



COUNTRY REPORT

MEDICAL ASSOCIATION OF THAILAND

**the 33rd CMAAO General Assembly and
54th Council Meeting**

12th-14th September 2018

**Shangri-La Rasa Sayang Resort and Spa,
Penang, Malaysia**

Major.Dr.Chanrit Lawthaweesawat

Deputy Secretary General



Medical Association of Thailand

COUNTRY REPORT

MEDICAL ASSOCIATION OF THAILAND



Executive committee

2018-2019



Medical Association of Thailand



Medical Association of Thailand

MAT President 2018-2019

Prof. Dr. Ronnachai Kongsakon



Medical Association of Thailand

Key contact persons

The Medical Association of Thailand



Prof. Ronnachai Kongsakon
President



Prof. Amorn Leelarasamee
President Elect



Dr. Sawat Takerngdej
Vice President



Prof. Prakitpunthu Tomtitchong
Secretary General



Major Dr. Chanrit Lawthaweesawat
Deputy Secretary General



Major Gen. A/Prof. Kidaphol Wadhanakul
Chair of International Relations

Monthly Executive Committee meeting with the Advisory Board on 4th Wednesday of the month



Annual MAT Scientific Meeting 2018 at Trang, Thailand Sep 8th -10th, 2018



Promote and support the physicians who sacrifice as a good model in medical practice.

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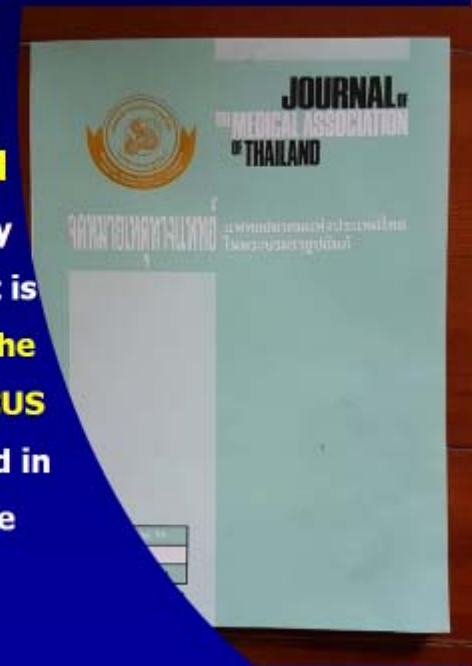
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- *The MAT website , www.mat-thailand.org
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which has a very long history of Thai medical record and it is the only medical journal of the country in the INDEX MEDICUS which is now being improved in many aspects from the active Managing Director and the editors.



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National level

ASEAN Economic Community (AEC)
concerning Health care provision

Moving medical services
pay for performance system for doctors

Increased the health warning sign
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*Lancet publishes Global Burden of Disease study for the years 1990, 2005, and 2010
Key findings of the study :
Tobacco smoking, including second-hand smoke, was the second leading risk factors for global disease burden



Fighting against Tobacco Industry



Supporting the Network of the Thai Health Professional alliances Against Tobacco (THPAAT) to perform its activities

Anti-smoking Campaign

Awarding to public Stars (9thYear)



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Regional Level

CMAAO **General Assembly, Japan** Sep, 13th-16th 2017



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MASEAN **18th MASEAN CONFERENCE 2018** At the Hilton Hanoi Opera Hotel, Vietnam May 2th - 5th, 2018



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Australian Medical Association **National Conference, Melbourne, Australia** May 25th-27th, 2018



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Regional Level

**2nd One Health
International Conference**
14th -15th Dec 2017 Bangkok, Thailand



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**The National
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KL, June 30, 2018



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Chinese Medical Association Annual Meeting
Jan, 25th -29th 2018



Regional Level

**Japanese Medical Association
Annual Conferences**
Feb 14th - 18th, 2018



**Joining ceremony for President of JMA
being appointed as President of World Medical Association**

At the Global Level

17th World Conference on Tobacco or Health

Cape Town, South Africa, 7th – 9th March 2018



Upcoming! **APACT 2020**

Asia Pacific Conference on Tobacco or Health



13TH ASIA PACIFIC CONFERENCE ON TOBACCO OR HEALTH
APACT 2020

WITH THE SPECIAL OCCASION IN CELEBRATING THE CENTENNIAL OF
MEDICAL ASSOCIATION OF THAILAND

13TH ASIA PACIFIC CONFERENCE ON TOBACCO OR HEALTH
APACT 2020

SEPTEMBER 2-4, 2020
BANGKOK CONVENTION CENTRE
AT CENTRALWORLD
BANGKOK, THAILAND

In the year 2020,
it is also a year that we celebrate
the centennial of
Medical Association of Thailand (MAT)
who is the pioneer for anti-smoking
campaign in Thailand for over 44 years!

We cordially invite you to join us.....
at the APACT 2020 in Bangkok, Thailand.



With the collaboration from
National Alliance for Smoking
Free Thailand (NATFT)

See you in Thailand!!

The 13 Thai Cave Rescue Story



Medical Association of Thailand

“Operation The World Never Forget”

The Medical Association of Thailand role for TCR



1. Search mission

2. Rescue mission

3. Referral mission

4. Lesson learned mission

“Operation The World Never Forget”

The Medical Association of Thailand role for TCR



1. Search mission

3. Referral mission

“Operation The World Never Forget”

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2. Rescue mission



Prehospital Hypothermia Management for Thai Cave Rescue: Lesson learn for Emergency Preparation Plan

Dear Dr. Harris,

Q1: What-What is Sedation protocol for this Operation? I refer from your hand writing, the doses are right?

A1: These doses are correct: Premedication: Alprazolam 0.5mg PO. + Atropine 20mcg/kg IM. [I think the atropine was a good idea to stop hyper salivation] + KETAMINE: Loading dose: 5mg/kg and Rescue does: 2.5mg/kg [But I would call this general anaesthesia not conscious sedation]

Q2: When-When does the Rescue consider to provide?

A2: I made a very clear plan with the divers. How to decide if the child needs more ketamine. How to decide on the dose. How to give the injection. The British and "Eurodivers" did an amazing job and must be congratulated.

Q3: Where-Where is the area that provide the Rescue dose ?

A3: The first check was in chamber 8 after the 350m dive. Most kids needed another dose somewhere in this chamber. After that I am not sure exactly where the kids were inspected or re-dosed. The oximetry of the kids as never checked.

Q4: Why- Why KETAMINE is the best option for this Operation? (Non-Anesthesiologists might concern and want to know)

A4: I think ketamine is the only viable option as it maintains respiration, blood pressure and some airway responses in the unconscious patient. All other drugs are a problem in this regard.

Thank you all for your support and advice during the rescue. I felt like my Thai colleagues were looking after me in a very difficult time. Thank you Dr. Lawthaweewasawat for the temperature information.
Your friend
Harry

“Operation The World Never Forget”

The Medical Association of Thailand role for TCR

BOYS FOUND
The boys were missing for 9 days before rescuers located them 2.5 miles from the cave entrance

Watch: 12 boys and their coach are out of the cave
01:33
CNN

Watch: 12 boys and their coach are out of the cave
01:33
CNN

All 12 boys and soccer coach rescued from Thai cave

4. การจัดการอุบัติเหตุ
Army Field Hospital Management

1. TRIAGE
A. Assess management of trauma patients
B. Triage
C. Triage Assessment before rescue without and change speed board

2. STABILIZE
A. Airway management (CPR, intubation)
B. Breathing management (O₂ flow, mask)
C. Circulation management (CPR, IV)
D. Disability management (Glasgow, Pupil, LOC)
E. Exposure, secondary trauma, and a critical pathway every 15 min

3. REFER
A. Resuscitation (CPR, intubation)
B. Resuscitation (CPR, intubation)
C. Disposition (aircraft, ground)
D. Resuscitation management (CPR, intubation)
E. Resuscitation management (CPR, intubation)

Lesson Learn Hypothermia management in Combat medicine

care for TCR and anemia management

13 Thai Cave Rescue story

Prehospital Hypothermia Management for Thai Cave Rescue
The Lesson Learned for Emergency Preparation Plan

Prehospital Hypothermia Management for Thai Cave Rescue
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ICASM 2018 BANGKOK

SHARING THE SKY SAFELY
11-15 November 2018 Millennium Hilton Bangkok, Thailand

ICASM 2018-Sharing The Sky Safety : 11-15 November 2018, Bangkok, Thailand

13 Thai Cave Rescue story
Major Dr. Chanrit Lawthaweewasat
Deputy Secretary General
The Medical Association of Thailand

13 ชีวิตติดถ้ำ

Prehospital Hypothermia Management for Thai Cave Rescue
The Lesson Learned for Emergency Preparation Plan

Prehospital Hypothermia Management for Thai Cave Rescue
The Lesson Learned for Emergency Preparation Plan

Abstract:
The Hypothermia condition concerns a body core temperature of less than 35°C without a primary defect in the thermoregulatory system. It is a serious threat to prehospital patients, especially injured patients that can induce a vicious cycle of the synergistic effects of hypothermia, acidosis and coagulopathy that refer to the trauma triad of death. To prevent and manage deterioration of a cold patient, Prehospital Hypothermia Management should start before the medical evacuation.

Thai Cave Rescue-TCR demonstrated the significant of medical operation under limited data and difficult environment. The aim of this discussion is to share the best practices and lesson learned for emergency preparation plan of Hypothermia protocol for combat medicine, based on actual practice of the “Operation The World Never Forget” and provide an up-to-date systematic overview of the current available treatment modalities and the effectiveness of prehospital hypothermia management.

4. Lesson learned for Emergency Preparation Plan mission

“Operation The World Never Forget”

The Medical Association of Thailand role for TCR

Prehospital management of Hypothermia An up-to-date overview

BACKGROUND: HYPOTHERMIA concerns a body core temperature of less than 35°C without a primary defect in the thermoregulatory system. It is a serious threat to prehospital patients and especially injured patients, since it can induce a vicious cycle of the synergistic effects of hypothermia, acidosis and coagulopathy; referred to as the trauma triad of death. To prevent or manage deterioration of a cold patient, treatment of hypothermia should ideally begin prehospital.

The aim of this study is to provide an up-to-date systematic overview of the currently available treatment modalities and their effectiveness for prehospital hypothermia management.

DATA SOURCES: Databases PubMed, Embase and MEDLINE were searched using the terms: “Hypothermia”, “accidental hypothermia”, “Emergency Medical Services” and “Prehospital”

RESULTS: The literature search produced 903 articles, 51 articles focused on passive insulation and/or active heating.

> **Shivering hypothermic patients:** Endogenous heat production from shivering, will likely be able to rewarm themselves with only insulation.

> **Non-shivering hypothermic patient:**

❑ **External Rewarm:** Active warming is indicated as a will not rewarm spontaneously. Active external rewarming interventions include chemical, electrical and charcoal-burning heat packs; chemical or electrical heated blankets; and forced air warming.

❑ **Internal Rewarm:** All intravenous fluids must be reliably warmed before infusion.

Hypothermia protocol for Combat Medicine



❑ **External Rewarm:**

1. Heater Blanket ...Generate the body heat as normal.
2. Foil Blanket ...Prevent the body heat loss, the whole body fully wrapped.
3. Hot Air Blower ...Rewarm specific area: Head & Hand if pulse oximeter waveform analysis error.

❑ **Internal Rewarm:**

1. Hypothermia & Hypotension :
Warm 0.9% NSS IV. Loading 100ml then IV. drip until hemodynamic stable +New bag before refer by air ambulance
2. Hypoglycemia : Start 5%D NSS IV. drip

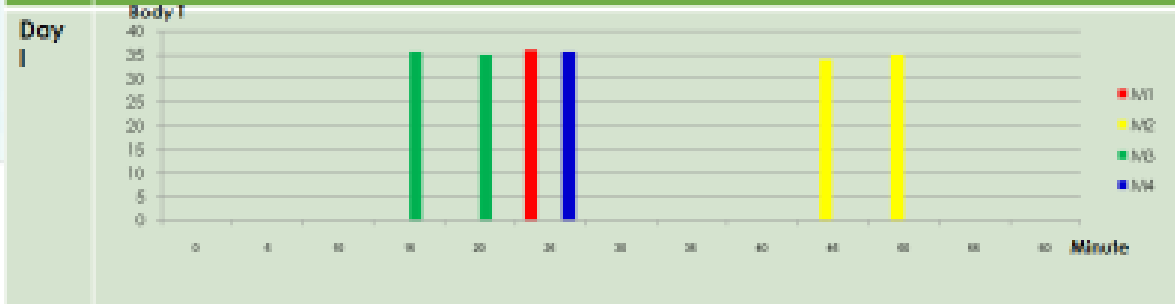
❑ **Body Temperature[Ear] Monitor** every 5 mins at least 30mins or until BT>35 c in rewarm process

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“Operation The World Never Forget”

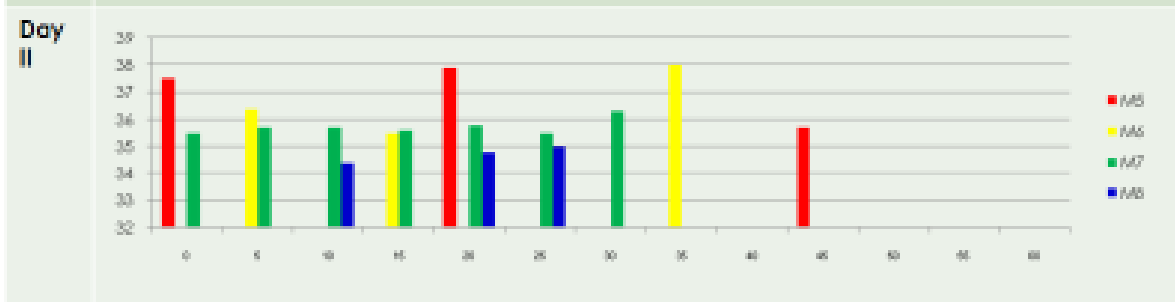
The Medical Association of Thailand role for TCR

Summary Hypothermia management Day1-3



Improvement Intervention

- External Rewarm:**
1. Heater Blanket
 2. Foil Blanket wrap
 3. Hot air blower: Head & Hand
- Internal Rewarm:**
1. Hypothermia & Hypotension :
Warm 0.9% NSS IV. Loading 100ml then IV. drip until hemodynamic stable +Change new Warm 0.9% NSS
 2. Hypoglycemia : start 5%D NSS IV. drip
 3. Monitor Body Temperature: [Bar] every 5 mins until BT>35 c

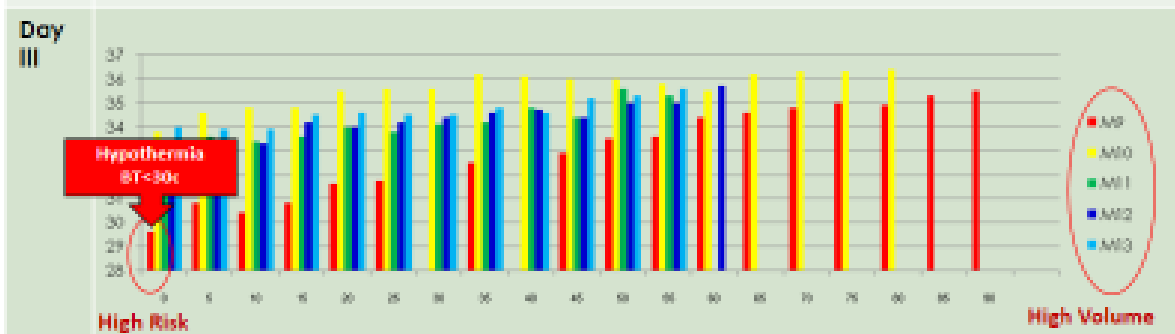


Chiangrai Prachanukroh Hospital

การรับทีมแพทย์ที่โรงพยาบาลเชียงใหม่ราชประชานุเคราะห์

ลำดับ	วันที่	เวลา	T	RR	PR	BP	อาการ	CRP
Day 1	1	19:30	36.4	16	68	125/82	Shivering	Normal
	2	19:30	34.8	16	70	113/64	Shivering	ALL infiltration
	3	20:55	35.5	20	60	121/63	Shivering	Normal
	4	21:37	34.9	16	66	107/83	Shivering	Rt hilar infiltration
Day 2	5	17:40	35.6	20	85	120/89	Shivering	Normal
	6	20:04	34.9	16	49	110/89	Shivering	Normal
	7	20:06	36.4	14	72	110/74	Shivering	Normal
	8	20:30	35.5	17	73	144/74	Shivering	Normal
Day 3	9	18:34	36.4				Shivering	Normal
	10	19:05	36.9	17	66	109/73	Shivering	LLL infiltration
	11	19:10	38.5	18	66	137/54	Shivering	Normal
	12	20:42	36.9	17	82	123/69	Shivering	Normal
13	20:56	37.0	13	87	117/74	Shivering	Normal	

Day3: BT>35c
No Hypothermia



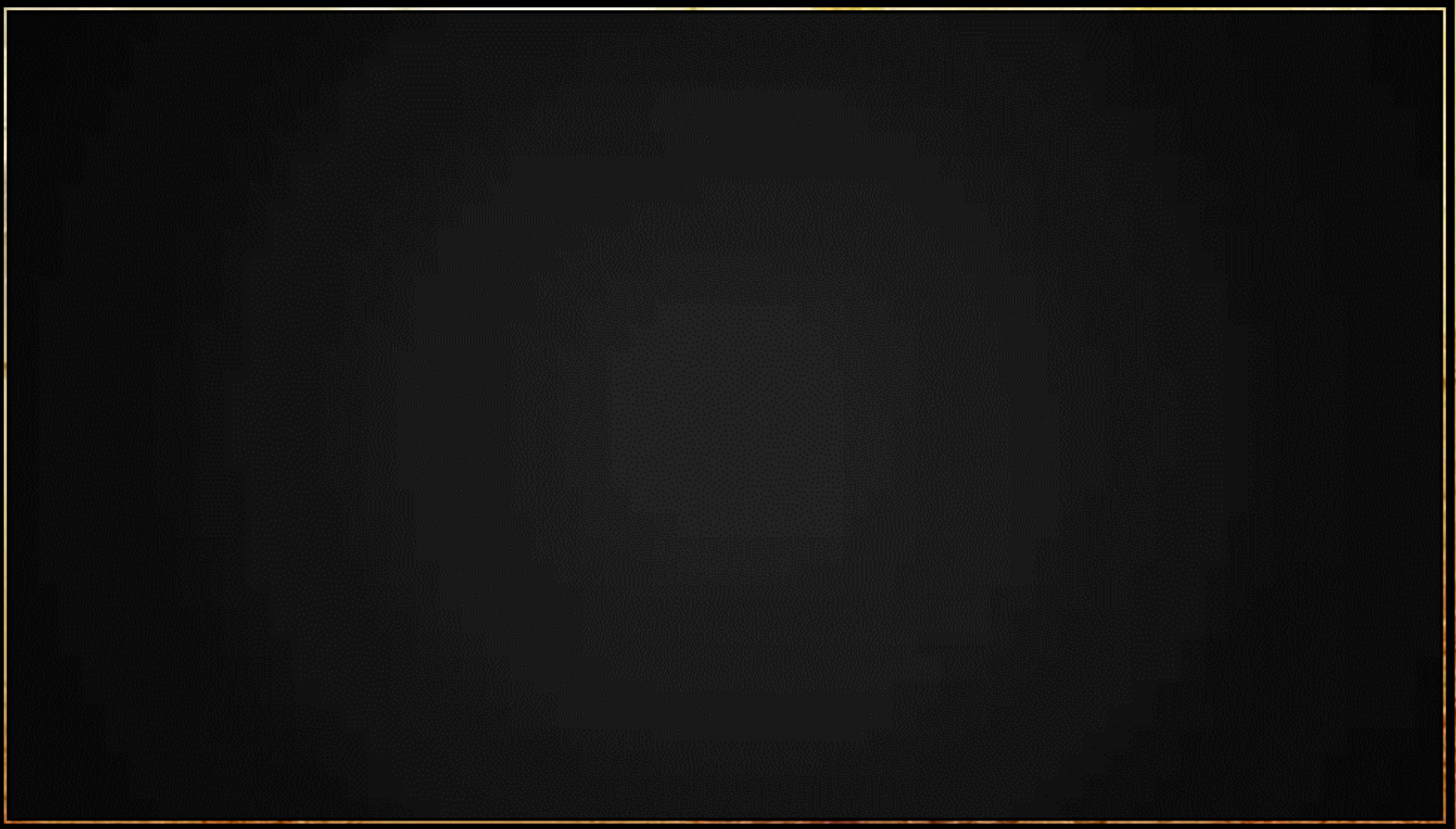
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Thank You All

“Operation The World Never Forget”



The 13 Thai Cave Rescue Story



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Learning Objective and Support

With support from
Takeda Science Foundation
and **Medical Association of Thailand**

Fellowship in pediatric cardiac anesthesia and perioperative cardiac care
Department of Anesthesiology,
Shizuoka Children's Hospital, Shizuoka, Japan

To gain more clinical experience in pediatric cardiac anesthesia to improve quality of the patient care.



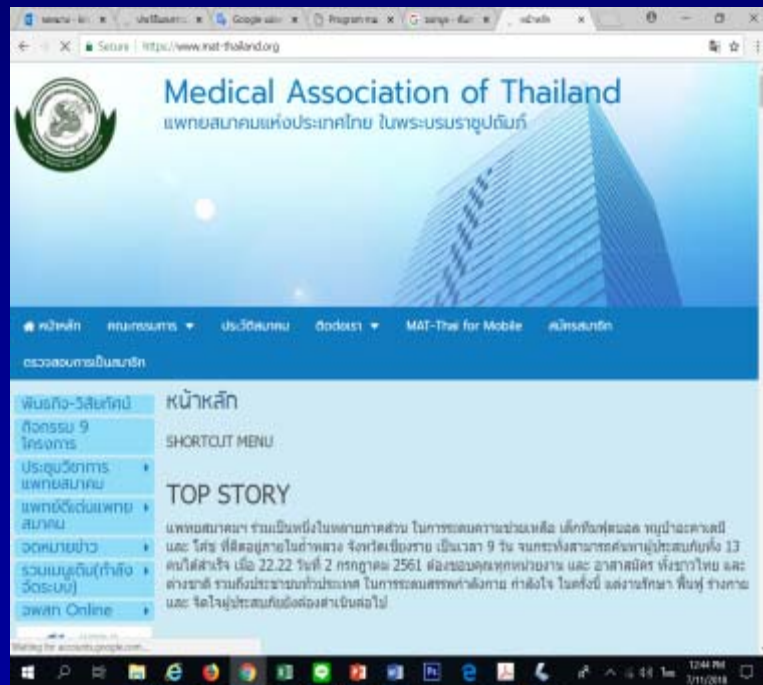
TSF 6 months (June-Nov 2017)
at
Osaka University Hospital

DR. AREERAT KAEWANUCHIT
CARDIAC ANESTHESIOLOGIST
LERDSIN GENERAL HOSPITAL
BANGKOK



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17 Medical Schools / year



ขอเชิญ
 แพทย์ เภสัชกร พยาบาล ศึกษานิเทศก์
 วิทยาลัยพยาบาลและ
 ศึกษานิเทศก์ทั่วประเทศ

**“ก้าวสู่วิชาชีพอย่างมีใจ
 ไร้กังวลในการท่าเวชปฏิบัติ”**

วิทยากร : ศาสตราจารย์ ดร.สุวิทย์ เจริญเลิศ
 อธิการบดี วิทยาลัย
 พยาบาลและศึกษานิเทศก์
 แห่ง มหาวิทยาลัย ธรรมศาสตร์

วันพุธที่ ๒๘ มกราคม ๒๕๖๐ เวลา ๑๔.๓๐ - ๑๖.๓๐ น.
 ณ Auditorium ณ คณะ ศึกษาศาสตร์ มหาวิทยาลัย
 ธรรมศาสตร์ แขวงราชวิถี กรุงเทพมหานคร

แพทยสมาคมแห่งประเทศไทย ในพระบรมราชูปถัมภ์



**“กฎหมายที่เกี่ยวกับการประกอบ
 วิชาชีพเวชกรรม การบริหารความ
 เสี่ยง และความก้าวหน้าในวิชาชีพ”**

ปัจฉิมนิเทศ นศพ. ปี6
 ห้องประชุมราชพฤกษ์
 รพ.ดรง
**31 มีนาคม 60
 09.30-12.30น.**

ร.นพ. สุวิทย์ เจริญเลิศ
 อธิการบดี วิทยาลัย
 พยาบาลและศึกษานิเทศก์
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National Alliance for Tobacco Free Thailand NATFT



Fighting against Tobacco Industry

'ประกิต' แฉบ.บุหรืลอบบี้ ล้นออกกน.คณยาสูบไทย

เอ็นไอเอเผยนักล็อบบี้มีงบกว่า 1 พันล้านดอลลาร์ต่อปี หรือคิดเป็นมูลค่ารวมกว่า 100,000 ล้านดอลลาร์ต่อปี ซึ่งนักล็อบบี้เหล่านี้มีหน้าที่คอยผลักดันการเพิ่มราคาภาษีเพื่อปกป้องผลประโยชน์ของอุตสาหกรรมยาสูบ

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ศึกษาสูบบุหรี่ก่อนรัฐบาลไทยอาจริ่ง



กลางกระแส

นานาชาติหนุน เพิ่มขนาดภาพคำเตือนของบุหรืเป็น 85%

ในโอกาสประชุมสมัชชาสุขภาพแห่งชาติ ครั้งที่ 21 (The 21st NPHS World Conference on Health Politics 2009) ที่ศูนย์การประชุมอิมพีเรียล พาลาซ กรุงเทพมหานคร เมื่อวันที่ 21-22 พฤศจิกายน 2552

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สมัชชาสุขภาพแห่งชาติ

ยี่ห้อมุหรื

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Thai Protesters Smoke Out Tobacco Execs

By ROBERT HORN / BANGKOK Thursday, Nov. 12, 2009

A Thai student takes part in a protest against Tabinfo in Bangkok on Nov. 11, 2009. (Richard Westenberg / AP)

ควันบุหรื
ทำร้าย
คนใกล้ชิด

บ้านปลอดบุหรื
Smoke Free Home

450 องค์กร ดึงสมาพันธ์ฯ ไทยปลอดบุหรื
สู้บริษัทข้ามชาติจ้องล้มกฎหมายไทย



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