasing frequency resulting in Litigations. For obstetricians the high-risk period is the intrapartum period, where the loss of either mother or her baby's life turned the anticipated occasion of joy in to a tragedy. Often the tragedy arose from the physician not being there, not listening and hearing the need of patient, not being informative and not caring.

Coping with these changes require personal and professional commitment. Commitment to serve; to continue professional development; to communicate with the public in a language they understand; to ask right questions in research and finally to maintain professional integrity.

To prove the old saying that "trust is like a spirit, once it has departed it will never return" is wrong, requires continued personal and professional commitment to education and development.
