In Thailand scientific medicine was introduced in 1888. From its inception it was based on a biomedical model organized through hospital care provided by specialized physicians. Thai Doctors were and generally continue to be hospital doctors. In 1991 family medicine was introduced. In 2001, Primary Care Units (PCUs) were set up nationwide, based on the experience of the first family practices. The thesis presents the rationale for the introduction of family medicine and describes the process through which small scale experimental introduction eventually developed into a national policy. It focuses on the performance of doctors in the different ambulatory settings. Health care provider behavior is observed through simulated patients and patient satisfaction assessed through exit surveys. Several complementary studies with randomly chosen facilities and doctors in Bangkok as well as throughout provinces provide an empirical basis to build health policy upon. The added value to the Thai health care system resulting from the introduction of family medicine can be summarized as follows: (i) family practices appeared to increase patient-centredness, with improvement in responsiveness and control of cost; particularly in family-practice-health-centres rather than outpatient-departments of hospitals(ii) family practices were perceived by patients as better than non-family practices in the public as well as in the private sector. To change the paradigm of health care delivery several constraints a.o. in medical education, career perspectives offered and career choice still have to be overcome.

Curriculum Vitae