

สถานการณ์ปัจจุบันของผู้สูงอายุชาวญี่ปุ่น วัยหลังเกษียณและผลกระทบต่อ การเข้ารับบริการ ทางการแพทย์ในจังหวัดเชียงใหม่ ประเทศไทย¹

บทคัดย่อ

งานวิจัยชิ้นนี้มีวัตถุประสงค์เพื่อศึกษาสถานการณ์ปัจจุบันของผู้สูงอายุชาวญี่ปุ่นวัยหลังเกษียณและผลกระทบต่อ การเข้ารับบริการทางการแพทย์ในจังหวัดเชียงใหม่ประเทศไทย การศึกษาครั้งนี้เป็นการวิจัยเชิงคุณภาพ โดยรวบรวมข้อมูลจากการสัมภาษณ์เชิงลึกกลุ่มเป้าหมาย 19 ราย ประกอบด้วยผู้สูงอายุชาวญี่ปุ่นวัยหลังเกษียณ ตัวแทนจากสมาคมหรือองค์กรที่สนับสนุนการดำเนินชีวิตของชาวญี่ปุ่นในเชียงใหม่ และตัวแทนจากโรงพยาบาล ที่คนญี่ปุ่นนิยมเข้ารับบริการ ผลการวิจัยชี้ให้เห็นว่าโรงพยาบาลเอกชนในจังหวัดเชียงใหม่มีบริการล่ามภาษาญี่ปุ่น และบริการรวดเร็ว แต่ภาระค่าใช้จ่ายสูง เครื่องมือและอุปกรณ์ทางการแพทย์บางอย่างก็ไม่เพียงพอต่อการให้บริการ ส่วนโรงพยาบาลภาครัฐยังขาดแคลนบุคลากรที่มีความสามารถในการสื่อสารภาษาญี่ปุ่น และประสบปัญหา เรื่องผู้ป่วยชาวญี่ปุ่นไม่มีเงินจ่ายค่ารักษาพยาบาลถึงแม้ว่าค่าใช้จ่ายจะถูกกว่าโรงพยาบาลเอกชนก็ตาม อีกทั้ง เนื่องจากมีผู้ป่วยชาวญี่ปุ่นกลุ่มหนึ่งเลือกที่จะจบชีวิตที่โรงพยาบาลภาครัฐจึงทำให้โรงพยาบาลภาครัฐจำเป็นต้อง หาแนวทางปฏิบัติเพื่อแก้ไขปัญหาต่างๆ เหล่านี้ ผลงานวิจัยนี้ยังชี้ให้เห็นว่าสัดส่วนผู้สูงอายุชาวญี่ปุ่นที่เข้ารับบริการ ในสถานพยาบาลที่เชียงใหม่ต่อจำนวนผู้ขอเข้าใช้บริการทั้งหมดต่ำกว่าร้อยละ 1 ซึ่งเป็นจำนวนที่น้อยมาก แต่สามารถ สะท้อนปัญหาและอุปสรรคของกลุ่มที่เข้ารับบริการ ดังนั้นผู้วิจัยจึงเสนอแนวทางการปรับปรุงการบริการทาง การแพทย์ของสถานพยาบาล และทบทวนแนวทางการส่งเสริมการพำนักระยะยาวของชาวต่างชาติในประเทศไทย

คำ

สำคัญ

ผู้สูงอายุชาวญี่ปุ่นวัยหลังเกษียณ, ผลกระทบ, บริการทางการแพทย์, จังหวัดเชียงใหม่

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The Current Situation of Aging Japanese Retirees and Their Impacts on Medical Services in Chiang Mai Province, Thailand²

Abstract

This study aimed at investigating the current situation of aging Japanese retirees and their impacts on medical services in Chiang Mai Province, Thailand. Data were gathered from in-depth interviews with 19 participants comprising of Japanese retirees, representatives of Japanese associations, support organizations, and medical facilities where this group is known for seeking medical assistance. The results revealed that private hospitals in Chiang Mai have interpreters and offer quick service. However, medical fees are expensive, and they might not be well-equipped for complex and specialized treatment, which restricts the provision of services. At public hospitals, the lack of interpreters, unpaid medical bills by Japanese retirees who lack financial resources, and Japanese retirees who are near death and brought in to pass away are an extra burden to the system. Cases of Japanese retirees at hospitals in Chiang Mai were revealed to be lower than 1% of the total cases. However, they reflect the problems and issues faced by this group. Therefore, recommendations for improving medical services and reconsidering the long-stay program are presented.

Key words

aging Japanese retirees, impacts, medical services, Chiang Mai

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1. Introduction

The registration data of overseas residents indicates that there are currently 75,647 Japanese expatriates in Thailand, making it the fourth country in the world with the highest Japanese expatriate population after the United States, China and Australia (Ministry of Foreign Affairs of Japan, 2018). The majority are concentrated in Bangkok and metropolitan areas with Chiang Mai ranking third as the most popular province (Nishikito, 2018, p.43). It is one of the preferred destinations among Japanese retirees, who come to Thailand through the long-stay program, defined as living for a relatively long time in a place within Japan or abroad to learn the local culture and interact with the locals, while maintaining the source of income in Japan (Long Stay Foundation, 2018).

Japanese long-stay tourism evolved in the 90s, in a context where aging, low birthrate and shrinking labor force anticipated that the Japanese pension and social welfare systems would eventually become unsustainable. It was seen as an option to provide elders with medical care abroad (Ono, 2008, p.151-152). In the same period, in Thailand, the 1997 Asian Financial Crisis had greatly affected the health care sector, especially private hospitals, who struggled to deal with decreased profits. This situation urged them to cooperate with the government to set strategies and attract foreign

patients (Leng, 2007, p.18-19). ‘Medical tourism’ was developed to promote Thailand as a medical hub of Asia and boost the economy. In this context, Japanese retirees were seen as possible clients.

The first group of Japanese retirees, popularly known as “rongu suteiyaa” (long-term stayers), came to Chiang Mai in the late 90s (Chamchan & Soparat, 2012, p.18). Since then, businesses in different sectors prospered. In the health care sector, private and semi-private hospitals³ started to offer interpretation services for the Japanese clientele. Currently, six hospitals offer Japanese language interpreting service: Bangkok Hospital Chiang Mai, Chiangmai Ram Hospital, Lanna Hospital, McCormick Hospital, Rajavej Hospital and Sriphat Special Medical Center, affiliated to the Faculty of Medicine, Chiang Mai University.

However, after two decades since the influx of the first newcomers, the rising cost of living and their aging brought up new issues. First, there has been a slight increase in the number of Japanese who go to public hospitals instead of private ones (Miyashita et al., 2017, p.6,10; Nishikito, 2018, p.65). Second, reports of the Japanese consulate in Chiang Mai (SCC News, 2016) reveal an increase in admission to hospitals, difficulties in paying high hospital costs and death. Therefore, this study proposes to investigate the current situation of Japanese retirees and how their aging has impacted or

³ semi-private: refers to hospitals that have both private and public sections. Private and public services are offered separately, in different floors or buildings of the same hospital.

affected medical services in Chiang Mai.

Table 1, showing the number of Japanese living long-term in Chiang Mai, reveals the aging of this population.

Studies regarding Japanese retirees have shed light on several aspects of their life. Earlier studies focused on the infra-structure and provision of information for this group (Hongsrnagon, 2005, 2006). Others analyzed their motivations and factors influencing their

choice for migrating to Thailand (Thang et al., 2012; Chamchan & Sorapat, 2012). Recent studies have examined their adjustment process to the host country (Hongsrnagon et al., 2015; Duangkaew, 2016), as well as long-stay businesses (Chanchalor, 2017). There are only a couple of studies that have focused on this group's relations with health care. (Fukahori et al., 2011; Miyashita et al., 2017). It is expected that the results of this study will complement their work.

Table 1: Japanese long-term residents in Chiang Mai by age

Age	Number	Percentage
Residents under 60 years old	1,690	54 %
Residents over 60 years old	1,440	46 %
Residents in their 60s	692	22 %
Residents in their 70s	635	20 %
Residents in their 80s	98	3 %
Residents in their 90s	15	0.5 %
Total	3,130	100 %

(Source: Yamagishi, 2019, p.17)

2. Materials and Method

This is a qualitative research. It is based on documentary research and primary data was gathered using in-depth interviews with relevant parties related to Japanese retirees and medical services. It has been approved by the Ethics Review Committee on Human Research, Institute of Research and Development, Chiang Mai Rajabhat University (EC 62/005).

2.1. Data Collection

Data were collected from September to

November 2019. Sample groups were chosen for having some connection with medical services and include:

- Japanese retirees who are members of Japanese associations, hold a retirement visa, have lived in Chiang Mai for more than three years and have received care at medical facilities in Chiang Mai;
- Japanese associations that offer information and promote activities regarding wellness and health care. Those that organize

activities other than health care were excluded from this study;

- Support organizations that provide assistance for Japanese retirees in need of medical care. There are only two of such organizations in Chiang Mai;

- Hospitals where Japanese retirees mostly use medical services.

Japanese participants were interviewed in Japanese, while Thai participants were interviewed in Thai. Details regarding the interviews are shown in table 2.

Table 2: Sample Groups

Sample Groups	Participant	Nationality	Age	Duration of the interviews
Japanese retirees	JP 1 (Female)	Japanese	64	17 min.
	JP 2 (Male)	Japanese	70	12 min.
	JP 3 (Female)	Japanese	65	27 min.
	JP 4 (Male)	Japanese	72	17 min.
	JP 5 (Female)	Japanese	71	14 min.
	JP 6 (Male)	Japanese	72	42 min.
	JP 7 (Female)*	Thai	40s	33 min.
	JP 8 (Male)	Japanese	68	37 min.
	JP 9 (Female)*	Thai	50s	17 min.
Representatives of Japanese Associations	JA 1 (Male)	Japanese	70	16 min.
	JA 2 (Male)	Japanese	66	40 min.
	JA 3 (Male)	Japanese	82	35 min.
Representatives of Support Organizations	JO 1 (Female)	Japanese	57	30 min.
	JO 2 (Male)	Japanese	66	31 min.
Health Care Providers**	HP 1 (Male)	Japanese	53	47 min.
	HP 2 (Female)	Thai	30	10 min.
	HP 3 (Male)	Japanese	46	27 min.
	HP 4 (Male)	Japanese	23	15 min.
	HP 5 (Male)	Thai	50	32 min.

(Source: summarized by Elisa Nishikito)

* JP 7 and JP 9 were the Thai wives of Japanese retirees speaking on behalf of their husbands who, after receiving medical assistance, passed away due to serious health conditions.

** One limitation of this survey was that health care providers did not reveal details of medical fees and treatment expenses.

2.2. Content of the Interviews

(1) Questions for Japanese retirees: The interview was structured in two parts. In part one, Japanese retirees were asked about their background, such as their purpose of coming to Thailand, their financial status and health related issues, such as health insurance and places where they receive care. In part two, they were asked about their experience in using medical services in Chiang Mai.

(2) Questions for Japanese Associations and Organizations: In part one, representatives of Japanese self-help clubs and organizations were asked about their groups' background and the type of activities they carry out. In part two, they were asked about how their organization provides support for Japanese retirees in need of medical assistance.

(3) Questions for Hospitals: Part one focused on some personal information of the participant. Part two focused on some demographics about Japanese patients, common diseases, the departments where they often seek assistance, and how providing care for this clientele affects their work and institution.

2.3. Validity of the Interview Content

Three specialists evaluated the content of the interviews to verify the suitability to the objectives of this research.

2.4. Data Analysis

Content analysis was the method used in this study. All voice-recorded interviews were transcribed verbatim. Data were categorized according to themes in each sample group and a cross-analysis was carried out from an ethnographic approach. Results are presented in a descriptive way.

3. Basic Demographics and Background of Japanese Retirees in Chiang Mai

There are three groups of Japanese retirees with the following characteristics.

Table 3: Types of Japanese retirees in Chiang Mai

	Group 1 (JP 1 to JP 5)	Group 2 (JP 6 to JP 9)	Group 3
Household member	Have Japanese spouses	Have Thai wives/partners	According to JO 1, JO 2, JA 3, and HP 1, there is a group of Japanese retirees who live mostly alone. In case of serious health problems, Japanese associations and/or organizations offer support and take them to hospitals or nursing homes.
Residential registration in Japan	Have kept the residential registration in Japan	Three out of four have not kept the residential registration in Japan.	
Health insurance	Except for JP 4, all have health insurance.	Three out of four do not have health insurance.	
Use of medical services	Use private and semi-private hospitals.	Use private, semi-private and public hospitals.	
Monthly income	Have a monthly income which varies from less than 40,000 to more than 60,000 baht.	Did not reveal their income (except for JP 7 who earned 45,000 baht per month).	
Period of stay in Chiang Mai	3 to 11 years. Return to Japan once or twice a year.	6 to 20 years. Rarely (or never) go back to Japan	

(Source: interviewed and summarized by Elisa Nishikito)

3.1. Groups of Japanese Retirees

As described previously, the current number of Japanese over 60 years old residing in Chiang Mai is at a figure of 1,440. However, there are no accurate statistics about how they are dispersed across the three groups presented above. A study conducted by Miyashita et al. (2017, p.5-7) may provide some insight. They investigated the use of health care services by Japanese retirees in Bangkok, Chiang Mai, Chiang Rai, and Phuket through a survey with 237 participants, among which 144 of them were from Chiang Mai. In regards to their marital status, it was found that 49.3% of Japanese retirees in Chiang Mai were married to non-Thais (mostly Japanese, according to Japanese associations); 27.1% were married to Thais and 22.2% were single, divorced or widowed.

In the same study, it was found that 45.8% and 22% of Japanese retirees in Chiang Mai used travel insurance and the Japanese public health insurance, respectively, to pay for medical costs. Japanese retirees in group 1 who have travel insurance and/or the Japanese public health insurance match with this group.

In addition, it was found that 31 participants (29.2%) out of 106 who had seen a doctor in Thailand, paid their medical costs out-of-pocket (Miyashita et al, 2017, p.6). Japanese retirees in group 2 can be considered part of this group. Living for many years in Thailand and rarely going back to Japan limit their chances of keeping both the Japanese national health insurance, which is provided for those who keep a residential registration in Japan, and the travel

insurance, which is duration specific.

Japanese retirees in group 3 are somewhat unique. It mostly comprises of Japanese men (JA 3, JO 1, JO 2). Many leave Japan due to conflictual and problematic family relationships, come to Chiang Mai with some savings to start a new life, but aging, illness, and/or troubled relationships with local women pave the way to financial constraints, and death. It can be assumed that when they first came to Thailand, they probably had some kind of health insurance. However, residing for a long time and with little prospects of returning to Japan, their situation becomes similar to Japanese retirees in group 2.

3.2 Issues Regarding Health Insurance

Japanese retirees are usually covered by the Japanese National Health Insurance (JP 1, JP 2, JP 3, JP 5, JP 9) and/or Travel Insurance (JP 2, JP 3, JP 5). It should be noted, however, that there are some difficulties in using both. The former is a residence-based insurance. It offers coverage for people under 75 years of age who have resided in Japan for 3 months or more. Retirees who receive medical care abroad need to make the full payment of the medical costs out-of-pocket and claim for the refund after they return to Japan. However, during the claiming process, if it is found that the insured person was living long-term abroad, the claims may be considered invalid even though the insured person has paid the resident's tax and contributed to the national health insurance (HP 1, JA 3, JO 1). For those who are over 75 years old, there is the mandatory health

insurance for the elderly that is deducted from their pensions, but this insurance is not applicable abroad (JA 3). As for the travel insurance, strict conditions such as coverage period, age limit, and countless documents required to file a claim hinder the retirees in fully using it (HP 1, JA 2).

3.3. Hospital Fees

One reason that explains the popularity of Chiang Mai as a long-stay destination is the cost of living. Consumer prices in Chiang Mai are 56.66% lower than in Tokyo while in Bangkok, consumer prices are 41.04% lower than in Tokyo.

For example, a meal for two people in a mid-range restaurant costs around 600 baht in Chiang Mai, 800 baht in Bangkok and 5,000 yen or 1,444 baht in Tokyo (as cited in Numbeo, 2020). Regarding medical costs, out-patient care in Chiang Mai is cheaper than in Japan or Bangkok. However, in case of in-patient care, for those who do not have a health insurance, returning to Japan for treatment might be more advantageous because the Japanese National Health Insurance covers about 70% to 80% of the total costs (Health and Global Health Institute, 2015).

Table 4: Medical Costs in Japan, Bangkok and Chiang Mai

Topic	Average fees at hospitals in Japan *	Average fees at private hospitals in Bangkok *	Average fees at Chiangmai Ram Hospital
First consultation	2,820 yen (818 baht)	3,000-4,500 yen (870-1,305 baht)	500-700 baht
Room rate per night	1) Private room: 30,000-100,000 yen (8,700-29,000 baht) 2) ICU 80,000-100,000 yen (23,200-29,000 baht)	1) Private room: 33,500-40,100yen (9,715-11,629 baht) 2) ICU: 55,400 yen (16,066 baht)	1) Private room: 3,120-5,460 baht 2) ICU: 6,000 baht
Appendicitis surgery	600,000 yen/ 4 days (174,000 baht/4 days)	480,000 yen/ 3 days (139,200 baht/ 3 days)	80,000-120,000 (1 day) **
* As cited in Kakaku.com Insurance Inc., n.d. ** As cited in Medical Departures, 2020			

(Source: summarized by Elisa Nishikito)

Some observations about the table above are:

- Fees originally presented in Japanese yen for hospitals in Japan and Bangkok were converted to Thai baht (1 JPY=0.29, Bank of Thailand, September 30, 2020);
- Hospital fees in Thailand vary considerably across hospitals. Therefore, the numbers should be taken as a general estimate.

Official websites of international hospitals in Bangkok revealed that room rates can actually range from 9,000 to 25,000 baht per night. In Chiang Mai room rates can range from 2,200 to 12,600 baht per night.

3.4. Health Issues of Japanese Retirees

Some statistical data about the use of medical services at hospitals by Japanese retirees are shown next.

Table 5: Cases of Japanese patients at hospitals in Chiang Mai

Health Care Provider	Average number of cases per month	Average cases of Jap. patients per month	Average cases of Jap. retirees per month
HP 1 (private hospital)	24,286 (100%)	340 (1.4%)	204 (0.84%)
HP 2 (private hospital)	15,000 (100%)	30 (0.2%)	12 (0.08%)
HP 3 (semi-private)	68,889 (100%)	62 (0.09%)	27 (0.04%)
HP 4 (semi-private)	29,412 (100%)	100 (0.34%)	90 (0.31%)
HP 5 (public hospital) Emergency Dept.	3,500 (100%)	2 (0.06%)	1.8 (0.05%)

(Source: interviewed and summarized by Elisa Nishikito)

The number of Japanese patients varies considerably between hospitals. This seems to be related to the Japanese language interpreting service offered. Hospitals that have provided language interpreting services for more than 10 years such as HP 1 and HP 4 have a higher number of Japanese patients than hospitals with less experience in providing this service. As for the numbers provided by HP 5, they refer to the emergency department only because the use of medical services by Japanese patients at different departments of public hospitals is still limited. Data from the different hospitals

reveal that cases of Japanese retirees is below 1% of the total number of cases per month, ranging from 0.04% to 0.84%.

Japanese retirees mostly use the internal medicine (HP 1, HP 2, HP 3, HP 4) and surgery departments (HP 2, HP 4). They generally seek care for minor conditions such as colds, respiratory tract infections, gastrointestinal disorders, and chronic diseases of the elderly (high blood pressure, cholesterol, diabetes, and musculoskeletal disorders). Health issues at the emergency department are mainly related to hypertension, heart and brain problems (HP 5).

4. Results and Discussions

The results can be summarized as follows:

Table 6: Aging Japanese retirees and their impacts on medical services in Chiang Mai

Themes that emerged from the interviews		Impacts on medical services
Private and semi-private hospitals		
(1) Japanese retirees seek care for minor conditions.	⇒	Hospitals have not completely benefited from the long-stay program.
(2) Interpreters are necessary to provide proper treatment.	⇒	Hospitals hire interpreters out of necessity rather than profit.
(3) Hospitals might not be well-equipped for complex treatments and service fees are expensive.	⇒	Hospitals refer patients to public hospitals.
Public hospitals		
(1) There are no interpreting services.	⇒	The lack of interpreters affects the provision of services.
(2) Japanese retirees may have financial restrictions in paying high medical costs.	⇒	Hospitals have to deal with unpaid medical bills.
(3) Some Japanese retirees are taken to 'die at hospitals.	⇒	Hospitals have the extra burden of dealing with Japanese who are near death and taken to their establishments.
Other medical facilities		
Community health centers, health clinics and drugstores have become alternative options to hospitals.	⇒	Small businesses may benefit from the increase in Japanese clientele.

(Source: summarized by Elisa Nishikito)

4.1. Japanese Retirees and Their Impacts on Private and Semi-Private Hospitals

(1) Japanese retirees seek care for minor conditions

Japanese retirees tend to seek care at private and semi-private hospitals because of the interpreting services. However, Japanese in group 1 (who have insurance and can afford treatment at private hospitals) prefer to go back

to Japan in case of serious illnesses because of the Japanese national health insurance (JP 1 to JP 5), trust towards the quality of care and the medical technology (JP 1, JP 2), as well as the convenience of communicating in Japanese (JP 3, JP 4, JP 5). This preference was also confirmed by JA 1, JA 2, JA 3, and JO 1.

“I prefer Japan. First, because of the financial aspect, I can use the insurance.

Second, because of the language” (JP 5)

“If I have a serious disease like the internal organs, I think I will go back to Japan. How can I put it? I think that the medicine in Japan, the medical technology in Japan is more advanced” (JP1)

A couple of Japanese retirees expressed concern about preventive (JP 2, JP 4) and emergency care (JP 2, JP 3) during their stay in Chiang Mai.

“Regarding health care, I’d like them to improve the emergency care (omission). In addition, we’d like to know how to prevent diseases other than cancer (omission) It would be nice if we could have the cooperation of hospitals to hold a series of seminars.” (JP2)

In regards to emergency situations, Japanese retirees are concerned about what to do if something happens to them late at night, such as a sudden fall or stroke. As for preventive care, Nishikito (2018, p.56-58), in her work about medical interpreters at private hospitals in Chiang Mai, mentions the Japanese retirees’ preference for a preventive and naturalistic approach to treatment. She identifies these characteristics as cultural traits that make Japanese retirees prefer receiving care in Japan.

Impact: Hospitals have not completely benefited from the long-stay program

Japanese retirees have generally been perceived as potential resourceful clients. However, they mainly seek care at private and

semi-private hospitals for minor conditions which suggests missed opportunities by the Thai private health care industry. Miyashita et al. (2017, p.13) also observed that Japanese retirees prefer to return to Japan in case of screenings, treatment of chronic illnesses and serious diseases. The results of this study helped clarify the reasons behind this group’s preference for going back to Japan: the convenience in communicating in Japanese, health insurance coverage, trust towards the Japanese care services and medical technology, and preference for a preventive approach to health care.

(2) Interpreters are necessary to provide proper treatment

Considering that the number of Japanese retirees at private and semi-private hospitals is limited, the significance and the need of Japanese language interpreters was questioned. HP 1, HP 3, and HP 4 explained that interpreters are necessary to overcome language barriers and provide proper treatment because according to the Thai law, hospitals cannot refuse a patient who seeks assistance⁴.

“There are many Japanese people living in the area near the hospital, so it is probably convenient for them to come to this hospital. If there are no interpreters, it’s not possible to treat them. Interpreters are necessary... regardless of profit. I think interpreters are necessary because according to the law, we can’t refuse a patient. If the patient comes, he/

⁴ According to the Medical Licensing Committee of Thailand, every patient has the lawful right to receive basic medical care “regardless of race, nationality, religion, social status, sex, age, political beliefs, and her/his disease or sickness” (Faculty of Medicine Ramathibodi Hospital, Mahidol University, 2018. Retrieved from https://med.mahidol.ac.th/en/patient/patient_right)

she must receive treatment” (HP 4)

Impact: Hospitals hire interpreters out of necessity rather than profit

Interpreters certainly attract Japanese retirees and could be used as a tool by private hospitals to benefit from the long-stay program. However, the results revealed that interpreters are a ‘necessity’ rather than a means for generating profit.

(3) Hospitals might not be well-equipped for complex treatments and service fees are expensive

Service fees at private and semi-private hospitals are expensive (JP 7, HP 1). In addition, hospitals may not be able to provide specialized treatment (JP 6, JP 7, JP 9, HP 2). In this case, Japanese retirees might be referred to public hospitals. Retirees in groups 2 and 3 are especially faced with this situation for lacking health insurance.

“In some cases, there is no specialized department at private hospitals, so we send the patient to a public hospital like hospital D, which is well-equipped” (HP 2)

“He got severely ill when he fell. He had brain surgery because of hemorrhagic stroke (omission). He had to be hospitalized at hospital D (public hospital) because his condition was too severe. We had gone to H (semi-private hospital), but they couldn’t take him in because the equipment was not enough, so we went there” (JP 9)

“One person was being treated at hospital G (private). He had Parkinson’s, diabetes, and was hypoglycemic. It was an emergency, so he had to be admitted, but in 10 days, the bills

reached 800,000 baht. At that pace, he would run out of money, so we transferred him to a nursing home, and when his condition improved, we took him back to Fukuoka” (JO 1)

Impact: Hospitals refer patients to public hospitals

In case of hospitalization, private and semi-private hospitals may face limitations in offering specialized treatment. In addition, Japanese retirees may lack financial resources to pay high medical costs. In these situations, they refer these patients to other less expensive hospitals (mainly public), for proper treatment and to avoid financial losses.

4.2. Japanese Retirees and Their Impacts on Public Hospitals

(1) There are no interpreting services

One obstacle faced by both Japanese patients and health care providers refers to the difficulties in communication because public hospitals in Chiang Mai do not have interpreters.

“We have communication problems. If we can have help, things would be easier, but sometimes the process takes time. For example, suppose I have to do a blood test, then wait for the results, send to the x-ray, and wait for the results. It takes time. Sometimes the interpreter (borrowed from a private hospital) can stay for a short while (omission) and I have to use mobile applications that help with translation, but they are not so accurate. Another option is to ask nurses who received scholarships from Japan and went to do an internship there. There are some nurses who can speak some Japanese” (HP 5)

Impact: The lack of interpreters affects the provision of services

Public hospitals in Chiang Mai lack interpreting services. Therefore, in order to treat Japanese patients who cannot communicate in either Thai or English, they must use whatever resources available such as “borrowing” interpreters from private hospitals, relying on any medical personnel such as a nurse who can speak some Japanese, and if there is no option left, use mobile applications for translation. Difficulties in communication become an obstacle for efficient and correct diagnosis and treatment, not to mention the duration of each consultation, which takes much longer when two sides cannot speak the same language. This affects the overall workflow of health care providers.

(2) Japanese retirees may have restrictions in paying high medical costs

In case of complex treatments and long hospitalizations, medical costs may become a major hurdle, and patients may need financial assistance (JP 7, JP 9).

“Very expensive...we spent one million baht. We had to ask them for some assistance because it was too much for us. He spent a long time in the ICU, months, so it was expensive...It was really bad because we didn’t have reserves” (JP 9)

JO 1 and HP 5 also mentioned about ways to help patients who need some sort of financial assistance.

“If people who really don’t have money are taken by an ambulance and it isn’t possible

to contact families or they have absolutely no money, we have no choice but to ask for assistance from hospital charities (omission). This charity is originally meant for underprivileged Thais, but we are forced to ask for their support” (JO1)

“Actually, here we have some welfare services. If the patient really doesn’t have money, we have to provide care anyway; then the patient receives the medicine after signing a contract with a department in the hospital saying that the payment is still pending” (HP 5)

Impact: Hospitals have to deal with unpaid medical bills

When Japanese retirees cannot pay high medical costs, there are a few options to help ease their burden. They can sign a contract with hospitals to pay the medical bills in installments, or they can be transferred to senior care facilities that are more affordable. In extreme cases, hospital charities help cover unpaid medical bills. When there is no option left, the Japanese Consulate in Chiang Mai is sought for assistance. It has been reported that the Embassy of Japan in Thailand has provided financial aid to more than 1,000 Japanese people since 2001 (Senshu, 2015, p.718) and Chiang Mai ranks as the top in the world for receiving the Embassy’s relief (SCC News, 2016). Cases of unpaid medical costs are not limited to Japanese nationals. In 2018, there were 3.42 million medical visits by foreigners at state hospitals with 680,000 unpaid medical bills, causing a debt of 305 million baht. Among this number, 80,950 patients were retirement visa holders (Saengpassa, 2019).

(3) Some patients are taken to 'die' at hospitals

When the Japanese are near death, there seems to be a tacit understanding in the Japanese community that they should 'die' in a hospital (JP 7, JP 9, JO 1) to avoid any legal problems. In these situations, they are usually taken to public hospitals.

"A friend who is a nurse told me to take him to a hospital if he got worse because things get very complicated if a foreigner dies at home. A doctor and the police have to come to prove that we didn't harm him. We went to hospital E (public hospital) in the evening, then at 21:00 we ran out of oxygen and everything else, and he died at 1:00 in the morning" (JP 7)

"The final moments should be in a hospital, so we have to take them somewhere nearby (omission) because private hospitals don't take them in, it's like 'don't bring them here'. This kind of situation has increased." (JO 1)

Impact: Hospitals have the extra burden of dealing with Japanese who are near death and taken to their establishments

Japanese retirees who are close to passing away are taken to public hospitals because private hospitals are not quite receptive to these situations. According to reports by the Consulate-General of Japan in Chiang Mai (2017, p.2), in the year 2017 there were 21 deaths of Japanese in northern Thailand, with about half of them being in Chiang Mai. 18 out of 21 were aged 60 years or older and among this number, 2 were lonely deaths. The problems involving lonely deaths are complex. Decisions regarding life-

sustaining treatment, unpaid medical costs, inheritance affairs, authorization for cremation upon death, mortuary fees, funeral rituals, death registration with related authorities, etc. may cause one case to take months to be solved. During that time, the corpses are stored in the mortuary refrigerators of hospitals incurring additional expenses.

4.3. Japanese Retirees and Their Impacts on Other Medical Facilities

Recently, the use of medical services by Japanese retirees is not limited to private and public hospitals. It extends to a broad spectrum of medical facilities that include private health clinics, dental clinics, community health centers (*anamai sathanasuk*) and drugstores (JP 1, JP 2, JP 4, JP 6, JP 8, HP 4, JA 3)

"Right now, I live in the countryside, in Maetang, in Chiang Mai, but there are small clinics on every corner. This is really convenient" (JP 6)

"(Public hospitals) are really cheap. So, you need to choose which one you will go to, accordingly. There are other state-run hospitals. As for hospital F, it is a provincial hospital, right? There are also military hospitals. I've been to even smaller places" (JP 8)

"In an ordinary case, if they (the patients) don't have money, I tell them that there are other cheaper hospitals before they start treatment. What do you call them? Those public community health centers that are near the area where they live" (HP 4)

"I had an international travel insurance, so I used to go to hospital G (private hospital)

even for minor symptoms. But now I basically buy medicines and go to hospitals that are cheap” (JA 3)

The examples above show that Japanese retirees have started to use medical services that respond to their affordability and convenience.

Impact: Small businesses may benefit from the increase in Japanese clientele

One positive impact on local, small businesses may be the increase in the number of Japanese retirees who live and act as locals by going to health clinics, community health

centers or even buying medicines directly from drugstores instead of going to hospitals. This may be an opportunity for them to increase their clientele and consequently, their income.

5. Conclusion

5.1. Recommendations for the Long-Stay Program

Based on the discussions, a summary of the main issues surrounding Japanese retirees as well as some recommendations for the long-stay program are presented.

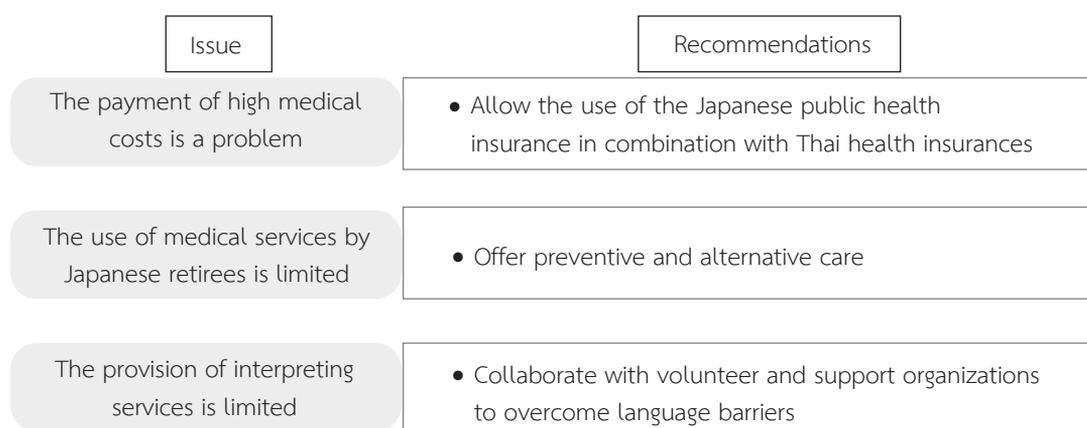


Figure 1: Current issues and recommendations for improving the long-stay program
(Source: summarized by Elisa Nishikito)

(1) The payment of high medical costs is a problem

- **Issue:** Unpaid medical bills by foreign retirees led the Thai government to announce amendments in new visa applications or renewals that include mandatory health insurance (CLL Newsletter 2019). The insured amount required is 40,000 baht for outpatient

treatment and 400,000 baht for inpatient treatment. To meet the demands of this new requirement, thirteen Thai insurance providers started to offer insurance policies for retirees (Thai Property Group, 2020). However, there are issues that need consideration: it is unclear how each insurance company deals with pre-existing medical conditions; treatment procedures may

far exceed the coverage amount of 400,000 baht; and the maximum age to qualify is 75 which excludes Japanese retirees who are in their 80s, and 90s.

- **Recommendation:** Allow Japanese retirees to use the Japanese national health insurance in combination with insurance policies offered by Thai private insurance providers. Adjustments may be necessary such as establishing the maximum amount of coverage or the percentage of coverage under each insurance scheme. Nonetheless, if retirees can rely on insurances of both countries it would ease the burden of extra costs.

(2) The use of medical services by Japanese retirees is limited

- **Issue:** Japanese retirees (especially those in group 1) do not yet fully use medical services in Chiang Mai. This indicates that hospitals, especially private ones, have not taken full advantage of the long-stay program.

- **Recommendation:** Provide preventive and alternative care which Japanese retirees are receptive to. Private hospitals have just started to modify their business model by offering services at community, specialized or small clinics, as well as offering both modern and alternative medicines (Ninkitsaranont, 2019). This is an opportunity for hospitals to increase this clientele and gain their trust.

(3) The provision of interpreting services is limited

- **Issue:** There are not 24-hour interpreting services at private hospitals, and public hospitals have no interpreters.

- **Recommendation:** hospitals should collaborate with support and volunteer organizations that can mediate the first contact between the Japanese in need of medical assistance and the hospital, especially in emergency situations.

5.2. Limitations and Further Considerations

Some limitations of this study are:

- This was a qualitative study. Quantitative data could complement and add new insights;
- The results in this study presents a scenario that is specific for Japanese retirees in Chiang Mai and cannot be generalized to other parts of Thailand.

Some further suggestions are:

- A comparative study with retirees of other nationalities who face similar problems could provide a better understanding of international retirement migration as a whole;
- Investigating factors such as the possible change in retirement age to 70 or 75 (Kajimoto, 2019) and the Covid-19 outbreak may help predict future trends of Japanese long stay.



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