

Longevity of Thai Physicians: Phase 2 and Policy Implications

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This is Phase 2 of the authors study on long-lived Thai physicians. After obtaining quantitative data from Phase 1, the authors approached 11 male and 5 female physicians whose ages were older than general population's life expectancy. The authors conducted an in-depth interview using semi-structured questions asking about their life, work, lifestyle, and relevant factors. Then the authors synthesized the factors influencing longevity. The authors found that they are genetic, financial stability/security, trying to be disease-free by increasing positive lifestyle (such as exercise) and decrease negative lifestyle (such as drug addict, alcohol consumption), mind-set to be non-attachment (either doing nothing or busy doing everything), and being mentally ready to die. The authors also proposed policy implications for Thai physicians and people accordingly.

Keywords: Longevity, Thai physician

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In history, there were several evidences convincing that humans wished for longevity, even immortality. In Chinese dynasties, for instance, the emperors were hailed to live for ten thousand years. Although death is inevitable, longevity is not impossible. Humans can have a life span of more than 100 years, and more and more people live beyond a century. Besides longevity, health, happiness and wealth are other human desires. How to get old with good health is of everyone's interest. Physicians are responsible for taking care of peoples' lives and health. How Thai physicians' health is and how to promote them are our objectives.

The result of the authors' previous publication on Thai physicians' longevity⁽¹⁾ revealed that quite a few numbers of Thai physicians lived longer than life expectancy of their general population counterparts. Although the average age at death was 55 years and

seemed to be rather low, those who survived did live longer than the general population of Thailand. In general, there are quite a few senior physicians still working productively in various fields, such as academic, business, charity, and other social activities. There have not been, to the authors' knowledge, any studies addressing this issue. Despite their exposure to health hazards during their career, how they could live longer and how their health was were the objectives of the present study. Gaining insight into this issue will likely make us aware of longevity factors that are suitable for Thai people in general.

It is confidently predicted that people will live longer and the proportion of aged people will become greater in the future. It is estimated that the number of Thai people older than 60 years will increase from 4.02 million (7.36 percent of the total population) in 1990 to become 10.78 million (15.28 percent of the total population) in 2020⁽²⁻⁶⁾. The rate of "population ageing" in Thailand and other ASEAN countries has been much faster than that in developed countries⁽⁷⁻¹¹⁾. The trend is an increase in not only the number of old aged people but also the longevity or the number of years they

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could live⁽¹²⁾. Health promotion is one of key processes in slowing the deterioration of health⁽¹³⁻¹⁴⁾. Understanding the clues and practice for longevity and healthiness in Thai physicians should lead to expansion of such practice to the Thai population at large. Thai people will eventually live longer and be healthier.

Objectives

In Phase 1 of the study, the authors' explored distribution and characteristics of long-lived Thai physicians. This Phase 2 of our study had the objective to conduct in-depth qualitative research to comprehend their lifestyle and daily activities. Then, the authors would synthesize guideline for healthy longevity for Thai people.

Material and Method

This Phase 2 was a qualitative research conducted by selecting 11 male and 5 female physicians who were socially recognized and still doing their jobs or contributing to the society in some way. from November 2004 to January 2005, the authors used semi-structured in-depth questions to interview these 16 physicians in order to confirm some findings obtained from the quantitative step (Phase 1), and to get more insight into their longevity.

The in-depth interview processes were:

1. After the authors (PS and VP) introduced ourselves and explained the objectives of the present study, the authors asked for permission to tape-record the conversation.
2. The authors asked them to tell us about their lives (from being a medical student till now), including their current work.
3. The authors asked about their life styles and activities they practiced and found to contribute to their health and longevity.
4. The authors asked about their alcoholic consumption.
5. The authors asked about their family lives and their family management.
6. The authors asked about their financial management.
7. The authors asked about their self esteem.
8. The authors asked about their philosophy of work.
9. The authors asked about their health and their annual physical check-ups.
10. The authors asked about their opinion and concern on current medical community.

11. The authors asked for their message to Thai physicians.

12. The authors asked for their message to Thai people especially on longevity.

From findings of Phases 1 and 2, The authors synthesized recommendations for Thai people to live a long life.

The study was ethically approved by the Ethical Committee, Faculty of Medicine, Srinakharintarawit University, and supported by the Thailand Research Fund.

Results

Phase 2: qualitative research

The authors conducted an in-depth interview with 11 male and 5 female physicians. Their average age was 81.2 (range 69-93) years. The questions were previously prepared as mentioned. Since the present study was a qualitative research, quantitative data was not of primary interest. However, some figures were:

- None of them smoked.
- Three of them occasionally drank alcohol socially, 13 of them did not drink.
- Three of them regularly exercised, 11 of them moved their bodies everyday by doing daily activities such as walking, cleaning the house, watering the plants/trees, etc.
- Four of them still drove a car by themselves.
- Most of them managed their families democratically.
- None of them had financial problems due to relative high income of physicians. One of them recommended that by the age of 60: to live till 80, one should save 200 times that of his monthly expense; and to live till 100, one should save 400 times that of his monthly expense.
- Fourteen of them had regular check-ups, and 11 of them regularly visited his/her physicians for treatment and consultation.
- Four of them expressed their concern on the current medical community, but 5 said it was part of the social changing processes which occurred globally, and one said it might be a better check-and-balance mechanism for physicians not to conduct wrongly.

From the findings of Phases 1 and 2, The authors synthesized recommendations for Thai people to live a long life. Factors for longevity are genetic, financial stability/security, trying to be disease-free by increasing positive lifestyle (such as exercise) and decreasing negative lifestyle (such as drug addiction, alcohol consumption), mind-set to be non-attachment

(either doing nothing or busy doing everything), and being mentally ready to die.

Discussion

Human health and longevity have long been known to depend on a complex interplay between hereditary and nonhereditary determinants. The latter include various lifestyle factors, as well as physical and chemical agents encountered in air, food, water, consumer products, the workplace, and the environment at large⁽¹⁵⁾.

Although the present study focused only on physicians, it has several policy implications. The fact is that there is the trend for people to live longer. We are Thailand is facing a situation of growing proportion of aged people. Knowing what factors for longevity are, a policy can be set to advocate them. For financial stability, people should plan for financial management of people either individually and collectively. This should be initiated soon before retirement because people are actively working and can earn money. The popular way is to coerce them to save a certain amount of money each month, such as the Social Security Fund and the Government Pension Fund. However, some prefer savings and insurance in the same package.

We, physicians, should improve our lifestyle and encourage our patients, friends and relatives to do so. For example, increasing positive lifestyle can be done through regular exercise and healthy nutrition. Decreasing negative lifestyles can be done, for instance, by smoking cessation, avoid driving under the influence of drugs and alcohol, and refrain from drug addiction. Physicians should talk to their patients, friends and relatives about these issues whenever they have the opportunity. And the most important is they do these themselves.

The mind-set to be non-attachment is essentially finding a way to be peaceful. This may be achieved through some mind practice such as meditation, prayer and other religious activities. To be mentally ready to die is to be even more peaceful. It has generally been accepted, especially in the Eastern culture, that peace of mind can have several positive biofeedbacks to the body⁽¹⁶⁻¹⁹⁾.

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References

1. Sithisarankul P, Piyasing V, Boonthaim B, Rattanamongkolgul S, Wattanasirichaigoon S. Longevity of Thai physicians. *J Med Assoc Thai* 2004; 87(Suppl 4): S23-32.
2. National Statistic Office and Economic Development Council, Office of the Prime Minister. Population Census Thailand 1960, Whole Kingdom. Bangkok Statistic Office and Economic Development Council, Office of the Prime Minister, 1962.
3. National Statistic Office, Office of the Prime Minister. Population and Housing Census Thailand 1970, Whole Kingdom. Bangkok, National Statistic Office, Office of the Prime Minister, 1977.
4. National Statistic Office, Office of the Prime Minister, Population and Housing Census Thailand 1980, Whole Kingdom. Bangkok, National Statistic Office, Office of the Prime Minister, 1984.
5. National Statistic Office, Office of the Prime Minister. Population and Housing Census Thailand 1990, Whole Kingdom. Bangkok, National Statistic Office, Office of the Prime Minister, 1994.
6. Human Resources Planning Division, National Economic and Social Development Board. Population Projections for Thailand 1990-2020. Bangkok, Human Resources Planning Division, National Economic and Social Development Board, 1995.
7. General Register Office. Census of England and Wales 1841 (vol ii). London, HMSO, 1843.
8. General Register Office. Census of England and Wales 1861 (vol i). London, HMSO, 1862.
9. General Register Office. Census of England and Wales 1881 (vol iii). London, HMSO, 1883.
10. General Register Office. Census of England and Wales 1901, Preliminary report and summary table, London, HMSO, 1901.
11. Office of Population Censuses and Surveys, Population Projections 1987-2027. London, HMSO, 1989, Series PP2, No. 16.
12. Division of Health Statistics, Office of the Permanent Secretary, Ministry of Public Health. Public Health Statistics 1994. Bangkok, Division of Health Statistics, Office of the Permanent Secretary, Ministry of Public Health, 1996.
13. Hermanova HM. Health promotion for the elderly. Geneva, ESHL JDC Brookdale Institute, Ministry of Health (Israel), World Health Organization, 1992.
14. Radecki SE, Cowell WG. Health promotion for elderly patients. *Fam Med* 1990; 22: 299-302.
15. Upton AC. Environmental medicine: introduction and overview. *Med Clin North Am* 1990; 74: 235-44.

16. Kim S. Mind and body in spiritual perspectives. Nurs Health Sci 2005; 7: 77.
17. Bernick L. Caring for older adults: practice guided by Watson's caring-healing model. Nurs Health Sci 2004; 17: 128-34.
18. Klamut MK. The promotion of happiness. Ann Univ Mariae Curie Sklodowska [Med] 2002; 57: 1-9.
19. Pincharoen S, Congdon JG. Spirituality and health in older Thai persons in the United States. West J Nurs Res 2003; 25: 93-108.

แพทย์ไทยอายุยืน: ผลการศึกษาระยะที่ 2 และข้อเสนอแนะเชิงนโยบาย

พรชัย สิทธิศรีณย์กุล, วีระ ปิยะสิงห์, เบญจพร บุญเทียม, สุธีร์ รัตนมงคลกุล, สมเกียรติ วัฒนศิริชัยกุล

การศึกษานี้เป็นระยะที่ 2 ของการศึกษาแพทย์ไทยอายุยืน หลังจากการศึกษาในเชิงปริมาณในระยะที่ 1 เสร็จสิ้นลง ผู้วิจัยได้ติดต่อขอสัมภาษณ์เจาะลึกแพทย์อาวุโสชาย 11 คนและหญิง 5 คน ซึ่งมีอายุมากกว่าอายุคาดของประชากรไทย หัวข้อสัมภาษณ์เกี่ยวกับชีวิต การงาน ลีลาชีวิตและปัจจัยที่คาดว่าจะมีส่วนเกี่ยวข้องกับการมีอายุยืน แล้วทำการวิเคราะห์เป็นข้อเสนอ ผลการศึกษาพบว่าปัจจัยที่มีผลให้อายุยืนได้แก่ พันธุกรรม, ความมั่นคงทางการเงิน, ปฏิบัติตนให้ปลอดภัยจากโรค โดยเพิ่มวิถีชีวิตที่ดีและลดวิถีชีวิตที่ไม่ดี, ทำจิตใจให้ปล่อยวาง ไม่ว่าจะทำงานหรือไม่ก็ตาม, และเตรียมจิตใจให้พร้อมสำหรับความตาย ผู้วิจัยได้เสนอข้อเสนอแนะให้แก่แพทย์ และประชากรไทยด้วย