

Chapter 1
INTRODUCTION

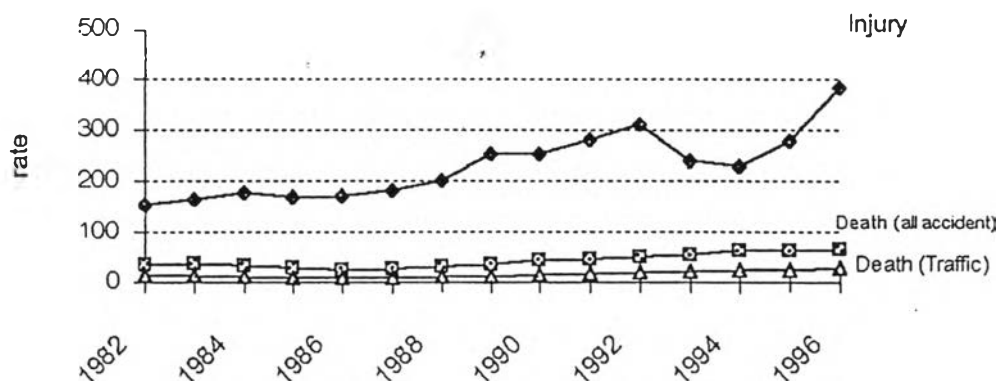


1.1 Rationale

The impact of industrial development has changed health problems of the past. Most of sicknesses were communicable disease such as Malaria, Tuberculosis, Leprosy and Enteric disease. Recently, non-communicable disease such as Heart disease, Cancer and Car Accidents caused a third of all deaths in respective order.

At the present time, the trend of accidental injury and death is rising, i.e., the death rate (death per 100,000 population) of accidents has risen from 33.5 in 1982 to 64.3 in 1996. The death rate due to road traffic accidents has risen from 13.1 in 1982 to 28.4 in 1996, and the rate of injuries has risen from 153.7 to 383.4 during the same period. (Bureau of Health Policy and Plan, 1997)

Figure 1.1 Rate of Injuries and Deaths due to all Kinds of Accidents and Traffic Accident (per 100,000 pop.)



Source: Bureau of Health Policy and Plan

The majority of road traffic accident victims were working males and the rate in males was 4-fold higher than females (Bureau of Health Policy and Plan, 1997).

The road traffic accident can too often cause losses that we do not foresee. The losses from road traffic accidents can be direct and indirect.

(1) Direct loss includes; emergency cost, healthcare treatment cost, physical therapy cost, death, deformities, damages to assets and others.

(2) Indirect loss includes the loss of productivity by mortality, morbidity and disability such as the opportunity cost of every persons relevant to help the accident victims, opportunity loss of victim and also the sadness of family and any body in close relationship.

According to Thailand Development Research Institution, the economic loss in terms of property loss and healthcare cost of road accidents in Thailand had been calculated in the year 1993. It was about 61,076 to 92,290 million baht from 84,892 cases of road traffic accident victims, 9,496 cases of death and 25,330 cases of injuries. It was estimated that it loose about 7-10 million baht per hour. It is 10.91 - 16.48% of the national budget (560,000 millions baht), higher than budget about 1.9 - 2.8 time of Ministry of Public Health (32,899.1 millions baht) in the same year (TDRI, 1993)

The healthcare cost of the road accident victims affects most of government budget for social welfare programs such as government official benefit fund and welfare for low-income people. Some healthcare cost go directly to the patient's pocket, some goes to social security funds. Finally, this healthcare cost also affects the insurance companies via The Protection for Motor Vehicle Accident Victims Act B.E. 2535.

Even though, in B.E. 2535 the government established The Protection for Motor Vehicle Accident Victims Act purposely to relieve the burden of healthcare cost of the road accident victims. The consequence of this law force was that the vehicle had

insurance of only 19.2 % (Junjaroen et al, 1994), 33.4 % of road victim claimed for medical treatment and reimbursed only 29.50% (Bhiyapongkul s., 1995). The insurance company and Compensation fund which undertook this function was burden to only 20,849,529 million baht during April 1993 – April 1994 (Office of Health Insurance,1997). It does not take responsibility as the law intended to do. So, the burdens of medical treatment expenses remain come from patient's pocket and government budget such as low-income card fund, health card fund, and government official benefit fund. Therefore, this study aims at finding the characteristics of determinants of an initial payment claim for medical treatment expenses of the road accident victims. The result of this study is to encourage road victims to claim the medical treatment expense from the insurance companies or Compensation fund, and on the other hand the result of this study is to reflect the effectiveness of the law enforcement and to help the government save their budget.

1.2 Research Questions.

(1) What are the characteristics of the determinants of an initial payment claim for medical treatment expenses of the road accident victims?

(2) How medical treatment expenses fall to several sources of payment?

1.3 Research Objectives.

(1) To determine the characteristics of the factors effecting to an initial payment claim for medical treatment expenses according to the Protection for Motor Vehicle Accident Victims Act B.E. 2535.

(2) To study payment mechanism and the medical treatment expenditure of the road accident victims.

1.4 Expected Benefits

This study will provides the characteristics determinants of the initial payment claim for medical treatment expenditures of the road accident victims, according to The Protection for Motor Vehicle Accident Victims Act B.E.2535, and represents the burden of medical treatment expenditures of the road victims on several funds. It will also investigate whether revisions of the law will benefits either the general public or the insurance companies. The informations from this study will provide decision makers with some ways to improve policy and strategy for implementation and to encourage road accident victims to increase the claim.

1.5 Structure of the Thesis

This thesis consists of six chapters. The first chapter is the introduction, which contains the rationales, research questions, objectives and the expected benefits of study. The backgrounds of The Protection for Motor Vehicle Accident Victim Act B.E. 2535 and practical problems are presented in chapter 2. Chapter 3 is the review of literatures that relate to this study, the characteristics of road victim, accident and hospital and medical treatment expenses of several funds. The research methodology of the study is presented in Chapter 4, including research design, conceptual framework, and outcome measurement. Chapter 5 presents the results and discussion of the study. Finally, conclusions, recommendations and policy implication are presented in chapter 6.