

**PATIENTS' EXPERIENCES, PERCEPTIONS AND MEANINGS
ON ACCIDENT AND EMERGENCY SERVICES
UNDER THE UNIVERSAL COVERAGE SCHEME**

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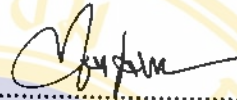
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(PHARMACY ADMINISTRATION)
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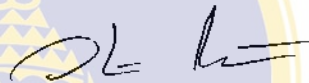
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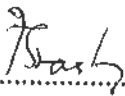
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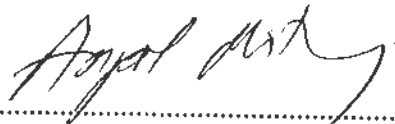
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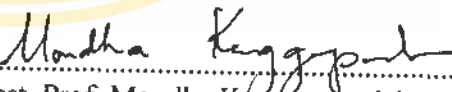
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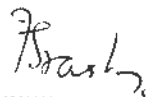
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Sucheera Jaroervisitkoson

PATIENTS' EXPERIENCES, PERCEPTIONS AND MEANINGS ON ACCIDENT AND EMERGENCY SERVICES UNDER THE UNIVERSAL COVERAGE SCHEME

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ABSTRACT

A universal coverage scheme based on a 30 baht contribution for visits to public hospitals was established in Thailand in 2001. A gold card allows patients access to services outside their registered health facilities in cases of accident and emergency illness.

The objective of this research was to explore the experiences of people utilizing service outside registered health facilities, perceptions of gold card rights and the meanings given to emergency illness under the Universal Coverage Scheme. Data were derived from 141 informants, 52 patients and 89 relatives. The informants were selected from 15 community and general/regional hospitals in 6 provinces. Informal and group interviews were used for data collection.

The experiences of the informants in utilizing accident and emergency services outside their registered health facilities were classified into 2 categories: situations in which the gold card could be used and situations in which it could not. The reasons that lead patients to use the service outside their registered health facilities were summarized into 5 categories: hospital staff, patient, gold card coverage, severity of disease and accessibility of services.

The result showed that people got information about how to use a gold card outside registered health facilities in cases of accident and emergency from many channels including mass communication, hearsay from relatives, recommendations of health personnel, and past or current experiences. The study revealed that there was a lot of misunderstanding about the criteria of using such service outside registered health facilities which affected patients' behavior in utilizing services subsequently.

The meanings of emergency illness from the informants' view were classified into 5 groups: First, the illness happening suddenly and unpredictable; secondly, the illness happening outside hometown; third, the illness happening during the nighttime; fourth, being a coma state; finally, the illness being caused by on accident.

The most frequent problems related to the service utilization in the patients' view were behavior of the provider, quality of service, and perception about gold card coverage.

The findings gave useful information about experiences, perceptions, meanings and reasons of utilizing services outside registered health facilities including, problems, obstacles, attitudes and suggestions for accident and emergency service. It can provide the basic information for improving and developing policy to increase both quality and benefit of accident and emergency service for the patients.

KEY WORDS: EXPERIENCE / PERCEPTION / MEANING / ACCIDENT AND EMERGENCY SERVICE / UNIVERSAL COVERAGE SCHEME

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ประสบการณ์ การรับรู้ และการให้ความหมายของผู้ป่วยต่อการบริการอุบัติเหตุ และเจ็บป่วยฉุกเฉิน ภายใต้ระบบประกันสุขภาพถ้วนหน้า (PATIENTS' EXPERIENCES, PERCEPTIONS AND MEANINGS ON ACCIDENT AND EMERGENCY SERVICES UNDER THE UNIVERSAL COVERAGE SCHEME)

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บทคัดย่อ

การศึกษานี้มีวัตถุประสงค์เพื่อศึกษาประสบการณ์ การรับรู้เกี่ยวกับสิทธิ และการให้ความหมายของอุบัติเหตุ และเจ็บป่วยฉุกเฉินในมุมมองของผู้ใช้บริการ ทำการเก็บข้อมูลจากผู้ป่วยและ/หรือญาติที่มีประสบการณ์การใช้บริการข้ามเขตกรณีอุบัติเหตุและเจ็บป่วยฉุกเฉิน จำนวนทั้งสิ้น 141 ราย พื้นที่ที่ศึกษาคือโรงพยาบาลชุมชนและโรงพยาบาลทั่วไปของรัฐ 15 แห่ง ใน 6 จังหวัด โดยใช้วิธีการเก็บข้อมูลเชิงคุณภาพ ได้แก่ การสัมภาษณ์อย่างไม่เป็นทางการ และการสัมภาษณ์กลุ่ม

จากการศึกษาพบว่าประสบการณ์การใช้บริการข้ามเขตกรณีอุบัติเหตุและเจ็บป่วยฉุกเฉิน มีทั้งประสบการณ์ที่สามารถใช้สิทธิบัตรทองได้ และประสบการณ์ที่ไม่สามารถใช้สิทธิได้ เหตุผลที่ผู้ป่วยไปใช้บริการข้ามเขตสามารถแบ่งได้ 5 ด้าน ได้แก่ เหตุผลจากเจ้าหน้าที่ เหตุผลจากผู้ใช้บริการ เหตุผลจากสิทธิของบัตรทอง 30 บาท เหตุผลจากความรุนแรงของโรค และเหตุผลจากการเข้าถึงบริการ

ด้านการรับรู้เกี่ยวกับการใช้สิทธิบัตรทองข้ามเขตกรณีอุบัติเหตุและเจ็บป่วยฉุกเฉินมาจากสื่อต่างๆ คำบอกเล่าของบุคคลรอบข้าง คำแนะนำจากบุคลากรสาธารณสุข และประสบการณ์ความเจ็บป่วยทั้งในอดีตและปัจจุบัน ซึ่งจากการศึกษาพบว่า การรับรู้ของประชาชนเกี่ยวกับบัตรทองและความเข้าใจเกี่ยวกับการใช้สิทธิกรณีอุบัติเหตุ และเจ็บป่วยฉุกเฉินยังมีน้อยและคลาดเคลื่อนไปจากความเป็นจริงอยู่มาก และได้ส่งผลต่อพฤติกรรมการใช้บริการในครั้งถัดมาของผู้ให้ข้อมูล

ความหมายของการเจ็บป่วยฉุกเฉินในมุมมองของผู้ใช้บริการแบ่งได้เป็น 5 กลุ่ม ได้แก่ 1) เกิดขึ้นกะทันหันไม่รู้ตัว 2) เกิดอยู่ต่างถิ่น 3) เกิดในเวลากลางคืน 4) อาการรุนแรง โคม่า โรคที่เสี่ยงกับความตาย และ 5) อุบัติเหตุ

ปัญหาและอุปสรรคที่พบเมื่อผู้ป่วยเข้ารับบริการ ได้แก่ ปัญหาด้านพฤติกรรมบริการของเจ้าหน้าที่ ปัญหาด้านคุณภาพการบริการ และปัญหาด้านการรับรู้และการใช้สิทธิบัตรทองข้ามเขตกรณีอุบัติเหตุและเจ็บป่วยฉุกเฉิน

จากผลการศึกษาทำให้เข้าใจถึงประสบการณ์ การรับรู้ การให้ความหมาย และเหตุผลที่ผู้ป่วยบัตรทองใช้บริการข้ามเขตกรณีอุบัติเหตุและเจ็บป่วยฉุกเฉิน รวมไปถึงปัญหา อุปสรรค ในการใช้บริการ รวมไปถึงทัศนคติ และข้อเสนอแนะของประชาชนในด้านต่างๆ ซึ่งมีความน่าสนใจในการนำไปเป็นฐานข้อมูลในการปรับปรุงและพัฒนานโยบายหลักประกันสุขภาพถ้วนหน้า เพื่อให้การดำเนินงานมีประสิทธิภาพและประชาชนได้รับประโยชน์สูงสุด

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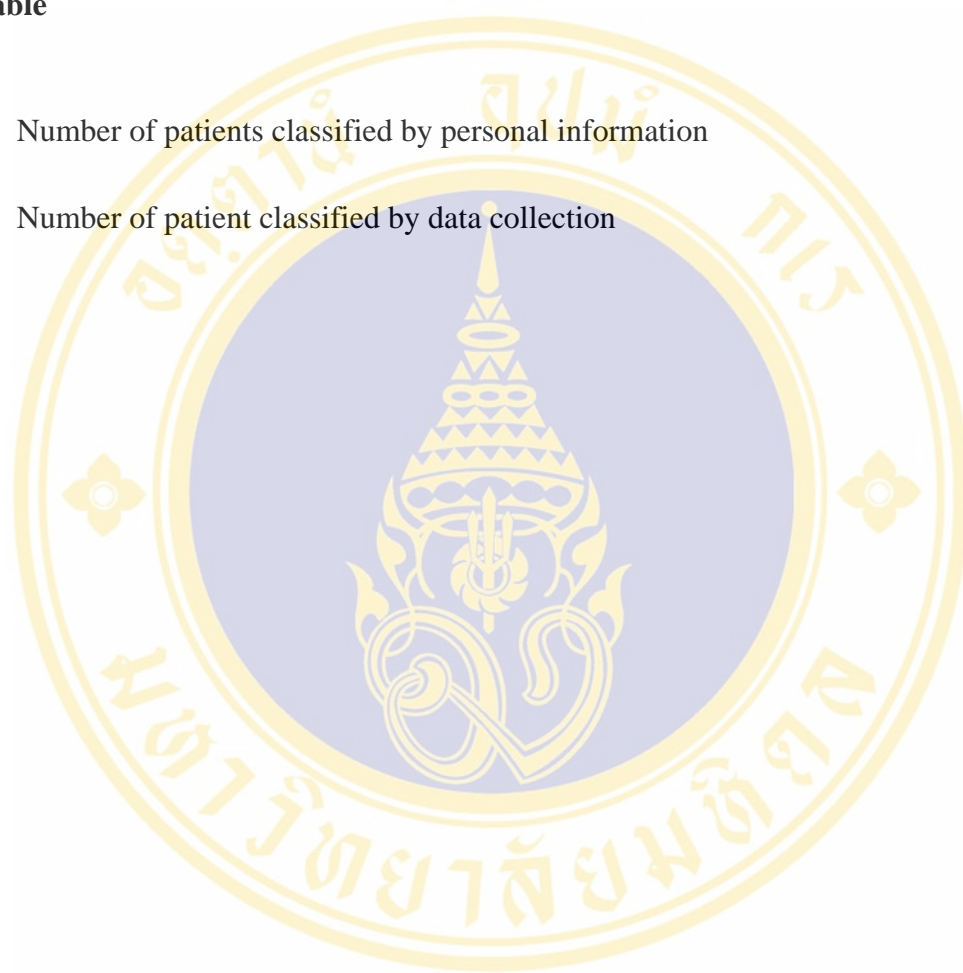
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CHAPTER I

INTRODUCTION

Background and rationale

In April 2001, the policy on universal coverage (UC) of health care was begun and was implemented incrementally by the government of Thailand with the aim to provide access to health care according to health need for the uninsured population. The UC concept was started as a pilot project in 6 provinces in which the financing mechanism was based on capitation for ambulatory care and a global budget with Diagnostic Related Group (DRG) for hospitalization. Service providers were mostly limited to the Ministry of Public Health (MOPH) jurisdiction, as the MOPH is the sole healthcare providers in rural areas covering 69% of Thai population. (National Statistical Office, 2004) By April 2002, the UC was implemented at the national level covering all 76 provinces of Thailand.

In the past, many organizations evaluated the Universal Coverage Scheme (UCS) both in term of providers and patients for all location in the country. The quantitative studies found that the disadvantages of utilization services under the UCS were it didn't cover some diseases, patients can use only one hospital which caused problems on migration, quality of services was unequal, patients were not referred to the hospital that they regularly visited prior to the UCS and this caused problems on continuity of treatment, issuing identification card was found inconvenient and time-consuming, the information about this project was unclear for the patients. (Khruaeon Manittayakul, 2002)

The access to health services is through registered government health facilities or private establishments, and follows a referral system from a primary care unit at health center or nearby health facility. Although the patients' rights under UCS were limited only one hospital in golden card, it found that patients still utilized medical health services outside the registered health facilities. At Surin province, 32.6% of

patients had ever utilized services outside the registered health facilities. In these cases, most of them utilized services at hospitals and clinics were 69.43% and 24.84%, respectively. (Charoon Daongporn, 2004) One study showed that utilization behavior outside the registered health facilities was measured by Net Flow Ratio (NFR) which ratio of registered patients who utilized services outside the registered health facilities to unregistered patients who utilized services at unregistered health facilities. During year 2000 to 2001, NFRs of Srisaket province were 2.278 and 3.538 and NFRs of Saraburi province were 0.189 and 0.288 consecutively. It means that a lot of registered people of Srisaket were use services at other provinces and a lot of unregistered people were use services at Saraburi province. (Suphasit Pannarunothai, 2002) In term of utilization of health services, if patients' expectation different from their experiences such as inconvenient services, insufficient instruments, high medical costs, impolite communications, not clearly information, these were lead to unsatisfactory utilize service. (Viroj Tangcharoensathien, 1997) So, utilization behaviors depend on patients' satisfaction (Kwan, 1994; 2:37-9) and several factors.

Under the UCS, utilization behaviors outside the registered health facilities are allowed only accident and emergency cases. Because of accident and emergency conditions are unpredicted, this system was created to unique pattern. NHSO provided services for these cases which they can use golden card for utilize services at nearest health facilities that enrolled the UCS not more than 2 times per year for emergency cases and no limit for accident cases (NHSO, 2004) although they are unregistered health facilities of patients. (National Health Security Act, section 5) In addition, this system was designed to consistent with real situation that people are often moving temporarily from their residence. During that period of time, people may have an accident or emergency illness and they may be unable to get the health service at their registered health facilities.

There are three problems were caused by utilization behavior of accident and emergency services. First of all, the definitions of emergency are extensive and unclear. Patients' assessment of emergency condition is different from health personals by using medical criteria which effect confusion of patients and led to problems of utilization services outside the registered provinces. Such as, the patients

may perceive that their symptom was emergency condition but providers did not perceive that. In addition, the inappropriate utilization behaviors of patient who should receive usual medical services at the registered health facilities, they required to utilized services outside the registered health facilities which caused problems on overuse resources. Finally, reimbursement system of accidental and emergency cases within registered health facilities is different from system outside the registered health facilities (claims from NHSO) which led to moral hazard. For example, cost of services of registered hospital is push to other hospitals in spite of they can provide services. It found patients in accident case complained that they were declined treatment and were drive to other hospitals in order to avoid responsibilities (Yupadee Sirisinsuk, Jiraporn Limpananon, 2004) and another case is patient who was over treated from unregistered hospital (Suphasit Pannarunothai, 2001) which led to increasing the expenditure of NHSO.

In case of accident, emergency and high costs were assigned to claim from NHSO which prevent refusing of services. During year 2002 to 2003, NHSO found that the reimbursement of inpatients was more than outpatients at 3.3 to 3.4 folds which increasing of outpatients and inpatients were 6% and 10% respectively. (NHSO, 2004) Pongpisut Chongudomsuk and Sarai Raengdech (2003) conducted studies, during October 2001 to September 2003, on reimbursement of NHSO. They found that total cases of accident and emergency were 274,976 cases, which were 62,899 outpatients from 1,038 health facilities and 212,077 inpatients from 987 health facilities. NHSO reimbursed to unregistered hospitals amount 413.82 baht per person in outpatient cases and 7,929.16 baht per person in inpatient cases. Half of total patients were submitted from health facilities in Bangkok and in the central region of Thailand both inpatients and outpatients. Researchers debated and suggested these were caused by 1) the high proportions of health facilities and number of beds 2) many migrant workers 3) separation of area in Bangkok into 14 zones. However, NHSO had changed reimbursement system since 2004 without limitation on 72 hours since received services throughout Bangkok was counted from 14 zones to only one zone. (NHSO, 2004)

As previously declared of above, although many studies have been conducted, few have inquired about accident and emergency services and conducted with quantitative methods. This research are the consideration of experiences more broadly, the exploration of individual perceptions hypothetically and the understanding of patients' meanings of accident and emergency services. The use of qualitative methods is necessary and suitable to advance this research more than quantitative methods. The qualitative study is different from the quantitative study since the qualitative research is the method to uncover the truth in human behavior, in the theoretical. The qualitative study is not deliberated in numeric or quantity's account. Its results contain of feeling, thoughts, values, experiences in living standard, parameter and archetype. An in-depth interview is a two-way communication which interviewees are able to proceed the opinions and information. The interview method let people talk freely and always is employed with a small number of important persons. It also carries out the viewpoints profoundly which letting one speaking about their fervid deliberately. Moreover, the in-depth interview will be conducted to obtain information about this research for expression their deeply individual experiences, perceptions and meanings as well.

The information obtained can partly indicate the quality of accident and emergency services, reflect the problems of accident and emergency services and provide guidelines for solving problems that are responsive to the patients' needs.

Objective

To explore:

1. Experiences of patients and/or relatives in utilizing accident and emergency services under the UCS.
2. Patients' perceptions of gold card rights outside registered health facilities in accident and emergency case under the UCS.
3. Patients' meanings given to an emergency illness under the UCS.

Expected Outcomes and Benefits

1. Information of patients about experiences of accident and emergency services under the UCS, which will be beneficial for improving and developing the quality of services to be consistent with patients' expectation.
2. Information of patients' perceptions and meanings of accident and emergency serviced, which serve as a guideline for increasing the knowledge and understanding of patients and guideline to improving policy for policy maker.
3. Information of patients about quality of health care services, especially in term of accident and emergency services outside registered health facilities, which evaluate how to provide appropriate services for them.

Definition of terms

1. **Patient** means someone who has a golden card and comes to utilize accident and emergency services at the sites of study.
2. **Provider** is defined as a health personal who has the responsibilities to care and give treatment to patients.
3. **Gold card** refers to a social welfare benefit offered by the Thai government regarding the provision of reasonable health care. The card's owner has the rights to receive the health services, as part of the universal coverage scheme.
4. **The registered health facility** means health facility that patients registered for utilization of services.
5. **Outside the registered health facility** means health facility that is not located in the same provinces as registered health facilities of patients.
6. **Experience** is defined as knowledge, skill and information that patient and/or their relatives got directly from observation of or participation in utilization of accidental and emergency services.
7. **Perception** refers to patients' consciousness, feeling or awareness of accident and emergency services that got or interpreted from their or other experiences and their culture.

8. **Meaning** is defined as the own definition of patients about the term relates to accident and emergency of patients that depends on their worldview, experiences, knowledge, culture and environment.



CHAPTER II

LITERATURE REVIEW

The literature review is divided into 3 parts as follows;

- a. Accident and emergency service system under the National Health Security Act, 2002
- b. Reimbursement guideline for accident and emergency service provided under the UCS in the fiscal year 2004
- c. Utilizing a hospital service outside the registered health facilities
- d. Theory of Subjective Norm
- e. Relevant research works

a. Accident and emergency service system under the National Health Security Act, 2002 (NHSO, 2004)

In reality, people are often moving temporarily from their residence. During that period of time, people may have an accident or emergency illness and they may be unable to get the health service at their registered health facilities. The section 5 of the National Health Security Act, 2002, therefore provides that, in the case of accident or emergency, the right holder can have the health service at any health facilities, which are in the National Health Security System or any others which have registered at the National Health Security Office,* located anywhere nearby. In case of emergency illness, the service utilization may be accessed at the maximum of twice a year. However, in case of accident, the utilization of services across the registered health facilities may be unlimitedly requested.

*(All of those are to notify its willingness to NHSO, and they have to be fully qualified under the announcement of the NHSO Re: The standard health facilities in providing the services under the law of the National Health Security on accident or emergency cases, released on July 21, 2003.)

Veteran and disables who are entitled to medical service under the UCS may utilize the services at any government hospitals as necessary as needed. (According to the Section 6, paragraph 3 of the National Health Security Act). The utilization of accident and emergency service of the conscripts who are subordinated to the Royal Thai Navy or to the Royal Thai Air force at the health facility, which is not belong to the Navy Medical Department, or the Air force Medical Department was considered as the utilization across the registered health facilities, even though that health facility is located in the same province as the registered health facility. This health facility can submit the claim directly to the NHSO. For the conscripts subordinated to army (who have the right in accordance with the National Health Security System), the same criteria as general patients under the UCS, are applied.

The definitions of accident and emergency illness according to the guideline for reimbursement under the UCS in the fiscal year 2004 are explained below;

1. Accident, in general, means any injuries caused by external causes and normally happening suddenly.
2. Emergency illness means
 - 1) Severe disease(s) or symptom(s), which requires urgent treatment, otherwise they may be fatal and/or harmful to the other
 - 2) Any diseases that need emergency operation and can be fatal without appropriate treatment
 - 3) Disease(s) or symptom(s), which is defined by the National Health Security Committee.

The additional parameters required to be considered along with the first and second criteria are blood pressure, pulse rate, symptom, diagnosis, treatment process and urgency of treatment.

b. Reimbursement guideline for accident and emergency service provided under the UCS in the fiscal year 2004

For accident and emergency service utilization at the non-registered health facility that is located in the same province as registered health facility, no claim was submitted to the central NHSO for reimbursement. In this case non-registered health facility can get reimbursed from the provincial fund at the rate and procedure specified by the provincial subcommittee of the NHSO. On the other hand, for the accident and emergency service utilization across the registered health facilities (outside the registered health facilities' province), the health facilities that provided the service for the patients may submit the claim for reimbursement the central funds of NHSO (Before 2005, only the expenditure incurred during the first 72 hours that the patient was admitted to the non-registered hospital can be reimbursed from the NHSO. The others were covered by the patients' registered health facility itself.)

For claim submitted to the NHSO, the maximum payment for out-patients is 700 Baht per visit, with the exception of the super tertiary hospital, for which the reimbursement have no limitation. In case of in-patient, the reimbursement would be paid by the DRG with global budget system. If the provided emergency and accident service meet the criteria of high cost illness, the health facility can get reimbursed for high cost illness, as stated in the guideline for high cost illness reimbursement.

In case of road traffic injury ((Viroj Tangcharoensathien, 1993) of which the patients were protected by the protection for Motor Vehicle Accident Victims Act 1992, the patients may, firstly, file an insurance claim under the Traffic Accident Insurance (TAI) regulation for the reimbursement. This reimbursement process is the traditional indemnity insurance system. The patient has to pay out-of-pocket for the health care expenses, and then submit the claim to an insurance company. The claim has to be initiated within 180 days after the accident occurs.

Reimbursement for the preliminary coverage is intended to be fast track. It is based on the no-fault system in which the claim process does not require a final agreement on which party causes the accident and consequently is liable for the damages. Payment has to be made by the insurance company or the Central Fund to the injured patient within seven days after receiving the claim. The hospital that provides health care to the patient may be authorized as the patient agent in making a direct bill to the insurance company or the Central Fund. Documents needed for the reimbursement are minimal. This includes a hospital bill and patient identification. An additional police record is needed for claim to the Central Fund. For death cases, a police record and death certificate is required.

Under the current TAI regulation, the preliminary coverage for health care expense is limited to 15,000 baht per injured patient, in part, and the rest can be reimbursed by the National Health Security Funds (if the patients are under the UCS). Compensation for a death case is paid in the full amount of 15,000 baht. For an injury followed by death, the insurance benefit is set at the maximum of 30,000 baht.

Pain related to pregnancy and laboring has been considered emergency situations. However, the reimbursement for the medical services across the registered health facilities will be approved only if the illness happens outside the province, where the registered health facilities is located (Pongpisut Chongudomsuk and Sarai Raengdech, 2003)

c. Utilizing a hospital service outside the registered health facilities

From the past, People of Thailand has a freedom in decision making for utilizing a health service. As a consequence, patients with an unserious illness often utilize a health service in a large hospital instead of a community hospital located in residence area. As a result, utilizing hospital service outside the registered health facility becomes a major problem of many hospitals and that is the reason why these hospitals establish regulations to enforce a patient who hold a health insurance. Below are the factors of utilizing hospital service outside the registered health facility. (Suphasit Pannarunothai, 1988)

1. **Transferable system.** A patient's transfer system is one factor that affects in utilizing hospital service outside the registered health facility. Whenever a primary health center or hospital rejected patients, they will be transferred to an upper level hospital in order to give an appropriate treatment to patients. Generally, patients with a transfer system are mostly an inpatient.
2. **A seriousness of disease.** A seriousness of disease is one of the most important factors that lead patients to utilize a hospital service outside the registered health facility. This reason affects this group of patient in a high rate of inpatients, who mostly have a chronic disease.
3. **A distance.** A distance from patient's residence to a hospital is another factor that affects utilizing hospital service outside the registered health facility. Especially, the area that is a boundary line between 2 provinces
4. **A transportation/ Potential of treatment.** Potential of treatment is a major reason for patient to transport across a province's boundary to utilize a health service in a large hospital. Another factor is transportation, a limited transportation channel to a health center is a major obstacle for patient to take a service.
5. **Income/Career and a right in health service.** Generally, an average income of patients has not significant in difference. Most of patients who utilize a hospital service outside the registered health facility are willing to pay for their charges or claim for their right. Also, they have a low rate of using a transfer system.
6. **A treatment history.** The patients who utilize a hospital service outside the registered health facility familiar to use a same hospital service because they often have a treatment history at that hospital
7. **A perception of hospital's information.** Hospital's information can be classified to 5 categories as below;
 - General information
 - Positive information

- Negative information
- Treatment information
- Latest information

Normally, this information is provided in a large hospital. Patients who utilize a hospital service outside the registered health facility receive hospital's information from communication channels and other media including hearsay from relatives and friends.

d. Theory of Subjective Norm

In everyday life, normally, people are affected by the social norm and people tend to behave as the same as major people in the society. It is believed that if individual perform the behavior the same as majority of people, he/she will be accepted and trusted by that group of people.

Subjective norm is one of the social behaviors of humanity. The meaning can be explained in two ways, firstly; it is the behavioral adjustment of individual to the norm of social, secondly; it is the surrender of individual to the social pressure to perform the same as other people in the social. The reasons that individual follows the subjective norms may be because of people do not want to be rejected from the group that they are the member. So the norms of Reference group (Neon Pinpradit, 1998) affected the individual's behaviors.

Many researchers gave the definition of Reference group as following:

Hyman (1942, referred by Ngamta Vanintanon, 1983) is said to invent the term, "reference group." As a facet of behavior, he focused on "subjective status," which, he defined, is what one thinks of his/her own position compared to other people. The group is points of comparison when an individual evaluates one's status. Therefore, when an individual changes the reference group which he/she has used in making a self-evaluation, judgments of his/her own status also shift. Or it can also be said that reference groups cause an individual to change the scales he/she uses in making self-

evaluation. In many cases, reference group meant the group the individual were a member or wanted to be a member. Normally, people had more than one reference group included both membership reference group and non-membership reference group. However, membership group typically referred to group that individual purely was a member of the group in physical manner and mental manner.

Moreover, Sakthai Surakijbavorn (2002), defined the reference group was that the group individual perceived he or she had major similarity, or wanted to be similar as if those people in reference group.

In addition, Kelley (1952, referred by Sakthai Surakijbavorn, 2002) described two uses for reference group. One is a group in which an individual has the motivation to increase and keep acceptance. A person thinks the members of the reference group examine and judge him/her, and they give acceptance to the person or hold it back. Therefore, his/her attitude tends to be congruous with what they think to be the opinion generally agreed by the group members. The other use is when a person employs reference groups as a point of reference when he/she evaluates oneself or other people. He stated that individuals seemed to make use of the same reference groups both in making judgments of oneself and in judging others. Extending his view, he introduced two functions of reference groups which will play different roles in forming one's attitudes.

1. Normative function. This function is supposed to set and to impose standards for the individual. It works as a norm-setting when a reference group gives rewards or punishments to a person in accordance with the evaluation of how much he/she conforms to standards of behavior as well as attitude. Kelley expected this function to lead to a theory of motivation. It is said that, when a person cannot obey the norms of the group, which serves as a normative function, the individual is likely to have a negative evaluation of him/ her.

2. Comparison function. This is to become a point of comparison that an individual will use to make an evaluation of oneself and others. This type of reference group works as a standard for a person to the degree that the members' behavior, attitudes, characteristics, etc. in reference groups show comparison points, which the

individual employs in making judgment and assessment. Kelley suggested the comparison function of reference groups becomes partially a general theory of perception.

According to Subjective Norm Theory, it could be related to the study of behaviors of people in using physical services under Golden card coverage that; card holders performed their behavior in using the services at the registered hospital because they were affected by the reference group which they had a membership, or there was a relation between reference group's behavior and individual's behaviors in using the services. The reference groups were included family's members which were parents, husband or wife, brothers, sisters and non-family's members which were neighbors, colleagues, public health officers, community public health volunteers, head of village, head of sub-district, members of Tambon Administrative Organization, medias, television, radio, community broadcast, published materials (newspaper, magazine, and newsletter). Golden card holders would depended on these information given, and made comparison reference and guideline for themselves to follow or make decision whether to perform the behavior of using services or not. It could be said that, if the cardholder received information from reference group, physical services group and this might lead the card holder to behave followed the group.

In this research, the researcher stipulated the cognizance of information from the reference group as an independent variable affected behaviors in using the medical services of Golden card holders. The terminology of the cognizance of information by reference group was that: when the card holders went for the medical services that in accordance with 30 Baht Scheme because they received the information from the reference groups about the using of medical services.

e. Relevant research works

1. Relevant research works related to behavior of utilizing service under the UCS

Sarayuth Somsri (2002) studied the behaviors of golden card holder under the 30 Baht Scheme in using medical services at Nongbualumpu Province. (Thesis in partial fulfillments of Bachelor degree of Liberal Arts)

When considering about the reasons behind the behaviors of golden card holder in which they did not go to the registered hospital, it was found that; there was ranked in 3 highest reasons, firstly with proportion of 45.9%, because card holder unsatisfied with the medicines given in less amount and did not want to wait for the long period of time, secondly (33.6%), unsatisfied with the services and thirdly (13.1%), unsatisfied with the knowledge and expertise of the physicians respectively. The least proportion (6.5%) that people reported was that the inconvenience of transportation.

2. Relevant research works related to satisfaction of regular medical services utilization under the UCS

Truta Meethum (2002) studies outpatients' satisfactions toward a performance of health facility under a policy of UCS: Case study of Srisakate Hospital. For data collection process, the researcher used both Qualitative and Quantitative method. In-depth interviews were provided to 30 people, who take a hospital facility in a period of February, 25, 2002 – April, 30, 2002 and the research result indicated that most of them were provided only a golden card by health center staff or public health volunteer but not for any suggestions and recommendations. They usually got golden card information from media, television, and an announcement board. In a case of using golden card for traffic accident, people still confused in a word "an accident case". They thought that a traffic accident was included in an accident case. So, they expected to use their golden card in the nearest health facility. Some patients had a negative attitude toward golden card because it was not valid for a traffic accident.

For a convenience aspect, the research result showed that most of patient got a satisfaction in a high level. They give their reason that a hospital increases its efficiency of service system better than before.

In a case of an elder patient, a handicapped and an illiterate, a hospital should prepare an officer to help these people filling their personal information as well as to take them to get a treatment in an appropriate department.

Originate of 30 Scheme, people unanxious about their hospital expenses. However, some patients especially the ones who live in a remote area have to spend for other expenses such as a transportation cost. As a consequence, they feel that it is not worth for them to spend more for these expenses. Besides, a group of people who hold a 500 baht health insurance card feels that it is not worth for them to spend their money every time for hospital visiting.

A result of an in-depth interview about a quality of health service indicates that for patients who hold a Golden card, physicians often ask them about their symptoms and give medicine without further diagnose such as blood check and X-ray. Besides, some patients complain about a low quality of medicine. No matter what symptoms patients have, they only given a painkiller.

Khrueaon Manittayakul (2002) studied evaluated customers' satisfaction and customers' problems among hospitals in Muang and Maerim districts, Chaingmai province. A total sample of 400 was obtained. The results revealed that customers were highly satisfied with hospital services, technology and buildings. However, they were moderately satisfied with this project. The disadvantage of the project was that it didn't cover some disease. Customers can use only one hospital which caused problem on migration, unequal hospital quality and services. They were not referred to the hospital they regularly visited prior to the project and this caused problem on continuity of treatment. So they suggested that the golden card should be used in all hospitals without limitation.

3. Relevant research works related to characteristics of accident and emergency service utilization

Pongpisut Jongudomsuk and Sarai Ruengdej (2004) studied accident and emergency cases in the UCS that claims submitted to the NHSO from October 2001 to September 2003, for totally 274,976 patients. It was found that male patients were slightly predominant (male: female = 1.18: 1). About two-third of accident and emergency cases were in-patients (68.40%), almost of them in range of age were 21-30 years old (23.30%), in the next order were not exceed 10 years old (18.35%). For

out-patients were found that injuries and poisoning from external causes were the most common diagnosis (47.24%), in the next order was disease of the respiratory system, and infectious and parasitic diseases for 10.03%, 7.50% respectively. Whereas in-patients were found that vaginal delivery without complication causes were the most common diagnosis (5.69%), in the next order was esophagitis, gastroenteritis & miscellaneous digestive disorder and psychoses for 3.90%, 3.84% respectively. Almost half of cases were submitted by health facilities in Bangkok and in the central region. The researchers discussed the results obtained and recommended that, these could be arisen from several factors; 1) the high proportions of health facilities and the number of beds in those areas 2) a large number of migrations of people to these areas, without changing their registration, and 3) Bangkok was divided into 14 districts. Beside the aforementioned above, found that in cases of psychoses which want to treat by psychiatrist who were not work at general health facilities. It was difficult summarized that disease patterns of these patients related to the unclear definition of “emergency cases” (In cases of accident for out-patients were more distinct definition.) or the system was not comply with the patients’ need and necessity in reality.

Kasinee Saranritthichai et al. (2003) studied community perception on Emergency Medical Service (EMS) of KhonKaen Regional Hospital (KKRH) with a total of 354 houses in 8 communities by questionnaires. The result of the study showed that the communities mainly knew EMS of KKRH (64.83%). The factor influencing community perception on EMS of KKRH were the factors influencing knowing EMS and the factors influencing using EMS. The factors influencing knowing EMS were public relation, occupation, illness seeing EMS’s car, seeing EMS service, leader, policeman, health officer. The influencing using EMS service were seeing EMS service in the community, illness, can not be able to go to KKRH, information from EMS, talking in community and EMS’s appreciation.

CHAPTER III METHODOLOGY

1. Study design

This study was a qualitative research.

2. Sites of Study

Those informants would be selected from 15 government hospitals in 6 provinces which selecting were based on the amount of the accident and emergency service claim (in-patient service), submitted to the NHSO for reimbursement during January 1st, to September, 23rd 2004. The study sites consist of:

1. Samutprakan hospital, a general hospital which the highest claim.
2. Chonburi hospital, a regional hospital which the highest claim.
3. Khonkaen hospital, a regional hospital which the second highest claim and close to university hospital.
4. Maharajnakhonratchasima hospital, a regional hospital which the third lowest claim.
5. Phatthalung hospital, a general hospital which the second lowest claim and located in the South of Thailand. (which convenient traveling to Hadyai hospital and Songkla hospital)
6. Mukdahan hospital, a general hospital which the third lowest claim and located in the North-eastern of Thailand. (which inconvenient travel)
7. Nine community hospitals will be selected from those 6 provinces and have some interesting information such as location and traveling.

3. Study Period

The time frame of data collection was set between March – September 2005.

4. Informants

Informants of this study consisted of patients under the UCS, and/or their relatives such as parent, child, brother, sister, grandparents, spouse, neighbors, colleagues and a person who take care a patient, who had ever utilized accident or emergency services during the last 6 months prior to the date of data collection. Five to seven of patients would be recruited from a list of patients in each 15 selected hospitals.

In this research, the case selection method was both purposive selection and accidental selection. Purposive selection was applied to use with patients who used to utilize accident and emergency service at chosen hospitals. Accidental selection was applied to use with patients who utilized hospital service during a data collection process. All of information and data of patients were collected in a computer base, the file of patients that sent for a claim at NHSO, or the other files that contained information about a use of gold card outside registered health facilities.

The information of patients consisted of name, surname, symptoms, address and telephone number for some hospitals. Mostly, the patients' addresses that specified in a gold card or Identification card were in a rural area that quite hard to reach. Consequently, this research gave more emphasize on patients who were utilizing a hospital service at a time of data collection process than patients who used to utilize a hospital service in the past in a ratio of 71:25, total 96 patients.

The main target group in this study was a patient who utilized accident or emergency service. Within 96 patients studied in this research consist of 18 general accidents, 6 of traffic accidents, 65 of emergency illness and 7 of general illness. Because of requirement to study gold card rights outside registered health facilities even though in small number, 7.3 percent, the outside registered and the rejection of gold card holder included willing general check up people in data collected hospital were including in a general illness., but data received was useful and according to the study point.

Within 96 patients, there was 16 percent is gold card registered in the hospital that located in the same province collected data and 84 percent of outside registered health facilities. The data collected of inside registered health facilities were used because of requirement to study experiences, recognitions and definitions including reasons of

local people in utilizing service outside registered health facilities. Besides, data received can approve the mention of hospital of outside registered patients.

5. Data collection

Pre data collection process

1. Researcher brought a letter to hospital's director in order to ask for a permission to perform a data collection process. After that, to made a phone call directly to a person who takes responsibility about a gold card in order to introduced and clarified research's objects as well as to made an appointment about a date of data collection and asked for a cooperation in a supporting information.

2. At a chosen hospital, researcher made an introduction as well as clarified a detail of research in order to ask for cooperation and permission to reach patients who use a gold card outside registered health facilities for accident and emergency case.

3. Then, potential informants are identified by asking hospital staffs to provide access to the records of patients recently admitted and admitting in hospital with accident or emergency condition. Researcher checked patients' name and screened the patients based on criteria in order to set an informant group. Important information such as name, diagnosis, date of service, address or contact phone number and their registered health facilities would be collected.

4. The methods of data collection consisted of informal interviews, observation, tape recording and field note taking. After informants agreed to participate or to provide information, researcher made an introduction and explained an informant group about research's objectives and details. Additionally, the researcher also asked the informants for their permission to use the data for the benefit of the study. A conversation from an interview would be recorded on a condition that patients agreed to attend a researching process.

Data collection process

1. For data collection process inside a hospital, researcher would ask a golden card official to cooperated with a nurse in order to introduced and inform about a coming of the student in Master of Pharmacy to process a data collection for the research and asked to keep a researcher be informed in anytime that there was a case

of patient who use a gold card outside registered health facilities. An interview would take place only at suitable time.

2. For data collection process outside a hospital from patients who used to use a gold card outside registered health facilities, a researcher would ask for cooperation from hospital staffs in order to ask about patients' address and other necessary information. In the case that patient had a telephone number, an appointment would be made by phone.

3. For interview questions, especially a question that related with private issue, an easy and open-ended question would be asked prior in order to make informants familiar with a research topic and think about the topic in an overview, then, following with a narrow down question to get a specific point of view. Researcher would perform both an interviewer and an informer at the same time in order to give informants accurate information about a gold card especially in an unclear point such as gold card coverage for accident and emergency case. Informants were also given a chance to express their feeling, requirement and complaint during an interview. Besides, researcher would notice informants for their actions, countenances and body languages in order to understand any implications that would lead to further interpretations.

Guard the right of informants

A researcher would guard the rights of informants in every process of research starting from a data collection process to a research result presentation process. It could be said that, a researcher would reveal all information, objectives and data collection process to all of informants as well as informed details of an interview and asked for permission to record a conversation. In every step of interview, a private of patients was one of the most important things to concern. Moreover, an interview should be performed in an appropriate format that not intervene a treatment procedure. Besides, an interview would be stopped whenever patients feel uncomfortable. During an interview, informants were able to neglect any questions that they hesitated to give their answers as well as had a right to stop an interview anytime without any reasons. Informants were able to end an interview and other cooperation at every step of a research. They were able to recall all information given to a researcher without any

reason. Also, informants were given a chance and time to ask a researcher questions as well as review and consider their answers before answering to a researcher.

A discussion and distribution of information will be done in an academic matter. None of informant's name will be revealed. Also, a right in health service of informants will not be affected.

Interview guidelines

Interview with patients and/or relatives

Information about patients and/or their relatives:

- Experiences of accident and emergency services; health care seeking behavior, illness during the last 6 months, utilization services outside registered health facilities, medical expenses, travel expenses, quality of services, satisfaction and problems of services, reasons for utilization services
- Perceptions about accident and emergency services under the UCS; source of data, knowledge of service package, understanding of utilization services
- Meanings of emergency illness; understanding about the term relates to emergency illness.
- Opinions about the UCS and accident and emergency services.

6. Data analysis

Data analysis would be started **simultaneously** after taking a field note at the site of study. After completing each fieldwork, the transcriptions and field-notes of each case would be read several times in order to group and classify data according to the findings. These analytical approaches to each case help to interpret data which leading to the understanding of changeable phenomenon of the informants.

CHAPTER IV

RESULT AND DISCUSSION

Results and Discussion

This research objected to explore experiences, perceptions and meanings of patients on accident and emergency service and the evaluation of the severance of the accident and emergency illness of the patients and/or their relatives under the Universal Coverage Scheme (UCS) particularly, the cases of utilizing service outside registered health facility as well as problems, obstacles which patients and/or their relatives were experiences. Researcher emphasized on a representation method in order to give an outstanding answer to all of the research's objectives. Besides, in order to get clearly understanding to a research data, researcher analyzed and presented research results in 6 parts as following;

Part I. General information of patients and informants

Part II. Experiences in utilizing service outside registered health facility in accident and emergency cases

Part III. Perception of gold card coverage outside registered health facility in accident and emergency cases

Part IV. Meaning of an emergency illness in patient's perception

Part V. Reasons of utilizing service outside registered health facilities in accident and emergency cases

Part VI. Thirty - Baht Scheme in people's perception: problems, obstacles, attitudes, and suggestions

Without mention a hospital name, in this research, the specific code A, B, C, D and so on were selected to use and followed by code H1 and H2. H1 represented the registered health facility of patients and H2 represented a hospital that patients utilized hospital service outside registered province in accident and emergency cases. Thus, the code AH1 referred to the hospital A where a patient registered as his/her local hospital, while the code EH2 meant the hospital E, located outside registered province, where a patient utilized service for his/her accident or emergency illness. Moreover, patients' names mentioned in this research are all made up.

Part I. General information of patients and informants

Within 96 patients studied in this research consisted both of past patients and current patients including of a group of children, teenagers, adults and elders. The mentioned numbers of 96 patients were classified by varied criteria which were gender, 45 of male and 51 of female, occupations, 43 of unemployed persons (13 of children/ 12 of elders/ 16 of housewives/ 2 of unemployed persons), 20 of work for wages, 9 of traders, 10 of students and 14 for others. Classified to the type of gold card coverage, there were 15 of gold card register in the hospital collected data, 16 percent, and 81 of outside registered health facilities, 84 percent. The data collected of patients, who had a gold card registered inside health facilities, were used because of the requirement to study experience, recognition and definition including reason of local people in utilizing outside registered health facilities. Besides, data-received could approve the mention of patient, outside the registered health facilities, to that hospital. Classified to type of patients, there were 16 of outpatients and 80 of inpatients, and type of illness, there were 18 of general accidents, 6 of traffic accidents, 65 of emergency illness cases and 7 of general illness cases. Because of requirement to study the right in using gold card in outside registered health facilities even though in small number, 7.3 percent, the outside registered and the rejection of gold card holder included willing general check up people in data collected hospital were including in a general illness, and data received was useful and related to the study point. (Table 1)

Table 1. Number of patients classified by personal information

Personal information	Number (person)
Gender	
Male	45
Female	51
Occupation	
Agriculturist	3
Trader	9
Work for wage	20
Own business	5
Factory or Company	4
Student	10
Monk	2
Unemployed person	
Children	13
Elder	12
Housewife	16
Unemployed person	2
Type of gold card	
Inside registered health facilities	15
Outside registered health facilities	81
Type of patient	
Outpatient	16
Inpatient	80
Cause of utilizing service	
General accident	18
Traffic accident	6
Emergency illness	65
General illness	7

However, the total number of 96 patients in this research was not all the patients giving information by themselves. Data source of this research was derived from 141 informants including 52 patients and 89 of relatives. Among 96 patients, 31 gave data

by themselves, 43 gave data by relatives and 22 gave data together with relatives. For data collection places, 71 were hospitals and 25 were residences or offices. (Table 2)

Table 2. Number of patient classified by data collection

Data collection	Number (person)
Informants	
Patients	52
Patients' relatives	89
Data source	
Patients	31
Patients' relatives	43
Both Patients and relatives	22
Data collection place	
Hospital	71
Resident/Office	25

To determine informants, the data were collected from patients who utilized accident or emergency service in the past 6 months at the date of data collection as well as current patients. This group included patients from both inside and outside registered health facilities. With total 96 patients, at the mean time, there were also a group of children, elders and patients who were not able to communicate and give data by themselves. Instead of these groups, their relatives became informants. It could be concluded that, in this research, the data were collected from 141 persons including patients and relatives.

Most of patients in this research were a non-resident and they often travel between their residences and their work areas. For example, a person who became a trader in summer and switched back to be a farmer in farming season or a worker who was sent to work at other provinces and went back to the residence whenever he/she was unemployed. Anyhow, there was a group of people who settled in their work areas and sometimes went back to their residences.

According to a short working period as well as a prohibition from an employer to join a social security program, a gold card was used instead of a Social Security Card by some groups of informants including factory workers, employees and work for wages.

Whenever, a group of small children and elders got an illness, they got an intensive care from their family members. These groups of informant had a high possibility to utilize service due to their low immunity and low ability to take care themselves. In addition, a group of small children, whose parents was working at day time, would be sent to their grandparents in another province. These reasons made a group of small children and elders became a major group which utilized hospital service outside registered health facilities.

Data in this research were collected from patients both from inside and outside registered health facilities. Anyhow, researcher gave more emphasize on patients from outside registered health facilities in order to determined an important reason and factor that impact patients' decision about utilizing services outside registered health facilities.

There was only one patient, inside registered health facilities, had an experience in using a gold card outside registered health facilities for an emergency illness in a hospital located at nearby district. The rest of them had no experience in this kind of case whereas some of patients outside registered health facilities had no experience in this case at all. The selection of patients, inside registered health facilities, who used their gold card outside registered health facilities, was difficult. Because the information of these patients would be recorded in the hospital that they utilized health service as well as the information could not be found in the hospital in research area.

From the research results, patients who utilized service outside registered health facilities mostly were inpatient. This represented the fact that these patients got a serious illness and accident. Consequently, gold card coverage outside registered health facilities should be valid.

From a hospital statistic, patients utilized service in an emergency illness, a general accident and a traffic accident respectively. For data of traffic accident cases, some hospitals separated it from data of the UCS and, instead, it was covered by The Motor Accident Victims Protection Act BE 2535. This made a result of this kind of accident had the limited information. For an emergency illness, it could be stomachache, vomiting, high fever and delivery, as well as, for general accident, it could be animal attack, falling, fighting and other accidents from working.

According to the fact that some patients were too young to communicate as well as some patients were disable to communicate due to their illness, the informants for this research consisted of both patients and their relatives. The relatives were only patients' representative. They had no direct experience about using a gold card outside registered health facilities. The data got from them might be different from patients.

In addition, there were differences between collecting data in hospitals and residences or offices. The researcher frequently found that, in hospital, patients were disabling to give data by themselves as well as hospitals' circumstances were not making appropriate communication. Besides, the informants, rounded with other patients, nurses and hospital staffs, felt tense, were not comfort and relax. Consequently, their attitudes, feelings and expressions were still limited. However, researcher tried to make the most relieve and relax for informants by using general conversation more than focusing point. The informants would have the opportunity to tell the story or talk about the topic that made them at ease and reliable to tell their story.

Part II. Experiences in utilizing service outside registered health facilities in accident and emergency cases

Experiencing in a different hospital service of informants, data in this section were presented by a classification of the experiences which a gold card could be used and the experienced which it could not. The information results would be reflected through the story of informants, showing informants' experiences and attitudes.

2.1 The experiences which a gold card could be used

The approval of the coverage consideration was quite different and subjective. This might affect the patients or relative satisfaction toward the UCS. The factors or conditions which affect the coverage of a gold card could be categorized in 4 groups as following;

2.1.1 Because of gold card coverage

According to gold card coverage, in any accident and emergency cases, the right holder can utilize the health service at a nearest registered health facility. A gold card can be used 2 times a year for an emergency illness case and no limited times for an accident case. The basic conditions for considering which cases were emergency illness were stated by the NHSO. For patients who met the conditions of the NHSO and well prepared of related document would have no problem. This effected that patients were satisfied with the services. Following is an example.

Wit got traffic accident in area nearby his residence. At first, he was brought to community hospital then moved to general hospital in the city. Wit was able to use his gold card to cover all the exceed expenses as it was not covered by Traffic Accident Insurance (TAI). He said that *“I rode to my friend home at another province. During my way back, I got an accident. People around there sent me to community hospital. I was admitted in at first hospital for 2 days then stay for 8 days at the second hospital in the city. At that time, I had got a free of charges as well as my TAI cover 15,000 baht of expenses. The exceed expenses were covered by my gold card. Same case with my sister, she got appendicitis. Her expenses were also covered by her gold card”*

Aunt Nin has been working for wages for more than 10 years. She was often use health center instead of hospital. That time, because of her serious accident, snake attack, she utilized hospital service for the first time. *“At the moment of snake attack I was on my job, cut grass. I didn’t notice the snake at all. When I was bitten, I got a serious pain. Someone around there and a monk took me to nearest health center in order to relief my pain. After that, I was sent to a hospital”*

Chumnarn, a construction worker, got hurt from fighting with his relative. A police took him to hospital located in a city area. His wife told that *“He was fighting*

with his relative. He was stabbed at his stomach about an inch in depth. Then police came and took him to a health center. A staff told him that his gold card could be used for an emergency case at a general hospital. Therefore, he was referred to the hospital.”

Karn, a teenage girl lived with her boyfriend for 4 month, with no job. That time she used her gold card outside registered health facilities for second time. First time she came with high fever and second time she came with stomachache. Both were specified as an emergency illness. She told that *“I came to this hospital because of my serious stomachache. I have never had this kind of illness before. I came directly to an emergency room. I saw a doctor around 2.00 pm. The doctor told me that I was able to use my gold card because my case was an emergency one.”*

Oun, a Northeastern people, lived with her husband in the South for 4 years. Because of her long trip, 2 days, by train from the South passed Bangkok to her hometown in the Northeastern made her too weak and miscarriage. She said that she used her gold card for an emergency case at hospital in her residential area because she moved her gold card to her husband’s residential area. *“I lives here then went back to my hometown and got miscarriage. I could use my gold card, I just brought my identification card and census registration, and it’s OK.”*

The study found that some patients’ utilized health services under this scheme without any idea about their rights because they have never known about gold card rights. With the helpfulness of the hospital staffs to patients benefit, resulted in convenient to utilized services according to mechanism of system as following sample.

Mod, a teenage boy who just started his working life, got an accident from his work. At first period, he was delivered to private hospital. Anyhow, at later period, he was transferred to government hospital due to high expenses at the first place. Mod was surprised with his unexpected rights of gold card coverage. *“At first, I had no idea about 30 Baht Scheme. I haven’t seen this card and I haven’t known everything about it. Someone checked with the hospital and sent a document. When I paid for a bill, I was informed that I got a gold card and asked for my right. Only 30 baht was spent on my case”*

From above cases, it was found that the good experiences could be normally happened. The hospital provided good quality of services and treatments to patients and patients understood how they should give cooperation to hospital staffs in preparing related documents and evidences. In case that patient had never known any information about a gold card before, being given all useful information and helpfulness, patients were very impressed in the hospital and staffs' services. Moreover, the useful information about the utilities and benefits of a gold card were delivered directly from staffs to patients and from experienced patients to other patients and their relatives.

2.1.2 Because of the hospital regulations

The criteria that identify an accident and emergency illness were determined by National Health Security Office (NHSO). Only emergency illness that meet with criteria can be covered by a gold card. However, the criteria specific only overall symptom and factor that needed for consideration, no specific an exactly kind of illness and disease. Also, the criteria were determined together with a physician opinion. As a consequence, for a same kind of disease in the different hospital, some hospitals accepted a gold card and some hospitals reject a gold card. If the hospital regulations made the utilities of a gold card possible, there would be good experiences towards a gold card among people as proven in **Ya** and **Ying**'s cases. On the other hands, in case that the rules and regulations were not lead to the possibility of gold card utilization, then people might perceived a gold card was an unimpressive experiences as proven from **Lumyai**'s case. (This case would be mentioned in 2.2.2)

Ya, noticing at her house and accessories, could be said that she was a quite well financial status. Although, she and her family would like to pay for hospital charges and medicine, she normally utilizes service outside the province at KH2 hospital. The reasons behind was that, she was satisfied and impressed by hospital service, staffs, hospital circumstance and good skill doctor. In prior year, she utilized hospital service for her pregnant of her second child. In fact, she used all her gold card for emergency cases as well as she did not know about this information before. She said *"In my pregnant period, I paid every time. I didn't think that I was able to use a gold card. Actually, I was able to use it twice a year for emergency cases. After I delivered, I*

went back to hospital again because of an infection of uterus and my history of illness was here. So, I used my gold card 2 times.”

Ying, same case with **Ya**, delivered her child at CH2 hospital that was not the same with **Ya**, she told a researcher that *“At first, I went to check my pregnancy status, but the doctor told me that I was ready to deliver. I was still alright, so I asked to go home. I spent only 30 baht. At second time, at the same day, I delivered my child. A staff told me that I was able to use my gold card twice a year outside registered health facilities. I thought that I had to pay but I was able to use my gold card.”*

Even the patients were willing to pay by themselves in case that the utility was outside registered health facilities, but when they knew that they could use a gold card with free of charge, they chose to use a gold card instead as it was more beneficial. However, sometimes, patients did not have participation in deciding whether they should use a gold card, the staff would solely make the decision by him/her and would inform the result to patients later on.

2.1.3 Because of the assist from hospital staffs

A hospital staff was an important person who was able to help many patients to use their gold card based on a possibility aspect. The reasons for that were a compromise, compassionateness and assistance of hospital staffs toward their patients. The low-income patients, unaffordable group, elder or people who not understand in their right always got help. Following these examples;

Wan gave information about her case in delivering a child, *“Last year, I used my gold card once for my child deliver. I could not to go back home. It was an emergency case and I could use my gold card.”*

Grand mom Kwang usually went to hospital because of her health problem. She went to many hospitals both in district and province. Later time, she was moved to NH2 hospital, the registered hospital of her child in another province, because they realized the fact that NH2 hospital was a large hospital, a regional hospital, as well as a gold card could be used in every hospital. Her child said that *“At first day, a staff told me that if I got a normal illness, I had to pay. I didn’t’ know this point. So, the*

doctor allowed my mom to use her gold card. I told the doctor the truth that I didn't know about the limitation of a gold card. I thought it could be used in every hospital."

Grand mom Own, an elder who got infection after operation, told that AH1 hospital transferred her to a regional hospital but she got only some medicines, not an operation. Therefore, she went to PH2 hospital as well as she was able to use her gold card. *"A nurse helped me. At my first day, Friday, I paid 600 baht. My operation was an emergency case and a hospital staff didn't want charge a poor man."*

In many cases, the possibility of using a gold card was happened because of the assistance from the hospital staffs. According to data collected, some of the cases were emergency illness or accident cases and some were a small matter of sickness which those cases might not be possible to use a gold card in other hospitals which were outside their registered health facilities. Thus, the assistance of the staff was leading to the utilization of a gold card beyond registered health facilities. This kind of assistance needed a strong moral of the staffs as the assistance might cause their some inconveniences, as they might need to put more effort on helping the patients, more work process to handle, to help the patient get an approval. However, this performance did not totally mean that the NHSO lost the benefits as there were some possibilities to do so. By ignoring patients' difficulties might cause a lot more damages to the patients. Moreover, providing assistance when patients were in needed would make them impressed to the hospital and the services.

2.1.4 Because of the request for service

Beside the assistance of hospital staff, another impressive was that when patients were gave grace to pay for the expenses. A request for services occurred due to an anxiety about hospital charges in case of admission in hospital. In some cases, the patients could be allowed to use their gold card. Actually in this case, patients got free services according to hospital condition or reasons of admitting, but for their relatives requested the staff first or because of staffs backing them made them though that the cause. When patients could use their right, relatives though that it happened because of they requested to the staffs. They did not understanding in term of actual condition. There were utilizing services by requesting as following examples:-

Porn and her family moved to a small district. She went to EH2 hospital because of her illness, dengue fever. For her first visit, she went to see a doctor and got only medicine, not diagnosis from a doctor. Her symptom did not get better, so his sister-in-law gave recommendations to her mother that *“Mom, Porn had a serious illness. You should use a gold card”* So, her mother wanted to use a gold card. She gave it to a nurse. The nurse gave her a card checking and said that it could not be used and needed to pay. So, Porn’s brother told a nurse that *“An emergency case! Can’t uses a gold card?”* At finally, her gold card was accepted because of her emergency illness.

Nueng went together with her grandmother to visit her aunt who lives in other province. She was ill with stomachache and vomiting. She needed to admit in MH2 hospital. Her aunt requested a staff that *“I asked a staff about using a gold card. She told me that I couldn’t use it outside registered health facilities. I asked for an emergency case. I didn’t know that it could be use but I tried. At last, my niece was able to use a gold card.”*

A request for services, in many cases, might happen because of lacking in communication among people. They did not understand the actual benefits of a gold card. When requesting for services, people might not totally expect that they would be able to use a gold card but at least it might help them saved some costs which still beneficial for them.

Any experiences when a gold card was effective in using outside its health facility as mentioned above, more or less, generated impressive experiences for the service receivers. Although, many cases got assistance from the hospital staffs, but the cases were associate with conditions and regulations of NHSO and the hospital. To remain inactive or negligent by avoiding checking for the correct rights of the patients or proceeded follow the appropriate process, actually the root cause of the problem, led to patients’ negative experiences. This issue would be clarified in the next section.

2.2 The experiences which a gold card could not be used

In some case, unable to use gold card was not resulted by negative experience for patient or relatives especially when medical staffs clearly explaining the reasons to patient and their relatives in appropriate manner. Many times patients already known

that their illness was not included in gold card rights. This study found that negative experiences always happened because of health facilities or staffs intended to offend or irresponsible in patient's rights. In some cases were happening from the misunderstanding or improper experiences. According to data from general illness patients, the background reasons of the gold card rejection can be classified as follow:-

2.2.1 Because of the error or misunderstanding of hospital staff

The study result revealed that there were many serious cases that could be determined as an emergency illness. Anyhow, a gold card could not be accepted to use in both government hospitals and private hospitals, the example reasons that hospital staffs gave to patients or relatives were “(you) can't use gold card outside registered health facilities”, “(We have no more staff to run the legal process” or “it's too late, (you) can't use gold card outside registered area” instead a patient had to pay for all charges. Some patients who could not effort must move to another hospital. The patients were able to use their gold card outside registered health facilities at that hospital. Moreover hospital was lost image, caused much negative experience in the UCS for patient and relatives

Wan told about her lastest illness, a serious stomachache. Her relatives took her to private hospital that was their registered health facilities. The staff told her that “Your gold card was outside registered hospital, it can't be used here.” As a consequence, she was recommended to transfer her name in her husbands' census register and bring a document to this hospital. Then, her gold card would be accepted here. After that, the patient performed all step of the names' transferability as well as brought the document to this hospital. In contrast, a hospital staff recommended the patient to use her gold card at a government hospital instead. Her husbands' mother told that “The staff told me that she needed an operation. But, her gold card was a temporary one. It could be used only for a normal case such as headache or high fever. But she had to pay for admission charges. A gold card could be used outside registered health facilities only in case that she had never had a gold card before. Anyhow, she had her old gold card and she wasn't able to use it here.” Therefore, her relatives brought her to NH2 hospital, a government hospital, because they did not have an ability to pay for more than 10,000 baht for hospital charges.

Case study:

Guys, let's go to a government hospital!

Kae came from the Northeastern part of Thailand to study in a collage located in research area. She decided to live with her aunt in order to save her living expense. Also, a collage that recommended by her aunt was a good quality one. Presently, she lived here for 1 year. She would graduate in next 1 year as well. After finished her school, she would go back home.

Kae told that, before living with her aunt, she had a boyfriend. His mother did not like her and she had no idea why. Later, her boyfriend became a conscript, at the same time, she left her hometown to study. After that, her boyfriend was out of action and moved to the same province with her.

Being away from parents, **Kae** left her aunt's house and lived with her boyfriend. In one morning, during her way home, she felt, by her commonsense, that there was something wrong with her health. Therefore, she went to see a doctor. After that, she knew that she was pregnant. She consulted this issue with her mother, her boyfriend as well as her boyfriend's mother. She told that, *"In fact, there was no problem with my boyfriend's family to accept this issue. However, I was studying and my boyfriend just started his job. So, I decided to make an abortion."* She told about her reason for an abortion. Later, her boyfriend's mother took her to a clinic in order to consult a doctor about that.

Kae said that this clinic called itself as "A family planning clinic". She understood that it was legally established. At first time, a doctor did not give any information. He gave her an ultrasound and told her about a month of pregnant. In later 2 weeks, she was scheduled to make abortion. Then, on next 2 weeks she had to recheck as well as had to make abortion again, if the first one was uncompleted. However, she thought that the time of second appointment close to a beginning of her school. So, she went back to her aunt's house in order to prepare herself for the last semester.

Throughout her past 2 weeks, she was not stopping bleeding. She called her mother for consultation. Her mother suggested her to see a doctor. So, she visited a doctor at a health center. She told, *"I was told that my abortion process was not completely done. So, I called for a recommendation at a family planning department at a private hospital."* **Kae** gave her reason that she decided to call to this hospital because she intended to. At first, she called for asking about using a gold card. *"First time I called to another private hospital. I was told that I was not able to use my gold card. So, I was recommended to call for another one. This one was a branch of the first one and I was able to use my gold card."* After that, **Kae** made a call to another hospital but a hospital staff told her that, *"This hospital accepted a gold card but it is a private hospital. You should go to a government hospital in a province."* Also, she was told that she was a student so a hospital would give more discounts.

Kae thought that her case was a special case that needed special medical equipments. She did not realize that she would pay only 30 both if a hospital accept her gold card. She said with her anxious that, *"I was worried about the medical expenses. My boyfriend didn't have any money same as my mom."* Finally, she decided to get treatment at SH2 hospital in the city, though, it was far from her home. **Kae** also told that before she made her decision, she consulted with many people, e.g. her mother, her boyfriend and a physician, about her symptom and a use of golden card. She also discussed her teacher about a late for attending school and her close friends about her treatment. She kept her friend informed *"if there was something wrong with me, please tell my mom"*

For the case that a private hospital recommended her to go to a government hospital, it seemed like she was rejected. Anyhow, she had an opinion toward this case that, *"I understood that it was a private hospital. A private hospital was better in a service aspect. But I didn't give an important to that point. So, I thought that this hospital, government hospital, also had a high quality nurse and doctor. I had no problem with this hospital."* Presently, **Kae** get a good medical treatment from this government hospital as well as she is able to use her golden card for an emergency illness as well. She said that there were some staffs who were impolite because they knew that she made an abortion. However, she understands that point. Although, her health is becoming back to normal and her physical appearance is well but not for her mental. She stated that, *"I was very upset about this case. Sometimes, I cried with a nurse. A Nurse was good. She gave me an encouragement."*

In case that a gold card was not accepted, the patients had to pay.

Mek's father was attacked from a dog during his caring period of his child. *“I moved here, a dog bit me. I went to NH2 hospital and paid 500 baht for that. I couldn't use my gold card. At first, a nurse told me that I could to it but when I got injection, I needed to pay.”*

Dong's mother usually went to hospital where Dong's used his gold card outside registered health facilities. She told about her case that *“I used to be here, last month my son got a car accident. I had no money on that day and a gold card was rejected. So I asked a doctor how I can use Traffic Accident Insurance. The doctor told me that there wasn't enough staff to operate a traffic accident case. Last month, I got an injury from knife. My golden card was rejected. A nurse told me that it was a late night and this hospital was outside a gold card registered area. She told me to wait for a treatment and and paid for it.”*

Umpol had a bad stomachache. His wife told that *“My husband got so much pain but he was allowed going home. He couldn't stand for that pain so, we went back to hospital again.”* For this case, a patient could not use a gold card. The patient told that *“2 years ago, I used my gold card here for the same case with this current case. That time, I was told that I could use it one time. But for this time, it was 2005 not 2003. I still couldn't use my gold card for my same case but I didn't want to go anywhere. I wanted to use my right here as well as I had my information here.”*

Aunt Sie's daughter used to utilize service at hospital same her father. She had a serious illness but could not use a golden card. Her mother told that *“My daughter admitted there and I paid 600 baht for a night. She had a serious illness, the doctor told that I had to pay anyway.”*

From some patients above, it was shown that the illness could be covered by a gold card, but the staff rejected to allow patient using a gold card without reasonable explanation. These made patient misunderstanding about their rights and push the patient to bare the higher cost.

2.2.2 Because of the limitation of a hospital regulation

The different hospital has a different detail of regulation for a gold card because of the different constructive conditions. The past experience of health utilization in one hospital even with the same case of illness might not be applied to other hospital services. An example is **Lumyai**'s case. She prepared to give birth at her hometown. During her way home, she got ready to give birth. So she went to hospital around there. **Lumyai** was told that she was able to use her gold card in an emergency case. Anyhow, she can not and had to pay. *"I was told that my case isn't an emergency one."* In fact **Lumyai**'s case is the same case with **Ying** and **Ya** but she was not able to use her gold card like they were.

Wuth' Grandparents decided to take Wuth, 4 years old grandson, to hospital outside registered health facility. Wuth had got high fever for many days including cough and pharyngitis. Wuth's grandparents told that *"He had high fever. He can't breathe"* According to a gold card could be used for an emergency illness, Wuth's grandparents was very upset when a hospital staff wanted them to pay. *"The doctor told that it wasn't an emergency illness. I argued that my case was an emergency illness, a gold card could be used in any emergency cases in any hospitals. The doctor told that I had to pay but I don't want to. I thought it was an emergency case."*

Grand mom Sa's family moved from another province. Her niece went to hospital in her son residential area. When patients' mother knew about a gold card that can be used outside registered health facilities for emergency illness, she wondered and told that *"Compared with another child who had a same age with my daughter, my daughter got more serious illness. She couldn't use a gold card but that children could. I paid 3,000 baht. I was told that a gold card couldn't be use outside registered area."* According to this case, both children should not be able to use their gold card.

Chart, a middle age man, getting his treatment in hospital told that *"I have too much pain and I can't walk. A hospital nearby my home, a Military hospital, should admitted me first and then followed with a claim. However, a hospital staff asked that I have money or not. I said I have only a golden card. Then, I was told that I have to pay, a gold card wasn't acceptable. Therefore, I changed to this hospital."*

Different hospital has different regulation on a gold card using. When people were rejected by one hospital with the reasons given that the hospital follows the regulations of the NHSO strictly or one hospital rejects to give service to patients under different government sectors such as Military hospitals, etc. People who face that negative experience will definitely be annoyed of this and will be in-doubted of a gold card service.

Another interesting case, the patient could not be use a gold card even though they requested from the staff. , the relatives still do not understand the real reason why patient can not use a gold card. They knew only *“in case of using a gold card outside registered health facilities the patient can’t got their right”*. This situation caused the relatives feel that why the staff did not help bottleneck person like them.

For **Parn**’s case, a 3 years old child, had diarrhea and vomiting. Her relatives took her to the registered hospital but Parns’ was not get recover. So, they took her to a personal clinic located in nearby district in another province and then, to a hospital. **Parn** had admitted for 3 day. She was being recovery. At H2 hospital, Parn’s mother had to pay. She told that, *“There was a doctor who recommended me that I was able to use a gold card for an emergency illness, but a nurse said I can’t. It was a different case. My daughter wasn’t an emergency illness.”* Her relatives gave information that they had intention to pay but the expenses were too high. It exceeds their ability to pay but they had no idea how to deal with that *“If we pay, we have no money to eat. We pay we suffer. It is really bad.”* Also, her aunt told that *“I’m working as a worker at Bangkok. I usually use my gold card. I used it at Bangkae. I didn’t have to pay for any charges. I asked the doctor at here that my hometown was in Chaiyapoom province but my current residence was nearby this area, how could my gold card be rejected.”* However, a hospital staff insisted that Parn’s case was not an emergency illness. Her golden card was unacceptable.

These events were proven as cases of inability to use a gold card because of the hospitals’ regulations. What relatives’ still do not understand is that why staffs decide the case as a un-coverage case comparing to last time they could use their gold card. This was showing that many people still do not understand the correct rights when using a gold card outside registered health facilities.

From field data in part 2 can be concluded that factors relating to the golden card coverage or not coverage outside the registered health facility in accident and emergency illness can be divided in 2 groups : the factors related to clients and the factors related to hospital staffs :-

Clients factor including patient or relatives

1. *Perception of gold card rights*, Clients who have sufficient knowledge in gold card rights, educated people can use information to negotiate with hospital staffs, while people who had no idea or did not understand in their rights just followed the staff determination without negotiation.
2. *Experiences of utilizing service with using a gold card*, even though people able to use a gold card or not, these experiences were affect patient or relatives in next time service.
3. *Poverty economic family*, it was an important factor which people made as compound reason for negotiation with staff.
4. *Illness state*, some patients who got illness, agrees with medical criteria clearly, can utilize health service with no problems.

Staff factor

1. *Difference in interpretation conditions of accident and emergency illness*, Different definitions make different hospital practice that cause confusion and displeas to patient and relatives, especially in educated or people with utilized service before.
2. *Intention of hospital staffs*, Well-intentioned of staff help patient able to use their right. But ill-felling that intends to take advantage of patient (especially in private hospital), lack of kindness, neglectful staff that do not want to done complicated work, these reasons performed patient expenditure.
3. *Not clearly information*, Staff does not explain clearly information that may be no timing for talk with patients or their relatives. So many displeasures occur because of unknown or insufficient data, including not compromising with patient or not find other way helping them when unable to use a gold card.

The research result revealed that, although, the patients had the same kind of illness and injury, they might be provided by different ability to use a gold card. It could be explained that, in some hospitals, a gold card was acceptable. In contrast it was unacceptable in some hospitals. In addition, there was a case that patients were not able to use their gold card, though their illness was supposed to be classified as an emergency illness. In conclusion, the coverage of a gold card in each hospital depended on an adjustment of a hospital staff, though there was an argument and other information from patients and relatives.

The data above revealed experiences in utilizing hospital service outside registered health facilities both in positive and negative way, a valid of a gold card and an invalid of a gold card respectively. One of the most important issues indicated in this research was a disease or illness of patient was not corresponding with regulations of gold card coverage. The research also revealed that there were patients who were able to use a gold card though, their symptoms was not determined as an emergency illness. On the other hand, the patients whose symptoms could be determined as an emergency illness were not able to use a gold card. This case revealed a different in an operation system of hospitals that affected directly to people both in positive and negative aspect. Service person or hospitals were not intending to refuse use of a gold card on purpose to charge low-income patients, but they only perform their duty by follow hospitals' policy. In the same case, the people or patients were not intending to use their gold card but, without an understanding about regulations, they just requested to use their gold card. Therefore, the research result could be used as a guide for further development of this project in order to improve a quality of performance as well as to give benefits to people.

Considering in valid of a gold card outside registered health facilities, there were many reasons including rights of a gold card itself that ensured people about their health insurance and valid of a gold card according to hospitals' regulations, assist of hospitals' staffs and request from patients' relatives. There were some cases that a gold card was valid due to assist of hospitals' staffs. They avoided performing their duty by follow hospitals' regulations. Unfortunately, patients got only allowance to use their gold card, but not for other useful information. In contrast, when patients utilized hospital services at new hospitals as well as they were not allowed to use their

gold card because of a lack in assistance of hospitals' staffs. Consequently, patients questioned and suspected about difference in services of different hospitals and originated people's complaint toward hospital services.

Considering in invalid of a gold card outside registered health facilities, it revealed unclear and unspecific policy as well as power given to physicians in order to make their own judgment or consideration about valid or invalid of gold card. Many staffs in each hospital interpret standard regulation based on their own decision and judgment. As a consequence, some cases of patients were not considered as an emergency illness in some hospitals. Moreover, refuse of a gold card in some hospitals comes from a misunderstanding and/or an unclear about patients' rights under the UCS. For example, unable experiences to use gold card in private hospitals that registered under the UCS. The hospitals push a responsibility of operating cost to patients. As a consequence, patients requested to use their gold card in order to reduce an expenditure that exceeds their ability to pay.

Part III. Perception of gold card coverage outside registered health facilities in accident and emergency cases

Perception and understanding of people about using gold card outside registered health facilities in accident and emergency cases were important factor to determine patients' behavior on showing gold card when utilizing health services outside registered health facilities and associated with attitude of staff which mention in the last topic. In this part of research, the study results could be classified to 3 main topics. Firstly were sources of gold card information: To studied various sources that provide an informant about gold card coverage. Secondly were understandings about gold card rights in utilizing service outside registered health facilities: To study perception of gold card rights. Finally were results of perception toward behavior of informants: To study a consequence of informants' perception toward their direct experience, in detail:-

3.1 Sources of gold card information

In this study, perception of informants in using gold card especially in accident or emergency illness came from 1) Message content in mass communication such as television, newspaper, broadcasting, other come from local media such as brochure, hospital billboard, 2) Hearsay from people around including family members, neighbors and colleague, 3) Illness experiences in past and present, and 4) Recommendations from health personnel. Moreover, data and quality of media were affect the perception about rights and utilizing gold card service outside registered health facilities in accident or emergency cases.

3.1.1 Information from mass communication and local media

The mass communication such as radio, television, newspapers, or magazines, is the most expansive access information about the UCS through people. Data were passing along programs including message, advertisement and articles.

Television was one of the most important channels that provide information of the UCS or 30 Baht Scheme. There were 2 informants, **Nu** and **Muey** gave information that they heard the Prime Minister, Thaksin Shinnawatra, informed about ability to use of a gold card outside registered health facilities. This was new information of what they had known. They had the same information that a gold card could be use in other provinces in an emergency illness. Anyhow, although, they got information from the same source, they had a different interpretation.

Muey, instead of her, her sister gave information by combine information provided on television and information from her direct experience. She understood that *“Normally, a gold card could be used in other hospitals. I heard from Prime minister on TV news but I never use my gold card. At an earlier period before I went to Bangkok hospital, a hospital staff told me that if I had a gold card and got a doctor’s signature, I could get treatment, on operation, immediately. Also, I was continue told that if my case wasn’t an accident, it could suppose to be an accident. There was once that I forget to bring my gold card. A doctor told me go back to bring it and my case could be identified as an emergency illness.”*

Besides, there were some findings that some of informants receive information by reading books, brochures, hospitals' announcement and details at the back of a gold card. All these influence people perception towards their rights under the UCS which all information would be interpreted differently depends on person's backgrounds.

Karn, a teenage girl, gave her opinion that *"I heard about a gold card from TV but not quite understood. I thought it wasn't true that a gold card covered all illness and disease. For an example, it couldn't be used with a cancer because of very high expense."*

Kae, who left her hometown to study, wanted to use her gold card. So she found out information and got it from backside of her gold card. She understood that, *"I read at the backside of a gold card on no. 3. I understand that a gold card valid only in hospitals that specified in the card. For an emergency illness, I can use in the part that allow using. That's all I know."*

Aunt Som had got information from a village information center. *"For accident case, only money is accepted, not Traffic Accident Insurance. Other accident is in the same case. I think a gold card can't be used."*

Aunt Keaw had got information from hospitals' announcement and television. *"When I was gave a gold card, no information was provided. I know that when I get sick I can get a treatment at any hospitals. I know this information form hospitals' announcement as well as TV."*

Detail of practically data always expected to communicate to people through health facilities or local health personnel in consultant, brochure or posters in hospital organization, or recommendation from staff in hospital services. But this research found that there were some fault communicated data or the data that could not understand by readers. Moreover, reading is not provided an understanding of gold card coverage to person as well, such as a case of **Luang Ta Oun's daughter** *"Not understand, read but not understand."* and **Kae's** case that mentioned earlier.

Despite the fact that many publicizes and communication channels, such as newspaper, radio and television, provide an information of gold card coverage, people

are still not clearly understand the real meaning of gold card rights as well as its coverage outside registered health facilities. Main problem in these communication channels was high cost in media management. So that television and radio give unclear information about gold card coverage as well as the details of each communication channels do not emphasize directly on gold card coverage. Even though information about a gold card was provide but people are still not understand the detail of gold card such as the right for using gold card outside registered health facilities in case of accident or emergency illness. And frequently giving one way communication did not have opportunity for questioning which may different in each area or individual backgrounds. These reasons make people know only a partial of the whole information. They imagine and try to understand gold card coverage from limited information.

It could be concluded that a perception and a cognizance in information about gold card coverage that provided by any communication channels depended on personnel background and knowledge as well as their both direct and indirect experiences.

3.1.2 Perception from hearsay

An interactive between people was important channel of perception in gold card coverage in utilizing service outside registered health facilities, especially in upcountry, local area and unfrequented opportunity to receive information group. Many groups of people, relatives, friends and colleagues including people traveling together, who never know each other before, usually talk and share about ones experience or other experiences. For examples, an information about quality of hospital services both in positive and negative aspect as well as recommendation to utilize hospital service in a good quality of hospital with a high skilled physician.

Additional, in term of gold card coverage, there was information sharing about its coverage for an emergency illness, an unavailable of a gold card in traffic accident, gold card transferability and a quality of medicine.

For an example in **Sudjai**'s case, Sudjai told about her relatives' experience that *"I heard that people who paid for hospital charges got a good service and a good*

quality of medicine. In contrast, people who hold gold card got only analgesic. It was my parents' experience. Moreover, the hospital gave a same kind of medicine in everytime of visiting. No medicine was changed."

Case study of information perception from strangers, inform person assess from their illness experience and feel that an emergency illness can use a gold card outside registered health facilities, then inform about using a gold card to Lumyai, nearly to gave birth, took pain during the way back home to prepare child birth.

Lumyai gave birth during her way back to hometown. Many people involved in that situation gave information to her and her husband about using a gold card outside registered health facilities. Lumyai told that *"They told me that, I didn't want to deliver my child at my hometown. I could use a gold card. It was very necessary for an emergency case. I could use it. I wasn't to go home."*

Case study that knew about gold card information from a people in the village and the doctor, **Tin's mother**, she told that *"I used it in an emergency case. It was urgent. A government official just told me. My brother is a government official. He gave me a gold card. Someone who didn't have a card, they processed for us. A doctor just told me about it yesterday"*

Sometimes, a perception from negative information about hospital service can build negative attitude for people who have no direct experience toward hospital service. However, in some situations, people have a limited choice due to mention hospital is only hospital in that area or a nearest one. Besides, a personal limitation in ability to pay for medical charges as well as a personal illness that needed immediate treatment lead people to utilize hospital service, though they get negative information about that hospital. Anyhow, direct experience can change person's attitude from negative side to positive side. It means that, direct experience of people toward hospital service give more effect to people's perception than hearsay alone. For example in cases of **Khumron** and **Grandmom Whang** as following;

Khumron and his family lived at one district for more than 10 years. Normally, when family member got an illness, He and his family would go to clinic in stead of

hospital. He gave information that, *“It isn’t convenience for us to go to hospital. A clinic is located around here, at a nearby junction. It has shorter distance than hospital.”* Also, due to his career, he was needed to travel for working in many places and meet many people. He got information from people that *“A gold card wasn’t good, bad service and low quality of medicine. If you got an operation at hospital, you would get an infection.”* One day, **Khunron** came to hospital because of appendicitis. He got an operation and being recovery. From his direct experience toward hospital service, he felt that *“As they talked about hospital service made I feel bad. At first, I decided to go to hospital in a province but the doctor told me that I was able to get an operation here. I thought that gold card was good. I found no problem.”*

Grand mom Whang went to hospital due to stomachache. She just moved to live with her son in another province. At first, her daughter-in-law asked her friend about information of hospital service. *“We know nothing. We just moved here. The house owner suggested us to go to this hospital because it wasn’t far from here. But my friend told me that this hospital had high charges as well as a doctor wasn’t quite well. I had no money but we worried about my mom’s illness. So, we brought her here.”* At the time of a conversation with her daughter-in-law, she still had no idea about quality of this hospital service. At least, she felt comfort about hospital charges because the doctor told her that her husbands’ mother was able to use her gold card for an emergency illness.

The information derived from other people is only a partial of person’s decision to utilize hospital service. Positive information increases a confidence of people in utilize of hospital service. In contrast, negative information makes people more hesitate to utilize hospital service. Therefore, they try to establish new criteria to make a decision about hospital service. At finally, without any information from other people, people realize that the ones is selected that is the most appropriate choice for them.

3.1.3 Perception from recommendation of health personnel

The reason of information transferability from health personnel to people is to establish awareness and importance of people's right as well as to initiate appropriate performance of people. These should be highly effective procedure because direct face to face talk offer an opportunity for question-suggestion, but in past information providing technique was not effective. Anyhow, informants in this research are still not understand and think nothing of the information provided both in past and recently period, until they get an illness that related with that information. Only information about gold card coverage outside registered health facilities in both accident and emergency case is provided but not for the details and procedures.

This study revealed that the health personnel were intermediate person who provide information about a gold card to people. These people divided 2 groups, firstly were governmental health personnel such as health center staffs, hospital staffs. In some hospitals, the information was provided by a physician, a nurse, a staff in card room or specific person who was directly responsible for a gold card. Secondly were non-governmental health personnel such as public health volunteers.

1) Data received from suggestion of health personnel

Mostly, a perception of people from recommendation of health personnel would be occurred during their hospital visit. I could be said that, if people were not get hurt or illness as well as has no business to contact with health personnel, gold card information could not be provided.

There was a person, **Nu**, who got information from this channel, told that *“A nurse at SH1 hospital told me to bring a gold card. She recommended me at my early stage of pregnant. In case of miscarriage, fall down, and other accidents, I was able to use a gold card.”* Also, **Nu**'s case, she was not only getting information about a gold card from television but also from a nurse as well.

In addition, information of gold card transferability would be provided to people who move to work at another area. For **Kob**'s case, she told that *“At my health center, I was asked whether I will transfer my gold card or not. Also I was told that, in an*

emergency illness, I was able to use it at every government hospital. I thought that it can be used every hospital for an emergency case. So I wasn't transfer it."

The research result revealed that the criteria for consideration as an emergency illness were not mentioned. The informants told that a hospital staff did not give any information about details of illness that called as an emergency illness. Maybe it because a time limitation and too many patients. In addition, the informants had no chance to open a conversation with the staff as well as, for some cases, they hesitated to ask because of unfriendly staffs.

2) Data received from suggestion of public health volunteers

People whose job involve with health such as a community leader or public health volunteer had concrete information about patients' rights. One duty of these people was to provide health information for people in their responsible area. These mentioned health information was once passed from the other health staff. As a consequence, there were errors in interpretation as well as information was not completely accurate.

One informant, **Sak's wife**, a public health volunteer, explained about gold card coverage in her understanding that *"A gold card can be used anywhere if you have an accident but the patient is needed to have a transferration by a doctor from a hospital service. If we go by ourselves, we have to pay."* This revealed that, although she was a public health volunteer, she got incomplete and inaccurate information. This may be affect to peoples' information as well.

Most of informants received their gold card from health center staffs or a public health volunteers. Anyhow, there was no information about it provided together. In contrast, informants got gold card information from television and other publicizes. Also, some informants got a gold card and had not to pay for its fee, 30 baht. They were still not understood why they got exception for the gold card's fee as well as they had no attention to ask about that at all.

General information of gold card coverage was provided by health personnel, for example, gold card coverage for accident and emergency case and gold card transferability for workers who work outside registered facilities. However, people were only provided an overview of gold card coverage in order to use as their background information. Other information will be continuing provided whenever people face with a real situation.

3.1.4 Perception from both last and current experiences

The research data revealed that most of informants had no direct experiences about using a gold card outside registered health facilities both in accident and emergency case. Instead, they got a perception from other experiences. **Uncle Sie** is a middle age man who got injury from fighting with a teenager group, his wife told that, *“I don’t know, I was able to use a gold card or not. I was told that I was able to use it for only for 3 nights at hospital.”*

Grand mom Sa got heart disease, her child took her to hospital in Bangkok in order to get treatment. Unfortunately, she died before process of gold card transferability was completely finished. Her child got experience from their mother’s case that, *“At first, we thought we can’t use a gold card outside its area. My mom’s expenses were 4,000 baht. At the end I paid only 300 baht for a body arrangement. The rest was covered by golden card. I heard that a gold card can be uses 2 times a year for emergency case.”*

Nuch’s mother told about her colleague’s experience that, *“I have no idea. I wasn’t got any accident. I heard that the worker who got stomachache used a gold card in any hospital. I was told that it can be used 2 times a year but I wasn’t sure. My colleagues’ hometown was in Surin Province. She got appendicitis. She was able to use her gold card at SH2 Hospital. The doctor told her that she was able to use a gold card for an emergency case 2 times a year.”*

Jaew got hurt from acid. She admitted in hospital for more than 2 months. She got information from hospital’s announcement. *“The doctor told that a gold card can be used 2 times a year for an emergency case.”*

Not only from a relative, friend and colleague, a perception in gold card coverage could be provided from other unfamiliar people that their relatives were admitted at the same time. The main topic usually talked about was coverage of a gold card in term of an expense.

Nont got an accident during his work. His wife talked with **Pisarn's** relative. (Pisarn is one of an example group). She got information that, *“The aunt near me told me that she lived in Nakornsrithummaraj Province. Her son got an accident. She said her son wasn't able to use a gold card because he had Traffic Accident Insurance. I didn't know. If I had no Traffic Accident Insurance, Can I use a gold card? I was not sure.”*

Uncle Jiu's wife told about her nephew's experience that, *“During this month, my nephew came with his wife who was pregnant. His wife was suddenly in pain because of pregnant, but not because she was about to give birth. She could use a gold card for that treatment at the hospital, no problem on that. We both were in Amnajcharoen Province. I am wondering why we can use the card. I also use this card in the same case like this, for twice times.”*

The research result also indicated that some informants misunderstand in gold card information due to an own experiences. For example, in case of **Aunt Korn's** daughter-in-law, she used to utilize hospital service during her working period in Bangkok. She told about her experience that, *“That period, I worked as a worker in Bangkok. I was very tired even walk or stand. My husband took me to RH2 Hospital. I stayed at that hospital for 10 days. The expenses were around 20,000 baht. At first, the doctor told me that I wasn't able to use a gold card because this hospital was outside my gold card registered area. So, the doctor told my husband to go back home at Nakornsawan Province to get a transferability. Finally, I was able to use my gold card.”* From this case, she realized that a gold card could be used in an emergency case.

Also, **On's** case, **On** is a Northeastern people. She had an experience to use her gold card outside registered health facilities at her hometown. Unfortunately, she did not realize gold card coverage outside registered health facilities. Instead, she realized

that, *“I had a friend who was a nurse there. I though my friend requested my right from the doctor.”* The same was in case of **Thip**’s mother. She used her gold card outside registered health facilities but she thought she had a connection. *“I delivered my youngest child at OH2 hospital. I used a gold card. I hadn’t transferability but I know a housewife there. So, she performed everything instead of me. I paid only 160 baht for 4 days in hospital and a birth control’s charge.*

This research revealed that a perception about a right in utilizing hospital service of people was occurring during their treatment period in hospital. It was a perception from a direct experience that created more confidence for these people. The information was given mostly to patients’ relatives who necessary performed a documentary aspect instead of patients.

The information would be provided by health personnel in a patent department which, in a different hospital, was called in a different name. In some hospitals, a nurse or a physician would be a person who explains gold card information to patients. The provided information mainly was a background and overview information of a gold card that people should know such as use of Traffic Accident Insurance for traffic accident case, gold card coverage for exceed charges over Traffic Accident Insurance, gold card coverage in an emergency illness, and gold card transferability in case for people who immigrate from other provinces.

3.2 Understanding about gold card rights in utilizing services outside registered health facilities

Data from informants about perception of using a gold card outside registered health facilities in accident and emergency illness cases indicated that there was no informants provided an exactly information about gold card rights. Most of informants used to receive information about using a gold card outside registered health facilities from media and data sources including information behind a gold card indicated using gold card in accident and emergency illness cases. But no detail about how to use and case covered so there was different constructive and many variations from accurate information. Perception about gold card rights of informants could be concluding in accident and emergency illness case as follow.

Perception in accident case

1. Accident case can use a gold card in sometime.

This case assay from understanding of one informant, which received information about using a gold card in accident and emergency illness cases from television in Thai New Year period, then informant interpreted that many accident happened in this festival so government support using a gold card in this period. But can not use after Thai New Year, according to Nu saying.

Nu told that *“I heard a Prime minister on TV talked about a gold card that it could be used in an emergency illness. That period of announcement was Thai New Year period. There were a lot of car accidents. I thought that a gold card valid only on that period, not through out the year.”*

2. A gold card not including traffic accident.

Besides, from their direct experiences, when they got an accident, they had to pay. In fact, they are able to claim from an insurance company. These reasons caused a misunderstanding in the real meaning of gold card coverage. Most of informants understand like this because of direct experiences in hospital admitted from traffic accident and staff suggested to use Traffic Accident Insurance. Because of using a gold card not excess from Traffic Accident Insurance budget there was no recognize to use a gold card in this over budget, but acute patient were recognize if treatment cost was over.

3. Informants do not know budget of Traffic Accident Insurance.

Informants understand that in accident case need Traffic Accident Insurance but do not know budget in their rights.

4. Accident was emergency illness.

Estimate that accident was immediately event never expected before and there was an emergency illness.

5. A gold card use only in accident case.

Some informants' experience about using gold card outside registered health facilities resulted in interpretation that they can use a gold card only in accident case as following interviewee;-

Lien got an injury from a fighting. His wife told that, *“It was like an accident that I think it could be use a gold card. My nephew got hurt from fighting. He was able to use his gold card as well.”*

6. A gold card can use only in illness case but accident was not ill so can not use right.

From many publicizes and announcements, a word *“30 baht for every diseases”* confused many people. They think that a gold card can be used only for disease not an accident case. For an example in **Pisarn**'s case, his girlfriend told that *“I don't know that a gold card can be used in an accident case or not. I think it covers only disease.”*

Right perception in emergency illness

1. Informants did not know how many times of using a gold card in emergency illness case.
2. A gold card can use in only inside the registered health facilities, but outside health facilities can not.
3. A gold card can use in emergency illness cases within 72 hours.
4. Informants did not understand in conditions of emergency illness cases, especially the meaning of “emergency illness” which different assign in each hospital.

For overall image, a gold card perception of patient both from direct and indirect experiences had a negative tendency. The research result indicated that people did not clearly understand about their gold card coverage or their rights in utilizing hospital service. They only realized that the hospital should have a physician as well as they should have hospital service as same standard as other people. Also, the physician is their better choice when they get sick. Anyhow, some people known that a gold card could be used in an emergency illness. Unfortunately, they did not know what is the meaning of an emergency illness and what is the symptom or illness called as an

emergency case. Although, they had experiences in emergency illness but for the next visit they were still not confidence that they were emergency case or not. It could be said that, most people still had unclear and inaccurate information of gold card coverage outside registered health facilities that was why they still had a negative perception about this matter.

3.3 Results of perception toward behavior of informants

Patients' behavior toward hospital service was influenced by many factors such as direct and indirect experiences, perception of gold card information and hearsay. Anyhow, there were only a few patients who intend to use a gold card when they utilized hospital services in order to reduced hospital and medical charges.

1. Accommodation for utilizing services

When informants recognized about utilizing services outside registered health facilities in emergency illness 2 times a year and transferability of a gold card 2 times a year, some informants who had long term habitat plan or intended to use a gold card for reduced service expenses were manipulate a gold card from their domicile for using usually a gold card and pay 30 bath for each time.

Daeng, a vendor, usually travel to many places. Everytime she get sick, she does not use a gold card, instead she pay. Daeng lived at the research area for more than a year and expected to be longer. She just delivered her second child at MH1 hospital. That time she was able to use her gold card. She was told by her sister, who working in another province, that a hospital rejected her sister's gold card when she requested to use it for her delivery. That time, Daeng moved her name to her friend's census registration before her delivery date. Finally, she was able to use her gold card.

2. Intent to use a gold card in emergency illness case twice a year and not limited in accident case.

In this study found that less of informants intend to use a gold card outside registered health facilities in unlimited time and in emergency illness twice a year because of perception about information of using gold card outside registered health

facilities and not required to transfer a gold card for using inside registered health facilities with different reasons as in **Grand mom Keaw, Aunt Sai** and **Pod** cases.

That time was last time for using gold card for an emergency case. **Grand mom Keaw** told that *“I didn’t know where to go. I heard that this hospital was good. So, I came here. This is my second time for using a gold card. The doctor told me that I was able to use a gold card 2 times.”*

Aunt Sai came to hospital together with her daughter. They had got information about gold card and think that that time they were able to use it. Her daughter told that *“At that time, my brother got high fever. The doctor suspected that he got a serious disease, Leptospiroses. So, he helped him to use his gold card. He was able to use his gold card but he paid 200 baht for X-Ray fee. I thought that for an emergency case, a gold card should be used because the patient needed to get an immediately treatment.”*

Pod’s mother got information about gold card coverage from her elder son’s case. That time, she showed Pod’s gold card to a staff. *“His brother used to utilize this hospital service. He was able to use his gold card. I heard that a gold card can be used 2 times a year. So, I used it this time.”*

3. Utilized perception information for negotiation

All people with perception of utilizing service including people with unknown detail found that there were utilize information for negotiated in using a gold card outside registered health facilities.

Dong’s mother told that she and her family usually travel between Samutprakarn Province and her hometown because her family moved to this province for their career. That time Dong had high fever, so his mother brought him to this government hospital. She told that *“Dong’s father used his gold card once here. He got a very serious stomachache and stayed many days in this hospital. He was able to use it because his case was an emergency one and he had got a serious illness.”* Therefore, that time,

Dong's father asked to use a gold card for Dong's case *"His father asked whether Dong was able to use his gold card or not."*

Other cases that the patients request to use the gold card were as follow;

Raerai used information provided by her neighbor to negotiate for her golden card coverage in a case of delivery. *"I heard people who went to give birth that this hospital was good. So, this time I went to hospital with the same case. I asked whether I can use my golden card or not. At first, I heard that I wasn't able to use it. Because I came from other, I have to pay. I asked that I heard that someone in my hometown was able to use it here. At the end, I have to pay only 30 baht."*

4. No affect on utilizing behavior and agreed to follow staff's decision

In this study found that although, most of informants had perception as well as got information of a gold card, they were still having limited information and their understanding about a gold card was not enough to ask for their rights. And most of information interpretation from perception had variation from the truth. Most informants questioned staff that they could be use a gold card outside registered health facilities or not. When staff assessed indication and determined how patient should use a gold card, patients were accepted and manipulate according to their potential. If invalid gold card rights, some were pay themselves or some which could not pay was speak directly to staff for backing.

The claim for gold card coverage outside registered health facilities usually occurs after finishing a treatment process. The reason was the patients only think about how to get treatment and recovery to a normal health. Therefore, other issue including using a gold card outside registered health facilities was neglected.

The patients' relatives become the one who perform a documentary process in stead of patients. A gold card will be showed earlier at a card room. Normally, every hospital will check prior about patients' rights for utilizing hospital service. Anyhow, every patient will get exactly the same standard in hospital service and treatment whether they have a gold card or not. For the patient who is covered by Traffic

Accident Insurance as well as use a gold card outside registered health facilities, more documents will be required afterward. In case that the patients is not accepted as an emergency illness, a gold card is rejected, they have to pay for their charges in every 3 days or at the last day at hospital depends on the hospitals' regulations.

For the patient whose a gold card was rejected, some accept hospitals' conditions and willing to pay for a charge, but some had no ability to pay instead they borrowed other money to pay for hospitals' charges or opened negotiation with staff. Fortunately, a staff could give them compromise and appropriate conditions of payment such as reducing a charge 50%, setting a term of payment and using a social welfare. Some patients used their background information about a gold card opened their negotiation with hospital staff to allow them to use a gold card.

Muey's sister got a direct experience that she was able to use a gold card for an emergency illness. So, she thought that her sister would be able to use her gold card as well. *“At the time that I was admitted at hospital in Bangkok, I was told that if I have a gold card and get a doctor's signature, I was able get a treatment. I didn't know that a gold card couldn't use here. I didn't know about an emergency case as well. I just thought that my sister was able to use gold card. If it couldn't be used, I'd rather to back home.”*

Results from study indicated that people had small and fault in exactly information of perception about gold card rights outside registered health facilities in accident and emergency cases. Since data from media were not effective access to people especially data in detail about using a gold card outside registered health facilities so there should be accuracy of information evolution for approaching people. Recently people learning from experiences and perceptions of familiar person.

Some of the informants' opinions reflected that there was a desiration of people to perceive and to cognize about gold card coverage in order to use this information to get more useful in practical. They realized that an insufficient communication blocked them from gold card information. In contrast, some of them think that it was because they had to work all day long, so they had no chance to find out information of a gold card. At present, perception of people in gold card information depended on a

performance of staff. It could be said that patients perceive about gold card information from a hospital staff during their illness period.

Although, some of informants realized that there was a lack of communication about gold card coverage, they were still not trying to reach a channel of gold card information. Most of these informants were people in a working age and workers. They had no intention to get gold card information by themselves, instead they will try to find it whenever they think it was necessary for them. In conclusion, to distribute gold card information was to increase people's perceptions.

From previous data can conclude factor effecting perception as follow.

1. Information source, each was different in efficiency advantage and disadvantage which affect people perception.
2. Information detail, each information source was different in information detail depend on efficiency of each information source. If unclear communicated information or excluded summary or interpreted from multiple transmission should be information varied from the truth.
3. Experience in the past, learning from direct experiences or event from surrounding people were result in clearly perception but depend on each personal background.

Most of people were provided information about a free charge of hospital service or 30 baht Scheme. People got the information from many channels including campaigns and brochures in hospital. Anyhow, information and details about an illness and disease that can be determined as an emergency illness were still not provided. Most people gave a little importance to this kind of information instead they gave their concentration only on their medical treatments.

The research revealed that there were a lot of misunderstands about using of a gold card in a traffic accident case. Many informants understood that *"They were not able use a gold card for a car accident and had to pay for a hospital facility."* In the case that a car accident was not serious as well as a patient got only an unserious injure, a medical treatment could be provided by a community hospital. Therefore, the

total hospital charges were within Traffic Accident Insurance. That was why the informants who had no experiences about this case would not acknowledge information about hospital charges that exceed Traffic Accident Insurance would be covered by a gold card. On the other hand, if a car accident was a serious case as well as a patient was needed to take care by a specialist. The total hospital charges that were higher than 15,000 baht would be covered by a gold card.

Moreover, researcher got more information from talking with informants. They informed that, during treatment period, their relatives often asked, talked and shared their information about a gold card. Consequently, they got more information about a gold card and used provided information to match with their specific case. Originated a new cognizance about gold card information that maybe inaccurate.

According to a tradition and culture of people, they live their life by follow their ancestor especially for illness matter. The hospital that their ancestors select to take a medical treatment is the hospital for their followers as well. Mostly, information about health and hospital service is provided by ancestors and relatives. Also, the provided information such as using of a gold card in specified hospital and a patient transfer system mostly is the same. Anyhow, the information in other aspects such as using of a gold card outside registered health facilities both in accident and emergency case and transfer of a gold card without a census registration are rarely provided because there is very limited channels mention about this information. In addition, a communication between a health personnel and people is unclear and inaccurate. It could be said that people get their cognizance about gold card information mostly form their direct experience.

The information derived from an interview showed that people known their rights about using of a gold card outside registered health facilities both in accident and emergency case. Anyhow, none of them was able to give accurate and clear information about using a golden card. The reasons for this were limited channels to distribute gold card information. For example, time limit for the information provided by television and unclear information in brochure. For a communication between people and their social network, family, neighbor, colleague and even health personnel, it could be described that the information sharing between these groups of people was secondary information that was interpreted based on each people perception.

Consequently, the important detail of gold card information might be reduced or increased. Therefore, the information could be deviated from a reality or original information. Showing in a case of Sak's wife, she was a public health volunteer who understands all information about using of a gold card outside registered health facilities. Unfortunately, she understands it incorrectly. Stating this health personnel who involves directly to a gold card was still not understands all information correctly. What about other people? They were directly impacted with a negative aspect about their using of a gold card.

Although, television was the easiest channel to access gold card information, Health personnel such as physician, nurse and other staff, were the ones who people believe the most. It could be said that a person was only information channel that could give recommendations, suggestions, questions and answers. It was a two way communication. However, If people get information only from information channels without having a direct experience, they face with an inadequate information to make their decision whether they will use their golden card in an accident and emergency case or not. The research result indicated that patients' direct experience affect directly toward their perception about using of a gold card. Most of patients know their gold card standard rights such as using of a gold card in hospitals that specified in their card and use of a gold card in hospitals located in the same province. Anyhow, they need more information from experiences both their own direct experiences and other experiences to help them using a gold card outside registered health facilities. The informants try to link their last direct experiences and current experiences together in order to originate more perception about their rights and to request for their standard rights. It could be said that an attitude, thought, value, believe, and experiences of informants affect directly to their health behaviors. For example, if people have experience in what aspect, they will have more perception about that aspect than other people who do not have an experience. In conclusion, experiences and background knowledge are the most important factor that leads people to interpret their feeling and touching to be a perception. (Chumnien Chungchot, 1976)

Above information revealed the fact that most of informants not take a right in health service into their consideration. People give their opinions about a health aspect that it is a matter of physician and nurse as well as a hospital, not them. Whenever

they get an illness, they often give themselves a treatment, not go to see a physician. Because of this, they neglect their right of health service that different from a standard right until they get their direct experience. However, when they get an illness, the first thing that they worry about is their illness, not their right in health service. The first priority of people is to live their life, not to request for their health right. Even though, for a strong people, they will pay their attention on other aspects such as a career, knowledge and wealth which have more important than a health aspect. The talking about health right and requesting for utilizing health service are rarely found in Thai social.

The part of informants' opinions reflected the fact that they want to know more about their rights in health service as well as benefits in using of a gold card. They stated that, because of a limited channel of information, they were not provided adequate information. Some of them stated that most of their time was spent for their career. They had no time to find out information about a gold card. Physicians as well as other health personnel were the most important people who were able to give gold card information. People will continue creating their perception about a gold card during their period of utilizing health service. Anyhow, some informants stated that a distribution of gold card information had a low quality. However, they had no intention to find out this information. Most of informants were in their working age, they did not spend their attention on health services and their rights on this aspect until they got a direct experience. In order to give people more chance to derive information about a gold card, there should have an extension of communication area and method as well as an increase of communication channel as well.

Part IV. Meaning of an emergency illness in patients' perception

Emergency illness in client meaning not determine from the same as medical define but that was holistic care of patient that commonly compare from normal event of that person. If there was abnormal indication concluding happening of severe abnormality, when determination meaning were reveal in all of symptom. The informants gave a different meaning and explanation of an emergency illness, depends on their experience, perception and understand. After data processing, the meaning of

an emergency illness in patients and their relative's perception could be classified to 5 groups as following;

4.1 Happen suddenly and unpredictably

This group of informant gave a meaning of an emergency illness that, it was an illness or injury that happen suddenly and without any symptoms. They gave their explanation by compare between a strong and a weak health. *"It was suddenly illness. No one knows and expects."* The informants explained that;

Chart took hospital service because of a serious stomachache. *"An emergency illness was like my case. It happened immediately. I got a serious stomachache. It was very hard for me to go to hospital because I got so much pain."*

Aunt Nuey, a vendor, had fever and cold. *"It was suddenly. Yesterday, I was alright but today I had fever and very cold."*

Uncle Boon, a worker, was sick with appendicitis and had already got an operation. *"It was an urgent. I wasn't has any symptoms before. I got hurt after I had foods. It happened suddenly. Not like a cold, a cold took many days to recovery. I knew myself that I get a cold. I cured myself first. I wanted to recovery as soon as possible because of a high hospital charges. I thought that case intended to get sick...hahahahah."*

Uncle Jui went to hospital due to his serious stomachache. His sister told that *"An emergency illness was like my brother case. I didn't think that it will happen. If it wasn't an emergency case, He would like to go back home. But, for an emergency case, if he went home, he might die. My home was very far from here."*

Sinth, a bus driver, went to hospital because of a serious stomachache. *"I wasn't sure my case was an emergency illness or not. On that day, I took my car to visit my relative. After, I had dinner and liqueur, I had a very bad stomachache. I had no idea what to do. So, I leaved my car there and asked for help from neighbors. So, they took me to hospital."*

For informant's opinion, although, there were some symptoms seem not serious, they could be called as an emergency illness if those symptoms occurred suddenly without any warning.

Sodsai, a vendor, used to use a gold card outside registered health facilities for her emergency illness, stomachache. *"It was an emergency illness not like Diabetes or Hypertension that we knew they are a congenital disease. An emergency illness shouldn't show any symptom instead, it happened suddenly."*

Bua, a worker, went to hospital because of an accident from a thunderbolt. *"If we fainted, we can use a gold card as an emergency case, but if we had a normal illness, we can't."*

Ake lives with his grandparents. He used to use a gold card outside registered health facilities for his illness, high fever. His grandmother told that *"If I get sick. This is an emergency illness. I am able to use a gold card. Last time, I got only tried. I don't know that sick is an emergency illness. Unlike a fever, we know we get fever. This is not an emergency illness. I was tried and I didn't know before. This could be called as an emergency illness."*

4.2 Happen outside hometown

It is necessary for people, who get sick outside their hometown to use a gold card outside registered health facilities. This group of informants believes that whenever they get sick in the following cases, during their way back to hometown, during their way to visit relatives, doing business or working in another area not hometown, these could be called as an emergency illness.

Luang Ta Chun, a monk, had got treatments at his registered hospital but he still not got recovery. His carer said that *"We went to another province and got sick during my way. So, should we go back to my place? I though I would like to take a nearest hospital."*

Neung visited her relatives at another province. Her aunt told that *“As my understanding is like, we go to hospital suddenly and not intend to visit a doctor. In fact, I wanted to take Neung to hospital at her home. But she had a serious illness*

Wuth visited his grandparent at another province. His grandfather said that *“A word emergency illness is an unpredictable illness. Not only an accident or fever calls as emergency illness. We don’t prepare ourselves for it. An emergency illness is an illness that happen anywhere not only at my hometown.”*

Muk is a vender. That time was during her visit of her hometown. She felt not satisfy her registered hospital. So, she utilized hospital service outside registered area. *“As my understanding, I came from Bangkok to my hometown. If I had got an emergency illness, I would take any nearest hospitals. An emergency illness such as appendicitis or shock, but a normal illness wasn’t an emergency case. Anyway, a serious cold with a very high fever was called as an emergency illness.”*

4.3 happened in night time

In the meaning of an illness in night time, in people’s perception, that usually called as an emergency illness is because they believe that hospital has less prepared for staffs including physician than a day time. Therefore, to visit hospital in night time must be an emergency illness. Below is an example of people’s opinions.

Nuth lived with his uncle and aunt. His aunt told that *“If we went to see doctor at night time, it could be an emergency case because we weren’t bale to wait until dawn. But, if we went to see a doctor in morning, it couldn’t be an emergency case anymore.”*

Sodsai had stomachache in night time. *“I didn’t think that I will get sick at that night. If I get diarrhea at night, I have to go to hospital immediately.”*

Observable that suddenly illness in unfamiliar kind and in abnormal situation such as during journey in foreign place or night time was an important factor for people to determine that was an emergency illness including severity of indication which mentioned next.

4.4 Coma state

A definition of an emergency illness for some of informants depended on how serious of that illness. They explained in a definition of “*Extremely serious illness*” They felt that an illness such as fever, headache and cold can be called as a normal illness that they can give treatment by themselves or pay a little amount of money for medical charges at clinic. Not necessary to go to hospital because they do not want to waste time for waiting. In contrast, whenever people realize that they get sick with a serious case that they can not give treatment to themselves, they will immediately visit nearest hospital in order to get treatment or operation, without any worry about medical charges. They are not able to go back to hometown to use a gold card.

In the meaning of an emergency illness in coma state case, people cognized it from their symptoms and others. Also, it could be explained that it is not an illness that treatment by medicine, instead it need special treatments and special medical equipments. These illnesses establish an anxious in people’s mind. As a consequence, they are usually called as an emergency illness.

Pete, 5 years old child, got sick with fever. His mother said that he has got fever for many days. He was taken to clinic for 2 times but not got recovery. So, she took him to hospital because she afraid that he would shock. When she was asked about an emergency illness, she answered that, “*It should have a serious symptom. I thought it was like my son’s case. In that night, I wasn’t able to sleep. I took care him all night. If he hadn’t a serious illness, I wouldn’t go to hospital instead, I gave him a medicine.*”

Thanu, same as Pete’s case, was taken to hospital after got treatment at the registered hospital but he not got recovery. She intended to take her son to visit a doctor at clinic located in another province nearby her hometown but it has too many patients. So, she visited a doctor at a general hospital instead. She explained about an emergency illness in her point of view that, “*It was a serious illness. But I thought that my son wasn’t a serious case. But after lung X-ray, The doctor told me that he got pulmonary disease. He got a serious illness.*”

Muey was transferred from a hospital in her husband area. Her mother and sister took care her with an anxious about her symptoms both physical and mental. She got miscarriage her child. Her sister gave an opinion toward an emergency illness with her upset in hospital service (She still don't know whether her sister will be able to use her golden card or not) that, *“Like my sister's case, she got a miscarriage. What should we do? My sister was transferred here. Was it an emergency case? If my sister got an effect from her illness, what should we do? She had a serious illness, it wasn't possible to go back home. This hospital was a nearest one.”*

Some informants gave their opinion toward an emergency illness that it was a relapse that they realized as a serious illness as well as it needed immediately treatment. It was possible that, at that moment, symptom of patient was not serious. Anyhow, it was symptom of serious illness that needed intensive care from a physician.

Watt's father said that *“I had a heart disease. Suppose I went to Phuket and my heart disease was relapsed. I can't breath, I took a medicine but I preferred to see a doctor. It had a difference, I wanted to see a doctor and talk with him. I felt comfort and I would be all right. I thought my case was an emergency illness because it could cause me a death. A gold card should be used for a case like mine. We were able to get ourselves treatment for normal illness such as cold and asthma. Anyhow, for a serious asthma, it could cause us a death if we not got an appropriate treatment. So, it was the best to go to see a doctor.”*

Moreover, an immediate treatment, in people's perception, is also called as an emergency illness as well. Anyhow, there is other point of view in this meaning of an emergency illness. Some informants gave their opinion toward a case that patients wait in hospital for treatment or patients who are transferred to the registered hospital in their hometown is not included in this meaning of an emergency illness.

Ya used her gold card outside registered health facilities in last 5 month for her delivery case, gave her opinion about an emergency illness that, *“An emergency illness in my understanding was an urgent illness such as a delivery case. But I thought that an operation wasn't an emergency illness because we had to wait at hospital first.”*

For an explanation of an emergency illness, some informants included the meaning of an emergency illness that they are not able to cure themselves in the first stage as an emergency illness as well. Then, they visit a physician at hospital.

Pinn visited a physician at hospital twice but her symptom was still the same. Her mother explained that *“It was a kind like to admit in hospital. Suppose that I got stomachache, then I took a medicine and I wasn’t getting better. So, I had to go to see doctor.”*

Some informants who have got information from an experience of illness mostly feel that they and their relatives have a serious symptom including with hesitation in answering researcher’s questions. The answers from them show a feeling that they have *“an emergency illness”* as described below;

Aunt Sie’s daughter used to utilize hospital service outside registered health facilities but she could not use her gold card. His wife gave an opinion that, *“I don’t know. In my opinion, for the case of my daughter, I don’t think we should pay for the charges as the case was so severe, my daughter had a badly pain. But the doctor suggested admitting her. Anyway, if it necessary, we can pay for that. Once we went to have a treatment service, we received a good service and we satisfied for that”*

Porn Her mother gave an opinion that, *“I didn’t know what an emergency illness was. If it was a serious symptom, it could be an emergency illness. Like Porn, I thought she was an emergency case.”*

Aside different in emergency illness description from health personnel, there were different about people perception and perception of medical profession or practice when emergency illness occurred. Provincial often expect that emergency patient should be immediately treated, can not wait, regardless were affect patient and relatives.

4.5 Accident

Definition of accident seem to be agreement between health personnel and people more than emergency illness, that was immediately situation, can happen in every time

and every where, unexpected event, unwilling and no one wants to happened until get body hurt. But it found some confusing variation such as from previous information, patient often involve emergency illness as an immediately illness so most of information determined that was the same case as emergency illness and descent to wondering in using gold card outside registered health facilities as follow;-

Nu gave her explanation based on her relative's experience that, *“for a normal illness can't be used a gold card that we had to pay. I understood that an emergency case was a traffic accident. Same as my nephew, he lived in Sungaikolok but got a car accident here. He utilized hospital service here. His medical expense was covered by Traffic Accident Insurance. The exceed expense was cover by a gold card.”*

Pun got an accident, falling from a tree, explained that, *“As my thought, an accident was an emergency case and I was able to use a gold card for an accident case, instead can't for a normal illness.”*

Krist came for operation for appendicitis. His mother told that, *“I thought, for an accident, it was able to use a gold card in every hospital. I thought an accident was only an emergency case*

Na, patient of registered hospital, gave her opinion that, *“An accident was an emergency case. Maybe it happened outside registered area.”*

The sources of understanding differently among people, not only personal experiences, but also from the past learning's people learned from the past services, from what they have been told, from what doctor informed which could be perceived and interpreted differently upon individual's background of knowledge and experience, which may not correct somehow.

Thep's daughter was taken to visit a physician because of she got high fever and vomiting. A hospital staff allowed her to use a gold card. So, she thought that this kind of illness was an emergency illness. Her mother told that *“The doctor asked me when my daughter got sick. I said that she got sick at dawn but I just took her here. The doctor asked me why I didn't take her to see him immediately. So, I understood that if*

I took her to hospital immediately, she was an emergency case. But for my husband, when he got a symptom, he went to hospital immediately.

Some parts of understanding about accident and emergency case were shaped by hospital policies.

Umpol was not allowed to use a gold card. He told that, *“This time, I wasn’t able to use a gold card because I got the same illness of the last time. I was able to use a gold card for only a new illness.”*

Lien used a gold card outside registered health facilities. His wife told that, *“It was case by case. I was told that only an emergency illness was an urgent case such as an accident that covered by a gold card. For other cases such as a delivery case that we intended to use a gold card, it wasn’t allowed.”*

These criteria affect to a difference of gold card coverage for the same illness. This subject will be described in details in Part 5.

An overview of this, it found out that people did not clearly understand the definition and meaning of word “accident and emergency illness”, they perceived it differently from the using of the hospital staffs. The understanding of this, for people, was nourished through their gained experiences and learning throughout many years compounded with their own interpretation and applicable solutions. Besides, direct experiences and in-direct experiences they gained from government health services from the past also played an important role for people to understand this definition. However, these understandings did not always correct, as they were connect and linked ambiguously with subjective cases and circumstances. Importantly, the understanding of definition of “accidental and emergency case” generated significant impact to the using of a gold card of patients, which would be clarified further in this research.

Thus can conclude that factor affect explanation of informants comprise of 1) cognition 2) experience 3) social context of information.

It could be said that there was more than one meaning of an emergency illness for one informants such as a following case, **Grand mom Euen**, her carer described that,

“An accident or immediately illness or emergency illness, we got a serious symptom.”

The informants described their understanding about an emergency illness by based on their both direct experience and hearsay. As a consequence, there is a different in using of a gold card in the same case or illness.

The part of informants explained about an emergency illness that it was illnesses that occur suddenly. The emergency illness included the cases of illnesses that occur in night time and occur in other province outside registered health facilities. The word “emergency” meant sudden occurrence of illness that needs an immediate treatment. This meaning of emergency illness corresponded with a given meaning of an occurrence of an illness.

In addition, the informants gave another meaning of emergency illness based on a serious of illness. An emergency illness in this meaning was a serious illness that can bring patient a death. Only a specialist was able to give treatment for this kind of illness. They linked obvious symptom of illness with a mental suffer of patients’ relatives, originated the meaning of an emergency illness.

The meaning of an emergency illness maybe links with an accident. There were some informants give the meaning of emergency illness as accident case. They got information from television and interpreted the meaning of emergency illness based only on their perceptions and experiences. Most of people in this group usually use their gold card outside registered health facilities in an accident case.

According to study the meaning of emergency illness, informants gave many different explanations based on various factors such as past experiences of patients and relatives, symptoms of illness, diagnosis of physician as well as belief and culture of patients. It could be said that when people or their relatives get sick, they will try to find a health service and attend a medical treatment system in a hospital. Their experience in their illness affect them in their perceptions and cognizance about a hospital service for both emergency illness and accident case especially in the case of using a gold card outside registered health facilities as well as have an affect on an interpretation of words “*Emergency illness*” as well.

It could be said that informants try to explain meaning of an emergency illness base by raising their own cases as well as their relatives. These mentioned cases have many different in details such like the informants state that “*like my brother’s case on*

that day” or *“like the case of mine.”* Because of this, the explanation of an emergency illness come from people’s experiences. Besides, the informants are not focus only on the type of illness but also a serious of illness. Their experiences about illness and disease give an effect to their living. An interpretation of informants affect directly toward their feeling and behavior in using of a gold card outside registered health facilities. For example, **Uncle Pun** understood that an emergency illness is an accident as well as think that a gold card covers the accident. In addition, **Muey**’ sister understood that a miscarriage can cause a patient (her sister) terrible sick as well as also think that her sister’s case should be an emergency illness. Finally, her sister were not able to use her gold card, she was very upset and stated that she will not visit this hospital for sure, if the gold card is rejected.

Considering in a meaning of an emergency illness that is a serious illness or comatoseness, this meaning corresponds with a meaning of an emergency illness in a practical process of the UCS, fiscal year 2004. (National Health Security Office, 2004) the UCS indicates that *an emergency illness is an illness or symptoms that needed an emergency treatment as well as an accident case is an unpredictable injury caused form an outside factor.* The UCS separates a traffic accident from an accident case and put it into Traffic Accident Insurance. Most informants understood that a traffic accident was classified as an accident case. However, for many informants, only a serious case was meaning of an emergency illness that mentioned earlier. For a normal and unserious illness, they decided to give themselves a treatment, instead of visiting a physician. One relative of patient stated that *“If we didn’t get a serious illness, we will not go to a hospital because 1) wasting my time 2) Private clinic gives me a better treatment. I will go to a hospital whenever I have to get an operation. I know a basic treatment and I don’t have to go to a hospital”* This statement reflects a behavior in a use of a gold card outside registered health facilities both in an emergency illness and accident case which will be mentioned later.

Although, there is a various meaning and interpretations, most informants accept a judgment of physician or hospital staff whether they can use their gold card or not. Anyhow, **Wuth**’s grandfather got angry when his grand son was not allowed to use his gold card. He states that *“Today hospital accepts only an emergency case. I asked a staff about a meaning of emergency illness and I was told that it is an accident. My*

grand son got flu and had unconscious. Was he an emergency case?” Another case is Umpol. He visited a hospital with the same case of the last visit, stomachache. That time he was not able use his gold card because of the reason that “In last 2 year, I had a stomachache and I was able to use my gold card. But this time, I was able to use my gold card because I got sick with the same case” Umpol and his wife did not understand what a nurse told him, instead they understood that “Last visit of mine was 2 years ago, 2003. Currently is 2005”

Above cases revealed the differences in regulation setting for using a gold card outside registered health facilities in a different hospital. Trying to consider a practical process of the UCS that mentioned earlier, the UCS give only a general meaning of an emergency illness and an accident case as well as give allowance to a physician to make their own judgment. At the same time, people give a little attention to understand the real meaning of these cases. During the research, researcher explains people a meaning of an emergency illness and an accident case under the UCS. Anyhow, people are still not clear and misunderstand about that meaning. They only know that they have a right to use a gold card twice a year without considering regulations of a gold card. Parts of them were satisfied by using of a gold card without any problems because they never use their gold card for an emergency case more than 2 times a year.

The research result also revealed that there is a difference in a basic idea between a teenager groups, an age not more than 20 years old and an adult group. This teenager group has no perception about a golden card because they are still healthy and rarely to get sick. Besides, they still have parents who take card of them. Consequently, this teenager group thinks that gold card rights are a little matter of them. Therefore, the information provided by this group of informants is unclear and inadequate for processing an evaluation. It can be concluded that age is one of the most important factors that indicate informants' maturity and ability to handle with a circumstance including mental condition and perception. An experience and perception are also giving an affect on the interpretation as well.

Part V. Reasons of utilizing service outside registered health facilities in accident and emergency cases

Whenever patients realize that they have no ability to give treatment by themselves, they have a demand to go to see a physician. Also, they have a high possibility to continue with using of a gold card outside registered health facilities. In this part of research, the reasons of utilizing service outside registered health facilities would be divided to 5 topics. At the same time, the information in a different topic has a high tendency to link with other topics. The patients have more than one reason that led them to utilize service outside registered health facilities in both accident and emergency case.

5.1 Reasons from hospital staff

Important factors initiate using a gold card outside registered health facilities in accident or emergency illness in hospital. There were disservice drive people inside to use other services and oriental service drive other people wave into this hospital or people though that great service center have more suitableness of doctor and equipment as follow;-

5.1.1 Impolite behavior

Although, every hospital has the same standard in service and hospital staffs including physicians, nurses and other assistances, the patients feel that there are differences in a different hospital. The patients can be impressed and satisfied by some hospital service, but not for the other ones. One of the most important factors, that can persuade people to utilize hospital service or can push away people to other hospitals, is a service of hospital staffs. The research result reveals that behaviors of hospital staffs such as politeness, familiarity and care, are important factors to persuade people to take hospital service. In addition, an adequate of information and recommendation about health and patients' right are also an important factor that affects people's decision as well.

Chun, a teenage girl, told about her upset about one hospital service located in her hometown area that *“The staffs were impolite, I don’t want to go to this hospital.”* As a consequence, she selects to utilize service outside her registered province in nearby district, though it is many kilometers away from her house. She feel satisfy with staffs’ service there. Also, she told about her experience on this case that *“On that day, I went to see a doctor because of my very bad headache and nosebleed. The doctor told me to hurry up, there were many patient waiting. I heard that I ran away.”* **Chun** also told that this hospital had a better service. Both physician and nurse gave her a good care. She used to take this hospital service for several times. Moreover, she had got information about a golden card that it could be used outside the registered health facility 2 times a year from this hospital as well.

5.1.2 An evaluation and hospital staffs’ assistance

As in Ya and Lumyai cases, Ya willing to pay but staff help her to got right while Lumyai need to pay by herself. **Ya** said *“I was willing to pay. Anyway, for my delivery case, I was able to use a gold card outside registered area. It was an emergency case. I could use it 2 times a year.”*

Same as the case of the other woman, she told that;

Ying *“Actually, I went to see a doctor to check my pregnant status but a doctor told me that I was ready to give birth. I didn’t get any hurt so I went home. I paid only 30 baht. At the same day, I went back to hospital to deliver around 11.00 pm. I was told that I was able to use a gold card outside registered area for 2 times a year. I though that, this time, I had to pay but I was covered by my golden card.”*

Both cases that mentioned earlier different form **Lumyai**’s case. Lumyai gave birth in a government hospital located in area between Bangkok and her hometown. Lumyai was recommended earlier that she was able to use her gold card in an emergency case. Anyhow, for this case, Lumyai had to pay. She told that, *“The hospital didn’t accept me as an emergency case”*

From above 3 cases, the same symptom revealed a difference of gold card coverage outside registered health facilities. Some patients were able to use a gold card but some were not. It depended on a hospital's judgment. In the first 2 cases, a gold card was acceptable because of an assistance of a hospital's staff without any requests from a patient. In contrast, for the last case, the patient had got information that a gold card could be used. Anyhow, in practice, it was rejected.

The same with **Pete**' case, his mother told that *"Pete got high fever. I took care him all long night. A hospital staff told me that I could use a gold card 2 times for an emergency case. I was hurry in that moment. I wasn't quite understood. Then, A staff told me that I should transferred his gold card to here."* Finally, Pete was able to use a gold card.

Grand mom Eurn went to the hospital because of her congenital disease. Her carer told that *"A nurse asked that I will pay or use a gold card as an emergency case. But she also told that she will check about expenses, if it wasn't much, I would rather pay. A gold card could be used 2 times a year for outside its registered area."*

5.2 Reasons from a hospital customer

5.2.1 Medical expenses

For some patients who is responsible for family's expenses as well as have uncertainly income, a medical expense is the first priority to think about whenever they get hospital service. Excluding medical expenses, there are other expenses such as transportation, food and accommodation expenses. As a consequence, government hospital is the best choice for a low-income people for example, workers and people who work for wages. In addition, these coming expense safer take hospital services are an important factor that determines the use of a gold card outside registered health facilities."

Nakorn got hurt from fighting. His wife told that *"A health center told me to come here, SH2 hospital, because of a lower charge than a clinic. I was very scared and had no money. I didn't bring anything. I wasn't intent to use a gold card because*

this hospital was outside our province. But I hadn't enough money. Then I contact the gold card room to check his gold card coverage from Nakornsawan for use here,"

Karn, her second visit was different from the first one. This time, a staff allowed her to make a decision whether she would use a gold card for an emergency case or not because this time was the last time for this year. For her later visit, she is not able to use her gold card if she makes a decision to use it in this time, but she did. It was the best way for an unemployed person like her. *"For my first day at hospital, I was asked to pay or to use a gold card. A gold card could be used only 2 times a year. If I used it this time, I couldn't use it next time. I decided to use it. I had no one and no money."*

Another reason for informants to utilize service outside the registered health facility at a government hospital is because they believe that the medical expenses are not exceeding their ability to pay. A partial of problem about medical expenses is occurred when many informants takes a private hospital at first and then transfer to a government hospital. For examples in cases of **Roong**, **Kob** and **Sinth**, they gave information that a private hospital was the nearest place. Whenever the patients got a serious illness that needed to admit and take an operation. It caused them very high medical expenses. Whenever the expenses exceeded their ability to pay, they had to move to a government hospital.

Roong *"Firstly, I went to a private hospital. A doctor thought I got a dengue fever. I have no money to pay so, I was transferred here."*

Kob *"I got stomachache and went to private hospital. I got appendicitis and a medical expense for my case was 25,000 for 3 days. So I move to this hospital."*

Sinth *"I went to private hospital before came here. I had got an x-ray there and was asked about any cards but I got nothing except an identification card. Then a staff told me that private hospital had high charges and recommended me to go to government hospital. So, I realizes that I had a gold card but I didn't know that it can be used or not."*

For a worker group, when they get illness or an emergency accident, all of medical charge will be responsible by their employer. Anyhow, in case that a gold card is acceptable, their employee and relative decide to use that coverage. Moreover, there is a case that an employer gives employee money for miscellaneous use as well as substitutes the wages for an absent period. **Sak**'s wife told that, *"My husband's employer paid for his expenses. But I want to use his gold card. I want to keep that money support our expenses. I had to pay for a rent and I had no income."*

The research result indicates that there are patients and their relatives who have no idea and experience in their rights to use a gold card outside registered health facilities both for accident and emergency case. Anyhow, because of their distresses about medical expenses, they attempt to find method to reduce these expenses. As a consequence, there is a request to using of a gold card outside registered health facilities. An example of this case is as follow;

Uncle Mhud visited his children for several days. He, without any symptom, got abscess on his back. He got inch and pain. His child took him to a district hospital. The doctor diagnosed and nothing was found inside abscess including blood and pus. He got treatment for 4 days without any recoveries. He was transferred to a province hospital. After 5 days of treatment, he got recovery. Abscess turned hard and smaller. Anyhow, he was not allowed to go home because he had to wait to meet a specialist who was still at Bangkok. At the first day in hospital, his wife worried about hospital expenses. Therefore, she went to the hospital, her registered health facility, to ask the physician about what should she did in case that her husband was sick in another province. *"I thought that I can use a gold card only in my hometown. We had no money. I went to hospital. A hospital staff asked me about a patient, my husband. I said he had been sent from a district hospital to a province hospital. So, she told me that this case should be an emergency illness. I should copy a gold card and identification and gave to that hospital."* After that, she goes back to a province hospital. *"I asked a staff to admit my husband as an emergency case in order to use a gold card. I wasn't sure it could be used or not."* 3 Days after that Uncle Mhud could use his gold card.

5.2.2 Belief and attitude

There are differences in people's belief and attitude toward hospital service and concerning in health. These differences depend on social value, culture, and residence area. These factors affect directly to people in utilizing of medical service. Whenever the physician is needed, for a person who has high ability to pay, they prefer a clinic as. Moreover, on weekend, people prefer clinic more than hospital. Most of all clinic area belongs to a physician, a nurse or a staff of health center. The clinics that belong to a nurse or a staff of health center are usually located in a remote area or in a village whereas, the ones that belong to a physician are located in urban area. The patients who go to clinic desire an immediately treatment, good quality of medicine and hope that they will be transferred to get treatment in an appropriate place in a case of emergency.

Thanu's mother gave her opinion that *"I thought, if my son had a bad hurt, he would be sent to hospital. So, I went to a clinic at first."*

Wuth's grandfather gave his opinion toward people's reason about go to clinic, though clinic has more high expense. *"Around 5 Am., I noticed that most of patient went to clinic. The reason was a hospital gave only a painkiller medicine for any cases. Clinic had a better quality and service than hospital. The charge is 200 baht but people were willing to pay. When clinic was opened, it will be full with patients."* He had a negative feeling about hospital service. He believed that, *"A gold card is useful only for a serious case."* He felt that a gold card was a guarantee for an uncertainly future in case that he got a serious and high expenses illness. Also, he could get treatment in an emergency case only for 30 baht.

5.2.3 Satisfaction toward a service

Satisfaction has relation with quality of service in both staff and service system itself such as an attention of staff, a prompt service, a good quality of diagnosis and a cleanness of hospital. So that, using of gold card outside registered health facilities occurs from a satisfaction of patients toward hospital service, without concerning in expenses and their right.

In case of **Ya** as mentioned previously, **Ya** is the example of this case. She and her family usually take a hospital that located at a nearby district. It is only because of her satisfaction. She knows that she can not use a gold card but she is willing to pay. Whereas, a registered hospital is nearer, she seldom goes this hospital. *“I usually go to that hospital not HI hospital. Actually, there was no problem with DH1 hospital but I like that hospital more. It was cleaner and had a good service.”* Not only Ya’s family that go to that hospital but also **Raerai**. She told that, *“That hospital had a good service. I delivered my first children there. This hospital (HI) wasn’t good. I was willing to pay for a good service.”*

5.2.4 Information about gold card rights

The information about patients’ rights in many aspects both in hospital service and medical expense influence patients’ decision of whether they will get treatment as well as use a gold card outside registered health facilities or not. A perception of patient in their rights reduces their anxious when they have to contact with hospital. 30 Baht Scheme gives quite clear information about these rights, though there is still a lack of communication in some details.

Aunt Sai and her daughter went to hospital. They got injury from an accident, house collapsed down. Her daughter told that, *“For gold card, normally we paid only 30 baht. My mom’s case was an emergency. According to a legal, she was able to use her gold card because she needed an urgent treatment.”*

Besides, a distribution of information to people can determine their choice in utilizing hospital service. For example in Raerai’s case, she claimed for her right in a delivery case by based on the latest case of Ya’s neighbor. *“There was a people here went to give a birth. For my time, I wanted my right as well. I asked for using my gold card by telling that my neighbor used to use it here. Finally, I was allowed to use my gold card and paid only 30 baht.”*

5.2.5 Perception from past experience

Experience gained from using a gold card outside its health facilities importantly affected people’s behaviors of using gold card in accident and emergency cases.

Particularly, people who had directly experienced by themselves as these following examples

Aunt Korn got sick in another province that was residence of her son. Her daughter-in-law requested hospital staff to allow Aunt Korn to use her gold card for an emergency case. She told that, *“My child got sick at night, had fever and cough. I took her to see a doctor. I told a doctor that I had no money. The doctor told me I can use a gold card 2 times a year for an emergency case. I still not understood. My husband’s mom had a high pressure, headache and vomiting. I also asked for an emergent case for her. My family had no money. Finally, she was able to use her gold card as an emergency case.”*

Same case with **Dong**, his mother told that, *“His father requested to use a gold card for more than 10 times. Last time he was able to use it. So, for Dong’s case, his father requested the doctor to use Dong’s gold card and the doctor saw information in a computer.”*

Podd got dog attack, his mother showed his gold card at the time she and Podd arrived hospital because she had an experience from her older son’s case. *“I and Podd’ father never used a gold card but my older son was once. I was told that I was able to use it 2 times a year. So I tried to use it this time.”*

Grand mom Kaew lived with her neighbor after her husband passed away. She used a gold card for an emergency case once. That time she came to hospital with an intention to use a gold card. *“This time was my second visit. I intended to use a gold card. The doctor told me I was able to use it 2 times.”*

5.2.6 Transmigration and doing business or study at another province

The study result indicates that informants, who use a gold card outside registered health facilities, most are immigrants. Some move for job, some move to live with relatives and some move to study. Immigrants are found mostly in a big province or an industry area such as Samutprakan, Chonburi, Nakornratchasima and Khonkaen.

Nuth lived with his uncle. His aunt said that *“He is my nephew. He lived in Hardyai before and moved here. He has lived here for 2 years.”*

Aunt Nuey is a vendor, *“My hometown is at Kosompisai Mahasarakham. I has worked here as a vendor for 2 years.”*

Som, a worker, usually travel between his hometown and work site. *“I live here for 2 years but it isn’t my permanent house. When I finished construct this house, I will go back my home. If I had a new job, I will come here again. My job depends on my employer.”*

Uncle Jui is a worker, His wife told that *“He is working here for 3-4 years. He usually go back home. He misses our children and me.”*

Most of these people did not move their name to a new census registration because they did not exactly know a period of their job as well as they did not want to involve with a documentary process. **Porn**’s mother told that *“My home was in Pisanulok Province and my family moved here. But we didn’t move our name from an original census registration. I moved only my children’s school. I have lived here for 2-3 years. I just knew that I was able to use a gold card.”*

Not only transfer the residential registry, but there was another way to transfer, to finding the owner of the residence to certify of their moving into his/her house, but many did not know this. Many other people did not want to transfer because of various reasons.

There were many cases that transferability of a gold card occurred after a people got illness. For example in **Wan**’s case, Wan would move to live with her husband soon. *“I live in Wongnoi but my husband lives here. I came to my husband’s house in Thai New Year period and got stomachache. I wasn’t transferring my gold card.”*

There were some informants sick in a period of visiting their relatives or doing business at another province.

Aunt Yoi came to visit her daughter. Her daughter told that, *“My mom lives in Kunpangpetch. She came to visit me. She got a high pressure. It was her congenital disease. She usually went to see a doctor.”*

Grand mom Wang came to visit her son. Her daughter-in-law told that *“She stayed with her son. At first, She thought she will go back home on 26 but I hadn’t enough money for her and she got sick as well.”*

Aunt Kaew *“I went to do my business at Khonkaen. At the day I went back home. I was at a bus station and got sick. So, I went to this hospital.”*

Sometimes, a reason for immigration is to get hospital service and treatment especially for an elder. In this research, there are 2 cases, **Grand mom Euen** and **Grand mom Sa** regards with this issues. Both were moved from another province to get treatment for her heart disease. Their relatives did not prepare a gold card transferability process as well as they did not know before about gold card coverage outside registered health facilities in both accident and emergency case.

Grand mom Euen’s carer told that *“She admitted at another hospital at first. But there was no one take care her. Her daughter lived here. So she wanted her mom to take hospital here.”*

Grand mom Sa’s son said that *“My mom got sick and admitted for 2 nights at GHI hospital in Phrayao. She left that hospital because there was no one take care her. I brought my mom here, Bangkok. She had a heart disease.”*

5.2.7 To change hospital: relative’s desirability

Change to another hospital influences in using of a gold card outside registered health facilities. It could be said that, whenever patients’ relative realizes that hospital that patient is currently utilize service is not satisfy, they have a high possibility to move patient to another hospital.

Parn’s mother told that, *“At first, Parn went to see a doctor because of diarrhea. The doctor diagnosed and told that she was fine. Then, the doctor allowed her to go*

home after her 3 days at KH1 hospital. But Parn is still got a diarrhea. She wasn't recovery." At the same time, patient's mother as well as her relatives anxious that she would get a serious illness. "I was very anxious. I took care and bring her to a clinic." Finally, she was transferred from clinic to NH2 hospital.

The research result indicates that, there are many other cases that similar to Parn's case. Their patients' relatives will take patient to see the doctor again at other hospitals or clinics, if the patient gets not recovery. The reason that the relatives do not take patient to see the doctor at the same hospital can be described below;

Luang Ta Chun's carer told that "He stayed at TH1 hospital for 3 nights. He didn't get better. At first, a doctor didn't allow him to leave hospital. But I requested for it."

Thanu's mother told that "The doctor didn't give him anything as well as asked me about a given medicine."

Tinn's mother said that "The doctor didn't allow him to stay at hospital. He went back home with high fever. I wasn't able to sleep."

Grand mom Norm said that "I went to QH1 hospital. The doctor diagnosed and told me I was alright. He gave an injection and allowed me to go home. 2 a.m. I was terrible. My nephew took me to GH2 hospital. I think if my nephew didn't take me to another hospital on that day, I would die."

Grand mom Kwang's child told that "She went to VH1 hospital. She got recovery and went back to home. Staying home for several days, she got relapse, so she went back to hospital. She was like this several time, she went to hospital several time. Then, a doctor sent me to hospital in province. She got an X-ray there. When she feel better she went back home. The doctor told that she was fine. Don't take her to visit a doctor again. But I though she was not fine. So, I took her here." Also, her child who lived in another province took her to get treatment at NH2 hospital in province because of a good skilled physician as well as they could closely take care her mom. Also, they thought that a gold card would be accepted here. "Many people visited this

hospital and got recovery. So, I took her here, regional hospital. I didn't know that a gold card couldn't be used outside registered area. I thought it could be used in every hospital in Thailand."

5.2.8 A negotiation of relatives

Patients' relatives have an important role to bring patients to using a gold card. During treatment period, patient's relatives will be the ones who procedure a documentary issues. They usually open a negotiation with hospital staff in gold card coverage issue.

Chai, lived with his aunt, came to hospital because of he got high fever. His aunt said that *"I asked a doctor that my nephew didn't move his gold card. He needed to pay for hospital charges or not? The doctor wanted me to talk with a nurse at room number 14, an insurance room. Finally, He was able to use a gold card."*

Porn, moved from another province, had got dengue fever. Her sister-in-law recommended her mom and her brother to negotiate with a doctor in order to use her gold card. Porn's mother said that *"My daughter-in-law told me that Porn got a serious illness. She wanted me to use her gold card. Unless. I had to pay. My son asked the doctor if it was possible to use a gold card in an emergency case. Formerly, it couldn't be used but currently, it could."*

Pinn, her family moved for a new job, had fever and vomiting. She goes to hospital several times. Her mother told that *"At first, my daughter wasn't able to use a gold card. Later, I requested for a hospital."*

The reason for a negotiation might come from a limited ability to pay for hospital and medical charges.

Ake's grandmother request for using a gold card for her nephew, *"I told a doctor I had no money. A nurse at a registration counter checked my nephew information in computer and asked me his address at Chaiyapoom Province. I was told that he was able to use a gold card in next one month. I asked her to process for his right now, I had no money. She told me that I had to pay 30 baht."*

Neung together with his grandparents went to visit their relatives during her vacation period. She was sick and admitted to MH2 hospital. So, her aunt asked a hospital staff for using her gold card.

People, who could effort their expenses, were willing to pay. Many cases, the usages of a gold card outside its health facilities, were happened as of the poverty of people and they were assisted by the staff to use a gold card.

5.3 Reasons from gold card coverage

Most of informants are able to use their gold card for an accident case. For a general accident that is not traffic accident, a gold card is accepted to use without limitation. In case of traffic accident, the patient will be covered by both Traffic Accident Insurance and a gold card for an exceed expense.

The research result also reveals that the patients who never use a gold card outside registered health facilities do not know an existing of this right. Most of them are provided an appropriate right by hospital staff.

Uncle Pun told that *“I fall from a coconut tree. I picked coconut for my relative to make a dessert.”*

Knot got snake attack, his aunt told that *“In that evening, it was raining. My nephew walked back home. He didn’t know what kind of animal bite him. It was very hurt*

Bua *“During a time of thunderbolt, I was with my boss in a tent. I heard someone screen for help. I wasn’t able to move. There was a smoke over my leg. I was very asleep.”*

Jaew told that *“Last 2 month, I was hurt by an acid.”*

Wit *“I got a car accident around midnight. I got a wound at my head. My leg needed a splint. I used my Traffic Accident Insurance. An exceed expense was covered by my gold card.”*

5.4 Reason from severity of disease

A serious illness of physician's diagnosis can be covered automatically by a gold card.

Nu, came back to visit her hometown, accidentally fall down and has a miscarriage. *"I was a resident here but I was working at another province. I transferred my gold card. This time, I have an emergency reason to go back hometown. I did too much business here. So, I was too tired and fall down. I got a little bit hurt and bleeding. At first, a doctor checked and told me to come back if I got more hurt. This time, I was miscarriage. I was told that I was able to use my gold card."*

Thep moved from Bangkok to doing his job in another province. He had recorded as liver disease patient. *"I collapsed. A doctor told I got liver disease. I got bleeding in stomach. So, I was sent to hospital. I asked for using 30 baht card. A staff told me I was able to use it, my case was an emergency one."*

For some cases, patients have got treatment before but they are still not recovery. Like this case, **Neung**, her aunt told that, *"I took her to a clinic first. She got injection and seemed to recovery. In the evening, she relapsed."*

5.5 Reason from service accessibility

5.5.1 Transportation and distance

It could be said that a major obstacle in utilizing health service outside registered facilities is transportation and distance. According to location of hospital which is far from home as well as an unavailable of transportation system, people prefer to take health center whenever they get unserious illness. In contrast, If they get serious illness, they will go to a nearest hospital that is maybe located outside their gold card coverage area.

For example in **Sodsai**'s case *"Although, I got a low standard service, I have to go to this hospital, BH2 hospital. It is more convenience for me to take only 5 kilometers away from my home than take 10 kilometers to YH1 hospital."*

Tinn was taken to a nearest hospital due to his serious illness. However, after taken treatment from LH1 hospital without relief in pain, his mother took him to get another treatment in a personal clinic. *“On that day, in the morning, the doctor told me that my son got a serious illness. So I decided to bring him to this hospital, a nearest one.”*

Nuch, the same case with Tinn, was transferred to the nearest hospital because of her serious illness. Although, her registered health facilities was a private hospital that located at the same area with this hospital *“I think I’d rather pay for an emergency illness. Just like today, I go to this hospital because it is a nearest one. My daughter suffers from an illness, I don’t want to queue. In fact, I know that I have to queue at the hospital but I have no choice. Frankly, I prefer a personal clinic because I haven’t to wait. I have no problem for spending but there is no clinic located around this area.”*

Most of patients from accident case decide to take a nearest hospital facility. *“I choose this hospital because it is the nearest and outstanding one. I think it is the best.”* Whether a government or a private hospital, people take more consider in cure and treatment in order to recovery from their illness than hospital charges, medical expenses and health insurance. Whenever patients consider that they will take a long treatment period or necessary to use special medical equipments that affect in high expense exceed their ability to pay, they will move to a new hospital, a government hospital.

Sometimes, people choose a private hospital as their first priority. It is because of a mental reason in safety and recovery from illness.

Surasak got hurt from fighting, his brother told that *“He took private hospital because this case was emergency as well as it was the nearest one. At first, I didn’t care about the high expenses. I decided to save his life. Anyhow, the charge was 40,000 baht for only 2 day. It exceeded my ability to pay, so I made a decision to move him to a government hospital.”*

From findings mentioned before, it could be said that all those factors are related and led to the using of a gold card outside registered health facilities. Patients had individual reasons and in different situations. Therefore, the solution of the problem should be conducted in every element simultaneously. In many cases, poor people could not avoid using a gold card outside registered health facilities as it was emergency, lack of information and uneducated. Many time utilizing service, outside registered health facilities in accident and emergency illness, with necessary and no choice because of poverty, uneducated. Educated publicity about gold card rights including accelerate generated system service which benefited for fewer opportunities.

Each patient has own unique reason that leads to use a gold card outside registered health facilities, both in accident and emergency case. Some people have many reasons but some have only one. It is a high possibility that a gold card is not only a reason that is involved in the patient's first decision. However, when the patients have got treatment process, they try to find reference reason that persuade and link them to use a gold card outside registered health facilities.

The research result indicates that an experience in using a gold card outside registered health facilities, a perception of gold card information and a meaning of an accident and emergency illness affect people in their use of gold card outside registered health facilities. At the same time, using of a gold card outside registered health facilities leads people to get a new experience, a new perception and a new meaning of an emergency illness. Considering about all reason, they can be classified to 3 categories.

Firstly, the reasons involving with patients' experience that can be concluded as 1) the reasons from hospital staff about their behavior, evaluation and assistance, 2) the reasons from patients toward a hospital expenses, a satisfaction about a hospital service, an illness of immigrants and an illness during traveling period, a need to change a health facility and a request from relatives, 3) the reasons from gold card coverage and 4) the reasons about accessibility such as a distance and transportation system.

Secondly, the reasons involving patients' perception are reasons from patients about their believe and attitude toward a gold card, an information about rights of gold card and a perception from past experience

The last one, the reason involving a meaning of an emergency illness is severity of disease.

Moreover, the staff's behavior is one of the most important factors that informants take to consider whether they will utilize a hospital service. A polite and friendly behavior of staff is very important to make patient satisfy and come back to the same hospital. Therefore, if people have negative attitude to a hospital staff, they have a high possibility to take other hospitals that give them more satisfaction. Whenever they often utilize service in the other hospitals that located in other area, a use of gold card outside registered health facilities is occurred. However, this behavior of using gold card occurs only for the people who have high ability to pay. For other people who have a limited choice in many aspects including career, education and health care, they will give their attention only on their consumption and food. At the same time, because of a limitation of time and money, other necessary aspect of their lives especially a good quality of health facility will be reduced. This research result corresponds with a research result of U-Tai (2003). U-Tai study factors that affect toward people behavior in utilize of health service: case of people who attend the UCS in Srinarong District, Surin Province. The research result reveals that people in this group, attending the UCS, have positive attitude toward staffs in a health center. Comparing with another group, attending the UCS, that have negative attitude toward staffs in a health center, this group have more 3.56 times than a negative attitude group in a utilize of health service in a registered health center. Sarayuth Somsri (2002) studies people behavior in utilizing of health service: case of people who attend the UCS in Nongbualumpoo Province. The research result reveals that there are many reasons for people who hold a gold card but not utilize a health service at a hospital specified in their card. The first 3 reasons are an inadequate amount of medicine and a long period of waiting, 45.9%, an unsatisfaction of hospital service, 33.6% and a low qualify physician, 13.1% respectively.

The research result shows that a medical expense and hospital charge affect to a utilize service outside the registered health facility. It could be said that whenever

people admit to a hospital, there are many expenses, room charge, food and medical charge, as a consequence. For patients who hold gold card, mostly are a low-income people and worker, their income is not enough to cover other kinds of expenses especially a medical expense and hospital charge. Therefore, they expect to use their gold card, though they know just a little bit of their right. The people who face with an economic problem usually utilize health service at a government hospital whenever an illness becomes worse and exceed their ability to give themselves a treatment. They give more concern about expenses both a medical and hospital expenses and other expenses such as transportation expense. Some of them take a nearest hospital in order to get a primary treatment but later when a hospital expense is too a high, they move to a government hospital. Then, they will enter a treatment process of government hospital and whenever their gold card is rejected, they will find the way to borrow money and do not hesitate to pay for a medical and hospital charges. Some patients ask about what they should do handle these charges, some request hospital staff to use their gold card and some tell hospital staff frankly about their limited ability to pay. In conclusion, an economic problem affect directly to utilizing service outside registered health facilities both for the case that gold card are accepted because of a correspondence of illness and regulations of gold card and an assistance of hospital staffs.

According to an economic factor, it is the major factor of people's living and affects people on their health behavior. Normally, people who live outside their registered health facility will concern and worry about hospital expenses. Living in another province, not their own residence, people face with an increasing of expenses including rental and living expenses. Differ from their residence that is a local social, they surrounded with relatives and neighbors who are willing to give assistance in every aspects. They assist each other as well as give each other a heart comfort.

The problems in a hospital quality such as a long period of waiting and an unsatisfaction of patients toward a hospital service are reasons that make people decide to utilize a hospital service only for their serious illness. They believe that *"Gold card useful only for a serious illness"* as well as they think that a gold card is like an assurance for future illness. A gold card can help them to reduce hospital and medical expense in their case of emergency. Generally, when people realize that their

symptoms exceed their ability to give themselves a treatment, they will start to find suitable health facilities that maybe a health center or a hospital. Another reason is a serious of illness that affects utilizing of health service as well. Luckmann and Serensen (1980) and Puangrath Boonyanurak (1979) state that health status or a serious illness is one important reason that determines people behavior in order to satisfy them with a health care.

Most people start to give an importance to their right whenever they get sick. Therefore, they will consider a use of a gold card. For the people who have gold card information derived especially from their direct experience, they will use their information as a guide for using a gold card. Gold card information derived from direct experience give more affect to people behavior than the information derived from other channels such as a communication and a recommendation. Moreover, family, relatives and other people such as colleagues and health personnel are important person who assist patient, especially a serious one, in a decision process of utilizing a hospital service. These people can be called as a patients' social network that have a power to convince and lead patient to a correct decision. Because of this reason, people originate their behavior following this reference group. This behavior of people occur for the reason that they want a respect from other people as well as do not want to make themselves different from other member of their group. This group can be called as a reference group (Neeon Pinnpradith, 1998) that consist of a family member, neighbor, health personnel and communication channels.

Sometimes, utilizing hospital services outside registered health facilities do not mean only for an accident and emergency illness, but it is a general hospital visit as well. Whenever the old physician is not able to give a good quality of treatment, one important behavior of Thai is to change a physician or a hospital. According to a change of physician or hospital, patient, as their first priority, utilize a health service in the registered hospital and later they will change to a new physician and hospital depending on their decision and ability to pay. The reason of the change of physician and hospital of patient maybe is not because of a distrust in a physician ability, instead, it because they believe in relative's suggestion. Especially for the patients who are children and elder, their relatives want them to have an intensive care, so they find the best and the most appropriate health facility for them. A research of Yothin

Sawangdee, Pimolphun Isarapakdee and Malee Sunphuwan (2000), a qualitative research, states that a reason of patients for not utilizing the nearest hospital service is because they used to take the nearest one but finally they will be transferred to a larger hospital that have a specialist and a good quality of medical equipments

The people who use their gold card outside registered health facilities mostly are the ones who live outside their gold card coverage area. Most of them live in their working area especially in large district or province. A noteworthy fact is that these people rarely know about their hospital right in a use of gold card outside registered health facilities. Some of them are provided inaccurate and unclear information. Until they have their own direct experience in utilizing hospital service, they will be provided more information by hospital staffs. This information are a little matter for people. Whenever they get an unserious illness, they'd rather give themselves treatment than go to see a physician. Because of this, they neglect their hospital right that different from their normal right until they get a direct experience toward a hospital service.

One of the most important aspects to concern about gold card project is a problem to reach a health facility for people in remote area. A distribution of health facility is limited only in a city area. People who live far away from a city area as well as people who live in other nearby provinces are not able to reach a health facility.

There is more than one reason for people to utilize service outside registered health facilities. These reasons in utilizing service in this research have a close relation. It could be said that whenever people who live outside registered health facilities get an illness that can be determined as an emergency case, they will take the nearest health facility whether that health facility belongs to a government or private. Although, the people use their gold card, they are often asked to pay in the big amounts that exceed their ability to pay. Because of this, without a request from the patients, they will be transferred to a new health facility. For example in **Wan's** case as below;

Living with boyfriend → serious stomachache → private hospital → limited ability to pay → transferred to government hospital → able to use golden card outside the registered health facility

In this research, the result reveals only 2 cases that a use of gold card comes from a co-decision between patient and relative. The hospital staff will ask patient or relative, whether they will use a gold card or not. Some of informants decide not to use their gold card instead they keep the right for their next hospital visit that maybe an emergency illness that have higher charge. Anyhow, there are some informants decide to use their gold card because of a limited ability to pay. The patient, who get information about gold card transferred system and have a long period of living in a province outside their registered health facilities have high trend to transfer their gold card rights to use in their current residence area.

The research result indicates that some patients are not intending to use their gold card. However, they still have a hope to use it for their benefit. A noteworthy fact is that whenever they get an unserious illness, they priority give themselves a treatment. Until their symptom become worse, they go to see a physician. This conclusion corresponds with a research of Mr. Sunthud Sermsri and et al. This research studied 40 low-income people in their utilizing hospital service. The research shows that whenever low-income people get illness, they will priority give themselves a treatment. They often buy a medicine from a drug store or a health center. Anyhow, only a government hospital will be selected whenever these people get a serious illness such as shock, faint, dizzy, vomiting, serious pain and illness that needed to have blood check and other medical treatments

Part VI. Thirty-baht Scheme in people perception: problems, obstacles, attitudes and suggestions

In this part, the researcher collected information from what the informants told in the interview. The information collected was both from patients' direct experiences and what they were told by others. Some situations, the patients and patients' relatives understood and did not perceive that was their problem. Some problems were not related directly with the usage of gold card outside registered health facilities but they were useful information that would enhance the improvement of the service quality. The problems found in this research could be categorized in 3 groups as of the

problem of service behaviors, the problems of service quality and the problems of recognition of using of a golden card outside its health facilities.

6.1 Problems in service behavior

6.1.1 Inappropriate behavior of staffs

Inappropriate behaviors of staff were chatting, watching television, talking telephone, giving careless of patient, talking impolite, blaming patients and relatives, and etc. The information of these behaviors has been derived from direct experienced of patients, since the past until presently.

Following is an example:

Nuan *“At the past, the staff had a bad behavior especially someone in a registration room. They talked with me like I’m an idiot and undereducated one. I don’t like this hospital.”*

Nath’s aunt told that *“Last night, my daughter took Nath’s golden card by herself. She came back and told me that a hospital staff was impolite and had a bad mood”*

The study result indicates that whenever patients are unsatisfied by hospital service, they have high possibility to move to another hospital, which has better service, though it takes more distance.

Nee, a worker from The Northeastern part of Thailand, gave information that *“The doctor was impolite, so was a nurse. I preferred to go to another hospital that located at Srisakate Province. Even though, it had a long distance but doctors and nurses were very polite. Many people usually go to this hospital”*

Bua, who got accident from thunderbolt, gave information with her depression about impolite behavior of hospital staffs. She thought this kind of behaviors affected her feeling a lot. *“Sometimes I cried, I’m not able to write and the doctor blames me. I have got a direct experience with carelessness from a nurse. I’m an uneducated person because I’m poor and have no money to effort. Some staff blames me on this*

point. They are impolite. I think because I'm a low-income person, no one care and give me a help"

Some informants inform that the hospital staffs ask only for money and medical charges.

Sak got accident during his work. His wife gave information that *"I was asked many times about someone who will responsible for his expenses. In fact, he was able to use his golden card. Anyhow, the accident was occurred during his work, the hospital staff wanted his boss to responsible for all his expenses."*

Dej got a car accident at Laos but he went back to get hospital service in his registered hospital *"I was asked many times about my ability to pay. Could I pay for hospital charges? When I got money? I think a staff afraid that I wasn't able to pay for my charges."*

Chart went to Military hospital, a nearest hospital, before going to his registered hospital. *"A hospital nearby my home rejected me. I was asked about cash which I don't have, instead I have only a gold card. A staff there told me that it was invalid, only cash was acceptable. So, I closed a conversation and come to this hospital."*

Not only problem with an impolite behavior of hospital staff that can be found as a normal issue in Thai social, but also a carelessness of patients as well.

Mek's father gave his opinion that, even though, the patients get a very serious illness, a good treatment and take care from hospital staff can make their relative less stress. *"This hospital has a better service than the HI hospital in my province. If I died here, I would fine."* Following is information stated from a father who take care his son, who was paralyzing, for many months.

Different from **San's** relative, who got carelessness form a hospital staff. His mother told that *"There was one uncle, who just passed away. He went to see a doctor at a general hospital in province. He had waited for a doctor until the end of the day and the doctor never came. Then, his relative decided to move him to a private hospital."*

Orn came from another district in order to utilize service at hospital that located at nearby district within the same province. The reason was that she was not satisfying with hospital service especially a staff. *“Last April, I got a motorcycle accident. I got so much hurt. No one paid attention on me. I heard from many people that patient with an accident case often neglected.”*

Orn’s residence was 30 kilometers away from HH2 hospital. The reason behind her visiting to this hospital was *“I want to take hospital that meet with standard”*

This time, **Orn** queued together with other patients in HH2 hospital and would like to pay for a charge. In addition, her using of gold card in this time was not inside registered health facility and not an emergency illness or accident case outside registered health facilities.

Orn gave an information toward utilizing of PH1 hospital service that *“If it wasn’t an emergency case, most of my family member will not take PH1 hospital service, instead we take this one (HH2). I choose a better one.”*

6.1.2 Problems in medical ethics

Wat’s father told that *“My son got a problem with his testicle. The doctor said that he needed to wait until next November for an operation. He also said that if I required an urgent operation, I have to pay 1,500 baht. If I do so, my son was able to have an operation tomorrow. He was a doctor. He wasn’t supposed to talk like that. His appearance is so clean. I was very upset but I had no choice.”*

6.2 Problems with quality of service

6.2.1 A long period of waiting time

In many research areas, people complain about problem in a long period of waiting time. It takes too long period of waiting time for emergency person. Often, they make their decision to change to private hospital or clinic because they have not many times for waiting. A long period of waiting affects them in many aspects such as

wasting their working time and increasing their transportation expense. Following comments are an example.

Wuth's grandfather said *"I will not go to hospital, accept for an emergency case, I waste my time"*

Aunt Sai told that *"For an emergency illness, I will go to clinic in stead of hospital. Her daughter explained that "Whether the patients will use their gold card or not is depending on their time. It they have plenty time, it would be fine."*

In addition, to worry about patients' symptom is another reason that many people have to save their waiting time. They feel that people should have a right to get an immediately treatment, so that they decide to go to personal clinic instead of hospital.

Nuch's mother said that *"In case of an emergency illness, I am willing to pay. The patients don't have to wait. I realize that waiting in hospital takes too much time. So, I better go to clinic."*

6.2.2 Difference evaluation of illness

For some cases in the registered hospital, patients think they have a serious case, but the doctors do not think so. The patients often get only analgesic. Some patients think they should admit but the doctors do not allow. Besides, some patients have been admitted in the hospital for a while and still not recovery but, the doctor allow them to go home.

Tin got only a medicine after seeing a doctor. His relatives thought that his symptom was not quite well, so they took Tin to recheck at clinic in another province. The doctor at the clinic told that he had a serious illness and sent him to a general hospital in the same province.

Thanu's case was familiar to **Tin's** case but he was not got treatment because he was rejected from the doctor at clinic. So, he was transferred to a general hospital.

Luang Ta Chun, a monk, was allowed to go home after 3 days in a hospital. Anyhow, he was still not recovery, so his relative brought him to another hospital located at nearby province.

Grand mom Norm had stomachache and diarrhea. She went to hospital, got injection and go back home. Later on, she was still had a same symptom as well as had vomiting. Her relatives decided to bring her to another hospital located at nearby district in another province.

People realize that there is an important reason that cause many patients still not get recovery, a lack of specialists. A community hospital might have not enough specialists and necessary medical equipments to use with specific illness. Therefore, people usually go to a bigger hospital that has more specialists and medical equipments. Moreover, some people think that they should better go to clinic than hospital because of good quality of medicine and good skilled doctor. In order to get a satisfied treatment result, people would rather go to clinic than hospital, though it cost more charges.

6.2.3 Problem of a physicians' diagnosis

Some people face with problem of a physicians' diagnosis. For example, a doctor can not give patients an appropriate and unclear diagnosis as well as one patient gets different diagnosis from different hospital. As a consequence, these patients believe that hospital have a low skilled physician and an under standard of diagnosis. Therefore, they hesitate to utilize hospital services.

Sodsai told about her experience that *“I went to see a doctor at a nearby hospital and also, saw a doctor at a personal clinic as well. At clinic, I was able to know my pregnancy situation, but I had to pay. Anyhow, at hospital, I was told that I wasn't pregnant as well as I was gave a urine check. The doctor hesitated to tell me that I got pregnant or not. I didn't blame him, but I didn't believe him. In case of emergency, if I will go to this hospital for deliver, I will be blamed. Currently, I'm still hesitating and continue paying for a clinic charges.”*

Aunt Korn's daughter-in-law told about her friends' experience that *"My friend was a worker. She had got a pregnancy for 6-7 months. She was very hard to pee, so she thought she had a kidney stone. Then, she went to see a doctor. The doctor gave her an injection and allowed her to go home. Several days later, she had bad hurt at her stomach. She went back to see a doctor again. Sadly, she lost her child. I questioned that why the doctor didn't know my friend was pregnant. The doctor should diagnose before gave patient an injection.*

Rearai used to have an experience about different diagnosis from different hospital. She could not make a decision what hospitals' diagnosis should she believed. *"I went to H1 hospital. The doctor told me I had a kidney stone and gave me a pill. I wasn't recovery, and then I went to another hospital (KH2). The doctor told me that I had a problem with uterus. I told the doctor that this is my second time. The third time couldn't be happen. I should know this time what was my disease?"*

6.2.4 Absence of physician

The patient goes to hospital but no physician stand by to give an advice. Mostly, this case occurs with a patient who goes to see a physician at a community hospital outside working hours. No physician stand by 24 hours as well as there is only one physician where as there is a lot of patients.

Sodsai went to hospital at night time due to stomachache. She felt that she should admit. Anyhow, she met only nurses and only analgesic was provided. Also, she was advised that if her symptom did not get better, she should go to see the doctor at the next day. According to this case together with her relatives' experiences, she had an opinion toward the case that, *"The nurse asked about my symptom. She should allow me to stay at hospital. I went to hospital at early night, I should stay. I can tell that, for a normal person, if they weren't having a serious hurt, they wouldn't go to see a doctor. At that time, I thought that I should stay at hospital because I had got stomachache since noon time. I didn't know but I thought that it is because there was no doctor, I couldn't stay. I blamed nothing but I had scared for many months. The truth is I'm a poor man. I have no choice. Well, I prefer to pay for an emergency illness."*

Krich, a student, had waiting many hours to get a diagnosis. His mother asked for a doctor to see her son because he had got a serious stomachache. A nurse told her that *“There weren’t enough doctors, only one left. Last night, I’m arrived a hospital around 6.00 pm. and I saw a doctor on 10.00 pm. I was told to wait. There was only one doctor. I argued that a patient cann’t waits. Anyway, a nurse told me that I came outside working hours, I must wait.”*

6.3 Problems in perception aspect and gold card coverage outside registered health facilities

6.3.1 Lack of information

The information about cures, treatments and patients’ rights in any health programs are not spreadably provided as well as gold card coverage and using methods are not clearly explained to people. In addition, many people face with limited channels to reach that mentioned information because of a lack in communication and publicize.

Two patients’ relatives expressed their comments as follows;

Doong’s mother told that *“Frankly, I want to ask a doctor but I hesitate. If the doctor looks generous, I would, and if not, I would not. Also, when I went to a nurse, I’m often got no attention from her. In my point of view, the nurse isn’t supposed to do that; instead she should give patient information.”*

Knot’s aunt said that *“I wasn’t clearly understood about gold card coverage. There are no publicize or any other communications. Actually, the information is provided in golden card room, but there is too much crowd to get there”*

Although, the patients know their rights and gold card coverage but, their rights are still rejected. Unfortunately, no person argues about that. For example in Mek’s case, dog attack, and Dong’s mother’s cases, 2 times of general accidents.

6.3.2 Difference meaning of emergency illness

In this research, there are an amount of people whose gold card is rejected. They face with many different cases as described below.

Wuth' grandfather was told by a staff that his nephew's illness was a normal case not an emergency one. A gold card was not covering this kind of illness, he was rejected. **Umpol** was also rejected as well. At last 2 years, his gold card was used in the same case, this time the right is over. **Wan**, lived with her husband had a serious illness. She went to a private hospital which is the registered health facilities of her husband. Later, Wan was told to transfer her gold card to use at this hospital but, in fact, it is not possible in practice. *“My gold card was expired because it was registered since 2001. Anyhow, I was confirmed by the hospital that it can be used. Therefore, I transferred my gold card to use at this hospital. Later, I got information that if I admitted as an inpatient for a surgical procedure or an operation, my gold card would be valid in next 1 month. Anyhow if I got a normal illness, it would be valid immediately”*

6.3.3 Transferring of gold card

Many immigrants inform about problems involve with a gold card transfer. In practice, immigrants who do not transfer their name from original census registration to a current one or a current house owner do not guarantee a living of the immigrants, a gold card can not be transferred and not valid to use outside registered health facilities. Some people rent a home in a different province of their hometown and some people live in a job site. So, there is no one guarantee a living of them.

According to her congenital disease, daughter-in-law of **Aunt Korn** often utilizes hospital service. She said that *“My hometown is in Nakornsawan province but my husband working here. My gold card is invalid here because a house owner does not allow us to transfer our name to his census registration. For my case, I can only use my gold card in an emergency illness but only twice a year. Unfortunately, I have got a heart disease. I do need to have a health check every month. In fact, the house owner*

intends to help me but he can't find his ex-wife who is her name appears in census registration as a house owner”

Bua moved from the Northeastern part of Thailand. *“I want to transfer my gold card to use in my current residence but I have no census registration to register my name in”*

Chart lived at his sister's house. He tried to transfer a gold card of his wife's parents and face with a problem *“My wife's parents have gold card which are valid in another province. In the process of transference, a house owner's signature is needed. My sister is a house owner but, in fact, she lives in other province, Buriram, which is so far away from here. I have no idea what should I do and when is my sister comes back.”*

6.3.4 Misunderstanding of gold card rights

A misunderstanding in using of gold card is found in many informants. Most of them understand that a gold card is not cover for a traffic accident. In fact, if the damage amount from traffic accident exceeded Traffic Accident Insurance, this amount could be transferred to cover by a gold card. Some people know in this point but do not know an exact amount that is covered in insurance. Besides, some people know a limited information such as a gold card is not valid for a normal accident case, a gold card only valid for traffic accident and a gold card will valid for a normal accident case only some period of time such as Thai New Year period.

Uncle Boon said that *“Whenever I get a normal accident case, I have to pay for it. An announcement reveals that a gold card isn't cover for any accidents. An accident in my view is every accident including traffic accident. I have no idea about Traffic Accident Insurance, no information given”*

Nu told that *“I watched TV and saw a Prime Minister announce that a gold card can be used in an emergency case. At the period of announcement, it was a Thai New Year period. So, I think that a gold card valid only in that period. I don't think that it will be valid through out the year. Also, an emergency case, in my point of view, is*

only a traffic accident and I have got no information that a miscarriage is an emergency case as well”

Neung’s aunt told that *“I was told by a staff of health center that a gold card can’t be used in an accidental case. I haven’t got any accidents but my neighbor got once, a motorcycle accident. In his case, he could only use Traffic Accident Insurance, a gold card was invalid. I can use a gold card for a normal illness not for an accidental case”*

According to an emergency illness, people acknowledge about using a gold card outside registered health facilities. Anyhow, they are still confused about how many times it can be used. Additional, people still not clearly understand about a meaning of “An Emergency illness” as well as some perplex understand that a gold card can not be used outside registered health facilities.

Uncle Pun *“I knew that I couldn’t use my gold card for an operation case. That’s all I know”*

Grand mom Norm *“A doctor told me that I had only 72 hours. If my case exceeded 72 hours, QH1 hospital would take a responsibility”*

Aunt Sie *“I have got no any advices. I requested for use a gold card, a staff told me that I can use only 3 days.”*

6.4 Thirty-Baht Scheme: Attitude and suggestion

Positive Attitude

6.4.1 Economically benefits

In people point of view, 30 Bath Scheme or Universal Coverage Scheme is a project that gives benefit to a low-income people in term of saving their hospital expenses especially in a high-cost or serious illness case. For example, **Aunt Sie**, his wife told that *“It can help me a lot. I have to spend a big amount of my money with 30 Baht scheme”*

Vith *“It’s great! For a serious illness case, we use a gold card. Anyhow, for a normal illness case, we pay”*

Uncle Jui’s wife told that *“Formerly, there is no money there is no chance to take a hospital service. I need to have at least 300 baht to see the doctor at one time. Sometimes, I have to borrow money from my relatives. A gold card is great. Currently, with only 100 Baht, I can see a doctor.”*

On *“It’s fine. I have got asthma. Formerly, I spent more than hundreds baht for each time, 360 baht only for a medicine. I am a low-income person. It isn’t possible for me to see a doctor every month. I hope 30 Baht scheme covers all disease. It will give many benefits for a poor man.*

Uncle Boon *“Formerly, we realized that we have to sell our belongings whenever an operation was needed. 30 Baht Scheme is a great opportunity for a low-income person”*

6.4.2 Improvement of service system

Some people give their opinions toward hospital service that there is a positive improvement of hospital’s outpatient service counter. They spend less time for queuing. In cases that have been made an appointment prior, the patients will be transferred directly to their doctor. They are not necessary to wait. Anyhow, a long queuing is acceptable for many patients. One informant gave opinion that *“There are many patients. I understand this situation, I can wait”*

Since an establishment of “30 Baht Scheme”, people feel in a positive way for hospital service. Every people realize hospital’s improvement. Hospital service and assistance are equally provided to every group of patient.

Uncle Pun *“I’m telling my wife that this hospital gives me a good service. A nurse pays me a good attention. Comparing with SHI hospital, gold card holder gets better attention and care”*

Boy's mother said that *“The doctor is very generous. He gives me a good suggestion and advice as well as keeps asking me about my symptom”*

Non *“Great! Formerly, I thought that gold card holder gets less attention than other person. In fact, it isn't like that. I get a good service as well”*

Negative attitude

6.4.3 Under standard services

In contrast, some groups of people have negative view points against a gold card. Some people have a direct experience and some people are told by other people. In their perception, gold card holders often get under standard service, spend many times to wait, and get an unqualified medicine.

Porn's mother told a researcher about her husbands' attitude toward hospital service *“He thinks that hospital service for a gold card holder takes too much time. Also, the doctor gives him carelessness. He informs that there are many steps to do. For a not serious case, he will pay”*

Wuth's grandparents *“A gold card is useless. It causes many problems for me to use in a hospital. If notice, you will see in a local clinic that there are many people queuing to get a service. In a hospital, gold card holders often get only analgesic. It is better to go to a local clinic.”*

Sodsai gives her opinion that *“I blame no one. I think, for a low standard hospital, it should have a qualified staff. In fact it hasn't. Frankly, a gold card is good but a hospital has low standard. Besides, a different hospital gives a gold card holder a different kind of medicine. What's a reason for that? That's all I want to know”*

6.4.4 Difference from others in service and right

People have varied opinions toward a gold card scheme when compare with other health coverage schemes as described below;

Uncle Boon *“Formerly, I had a 500 baht card. It covers all my family members, Although, no one get sick I have to spent 500 bath per year for this kind of card. For a gold card, I think it is good. I face with no problem”*

Sodsai *“I heard from many people that a patient who pays for hospital service will get better quality of medicine as well as spend less time than a gold card holder. Also, patients who use gold card get only analgesic. My parents went to see doctor twice. They got exactly the same medicine. For my case, I keep telling the doctor that this medicine wasn't appropriate, I wasn't feeling better. But the doctor told me that hospital had only this kind of medicine. Later time, I went to a local clinic and feel better”*

Wat's father told that *“In my point of view, I believe that a better quality medicine will be ordered to a patient who covered with a social security program. For my case, I spend at least 1,000 baht per time for medicine charges. I have a kind of hyperlipidemia agent which its medicines' price is quite high. Moreover, I'm the one who usually blamed by the doctor about my careless in taking a medicine. He told me that I was a lucky person because I got a social security card. Then I have a right to continue my treatment. Therefore, I imagine that if I got only a gold card, would I have a chance to get this kind of cure and treatment? I think, maybe, I will get a different kind of medicine.”*

Vith *“I heard that there is a different between a social security card and a gold card in term of a medicine. The specific kind of medicine will be used for a social security card but not for a gold card. Currently, I'm still wondering about this point”*

6.4.5 Hesitation because entrust in service quality

Some people in this group hesitate to use their gold card because they are not trust in quality of hospital service. Besides, they believe that 30 baht scheme give a benefit only for a low-income person who has a limited choice for hospital facility.

Instead of **Pisarn**, his girlfriend gave information that *“He believes that if he paid for medicine charges or covered by a social security program, he could get a good*

quality of medicine. I asked him about his thought on that point, he replied by assume the case that if I used a gold card, I would get only analgesic or cough syrup. In contrary, if I used my father's right, a government official, I would get more kind of medicine. For me, I believe that there is no such case on current day. Anyhow, my boyfriend still insists his thought. Additional, he believe that a policy is possible to be wrote, not for a real practice”

Instead of **Grand mom Wang**, her daughter-in-law gave information that “A gold card gives benefit only for a low-income person, not for a rich one. Me, a middle level income person, I seldom use my gold card, instead I use my social security card because I pay for its fee every week. I notice that a person who uses a gold card, mostly, has a personal connection with hospital staff. For any other person like me, I only use a gold card whenever I must to.”

6.4.6 Attitude for coverage of utilizing service outside registered health facilities

According to gold card coverage, There are different kinds of people opinion toward a term of limited times, 2 times a year, in a right of using a gold card outside registered health facilities. Some agree and some disagree.

Following opinions is derived from people who agree with this scheme.

Uncle Boon “*Having this right is better than having no right.*”

Grand mom Euen “*It's quite good. In an emergency case, we have to go to hospital.*”

Phol “*I think it's good. In fact, people rarely face with an emergency case. Maybe 4-5 years per case. Anyway, an accident case is exceptional, it is unpredictable.*

Also, following opinions is derived from people who disagree with this scheme.

Wat's father gave information that “*Some people have to travel many times a year such as a vender. It should not have a limitation for a golden card in this scheme. I think it is a weak point of a gold card”*

Wat father's friend gave information that *"In case that we have a congenital disease, it's an unpredictable case. We can't tell that it will happen how many times a year. The limitation like this could be neglected, if the government would like to help us. In fact, I understand a limitation of governments' budget but, for example, if I got sick at Songkla province, we can ask for a budget from Phattalung province, and if my right is expired on January, how about the next month? Should I go to see a doctor at Bangkok?"*

Suggestion

Thirty baht Scheme: What aspect should be changed and improved? Following is the opinions form informants.

Wat's father *"I think that an overall of a gold card project is acceptable. It gives a benefit for a low-income person. Anyhow, I think it should be changed from 30 to 50 baht. 30 baht is not enough both for doctor and medicine charges"*

Pim's grandmother *"My son is a government official. I usually spend a lot for hospital service. I think that is difficult for me to use government's right because he lives so far away from here. In fact, his office gives him a health benefit, but, in practice, it has too complicate step to get the money. I heard many people complain about this point. For someone who has got diabetes, they want to use their gold card"*

Bua's sister *"I want to transfer my gold card to use at my current residential area but I haven't available census registration to register my name. In fact, a government should establish a central census registration that allows a low-income person, who moves to work far away from home town, to register their name. Currently, there are many people working at another area, not their hometown. The children are neglected and have no residence. I hope the government will give more attention on this point"*

Luang Ta Chun, a monk, *"I hope a gold card cover every health facility in Thailand. I should have to use my gold card in anytime and anywhere. For example, if I went to the south, I could use my gold card at every province in the south such as*

Phuket and Songkla. For an emergency case that we can use gold card twice a year, I hope this case will not be limited”

Most of people in every studied area perceive that there is a positive improvement of 30 baht Scheme including a service of hospital staffs.

Nuan *“There has been a positive improvement in this current government since a gold card project was established. I got many useful advices.”*

Ya *“Although, a doctor used to make some misdiagnoses but I’m still go the see him. He gives me a great service and take care”*

This point reflects the fact that people emphasize on hospital service as well as neglect any other mistakes. As long as they are satisfied, they are still willing to a take a hospital service.

The researcher found that the most current problems are the unsolved problem from the past. The problems appear in the whole picture not specific only in golden card coverage outside the registered health facility, both in accident and emergency illness. Although, there are existence of hospital service’s problems as well as disagreement of people’s opinion toward the 30 Baht Scheme. Most of them agree that a gold card give many benefits to a low-income person and workers who have no other health insurance. At the same time, the hospital is keeping develop its service quality to meet with standardization. In order to give a good quality and standardization of hospital service to patients, the policy of Universal Health Scheme states that all of the hospitals have to develop and improve their services to meet with standardizations such as ISO and HA.

Wijit Rawiwong and et al., (2000) study problems of health service under various health insurances by using both quantitative analysis and qualitative analysis. The research result indicates that the most important problem of every group of people including the ones who hold a private health insurance is a medical expense. In the case that the people forget to bring their card or not follow the steps, even they hold the low in-come card as well as other health insurance card. They have to pay for medical charges. In addition, they have to pay for other expenses that not directly call

as a medical charge such as a transportation and accommodation expense, as well. Consequently, they face with many problem including a mental suffer and debts. Originated of 30 baht Scheme, even though an economic gain is not the objective of this project but this project can help people to reduce their health expense. This project affect directly to people's life. The research result also reveals that this project prevents a bankruptcy of low-income people due to their illness and disease. It is also help people to reduce their health expense or increase their income. From this research result, it is correspond with other researches and report that evaluate a benefit of 30 baht Scheme between 2001 and 2002. These researches and reports indicate that the 30 baht scheme give the most benefit to a group of low-income people. (Pongpisut Jongudomsuk, 2003)

An impolite behavior of hospital staff and a carelessness of physician affect directly to a low-income people. They usually think that it because they use a golden card. Some people accept that the people who use a golden card are low level people, low-income people. Because of this, this group of people usually receives a different service from other groups such as government official and high-income people. The low-income people compare themselves with other groups of people. This reason makes them to have a negative aspect toward 30 baht Scheme.

The research also shows that there is a lot of misunderstanding about a use of gold card outside registered health facilities both in accident and emergency case. According to an incomplete of gold card information itself and a different ability to consume information of people, they are also having an incomplete perception of gold card information and originated a different perception of people about a gold card. However, the misunderstanding of gold card information is not affected to people's behavior toward utilizing health service. Anyhow, the researcher tried hardly to adjust and change a perception of people to be more clear and accurate.

CHAPTER V

CONCLUSIONS AND RECOMMENDATIONS

Conclusions

The objective of this research was to study experiences of patients and/or relatives in utilizing accident and emergency services, perceptions of gold card rights outside registered health facilities, the meanings given to accident and emergency illness under the Universal Coverage Scheme. Moreover, this research was study reasons to use of a gold card outside registered health facilities in accident and emergency case as well as 30 Baht Scheme in people's perception: problems, obstacles, attitudes, and suggestions.

Qualitative method was used in this research with informal and group interviews as a data collection. The time frame of data collection was set between March – September 2005. Data source of this research was derived form 141 informants including 52 patients and 89 relatives. Crucial findings from the study could be concluded as following;

1. Experience in utilizing accident and emergency service outside registered health facilities, data collected on this was presented by a classification to the experiences which a gold card could be used and experiences which it could not.

The experiences that a gold card could be used included the cases that covered under gold card rights in accident cases, the cases that covered under the hospitals' regulations, the cases that were approved the coverage by hospital staffs' assistance, and the cases that patients requested for the approval of using a gold card. Experiences which a gold card could not be used, some informants should be allowed to use a gold card, but they were not, some were un-covered by a gold card due to the hospitals' regulations. The reasons that some hospital set had some specific regulations that

some hospitals were institutional hospitals or Military hospitals. Some of patients were considered as not included in an emergency illness.

From this research, it was found that experiences of gold card coverage was not based on only one single reason but consisted of many reasons that had coefficient relation to each other. The typical reasons could be ranked from that the hospital staffs provided so unsatisfied services that the patients could not stand with and needed to move to other hospital or, that the hospital staffs recommend the patients to go to other hospitals because their hospitals did not accept a gold card, or that patients were sympathetically assisted by hospital staffs. Besides, another reason was that individual hospital had different standards of diagnosis so that led to different results of a gold card approval.

Moreover, the golden card coverage was also related to the satisfaction of patients towards the hospital services, especially the hospitals outside registered health facilities, the decision to transfer the patients to the provincial hospital, the convenience of transportation to both inside and outside registered health facilities and requisition of hospital changing and the negotiation of relatives. Besides, the coverage benefits of gold card itself was also important, especially in general accident cases which were not traffic accidents, this case patients could use their gold card. Other reasons of, when people were outside registered health facilities, while they were traveling or when they had immigrated to other areas, but had a sudden sickness, or people who had a serious economical problems, all of above reasons were important alternatives that drive people to utilize service outside registered health facilities.

In addition, experiences could not be used a gold card but patients and relatives were satisfied with the hospital services and hospitalities, satisfied with recommendation and assistance given. People in those cases were impressed of a gold card services. On the other hands, many cases that people did not get allowance to use a gold card with unreasonable explanation or because of some specific regulations of the hospital, even they begged for, these cases led to unimpressive experience towards a gold card for the people.

2. It was also derived from the study that, most of informants did not have direct experience about the using of gold card outside registered health facilities in accident or emergency cases before. They gave information based on what they told by other

people. Interestingly, information they received during they were at the hospital made them feel more confident about their rights under gold card scheme. Persons who involved directly in the process of claiming a gold card benefits were mostly patients' relatives. General information people acknowledged included; the rights under The Motor Accident Victims Protection Act BE 2535, the rights to use a gold card in accident case beyond the coverage of 15,000 Baht of The Motor Accident Victims Protection Act, the rights to use a gold cards twice times a year in emergency illness cases and recommendations on the a gold card rights to move. Therefore, relatives were key persons leading to patients' decision making on using a gold card. Many cases, relatives tried to negotiate or beg to use a gold card as they were worry about the high cost of treatment they needed to pay.

People got the information about using of a gold card outside registered health facilities in accident or emergency cases from many channels including campaigns on television, brochure, hospital's exhibition boards, details at the backside of a gold card and from other people; relatives, neighbors, colleagues and health personnel. People also learned from their direct experiences. All of these definitely affected informants' perceptions towards the UCS. However, it was found that all of those channels were still limited as people did not have clear understanding about their rights and the card scheme's benefits. Moreover, the information given through those channels did not strongly affect with the decision to using of gold card outside registered health facilities in accident or emergency cases. The knowledge and understand of a gold card also depended on background of individual. Most of patients would never have attention on the utilities of a gold card until they were in the sickness situation themselves. In that situation, patients would recall of all previous information they had and would gained more recent information, which this was a best learning process, leading to the correct understanding.

Generally, the information that informants received before they got illness was about of gold card outside registered health facilities in accident or emergency cases, but they were unconfident of using it and not sure about its process and conditions. Mostly, people received information through recommendation of health personnel while they were under treatment at hospital. Information given from health personnel generally included overall rights of a gold card such as using of gold card outside

registered health facilities in accident and emergency cases or recommendation on how to use a gold card when people migrate to work or stay in other the registered health facilities.

Based on the research, perception of people towards gold card coverage impacted their behaviors of utilizing hospital services. For example, patients or relatives made a decision to use a gold card based on what they had been told or had direct experience by themselves; **Rerai** learnt from her neighbor about the negotiation to use a gold card in case of delivery. **Pod's mother** learnt from last time experience of her family's member in using a gold card in accident case so that she used the card immediately at the hospital for her son's case, **Grand mom Kaew** directly experienced emergency illness case last time so, later she came for gold card rights, **Aunt Sai's** daughter, had clear information of using a gold card last time so that she was confident this time to use the card, **Daeng** also learnt from her sister's case about moving a gold card in other areas of its registered health facility. However, all these cases were rarely found comparing to all the cases. In conclusion, most informants had some information about a gold card, but information they had was not enough for them to use a gold card under the UCS correctly.

Furthermore, belief and attitude of "*Gold card is only for over serious case of illness*" impacted people's behaviors as they chose to go to government hospital to use a gold card only in cases of serious illness and perceived that serious illness was emergency case. Other information about gold card coverage included hospital, cost to bear that was distributed among their relatives or communities also proven as one of factors drove people to make decision on utilizing services.

3. Meaning of emergency illness was perceived differently among total informants depended on different experience, perception and understanding of individual. The meaning of emergency illness could be divided in 5 groups. First, the part of informants explained about an emergency illness that it was an illness or disease or injuries that occur suddenly. The word "*emergency*" meant an immediate occurrence of illness that needed an immediate treatment. This meaning of emergency illness corresponded with a given meaning of an occurrence of an illness.

Secondly, the illness was happening outside hometown. Third, the illness was happening during the nighttime.

Fourth, the informants gave another meaning of emergency illness based on a serious of illness. An emergency illness in this meaning was a serious illness that can bring patient a death. Only a specialist was able to give patient a treatment for this kind of illness. They linked an obvious symptom of an illness with a mental suffer of patients' relatives, originated a meaning of an emergency illness.

Fifth, the meaning of an emergency illness may be linked with an accident. There were some informants gave a meaning of an emergency illness as an accident case. These cases included traffic accident, general accident cases which happened suddenly, uncontrollably and unexpectedly at every where in anytime and at any places.

In addition, it was found that they were different perception of emergency illness between hospital staffs and patients and also different interpretation of emergency illness between different hospitals. The issues proven in delivery cases of Ya and Ying and Lumyai, which led to the use of a gold card outside registered health facilities in accident and emergency illness cases.

One reason for utilizing service outside registered health facilities based on the serious illness of symptom. Once people perceived that the illness was out of their control, they would go to hospital immediately and they could use a gold card outside registered health facilities. The meaning of emergency illness was also perceived based on serious of illness. Therefore, when giving information about emergency illness, informants used information of diagnoses of themselves or their relative to additionally explain about the cases.

4. Problems and obstacles found in this research consisted of problems in service behavior which included inappropriate behaviors of staffs and doctor's ethics, problems with quality of service which included problems in a long period of waiting time, a problem of diagnoses in which patients thought they had a serious case but doctor just gave them simple pills and let them back home, a problem of no physician stand by to give an advice or only one physician where as there is a lot of patients, Problems in perception aspect and gold card coverage outside registered health facilities which because of informants were lack of information accessibility, problems of gold card un-coverage due to none of certified signature for a gold card transfer, misunderstanding about the rights coverage of a gold card. Most often case of

misunderstanding was traffic accident cases were not covered by a gold card but under the Motor Accident Victims Protection Act. Only when the accident treatment expenses were exceeded 15,000 Baht, a gold card was acceptable. Some understood that a gold card could not be used in any accident cases no matter traffic accidents or not. Some understood that a gold card could be used only in specific period of time such as Song Kran's festival. For the emergency illness, most of people thought a gold card could be used outside registered health facilities, but not sure about how many times they were limited to use. Some did not understand clearly the meaning of emergency illness, and some thought that a gold card was not acceptable in any cases outside registered health facilities.

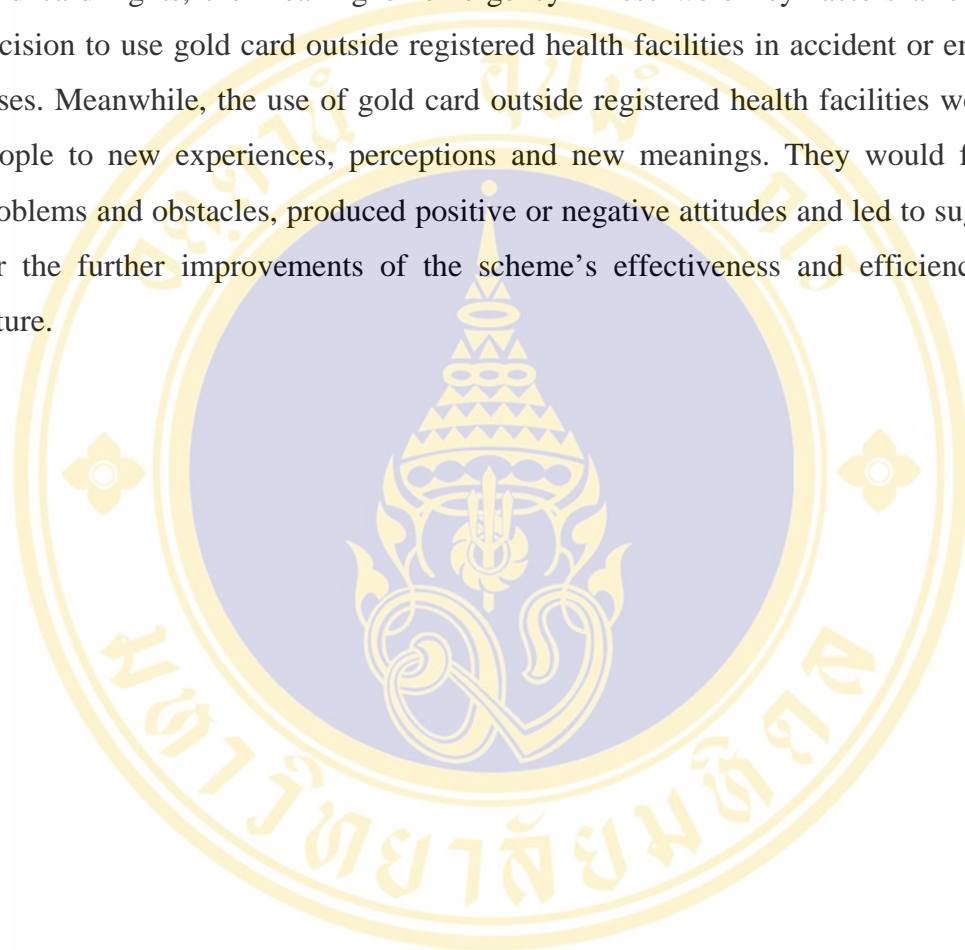
Attitudes and suggestions towards the UCS, there were both positive and negative attitudes. In positive ways, people perceived a project gave benefits to a low-income people in term of saving their hospital expenses especially in a high-cost or serious illness case and hospital showed progress on service improvements. In negative ways, people with unimpressed experience express their negative opinions on the project in which; gold card holders often get an under standard service, spend many times to wait, and get an unqualified medicine.

According to gold card coverage, There are a different kinds of people opinion toward a term of a limited times, 2 times a year, in a right of using gold card outside registered health facilities. Some agree and some disagree.

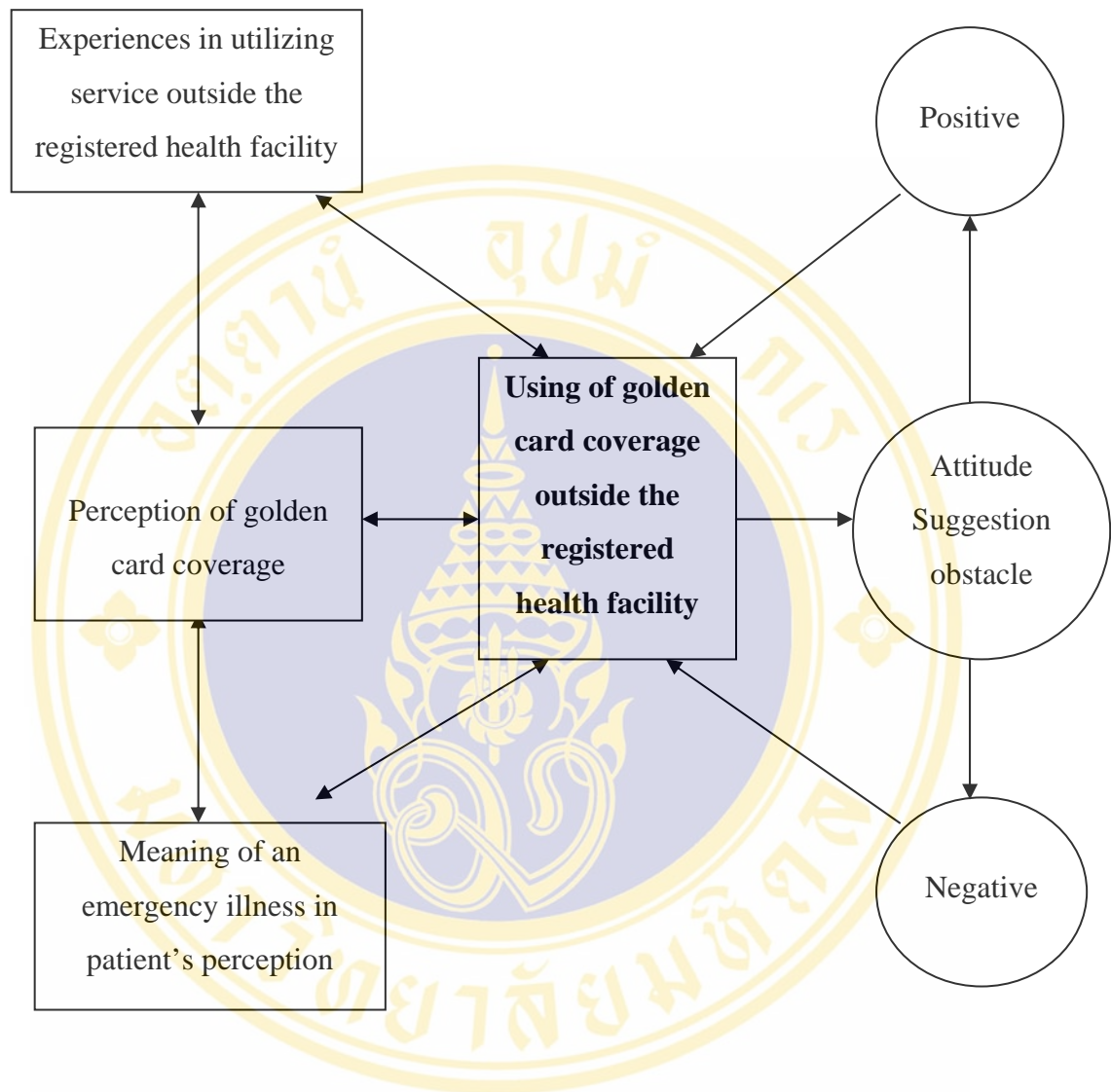
People agreed with this expressed that *"Having this right is better than having no right."* or *"People rarely face with an emergency case. An accident case is exceptional, it is unpredictable, having this coverage was beneficial anyway"*. Disagreed people gave opinion that it was too limited to allow the coverage to use only twice time a year, especially for those who had to travel most of the time.

5. It could be concluded that, this research reflected that experiences of people on the use of gold card outside registered health facilities, both in coverage and un-coverage cases affect their perception towards the rights to use a gold card. Not only direct experience the gained by themselves that led to the utilities of gold card but also people received information through various channels including public campaign, hearsays, and health personnel's suggestion. All of this information led to a better

knowledge and understanding, leading to the utilization of gold card coverage outside registered health facilities. Then, people would learn new experience which impacted the perception of emergency illness meaning. Besides, it was shown that the experiences of using of gold card outside registered health facilities, the perception of gold card rights, the meaning of emergency illness were key factors affect people decision to use gold card outside registered health facilities in accident or emergency cases. Meanwhile, the use of gold card outside registered health facilities would lead people to new experiences, perceptions and new meanings. They would face with problems and obstacles, produced positive or negative attitudes and led to suggestions for the further improvements of the scheme's effectiveness and efficiency in the future.



In conclusion:



Problems and Obstacle

1. The informants in this research consisted of patients, relatives of patients who were too young or too old to communicate, or were disable to communicate due to their illness. There is a limitation on that representatives of patients may not be able to provide exact and complete information for the actual patients, however researcher try the best to chooses the appropriate representatives who have closed relations and know the best about the patients information.

2. In hospital, no matter patients had serious symptoms due to their illness or not, most of patients felt tense and uncomfortable with themselves. Thus, some of them gave information carelessly. Some patients worried that their negative information might make the hospital staff unsatisfied. Consequently, their attitudes, feelings and expressions were still limited.

However, researcher tried best to endure and tried to make patient feel more relax and comfortable with the questions and the interview. Therefore, It would be helpful if the next study will more concern on this, also the targeted respondents should include the patients who had ever experienced a golden card service but completely treated, get well and do not need to admit anymore.

3. Mostly, researcher collected data in the hospitals so that informants were rounded with other patients, nurses and hospitals' staffs. The atmosphere of noisy, crowded, feel tense made the interview ineffective and lack of concentration. This was one of the study limitations.

Recommendation

Recommendation: Policy aspect

1. From the past performance, the result indicates that the regulations under 30 Baht Scheme is still unclear and often changed such as a regulation in a use of gold card outside registered health facilities of an accident and emergency case. Therefore, it should increase a communication channel about gold card information especially in an unclear topic in order to give people accurate information and/or knowledge as well as to increase a quality of this scheme.

2. The study result reveals that there is no information about criteria for determining an emergency illness are given. Therefore, health personnel should be

important person who give people accurate information in order to provide people a clear definition and criteria about a use of gold card outside registered health facilities as well as to make them understand about a reason whether they are able to use a gold card. Moreover, health personnel should take part in people decision process and guide them to use a gold card in order to maximize their benefit.

3. Problems, obstacles, attitudes and recommendations of informants can be brought to be a data base for improving and developing projects' policy in order to increase in both quality of project and benefit of people.

Recommendation: performance aspect

1. The performance under the UCS should have the same standard for all over the country. For example, it should have the same definition of an emergency illness. According to golden card coverage, Golden card can be used in general for an emergency illness and an accident case. The case that people are able to use golden card in one hospital but are not able to use in another one can cause a problem directly to people as well as causes a complaint from patient as a consequence.

2. Knowledge and information about the UCS affect to perception and a use of gold card of people. That's why it is very important to government sector to give significant and publicize gold card information especially gold card right. Steps for using a gold card and for acquiring gold card rights should be clarified and suggested to people in order to provide them accurate information as well as to protect an erroneous use of gold card. Many communication channels should publicize the information of a gold card such as electronic media, people media and publishing. These communication channels and media should be easy for people to access as well as should be spread provide clear and accurate information to people. Moreover, they should give people recommendation and suggestion as well as answer peoples' questions at the same time. A communication via people media is an important matter that should be continuing performed. Besides, an information center, announcement method, is one of the most important channels that should be supported because it can provide information covering an extensive area.

3. Hospitality of hospital staffs is one of the most important aspects to satisfy a patient. Most of hospital staffs recognize that not only patient need a good cares but

also their relative as well. That's why hospital staffs have more than one aspect for their responsibility. They, sometimes, express a bad behavior both in verbal and nonverbal aspect. These expressions of behavior can cause an unsatisfaction of people and a negative attitude toward a hospital service. Therefore, it is very important for every hospital staffs to aware of their responsibility. Besides, hospital staffs should have an increasing of welfare and benefit as well. Because of a better morality in private hospital, hospital staffs have more satisfactory than hospital staffs in a government hospital. Also, they often receive praise from informants and/or patients. Because of this, morale of hospital staffs is an important thing to be concerned in order to increase their efficiency that can bring benefits to both patients and other people.

4. In order to establish a better quality of project as well as to lead people to understand in the same direction, a government and private hospital staffs, local health department, an academic and other people should establish cooperation both in concept and practice methods.

5. In order to get an easy access to a medical service, the hospital staffs should give information and recommendation directly to people in order to make them understand a use of gold card to appropriate with their illness and other accident. The hospital staffs have no right to refuse to give a service to people, instead, they have to continue developing their performance to meet with a high standard performance.

Recommendation: academic aspect

1. For studying a meaning of an emergency illness, a researcher should emphasize on the details of informants such as age and a frequency of health service using.

2. This research is a first research that studies a use of gold card outside registered health facilities by using an informal interview method. The next research should study in a deep down aspect in order to get specific details and clear explanation of each aspect.

3. Research and development is necessary for this project. It could be said that research and development can establish more appropriate activity and performance of the project to correspondence with peoples' problem in each target group.

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