The Model Development of Compassionate Community in Thailand from the Study of Kalasin Municipality Community (1)

from the Study of Kalasin Municipality Community-Based Palliative Care Service for the End of Life Elderly Patients and their Families

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Background

Thai community culture supports the palliative care service, particularly the Northeastern, strong kinship, respect and grateful for the senior, caring for their well-being. The senior's health care is supported by family and community, found many Thai blessing ceremonies. Kalasin's palliative care service(PCS) is a successful case, mutual collaboration for health reliability, relevant to the compassionate communities(CC).

Objectives

To comparative study PCS for the elderly and their families of Kalasin Municipality(KM)'s CC, with Kerala's care model. To develop Thailand's the upper Northeastern's CC model. To recommend CC development model guideline.

Methods

- Review on public health approach to palliative care, CC Kerala's palliative care model and Thailand's PCS policy.
- Survey and study(2020-2022) KM's PCS upon 9 CC characteristics; 1) local health policies 2) the vulnerable's needs 3)diversity 4) PCS action policy 5)various communications 6)reconciliation and loss promotion 7) easy assessment 8) inclusive plan 9) spiritual care, and 5 functions of CC charter(CCC); 1) awareness 2) innovations and collectiveness 3) action plan 4) new alliances 5) social change.
- In-depth interview 30 key informants, 2 focus group meetings and 3 site visits; KM's managements and operations, Muang Nam Dum volunteer group, local networks and experts.
- Synthesis CC model and conclude guideline recommendations.

9 CC Characteristics : Comparison Study between Kerala and Kalasin Municipality

Kerala	Kalasin Municipality
1. Local Health Policies	
Local self-government institutions' PCS as "Human Right"	Healthy CityCommunity Institution for Healthy
2. The vulnerable's needs	
Die at homeBoth psychosocial and socioeconomic need	• Same
3. PCS action plan	
PCS integrated in primary healthcare system and as basic healthcare service	 Capacity building for volunteers "Creative Volunteer Space" for the youth Compassionate Community Day etc.
4. Various communications	
 Public space for community participation "Curious Palliative Care Carnival" (2019 - present) etc. 	 Public space for social service partnerships Local media, "Words of mouth" Social Media Help line, "Call me back application" Face-to-face





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Result

- KM Volunteer Network(KVN initiated in 2018), has aligned with 9 characteristics and 5 functions, evident from KM's Constitution for Healthy(2016), Healthy City policy. KVN as social service with care and support, implemented by community's majority resources more than KM's annual budget, and rising awareness of mutual trust, collaboration and reciprocity.
- Kalasin Compassionate Community Learning Center(KCCLC), the developed CC model, managed by steering committee of 3 parties(KM, health care workers(HCWs) and community), controlling safety and quality standard. KCCLC role was as center of knowledge, resource supporting and CC promoting, funded by public and private.
- The recommendations for transparency and SMART principle governance, cultural-based curriculums and its ecosystem.

Conclusion

KVN aligned with 9 CC characteristics and 5 CCC functions, enhancing community engagement and awareness about relationship of death and living, relied on mutual trust, collaboration and reciprocity. KCCLC and its governance model should be expanded to Thai upper Northeastern administrations.

Kerala	Kalasin Municipality	
5. Reconciliation and loss promotion		
 Targets: all groups, especially no discrimination on caste Young volunteer engagement 	Targets : the poor, the disable and the homeless.Same	
6. PCS diversity		
No discriminatory practices against religion, sex, social class, etc.	• Same	
7. Easy Assessment		
PC Center in community	Engage local network to facilitate patients' illness and families' loss	
8. Inclusive plan		
TIPs Home visitetc.	Flexible PCS upon all groups' needs; the poor, monks, etc.	
9. Spiritual Care		
 Approach of narrative and patient stories etc. 	Approach of religion and traditional rituals	

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