## Special Article

# A Buddhist Model for Health Care Reform

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*Although medical services are now available in every province in Thailand, there is ongoing discussion surrounding the question of how public health care should be best organized. There is much debate as to whether it should be run by private organizations in libertarian societies like that of the United States or whether it is the government that should be responsible for the welfare of all of its citizens equally, similar to that of the egalitarian system of socialist countries and welfare states. This article is aimed to answer the question: What is the most suitable model of health care system for Thailand? References are drawn from the Pali canon of the Theravada Buddhist tradition, articles, comments, and recommendations of contemporary thinkers in Thailand, to arrive at the most appropriate solution for the Thai society.*

***Keyword:*** *Buddhist model, Health care reform*

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Throughout the history of modern Thailand, the public health system has been greatly influenced by the government and the country's relationships with other nations, particularly European countries and America. Before the 19th Century, the understanding of diseases and health among the Thais was mainly based on superstition and spiritual belief. Thailand owes the progress of medicine and health care to the works of Christian missionaries, who set up hospitals and provided health care for the ill in the urban and rural areas. Prior to the introduction of western medicine, Buddhist monks were on the forefront in healing and caring for villagers. Buddhism has dominated Southeast Asia for over 700 years. The religion once played major roles in everyday lives of million people in this part of the world, especially in term of community care. Traditionally, Buddhist temples or wats were community health care centers and monks served as counselors, healers, and herbalists as well as spiritual leaders to their local people. Even after introduction of modern education and western systems of health care, monks are still directly involved in the promotion of health care services and have been taking part in the health care reform process at grass-roots levels.

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After seventy-five years of democracy Thailand's health care system is still in the middle of its evolution. Over thirty years ago, the health care system of Thailand was dominated by libertarianism, advocated by close ties with the US. After the pro-democratic uprising, the national policy of health care is clearly shifting towards egalitarian model of the European. In spite of series of policies and planning for decentralization and health care distribution, there is a wide gap in the grass-roots community among the Thais. The rich enjoy higher standard of health care services equivalent to that of developed countries, while the poor have to struggle to receive adequate care offered by government-run health care centers where cheap locally made drugs are distributed on limited conditions. Majority of the Thai people are not satisfied with the government funding programs for health care. They are looking forward to better and fairer health system, which offers reasonable services at lower prices.

This article is aimed to bring Buddhist values and the model that can be employed to promote better distribution of care which will encourage democracy, respect to human rights as well as community participation for sustainable development. The appropriate approach to establish effective health care system is only possible through the understanding of history and development of medicine and health care system in Thailand.

**Short History of Public Health in Thailand**[1]

The history of public health in Southeast Asia could be dated back over 700 years. According to a stone inscription of King Chaivorman VII, the ancient civilization of the Khmer dominated the Southeast Asia before the rise of the Sukhothai Kingdom. King Chaivorman VII established over 102 hospitals called aryogayasala (Sanskrit for healing halls) in the north-eastern region of the current-day Thailand and its vicinity. These aroyayasalas were staffed with various health care professionals, namely, doctors, nurses, pharmacists, recorders of statistics and cooks. A complete excavation of a stone building of an arogayasala is found in the Village of Khwa, a district of Mahasarakham province[2].

A stone inscription of King Ramkhamhaeng of Sukhothai (the first capital of the Thai Kingdom in Suwannabhumi) tells us that the King established a huge garden of herbs on Khaoloung Hill (Thai: Royal Hill) for his citizens as their source of medicine. This mountain is located in Amphoe Kirimas, Sukhothai province. During the period of Sukhothai, Buddhist monks were primary caregivers in local communities. Monks who were versed in the use of herbal medicine were on the forefront in the care of the people[3].

During the Ayutthaya period, medical practices in the country were greatly influenced by India, Khamer, and China. The reign of King Narai in the 17th Century saw great improvement with France when many French missionaries with skills in medicine entered Siam. They were responsible for establishing a few hospitals in the Ayutthaya period. However, the relationship between Siam and European countries ended abruptly at the end of this reign.

It was not until 1828, during the reign of King Rama III, when Siam welcomed more Christian missionaries, who brought great change to public health of the country. In 1881, a cholera outbreak hit Bangkok and its vicinity. King Chulalongkorn, (Rama V), immediately commanded constructions of 48 hospitals for cholera treatment. These hospitals were demolished after the epidemic died out. In 1887, His Royal Highness Siriraj Kakuthapan, beloved Crown Prince of King Chulalongkorn, died of dysentery. The king donated a piece of land and money for the construction of Siriraj Hospital as the first royal hospital for the care of citizens.

In 1893, King Chulalongkorn, established a charity organization called Sapha Unalom Daeng, having Queen Sawangwattana as the Chair of the Founding Committee, and Queen Sawaphapongsri as the Chair of Administration Board, which later became the Red Cross Society of Siam and then the Royal Red Cross Society of Thailand. Chulalongkorn University, the first institute for higher education of Thailand, originated from the long building adjacent to the Pimanchaisri Gate of the Royal Grand Palace, established in 1899 as a school for civil servants to serve during the reign of King Chulalongkorn. Later, King Vajiravudh, Rama VI, upgraded the school to Chulalongkorn University on March 26th 1916, which includede the Faculty of Medicine, Siriraj Hospital as one of the four founding faculties. Later, Prince Mahidol of Songkhla, the father of our current King Bhumipol, a graduate from Harvard Medical School and School of Public Health, contacted the Rockefeller Foundation to establish academic collaboration with Chulalongkorn University and facilitate the improvement of medical education and training for the Faculty of Medicine at Siriraj Hospital to the standard of civilized countries. The Faculty of Medicine became of the University of Medicine, which was later named the Mahidol University.

The Department of Nursing was the under the Ministry of Public Health, which was under the Ministry of Interior, during the reign of King Vajiravudh, Rama VI. Later it was named the Department of Public Health. It was in the reign of King Ananda Mahidol, Rama VIII that the Ministry of Public Health was founded by uniting medical works and public health care into a ministry on March 7th, 1942. This establishment has led the progression of the public heath system for the nation.

After WWII, the public health system of Thailand was still more dominated by the libertarian ideo-logy from the US. In the sixties, a charity system to provide free medical care of the helpless patients (phu poui anatha) was created. This was followed by the government initiative to subsidize medical payment for people of low income in 1975 which was later claimed by the Ministry of Public Health to have extended to cover medical care to 25 million Thai citizens in 1998. In 1980, the Civil Service Medical Benefit Scheme was introduced and was claimed to cover 7 million citizens in 1998[4]. Nevertheless, the systems have been criticized for their discrimination and disparity in providing care.

A major turn of the policy in health care reform was developed by officers of the Ministry of Public Health many of whom were former student activists and took part in democratic uprising of the seventies and identified themselves as the "Rural Doctor Group", were inspired by the egalitarian health care system of the European countries. The concept of

universal health coverage found its way into the constitution of the Kingdom of Thailand of 1997 mandating free medical services to be provided by the government to all citizens, and that health care is a part of dignity and integrity of a person, to be provided by the state.

The same decade of change also saw a rapid growth of medical industry in Thailand: medical services are seen as commodities, and patients are called "customers" or "clients". Some private hospitals in Bangkok have managed to be internationally accredited and entered the stock market. These hospitals are staffed with specialists who also work as professors in faculties of medicine of outstanding universities. These private medical centers are equipped with most advanced medical technology and equipments. They have been magnets of hundreds of thousands of patients from overseas for diagnosis and treatment. Members of the high economic class in Thailand enjoy the same level of care provided by American or European countries. Nevertheless, the poor and the worse-off are still struggling to receive adequate care provided at local government-run hospitals.

**Introduction of 30-baht national health care program and its criticism**

The 30-baht Universal Coverage was mostly known among the Thai people as one of the populous projects of the Thai Rak Thai (TRT) Party from the beginning of the administration of Prime Minister Thaksin Shinawatra. The project was one of the causes for his first landslide victory in 2000 general election. Strategists who were behind the policy, were members of the Rural Doctor Group who believe in egalitarian model of health care. A series of publications by the Ministry of Public Health and National Heath Security Office were endorsing the model for the people. With initial payment of 30 baht, a registered citizen could claim their benefits and free medical services at their specified medical centers. The project has clearly revolutionized health care system of Thailand more than ever before. Most people from low economic status were promised to enjoy the lowest cost of services. Many of them expressed their satisfaction for the policy. On the other hand, doctors in government hospital were overloaded with extra works; soon they quit their jobs for private hospitals with higher payment.

Although the TRT party received a lot of credit from the public, the political party was not supportive of the later development for decentralization of public health care. Idealist attempts of the Rural Doctor Group in pushing forward a bill to establish National Health Assembly were aborted by the Thai Rak Thai government. Seemingly, politicians of the TRT party merely wanted to use the universal health coverage to gain popularity from the Thai people more than to see official organization formed by the people themselves. The TRT party ignored criticism that the project has been burdensome for taxpayers as well as having a potential cause of breaking down family units as has already taken place in European countries[5].

The coup d'etat of September 19, 2006 has breathed new life to the bill, which was quickly passed by the National Legislative Assembly in January 2007. This will allow people to generate their own health care programs through supports from the governmental budget.

**Aging population: new challenge for the future of public heath in Thailand**

Another reason for Thailand to develop a new model for heath care is that the Thai population is shifting towards an aging society[6]. The success of family planning campaign of the Ministry of Public Health during the seventies and throughout the end of the millennium has apparently decreased population growth rate from 1.3 in 1994 to 1.1 in 1996 and finally to 1.0 in 2000 where it remains stable. Together with this, the country has successfully decrease population death rate; by 2020, Thai population will reach 70 million. However, the proportion of aging population/total population is also increasing: 0.3 in 1947 and to 0.8 in 1990, which then rose to 12.2 in 1998. The projected proportion will increase to 19.6 in 2025[7].

In less than a decade, the population structure of the country will be changed with more elderly people in family. Younger generations will shoulder more economic load and the burden on health care for the elderly and chronic diseases will increase several folds unless there is a dramatic change in the way of life of the Thais at the grass roots. Basically, the society needs life-long health promotion programs as well as education and training for people of different age groups to be supportive of one another. The gaps between bureaucratic administrations of various ministries of the government need to be filled up by health care promotion program and community activities at the grass roots level in order to strengthen family bonding and encourage people to be active throughout their lives, and above all to care for one another.

Apart from libertarian system of healthcare provided by private health care insurance companies,

Thailand has three health care systems run by the government, namely: the 30-baht universal health care coverage, the Social Security Scheme, and the Civil Service Medical Benefit Scheme[8]. Evidently, these systems cannot adequately provide sufficient care for the citizens[9]. They have no potentiality to solve the future problem when the Thailand will become another aging society. A new model of community care is therefore in need.

One of the answers in this quest is neither the libertarian nor egalitarian model of health care. The former is known for its widening of discrepancy in health care distribution such as what is happening in the US, whereas the latter a great cause of family breakdown in European countries under the welfare state policy. They could cause more harm than good for the country. What Thailand needs is certainly another model which will bring about community and family strength based on its own native culture, something that most Thai people are familiar with, namely, Buddhism. One section of the Buddhist canon describes a model of community care that is of great value for modern Thai culture.

**Buddha nursed a sick monk**

At that time, a monk was ill with diarrhea. He was lying in filth in his own urine and excrement. The Lord Buddha was visiting the accommodation of the monk, attended by the Venerable Ananda. Seeing the monk lying in filthy, with his own urine and excrement, the Lord Buddha approached him and said to him: "Monk, what illness are you are suffering from?"

The monk then replied: "Diarrhea, Sire".

"Don't you have any one to take care of you?"

"No, Sire".

"What is the reason that other monks are not taking care of you?"

"My Lord, I have not been good to other monks. Because of this, they do not take care of me."

Then the Lord Buddha told the Venerable Ananda, "Ananda, bring me some water, we will bathe this monk together."

The Venerable Ananda responded to the Lord's words and brought some water.

The Lord Buddha bathed the monk and the Venerable Ananda helped cleansing him. Then the Lord took hold of his upper body, and the Venerable Ananda the lower end, and carried the monk over to his bed.

Then the Lord called for a community meeting based on the incidence. Then, the Lord said: "Monks, is there a sick monk in the hall?"

"Yes, my Lord."

"From what illness he suffers?"

"Diarrhea, my Lord."

"Is there any one who attends him?"

"No one does, my Lord."

"Why is there no monk to take care of him?"

"Monks take no care for him because he has not been good to any of his brethren, my Lord."

"Monks, you have no mother or father to take care of you. If you do not take care of each other, who will take care of you? Monks, who want to care for me, should care for the ill[10]. If you are ill and you have a preceptor, your preceptor should take care of you for the rest of your life or cured. If not a mentor should take care of his students for the rest of your life or cured. If not a fellow student should take care of his masters for the rest of their lives or cured. If not an inner student should take care of you for the rest of your life or cured. If not, students of the same preceptor should care of you for rest of your life or cured. If not, students of the same mentor should take care of you for rest of your life or cured. Without any preceptor, mentor, fellow student, inner student, apprentice of the same preceptor or mentor, the Community should take care of you, otherwise, this will befall every member of the Sangha for their misconduct. (Vin. I, 302) [11].

The story in the Book of Monastic Discipline of the Theravada tradition has clearly demonstrated several ethical principles in Buddhism. Not only that it shows that the model of the Buddhist monastic community, according to the Buddha, was built on the model of a good family wherein members of the Sangha are to care for one another like brothers and sisters in time of health and illness. Senior monks and nuns should be responsible not only for the progress of the spiritual wellbeing of their junior fellows but also their physical health, and their engagement is life-long as illustrated in the wording "for the rest of your life or cured."

**Buddhist inspiration for human care**

The above story also gives a strong inspiration of Buddhists to care for the ill. The Buddha's saying: "Who wants to take care of me should care for the ill," is not an injunction for any monk to take care for the ill. The Buddha could have said "You must take care of the ill for me." The Buddha's saying is rather an inspiration and not a command to his followers. It faithfully shows respect for a person, and is consistent with other parts of the Buddhist cannon the Lord Buddha never issued any commandment. Nevertheless,

we can also interpret the saying as simple as "The care given for the ill is the care given to the Buddha," because the Buddha was a loving lord who was concerned about the well being of any living creature. The care that one offer to others is the care that one gives in service of the Buddha.

In a deeper analysis, however, the saying reflects a transcendental aspect of the human condition that every human being is an embodiment of the Buddha Nature, the entity that enables one to be enlightened. As the foundation of our humanness is rooted in the Buddha Nature; care that is provided to an individual is indeed the care provided to the Buddha. For Buddhists, the service of care to other is already the end in its self. It is not a mean to gain wealth or recognition from the society or others, and not even for a word of "thank". Followers of the Buddha should always be sensitive to need for the well-being of others. Rendering one's service to other fellow human being is already a merit on its own virtue. The saying could have been the original inspiration for the early Buddhist Sangha to care for the ill, and the Sangha is not just a spiritual institution but also a community of human care and nurturing.

The saying of the Buddha in the last paragraph also names many positions in the Sangha who serve as teachers, such as preceptors and mentors, and two more for studentship. This displays a basic foundation of the Sangha as a teaching institution in the society where the main activities are educational. We may deduce from the above story that the main concerns of the Sangha are, therefore, of three folds, namely, spiritual, educational and health. These three functions can without doubt be applied in holistic health care system at the grass-roots community. The impact could be strongest among countries dominated by Theravada Buddhism, namely, Thailand, Lao PDR, Myanmar, Cambodia and Sri Lanka.

According to the model of care in the Sangha, the three functions of care are the foundation of the quality of life of each individual. One should not be ruled out from the rest. Thus, based on this concept, the foundation of community care is the triangle of the Quality of Life as follows Fig. 1.

In Thailand, for instance, Buddhist monks who were versed in herbal medicine were responsible for health care of people since the 13th Century when Sukhothai was the capital of Siam. Even in our modern time, when the role of Buddhist monks have been much replaced by doctors who are trained from We stern model of medicine, monks are still respected by villagers as their family consultants and village doctors. Some monks in Thailand are active in promotion of health care services and community care for villagers at grass-roots level such as health care saving fund set up by Phra Acharn Subin in Trad province and Teacher Chob in Songkhla[12].

**Towards a more culturally appropriate model of community care**

Thai community culture is an untapped resource for public health services, both in the city and rural areas alike. Nurture and care have been a great strength of Thai people. The priceless cultural value could be strengthened further by religious teachings and school education.

Under supervision of local teachers and community leaders, people could team up as volunteers in the areas of education and health care to work for the benefit of people everywhere. Such volunteers could be recruited from among retired workers, teenagers, and others. In this way, the cost of health care and life-long education would be minimized, as people were trained and volunteered to help each other in community-based education and health care services.

The government could support them indirectly and set goals and standards for their operations. The success of these organizations would be based on effective volunteer recruitment and training programs. The government could directly monitor their output and quality control.

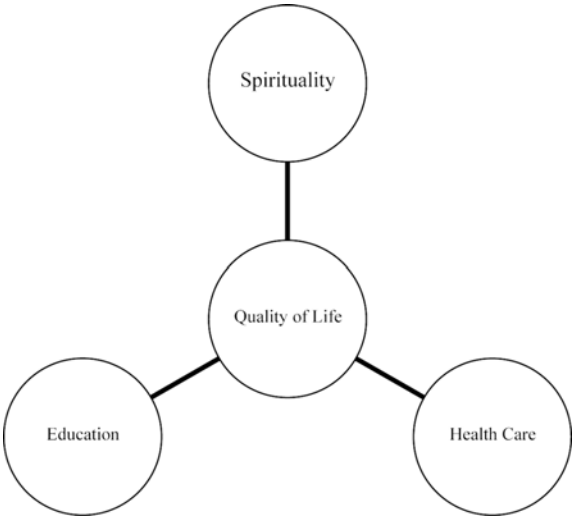


**Fig. 1** Triangle for the quality of life

**Emerging essential elements for communitarian health care system**

In spite of the current volatile political situation of Thailand, several factors are essential for an alternative community care and have emerged. For example, the National Health Act, which was drafted by the people, was passed by the National Legislative Assembly. This will allow decentralization of power and budget to local communities[13]. Although, the Act has received a number of criticisms for the loopholes in some of its articles, especially on the issues of the Right to Die and the mandate of informed consent document in every human experimentation project[14], the Act will prompt social mobilization for better health care in local communities throughout Thailand. The second factor is the shifting of public health policy that is enforced by the Ninth National Economic and Social Development Plan[15]. This is expressed in the websites of the National Heath Security Office and Office of National Health care Reform to involve more volunteering and civil society. These websites show series of talks by Professor Dr. Prawes Wasi[16], the highly respected guru of the Rural Doctor Group on the merit of volunteer participation. He also introduced the concept of "The Triangle that Moves Mountain" which combined social mobilization with knowledge creation and political engagement[17]. The third factor is the emerging local health security organizations at the grass roots run and owned by the people. These organizations mainly serve as village health security funds, which require low membership fee, some as low as one bath a day to subsidize hospital fee and treatment. Some of them identify themselves as religious and demand their members to vow not to smoke or drink. The fourth factor is the decentralization of power to district governments as mandated by the constitution of 1997, and the volunteer training program of the Ministry of Public Health which have been operating for over twenty years. Currently, there are about six million people who serve as volunteers in various sectors of Thai society as registered with the Ministry of Culture[18].

These resources can be managed together at the grass roots level and organized to serve as a holistic health care program in which education and religion are integrated into its primary functions of the Triangle of the Quality of Life. The three of them are needed throughout the life of every one. Coordinated programs should be created locally to promote health, spirituality and education and raising community awareness among people of different walks of life. Financially, these grass-roots organizations are local NGOs. They are more flexible in their operations as they are owned by the people. They may also fundraise from the public or community in order to organize their community activities, as well as receiving supports from the government.

When the model is employed, volunteers can be recruited from various parts of the community. Younger generations as well as the elderly can be trained to work together and supportive of one another. Further, young volunteers who have proved themselves having genuine interest in social work should be awarded scholarship to university education as doctors, nurses, or other professional. These local organizations can also run effective screening programs to recruit new students for medical and nursing schools. Candidates for medical and nursing schools should be required to do volunteer work in their local communities. As a result, we will have more medical personnel recruited from provincial areas who are dedicated to the local communities. In this way, younger people will have more incentive to volunteer for social welfare, and after finishing their education, they may be required to serve in the community. The country will have more moral-minded doctors and nurses. Greed in material wealth will decrease and drive to corruption will decrease. This will be a leap forward to sustainable social development.

On the other hand, recruitment of elderly people to work in these centers will raise their level of quality of life. Older volunteers may participate in recreation programs for health promotion as well as continuous education. They could learn arts and skills of teaching though which their experience and expertise could be passed to younger generations. As they are supporting one another, the quality of life of the community increases and the bonding among people gets stronger and healthier. Another possible benefit that can come is the decrease in problems of drug addiction and social violence. The results are opposite to that of the egalitarian and libertarian systems of health care, which are more or less catalyzing the breaking down of family units and individualism.

**Where to start: existing best cases recognized by the Office of Health care Reform**

Introduction of the model of community health care is crucial to the success of health care reform of Thailand. This should be a coordinate holistic care initiative that involves at least four ministries of the Royal Thai Government, namely, the Ministry of Public Health, the Ministry of Education, Ministry of Culture

and the Ministry of Social and Human Resources, not to mention the National Office of Buddhism. The aim of which is to increase the quality of life of the people through their shared community efforts.

One of the most appropriate approaches is already mentioned on the website of the Office of Health care Reform of the Ministry of Public Health. These centers, such as the Health Saving Fund run by an abbot in Trad province, Phra Acharn Subin, were initiated by the local leadership and related to spiritual values that bind members of the community together. These local grass-roots organizations already provide subsidies for their members in case of illness without government support where each member pay only minimal amount of premium about 1 baht a day and run by volunteers. They have potentiality to extend their services in many more projects on health promotion, continuous education, and recreation. A culturally-based health care system would definitely solve interrelated problems in the fields of aging population by health promotion and religious activities. Traditionally, Buddhist temples are community centers where Buddhists fundraise for various community activities. They can serve as resource for the promotion of the quality of life of local villagers as well as funding student scholarship. When these centers are well established, they can serve as models for national implementation.

Strategically, the government should introduce the health care model in communities with strong leadership and community participations. Candidates for the pilot projects are already shown on the website of the Office for Health care Reform, starting with analyzing community's history and structure to understand its potentiality and strengths[19]. The project should take into account cultural values of the villagers and their ways of life. All initiatives should be based on the creativity of local participants. Government may need to provide initial funding at the grass-roots level. This communitarian system of health care already has support from political critic in Thai society, Mr. Therayuth Bunmee[20].

In this way, Thailand can be the pioneer in communitarian health care reform, which is entirely different from the egalitarian model, advocated by the EU, and the libertarian model as that of the US. It will be the health care system that truly belongs to the people, for the people and by the people based on respect to human rights and dignity, as well as culturally friendly to Asia. Given that the model is successful, it may also be introduced to other developing countries in Asia and Africa.

**Traditional weakness in promotion of the holistic model of community care**

Although Buddhism is the source of the communitarian health care model, the predictable obstacle in pioneering is the model in Thailand are monks and nuns most of whom are not encouraged to have social interest. Under the current feudalistic administration of Ecclesiastical Council, monastic members of the Thai Sangha are under rigid system of hierarchical administration closely connected to the monarchy. Most high-ranking abbots in Thailand are not socially engaged or scholars in Buddhism. In fact, most of them are astrologers, amulet producers, or masters of magic and rituals. Besides, the conventional systems of interpretations of the Law of Karma and Buddhist soteriology, also known as Kammatic and Nibbanic Buddhism[21], allow few of Buddhists to see themselves responsible to social change, especially on problems of public health and education. This is a major hindrance for social development[22].

The problem can be solved by government policies. Firstly, the government has to decentralize ecclesiastical regulation so that religious administration is in the hands of communities. Secondly, the government has to support courses and training for socially engaged Buddhist leadership in order to produce new generation of monks and nuns who will be active in solving social problems. The programs should be rooted in both Buddhist doctrine and theories of social development. Thirdly, Buddhist women should be empowered to work in social activities through their education and be leaders in their own local communities.

**Conclusion**

Culture has been the forgotten resource for health care reform in Thailand. Thai culture, which is highly influenced by Theravada Buddhist ideology, has been an inspiration for people to offer themselves as volunteers for the need of others. Based on the model of care in Buddhist community, a new community based system of life-long care can be established in the various parts of the country, urban and rural alike. The system of care will cover three main functions of Buddhist community, namely, spirituality, education, and health care services. All these three functions, although they are basic requirement for quality of life of individuals at the grassroots, have been separated from one another by governmental bureaucracy. The alternative health care model is not like most health care reforms that have taken place in the US and

European countries, which have been about changing system of financial payment of the government. The communitarian system will require reformation of thought and work ethics of local participants at the community level. It will be more morally integrated wherein volunteers will be inspired by spiritual values and self-dignity. They will be main sources for this new health care model, which should be partly funded by the government budget and partly by the community. Government may support volunteer promotion programs to acknowledge personal contribution by each volunteer. Religious inspiration can be one of the main driving forces for people to share their time in serving their community.

By linking the program with higher education for young volunteers, who have proved themselves truly interested in elevating quality of life of people, should be granted scholarship in faculties of medicine or nursing. This will elevate the quality and morality of health care professionals of the future generations.

The grass roots organizations should be more appropriately called "Centers for the Quality of Life" as they will be responsible for life-long education, health care services, health promotion, and recreation, as well as spiritual well-being. Apart from cheaper expense per capita, the expected benefit will not only be better higher quality of life of the people but it will bring about better community with less problems such as drug dependency, child abuse, corruption, etc. In the mean time, social welfare of the members of the community will increase with moral and social responsibility of the people. Future older population will have better care and can function as main contributors to their community.

When the models are nationally implemented, medicine and public health will be more independent of each other. This independency will allow medical personal to further their research in medicine, which will enhance progress of medical technology. Additionally, the public will have more authority in administrating their health care services for life-long elevation of their quality of life. The starting point for the development of the centers for quality of life is in the list of best practices recognized by the Office of Health care Reform where local leadership has already initiated their own health care services for local villagers.

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## *รูปแบบของระบบการปฏิรูปสาธารณสุขเชิงพุทธ*

***พระเมตฺตานนฺโท ภิกฺขุ***

*แม้ว่าในปัจจุบันการบริการสาธารณสุขในประเทศไทยได้แพร่กระจายไปสู่ทุกจังหวัด รูปแบบการสาธารณสุขที่เหมาะสมกับประเทศไทยก็ยังเป็นที่ถกเถียงกันอยู่ ควรหรือไม่ที่ระบบการบริการแบบตลาดเสรี โดยให้บริษัทประกันสุขภาพภาคเอกชนเป็นผู้รับจัดการ ดังเช่นในสหรัฐอเมริกา หรือ ควรที่รัฐจะใช้ระบบรัฐสวัสดิการตามแบบอย่าง ของประเทศในยุโรปที่ประชาชนแต่ละคนได้รับสิทธิเสมอภาคกันในการรับการบริการจากภาครัฐแบบประเทศสังคมนิยม บทความนี้นำเสนอแนวคิดเชิงวิเคราะห์เพื่อตอบคำถามที่ว่า รูปแบบของระบบสาธารณสุขที่เหมาะสมที่สุดของประเทศไทยคืออะไร? โดยอ้างอิงหลักฐานจากพระไตรปิฎกของพระพุทธศาสนาแบบเถรวาท บทความ บทวิเคราะห์ และข้อคิดเห็นต่าง ๆ ของนักคิดไทยร่วมสมัย เพื่อคัดกรองเพื่อให้ได้มาซึ่งรูปแบบของสาธารณสุขที่เหมาะสมแก่สังคมไทย*