

พุทธวิธีในการจัดการความขัดแย้งในระบบสาธารณสุขของไทย
BUDDHIST PEACEFUL MEANS ON CONFLICT MANAGEMENT
IN THAI HEALTH CARE SYSTEM

Dr. Banpot Thontiravong M.D.

A Dissertation Submitted in Partial Fulfillment of

The Requirement for the Degree of

Doctor of Philosophy

(Buddhist Studies)

International Ph.D. Degree Program

Graduate School

Mahachulalongkornrajavidyalaya University

Bangkok, Thailand

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ABSTRACT

The present dissertation is a qualitative research characterized by descriptive method, applying content analysis of the texts from Tipiṭaka, Atthakathā, related textbooks, researches, documents, and case studies including in-depth interview with scholars and experts. Three objectives of this research comprise: (1) to analyze concepts and processes of Western peaceful conflict management in Thai and Western health care systems; (2) to analyze concepts and processes of Buddhist peaceful conflict management in the Buddha's period; and, (3) to develop a model of Buddhist peaceful means on conflict management in the Thai health care system.

The results of the research are as follows:

A model of Buddhist peaceful means on conflict management in Thai health care system was developed by the integration of Buddhist and Western peaceful means on conflict management. With this integration, the researcher reviewed concepts, processes, methods, tools and case studies of conflict management in both the Buddhist and the Western means with the results shown hereafter.

In the Western means on conflict management in health care system, five major causes of conflict include structure, data, relationship, value, and interest. Mediation is a process and a method that can be used for successful management of such conflict leading to mutual agreement satisfied at particular level by both parties. The process can terminate the problem and bring about an agreement between parties to refrain from any legal actions against one another. However, doctor-patient's relationship, trust, and revisit to hospital services might take time or even not recur. Key principles, adopted in the management of Thai and Western health care conflicts, provide guidelines for the process of analysis and management of conflicts. The guidelines consist of, first, the concept for understanding the conflict. Most of the case studies in health care system, analyzed the cause of conflict based on the circle of conflict that demonstrates five aspects of interest: structure, data, relationship, value, and interest. Second, the school of thought for management of health care conflict conducive to good relationship is mediation with main focus on the cycle of interaction between parties. Third, it involves adhering to interest-based approach as a solution or resolution for ending the conflict.

These three guidelines will serve as key principles in mediation process for management of Thai and Western medical and health care conflicts.

Buddhist means of conflict management can be described in to two important parts, i.e. understanding the rationale of Buddhist means for problem solving, and understanding Buddhist tenet to be used for problem solving. The rationale for problem solving by Buddhist means is to resolve the causal factors for which individuals are required to solve the problem themselves. The Buddha guided individuals to look at their own problems, look upon themselves, not at any other causes or places, or to solve the problem at other points. The Buddha suggested solving problems by reasonably undertaking it with perseverance. The other part, Buddha's teachings used for solving problem are to solve both internal and external, or mental and social problems. However, most of the teachings focus more on wisdom or mental than on externals. As for human nature, the mental problem is totally concerned with human regardless of times and periods. Human nature remains the same with greed, anger, delusion, happiness, and suffering. In addition, solving problem in human's mind receives less attention from instructors. While the Buddha

saw that it requires increased attention. This is a subtle issue difficult to understand. Most importantly, mind and wisdom are the essence of human life, so they should be learned for profound understanding. Applying Buddhist concept in social suffering is therefore appeared to be the approach focusing mainly on resolving the internal factors of human.

It can be concluded that the principles of Buddhist means for solving problems are 1) the concept for understanding the problem of human suffering is to understand the interaction of causal factors in human's mind, how the social context or event of external society effect internal factors, by considering through Paṭiccasamuppāda that allows for well observing the revolving of inner causal factors. When internal causal factors revolve so many rounds affected by external factors, the cycle of Akusala-Mūla will rise and becomes increasingly complex, hence difficult to resolve. 2) the process and method of problem solving adopted the analysis approach and seeking ways to resolve the problem mainly through the logic of effect (Dukkha), causes (Samudaya), ways (Nirodha), and means (Magga) or Ariyasacca. 3) The tool to successful resolution is to apply suitable Buddhist Dhamma that fosters the parties' awareness of inner self or to move the Cycle of Paṭiccasamuppāda backward, hence raising their compassion toward human fellows which in turn ending the suffering or the conflict, and restoring positive relationship. This is the distinctive point of Buddhist means.

Due to the analysis of Western and Buddhist peaceful concepts and processes for management of conflict in health care system, integration of both approaches based on the distinctive point of Buddhist means augmented with the strengths and opportunities feature of Western means, provide an integrated model of Buddhist means for management of conflict in Thai health care system, containing the three coherent and inter-complementing sub-systems below:

Sub-System 1: Understanding with Buddhism (The Paṭiccasamuppāda in Health Care System)

This provides the starting point for employing the concept to resolve the conflict problem from the inside. The parties are encouraged to become aware of various internal causal factors through the Cycle of Paṭiccasamuppāda, and the five external stimulating causal factors appeared in the Western's circle of conflict. Once

these externals attack the doctor-patient in the Cycle of Paṭiccasamupāda at the stages of Tanhā and Upādāna, it will revolve toward Avijjā of treatment of disease and recovery from disease, then rises the cycle of Akusala-Mūla (Lobha, Dosa, Moha). Finally, with awareness of these factors, the parties themselves will find the ways out without attachment to these factors.

Sub-System 2: Managing the Origin (The Ariyasacca in Health Care System)

The system applies Buddhist concepts and processed to medical and health care conflicts. It requires that the parties work out together to make clear understanding about the problem, its causes, the solution, and the method to solve the problem but without regarding themselves as the center. The resolution relies on the Noble Truth or Ariyasacca and it might include the western's interest-based approach to facilitate the successful process.

Sub-System 3: Reframing the Management Method (The Noble Eightfold Path in Health Care System)

The system attempts to find means that correspond to particular causal factors or means to move the cycle of Paṭiccasamupāda backward so that Kusala-Mūla grows in mind of the doctor and patient. It applies the Buddhist's Noble Eightfold Path such as the right view, right thought, right action etc., through the profound talk, and also the Western conceptual reframing approach as a facilitation to respond the parties' internal and external needs, so the conflict ends, and hence the recovery of doctor-patient relationship .

The researcher suggested that the application of this concept using the model of Buddhist means on conflict management in health care system should require further investigation by trying out in training course among mediators or conflict resolvers in Thai health care system so that the handbook for practice is developed for fruitful utilization.

ชื่อวิทยานิพนธ์ : พุทธวิธีในการจัดการความขัดแย้งในระบบสาธารณสุขของไทย

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บทคัดย่อ

วิทยานิพนธ์นี้เป็นงานวิจัยเชิงคุณภาพ(Qualitative research)ใช้วิธีการเชิงพรรณนา (Descriptive method) โดยวิธีการศึกษาข้อมูลจากคัมภีร์ พระไตรปิฎก อรรถกถา ตำรา เอกสาร กรณีศึกษา งานวิจัยที่เกี่ยวข้องและการสัมภาษณ์ผู้เชี่ยวชาญเชิงลึก โดยมีวัตถุประสงค์ ๓ ประการ คือ (๑) เพื่อศึกษาวิเคราะห์แนวคิดและกระบวนการจัดการความขัดแย้งโดยสันติวิธีในระบบสาธารณสุขของไทยและตะวันตก (๒) เพื่อศึกษาวิเคราะห์แนวคิดและกระบวนการจัดการความขัดแย้งโดยพุทธวิธีในสมัยพุทธกาล (๓) เพื่อพัฒนารูปแบบพุทธวิธีในการจัดการความขัดแย้งทางการแพทย์และสาธารณสุขของไทยเชิงพุทธบูรณาการ

ผลการวิจัย ได้รูปแบบพุทธวิธีในการจัดการความขัดแย้งทางการแพทย์และสาธารณสุข และเป็นรูปแบบที่เหมาะสมนำมาใช้ในระบบสาธารณสุขของไทย โดยผู้วิจัยได้พัฒนาขึ้นจากการบูรณาการแนวคิดและกระบวนการจัดการความขัดแย้งทางการแพทย์และสาธารณสุขทางตะวันตกกับแนวคิดและกระบวนการจัดการความขัดแย้งด้วยพุทธวิธี ในการบูรณานั้นผู้วิจัยได้

วิเคราะห์บทวนแนวคิดทฤษฎี กระบวนการ วิธีการ และเครื่องมือที่ใช้ ของทั้งสองแนวคิดผ่านกรณีตัวอย่าง ปรากฏผลดังต่อไปนี้

แนวคิด และกระบวนการการจัดการความขัดแย้งทางการแพทย์และสาธารณสุขตามแนวคิดตะวันตก ให้ความสำคัญกับ (๑)การวิเคราะห์สาเหตุที่ทำให้เกิดความขัดแย้งจาก 5 สาเหตุในวงกลมความขัดแย้ง คือ ความขัดแย้งอันเนื่องจาก โครงสร้าง ข้อมูล ความสัมพันธ์ ค่านิยมและผลประโยชน์ (๒)กระบวนการเจรจาไกล่เกลี่ยคนกลาง ซึ่งเป็นกระบวนการที่สามารถใช้ในการจัดการความขัดแย้งทางการแพทย์และสาธารณสุขให้เกิดข้อตกลงที่คู่กรณีทั้งสองฝ่ายพึงพอใจกับผลประโยชน์ในระดับหนึ่ง กล่าวคือ สามารถยุติปัญหาการฟ้องร้องต่อกันได้ แต่พบว่าความสัมพันธ์ ความไว้วางใจและการกลับมาใช้บริการระหว่างกันอีกยังต้องใช้เวลาหรืออาจไม่กลับคืนมา ทั้งนี้หลักสำคัญของแนวคิดและกระบวนการที่ใช้ในการจัดการความขัดแย้งทางการแพทย์และสาธารณสุขในประเทศไทยและประเทศทางตะวันตกนั้นเป็นแนวเดียวกัน กล่าวคือ ๑) แนวคิดในการเข้าใจความขัดแย้ง กรณีศึกษาส่วนใหญ่ในทางการแพทย์และสาธารณสุขยึดถือการวิเคราะห์สาเหตุตามวงกลมความขัดแย้งดังกล่าวแล้วเป็นหลัก ๒)กระบวนการจัดการความขัดแย้งทางการแพทย์เพื่อให้เกิดความสัมพันธ์ที่ดีต่อกันคือ การเจรจาไกล่เกลี่ยคนกลาง ซึ่งจะมองไปที่วงจรปฏิสัมพันธ์ระหว่างคู่กรณีเป็นสำคัญ ๓)ยึดวิธีการและเครื่องมือในการจัดการปัญหาบนฐานของผลประโยชน์ร่วมกันเป็นทางออกให้เกิดข้อตกลงเพื่อยุติปัญหาความขัดแย้ง

ขณะที่แนวคิดการจัดการความขัดแย้งด้วยพุทธวิธีประกอบด้วยหลักสำคัญสองประการคือ(๑)เข้าใจหลักการของการแก้ปัญหาแบบพุทธ (๒)เข้าใจการประยุกต์พุทธธรรมมาใช้ในการแก้ปัญหา สำหรับหลักการแก้ปัญหาแบบพุทธ ประการแรกด้านแนวคิด พระพุทธเจ้าทรงให้แก้ปัญหาที่เหตุปัจจัย ประการที่สองด้านกระบวนการและวิธีการคือ ให้มองที่ตัวเองจากภายใน และแก้ที่ตัวเอง พระองค์ทรงชี้ว่าต้องลงมือแก้ด้วยความเพียรและตามเหตุปัจจัย ส่วนพุทธธรรมนั้นให้นำมาใช้เป็นเครื่องช่วยแก้ปัญหาให้สำเร็จ ทั้งนี้พุทธวิธีเป็นทั้งการแก้ปัญหาทั้งภายนอกและภายในตัวมนุษย์ อย่างไรก็ตามคำสอนที่เป็นการสร้างปัญญาหรือพัฒนาจิตหรือแก้ปัจจัยภายในจะมีมากกว่าคำสอนที่ตอบสนองต่อการแก้ปัจจัยภายนอก เนื่องจากธรรมชาติของมนุษย์ ปัญหาทางจิตใจเป็นเรื่องเกี่ยวกับตัวมนุษย์ล้วนๆ คือไม่ว่าจะต่างยุคสมัยต่างเวลาธรรมชาติของมนุษย์ยังคงเหมือนเดิม มีรัก โลภ โกรธ หลง สุข ทุกข์ เช่นเดิม ประกอบกับเรื่องการแก้ปัญหภายในจิตมนุษย์นั้นได้รับการเอาใจใส่จากวิทยาการแต่ละยุคสมัยน้อย พระพุทธเจ้าเห็นว่าปัญหานี้ต้องเอาใจใส่มากกว่า และเป็นเรื่องลึกซึ้งเข้าใจยาก ที่สำคัญ จิต-ปัญญาเป็นแก่นสารเนื้อแท้ของชีวิตมนุษย์ จึงต้องศึกษาและเข้าใจอย่างลึกซึ้ง ดังนั้นเมื่อนำแนวคิดพุทธศาสนามาใช้กับทุกข์ทางสังคม จึงปรากฏ

เป็นแนวคิด กระบวนการที่เน้นการแก้จากปัจจัยภายในตัวมนุษย์เป็นสำคัญ แต่ก็ไม่ใช่เลยปัจจัยภายนอก

สรุปได้ว่าหลักของการแก้ไขปัญหาคือพุทธวิธีมีดังนี้ ๑) แนวคิดการเข้าใจการเกิดปัญหาทุกข์หรือความขัดแย้งของมนุษย์นั้น ต้องเข้าใจปฏิสัมพันธ์ของเหตุปัจจัยต่างๆภายในจิตใจของมนุษย์ รวมทั้งบริบทหรือเหตุการณ์ของสังคมภายนอกส่งผลต่อปัจจัยภายใน ซึ่งการพิจารณาผ่านหลักปัจจุสมุปบาท จะทำให้เห็นภาพการหมุนวนของเหตุปัจจัยภายในที่ทำให้เกิดทุกข์หรือความขัดแย้งได้เป็นอย่างดี อีกทั้งเมื่อเหตุปัจจัยภายในเมื่อหมุนวนหลายรอบตามวงจรปัจจุสมุปบาท และมีผลกระทบจากปัจจัยภายนอกมาเร่ง จะทำให้เกิดวงจรอุทกสมมูล การแก้ไขจึงมีความยุ่งยากซับซ้อนขึ้น ๒) กระบวนการและวิธีการแก้ปัญหของพุทธศาสนา จะยึดหลักการวิเคราะห์และแสวงหาทางแก้ ผ่านหลักของ ผล(ทุกข์), เหตุ(สมุทัย), ทางออก(นิโรธ) และวิธีการ(มรรค) หรือหลักอริยสัจ เป็นสำคัญ ๓) เครื่องมือที่ช่วยแก้ปัญหให้สำเร็จ คือ การใช้พุทธธรรมที่เหมาะสมมาช่วยให้ผู้กรณีตระหนักรู้ตนเองจากภายใน หรือทำให้วงจรปัจจุสมุปบาทหมุนกลับ เกิดความเห็นอกเห็นใจเพื่อนมนุษย์ ทำให้ทุกข์หรือความขัดแย้งยุติ ความสัมพันธ์ที่ดีกลับคืนมาอันเป็นจุดเด่นของพุทธวิธี

จากการวิเคราะห์แนวคิดและกระบวนการจัดการความขัดแย้งโดยสันติวิธีในระบบสาธารณสุขของไทยและตะวันตก และแนวคิดและกระบวนการจัดการความขัดแย้งโดยพุทธวิธี เมื่อผู้วิจัยนำมาบูรณาการโดยใช้จุดเด่นของพุทธวิธีเป็นหลัก และนำจุดแข็งและโอกาสที่เป็นประโยชน์ของแนวตะวันตกมาประกอบ ทำให้เกิดเป็นรูปแบบพุทธวิธีการจัดการความขัดแย้งทางการแพทย์และสาธารณสุข ซึ่งประกอบด้วยระบบย่อย ๓ ระบบซึ่งต่อเนื่องและเสริมกัน ดังนี้

ระบบย่อยที่ ๑ เข้าใจอย่างพุทธ (ปัจจุสมุปบาทด้านการแพทย์และสาธารณสุข)

เป็นจุดเริ่มของการใช้แนวคิดการแก้ปัญหาคือความขัดแย้งทางการแพทย์และสาธารณสุขจากภายใน โดยให้ผู้กรณีตระหนักรู้เหตุปัจจัยต่างๆภายในจิตใจโดยมีสิ่งเร้าภายนอกอันเป็นสาเหตุปัจจัยในวงกลมความขัดแย้งของแนวคิดตะวันตก เมื่อมากระทบภายในตัวหมอและคนไข้ในวงจรปัจจุสมุปบาทอย่างชัดเจนในขั้นของค้นหาและอุปาทาน จะหมุนวนไปสู่อวิชชา ของการรักษาโรคและการหายจากโรค และเกิดวงจรอุทกสมมูล(โลภะ โทสะ โมหะ)ในที่สุด การให้ผู้กรณีตระหนักรู้ก็เพื่อมองหาทางออกจากเหตุปัจจัยเหล่านี้โดยไม่ยึดติดด้วยตนเอง

ระบบย่อยที่ ๒ จัดการที่ต้นตอ (อริยสัจด้านการแพทย์และสาธารณสุข)

เป็นการใช้กระบวนการแนวพุทธเมื่อเกิดความขัดแย้งทางการแพทย์และสาธารณสุขขึ้น จำเป็นต้องอาศัยความร่วมมือของกรณีมาร่วมกันทำความเข้าใจปัญหา, สาเหตุ, ทางออก และวิธีการแก้ โดยไม่เอาตัวเองเป็นศูนย์กลางเพื่อให้เกิดการใช้ความจริงหรือหลักอริยสัจในการ

แก้ปัญหา และ อาจนำการจัดการปัญหามาเป็นฐานของผลประโยชน์ร่วมกันตามแนวตะวันตกมาเสริม จะทำให้กระบวนการแก้ปัญหาสำเร็จง่ายขึ้น

ระบบย่อยที่ ๓ ปรับโครงสร้างวิธีการจัดการ (มรรควิธีด้านการแพทย์และสาธารณสุข)

เป็นการหาวิธีการแก้ที่ตรงกับเหตุปัจจัยหรือวิธีการที่ทำให้วงจรปฏิจสมุปปาทหมุน กลับไปสู่การเกิดกุศลมูลขึ้นในจิตใจของหมอ-คนไข้ โดยใช้มรรคมืองค์ ๘ อันประกอบด้วย ดำริ ชอบ คิดชอบ กระทำชอบ เป็นต้น ผ่านการพูดคุยอย่างลึก(Profound talk)และโดยอาศัยการปรับ กรอบความคิด(Reframing)ตามแนวตะวันตกมาเป็นตัวช่วยให้เกิดการตอบสนองความต้องการที่ จำเป็นทั้งภายในและภายนอกจิตใจ เพื่อให้ความขัดแย้งทางการแพทย์และสาธารณสุขยุติและ ความสัมพันธ์ที่ดีระหว่างหมอ-คนไข้กลับคืน

ผู้วิจัยได้เสนอแนะว่า การนำรูปแบบแนวคิดพุทธวิธีในการจัดการความขัดแย้งทาง การแพทย์และสาธารณสุขนี้ไปใช้ ควรมีศึกษาเพิ่มเติมการทดลองนำไปใช้ฝึกอบรมกับกลุ่มผู้ใกล้ชิด เกลี่ย หรือ นักจัดการความขัดแย้งในระบบสาธารณสุขของไทย เพื่อสร้างคู่มือปฏิบัติให้เกิด ประโยชน์ต่อไป.

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Dr. Banpot Thontiravong M.D.

Dated 29/03/12

LIST OF ABBREVIATIONS

Primary Sources¹

A	Āṅguttaranikāya
BD	Buddhist Dictionary
D	Dīghanikāya
M	Majjhimanikāya
S	Samyuttanikāya
Sn	Suttanipāta
Vbh	Vibhaṅga
Vism	Visuddhimagga
Vin	Vinayaṭṭaka

E.g:

A I 61.

A = Āṅguttaranikāya

I = Vol. I

61= Page

¹ In quoting Pāli sources, the references are given from the PTS editions unless otherwise stated.

Other Abbreviations

A.D.	Anno Domini
B.E.	Buddhist Era
B.C.	Before Christ
BPS	Buddhist Publication Society
Comp.	Compendium of Philosophy
Dpt.	Department
Ed.	Edition
E.g.	For example
et.al	et alibi (and others)
etc.	et cetera(so on)
ibid	in the same book
i.e.	id est (that is to say)
Min.	Ministry
Op.cit.	opera citato (as referred)
p.	Page
pp.	Pages
PTS	Pāli Text Society
Sec.	Section
tr.	Translated by
Ven.	Venerable
Vol.	Volume

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CHAPTER 1

INTRODUCTION

1.1 Background and Significance of the Problem

Conflict is a natural phenomena of human being and can occur within any society¹. Evidence of conflict situations has been recorded in the history of mankind for a long time of different types and different levels, for example, between family members; between husband and wife; between children and adults; between parent and child; between employer and employees; between group of citizens and government, etc. In each conflict, it may be due to the similar and different causes depending on the situation, context and psychological status of the persons related. Likewise, the Health Care context as a social sector is inevitably faced with such a natural phenomena of conflict. The phenomenon which have occurred in Thai Health Care is why the conflict escalated in so far that rise a crisis of relationship between doctors and patients and even suing. Both sides suffer and accuse against one another for abusing and being abused. Therefore, examining the conflict problem in medical and health care system requires investigation of the direction of its management along with relationship crisis.

Concepts and the system of health care in Thailand have been changed dramatically in the past 20 years, especially doctor – patient relationship². A historical review of the characteristics of traditional Thai social relationship prior to the flow of western medicine suggested that medical treatment primarily relied on monks and witch doctors³, who at that time not only performed rituals on religious faith and beliefs and gave spiritual guidance, but also took the healing role or became a doctor. They were respected and they were trustworthy for the public, and were regarded for higher morality, hence gaining higher

¹ Komart Juengsatienap, **“Peace Wellbeing : Peaceful Means and Conflict Management in Health System”**, (Bangkok : Deewon Printing, 2550), p.1.

² Sukarn Rojanaprai Wong, **Suffering of Patient : Why Patient Sue Doctor ?**, (Bangkok : Thai Consumer foundation, 1999), p.69.

³ Banpot Thontiravong,, **Mediation in Health Care: Understanding, Living With, and Managing Conflict: Changing Conflict to Collaboration**, (Bangkok : Samcharoe npanichaya Printing, 2007), pp.3-4.

social status than general people. The relationship between monks and witch doctors as healers with patients, is with loving-kindness or that of parent-child relationship. It is unconditional for providers, and regardless of the results for receivers. The healers never seek for payment or compensation. It is a kind of commensal relationship. As appeared during the Greek Civilization period, a medical teacher, Hippocrates, who was recognized as the Father of Medicine, asked physicians to keep a promise or so called Hippocrates Oath, that ... “I will give care which will benefit my patients according to my greatest ability and intelligence, and I will do no harm to anyone. Whatever I see or hear in the lives of my patients, whether in connection with my professional practice or not, which ought not to be spoken of outside, I will keep secret⁴.” This is also held by Thai medical profession as medical ethics as well. The traditional doctor-patient relationship is thus a kind of respect as an individual rather than as the rights and duty as it is convinced that doctors would do no harm to patients. It is a sort of relationship based on trust, respect, and honor. However, the process of social transition towards a western modernization⁵ has been manifested since early Bangkok period, with substantial influences on Thai society and their beliefs. Although traditional Thai society and culture were developmentally based on Buddhism, such changes

⁴ Ludwig Edelstein, **The classical version of the Hippocratic Oath**, Text, Translation, and Interpretation from the Greek by Ludwig Edelstein, (Baltimore: Johns Hopkins Press, 1943), p. 13.

⁵ (1) Globalization is not a novel phenomenon it has occurred in 3 distinctive waves. In the first wave, the age of discovery (1450 – 1850), globalization was decisively shaped by European expansion and conquest. The second wave, the age of discovery (1850 – 1945) evidenced a major expansion in the spread and entrenchment of European empires. The third wave, by comparison, contemporary globalization (1960 on) mark a new epoch in human affairs. Just as industrial revolution and expansion of the west in nineteenth century defined a new age in world history, so today the microchip and the satellite are icons of world order. See more in John Baylis, Steve Smith, and Patricia Owens, **The Globalization of world Politics: An introduction to international relations**, Oxford University Press, 2008), pp. 18-21.

(2) Globalization refers to a vast increase of world social relationship that links regions together where a phenomena in one place is defined by a phenomena several miles apart, and vice versa. See Anthony Giddens, **Consequences of Modernity : Self and Society in the Late Modern Age**, Cambridge: Politics Press, 1990), p.21.

(3) Globalization refers to an absence of territory attachment or the growth of relationship between people in a large areas. See J.A.Scholte, **Globalization: A Critical Introduction**, (Basingstoke : Macmillan press, 2005), p.46.

were inevitably affected by the modern age, and the age of globalization with advanced sciences and technologies. Globalization thus yields both advantages and disadvantages, and is of course opposed by the disadvantaged groups or agencies⁶. That is why conflict takes place unavoidably.

As a result of Globalization, Thai society at present has become the one gradually transforming its Buddhist nature into the global constitution of a vague state-nation, with the context of flow and network of separated units, autonomy, actions of copycat rather than following orders and their own culture, superimposed with the complexity of civil and business organizations. Thailand has been affected by the flow of globalization that simultaneously bringing into their civilization, culture, ideas, values and beliefs, leading to inescapable changes in both ways of thinking and ways of life of Thai people and society. The expansion of globalization has forced Thai society to encounter the diversity of civilization and cultures, posing enormous problems and conveying conflicts and violence from national level deep down into local level. Such dramatic changes in social, cultural, and political contexts in turn affect changes in concept and belief in health care context as well.

The root cause of conflict in Thai Health Care System can be from various causes⁷. Firstly, it is the structural problem, in line with the Constitution of the Royal Kingdom of Thailand 1997, and the Health Insurance Act 2008 aiming to deliver all Thai people the rights and equal access to health care. The Policy “Universal Health Insurance Coverage of the government” during 2001 and the activities were quite new and not only influenced the structure of health care system but also affected expectation, satisfaction, conflicts, and relationship of both health care providers and receivers. The important risk of this measure is the limitation of accessibility of necessary services from benefit packages, the quality of services, leading to the happening of conflicts between doctors and patients because of the

⁶ Surachai Sirikrai , **Globalization : Impact to Thailand**, (Bangkok : King Prajadhipok Institute, 2010), p.4.

⁷ Komart Juengsatienap, **Peace Well-being : Peaceful Means and Conflict Management in Health System**, pp.5-6.

disagreement of goals or expectation.⁸ Secondly, organizational culture of health system is of bureaucratic type, a power culture that simply endangers conflict and injustice. Thirdly, the knowledge of modern western medicine was established to dominate other alternatives medicine under the operation of government, so the latter has become unpopular, unacceptable and has turned unlawful. Such hegemonic characteristic is significant to doctor-patient relationship and thus originates conflict because of less patient participation and decision making. Fourthly, unjust policy and administration in terms of budget allocation, usurping for budget, unfair distribution of resources among agencies, all of which generate work tension and problems between organizations. Fifthly, health services environment at hospital level or those providing direct service are more likely to create conflict. A hospital director working for more than 29 years noted that he had never experienced such a conflict of this intensity, and once the problem rises, the hospital usually became the first defendant by media. So most of hospitals consistently work to manage conflict without time for health care development. Another hospital director said that, “Two years passed, there were a large number of plaintiffs and it took much time to terminate the cases”.

Because of these situations, the hospitals have been blamed as a “slaughter house”.⁹ This blame reflects the crisis of Thai Health Care System which suffers on both sides. The patients and relatives believe that their beloved ones die because of poor service provided by the hospital. The doctors and nurses thought that they had been working very hard but still be blamed by patients and their relatives angrily. The impacts of this situation are a poor relationship between doctors and patients, along with distrust and stress among them also affect mental health. Besides, it increases tendency of suing. These have been resulted in crisis and loss of morale and motivation among health care providers and distrust among the patients and relatives as never before. Looking 20 years back to the prediction¹⁰ “Accusations to doctors, nurses, and hospitals are always apparent in the newspapers and

⁸ Chaix- Coutries, C. et al., **Effective of financial incentives on medical practice: results from a system review of the literature and methodological issue**, International Journal for Quality in Health Care, series no. 12(2), 2000, pp.133-142.

⁹ Prawase Wasi, **Health System Concentrated on the Heart of Humanity: Second Era of Thailand's Health**, paper presented at the 7th : HA National Forum- Innovation, Follow-up and Evaluation of Quality, Impact Convention Center, Muangthong Thane, Nonthaburi, ; March 14, 2006 .

¹⁰ Prawase Wasi, Op. cit.

some made to the Medical Society, and such accusations would increase”, and in the next 20 years¹¹ “our population would double to reach some 80 millions, if health care system’s pattern remains unchanged and no suitable conflict resolution or its mechanism is not transformed by the government, it is unlikely impossible to handle the problem. It would pose negative effects to all concerns, and increase confusion to the extent of critical point in medical community”. In similar, Phra Dhammapitaka (P.A. Payutto) suggested in his lecture in the 1995 Technical Conference of Mahidol University and Prince Songkhla University, that Thai Health Care System today was in the midst of Thai and Western styles of which either oppose or support to one another. Thai lifestyle and value represent generosity and compassion with gratitude toward one another, while the latter is business oriented for exchange of interest, advantage and disadvantage, between service providers and clients with monetary goal that conceal the value of life. Once ethic is not deeply rooted, legal provision is needed as a control measure to protect the rights at the court level. Unsurprisingly, the public sector gathers to build up the network for the affected and assist those suffered from health services. This is to generate power for managing the problem as seen by increased suing¹².

From the aforementioned situations, means of conflict resolution in the past¹³ primarily relied on the exercise of legal authority by the government. In case, suspicious physician’s malpractice, the government allows respective profession society, such as, the medical society, to investigate the case. However, there are cases of distrust and it is seen as self protection that may lead to the loss of faith. Despite the justification of the Medical Society, suing follows for many cases. The belief is that resolution through the court of justice can not heal and promote the good relationship among health care providers and patients, but only losses have been found in both parties. According to statistics found in the United States, 15 percent of medical expenses were used to hire lawyers for compiling

¹¹ Prawase Wasi, **Public Health and Buddhaddhamma**, (Bangkok : Komol Keemthong Foundation Press,2524), p.56 cited in Komart Juengsatienap, **Peace Well-Being : Peaceful means and Conflict Management in Health System**, 2550,p.3.

¹² Komart Juengsatienap, **Peace Wellbeing : Peaceful Means and Conflict Management in Health System**, p.3.

¹³ Komart Juengsatienap, **Peace Wellbeing : Peaceful Means and Conflict Management in Health System**, p.109.

documents using in the legal process and wasting of time, whereby some complainants indicated that because of long-time legal process, they have never had “happiness” throughout their life.¹⁴

However, the fact is that we cannot completely eliminate the conflict. On the other hand, unsuitable management might intensify it. Thai society, like all other societies where conflicts occur, is still lacked a solid system for peaceful conflict management, responsive and supportive legal provision, conflict resolution professionals with expertise and skill in peaceful management. Furthermore, education and training on conflict management skill are rare in either levels of university and organization. It is obvious in Thai universities that most of their professionals are apprehensive in dealing with large-scale conflict despite the fact that Thailand is the land of Buddhism which is regarded as the religion of peace.¹⁵ Buddhadasa Bhikkhu stated that “The body of knowledge on peace, peaceful means, and peaceful means of conflict management should originate at the university” Once the conflict or violence took place, often there were none with expertise and experience to settle the conflict with many cases escalate and intensify due to inappropriate means of management.

An important and appropriated approach to resolve conflict that has been cited predominantly is Buddhist peaceful conflict management, as appeared in stories of conflict settled by the Lord Buddha all through the period of his spreading of Buddhism. The Lord Buddha delivered his sermon in the midst of traditional, cultural, philosophy, and religious diversity and contradiction and applied various methods to bring himself and those disciples through numerous experiments, challenges, and troubles that challenged himself or as the one who helped others resolve and get through their sufferings.

The researcher as the investigator who adopted the Western Peaceful Conflict Management through mediation to resolve conflicts in Thai Health Care System for more than 10 years, and had established the Center for Peace in Health Care under the Ministry of Public Health, aiming to disseminate the conception of mediation to enable health personnel in

¹⁴ Dolapoun Lochalermwattana, **My child got infection at the hip joint after birth and caused cripple leg**, in Orasom Suthisakorn. **It is suspicious that death was caused by doctor**, (Bangkok : Sarakadee Publishing, 2006), p.151.

¹⁵ John A. McConnel, Thai tr. by Phra Pisarn Visalo, **Mindful Mediation: A Handbook for Buddhist Peacemaker**, Introductory part by Praves Vasi, (Bangkok : Roenkoew printing,1995), p.5.

settling the conflicts in health facilities throughout the country. Such an effort suggesting one major problem that based only on western concept has made it difficult to promote the parties to profoundly understand each other as human being. Tracing back to the ancient time to consider traditional relationship between doctor and patient, where the society had not yet been affected by the world context that separated religion from our daily life, doctor-patient understanding represented better relationship. Although Buddhist Peaceful Conflict Management in various conflict fields and Western Peaceful Conflict Management have been explored and applied widely, what is still lacking, is the integration of ideas and means of both approaches. Therefore, it has drawn my attention to explore further how both approaches that have been suggested, studied, and practically used according to the guidelines for mediation in health context extended by the researcher, hold similar or different notion, process, and means, and what are the features of both approaches, and how to integrate them into concept, process, and means for Peaceful Conflict Management in Thai Health Care System of Buddhism dominant context in order to reinforce positive doctor-patient relationship and minimize the intensity of conflict in Thai Health Care System.

Motivated by those reasons, the researcher is interested in analyzing thoroughly on Buddhist Peaceful Conflict Management in order to find out peaceful means for managing health care conflict properly. In other words, to develop efficient model of Buddhist Peaceful Conflict Management in the Health Care System to be compatible with Thai society.

1.2 Research Objectives

1.2.1 To analyze concepts and processes of peaceful conflict management in Thai and Western health care systems.

1.2.2 To analyze concepts and processes of Buddhist peaceful conflict management in the Buddha's period.

1.2.3 To develop a model of Buddhist peaceful means on conflict management in Thai health care system.

1.3 Research Questions

1.3.1 What are the concepts and processes of peaceful conflict management in Thai and Western health care systems?

1.3.2 What are the means for Buddhist peaceful conflict management and what are their useful features?

1.3.3 What is a model of Buddhist peaceful means on conflict management in health care system?

1.4 Scope of the Research

1.4.1 The scope of content along with situations, problems, concepts and means of peaceful conflict management in Thai and Western health care systems.

The researcher plans to study from literature and explore relevant researches on various situations of health care conflict and means of peaceful conflict settlement that currently exist and used in Thailand and Western health care systems. For example, Conflict Analysis, Stakeholders Analysis, Design of Conflict Resolution, Negotiation, Mediation, Conciliation. Then, an analysis will be made to examine the cause, components, conflict problem situation, along with conceptual basis, process, method, and tools of peaceful conflict management in Thai health care system, including existing problems. Case studies of conflict management in Thai and Western health contexts will also be reviewed.

1.4.2 The scope of content in Buddhist peaceful conflict management.

The researcher will study the Buddhist scriptures, and explore relevant researches on Buddhist means of conflict management. Then an analysis will be used to find what are conceptual basis, processes, methods, tools of Buddhist conflict management along with their features. This analysis will examine cases studies of conflicts settled by the Buddha.

1.4.3 The scope of integration to develop a model of Buddhist means on conflict management in Thai health care system.

The present research aims to integrate the result of 1.3.1 – 1.3.3 to develop a model of Buddhist means on conflict management in health care system which suitable for Thai society.

1.5 Definition of Research Terms

Conflict in health care system: refers to the conflict between patients, relatives, and health care personnel or government/private hospitals due to disagreement which is incompatible with the goals of medical treatment in health care system.

Health care system: refers to the system in which health services are provided by health care personnel to patients in government or private hospitals.

Western Peaceful conflict management: refers to concept, process, method, and tools used for managing conflict, that bring the conflict parties to the decision for satisfied mutual agreement, by adopting mediation, negotiation processes. On the basis of conciliation or positive relationship, voluntary, equity, and legitimacy; **not include prevention of conflict.**

Buddhist means on conflict management: refers to concept, process, method, and tools used for conflict settlement and relationship restoration by adopting Buddhism means and Dhamma Principles to pave way out of suffering or conflict, on the basis of humanity, **not include prevention of conflict.**

1.6 Review of the Literatures and Researches

1.6.1 Phramaha Hansa Dhammhaso (Nithibunyakorn)¹⁶ studied Buddhist peaceful conflict management and suggested the model for Buddhist peaceful conflict management as appeared in the Tipiṭaka and Attakadhā. With respect to the mundane that Buddhism views conflict as suffering or nature necessary to individual and society on one hand, while on the other hand, supermundane is perceived in Buddhism as a non-conflict condition.

The conflict of Mae Ta Chang Basin, allowed to discover an integrated Buddhist peaceful conflict management model of moderate way or moderate practice (middle way) that works in congruity. Moderate methods or practices applicable for conflict management comprises 7 sets of broad approaches: self-negotiation, mediation, investigation, participation, arbitration, litigation, legislation. All of these require different strategies such as negotiation, persuasion, accommodation, and confrontation. In short, key principles in applying Buddhist peaceful means for management of conflict at Mae Ta Chang Basin include no adherence to the self and one's or group's identity, assistance and support, sharing, and involvement in decision making.

¹⁶ Phramaha Hansa Dhammhaso (Nitiboonyakorn), "The Model of Buddhist Peaceful Means for Conflict Management: A Case Study of Mae Tachang Basin", **Dissertation for the Degree of Doctor of Philosophy in Buddhism** (Buddhist Studies), Graduate School, Mahachulalongkornrajavidyalaya University, Bangkok, 2004.

1.6.2 Phramaha Yuthana Narachettho¹⁷ studied Buddhism for resolving political conflict in Thai society: A Case Study of the Yellow and the Red Shirts, suggested that such conflict between both groups evolved from destroying the trustworthiness of one another, using forcing power, calling for dissolving the parliament, using violence, while ignoring religious dimension, that is, not applying Buddhist teaching to solve problem. It was, thus, suggested to take Buddhist Dhamma principles to settle the conflict with the following principles and methods. The researcher perceived that the conflict between the yellow and the red shirts primarily associated with information and interest, and both sides were intransigent. Each set up information to support self-legitimacy. As a result, to solve this problem, it required: 1) facing the truth with honesty, 2) forgiving and no retribution, and 3) respecting mainly the common interest.

1.6.3 Komart Juengsathiensap¹⁸ examined the process of peaceful means and conflict management in medical and health care system and noted that explanation of conflict phenomena could not be explained only by the picture of conflict manifested but needed to link it with the body of knowledge, power, culture, as well as policy. Medical and health care system as a huge structure defines people relationship, and an imbalance of its components or injustice might produce conflict. Despite available instrument suitable for settling certain conflict, its root cause could not be managed. The current western modern medical and health knowledge have been established as superior than those of others, and have determined the relationship between medical providers and receivers with the first dominates over the latter, had produced imbalanced power and conducive to the use of power to bring about conflict. In medical and health care system, the picture of conflict appeared in many cases had their origin significantly related to ignore other modes of medical knowledge. Furthermore, conflict management requires proactive work of development to help prevent problems with respect to community access, personnel development, and respective unit ready for managing conflict by peaceful means. Medical and health care system should

¹⁷ Phramaha Yuthana Narachettho, "Buddhism and settlement of political conflict in Thai society : A Case Study of The Yellow and The Red Shirts", in Phramaha Hansa Dhammhaso et. al., editors of " Buddhist Approach to Political Conflict and Peace Development", **An International Seminar on Vesak Day**, Bangkok, 2009, pp. 187-206.

¹⁸ Komart Juengsathiensap, **Peace Well-being : Peaceful Means and Conflict Management in Health System**, op. cit., pp. 162-164.

work with heart and mercy, and revise the body of knowledge, policy formulation, organizational management, and services to suit both the providers and clients.

1.6.4 Pathompong Tinbunjerdrit¹⁹ had examined Buddhism and political conflict resolution, and development of peace. His study aimed to understand the conflict, analyzed its cause, and suggested Buddhist means for conflict management. Today, conflict of ideas has been so intensified and hard to reconcile. The researcher thinks of Buddhist teaching principles would provide means applicable to resolve the crisis of political conflict through scrutinizing the conflict based on Vibhajjvāda perspective, that is, to express words to distinguish, differentiate, explicate, or illustrate the teachings analytically on the features of ideas. This kind of expression is to see and to deliver the truth by sorting out each and every aspect and feature. This approach of Vibhajjvāda is characterized by 1) Distinguishing in the aspect of truth, i.e. looking for or delivering the truth as existing in this way and that way, on particular aspects or all aspects agreed upon; 2) Distinguishing by elements, i.e. looking for the sub-elements of the manifested story; 3) Distinguishing by sequences, i.e. analyzing separately the consecutive phenomena of causal factors to search for the real causal factors; 4) Distinguishing by causal factors relationship, i.e. investigating into the causal factors consecutively related to the matter appeared, apprehending that the truth is not freely or inherently existing but link and attached to many other causal factors. This idea will lower the ego. 5) Distinguishing by conditions, i.e. seeing or delivering the truth based on conditions. Managing conflict is thus need to uproot the Tanhā, Dhiṭṭi, and Upādāna, and bring the conflict to resolving. The Lord Buddha had guided 4 measures, so called Pādhana (effort or exertion) to cease the conflict which include 1) Prevention involves Samvara (restrain), taking Six Sārāṇīyadhamma: bodily actions of kindness, verbal actions of kindness, mental actions of kindness, sharing equally, keeping and respecting the ground rules, and negotiating for mutual understanding; 2) Resolution refers to Pahāna (eradication), a process of resolving existing problem from escalating further by possibly abolishing from the end result to the origin, or vice versa; 3) Reconstruction, that is Bhavanā (mental culture), developing

¹⁹ Pathompong Tinbanjerdrit, **Buddhism and Resolving Political Conflict and Peace Development**. In Phramaha Hansa Dhammasaho et. al., Edition., *Buddhism and Resolving the World Crisis. A Collection of Buddhism Literatures*. International Seminar on Visakabucha Day. The Universal Significant Day. 4-6 May 2009. Century, Bangkok 2009, pp 250-293.

individuals to possess higher level of morality and ethics; and 4) Preservation involves Anurakkhanā, an effort to maintain peace. These measures lead to the process of solving problem with the principles of the four Ariyasacca : Dukkha as a result of Samudaya, and Nirodha as a result of Magga, coupled with the 7 means of settling conflict conveyed by the Lord Buddha, they are, meeting in the presence of all parties, settling by the seniors, forgiving, accepting the truth in absence of self-interest, accepting of the majority, advocating to apology for guilty and compromising.

1.6.5 Ornuma Laohapibunkul²⁰ conducted a study on Noble Ways : Sustainable Peace, and referred to the peace as a state of usual harmony. In cultural dimension, peace is viewed by the western world as serenity after unusual events. Whereas the eastern consider the origin of disturbance as the domination of unwholesome thought. The causes of non-peace are: 1) Imbalance of the mundane and supermundane states (Lokiya and Lokuttara), where the first is a regular contradictory condition in the world which is speeded up by the world development that creates widely the conflict and violence, while the latter takes increasing role in identifying the balanced point between Lokiya and Lokuttara. 2) Human are inapprehensive of paradigm. It is necessary to create an insight of existing paradigm differences, paradigm shift, and adhering of wrong paradigm. 3) Discourse as a social process of creating meaning. Those who are capable to seize in defining the meaning of things become those who are in power to direct the society. Once the power embedded in the discourse, it diffuses everywhere in every unit of the society, in reasons, orders, disciplines, under the form of technical principle.

Sustainable peace is based on the noble way, as it provides the way to gain insights of things in the society. Peace, in the meaning of unusual state, is related to building peace which can be proceeded in 2 ways: outside in, creating positive environment, encouraging individuals with positive thinking; and inside out, training individuals to appreciate the continuity of all things, understanding that conflict is forcing conflict to absent is not possible but understanding and living with conflict without conflict are possible. This is to balance

²⁰ Ornuma Laohapibunkul. **Noble Way : Sustainable Peace**. In Phramaha Hansa Dhammasaho et. al., Edition., *Buddhism and Resolving the World Crisis. A Collection of Buddhism Literatures*. International Seminar on Visakabucha Day. The Universal Significant Day. 4-6 May 2009. Century, Bangkok 2009.pp 262-279.

between Worldly Way and Dhamma Way. Buddhism philosophy holds the equilibrium state or middlehood philosophy as its principle and means of existence and course. To solve various social problems, the middle way would lead our society to sustainable peace. Taking the middle Dhamma and the middle path (Majjhimapatipadā) to dissolve ego and conflict is thus to live with an insight of the world and to live along the line of Dhamma principle of the middle path, and that our society is in peace, a sustainable peace.

1.6.6 Soranee Saisorn²¹ in her study on “Khanti” as a means to build peace suggested the role of Khanti as a social Dhamma that guides the way of peaceful living together in society. Khanti cut off the cause that links to a crash between individuals, suppress and ceasing all anger or retribution in the society, while at the same time reinforce loving-kindness and caring for human fellows and all creatures in order to attain peace. It view of peacemaking role of Khanti as a social Dhamma, the researcher suggested that it should begin with building inner peace, that is, having tolerance in mind, cutting off Akusola-Mūla to prevent the rise of greed or exploitation. In this respect, Khanti needs to be evolved or enhanced along with Pañña and Mettā for sustainable peace to present. Tolerance requires Pañña or insights in things in their reality. In absence of Pañña, tolerance become resistance to what that bring suffering with no way out. This is to exploit oneself. Tolerance featuring with Pañña represents mindfulness, the ability to distinguish, analyze, understand things in their reality, and to solve problem with the process of Ariyasacca. Tolerance also needs the loving-kindness mind that wishes the whole creatures happiness and offers unlimited love to all, and in turn all anger become extinct.

1.6.7 Chalakorn Tiansongjai²² conducted a study on Buddhist Mediation: Concept and Tools for Conflict Management found that, in Buddhism, the practical ways to manage the conflict are divided into the three parts namely (1) Mediation (2) Abhayadāna and (3) the alternative according to Vinaya methods such as inquiry, compromise, majority and judgment

²¹ Soranee Saisorn. “Khanti” **As a Tool to Build Peace**. In Phramaha Hansa Dhammasaho et. al., Edition., *Buddhism and Resolving the World Crisis. A Collection of Buddhism Literatures*. International Seminar on Visakabucha Day. The Universal Significant Day. 4-6 May 2009. Century, Bangkok : 2009, pp. 207-229.

²² Chalakorn Tiansongjai. *Buddhist Mediation: Concept and Tools for Conflict Management*, ”, **Dissertation for the Degree of Doctor of Philosophy in Buddhism** (Buddhist Studies), Graduate School, Mahachulalongkornrajavidyalaya University, Bangkok, 2011.

by Sanghasabhā. The concept and the method of Buddhist Mediation are composed of 9 steps namely (1) Mindfulness (2) Education Process (3) Deep Communication (4) Issues Analysis (5) Approaching to Strategies (6) Thinking Wisely (7) Interest Finding (8) Option Creating and (9) New Relationship Building. By all the 9 steps, it is concluded to be the model of Buddhist mediation which is divided into 3 main steps namely (1) step of Kalyānamittra (2) step of Yonisomanasikāra and (3) step of conflict problem management. In the step of Kalyānamittra, the mediator has responsibility for the direct role. However, in the step of Yonisomanasikāra and the conflict management, both of the mediator and the parties have to co-operate in playing the roles in order to cause the Sammāditṭhi to arise to find out the true interest of each party and also to promote the understanding between them. In conclusion, Buddhist Mediation is strongly recommended as one of the Buddhist peaceful means to be a pattern for solving the conflict problem. It is not only the way to solve the conflict problem but also to build the sustainable relationship such as Abhayadāna which is the crucial target of conflict management in Buddhism.

1.6.8 Summary of the differences between the framework of this study and those in the review of literatures and researches

It can be concluded from the review of literature that Buddhist Dhamma principles have been used to explain the cause of conflict as well as to introduce for seeking the way out of conflict. For example, the research on Mae Ta Chang Basin by Phamaha Hansa Dhammhaso suggested Buddhist means for managing suffering from the conflict, coupled with western concept for conflict resolution appeared in Thai society. These approaches were integrated to settle the conflict caused by the usurping water resources at the level of communities including people in the upstream, midstream, and downstream areas. The Dhamma principles used are Khanti Dhamma; Anatta to dissolve ego, and Sāmakkiyadhamma for the sake of common interest and support of the public. This is the only work that seeks to integrate Buddhist Dhamma and western idea of conflict resolution to a particular case of water resources. The recent research on Buddhist Mediation: Concept and Tools for Conflict Management by Chalakorn Tiansongjai, was focus on general arena of conflict not specified in conflict in Health Care System. Other work including those of Phramaha Yuthana Narachetho on Buddhism and settlement of political conflict in Thai society; Pathompong Tinbuncherdrit on Buddhism and management of political conflict and development of peace, Ornuma Laohapibunkul on the Noble way: sustainable peace, and

Soranee Saisorn on Khanti as an instrument to build peace, all these applied only the Buddha teaching to explain the root cause of conflict and suggested resolution means under religious concept but without the integration of any other ideas. The study by Komart Juengsathiensap on medical and health care system; however, it employed only the western approach in absence of integrating Buddhist Dhamma principle.

This current study is original in that it specifically examines the conflict in health care system with an attempt to find out the model of Buddhist peaceful management of conflict in Thai Health Care System. Western idea, that is, practical mediation, applied to resolve conflict in health care context, will be integrated into the Buddhist conflict management in health care based on the management of interpersonal conflict through practical oriented, aiming at relationship and trust building among parties. In this context, this study differs from other researches works in that, it was specified and focused on Health Care Conflict Management by Buddhist Peaceful Means and the focus of practice as well as the end results of conflict resolution since the context of conflict over other areas are totally different from that occurring in health care system at interpersonal level and in many cases so intense that result in the loss of life, disabilities or at least effect on quality of life.

On the other hand, the researcher intended to develop an integrated model of Buddhist dominant in order to find out Buddhist means and useful Western means not only for mutual agreement between parties but also restoration of relationship and trust which are the most crucial factors of peaceful existence among hospital-doctor-patient-relatives-community as well.

1.7 Research Methodology

The present study is qualitative research characterized as descriptive research that applies content analysis of the text from Tipiṭaka, Atthakathā, textbooks, and documents. The researcher defined research procedure as follow.

1.7.1 Stage 1: Analysis of the “Situation and Root Cause of Conflicts in Thai Health Care System”. This includes concepts and theories primarily related to analyze situation and root cause of problem situation and root cause of conflicts in Thai Health Care System.

The body of knowledge in this part will be searched from textbooks, literatures, case studies, research papers, and theses relevant to the problem situation and root cause of conflict in Thai Health Care system. The researcher then compile information, analyze,

summarize and present the results of situation and root cause of conflicts in Thai Health Care System in chapter 2.

1.7.2 Stage 2: Analysis of “Concepts and Processes of Peaceful Conflict Management in Thai Health Care System”. This stage includes concepts, processes, and means of conflict management existing and available in Thai Health Care System, such as peaceful means, mediation process, conciliation, self negotiation, representative negotiation, mediation, and reconciliation.

The researcher will search for the body of knowledge in this part from textbooks, case studies, literatures and theses related to concepts and processes of peaceful conflict management in Thai health care system. Next, the researcher will gather information for analysis, summarize and present the results of concepts and processes of peaceful conflict management in Thai health care system in chapter 2.

1.7.3 Stage 3: Analysis of “Concepts and Processes of Peaceful Conflict Management in Western Health Care System”. This stages includes issues on concepts, processes and means of conflict management existing and available in Western Health Care System, such as, USA, which include peaceful means, mediation process, conciliation, self negotiation, representative negotiation, mediation, and reconciliation.

The body of knowledge in this part will be searched from textbooks, literatures, case studies, research papers, and theses related to concepts and processes of peaceful conflict management in Western Health Care System. Such information will be collected for the analysis, summary and presentation of the results concepts and processes of peaceful conflict management in Western health care system in chapter 2.

1.7.4 Stage 4: Analysis of “Concepts and Processes of Buddhist Peaceful Conflict Management”. This stage includes another conceptual philosophy relevant and applied in this study. Interesting issues comprise Buddhist concepts, processes and means for peaceful conflict management, for examples, profound talk, educate, persuade, counseling, compromise, silence, avoidance, social control etc.

In this part, the researcher will obtain the body of knowledge from Dhamma principles and the Buddha’s teachings in settling conflict, as well as, case studies of conflicts management by the Lord Buddha as appeared in Tipiṭaka, Atthakatha, literatures, research papers, and theses related to concepts processes and means of Buddhist peaceful conflict management, and present in chapter 2.

1.7.5 Stage 5: Preparation for Integration. The researcher brings the knowledge from stages 1– 4 to conduct a comparative analysis on strength, weakness, opportunity, problem, and constraint, as a basis for further integration in chapter 3.

1.7.6 Stage 6: Integration. The researcher takes the result from stage 5 regarding strength, weakness, opportunity, problem, and constraint of Peaceful Conflict Management in Thai Health Care System, to analyze, synthesize, review, and to prepare a draft model of “Buddhist Peaceful Conflict Management in Health Care System”.

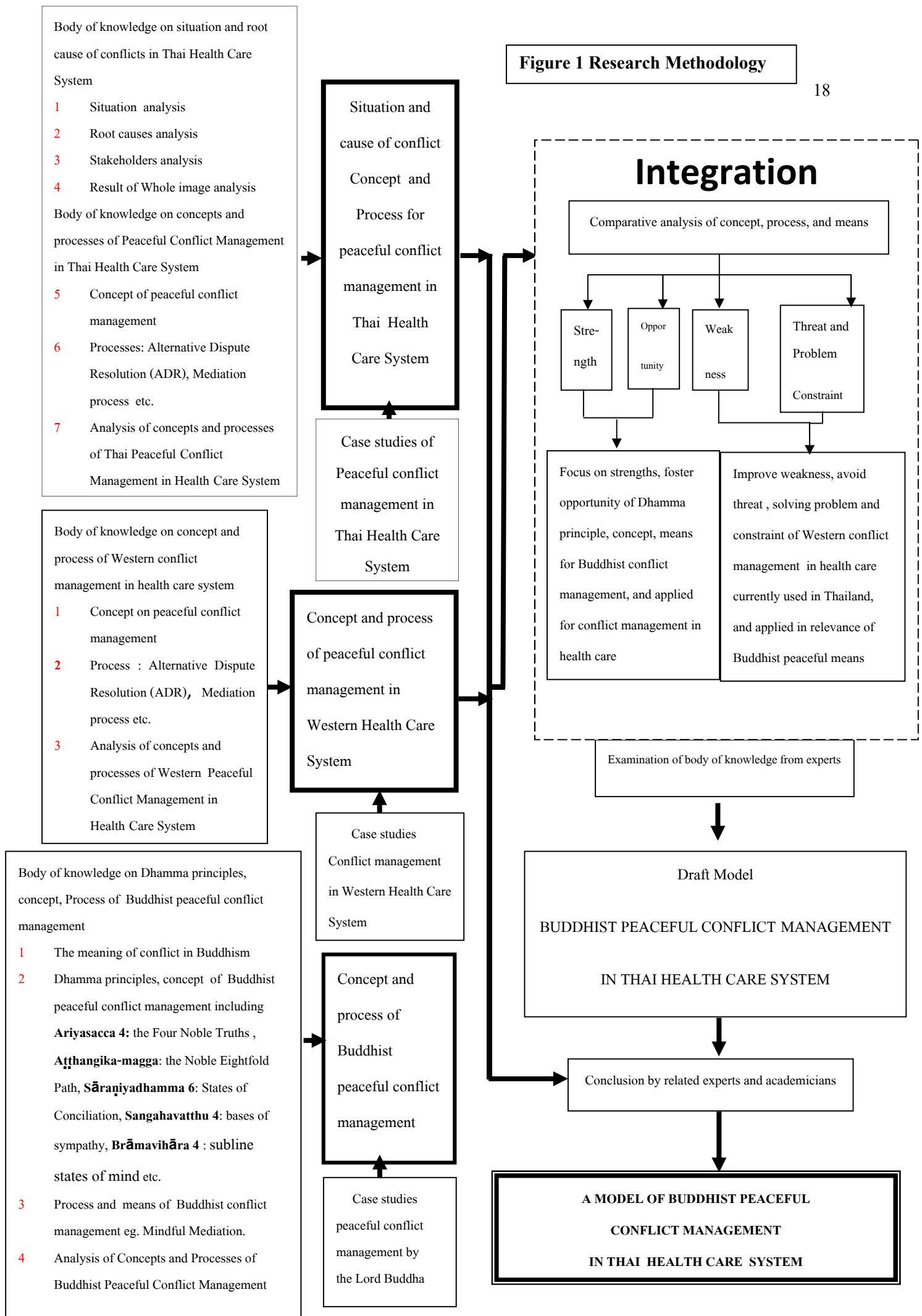
1.7.7 Stage 7: Examination of Body of Knowledge. The researcher brings the result of stage 6, concepts and processes of Buddhist Peaceful Conflict Management in Health Care System to the experts in Buddhist and Western management of conflict, to verify such body of knowledge so that the draft model is more complete and cover various dimensions.

1.7.8 Stage 8: Improvement of Draft Result. The researcher utilizes the result of stage 7 to improve the draft model of “Buddhist Peaceful Conflict Management in Health Care System”, and presents it in chapter 4.

1.7.9 Stage 9 Conclusion of research model result. The researcher takes the research result to make conclusion according to the 4 objectives respectively. Then the conclusion of model results will be presented in chapter 5.

The Research Methodology is shown in Figure 1.

Figure 1 Research Methodology



1.8 Conceptual Framework

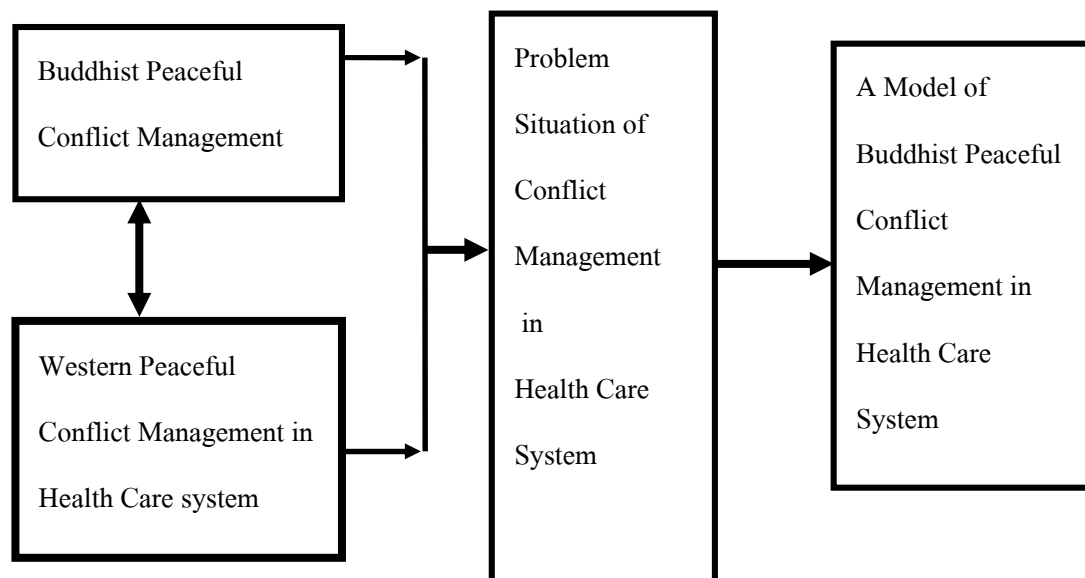
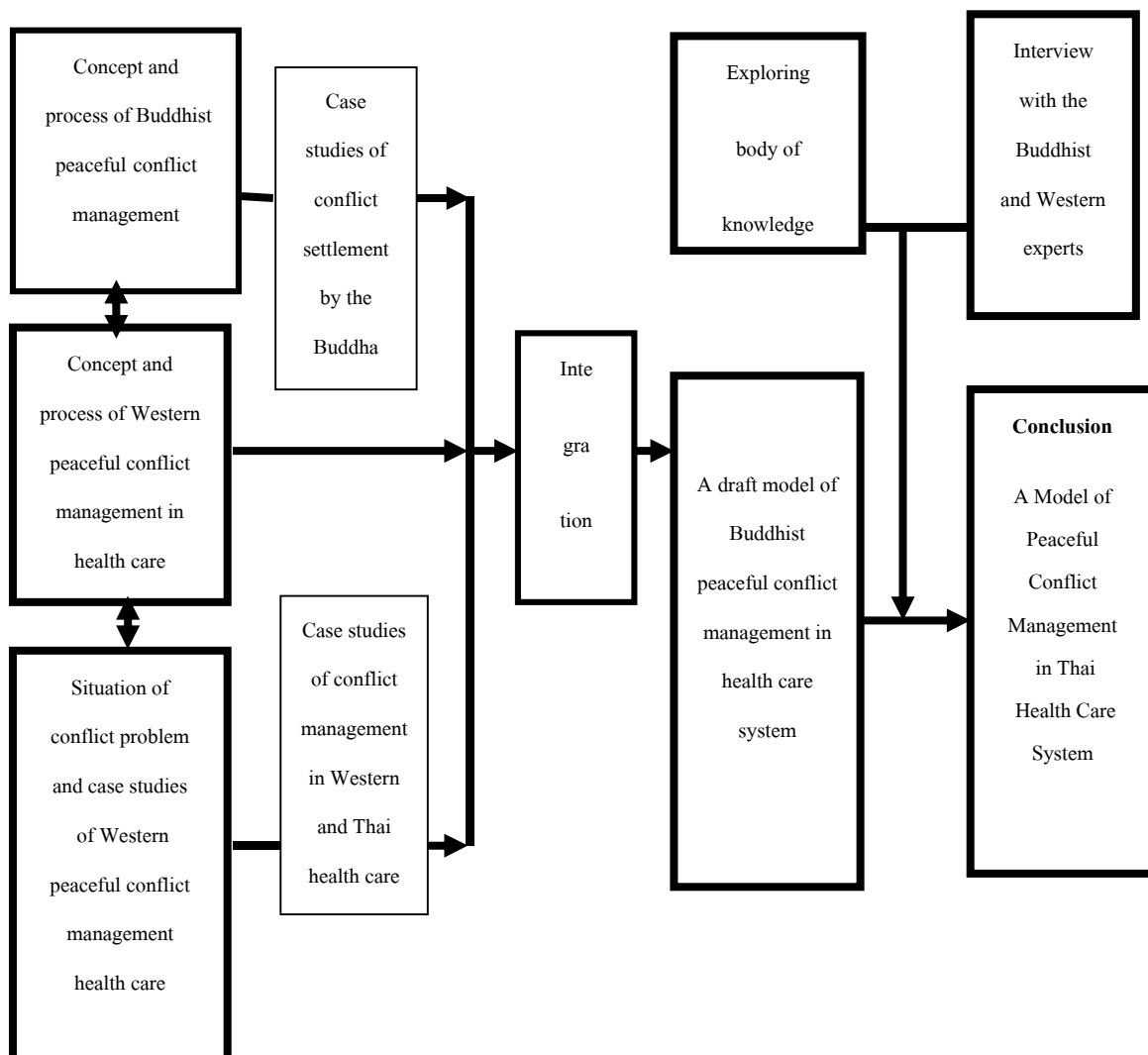
In this research, the researcher employed Buddhist Dhamma principles as appeared in the Buddhist Scriptures (Tipiṭaka, Attakathā, books, texts, researches and literatures) for analysis of the concepts, processes, method and tools in peaceful conflict management by the Buddha appeared in Suttantapiṭaka.

The Buddhist Dhamma principles include Patīccasamuppāda, Four Ariyasacca (the Four Noble Truths), Aṭṭhangika-magga (the Noble Eightfold Path), Six Sāraṇiyadhamma (States of Conciliation), Four Sangahavatthu-s (bases of sympathy), Four Brahmavihāra-s (sublime states of mind), Five Pañca-dhamma-s (virtues enjoy by five precepts), Yonisomanasikāra, Paratoghosa.

The researcher also employed Buddhist means on peaceful conflict management appeared in Buddhadhama, Dictionary of Buddhism and books written by Phra Dhammapitaka (P.A. Payutto) including Mindful Mediation: A Handbook Buddhist Peacemaker written by John A. McConnell etc., as sources of Buddhist principles for exploring and analyzing the conflict cases, employed by the Buddha for conflict settlement and relationship building.

For Western means, the concepts and theories for peaceful conflict management in health care in relevant literatures and texts including the followings.

Renegotiating Health Care: Resolving Conflict to Build Collaboration by Leonard J. Marcus et al, Managing Conflict in Health Care Settings: Principles, Practices and policies by Catherine Morris, ADR in healthcare: The last big ADR frontier by Robson, R. and G. Morrison. The Conflict Resolution Toolbox by Gary T Furlong, The Dynamic of Conflict Resolution by Bernard Mayer, The Mediation Process: Practical Strategies for Resolving Conflict by Christopher W. Moore, etc. These sources will be used as an analytical framework for case studies in the overseas health care conflict, as well as to analyze the situation of conflict problems and case studies on conflict management in Thai health care system. The conceptual framework and the theoretical framework are shown in Figure 2- 3.

Figure 2 Conceptual Framework**Figure 3 Theoretical Framework**

1.9 Research Outcome

1.9.1 Results of the current study can provide an insight of academic situation for the concepts and processes of Buddhist peaceful conflict management whether it is agree or controversial to that of the Western ways.

1.9.2 The direction of the model of Buddhist peaceful means on conflict management in Thai health care system obtained from this study can establish a dimension of holistic conflict management of situations in health system that cover both Thai social setting and the development of Western society.

1.9.3 Acquired insight of Buddhist conflict management as explained by academic situation in the current Western society but rooted by the Buddhist faith ground.

CHAPTER 2

CONCEPTS AND PROCESSES OF THAI AND WESTERN PEACEFUL CONFLICT MANAGEMENT

2.1 Situation and Cause of Conflict in Thai Health Care System

As mentioned in CHAPTER 1, conflict is a natural phenomena of human being and can occur within any society¹. The situation and cause of the phenomenon of conflict which have occurred in Thai Health Care System had been reviewed as following.

2.1.1 Situation of Conflict in Thai Health Care System

The dramatically changes from Globalization that Thai society at present has become the one gradually transforming its Buddhist nature into the global constitution of a vague state-nation in social, cultural, and political contexts in turn affect changes in concept and belief in health care context as well most of conflicts occurred in Health Care System were pursuit problems whereby the health care providers were sued from damaging the patients. According to the statistics of The National Health Insurance Office during October 2001 to September 2002, there were 1,825 plaintiffs and in October 2002-January 2003 there were 682 plaintiffs of those who received Health Services. Among these cases, there were 214 cases (11.9%) that could not be agreed and the conflicts still exist that lead to pursuit problems. According to the record of Thai Medical Council, there were 247 plaintiffs presented to the Council during January 2000 to December 2001; 2224 plaintiffs during January 2001 to October 2002; and 22 charges have been made the physicians at the court of justice. The impacts of this situation are a poor relationship between doctors and patients, along with distrust and stress among them also affect mental health. Besides, it increases tendency of suing.

According to the statistics of Nonthaburi provincial court of justice in which the ministry of public health is situated in the court responsible area as major defendant of

¹ Komart Juengsatienap, **Peace Well-being: Peaceful Means and Conflict Management in Health System**, (Bangkok : Deewon printing, 2550), p.1.

medical pursuit cases (refer to Thai civil law, state officer such as medical personnel who working in state hospitals can not be directly sued, one who want to sue must sue the ministry of public health) . There are 146 civil law cases and 15 criminal law cases in B.E. 2539 - B.E. 2554 , shown as figure below.

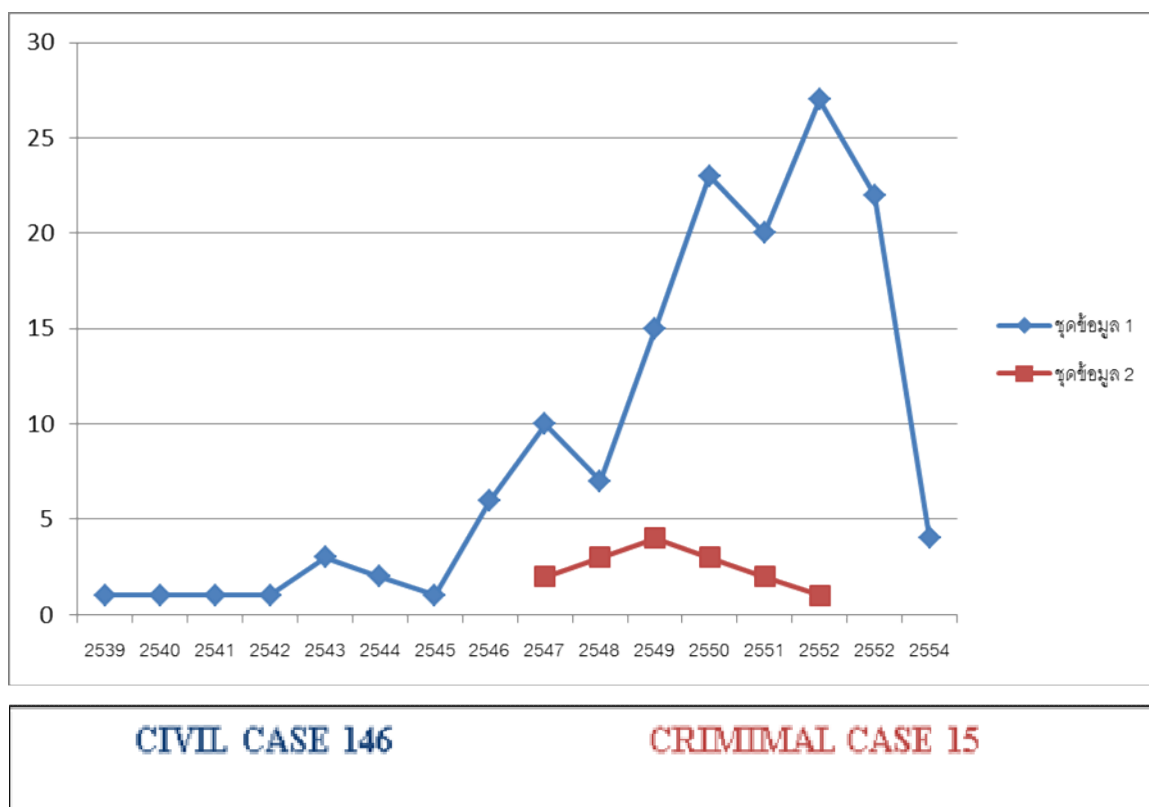


Figure 4 The medical pursuit cases in Nonthaburi provincial court of justice during B.E. 2539 - B.E. 2554

Source : Statistical Division of Nonthaburi provincial court of justice.

These have been resulted in crisis and loss of morale and motivation among health care providers and distrust among the patients and relatives as never before. This crisis of Health Care System suffered of both sides. The patients and relatives believed that their beloved ones died because of poor services provided by the hospital. The doctors and nurses thought that they have been working very hard but still be blamed angrily

According to the patients' perspectives regarding the present situation, Saree Ongsomwang, the consumer protection leader said "no patients want to sue doctors"², but there are some issues requesting for more protection for safety of the patients".

- Unreasonable Loss. This loss includes death, disability, loss of work opportunity, or inequity treatment received from health services.
- The conflict resolution mechanism is inefficient and presents biases. This situation made the patients felt that they could not get assistance from the existing mechanism therefore they have exercised their right and instead of getting help from the Ministry of Public Health, they used legal action against health providers even though they do not want to do so.

From the aforementioned situations, means of conflict resolution in the past³ primarily relied on the exercise of legal authority by the government. In case suspicion of physician's malpractice, the government allows respective profession society such as the medical society to investigate the case, however, there are cases of untrustiness and seen as self protection that may lead to the loss of faith. Despite the justification of the Medical Society, yet suing follows for many cases. whereby some complainants indicated that because of the long-time legal process, they have never had "happiness" throughout their life.⁴

2.1.2 Causes of Conflict in Health Care System

2.1.2.1 In Thai Health Care System

It is observed that violence underlying in medical and health is of structural violence. In health for example, malnutrition have caused annual deaths of

² Saree Ongsomwang, **Crisis of Relationship Between Patients and Physicians**. A report of the seminar on "Crisis of Relationship Between Patients and Physicians", (Bangkok : Health System Research Institute,2006).

³ Komart Juengsatienap, **Peace Well-being: Peaceful Means and Conflict Management in Health System** pp.109.

⁴ Dolapoun Lochalermwattana. "My Child got infection at the hip joint after birth and caused cripple legs" in Barsom Suthisakorn. It is Suspicious that Death was caused by Doctor, (Bangkok : Sarakadee Publishing, .2006), p.151.

approximately 550,000 children⁵. Conflict and violence in relation to government health agencies may be Direct Violence brought about by providing and receiving health services with respect to communication and interaction. Structural Violence in health system is also due to unfair resource allocation in terms of budget, medicine, and medical personnel disproportionate to population size, resulting in people's inaccessibility of services.⁶ As Johan Galtung noted that unsuitable conflict management might lead to its escalation and intensity, so it is necessary to understand thoroughly the origin and nature of conflict first.

Health system today is another social sector encountering with conflict crisis as never before. Furthermore, Prof. Dr. Jaras Suwanwayla stated in his article on the second era of knowledge society that "the root cause of conflict in Health Care come from health professionals, learn much in science, less in humanities, but work closely with human. Due to the lack of knowledge in humanities and communication, it is risky to conflict as health care service requires interaction that affects perception, emotion, behavior, and trust. If without them, even providing medical standard treatment, problems may follow."

2.1.2.1 Root causes analysis of conflict in Thai health care

The root causes⁷ can be considered from the following issues.

First, structure level, in line with the Constitution of the Royal Kingdom of Thailand 1997 and the Health Insurance Act 2008 aiming to offer people the rights to extensively and equally access to health service. The Universal Health Insurance Coverage Policy of the Government (30 Baht Scheme) has been initiated accordingly to the government's promise (Thai Rak Thai Party) during the 2001 Campaign. This Policy was one of the policies that made the party be elected with the highest votes as ever made in political history of Thailand. Therefore, the government had to implement activities from this policy as soon as possible. These activities are quite new and not only influence the structure of health care system but also affect on expectation, satisfaction, conflicts, and relationship of both health care providers and insurers. In addition, the establishment of the National Health Insurance System which is one part of the Health Care System Reform, was aimed to promote

⁵ Chaiwat Satharnand, **Challenging Choices: Violence and Non-Violence**, (Bangkok : Komol Keemthong Press, 2533), p30.

⁶ Saree Ongsomwang, Sukran Rojanaprawong, Apinnya Tantaweewong et.al, **15 Case Studies on Suffering and Health Service System**, (Bangkok : Consumer Foundation, 2542). cited in Komart Juengsatiansap, "Peace-Well-Being : Peaceful means and Conflict Management in Health System, 2550,p5.

⁷ Komart Juengsatiansap, op.cit, pp.5-6.

equity, efficiency, and high quality of health care including having people participated in determining the benefit package of health services. The relationship of the components of health care system is showed in Figure 5⁸

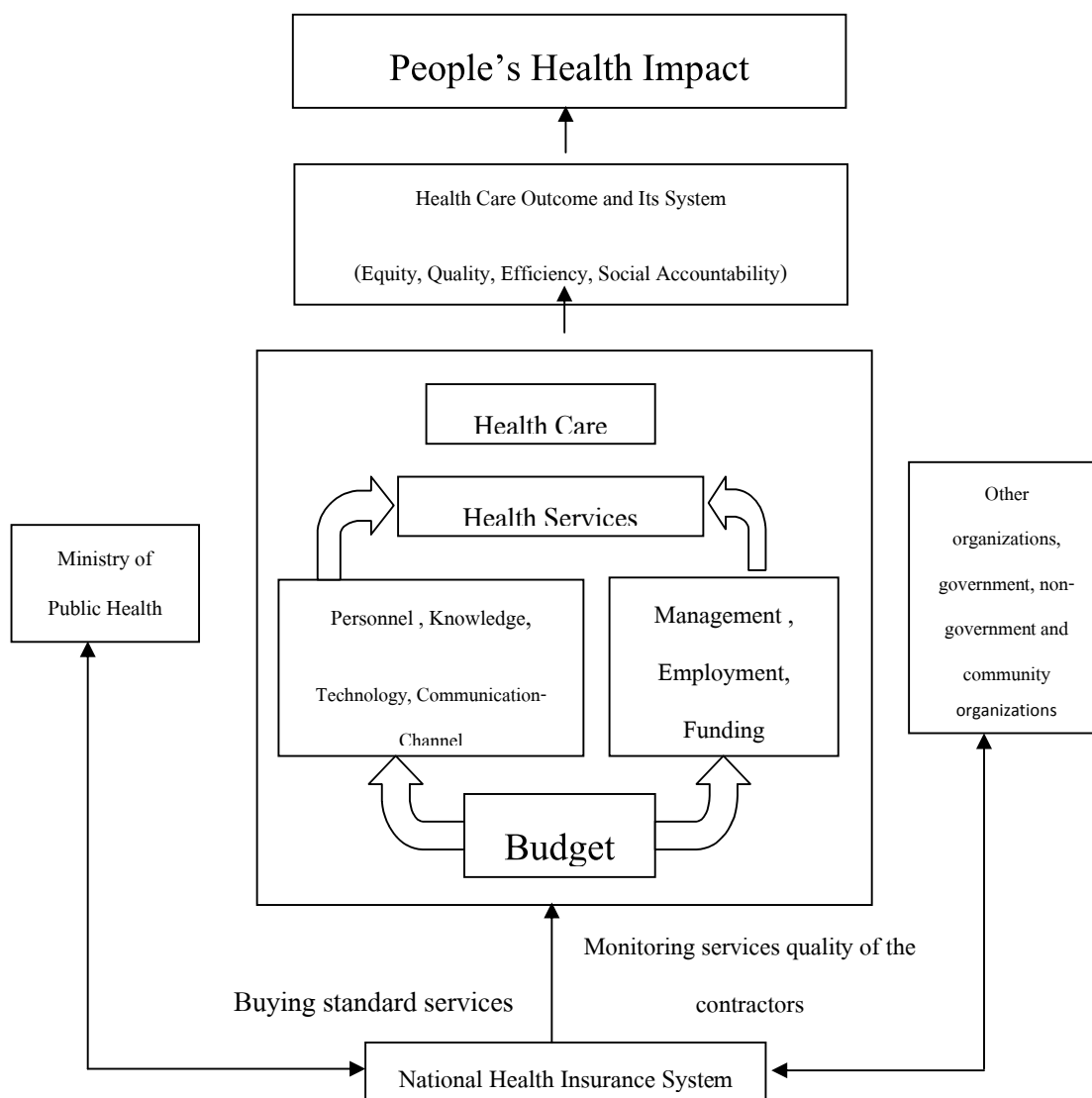


Figure 5 Relationship of All Related Components of Health Care System

⁸ Supattara Sriwanichagorn (2003) "Research Conceptual Framework of Health Insurance System as related to Health Service System" [www.http//nsho.go.th](http://nsho.go.th), retrieved 20/4/2011.

The above figure shown the classification of the management roles of at the national level of the 2 government organizations responsible for health services, the Ministry of Public Health which is responsible for management, monitoring, and evaluation, knowledge, technology as regards to personnel and health care contracting units, whereby the National Health Insurance Office is responsible for allocating budget for buying standard services including monitoring services quality of the contractors⁹.

The importance risk of this measure are the limitation of accessibility of necessary services from benefit packages, the quality of services. And the conflicts between doctors and patients because of the disagreement of goals or expectation.¹⁰

Second, organizational culture of health system is of bureaucratic type, a power culture that simply engender conflict and injustice.

Third, the knowledge of modern western medicine was established to dominate other modes of medical knowledge under the operation of government, so the latter become unacceptable and turn unlawful. Such hegemonic characteristic is significant to doctor-patient relationship and thus originates conflict.

Fourth, unjust policy and administration in terms of budget allocation, usurping for budget among agencies, unfair distribution of resources, all of which generate work tension and problems between organizations.

Fifth, health service at hospital level or those providing direct service are more likely to create conflict. A hospital director working for more than 29 years noted that he had never experienced such a conflict of this intense, and once the problem rises, the hospital usually become the first defendant by media. Most hospitals consistently work to manage conflict so they were lacked of time to develop. Besides, meeting solution is not possible if relies solely on legal principle, while ideally compassion would help. Another hospital director said that “Two years ago there were a huge number of plaintiffs and it took much time to terminate the cases”.

Considering the relationship crisis, there are 4 causes of poor relationship between doctors and patients:¹¹

⁹ Naruepongse Pakdee and Luechai Sringernyuang(2003) “Universal Health Insurance Coverage and Social Research” [www.http://nhso.go.th](http://nhso.go.th), retrieved 10/10/06.

¹⁰ Chaix- Coutries,C.et al.(2000) “Effective of financial incentives on medical practice: results from a system review of the literature and methodological issue” International Journal for Quality in Health care 12(2): 133-142

1) Over-loaded tasks. The modern medicine has created belief regarding the treatment results among the people that caused the huge number of people who need health services, coupled with the government's policy that motivated many people to come to the hospitals. Since the health services were emphasized on treatment, small amount of time has been used by the physicians in providing services in order to keep up with all patients. Therefore, mistakes can be found easily and no time available to communication friendly with patients and their relatives.

2) Rapid Growth of Medical Technology. The scientific progress has created new medical technology rapidly; These technologies are useful but very expensive. These for the hospital that invested on these technologies have to promote their use directly and indirectly and the time of the physicians and nurses are use with the new technologies. Less time has been used for heart-heart relationship with the patients with more cost for medical services. And the medical services are viewed as the commercial ones.

3) Medical Services are viewed as the Commercial Ones. In the ancient time medical treatment was a "free medicine and free medical service". But when the cost of the services is higher the medical treatment care is also higher. The old culture of "free medicine and free medical services" can not be possible any more. Some patients have to spend a lot of money for medical treatment. The changed context has changed the perceptions of the patients and their relatives forward hospitals and physicians, which lead to question and distrust about medical services provided by physicians, without any trust at all.

4) Physicians Possess Low Human Relationship Skill. During the ancient medical era of every country and language, physicians possessed higher skills on human relationship, the same as those physicians at the beginning stage of modern medicine whereby it has been said that medicine is both "sciences and arts". But, due to the increased number of patients and new Technologies, the physicians' time have been taken out and they did not pay attention to human relationship skill. This situation created dissatisfaction on received health services, anger, negative feelings and perceptions, resulting in the estranged situation and the need for legislation process.

Prof..Vanchai Vatanasapt suggested the 4 major causes of the most conflicts in the present health care system¹².

¹¹ Praves Vasi, op cit, p.p.

¹² Vanchai Vatanasapt. "Conflict in medical service : Peaceful solution for the victim or complainant"

1) Sense of distrust toward the hospital and health personnel

As a consequence of the 30 baht coverage policy, people tended to believe that doctors and nurses may not do their best in providing the treatment, attention and care as expected. Therefore, the hospitals need to quickly develop their relationship with the clients, and service standard as expected by the public.

2) Sense of injustice received from the hospital

This may stem from the patient's expectation and the reality are unmet. Some thought that they paid more but not received incomplete services while attendants in the 30 baht project thought they paid less so they received different service and are uncertain of the quality of the drug given compared to the non-attendants. Whether it was true might not that crucial if the clients believe it was true.

3) Providers' misuse of power

Professional competence is the source of power over the clients. The problem rises when health personnel use their power in a way generating the clients' sense of being forced or oppressed without any respect to their feeling or opinion.

4) Communication problem between doctors and clients

Communication includes speaking and listening skills. At times, doctors and nurse may speak in a way making the patients felt they were nobody, and paid no attention and care, possibly leading to the conflict. Verbal communication and listening need to regard the clients' feeling and emotion, demonstrating that the speaker or listener values the clients.

2.1.2.2 Root cause of Conflict In Western Health Care System

Conflict in medical and health care system may related to medical diagnosis, shortage of personnel and resources such as medicines or patient beds, shifts management, assignment of staffs' roles; doctors and nurses' behavior; or the clients' sense if being unattended by the providers.

Rob Robson and Ginny Morrison viewed that health care conflict is very likely to occur due to its 3 major specific characteristics¹³ :

1) Health care is a complex system

The complexity in health care is characterized by a large number people and organizations involved as well as contents within the system. The complex nature of the system makes it harder to understand the inter-relation between service facilities, between service providers and receivers, and the sources generating conflict.

2) Imbalances of knowledge and power

This is another factor making conflict management more complicated. The inequalities are obvious not only between doctors and patients, but also between groups of providers, i.e. doctors, nurses, and other staffs.

3) Divergent values and cultures of various professional groups in health care

This third characteristic is related to the previous two characteristics. Because of the diversity of people involved such as doctors, nurse, pharmacists, administrators, and the clients, their values would be different too. Further, healthcare professionals tend to hold their professional identities and competencies, hence more complicated to resolve the conflict.

These features of health care system make it more likely that the conflict rises, escalates, and become more complicated. Proper management of conflict is thus crucial in either the handling or preventing it from elevating. The tension caused by conflict is a factor generating increased medical errors.

Debra Gerardi suggested that effective conflict resolution in health care should mainly consider professional value, professional identities, attitudes of diverse groups of personnel, and power structure.¹⁴

2.1.2.3 Stakeholders analysis

Stakeholder analysis¹⁵ clarifies the interests, positions and relationships of the groups involved in or affected by the conflict (WHO?). Stakeholder analysis thus provides

¹³ Robson, R. and G. Morrison, "ADR in healthcare: The last big ADR frontier?" in ACResolution, Spring 2003, P.20.

¹⁴ Gerardi, D "Conflict management training for health care professionals" in ACResolution. Spring 2003, P.28.

important background knowledge for determining and distinguishing between the target groups of the situations, for selecting partners for cooperation and for focusing the conflict's areas of activity on local priorities and peace initiatives. For the purposes of conflict analysis, the term stakeholders involves all groups sharing common interest in the conflict or which are affected by the conflict in a similar way.

Stakeholders can be divided into three categories:

- a) Primary stakeholders. The parties engaged in the conflict and their active (doctors or patients, for example) associations or units.
- b) Secondary stakeholders. They play the part of intermediaries and have various means of influencing the course of the conflict (for example, government organisations, neighbour, local politician, civil society groups or religious dignitaries). Development conflict management processes often find partners at this level and can provide impetus.
- c) External stakeholders. They are not involved directly in the conflict but do have certain interests (for example, the central government, police, non- governmental organization and professional organization).

Stakeholder analysis is broken down into two steps¹⁶:

1. Conflict mapping: a graphical representation of the relationships between the stakeholders and of important conflict issues. This can be expanded by analyzing the power relationships between the groups. (Tools: conflict mapping, conflict pyramid)
2. Needs, interests and positions analysis: a presentation in table form of the most important needs, interests and positions of the stakeholders in relation to the conflict (tool: conflict layer model). These may include their visions for peace and their capacity to make a contribution to translating these visions into reality. The development of common visions as a conflict management instrument can be examined in greater depth at a future workshop (Boulding 2001). With regard to the primary target groups the main concern is usually to

¹⁵ InWEnt. InWEnt Handbook Strengthening Civil Competency in Crisis Prevention and Conflict Management: Approaches, Tools and Resources for conflict management and conflict resolution. Capacity Building International, Germany SADC Regional Office Pretoria, South Africa. 2004. Retrieve March 23, 2011. <http://www.gc21.de/ibt/alumni/ibt/en/cico/downloads/cico-handbook.pdf>, Retrieve March 23, 2011.

¹⁶ Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) GmbH .conflict analysis for Project planning and Management. A practical guideline – Draft . August 2001. Pp.18-19. Retrieve 23 March 2011. <http://www.gtzt.de/de/dokumente/en-conflictanalysis.pdf>. Retrieved 23/03/2011.

establish how they are affected by the conflict and what coping strategies they have. (Tool: vulnerability and capacities analysis)

Key questions

- What are the relationships between the parties to the conflict? Where are there alliances, and where are there conflicts? Who is influencing whom? Who has relationships with both sides?
- What are the positions, interests and needs of the parties to the conflict? Are they representative? Who profits from the conflict, who loses?
- What is the attitude of the target groups to the conflict? How are they affected by the conflict? How do they react to the conflict in their everyday lives and their economic activities? Why are they (or aren't they) involved in the conflict? How do they imagine what the peace should look like?
- What capacities do the stakeholders have to continue the conflict or to commit themselves to resolving it?
- What conclusions can be drawn from this when it comes to selecting the target groups and executing agencies and focusing the peace-building measures?

Conflict mapping¹⁷ is a participatory method of analyzing conflicts with the stakeholders which is often used in conflict resolution workshops. It is a structured analysis of a conflict which gives a picture of the conflict at a particular point in time. It gives the interveners as well as all the parties involved an analytical tool to help them better understanding of the origins, nature, dynamics and the possibilities of resolving the conflict. As such, therefore, it is a first step in intervening in a particular conflict, when it is used to identify entry points. However, one should keep in mind that the product of the mapping process always represents the view of the author(s) of the conflict map and is therefore never totally comprehensive.

¹⁷ InWEnt. Handbook Strengthening Civil Competency in Crisis Prevention and Conflict Management: Approaches, Tools and Resources for conflict management and conflict resolution. Capacity Building International, GermanySADC Regional Office Pretoria, South Africa. 2004.
<http://www.gc21.de/ibt/alumni/ibt/en/cico/downloads/cico-handbook.pdf>, Retrieve March 23, 2011.

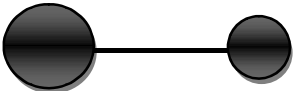
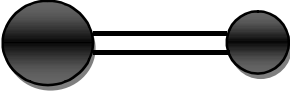
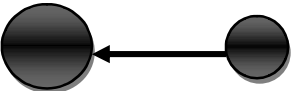
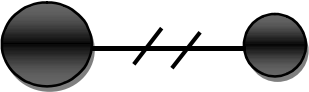
Symbols	Meaning
	Circle = parties involved in the situation. The size of the circle symbolized the power of the conflict party in relation to the conflict. The name can be written in the circle.
	Straight line = close relationship
	Double line = Very good relationship, Alliance
	Dotted line = weak, informal or intermittent links
	Arrow = predominant direction of influence or activity
	Zig zag line = discord, conflict. Lighting bolts can be added to indicate hot events.
	Crossed out line = broken connection
	Half circles or quarter circle = external parties, third parties
	Rectangular boxes = issues, topics or things other than people and organizations

Table 1 Possible symbols used in conflict mapping¹⁸

¹⁸ s d c , c o p r e t , . Conflict analysis tools : T i p s h e e t . D e c e m b e r 2 0 0

A conflict map simplifies a conflict, and serves to visualize 1) the actors and their “power”, or their influence on the conflict, 2) their relationship with each other, and 3) the conflict theme or issues. A conflict map represents a specific view point (of the person or group mapping), of a specific conflict situation (it should not be too complex!), at a specific moment in time, similar to a photograph.

The aims of conflict mapping are:

- To clarify relationships between actors
- To visualize and reflect on the “power” of various actors
- To represent the conflict on one sheet of paper, to give a first conflict overview
- :

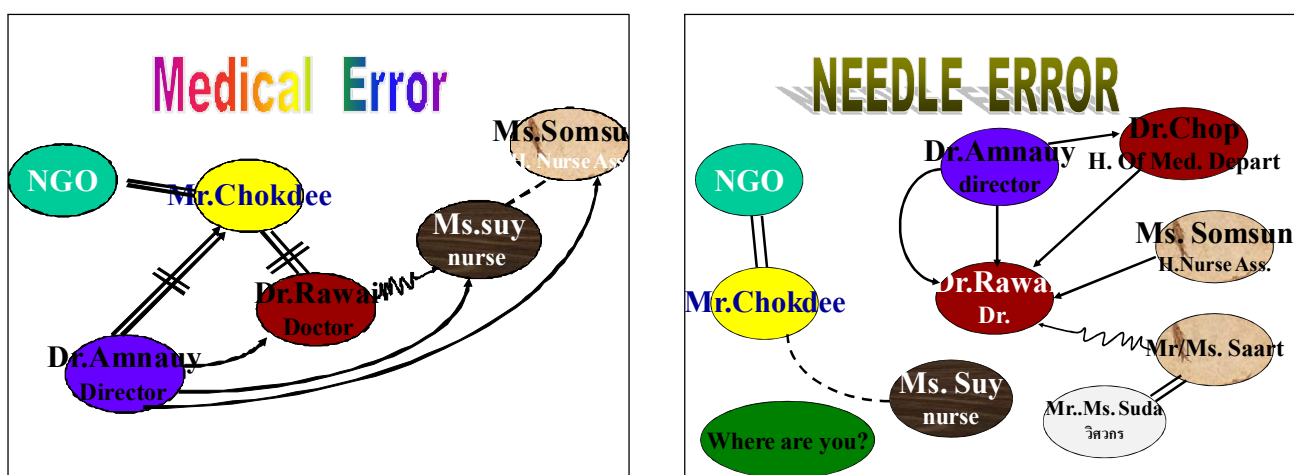


Figure 6 Shown an example of the conflict case study mapping

For stakeholder analysis and Conflict mapping in Health care system, the conflict situation is often at the levels of interpersonal or between organizations (Ministry of Public Health or hospital) and individuals (patients or relatives), and the analysis was made individually. The above picture shows a case of needle error or medial error. To analyze such cases, the practitioner is clear who should be the first person to talk to. Once engaging in the circle of conflict, the practitioner will be aware of his/her own status, position in particular situation.

For the whole picture, however, people involved in the conflict situation in health care system are not limited only interpersonal level but include many complicated problem at the levels of individual, structure, and culture. The conflict occurred in health system is complicated and involved a lot of people. Other problems include rules and regulations, legal issues, belief, tradition, even religion in some cases. As a result, a number of people are

directly involved with the conflict at the levels of primary, secondary, and external or interest stakeholders

2.1.3 Whole image analysis of situation and causes of the conflict

The whole image analysis of conflicts both Thai and Western health care system can be summarized as follow.

(1) Situation of the conflict

Looking 20 years back to the prediction,¹⁹ “Accusations to doctors, nurses, and hospitals are always apparent in the newspapers and some made to the Medical Society, and such accusations would progress. In the next 20 years our population would double to reach some 80 millions, if health service pattern remains unchanged and suitable conflict resolution is absent or its mechanism is not transformed by the government, it is unlikely to handle the problem. It would pose negative effects to all concerns, and increase confusion to the extent of critical point in medical community.. In similar, Phra Dhammapitaka (P.A. Payutto) had suggested in his lecture in the 1995 technical conference of Mahidol University and Prince of Songkhla University that Thai medicine today is in the midst of Thai and western courses of which either oppose or supplement to one another. Thai lifestyle or ethic represents generosity and compassion with gratitude toward one another, while the latter is business oriented for exchange of interest, advantage and disadvantage, between service providers and clients with monetary goal that conceal the value of life. Once ethic is not deeply rooted, legal provision is needed as a control measure to protect the rights at the court level. Unsurprisingly that the public sector gathers to build up the network for the affected and assist those suffered from health services. This is to generate power for managing the problem as seen by increased suing²⁰.

(2) Stake holders of the conflict

If the definition of stakeholders are defined as those men and women or groups who are directly or indirectly involved in the conflict and have a significant stake in the outcomes, then for the conflict situation in health care those who directly involve with the conflict and contribute partly in the conflict outcomes are the doctor attending the case, hospital administrator, patients and relatives. If the conflict escalated to filing the lawsuit, the one

¹⁹ Prawase Wasi, **Public Health and Buddhaddhamma**, p.56.

²⁰ Komart Juengsatiansap, **Peace Wellbeing: Peaceful Means and Conflict Management in Health System**, p.3.

who is directly involved become the Ministry of Public Health as the defendant. Another group of people influencing the conflict parties and outcomes is NGOs particularly those experiencing medical error who take roles in supporting the patients and relatives who were exposed to the loss from health service system. Further, the police, attorney, and the Ministry of finance all effect the decision making once the conflict turned to lawsuit.

(3) Causes of the conflict

Each of the problem with trust, relationship, information, interests, and structure can be the cause of conflict in medical system, posing the problem at the 3 levels of individual, structure, and culture previously mentioned. Those causes of conflict do not appear separately or specifically in particular case but come from accumulated problems risen from the interaction between the client and the provider to the extent that bring about declined relationship, distrust upon the treatment, or dissatisfaction on the treatment decision of both parties. Once they experience the loss of either the organ or life, the question rises on the efficiency of treatment, and might thought of medial error. This problem accompanied with improper conflict management and the structure of the problem, regardless of relationship restoration and building trust, will accumulate and extend to the level of lawsuit, and in turn the trouble and suffering of both parties.

2.2 Concept and process of peaceful conflict management in Thai and Western Health Care System

2.2.1 Meaning of Conflict and it's contexts in Western World

Conflict may be view as an occurring along cognitive perception, emotional feeling, and behavioral of action.²¹ As a set of perceptions, conflict is a belief or understanding that one's own needs, interests, wants or values are incompatible with someone else's. There are both subjective and objective elements to this cognitive dimension. Conflict as feeling also involves an emotional reaction to a situation or interaction that signal a disagreement of some kind. The emotions felt might be fear, sadness, bitterness, anger, or hopelessness, or some amalgam of these. Conflict as action also consists of the action that we take to express our feelings, articulate our perceptions, and get our need met in a way that has the potential for interfering with someone else's ability to get his or her needs met this conflict behavior may involve a direct attempt to make something happen at someone else's expense. It may be destructive. Conversely, this behavior may be conciliatory, constructive, and friendly.

²¹ Bernard Mayor, **The Dynamics of Conflict Resolution: a practitioner's Guide**, (San Francisco : Jossey-Bass Printing, 2000), pp. 4-5.

Obviously, the nature of a conflict in one dimension greatly affects its nature in the other two dimensions. Also, none of these dimensions is static. People can go rapidly in and out of conflict, and the strength or character of conflict along each dimension can change quickly and frequently. And even though each of the three dimensions affects the others, a change in the level of conflict in one dimension does not necessarily cause a similar change in the other dimensions. Sometimes an increase in one dimension is associated with a decrease in another dimension. This is one reason why conflict can seem so confusing and unpredictable.

Conflict ²²is a common and inevitable part of the interaction among human beings. While conflict can be damaging, destructive or even dangerous, constructively. Conflict is universally experienced by human beings in every culture and every context where people interact.

Conflict: The term “conflict” can be defined as “intense interpersonal and/or intrapersonal dissonance (tension or antagonism) between two or more parties based on incompatible goals, needs, desires, values, beliefs, and/or attitudes.”²³

Dispute: Some people distinguish between “conflicts” and “disputes,” saying that a conflict become a “dispute” when it becomes manifest and “particularized over a particular issue or set of issues.” Some say that “.... a dispute exists when a claim²⁴ based on a grievance is rejected either in whole or in part.”

2.2.1.1 Sources of the conflict²⁵

There are many sources of conflict, including data conflict, interest conflicts, structural conflicts, relationship conflicts and value conflicts. Some examples of each are as follows:

Data conflicts (conflicts about information, facts) caused by Lack of information, Misunderstanding, Miscommunication, Confusion about responsibilities or boundaries,

²² Catherine Morris, **Managing Conflict in Health Care Settings: Principles, Practices and policies**. (Nonthaburi : King Prajadhipok Institute, Thailand, 2004), pp.18-19.

²³ Stella Ting-Toomey, **Toward a Theory of Conflict and Culture**, (CA : Thousand Oaks, Sage, 1985), p.72.

²⁴ LeBaron Duryea, **Conflict and Culture: A Literature Review and Bibliography**, p.5.

²⁵ Christopher Moore, **The Mediation Process: Practical Strategies for Resolving Conflict**, 2nd ed. (San Francisco, CA: Jossey-Bass Publishers, 1996), pp.60-61.

Differing methods of assessing or evaluating or interpreting information, Differing perceptions

Interest conflicts caused from Perceived or actual competition over limited resources or other substantive issues, Perceived or actual competition concerning procedures, Perceived or actual competition over emotional needs (affection, respect, dignity)

Value conflicts caused by Differing world views, beliefs, or philosophies Differing values that lead to differing goals, expectations or assumptions, Differing criteria for evaluating ideas or behavior, Differing group or personal history, culture and traditions, or upbringing

Relationship conflicts come from Differing personalities, Repetitive negative behavior, Differing behaviour (routines, procedures, methods, styles), Misperceptions, stereotypes Poor communication (listening or expression) or miscommunication

Structural conflicts caused by Perceived or actual competition over power and authority, Perceived or actual inequality or unfairness concerning power, control, ownership or distribution of resources or procedures, Destructive patterns of interaction, Problems created by external factors such as time, geography, or physical settings.

2.2.1.2 The external sources or context of the conflict²⁶

The causes of many conflicts occasionally come from environmental conditions surrounded the parties, so good conflict analysis must also considers the following issues :

The historical, political and cultural context

The history of the stakeholders' relationships

It is very important to consider the relationships among the parties and stakeholders, including the implications of these relationships in the conflict or possibilities for managing the conflict. by considering the following questions::

What are the relationships among the key parties and stakeholders?

What is the history of the key relationships? Have they been positive in the past? Are there any broken relationships? Are there any relationships that have been historically troubled?

Are there any important alliances?

Who has power? What are the sources of power?

²⁶ Catherine Morris, **Managing Conflict in Health Care Settings: Principles, Practices and policies**, pp.22-23.

2.2.1.3 The Circle of the Conflict

The western perspective of understanding the cause of conflict in medical and health care following the circle of conflict defined the cause of conflict into 5 aspects,²⁷ there are Data, Structure, Values, Relationship and Externals/Moods, each of which relies on the solution based on the interest received by the parties. Such interest comprises 3 dimensions: substantive, procedural, and psychological. Conflict can be terminated once the parties receive satisfied interest in either each or combined dimensions. In other words, conflict will end only if the parties feel that they always gain some interest in return. (Figure 6)

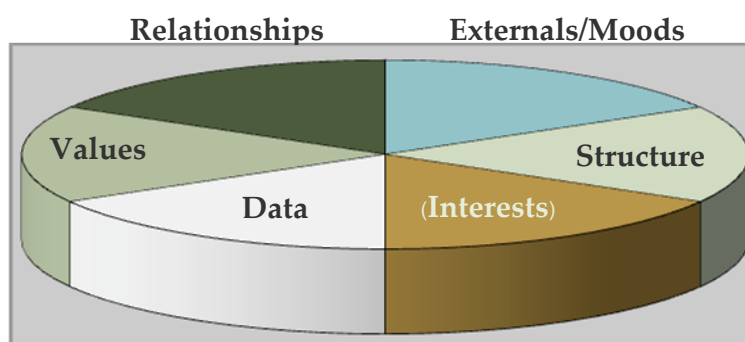


Figure 7 The Circle of Conflict Gary T. Furlong, The Conflict Resolution Toolbox

2.2.2 Concept of peaceful conflict management in western world

The researcher examined the concept and process for peaceful conflict management in western world found as following aspects.

2.2.2.1 Basic concept of peaceful conflict management in the Western

This concept was presented in 3 components.

1) Conflict analysis

This is an important step contributing to an insight and conflict management. Ronald Fisher, a Canadian social psychologist, noted the need to investigate the background and development of particular conflict that leads to the current problem. In doing this, it should take into consideration the cause and type of conflict, the interaction between conflict

²⁷ Gary T. Furlong, The Conflict Resolution Toolbox, (Ontario : John Wiley & Sons Canada, 2005), p.21.

parties, factors affecting conflict escalation, including the history of relationship between parties prior to the conflict. This is to gain insights on the dynamics of conflict, allowing the investigator to elicit an accurate and vivid picture of the current conflict situation²⁸

In addition, the investigator needs to clearly separate among positions, interests, values, and basic needs²⁹. In a particular conflict, parties have key issues of conflict such as allocated resources, environment, or economics, however, these issues can be distinguished into positions, interests, values, and basic needs. It is the job of any investigators to analyze and separate these things from the key issues to identify what are the underlying causes of the conflict problem. This is particularly useful for the resolution as it helps understand the real causes which might not be the immediate conflict issues.

Other than the subjective issue, Fisher also noted about the analysis of perception, views, and emotions of the disputants³⁰ as in many cases emotions, if are ignored or responded improperly, can prevented parties from reaching solution.

Miall et.al. focuses on the analysis of roles and needs of all parties as well as stakeholders in a conflict situation, including those constituencies³¹. In many cases, the conflict impacted people may not involve only but more than two parties.

Galtung equated the analysis of conflict similar to the diagnosis of disease. He viewed that peace and health are in relation and share common ideas in terms of holistic view. Health/disease is a word-pair comparable to peace/violence. It needs the diagnosis to find the causes of disease. The prognosis is then needed to see how physical condition progress and whether it is capable of self-restoration or whether some other intervention is needed. Finally, the therapy is to put deliberate efforts to bring the body back to its well-state. Such therapy can be either preventive or curative mode.³²

In similar to a conflict situation, it needs to look for the condition, causes, and problems, including ways and means to resolve it. Although conflict resolution is seemingly close to therapy, it does not mean that conflict is the disease or conflict is undesirable.

²⁸ Fisher, R.J. *Interactive conflict resolution*, (New York : Syracuse University Press, 1977).

²⁹ Fisher, R. Ury. W. and B. Patton, *Getting to yes: Negotiating agreement without giving in*, 2nd ed (New York : Penguin Books, 1991).

³⁰ Roger, Fisher, William Ury, **Getting To Yes**, (Reading, UK : Cox and Wyman, 1991), p.19.

³¹ Oliver Ramsbotham, et al., **Contemporary conflict resolution**, (Cambridge, UK : Polity Press, 2006), p.90.

³² Johan Galtung, **Peace by peaceful means: Peace and conflict, development and civilization**, p.1.

Galtung did not draw a parallel between disease and conflict but violence. It is the violence that is undesirable and needs to be eradicated.

2) Positions of conflict management

Individuals differ in their disposition and habit, hence dealing with the conflict is dependent on an individual's disposition and habit. Ruble and Thomas classified conflict handling into 5 modes including avoidance, accommodative, compromising, competitive, and collaborative³³. Such classification is based on the purpose of conflict management, i.e. assertiveness: attempting to satisfy one's own need or self-focusing; and cooperativeness: attempting to satisfy the other person's need or others-focusing.

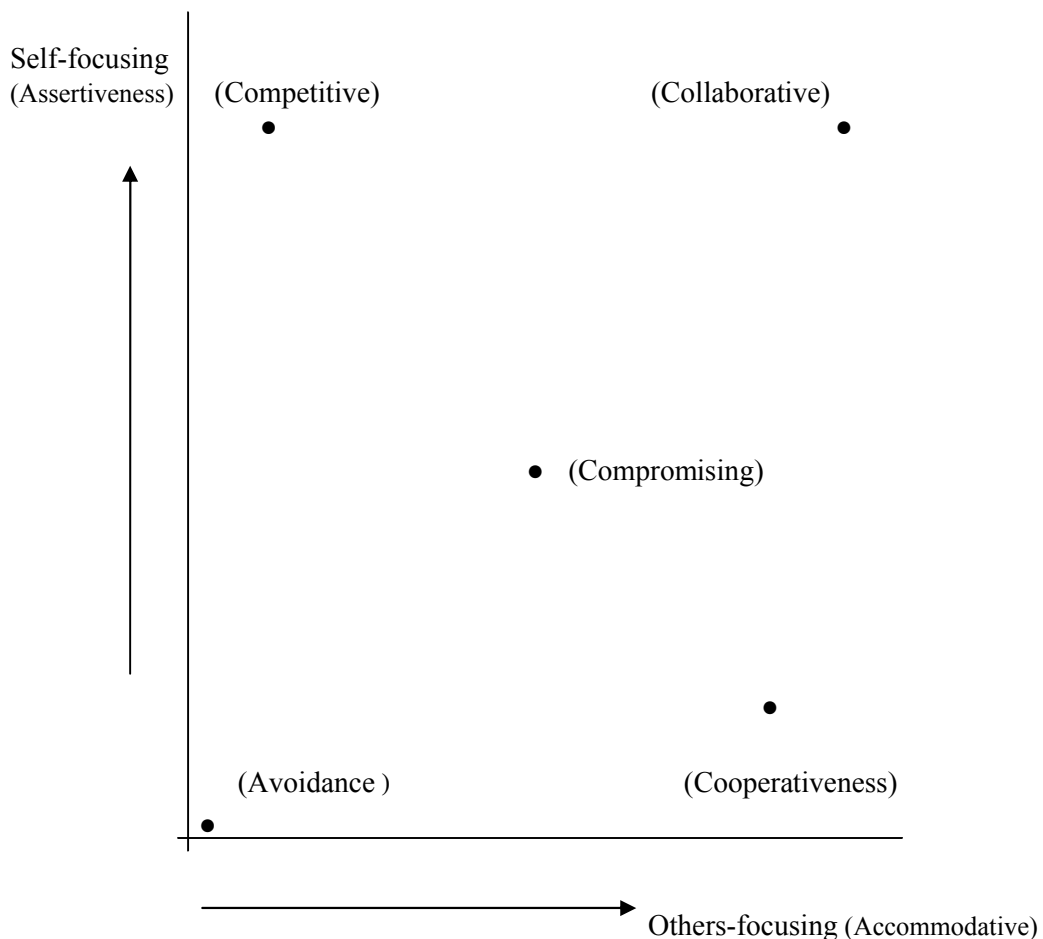


Figure 8 Five Conflict-Handling Modes of Positions of conflict management

Source: Ruble and Thomas (1976)

³³ Ruble, T. L. and K. W. Thomas, "Support for a two-dimensional model of conflict behavior" in *Organizational behavior and human performance*, (USA : McGraw-Hill, 1976), pp.16,145.

Understanding the 5 modes enables better apprehension of parties' behaviors and conflict situation but not allows to identify that any one of these mode should be used to deal with the conflict since each holds its own advantage under different situations.

As mentioned above, despite of their benefits in different situation, the tendency which is thought of conducive to constructive management of conflict is collaborative, while competitive is often destructive to all parties, that is, with competition each party attempts to prevent or obstruct the other party from getting what is wanted.

3) Conflict Management

The definition of conflict management varies by intention and understanding of those who used it. Some consider conflict management as merely diminishing the conflict and alleviating its intensity, however, not dealing at its cause. Whereas conflict resolution focuses on approaching the root cause of conflict by finding out what is the root cause or underlies the conflict problem. It may need some changes in terms of social, economic, or political structures to remove such cause.³⁴

This work however employed a broad definition of conflict management, referring to addressing the conflict problem or situation with non-violence approach which include such a variety of settlement methods as reasonable discussion, negotiation, mediation or peaceful protest.

2.2.2.2 Main ideas of peaceful conflict management in western world

1) Absolutely refuse the use of violence

Violence is destructive to peaceful conflict management on both the relationship between conflicting parties and the conflict situation itself, leading to changing the direction of conflict. Though with combined violating and peaceful approaches but the one who use them is only blamed for violence even if it is part of the whole process. Moreover, Mahatma Gandhi reiterated that violence will turn the legitimacy of the proponent's need or demand

³⁴ Zartman, I.W. and J.L. Rasmussen (Eds.), *Peacemaking in international conflict: Methods & Techniques*, (Washington, DC : United States Institute of Peace Press, 1997).

into illegitimacy. Therefore the method and goal have to be corresponding just like the seed and the tree. In his opinion, violence will never lead to genuine peace³⁵.

2) Attack the problem but not individuals

What needs to be eradicated is the problem not the one who posed the problem. Any aversion had to direct at the problem not individual³⁶. This is to separate problem from individual because such a hatred at individual will blind possible solution or productive option to approach the conflict. Hence, targeting at the problem not individual would create a supportive condition to forgiving, that is, to refrain from retribution to the individual.

Aiming at individual particularly in personal issues brings no benefits to conflict resolution but consequently arises new and endless problems because the one who was attacked is likely to protect oneself or force back, eventually leading both parties into a cycle of aversion and attack.

3) Establishing positive interpersonal relationship

Randall Rogan and colleagues noted that positive relationship is built on some foundation of trust toward one another which is especially important to conflict resolution. It is thought of one priority factor to be built quickly between opposing parties because distrust between parties leads to disbelief in words and suspicion in behavior of the other party³⁷, hence cooperation is not possible and making it difficult to resolve the problem. Peaceful means of conflict resolution should focus on developing good interpersonal relationship and employ the trust building process to form further collaboration in addressing the problem.

Otherwise, the main idea and concept of Conflict Transformation³⁸ by John Paul Lederach, social conflict is a natural occurrence between people who have relationships. But once a conflict occurs, it changes (transforms) the events, individuals and relationships that caused the initial conflict. Conflicts alter relationships in predictable ways, changing

³⁵ Gandhi, M. K. The selected works of Mahatma Gandhi, (Ahmedabad : Navajivan Publishing House 1968).

³⁶ Ibid.

³⁷ Rogan, R. Hammer, M.R. and C. Van Zandt. **Dynamic processes of crisis negotiation: Theory, research and practice**, (Westport, CT: Greenwood Press, 1997).

³⁸ Read more: [What Is Conflict Transformation? | eHow.com](http://www.ehow.com/facts_5968783_conflict-transformation_.html#ixzz1qUeCudWR)
http://www.ehow.com/facts_5968783_conflict-transformation_.html#ixzz1qUeCudWR, retrieved 29/03/12.

perceptions of self and other. Conflict transformation suggests the negative consequences of conflict can be transformed so that self-image, relationships and social institutions are ultimately strengthened and improved by the conflict, rather than weakened. Transformation of personal relationships facilitates transformation of social systems. According to Lederach, once awareness is generated through advocacy, mediation can transform the expression of conflict from "mutually destructive modes toward dialog and interdependence." As conflict exacerbates differences, successful conflict transformation works toward mutual understanding. Even if interests and values are irreconcilable, progress can be made when parties gain a fairly accurate understanding of each other.

4) Avoiding a win-orientation but cooperation

In conflict resolution, the opponents must not be based on a win-or-loss-orientation for it is likely to lead them to do anything such as betray, covering and distorting information, deception, or using force and violence just to win. These tend to escalate, extend, and intensify the conflict, making it more and more difficult to manage.

Through cooperation, each party will fully attain their desired goals because none of them is destructive. If either parties tend to constructively use existing resources and spirit instead of wasting all these to destroy each other, their need would be satisfied.³⁹

5) Satisfying all parties' basic need

Largely, the conflict particularly an intense one rises from the unmet need of the parties. To address the conflict, such a need requires responses which can be done upon mutual cooperation, attention on the other's feeling and need, focusing on either parties' needs so as to generate mutual satisfaction, not to eradicate or suppress their differences. By this collaboration to fulfill the need of all parties,⁴⁰ our need is also ensured to be met.

6) Focusing on both the reason and feeling

To resolve the conflict is to deal with the way people think and feel, merely the use of reasons (head) would not allow the problem to be solved, but require the feeling (heart) to move it toward a solution.

³⁹ Deutsch, M. **The resolution of conflict: Constructive and destructive processes**, (New Haven, CT: Yale University Press, 1973)

⁴⁰ Roger Fisher, William Ury, **Getting To Yes**, (Reading, UK: Cox and Wyman, 1991), p. 48.

During the peace talk between Egypt and Israel in 1978, the negotiating parties representing each country had a prolonged years of dialogues and failed to cease fighting until after a few minutes of informal talk in their roles as a father who wanted to prevent their children from the impact of wars, they were able to reach an agreement, ultimately leading to the treaty of peace between the two countries⁴¹. It can be seen that the conflict was handled using the sense of fatherhood to appreciate or see the conflict situation from different view as it cannot be seen if only reasons were employed or as the country leaders.

7) Courage and creative

Violence is driven by fear, while peaceful means is driven by courage. People often exert violence when they were in fear, for example, fear for the loss of power, fear for not being respected, fear for being attacked. Using violence is thus the way to hide weakness or conceal weak point. Gandhi said that carrying arms is a sign of fear if not cowardice of the person.⁴²

On the contrary, resolving conflict by peaceful means relies on courage, that is, the courage to questioning, thinking, confronting injustice without using violence, talking with the superior, and eliminating bias, negative feeling and emotion that blind oneself. In other words, it is the courage to prevail oneself to allow for constructive conflict resolution.

Moreover, creative encourages us to think out of the box and become flexible necessary to cope with the conflict especially for finding various solutions, as well as for brain storming. Peaceful conflict resolution is not possible if parties in conflict adhere to traditional resolution framework such as using violence, avoidance, or submission, all of which are independent of any creative.

2.2.2.3 Basic concept of peaceful conflict management in health care system

Health care conflict is one among complex issues concerning whether the content, number of people involved, different values in medical aspect, communications among the diversity of personnel, or management in particular of emergency cases, higher risk and uncertainty. High level of intense exists for all these components are closely related to life and death. The significance of conflict management in health care :

⁴¹ Jimmy Carter, **Peace Talk**. Translated by Sripen Supittayakul, (Bangkok: Office of the National Research Council of Thailand, 2542), p 18.

⁴² Gandhi, M.K., **The selected works of Mahatma Gandhi**.

Gerardi examined adverse outcomes of unresolved or improperly resolved conflict and found a huge losses in terms of money, physical and psychological, relationship between providers within and among organizations, including the declined work efficiency, and in turn affecting reduced clients' satisfaction. For organizations, their reputation was damaged with negative image as they were ineffective to fulfill the client's need. It finally impacts organization's income and trustworthiness.⁴³

Leonard Marcus and Joan Roover found that if a medical treatment results in an adverse outcome or error, patients or family members are primarily interested the following 3 aspects⁴⁴:

- 1) Learning what happened or what went wrong;
- 2) Receiving an acknowledgement or apology from those responsible; and
- 3) Making sure that whatever happened to them and/or their loved ones will not recur.

When the demand of these 3 issues were ignored, the patient or relatives often decide to sue the doctor or people involved to have their need met. The court litigation usually involved high cost for both sides while in fact about 80 % of these cases were due to the lack of communication and understanding between the clients and providers, hence the distortion of their views and misconception toward one another.⁴⁵

Moreover, in a litigious process in which parties aim to win over another, the above three elements are almost always missing. In this case, peaceful conflict management such as mediation offers an alternative to lead parties to remedial actions that will improve satisfaction of all parties.

According to the final report of the US National Commission on Health Care Dispute Resolution, in July 1998, comprising members of American bar Association and American Arbitration Association, it was recommended to support the use of Alternative Dispute Resolution (ADR) or mediation as part of the peaceful conflict management to

⁴³ Ibid. P. 27.

⁴⁴ Marcus. L. J. and Roover. J.E. **"Health care and mediation**, (Spring : ACResolution, 2003), P. 19.

⁴⁵ Lumetra. **The Medicare Beneficiary Complaint Alternative Methods Study**. Available from: <http://www.lumetra.com/mediation/casereviewprocess.asp> [1998], 20/4/10.

resolve health care disputes as it is an efficient approach without having to resort to costly court litigation.⁴⁶

2.2.2.4 Conflict management approaches in US health care system

According to Marcus and Roover, conflict management process can be applied to health care conflict in 4 areas⁴⁷: organizational dispute, professional dispute, policy dispute, and patient care dispute.

The United State is one among countries where bodies of knowledge on peace and conflict management have been systematically and extensively developed. People in various professions had applied such knowledge in their area of work including such as labor, court, education, business, and environment, and for several decades that numerous research on management of conflict in specific areas have been carried out. As in medical and health field, the bodies of knowledge and peaceful means of conflict management had been adopted though practically introduced in recent years. The approaches widely and systematically used include group process, negotiation, and mediation.

Group process

Geradi offered that group process will produce constructive communication between people involved, allowing discussion between participants in the area of policies or any medical and health issues likely to generate conflict or division among personnel or between provider and client. Group process can serve not only as a tool to prevent the conflict to rise or escalate but also to address the conflict by opening a channel for parties in conflict to understand each other.⁴⁸

Group process with systemic operation is the conversation initiated by The Public Health Conversations Initiative, Harvard School of Public Health under the university's program for management of health care conflict. It offers a forum for exchange of ideas, talks or discussion in issues or problems related to health care. Attendees may be interested persons or those directly involve with the issues. The conversation enable participants to

⁴⁶ American Arbitration Association, Final report of Commission on Health Care Dispute Resolution, Available from: <http://www.adr.org/si.asp?id=1588> [1998], p.2. , 20/04/10.

⁴⁷ Marcus, L.J., and Roover, J.E., "Health care and mediation" ACResolution, Spring 2003, p. 19.

⁴⁸ Geradi, D. "Conflict management training for health care professionals" in ACResolution, Spring 2003, p.28.

understand the problem issues risen, which is partly contribute to the prevention of conflict in the system.⁴⁹

Interest-Based Negotiation

In addition to the conversation, the Harvard School of Public Health also applies the interest-based negotiation approach to deal with health care conflict. The project, responsible by Leonard Marcus, a professional in management of conflict in health care, provides training and education programs, and it is the first academic project that links mediation and conflict management to medical and health care system.⁵⁰

Other than the case of education and trainings, another case that applies interest-based negotiation ion administration as observed in many hospitals in Minnesota, USA.

In 1990, the Minnesota Nurses Association and hospital administrators in Twin Cities adopted the interest-based bargaining to establish the joint labor-management committees aiming to satisfy the need of employees and the management in an effort to improve the climate of work environment as well as to avoid the labor' strikes.

Members in the committees agreed that the interest-based bargaining allowed them to interact in a less adversarial environment and to develop alternative approaches to long standing labor-management disagreements. The nurses also felt that this negotiation approach can improve and formalize the cooperation between hospital administrators and nurses.⁵¹

Mediation

Marcus and Roover identified the five signals that conflicting parties will seek a mediation.

- 1) The costs of not resolving the dispute are high.
- 2) The problems are too complex to resolve by themselves.
- 3) The consequences of the dispute going public would be negative for the organization.
- 4) Old ideas are being re-circulated.

⁴⁹ Harvard School of Public Health, **The public health conversation initiatives**, Available from: <http://www.hsph.harvard.edu/php/pri/phncnr/conversations.html> [2003], retrieved 25/10/11.

⁵⁰ Ibid.

⁵¹ Weismann, G. "**BestpracticesatMinnesotahospitals**" Available from: <http://admin.fmcs.gov/assets/files/BestPractices/NortheastemCaseStudies/MinnesotaHospital/MNBestPractices.doc>. [2004], retrieved 10/06/06.

5) No one in the organization can be truly impartial⁵²

The US Health Department implemented the policy to use mediation in management of health care conflicts to be undertaken by its agency, the Centers for Medicare and Medicaid Services, by promoting the use of mediation process in health care nationwide since September, 2003 for a comprehensive system to resolve the conflicts and complaints. During a one year trial prior to introducing throughout the country, the results indicated that the mediation process not only reduce the cost of litigation process but also enable the improvement of health service system.⁵³

The mediation is based on a voluntary basis of both the service provider and receiver. The Center provides the client with mediation consultants in peaceful conflict management to give advices throughout the process. This mediation team includes medical professional to help with medical and health issues.⁵⁴

Before introducing the medication process, the US health care employed a medical review process to determine complaints associated with medical treatment and patients' symptoms, and to identify if there was medical error. In the process, the medical team declined in assuring to disclose information to the complainants, and that in many cases they were unsatisfied with the process because they were not access to the determination. The conflicts related to impaired communication or understanding remain unsolved since the process did not allow for both parties' discussion.⁵⁵

Pat Shanahan, the mediation project manager of Health Department, noted that such medical determination process failed to consider about reaching an agreement satisfied by both parties, and did not open for the complainants' expression of their opinion, feeling, and need, so they feel they were not involved in the process. On the contrary, the mediation process generates a sense of process ownership for people involved both the provider and the client and their need are fully met. However, conflict management process applied in health care is new and takes time for further expansion.⁵⁶

⁵² Marcus, L.J. and Roover, J.E., "Health care and mediation", ACResolution, Spring 2003, p.18.

⁵³ American Health Quality Association, "New direction for quality improvement organizations", Available from:http://www.ahqa.org/pub/media/159_678_4870.CFM[2003]

⁵⁴ Lumetra, "The Medicare Beneficiary Complaint Alternative Methods Study", Available from:<http://www.lumetra.com/mediation/casereviewprocess.asp> [1998].

⁵⁵ Ibid.

⁵⁶ Shanahan, P., through email contact on 12 December 2003.

The first health care organization in the US initiating a systemic process of conflict resolution through mediator is The National Naval Medical Center, established in July 2001 under the full support of their administrators. Following their success in a 4-month trial, the system utilizes a middleman to take roles as ombudsman and mediator with a full time work status to address the conflicts arisen by the complaints of those unsatisfied with the treatment, and also between individuals within the organization. The process focuses on basic need and interest of each party, attempts to build positive attitude toward one another, enable to find constructive solution acceptable to all parties, with objectives to develop service quality and create clients' satisfaction.⁵⁷

The process has experienced a great success. Since the first establishment of this center, the mediator had dealt with totally 170 cases of conflict, except for 1 case that the conflicting parties were not satisfied with the result, and none of the cases had escalated to a litigation.⁵⁸

The mediation process serves as a mechanism not only to resolve but also to prevent the conflict as well. For example, the UCLA Medical Center, had developed the cultural liaisons program in 2000 with volunteers including staff within the medical center to serve as ambassadors for enhancing cultural understanding between providers and patients⁵⁹, and also provide feedback and suggestion to prevent and manage the conflicts related to different cultures. The goal of the program is to improve communication, relationship, and cooperation between their staff and the clients. The two essential qualifications of these volunteers are their ability to constructively manage the conflict, and value and respect cultural differences.

There are currently 115 volunteers from a variety of departments, all of which have face-to-face contact with patients which includes from the first admissions to final billing, along with patients' contact with staff of every unit. The support of the director and section chiefs has been essential to the success of the program.

However, considering cultural diversity should not limit to a narrowed definition in terms of the tradition of particular group but should include individual characteristic, habit,

⁵⁷ National Naval Medical Center, **"HealthCare Ombudsman/Mediator: The next big thing in medical dispute resolution?"**, Available from: <http://prhi.org/pdfs/HCOM%20Description.pdf> [2003], retrieved 10/11/06.

⁵⁸ Houk, C.S., and Moidel, B.L. **"Integrated conflict management systems in health care"**, ACResolution Spring, 2003, p. 31., retrieved 10/11/06.

⁵⁹ UCLA Medical Center, International Relations, Available from: <http://healthcare.ucla.edu/international-relations/personalized-services> [2003], retrieved 11/9/06.

and belief since people in the same culture also differ as a result of their being raised, experience, and environmental condition. For effective and efficient prevention and management of conflict, medical and health personnel need to take into account individual difference of the clients.

2.2.3 Process of peaceful conflict management in Thai and Western

2.2.3.1 Alternative Dispute Resolution (ADR)⁶⁰

ADR involves the use of a neutral third party to help the disputants reach a resolution (see Crowley 1994; Singer, 1994). By definition this nonpartisan individual has no stake in the substance of the settlement. The impartial's prime focus is on helping the parties resolve their conflict and reach agreement. The detachment and lack of bias of the third party allows the disputants to ascribe the necessary trust and confidence and to move toward legitimate settlement. The task of the neutral is to introduce a process that can help the parties reach that settlement. As such, the neutral forms an understanding of the issues and a strategy for resolving the dispute.

The most important distinction between negotiation, arbitration, and mediation is the matter of partisanship. As negotiator, you are naturally partisan. You advocate your own interests or those of your constituency. Since you have a stake in the outcome, it is presumed that you are biased on your own behalf.

The negotiator begins as a partisan and is partisan throughout. The arbitrator begins a case as a nonpartisan. When pronouncing a ruling, the arbitrator becomes partisan. The mediator begins as a nonpartisan and remains nonpartisan throughout.

In arbitration, the neutral third party hears the arguments of both parties and then issues a determination. The parties advocate their position to the arbitrator, each hoping the case will be judged in their favor. When the parties choose binding arbitration, they are contract obligated to abide by the ruling. If they violate the terms of the settlement, they face the consequences delineated beforehand in the arbitration contract. In nonbinding arbitration, the arbitrator's ruling is offered only as an opinion. It remains for the parties to negotiate a mutually acceptable settlement, using the arbitrator's opinion as a benchmark.

Disputants choose arbitration over litigation because it is private, it avoids courtroom backlogs, and it does not impose formal rules of evidence.

⁶⁰ Leonard J. Marcus, **Renegotiating Health Care.: Resolving conflict to build collaboration.** (USA : Jossey-Bass. San Francisco, 1995), pp. 322-324.

Mediation is the use of a neutral third party to help disputants find and agree to an acceptable resolution of their conflict by way of a private and confidential process. A mediator does not issue a ruling. The purpose of mediation is to assist the parties by offering a process for reaching a settlement (see Folberg and Taylor, 1984). The mediator does not act as a judge and has no power to impose an outcome upon the parties. Rather, the mediator facilitates the process of negotiation between the parties, helping them to better understand their options, choices, and consequences. The mediator is a catalyst for settlement, not an advocate for one party over another. The outcome of mediation is determined by the parties: they each have the authority to reject or accept the offers presented to them.

They confer to the mediator control of the process, and they maintain control of the outcome. The parties remain with negotiation over mediation when they want to settle on their own, without an outside intervener. They control both process and outcome.

2.2.3.2 Appropriated Dispute Resolution Process (ADRP)⁶¹

ADRP is a one type of peaceful dispute resolution or conflict management. The terms “Appropriated Dispute Resolution Process (ADRP)” contains different meanings and languages depending on different views of people, hence a single description is not possible to define such a diverse process. This approach if used in solving or managing conflict of environment and natural resources may refer to as Conflict Resolution, Dispute Settlement, Conflict management, Alternative Conflict Management, , Negotiation, Mediation, Arbitration, Regulatory Negotiations, Consensus building, Alternative Dispute Resolution, Environmental Dispute Settlement.

1) Characteristics of ADRP

- Stakeholders’ participation in the process will be voluntary.
- No limitations on any formal rules.
- Generating likely “transparency” and “confidentiality”
- Providing a range of flexible and constructive channels.
- Focusing on collaborative problem solving and consensus building.
- Each party directly involves in the process.
- All parties may seek assistance from any neutral third party or individual in order to reach a solution mutually satisfied.

⁶¹Ministry of Resources and Environment , Republic of Phillipine. **Appropriate Dispute Resolution Processes**, Tanggol Kalikasan of Haribon Foundation and Asia Foundation, 2002.

- All parties are more likely willing to engage in shared decision making.
- An agreement for the dispute can be reached quickly.
- Helping the parties understand the desire and concern of the other party.
- Helping the parties consider a variety of issues.
- Helping the parties reach a choice decision through collaborative effort.
- Helping the parties maintain relationship.

In the contexts of the Philippines and Thailand. Basis of Appropriated Dispute Resolution Process (ADRP) included : Ability to analyze conflict problems and awareness of the benefit of observation and contribution in identifying the process suitable for particular situation of the conflict.

The importance of culture in Appropriated Dispute Resolution Process (ADRP)

Culture is a pattern of basic thought within a particular group that is:

- established, invented, or discovered in response to the challenge of external adjustment and/or internal combination;
- proceeded rationally; and
- educated to new members of the group, as a proper way to perceive, think about, and to be aware of.

These may include structural feature, relationship, language, and group's decision making process. Focusing on the benefit of representation of age groups and genders in decision making process may be more appropriate.

Recognizing the group's culture is crucial. Firstly, it enables the understanding of hypothesis relevant to the situation. Secondly, it helps to focus deeply into certain aspects of situation which might be obscured. Thirdly, it clearly offers better option for particular situation.

2) Principles of ADRP

Keeping in mind that this process is to constructively manage or resolve dispute problem, hence the key principles comprise:

- Respect toward one another with confidence and trust.
- The process adopted is based on the analysis of conflict problem.
- Preparation : Atmosphere/Initial contact/Information/ Ground Rules
- Resolving conflict problem by establishing value : Reframing the problem issues/Ad hoc group/working team meetings/Personal discussion
- Accountability/transparency

In brief, Appropriated Dispute Resolution Process (ADRP) is a western conflict resolution process applied by the Philippines to suit its socio-cultural context. It may be suitably applied to the Thai society with similar characteristic of diverse ethnicity, and may also suitable to apply in the conflict resolution process even in medical and health dispute in Thailand

2.2.3.3 Mediation process

Mediation is practiced around the world in the resolution of interpersonal, organizational, commercial, legal, community, public, ethnic, and international disputes; and although techniques have been documented in particular applications and case studies, there has been until recently systematic study or description of specific strategies and tactics used by mediators. The analysis that has been done has often been presented on the most general level or is so specific as to limit its broad application.

Mediator hypothesis building occurs most intensively in the process of conceptualizing the stages or phases of mediation and designing appropriate preventions and interventions that are based on particular dispute has reached.

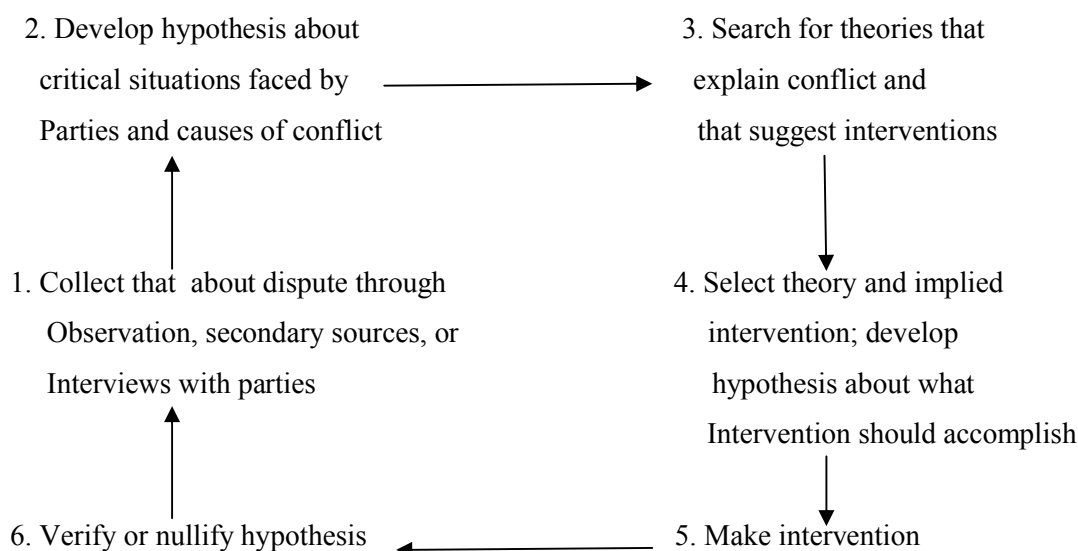


Figure 9 Mediator Process of Building and Testing a Hypothesis. ⁶²

The stages of mediation are often difficult to identify; they frequently vary across cultures in sequence, emphasis, and approach. Mediator and negotiator activities seem to

⁶² Christopher W. Moore. **The Mediation Process.: Practical Strategies for resolving conflict.**

3rd.edition, (USA : Jossey-Bass, 2003), pp.14-15, 66-69.

blend together into an undifferentiated continuum of interaction. Only through careful observation of negotiations and mediated interventions can distinct stages composed of common and predictable activities be identified. It then becomes possible to generate hypotheses about the critical situations and specific problems that a particular set of disputants may have to address in any given stage.

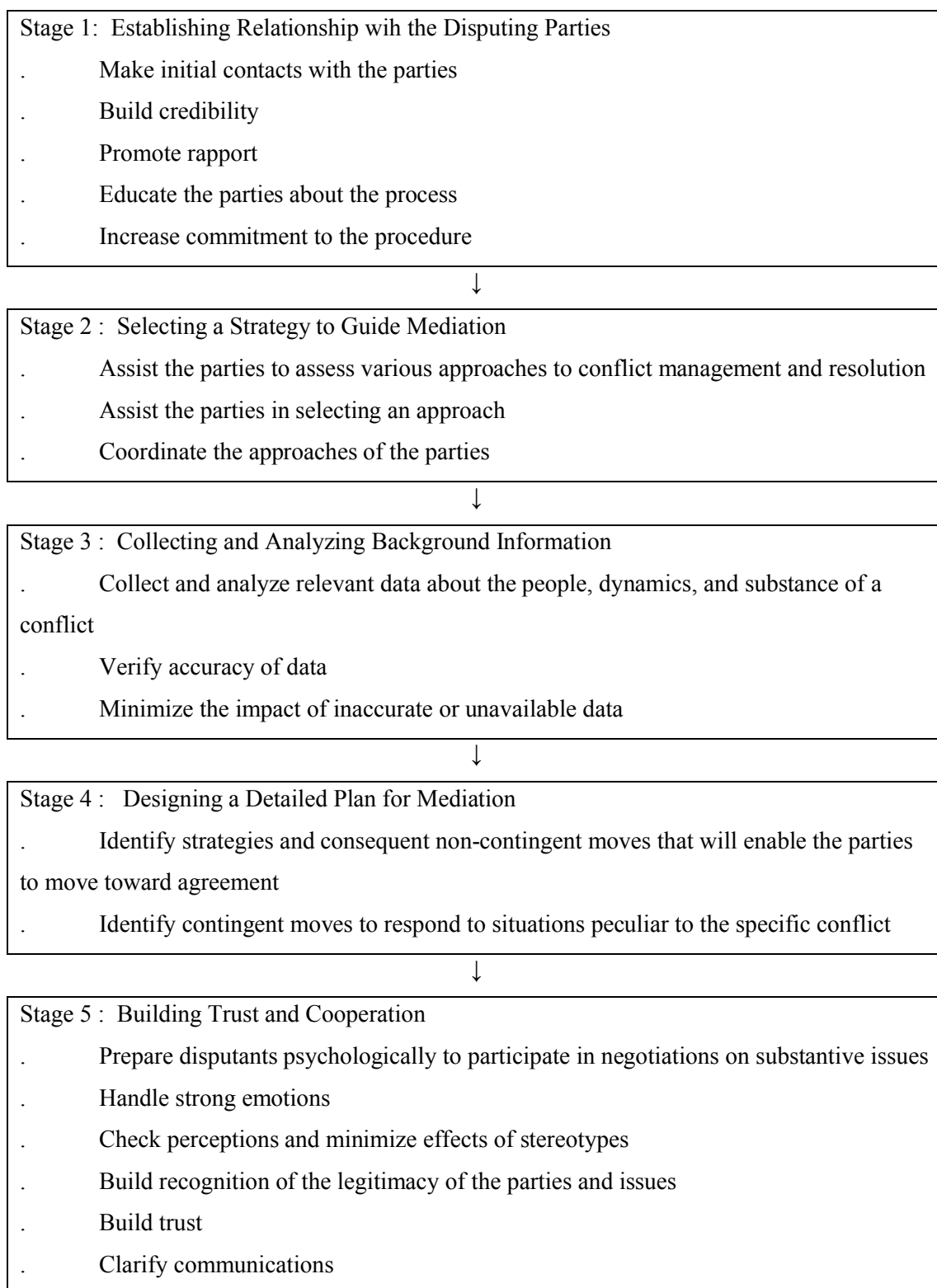
The stages of mediator interventions fall roughly into two broad categories: (1) activities performed by the mediator before formal problem-solving sessions begin; and (2) activities initiated once the mediator has entered into formal problem solving with the parties, either in joint session or by shuttling between them. Five stages occur in the pre-negotiation work of the mediator, and seven stages occur after formal sessions have begun (see Figure 7).

In each of the twelve stages, the mediator designs hypotheses and appropriate strategies and executes specific activities. These initiatives are both sequential and developmental in nature and are designed to help disputing parties accomplish specific tasks and overcome barriers that commonly occur at particular points in the negotiation process. If a critical task appropriate at an earlier stage of negotiations has not been completed, either by the negotiators alone or with the assistance of a mediator, there are likely to be problems in moving on to the next stage of negotiation.

Regardless of when a mediator enters negotiations—at the beginning, middle, or end—he or she will usually perform most or all of the general activities characteristic of earlier stages, although if mediation begins late in negotiations the stages may be accomplished in abbreviated form. Naturally, the amount of time spent on the tasks of each stage will vary considerably, depending on variable factors influencing mediation strategies and activities, each mediator modifies his or her activities according to variables present in the case. These are the most critical variables that influence preventions and interventions:

- The level of conflict development and the timing of a mediator's entry
- The capability of negotiators to resolve their own dispute
- The power balance of the disputants and the mediator's role as an equalizer and agent of empowerment
- The negotiation procedures used by the parties
- The complexity of the issues negotiated
- The appropriate focus of the process of disputing and the substantive issues in question as jointly defined by the parties and the intervenor.

Figure 10 Twelve Stages of Mediator Moves⁶³



⁶³ Christopher W. Moore. *The Mediation Process: Practical Strategies for resolving conflict*, pp.68-69.

**Stage 6 : Beginning the Mediation Session**

- . Open negotiation between the parties
- . Establish an open and positive tone
- . Establish ground rules and behavioral guidelines
- . Assist the parties in venting emotions
- . Delimit topic areas and issues for discussion
- . Assist the parties in exploring commitments, salience, and influence

**Stage 7 : Defining Issues and Setting an Agenda**

- . Identify broad topic areas of concern to the parties
- . Obtain agreement on the issues to be discussed
- . Determine the sequence for handling the issues

**Stage 8 : Uncovering Hidden Interests of the Disputing Parties**

- . Identify the substantive, procedural, and psychological interests of the parties
- . Educate the parties about each other's interests

**Stage 9 : Generating Options for Settlement**

- . Develop an awareness among the parties of the need for multiple options
- . Lower commitment to positions or sole alternatives
- . Generate options using either positional or interest-based bargaining

**Stage 10 : Assessing Options for Settlement**

- . Review the interests of the parties
- . Assess how interests can be met by available options
- . Assess the costs and benefits of selecting options

**Stage 11 : Final Bargaining**

- . Reach agreement through either incremental convergence of positions, final leaps to package settlements, development of a consensual formula, or establishment of procedural means to reach a substantive agreement



Stage 12 : Achieving Formal Settlement

- . Identify procedural steps to operationalize the agreement
- . Establish an evaluation and monitoring procedure
- . Formalize the settlement and create an enforcement and commitment mechanism

2.2.3.4 The Human Dimension of Conflict in Health Care⁶⁴

In western world the interest-based approach to conflict tends to focus on outcomes and solutions. However, in conflicts in health care settings, people are—or should be—at the foundation. It is important to realize that all conflicts and negotiations occur as part of various interconnected relationships.

In the health care field, the issues in a conflict may occur in the following relationships:

- Patients and physicians or nurses;
- Patients' families and health care providers;
- Physicians and nurses and other health care professionals;
- Health care administrators and health care professionals and staff;
- Insurers and their representatives including lawyers
- Professional regulatory and inspection bodies
- Government policy makes

In the health care field, there may be many people involved in decisions. There are many opportunities for conflicts to arise. Consider, for example, the number of relationships involved in;

- The development of plans for care of individuals' health care;
- The efficient operation of emergency rooms, operating rooms, nursing schedules, etc;
- The allocation of health care resources by the government
- And many other issues

⁶⁴ Catherine Morris. **Managing Conflict in Health Care Settings: Principles, Practices and policies.**

Prepared for a workshop at King Prajadhikop's Institute, Thailand. March 2-4 , 2004. pp.45-47.

Human Needs

Conflict theorists say that many conflicts are the result of unmet needs. This means that effective conflict resolution must address the human needs of the parties. Human needs include:

- **“Security needs”** (including avoidance of violence, assault, torture):
- **“Welfare needs”** (including nutrition, water, air, movement, excretion, protection against elements and disease):
- **“Identity need”** (including self-expression, work, wellbeing and happiness, affection, sexual identity, friendship, belongingness, purpose, partnership with nature, spiritual needs and the need for justice):
- **“Autonomy needs”** (including having the power to choose opinions, expression, association, occupation, spouse, way of life; having the power to act).

Identity needs and conflict

People’s identity needs are fundamental, and they are often connected with human needs for security (including nourishment and shelter), recognition of dignity and significance, and a sense of autonomy – a sense of power – a sense of being able to do something to help one’s self or family or members of their community or identity group. People will sometimes ignore their physical needs and security needs for the sake of identity, meaning and purpose. Identity needs include the sense of justice.

Often the resolution to a conflict is not found primarily in the payment of compensation for an injury. In addition to reparations, it may be just as important for an injured person to receive recognition of their importance as a human being or an acknowledgment of a mistake or an injustice. This means that apologies may be very important in conflict management, as well as ensuring that the problem will not occur again.

There has been growing recognition of the importance of apologies in conflict management.

2.2.4 Conflict Management Case Studies in Health Care System

2.2.4.1 Thai Conflict Management Case Studies

2.2.4.1.1 Case Study1 : Distress from bad news

Introduction

Notifying bad news to patients and their relatives is the art of counseling required in all practitioners of this field who are specifically well train. It involves steps and process to lead and enable them to get through such emotion of loss and distress to accept and solve the problem in reasonable way. Important problem commonly found from notifying bad news is

unclear information due to insufficient time to clarify or answer questions, or paying no attention to the patient's feeling, or simply soothing and giving them hope for something irrelevant to reality, or not giving them hope at all (Ratana, 2544).

Those who notify such truth to patients or their relatives should be the ones with direct responsibility and are well trained to give counseling as well as to build positive relationship with them as telling the truth cannot be completed in single conversation but involves many other issues such as queries or planning for treatment.

There are 6 steps of notifying bad news.

Step 1: Preparation. This is the step to prepare patients and relatives to make them feel attended by the informant. The place should allow for privacy and comfort. There should be close person or relative the patient wants to have them know the bad news. Importantly, they should be ready both physically and mentally.

Step 2: Assessment the need of patients to know their own health condition. This step is to acquire information perceived by the patient or relative. It should be careful to give information irrelevant to the real condition of the patient. Sometime misinformation is provided just to prove some informant's preconception.

Step 3: Assessment for information the patient wants to know. Only 1% of the patients reject to know their condition (Ratana, 2001), informants thus need to know the extent of information provided.

Step 4: Providing information. Informing at this stage depends on types of disease, treatment and care, interest of the patient and relatives, and their reaction. Information should be given little by little, using general not medical terms, while at the same time regularly assessing information perceived by the patient and relatives.

Step 5: Paying attention on patient's feeling. The patient and relative may react differently to information received such as by crying, rejecting to believe, being panic or shock, rejecting to accept, fear or anxiety, upsetting or blaming doctors or staff, depress or relief. Informant need to understand each of these expressions and get the patients through those emotions.

Step 6: Assisting patient and relative to plan for further treatment.

Notifying bad news is an important process done by an expert with careful steps to prevent psychological effect on the patient and relative, and to help them move beyond the crisis toward living their life properly.

The story

People involved in the situation are Miss Kaew as the petitioner, Archan Ooh, Dr. Juree who is Ms. Kaew's relative, Mr. A, B, and C are staff of the blood bank, Mr. D is a permanent employee of the blood bank, Dr Arj-ong is the head of Pathology Department, and Hospital Director.

Story in brief : Archan Ooh and Miss. Kaew are both regular blood donors of this hospital who also support the hospital by advocating other donors for many years, so they are familiar to every staff of the blood bank.

In her 15th blood donation, Miss Kaew came to the hospital as usual, however, was informed by Mr. D, an employee of this hospital, to reject her blood donation for this time because of some problems with her blood and that it was not used for a number of time. Inquiry was made and found that the problem was with the blood test result showing HIV with 1 or $\pm$ for 4 consecutive times and that Miss's Kaew blood was discarded accordingly.

Miss Kaew and her relatives told that with this information, Miss Kaew was so frustrated that she attempted suicidal but being held back by her relatives. Although her relatives took her to many other facilities for confirmed blood tests and the results remain negative (the first confirmed negative blood test provided 1 week later after being informed by the first hospital), Miss Kaew are unable to make mental recovery, resulting in one year drop out from her postgraduate study. In addition, they had tried to contact the hospital to clarify and take responsibility for that with a letter of complaint. Dr. Juree also request for information but without adequate response. Miss Kaew and Dr. Juree therefore contacted with the hospital director to identify their need for liability of 5 million baht from the hospital otherwise they will publicize and sue for the damage.

The story appeared in mediation process.

The provider side

The hospital director acknowledged the problem of Miss Kaew from the direct contact of Dr. Juree (The director had not been previously reported such any problem) together with the request for liability of 5 million baht from the hospital for their neglect and inattention to solve the problem though Miss Kaew had already sent a complain letter to the hospital but received no contact from the director for any resolution. Following Dr. Juree's contact, the director investigated from hospital staff for additional information and found that such a complaint letter exists but signed by no one, hence excluded from the hospital system for risk report, however, the letter was sent to the blood donation room for acknowledgement and finding solution. He also found that Mr. D, an employee of the hospital, was the one who

informed the blood test result to Miss Kaew. The director had contacted Dr. Juree for a dialogue to end the problem but an agreement was not reached. The Director therefore submitted the case to The Center for Peace in Health Care to proceed the mediation.

Dr. Arj-ong is responsible for supervising hospital's laboratory room. He acknowledged the problem of Miss Kaew after being informed by the director. He admitted that he let the staff manage themselves in the blood donation room, hence problems raised among staff, resulting in the lack of system development for the blood donation room.

Mr. A, head of blood donation room, the one who screened and discarded unusable blood. He believe his major role is to screen for good blood but not to inform blood test result. He think that every staff who are government officials can inform blood test result.

Mr. B, a staff of blood donation room who has long been working here, has problems with the head of blood donation room for being blamed of not following official working time and inattentive to his duties. Mr. B owns a business of laboratory service, knew the problem with Miss Kaew's blood and talked to Mr. C and Mr. D that Miss Kaew should be informed but it was not possible to do so since Miss Kaew did not come alone.

Mr. C, a new staff with high intention and leadership in his work, feels that Mr. A's management of blood donation room is ineffective and internal change is needed. Mr. A is thus less acceptable to him as his supervisor. Mr. C, later assigned as a head after Mr. A (as internal problem arisen in blood donation room) said that he knew about the blood test result of Miss Kaew, then he sent her blood sample for testing at the hospital's Lab (her previous blood test was done by the Lab of Thai Red Cross provincial branch), and result is negative, however, he did not process anything. Usually the blood test process of hospital's Lab provides less speed than that of the Thai Red Cross. About 3 – 4 months after the complaint letter, Dr. Juree had contacted Mr. C on the blood test result of Miss Kaew and coordinate with the hospital to confirm the test result. Mr. C accepted to process for sending Miss Kaew's blood sample to the central office for confirmation but no progress was informed due to such delayed sending of blood test result. Besides, Mr. C did not tell Mr. A or anyone else about Dr. Juree's contact.

Mr. D, a permanent employee of blood donation room, told that he often assist the staff to take the blood from the donators at the hospital so he is familiar with every donator including Miss Kaew and Archan Ooh. On the date the event took place, basically he already knew that the blood donated by Miss Kaew had to be discarded, he sympathized with Miss Kaew for her good intention to make merit but was not met, and he was worried about the loss of blood test kits from receiving unusable blood. He decided to suggest not to receive the

blood from Miss Kaew for this time. Both Archan Ooh and Miss Kaew were suspicious and ask for reasons, so Mr. D showed them previous blood test results with HIV negative/positive (variation) and told them that the results were not consistent and should be tested further, and he did not do anything else. Later Archan Ooh who is relatively the mother of Miss had came to the blood donation room but Mr. D did not talk of anything although he wanted to ask about Miss Kaew. He was afraid that doing so might upset Archan Ooh, and she did not ask about it.

Everyone in the blood donation room had begun to know about the problem of such situation when an unsigned complaint letter was sent to the complaint unit of the hospital and then directly transferred to the blood room without reporting to the administrator. Once the complaint was known by everyone that it was about Miss Kaew, nothing was done however, until it came to the complaint and the request for liability.

The client side

Miss Kaew as the event took place were attending a graduate program at a university in Bangkok. She has been an active blood donator since her undergraduate study, convinced by the Archan Ooh that it is a good way of making merit, she is faithful and continue her blood donation. She is so close to Archan Ooh as mother and child. On that day Miss Kaew told that she came with Archan Ooh for her 15th blood donation but Mr. D, a staff of blood room she is familiar to, said that he “cannot accept her blood” and that made her suspicious and asked for reasons. She found that her blood result was HIV ₁ (laboratory considered as variation, i.e. positive/negative but Miss Kaew and her family did not know such information). She was so worried though soothed by Arcjan Ooh and was so sure of her behavior, she cannot decline with her fear and anxiety. Once getting home and was there alone, she felt unable to live and face with the society so she thought of suicidal. She went off to buy some pesticide for it and prepared to write a letter to everyone of her relatives. However, nothing has yet happened as Archan Ooh came home and stopped it. Once established and have her blood tested at many private Labs for confirmation, the result is negative. One week after that but still without confidence, they had their blood tested at the Labs of both government and private hospitals in the nearby areas, and the result is also confirmed negative. Miss Kaew was still feel uncomfortable. She contacted Dr. Suree, a close friend of Archan Ooh, and they together came to Bangkok. Dr. Juree took her for blood test confirmation at many places with the same results as negative. Miss Kaew began to feel confident that she was certainly not infected but what had happened to her and her family is the permanent loss of mental state. Miss Kaew herself while she was not sure of the

blood test result (for almost 1 year) had unusual mental state and unable to live by herself. She had to drop off her graduate study and came home to stay with Archan Ooh, her family and relatives, while Archan Ooh had to pay for her study, provide mental care, accompanied her for the blood test, as well as many others. Importantly, Miss Kaew is now still afraid of the word “blood”, feels bad and faint every time when hearing this word, and she dares not donating blood any more. She believes that the hospital did not follow appropriately and correctly the steps to inform bad news to her and her family, so the hospital has to pay for those expenses, opportunity loss, mental care of her and her family, anticipating approximately 5 million baht.

Archan Ooh is a class instructor and guidance instructor at tertiary level in a university. She is familiar to the staff of the hospital’s blood test room as she mainly serve to recruit blood donators for the hospital, particularly to advocate students for regular blood donation. She is known among university society for taking Miss Kaew as her adopted child. She told that she was shocked to know the blood test result of Miss Kaew but did not believe it was true because she was confident of Miss Kaew’s behavior. She went home and have a talk with Miss Kaew for any possibility of such result, if she was really infected, what would be the cause. Only one possible risk is that Miss Kaew had been undergone an operation and received blood long time ago, but they do not believe it could happen. After the situation occurred, Miss Kaew needed to stay home alone as Archan Ooh had classes, but with a sort of her intuitive she decided to come home early, giving assignments to her students. She found Miss Kaew was prepared to commit suicide. Since this situation, she has to take close care of Miss Kaew and try to have her blood test confirmed. However, social effect follows because Archan Ooh now feels unconfident to persuade students for blood donation. The situation also effected the university society that, for her role and status as guidance instructor, her adopted child was known blood infected with HIV. People said she cannot take care of her daughter, how she can guide others (The situation was known among university society since Archan Ooh and Miss Kaew had prepared a file to sue the hospital).

Dr. Juree is a regular medical doctor of a hospital in Bangkok, and she is a close friend of Archan Ooh since they had been studied abroad. Miss Kaew knows and respects her as for Archan Ooh. Once she was informed of the blood test result of Miss Kaew, she had tried to contact to make sure of the blood result through Mr. C. She said that initially Mr. C cooperated quite well but later become less attentive to inform the result. Dr. Juree decided to take Miss Kaew for confirmed blood tests at many Labs in Bangkok. She also search information on notifying bad news of blood donation system and test result system of various

organizations, and found that such system of this hospital does not meet the standard as practiced by other hospitals. Therefore, she contacted hospital director to pay for liability as anticipate by Miss Kaew. After having a dialogue with the director, she was informed by the hospital for having not enough money to pay for the damageability, however, trying to coordinate with Miss Kaew and her family to continue negotiating although her family wants Miss Kaew to sue the hospital.

Miss Kaew's family comprises her mother, her uncle and aunt. They allow Miss Kaew and Archan Ooh to take decision making role in this matter. They were so sorry for the situation as they nearly lose Miss Kaew.

Mediation process for the case study

In this mediation process, the researcher took role in organizing the whole mediation process, which is divided into 4 phrases:

3.1) Preparing for mediation

3.2) Proceeding mediation

3.3) Suspending negotiation

3.4) Reaching an agreement

Details for each phrase described below

3.1) Preparing for mediation

Once received the story of Miss Kaew, the mediator had prepare for the mediation by starting with coordinating with both parties and asking for their willingness. Initially, the coordination was made through telephone calls for introducing oneself and basic process as well as making an appointment to discuss in details about the process.

Miss Kaew was willing to hear the process and came along with Dr. Juree for a meeting at the mediation room of the Center for Peace in Health Care. The meeting started with informing the status of mediator, the process and rules, then opening for queries, and asking for their willingness to enter mediation process. Miss Kaew agreed to enter the process.

For the provider, the mediator had coordinated with the hospital director and inform about the process together with asking for the willingness to enter mediation process. The director agreed to enter the process.

The mediator had made the schedule and place for the fist mediation with both parties.

Proceeding mediation

The mediator divided the process into 2 stages:

The first stage is a separated caucus with each of both parties to find out information on the situation, concern, and suggestion for solving the problem, by:

- For provider side, meeting with hospital director, the doctor of pathological work, every staff of blood donation room.

- For the client side, meeting with Archan Ooh, Dr. Juree, and Miss Kaew

The second stage is a joint meeting of both parties. The mediator opened the session and allowed people involved to introduce themselves, later notified mediation rules and again asked for their willing to enter the process, then provided a draft paper of acknowledgement of mediation rules to be signed by both parties.

The mediator opened the discussion by summarizing the contents of the meeting in the first stage, identifying the consistent and different parts of the contents, showing both parties' feelings, as primary information, then offered opportunities for both parties to alternately telling their stories, making queries, expressing their feeling. Throughout the process, the mediator concluded the message, reframed the statement of each party in positive way, and encouraged each party to express their feeling and offer solution.

The joint sessions of mediation proceeded continuously for 3 meetings accorded with exchanges and making understanding of problem issues, perceive different behaviors and expression, establishing certain level of understanding, leading to the stage of dialogue to find mutual agreement. The mediator has the two parties propose their need and limitation of each side, however, mutual agreement cannot be reached.

Suspending mediation

From those 3 meetings, Miss Kaew and Dr. Juree came to understand the cause and the intention of Mr. D to reject the blood donation, and the hospital director admitted that such informing of blood result did not follow the step of notifying bad news and it was not the misinformed blood result.

Miss Kaew insisted that by the situation, the hospital had caused Miss Kaew and her family much loss of expenses, sorrow for the whole family, loss of opportunity and 1 year delay to work and receive salary from her graduation of a master's degree. She thus insisted that the hospital has to be responsible for such cost of damage for 3 million baht.

The director hospital insisted that the hospital had no budget to pay for such high cost of the damages and needed the list of actual expenses from Miss Kaew.

Miss Kaew and Dr. Juree wanted to end the negotiation and will proceed for justice from other systems.

The mediator agreed to postpone the next appointment to let both parties be comfortable and ready to negotiate, and advise that the next date of meeting dependent on the willingness of either parties to inform the mediator along with changed conditions. The mediator was pleased to proceed after the next contact.

The mediation was thus suspended for 3 months.

During this suspending, Miss Kaew and her relatives had tried to call for damages by

- Sending many letters of complaint to the top administrators of the Ministry of Public Health some of which mentioned that the mediation was unfair for Miss Kaew.
- Sending letters of complaint to other government organizations for justice.
- Reporting to officer the false of hospital.แจ้งความเอาผิด
- Trying to meet with the top administrators of the Ministry of Public Health in many places where they had schedules including their central office.

Finding an agreement

Following the 3-month period after the third session of negotiation during which Miss Kaew and Dr. Juree had asked to suspend the mediation, Miss Kaew had contacted the mediator and ask for coordinating with the hospital to renegotiate. For this time Miss Kaew offered the requirement that the hospital pay for the damages at 1,000,000 บาท (one million baht) by noting that she did not want to talk much and wanted the hospital to accept this condition.

The mediator was glad that Miss Kaew wanted to proceed the mediation again and was pleased to coordinate for the running process but unable to assure of notifying the damage cost and represent to talk with the hospital. However, the mediator asked if she could meet the previous request of the hospital about the list of all expenses. Miss Kaew agreed to prepare the list for the next meeting.

The mediator had coordinated with the hospital to inform that Miss Kaew intended to meet again and prepare the list of actual expenses along with her offer to change the request for the damage cost. The hospital agreed to enter the process again.

To open the mediation, the mediator reviewed previous issues to remind that which ones had been discussed and understood. During the suspended mediation however, Miss Kaew had shown in her complaint letter to health administrator that the mediator was bias. Therefore, prior to begin the mediation, it is needed to ask if both parties were willing to have the mediator to take neutral role in coordinating and run medication process. If not, the mediator was pleased to withdraw and coordinate to find other mediator to take over this role. Both parties insisted to allow the mediator continue the process.

This time, the mediation process did not emphasize on understanding the situation but focused on seeking common agreement as follow.

Step 1 Considering Miss Kaew's offer based on the list of actual expense prepared by Miss Kaew.

Step 2 The hospital intended to bear only the expenses directly involve with Miss Kaew including travelling and confirmed blood test expenses, expenses paid by Miss Kaew for her graduate study before the situation took place, and travelling expense for the mediation.

Step 3 Miss Kaew requested for additional expense of Archan Ooh's travel cost for the contact to transfer her workplace which was considered by Miss Keaw an outcome of the situation.

Step 4 Both parties anticipated very close amount of damage cost. The mediator therefore suggested that both parties consult with all people involved before deciding to make a contract of compromise although Miss Kaew noted that she wanted to make such contract instantly.

The mediator considered the case and found that although Miss Kaew though that the hospital had a tendency but the mediator did not process the contract promptly as suggested by the mediation principle that the mediator should not abruptly enter a contract of compromise earlier when the parties almost come to an agreement. In addition, both parties did not bring in the mediation all people involved. Miss Kaew was accompanied only by Dr. Juree while others did not know her decision. The hospital director did not consult his decision with the hospital board or his other advisors. The mediator hence delayed the medication to make an agreement in the next meeting.

In the next meeting, both parties reached an agreement in that the hospital agreed to pay for the damage cost in an amount of money satisfied by Miss Kaew. They had eventually made a contract of compromise. Miss Kaew identified to end all processes and withdrew the case from various organizations including her reporting to officer, all within 15 days.

Relationship during post-mediation process

The Client Side

Following the mediation process and the contract of compromise was made between the hospital and Miss Kaew, Miss Kaew agreed to withdraw the case from all other organizations as well as her reporting to officer against the hospital. She also express her intention to help the hospital in the area lacked of psychological staff (the field Miss Kaew's current study) if require by the hospital. Archan Ooh still be an active blood donator to the

hospital and is pleased to coordinate and initiate the joint project between the university and the hospital in personnel development program and to create better image of this hospital viewed by university staff . Dr. Juree stated that the hospital can send a letter to her affiliation in case falling short of doctor, she is ready to come to work here occasionally if necessary.

The Provider Side

Following the mediation process to end up the problem, all staff of blood donation room had reflected in the roles and duties of their position. They recognized the problem and meet to talk, and are aware that each of them also contributed to the conflict problem and it is not the sole responsibility of their supervisor or Mr. D.

Hospital administrators including the director and Dr. Arj-ing took this opportunity to improve the blood donation room by utilizing the Institute of Laboratory Standard to develop the system. In addition, they collaborate the blood donation room's system for notifying bad news with other hospital's system, and they coordinate for a joint meeting with other professionals to which the blood donation results are transferred.

Other professionals recognize as well that it is their role to receive the blood test result from the blood donation room or other rooms that need to notify bad news to the clients, and that they have to collaborate closely to establish a clear system, understanding, and help each other.

Analysis of conflict and management design

Analysis of the above case study based on actual situation since it took place, relationship during post-situation, and trace back to the process used for resolving each case, using theoretical description on actual situation to make sense of each case. The analysis comprises 3 steps.

- 1) Description for understanding the cause of the situation.
- 2) Analysis of relationship between parties throughout the conflict resolution process.
- 3) Investigate the conflict resolution process of the case study

Results of this case study analyses : are as follows:

- 1) Description for understanding the cause of the situation In this situation of suffering from being informed of bad news, a number of problem issues existed in many stages and they require different theoretical/conceptual explanation to make sense of the cause the bring about intensified problems. Each stage of the problem was reflected by the reaction of the parties' interaction. The researcher thus classified the problem issues raised by

such reactions and select particular theory/concept to explain them by reactions made of each party. Summary of problem issues an selection of theories/concepts are shown below.

The provider side

Table 2 Stage of reaction of provider side

Stage of reaction	Selected theory/concept	Reasons to select theory/concept
Notifying bad news	The Boundary model	Internal structure problem leading to decision choice of informing bad news
Acknowledgement of the first complaint	Moving beyond conflict	Reaction against seeking information
Conflict escalation	The Dynamics of Trust	Reaction of the loss of trust toward one another and trying to reject their involvement in the situation.

(1) Stage of notifying bad news

In this case, Mr. D is an employee with 15 years of work for the blood bank. He has good performance and gains trust from all staff of the blood bank, and he can do every job in this section however might always beyond his power and duty as a permanent employee.

As an employee, the scope of duty recognized by everyone does not allow for notifying blood test result to the donor, but Mr. D determined himself to reject blood donation by Miss Kaew. Miss Kaew and her relatives wanted to know the reason or this, so Mr. D had to tell that there is a problem with her blood that had not been used for several times. Mr. D's action is a decision made beyond his scope of duty and power. The researcher therefore selected the concept of The Boundary Model (Gary T. Furlong, 2005:89-108) for explaining to make sense of the cause underlying Mr. D's decision.

The purpose of Boundary Model is to explain the root cause of breaking the boundaries of people within the society. Four major causes of breaking the boundaries include:

- Lack of clarity around what the boundary is.
- Lack of acceptance of who has authority to enforce a boundary

- Lack of acceptance of who has jurisdiction over a boundary
- A deliberate expansion of a boundary

In comparison with the case study, the boundary in here refers to the role and duty in line with the status of people working in the blood donation room including Mr. A as a permanent employee, and Mr. B, Mr. C, Mr. D as Lab. Staff. At that time, Mr. A is the head of blood donation room. His determination and violation of his role and duty (boundary) in this way had caused the problem which can be summarized by issues of conflict as follow.

Table 3 Issue of conflict

Issue of conflict	Breaking boundary
1. Reject to accept the blood, leading to informing of bad news (Mr. D told Miss Kaew not to donate her blood this time, leading to informing her that her blood test result is positive/negative)	1. Lack of clarity of what is one's duty. Mr. D, an employee of the blood donation room, has the duty to facilitate and receive the blood under supervision of the staff. It is lacked of clarity about the employee's scope of work as he had done a variety of job within and beyond his responsibility as a permanent employee.
2. Head of the blood room did not listen to the concerns of his staff (additional information obtained from mediation process suggested that all staff of the blood room informed that Miss Kaew's blood test result is abnormal and unusable but did not process anything.)	2. Lack of clarification in duty (boundary) and expectation. The duty to notify bad news is the duty (boundary) of everyone and the staff expected that it is the role of their supervisor to process for the blood donor as the culture that the supervisor has to be responsible for it but nothing has been done. Their supervisor had destroyed their expectation by doing nothing.
3. The staff viewed that it should be the responsibility of their supervisor to coordinate in notifying the bad news but the supervisor viewed that everyone should do this, while some thought that staff can notify bad news (additional information obtained from mediation was inconsistent in terms of expectation toward duties among staff.)	3. Lack of clarity in duties and lack of acceptance in supervisor who define the rules. The staff of blood donation room are not clear in steps, roles and duties to notify bad news, so they violated their duties due to the lack of clarity in duty of each staff, coupled with the lack of acceptance of who has jurisdiction over the boundary which in here is the head of blood

Issue of conflict	Breaking boundary
	donation room. Thus has made the expectation of the head to have every staff notifying the blood result did not come into practice.
4. Staffs were confused about the duty to notify bad news to blood donors, that is, the lack of clarity on professional standard of the Lab. staffs to be able to notify blood test result to donors.	4. The lack of clarity in duty and lack of acceptance of the authority who enforces the rules. Information form mediation process suggested that Lab. staffs who are government officials believe that they are allowed to notify blood test result directly to donors without doing so through those who were trained in the process of notifying bad news, as they were more familiar to donors than other professionals. This differed from the standard process for notifying bad news defined by the Ministry of Pubic Health that medical professionals or specific trained personnel are in charge of notifying bead news following given steps. It is thus the lack of clarity in duty and the lack of acceptance of the rules defined the authority.

For the provider, in this stage of notifying bad news, key problems leading to the conflict on notifying bad news were caused by the lack of duties of every staff in blood donation room; the lack of acceptance of supervisor's duties that do not satisfy expectation of other staffs; the lack of clarity in duties in line with professional standard defined to collaborate with other professions. Believing that his profession is more appropriate to take role in notifying blood test result to donors and often working beyond his own duties, Mr. D who is a only permanent employee determined by himself to notify bad news to Miss Kaew, hence serious conflict followed.

(2) Stage of initial acknowledgment of the complaint

Initially, the story did not appear in details for the providers since they acknowledged about the story of Miss Kaew and her relatives from an unsigned letter of complaint which was not included in the risk management system, the story was thus known only among the 4 staffs of blood donation room, and it was not reported to the management. The situation can be explained to understand the story occurred among personnel in blood donation room, using Moving Beyond Conflict Model (Gary T. Furlong, 2005:217-248)

Moving Beyond Conflict Model identifies 3 stages of reactions among individuals: Denial, Anger, and Acceptance. In the case of Miss Kaew, the model responds to the reactions of personnel in blood donation room described below.

- Denial stage

Once an unsigned letter of complaint was sent to the blood donation room along the hospital's risk management system, all staffs of this section acknowledge that it was the case of Miss Kaew complain for the situation happened, however, reject to accept that the problem exists. Although Archan Ooh had come in for blood donation many times afterwards, these staffs had never talked about it with Archan Ooh and denied as if it had never been happened.

- Anger, confusion, and distress stage

After some times, it appeared that Mr. C who has just resumed his work after graduation, was contacted by Dr. Juree to inform the story and asked for his cooperation to confirm the blood test result of Miss Kaew. Initially Mr. C had cooperated well without reporting to Mr. A, his supervisor. Other staffs acknowledged the situation but did not say anything. Mr. A, followed-up so many times by Dr. Juree with a lot of questions difficult to answer and cannot satisfied her need in time, began to feel uncomfortable and less cooperate. Mr. D began to feel confused, depressed, and fear about the problem. Since they each knew that it was not their responsibility for the problem to occur and has not yet resolved, the atmosphere in this section become suppressed. Finally, Dr. Juree had sent a letter of complaint to request from the hospital for the damage cost of 5 million baht. Once acknowledged by the management, all staffs of blood donation room, were queried about the situation, and each of them tried to inform and shared their views in the manner to keep oneself out of the problem. Mr. D was so worried and confused as he intended to work but had a complaint in return.

- Acceptance stage

At the beginning of mediation process, the mediator met separately with each staff of blood donation room, and tried to relate information with the problem. There were some statements about the mistake of Mr. A, head of blood donation room. In this stage, the mediator had tried to pose some questions, reframed their thought, and finally each of them admitted that they partly contributed to the problem, and also accepted the process to solve the problem with respect to their work that caused this problem. They began to talk to solve internal problem, reviewed their duties and roles, and prepared to collaborate with staff of other sections.

(3) Conflict escalation stage

This is the stage where Miss Kaew requested for the damage cost of as much as 5 million baht. Reactions by each staff can be summarized as follow.

- Mr. D was so worried with sad face, and tried to cooperate in arrangement of activities. However, he tried to explain that he did not tell Miss Kaew that she was infected but just said not to accept her blood this time and did not tell her the blood test result that confirm her problem with the blood. However, he allowed Miss Kaew and Archan Ooh to see the blood test result in computer monitor because both inquired about reasons for not receiving the blood. He insisted that he told them the result was uncertain and should have another confirmed test. He said that he did so with an intention that he did not want Miss Kaew to waste the blood for it will be discarded, and also the hospital not to waste the test kits. He believed that over the years of his work he has been very attentive to his work without discrimination. He felt so sorry for the situation because he had good intention toward Miss Kaew but was viewed negatively and was blamed. Besides, he was worried about the money the hospital would lose for this matter, and if he had to shared the responsibility.

- In this stage, Mr. A (head of blood donation room at the time this situation happened) had resigned from this position and take role as a staff. Knowing about the complaint from Miss Kaew and her relatives and the hospital was requested to pay a lot for the damage, Mr. A tried to tell that failure to initially notify blood test result to Miss Kaew was not unusual since it is not the role of blood donation room which takes care of the receiving blood and prepare blood for patients. This section needs not to regard donors who are willing to do so because physical check-up is not required, so they do not want to know the blood test result.

Mr. B and Mr. C gave information to attribute the mistake of the head of blood donation room who had to take care of this matter because they are only staffs though being aware of Miss Kaew's blood result, it was not their duty to notify Miss Kaew.

The situation occurred can be explained by the Dynamics of Trust Model (Gary T. Furlong, 2005:127-166) in that when an undesirable situation occurred, people often attribute or blame to environment, and if failed, they begin to blame others eventually.

The client side

Table 4 Stage of reaction of client side

Stage of reaction	Concept and theory adopted	Reasons
Stage of Acknowledgement of bad news	Moving Beyond Conflict Model	Reactions when receiving bad news are frustration and anger
Stage of Self adjustment and confirmation	The Dimensions Model	Complainant felt confused and expressed in many ways
Post stage	Interests/Rights/Power Model	There are demands and establishment of power in negotiation to manage the conflict

1) Stage of Acknowledgement of bad news

The reaction of Miss Kaew since she knew the blood test result to the situation she almost commit suicide can be explained by Moving Beyond Conflict Model (Gary T. Furlong, 2005:217-248) stating that the reaction of people when perceiving undesirable matter comprises 3 steps: Denial, Anger, and Acceptance.

- Denial

Miss Kaew once perceiving the problem with her blood test result, she felt it was not possible as she did not conduct any risk behaviors. Archan Ooh had tried to seek any

sources or activities that could have caused positive blood result, eventually believed that it would not be possible.

- Anger, refused, depress

Miss Kaew was still unable to accept the situation, so she decides to prepare for suicidal but Archan Ooh had stopped it.

- Acceptance

Both Miss Kaew and Archan Ooh accepted that the blood result exists but still uncertain, so they seek to resolve it by having the blood retested for confirmation at many institutions.

2) Stage of self adjustment and confirmation of result

It is the stage of self adjustment for Miss Kaew. Her reaction can be clearly described by The Dimensions of Conflict Model (Gary T. Furlong, 2005:167-190) based on the principle that any conflicts have 3 mixed dimension of conflict: cognitive dimension, emotional dimension, and behavioral dimension.

- Cognitive dimension

Miss Kaew, Archan Ooh, and family perceived that the society viewed negatively those with positive blood result, and basically believe that they would have had risk behaviors, hence interpreting the story at the extent of effecting the family psychologically and socially in overall. Therefore, the responsibility of hospital not only involve the blood result but also their prestige and face in the society.

- Emotional dimension

The situation has enormous effect on Miss Kaew's emotion and feeling though her repeated blood test results are all negative. She is still afraid of the word "blood", and has never walked pass the blood room and even no blood donation any more. Particular in early stage of the event, Miss Kaew felt lacked of confidence to live her life by herself so she dropped off her master's degree study in Bangkok for 1 year and came home to stay with Archan Ooh, after that she can live normal life again.

- Behavioral dimension

Miss Kaew apart from showing her "fear" behavior and rejecting blood donation activity, she began to seek information about various aspects of standard on blood donation reception of the hospital. Such behavior demonstrates an attempt to solve problem, that is, confronting the problem.

3) Later stage

Ultimately, Miss Kaew and her relatives had decided to make a demand to the hospital. This can be described by the Interest, Rights and Power Model (Gary T. Furlong, 2005:109-126), that is, the demand for interest, rights, and power as a result of the situation, by

Step 1 Demanding that the hospital pays for the damage cost. This is to exercise the right that she deserves to gain interest in psychological, procedural, and content aspects as a result of the situation.

Step 2 Increasing power to oneself by submitting complaints to various organizations, sending complaint letter to the top administrator to solve the problem.

Table 5 Summary of understanding of the situation in conceptual/theoretical perspective

Providers	Reaction Stage	Clients
Lack of responsibility in one's scope of authority that allows unauthorized personnel who recognized the unsolved problem to take action beyond his or her roles.	Stage of notifying bad news/ Stage of perceived bad news	Perceived bad news was not notified through proper process, hence reaction occurred, rejecting problem, inability to get through problem, hence moving into the stage of confusion and suppression, leading to the decision of suicidal but helped by someone who provided mental support to accept the problem and finally found the right solution.
Staffs of blood donation room perceived the problem of Miss Kaew's dissatisfaction and her effort to contact for blood result confirmation. However, with the lack of respect and trust toward each other between the head of this section and staff, the problem was	Stage of self adjustment and confirmation of result	- The effect from the stage of perceived bad news to an effort of having the blood tested for confirmation had psychological effect in various dimensions of conflict - Changing from feeling frustrated by the problem into angry toward

Providers	Reaction Stage	Clients
thus responded at individual level. The whole problem was unsolved, leading to the lack of continuous problem solving.		the hospital had lead to the situation.
-	Stage of post blood test confirmation	Demanding for interest, rights, and seeking for negotiating power by sending complaint letters to various organizations stating the use of public media to request for justice.
Reject the problem by each staff and lack of trust toward each other	Stage of perceived complaints	Trying to assess responsive behavior of the hospital and the lack of trust toward such behavior.
The lack of trust toward each other at the staff level, blame for ignoring duty.	Stage of conflict escalation	Lack of trust, demand for negotiating power, rights, and interest.

Analysis of relationship between parties throughout the conflict resolution process.

Relationship between parties throughout conflict resolution process can indicate the development of declined relationship until breaking-up and then reestablishing relationship again by mediation process. Considering various indications in the analysis of relationship suggesting that:

- Stage of pre-mediation

There are friendly relationship between Miss Kaew and Archan Ooh with the staffs of blood donation room. Mr. A said that Archan Ooh is a key person in regularly recruiting blood donors from he department she teach for the hospital. Archan Ooh and Miss Kaew said that they are familiar with the staffs of the blood room. After informing the blood test result to Miss Kaew, there are a number of indicators contributing to the declined relationship to the level of becoming conflict parties.

Table 6 Indicators contributing to the declined relationship to conflict parties

Indicators	Indicating events
Lossing face of one party.	- Archan Ooh is an instructor in psychology and giving counseling to students. She had adopted Miss Kaew as her child which is known throughout the institution. She regularly recruit students to donate blood to the hospital and this event is regarded a great merit in life for both of them. Following Miss Kaew informed positive blood test from the disease viewed by the society as caused by improper sexual behavior, making Archan Ooh felt that she could not further her duty, as she said “The mother who gives advice to others but her own daughter was infected, how can she go on counseling other children or advocating others to make merit.” - Miss Kaew is a student viewed by Archan Ooh having good behavior and is loving to her and took her as adopted child. From the situation of positive blood test result, Archan Ooh and surrounding people had queried Miss Kaew of she had done something wrong or risky though basically they did not believe it was her improper behavior. Miss Kaew felt like loosing face and image she had shown and because of the situation that she could not bear to live in the society and decided to commit suicide.
Confusing atmosphere, trying to find fault with each other, less acceptance of one another.	- Among staffs of blood donation room, after recognizing the situation of Miss Kaew’s dissatisfaction, Mr. C had tried to cooperate and clarify with Dr. Juree without telling other staffs or reporting to Mr. A as head of blood donation room during that time. - Mr. D was aware of the story and was worried about the situation. He felt concerned with Miss Kaew but found no solution, cannot even talk to anyone. Later when he saw Archan Ooh came in to the blood donation room he dare not talking to her. - Archan Ooh, after this situation, had been there to donate blood again, attempting to see if the blood donation room would have shown their responsibility for this but she did not find any responsive behavior from the staffs. - Dr. Juree and Miss Kaew seek to find the measure of notifying blood test result, the standard of blood test result or various organization for comparison with this hospital. She said many drawbacks exist.

Indicators	Indicating events
Rating satisfactory/unsatisfactory levels of oneself with another.	-Dr. Juree was unsatisfied with Mr. C's delayed response of blood result confirmation, and felt that she received no serious attention like avoiding after that. -Miss Kaew and Archan Ooh said that they have been continuously donating blood for a long time and there was a problem with blood result but the hospital did not notify them as if they did not attentive to the donors. -Mr. D felt sorry for the situation occurred. He believed in his good intention toward Miss Kaew that she did not have blood waste and unused. In addition, he has long been working seriously and always work in acting for the staffs, but he was complained and was the only one to be blamed to fault by everyone.
Unamicable behavior	- Dr. Juree and Miss Kaew had investigated the standards for receiving blood donation until it was sure that the hospital itself had failure in notifying result. They thus tried to contact and demand that the hospital pay for the damage cost with a condition that if there was no response they will publicize through various media.
Tension exists, no desire to have discussion again	- The hospital director himself had coordinate to have a dialogue with Dr. Juree, however unable to reach an agreement, making the atmosphere of impasse that might have to let Miss Kaew suing the hospital. - Miss Kaew and her relatives felt that they receive no response, hence reporting to officer, sending complaint letters to the top administrators to force the hospital, consistently requesting for the meeting with administrators of different levels. They believed they would win in court if doing so. -Miss Kaew and Archan Ooh had never been there for blood donation again, and stopped their help in finding donors.

Indicating events by indicators of declined relationship suggested that there existed behaviors and feelings between parties covering all indicators, reflecting that previous relationship of interdependency, caring, and assistance had declined to the extent that rises negative feeling against each other in a way that they were acted inappropriately in absence of both parties' reflection on intention. Finally, their relationship was completely broken up, and they want to find fault, punish, and remedy at high degree.

- Stage in between mediation process

Expression of parties and proceeding mediation process by the mediator can lead in the direction of enhancing relationship, as seen in the following relationship indicators.

Table 7 Expression of parties and proceeding mediation process by the mediator

Indicators	Indicating events
Revelation of truth	- The hospital provided Miss Kaew with information on work process of blood donation room and also the risk management process that prevent her complaint letter from reaching the director. She thus felt the hospital was not responsible for this. - By talking with the staffs of blood donation room to find the truth and collect information, it revealed to the mediator internal problem of this section about incompatibility among staffs, hence the problem was unsolved. - Miss Kaew and Archan Ooh accepted that Mr. D had just reject to accept Miss Kaew's blood, but the blood result was known to them because they seek for reason of rejecting the blood, so Mr. D have to decide showing them the blood result.
Providing fairness and opportunity to rectify mistake.	- Miss Kaew and her relatives viewed that for fairness, the hospital needed to pay for the damage and improve the systems of blood donation room and notifying result. - The hospital director accepted to improve the systems of blood donation room and notifying result, and saw that the hospital can offer fairness to Miss Kaew by helping Miss Kaew and her family with some expenses resulted by this situation.
Apology, acceptance, and forgiveness	- The hospital director expressed his sympathy for the situation faced by Miss Kaew. - During a separate caucus, Mr. D expressed his apology to Miss Kaew and her family for psychological effect posed on

Indicators	Indicating events
	them. Mr. D's decision to make an apology is his own determination after recognizing the situation Miss Kaew was faced as a result of his informing of blood result. - Miss Kaew and her relatives did not keep that Mr. D to be punished and insisted that Mr. D is generous and take good care of them during their interaction before the situation had taken place.
-Respect toward one another -Creating acceptance and appreciation with one another	- Dr. Juree was appreciate the hospital director's effort to solve the problem in this situation that the he was facing with various aspects of crisis. She offered her intention to help with patients occasionally if the hospital found it helpful.
Creating a sense of safety trust toward one another.	- The mediator conformed for the willingness of both parties. However, Miss Kaew found it unsatisfying her expectation so she asked to suspend it. After some reflection, she later contacted to ask the mediator to proceed the mediation. - The mediator asked both parties to sign a contact of acknowledgement of mediation rules. Revelation of information started, making both sides feel more comfortable to tell their story.
Saving face and dignity	-
Effort facilitating parties' talk and shared activities.	- The mediator set the rules that the mediation proceed with discussions in a polite manner and alternately expression between both parties at a time.. The mediator summarized and reframed their statement to facilitate common understanding. - Efforts were made to help both parties keep contact, coordination, and talk about what is needed to consider in the following sessions.
Self-regulation and clear process	- Prior to their decision to enter the mediation process, Miss Kaew and Dr. Juree had made queries in full details about the process.

Indicators	Indicating events
	- In the mediation, the mediator explained again the process to both parties. - Both parties were able to keep the rules all through the process though an agreement was not reached.
Effort to seek common views and interests.	- The mediator seek information from both parties, then analyzed and made conclusion so that both parties were exposed to similar information, including concerns, and offers, followed by summarizing different issues of conflict, and providing a forum to make common understanding.
Concern, care, attention, and active listening	- The hospital director expressed his concern on Miss Kaew's graduate study, and listened to the problem faced by her from the situation. - Miss Kaew and her relatives perceived the limitation of hospital in response to Miss Kaew's demand, and tried to suggest an alternative that Health organization at central health share the responsibility.

Result of analysis on the relationship between parties during the mediation process suggested that the mediator acted and stimulated to produce behavior and expression of the parties according to the indicators, so that various aspects of relationship were reestablished, except indistinct aspect of face and esteem saving from the society. Since the following blood test results did not show any infection or appeared negative, Miss Kaew and her relatives accordingly had no doubt on this issue. The mediation process therefore ultimately led to the restoration of their relationship.

- Stage of post-mediation outcome

The level of relationship indicating that the relationship between the hospital and Miss Kaew including her family and relatives was reconciled almost at previous level can be analyzed as follow.

Table 8 The level of relationship between the hospital and Miss Kaew

Indicators	Indicating events
Satisfactory level	-Miss Kaew and her relatives agreed to voluntary receive healing support from the hospital by means of actual expense incurred during the verified blood test process. -Miss Kaew agreed to withdraw the complaint against the hospital from all other organizations they had submitted the complaint. -The hospital director agreed to accept the negotiation condition in absence of any forces. The top administrators acknowledged the closure of this long story. -The hospital took action on internal development of blood donation room which has long been a problem to deal with, and with cooperation of al staffs -The staffs of blood donation room talked about internal problem and were willing to cooperate to prevent repeated problem.
Maintaining consistent relationship and revisit for the service.	-Dr. Juree expressed her intention to help with the patients if requested by the hospital. -Archan Ooh and Miss Kaew are willing to collaborate between the university and the hospital to improve some aspects of skills of hospital's personnel and are also pleased to coordinate to find blood donors as usual.

Analysis of relationship based on indicators suggested that the relationship between the parties are restored by this mediation process.

Investigation of conflict resolution process of the case

The process that the mediator designed and employed to resolve conflict by using mediation in this case based on integrating a variety of process as a specific step for this case. To investigate this case, the mediator compared mediation process with the 12-step process of Christopher Moore (1995). For each step, the mediator used a number of technique to restore relationship. Analysis of each step is shown below.

Table 9 The mediator's 12-step technique to restore relationship⁶⁵

Indicating activity based on theory	Step	Analysis of actual process	
		Indicating event	Relationship building technique
-Building relationship with the other party -Building trust -Promote friendship -Educating parties about the process -Increasing parties' acceptance of the process	1) Building relationship with the other party	-Self-introducing of the mediator and status -The mediator took time to explain mediation process and rules to the parties, especially with Miss Kaew for 2 hours long. -Asking both parties for their willingness to use mediation process -Showing sincerity by opening opportunities for the parties to drop out from the process once they feel the process is useless or bias. In this matter, Dr. Juree asked the mediator to emphasize that "If dropping out, the mediator will not take it losing face and she need not to be concerned. This is a deal"	-Self-introducing, position and role in organizing the process - Giving information about mediation process - Showing the status of mediator as middleman by allowing parties to judge it from the mediator's proceeding the process not from their belief of being told that the mediator is impartial. -Allowing for self-determination to enter the process
-Helping the parties to assess the method used for managing various conflicts and	2) Helping the parties to choose suitable	-The mediator asked about the action plan the parties expected to do if not entering the process.	- Using trust building technique. - Building sense of safety and trust toward each other.

⁶⁵ Christopher W. Moore. The Mediation Process.: Practical Strategies for resolving conflict, pp. 68-69.

Indicating activity based on theory	Step	Analysis of actual process	
		Indicating event	Relationship building technique
solving problems -Helping party with choosing methods -Coordinating problem solving process of the parties	problem solving method	- The mediator offered a mediation process without preventing the parties from using any other process they want as they can be done simultaneously. - The mediator offered the solution by starting with active listening.	
-Gathering and analyzing data related to individuals in terms of movements and contents of conflict issues -Verifying data accuracy. -Reducing the effect of inaccurate data or no data presented.	3) Gathering and analyzing basic information	- The mediation process was implemented by having separate meetings with all people involved to gather information, consider how the situation was formed starting with informing blood test result and problem solving process of each party, perceived emotion of both parties from their interaction, for example, Archan Ooh came to blood donation room but receiving no response, making her feel that the staffs were unaware of the problem. - The mediator analyzed information obtained to link with events, feelings, and perception of different views, and summarized the situation	- Revelation of truth, allowing more accessible to information and fact. - Establishing respect and honor toward each other. -Stimulating their perceived loss. -Building sense of care and attention, including active listening -Trying to identify common views or interests. -Promoting acceptance of the problem occurred.

Indicating activity based on theory	Step	Analysis of actual process	
		Indicating event	Relationship building technique
		as introducing statement. - Some information are inconsistent, for example, Miss Kaew said that her letter of complaint was not responded, while the hospital explained that because the letter was unsigned, hence not submitted to the administrator.	
- Finding out and identify strategies and a sequence of tangible action assisting parties to move toward an agreement - Finding and identifying actions that might happen to respond to unlikely situation of certain conflict problem.	4) Designing a detailed plan of mediation.	- The mediator together with both parties had planned for the mediation process in the following issues. 1. People to be involved in the mediation process are management team of the hospital and Mr. D. 2. Venue for mediation followed the parties' choice. In this case, they agreed to use hospital facility. 3. The venue was prepared by the hospital by arranging a round table with enough seats. 4. Mediation process opened by the mediator, followed by parties' discussion, focusing on making understanding,	- Saving face and honor of all parties. - Efforts to generate concerns and care, attention and active listening. - Finding common interests

Indicating activity based on theory	Step	Analysis of actual process	
		Indicating event	Relationship building technique
		finding fault on no one, and directing toward interest-based negotiation. Asking both parties to carefully consider what should be the gain and the loss without focusing on themselves. 5. Identify clear mediation rules that the mediator has to follow.	
-Preparing mental state of the parties involved in substantive negotiation -Regulating intense emotion. -Examining the concept, views, attachment, and trying to reduce their effects. -Raising awareness among the parties on legitimacy and various issues. -Building confidence -Establishing exact modes of communication	5) Building confidence and cooperation	The mediator had prepared the parties in terms of their mental state since the caucus sessions. - In the first meeting, Miss Kaew and Dr. Juree were very angry and disappointed with the response from the hospital. As a result, they were questioning and expressing emotionally during the situation. The mediator had tried to reduce their negative feelings by concluding the issues in doubt and accept to find out information to bring into the process. For provider, the mediator stimulated them to demonstrate the true feeling.	- Building concern and care, attention and active listening. - Creating sense of safety and trust. - Understanding of following the rules. - Having self-regulation and clarity of the process. - Communication to improve interaction such as active listening, making summary, and restatement.

Indicating activity based on theory	Step	Analysis of actual process	
		Indicating event	Relationship building technique
		Prior to the joint discussion, the mediator prepared to review issues of positive aspects of each party and let the other party know. - Initially, the communication was made through the mediator, that is, the mediator represented to convey emotion and feeling of each party to avoid misperception. Assessment of perception was performed throughout the process by restatement and reframing of concept.	
-Opening mediation between parties -Establishing open and constructive discussion. -Establishing ground rules and behavioral guidelines during the discussion. -Helping parties with venting. - Opening for issues and contents of discussion. -Helping parties	6) Commencing the mediation by the mediator	The mediator proceeded as follow. - Opening dialogue by self-introducing and having parties introduce themselves again, then asking their willingness to enter the mediation process. -The mediation reviewed mediation process and clarify the role of mediator to act as middleman. -The mediator had both parties sign the contract to acknowledge mediation rules prior to actual mediation.	- Summary and restatement - Reframing words and concept - Building trust - Providing fairness, and opportunity to rectify mistake, remedy for the damage, gains and losses -Forgiveness and accepting forgiveness -Establishing acceptance and appreciation of one another -Effort to promote discussion in common

Indicating activity based on theory	Step	Analysis of actual process	
		Indicating event	Relationship building technique
consider accepting prominent issues and problems on influence.		- The mediator recommended how to question and answer during the process. - The mediator summarized information gathered from the caucus sessions.	language -Maintaining extensive relationship
-Identifying the broad areas of concern among parties -Finding an agreement on issues of discussion. -Making an agreement on the orders of various issues to be resolved.	7) Identifying issues and planning meeting agenda	The mediator identified the sequence of discussion in 2 issues: - Issues in doubt that need answer and are easy to first understand and make sense of limitation of the situations - Issues related to the demands of either monetary or non-monetary	-Revelation of truth -Building trust
- Identifying areas of focus or interests either substantive or psychological issues. -Educating the parties about the focus and interest of each party.	8) Revealing the parties' underlying interest or focus	The mediator tried to have the parties review and recognize their real interests by: - Asking Miss Kaew if she really wants Mr. D to be punished. - Asking Miss Kaew how she base her demand of 5 million baht, and if the hospital accept to pay for that amount but without any revision or improvement to answer her question in doubt, is she	- Effort to identify common views or interests. - Providing fairness and opportunity to rectify mistake and remedy for the loss. - Assessing the value of loss. -Forgiving and accepting forgiveness

Indicating activity based on theory	Step	Analysis of actual process	
		Indicating event	Relationship building technique
		satisfied with that. Based on the questions asked by the mediator, Miss Kaew turned to review her demand whether she wanted the hospital clarify and improve the problematic work process to prevent repeated situation to others, and indeed she did not want Mr. D to be punished. This has led the process move into interest-based discussion and withdraw from previous demand-based position.	
-Developing awareness between parties in their need of a variety of options -Reducing attachment to the position or choice of oneself. -Generating other options by using position-based negotiation or interest-based negotiation.	9) Creating options leading to an agreement.	In the mediation, efforts have been made to create various options of solution for reaching an agreement, which are categorized into 3 types of gains and loss. -Substantive interest: the money Miss Kaew wanted. -Process interest: Being accepted to discuss and improve work process -Psychological interest: Mr. D who informed the blood result, had apologized Miss Kaew and her family with his deepest excusatory manner	- Providing fairness -Providing opportunity to rectify mistake, remedy for the damage, gains and losses -Forgiving - Concern and care, attention and active listening.

Indicating activity based on theory	Step	Analysis of actual process	
		Indicating event	Relationship building technique
		that he unintended to cause her that much psychological affect.	
- Examining the focus or interest of both parties -Assessing to what extent and how the parties' focus or interest are met by those options. -Assessing the cost and benefit of particular option.	10) Assessment of option to identify an agreement.		
- Reaching an agreement by gently converge their position, or choose to adopt agreements, or develop a formula of common view, or construct procedural guidelines to reach a substantive agreement	11) Proceeding final step of negotiation	The final step of negotiation after pending the process, is to proceed under negotiation on monetary remedy. Miss Kaew accepted to review for actual expenses incurred, and the hospital were willing to pay for that actual expenses including some amount of money to assist in caring and making merit. - Honestly calculating with a formula for actual expenses.	- Effort to identify common views or interests -Saving face and prestige of all parties.

Indicating activity based on theory	Step	Analysis of actual process	
		Indicating event	Relationship building technique
-Identifying procedural steps toward an agreement -Establishing evaluation and supervision process. -Moving an agreement toward formal guidelines and promoting means of bringing them into practice and acceptance.	12) Reaching formal agreement	Both parties finally reached an agreement with a contract of compromise and subsequent practice identified in the contract. Miss Kaew will sampling follow-up the revision of work system.	- Creating sense of safety -Maintaining consistent relationship and revisit the services. -Self-satisfaction toward an agreement

Results of the analysis on mediation process in this case, using 12 steps, suggested that the mediator can move the whole process of mediation in which every step employed technical method to systemically develop relationship in a systematic and restorative direction, based on building trust and interest-based approach.

Summary of conflict resolution outcomes: a comparison between theory and reality

The analysis of mediation process to restore relationship in this case study was summarized as follow.

1) Conflict resolution steps in the case study

The mediator proceeded the mediation process adopting 12 steps divided into 4 stage, each of which inserted with technical method to consistently restore relationship between parties. The 12 steps are summarized in the following boxes :

Figure 11 The 12 steps of Mediation and Relationship building processes⁶⁶

Step 1 Establishing relationship with the parties	Step 8 Finding interest or focus	Step 9 Creating option leading to an agreement
Building relationship technique Self-introducing, roles, giving information, showing neutral status	Review position, finding common interests, providing fairness and Opportunity to rectify mistake	Separating interest, providing fairness, forgiving, building concern and care, attention, active listening
↓ Step 2 Helping parties choose solution	Step 7 Identifying issues, planning meeting agenda	↓ Step 10 Assessing options
Building relationship technique, finding option to solve problems of the parties, offering lateral process	Separating issues of understanding prior to negotiating of only damage compensation	Technique for Building relationship, self-introducing, role, giving information, showing neutral status
Step 3 Gathering and analyzing basic information	Step 6 Starting mediation	Step 11 Final stage of negotiation
Separate meeting to reveal the truth, giving respect toward each other, stimulating perceived loss, concluding issues	Communication to improve interaction, building trust, providing fairness, forgiving, maintaining relationship	Finding common views or interests, saving face and prestige, acknowledging limitation
Step 4 Designing negotiation pattern	↑ Step 5 Building confidence and ..	Step 12 Reaching formal agreement
Considering face and prestige, having each party extend concern and care toward each other and find common interests	Building sense of safety and trust, understanding rules, communicating to improve relationship, e.g., briefing and reframing statement	Building sense of safety, maintaining extensive relationship, satisfaction

⁶⁶ Christopher W. Moore. , Op.cit.

Developing relationship between parties

Comparing relationship of the parties with the relationship theory suggested distinctive indicating behaviors that reduce relationship, from the event that caused the relationship stop, leading to confusion, finding fault, refusing to accept each other, keeping distance, refusing to accept limitation of the other party's identity, beginning to find drawbacks and attack the other party, demonstrating unfriendly behavior, showing apparent divisive view, and finally escalate to the level of division that the parties unwanted to talk but need some healing, suitable punishment, including threatening and applying power to force for what is desired.

At the beginning of mediation process particularly in which the mediator is one personnel in the same organization as one party, hence major difficulty is therefore to prove for being impartial and try to separate oneself from representing the organization. The mediator explained the procedure of mediation process, introducing roles, and seek opportunity to prove for impartiality by doing and establishing relationship during this time. This is to build trust and honestly reveal oneself including open for their access of information. The relationship of the mediator and the parties was that of trying to believe. After the process were going on for a period of time, the parties had come to an impasse since either of them were so attached to their position. The mediator asked them to review their own standpoint and continued the process once shifting their position. At this point, the mediator applied relevant technique to construct extensive relationship and demonstrated good faith and intention to run the process effectively. Eventually, the parties had changed their position and revisited the mediation process and finally reached their agreement.

In brief, improving relationship in this case study demonstrate that the mediation process which focuses on establishing relationship facilitates the restoration of relationship at satisfactory level of either parties. In addition there was an effort to generate joint activities to improve the hospital in many aspects. Although Miss Kaew was still unable to re-enter the blood donation process, she volunteered herself to help with hospital activities and other aspects to improve the hospital. This is therefore an evidence that the mediation process actually restore their relationship.

Guidelines for mediation to restore relationship

Mediation process for restoring relationship in this case study integrated between standard process and relationship enhancing technique inserted during the ongoing standard process. This is a unique feature of mediation in medical and health aspects. In other words, the mediation to restore relationship in health does not rely solely on discussion under the condition of demand but it requires to make understanding in the situation, views,

perceived loss, limitation, and the reason for remedy of all parties. Perception of the other party's suffering and regret for the situation occurred similarly to the loss of one party makes it possible to see the broken relationship with different view and that it can be continued to restoration. Mediation for restoring relationship is therefore to demonstrate the truth and penetrate relevant technique of building relationship in every step of the process, with precise objective of implementation. In this way, an agreement can be reached finally.

Obstacle findings before success :

Mediation process particularly in which the mediator is one personnel in the same organization as one party, hence major difficulty is therefore to prove for being impartial and try to separate oneself from representing the organization, to go beyond this obstacle, trust building and honestly reveal oneself and open-minded for their access of information are essentials.

Effort to reach an agreement satisfied by every party. In the case of distress from bad news with the party seriously impacted by the event at the level of self destroy which is more difficult than general case, it relies on the belief and faith of the mediator and team on their constant use of peaceful approach though it takes time. Major obstacle is that both the parties and mediator often disengage from the process or terminate the peaceful process and turn to other alternative to prevail one another by law as they fail to hold enough faith or endurance.

This case however can succeed but taking time to run the process for up to 8 times in 11 months. Certainly the parties previously intended to withdraw from the process but with the mediator's effort and patience, they finally came up with an agreement

Restoring relationship between the parties is even more difficult than satisfying them with an agreement in almost every case study using western approach. Though the parties were satisfied with an agreement about interests but refused to reconcile. An idea suggested by the case study is to rely on belief and faith. Understanding about the potentiality of human to build inner peace on Buddhism principle, restoring relationship will be easier to achieve

2.2.4.1.1 Case Study 2 : Delayed diagnosis of “lung cancer”

Introduction

The signs and symptoms of lung cancer include persistent cough for a long period, coughing up blood in sputum, fatigue of unknown cause or no cause, swelling of the neck and face, breathing difficulties, pneumonia or persistent bronchitis, loss of appetite, weight loss, hoarseness, constant pain in chest, shoulder, and back.

The above signs and symptoms are not the early stage of lung cancer which is actually no symptom and the doctor may incidentally discover it by chest X-ray, and routine physical exam. Common symptoms other than cough include swelling of the neck and face, hoarseness, breathing difficulties because of water in lung (pulmonary edema)

Diagnosis of lung cancer can be performed by various methods such as Chest X-ray which may show a mass in the lung, AT (Computer-assisted tomography) scan MRIs (Magnetic resonance imaging) to observe almost every part of our body, identify size of lymph nodes mass and the spread to other organs, however unsuitable for general physical exam due to high cost and difficulties. Sputum cytology is performed to take a sample of fluid in the lung for the case of pulmonary edema to test for cancer cells which may be found earlier than Chest X-ray but unable to locate the tumor. PET scan is done by injecting radioactive materials into the body at the region defined tumor. Lung scan, Bone scan, taking sample of tumor for pathological test are proceeded if suspicion of cancer which can be performed by using needle biopsy to take a sample of tumor, or insert a tube of bronchoscopy into the airways to reach the tumor and take a sample of tumor to test. These pathological diagnosis can define types of cancer cells.

Classification of stages and guideline for treatment of lung cancer can be defined in 4 stages by the size and severity.

Stage 1 The cancer is only in one area of the lung (localised) and no spread to lymph nodes or lung tissues. The cancer is surgically removable without requirement of any other methods.

Stage 2 The cancer is spread to lymph nodes around the lung but still localized. Detection is performed by CATscan or mediastinoscope. Treatment applied surgery to remove the cancer including the lymph nodes surrounding, followed by radiation therapy or chemotherapy.

Stage 3 Additional lymph node invasion has occurred around mediastinum, divided into 2 types:

-Stage 3 type A Only 1 tumor was found. Treatment initially relies on combined radiation therapy and chemotherapy and once the tumor become smaller surgery may be applied to remove the mass.

-Stage 3 type B More than 1 tumor were found and often surgery is impossible. Combined radiation therapy and chemotherapy are alternatives.

-Stage 4 The cancer has spread to another part of the body such as liver. Treatment can be performed using chemotherapy followed by radiation therapy in selected areas.

The story

People involved in this case of conflict are Mr. Amnaj, a patient; Mrs. Panjai, patient's wife; Dr. Damrong who provided inguinal hernia treatment; Dr. Kosol, previous hospital director; Dr. Sa-ngob, new hospital director; Mrs. Suparp, the first mediator of the hospital; and Mrs. Dara, the second mediator of the hospital.

Background story

Mr. Amnaj suffers from inguinal hernia and was admitted into the hospital. Prior to undergoing an operation, the doctor prescribed to have his blood and urine testes, and chest X-RAY, and after the operation he has shown normal recovery.

Six months later, Mr. Amnaj has experienced abnormal coughing and chest pain, so he revisited this hospital and was diagnosed by having a chest X-RAY, it appeared that mass was found in his lung. After diagnosed in details by the doctor, he had lung cancer. After providing treatment for a period of time, the hospital had referred Mr. Amnaj to a university hospital in Bangkok for further treatment by lung cancer specialist. He was told that it is the severe stage and only supportive treatment can be done.

Mrs. Panjai, his wife, has doubted that from his first chest X-RAY, why the hospital did not notify to his relatives that a mass was found in his lung. Queries were made, the X-RAY film was observed again, and the mass was found. The question was raised angrily that why the hospital did not notify to his relatives that the mass was found in his lung and the hospital's response is needed. This has led to a meeting and asking the hospital to respond, along with an accuse that it was the mistake of the hospital causing Mr. Amnaj receive delayed diagnosis and treatment that the disease turned severe to be curable.

The hospital tried to have a dialogue with Mrs. Panjai to clarify the situation but it did not make her feel comfortable. Moreover, she wanted the hospital to take responsibility by arranging transportation for the whole period of treatment in Bangkok, including accommodation expenses. Mediation team of the hospital led by Mrs. Suparp accepted to

provide transportation facilities over the period Mr. Amnaj making a trip to receive radiation therapy in Bangkok, including necessary care during his terminal stage. However, the negotiation coordinator between Mrs. Panjai and the hospital had failed to keep the promise about the transportation for every trip, so Mrs. Panjai had brought Mr. Amnaj back to this hospital for continued treatment during this terminal stage. It appeared that the treatment was unsatisfied in terms of such as no special room was arranged, no transportation provided, and perceived reaction, words, and action of negative feelings from hospital staffs for several times like these words “30 baht, how can you expect anything more special”

At last, Mr. Amnaj had died. Mrs. Panjai and her family were unable to mentally accept the situation. She constantly believed that if Mr. Amnaj had received treatment early when the tumor was found and was curable, he would have lived longer. Mrs. Panjai wanted the hospital to be responsible for such diagnostic mistake and pay for the damage occurred for the family as a result of the situation. She submitted a complaint and wanted to sue the hospital and the doctor.

The hospital had changed the negotiation coordinator to Mrs. Dara to replace Mrs. Suparp since she was unsatisfied and distrusted by Mrs. Panjai for her previous coordination failing to keep the promise. Mrs. Dara had consulted with The Center for Peace in Health Care and was recommended that the relationship to be rebuilt and advocated to proceed renegotiation. Both the hospital and Mrs. Panjai agreed to enter mediation process for which this Center took mediator role.

The story appeared in mediation process

The provider side

Dr. Kosol had assigned Mrs. Suparp to coordinate with Mrs. Panjai when she began to make a complaint. Dr. Kosol were well aware that the X-RAY film of Mr. Amnaj showed a mass in his lung since he had been admitted for inguinal hernia but the doctor who provided treatment did not inform his relatives because he focused on the treated disease. Dr. Kosol after receiving the report form Mrs. Suparp about the demand from Mrs. Panjai and her family, was worried that it would never end and it is difficult do so, he hence delayed the case until he transferred to another position.

Taking the hospital director position, Dr. Sa-ngob recognized the problem occurred and considered that Mrs. Suparp had no more gained trust from Mrs. Panjai and also lost their relationship, he therefore designated Mrs. Dara to take coordination role instead. Dr. Sa-ngob himself had tried to negotiate with Mrs. Panjai for several times. He felt so depressed, unhappy, and regret for the situation. However, he viewed that Mrs. Panjai was over-

demanding, highly emotional, and unapproachable that he had to say “Even accepted, it won’t end, we are sued no matter what”

Dr. Kosol felt that he himself had tried his best in the operation to treat Mr. Amnaj and no problem exists. He admitted that he did not attentive to any other problem but he had no intention to let that happened. The hospital should take better care for the doctors, and he wished this problem end. The hospital should thus instantly pay as requested.

Mrs. Suparp felt sorry that the director assigned someone else to take her role without any discussion. She was worried that Mrs. Panjai discredited her for not taking good care though she coordinated to assist her all the time, but sometimes she did not have cooperation from other sections and it caused problem occasionally. Besides, Mrs. Panjai had consistently demanded, so she reported to hospital administrator but no decision had been made, and that she was blamed by Mrs. Panjai. She did not know what to do. Moreover, other staffs thought that she was pleased and care Mrs. Pamjai too much, so they were less attentive to cooperate. She felt so depressed.

The client side

Mrs. Panjai felt constraint that failure to notify that a mass was found in the lung of Mr. Amnaj had resulted in delayed diagnosis of lung cancer, leading to early loss of life of Mr. Amnaj in absence of the family’s preparedness physically and psychologically. Mr. Amnaj’s death effected the business and ways of life of family’s member by which the eldest daughter had to leave her job to take care of this business. After she presented the problem with diagnosis to the hospital, she met with the coordinator who accepted to help but actually not as expected, for example, not arrange transportation as requested, special room not provided even shared room, staffs did not pay attention. During the last stage of Mr. Amnaj, his son had help with respirator but was blamed and no doctor had come to attend until after 2 – 3 hours.

After having a talk with Mrs. Panjai, it was informed that the hospital regretted for the situation but it cannot substitute the sorrow of her family. Being aware that the hospital truly regretted for their treatment and behavior and might be able to heal her feeling, Mrs. Panjai recommended the hospital to improve in the following areas:

1. The hospital should improves in the aspect of patient service in case the hospital has to take responsibility for, by having a team to take care of the case especially for patients who admitted in the hospital, there should be hospital staff to handle the case immediately.

2. For VIP CARD, there should be a measure to facilitate easy use and reduce unnecessary steps, for example, no inquiry to the patient's relative how much they donated to the hospital since the hospital can check from hospital record.

3. The performance of staffs/nurses/doctors should meet high standard since it involved the patient's life even this is the government hospital with a large amount of patient visits. For example, examination of X-RAY films should be double checked to prevent any mistake.

4. There should be management and training for hospital staffs/nurses/doctors about the conversation used with the patients and relatives during the treatment, taking into account their emotion and feeling as well as ethics.

5. Staffs/nurses/doctors provide positive treatment atmosphere, talk with patients and relatives, are eager to provide treatment.

6. There should be punishment measure for staffs who practice negligently and carelessly, affecting negative outcome to patient's life and their relatives, by, for example, adding that in their performance record so they will be more cautious.

7. The hospital should have a training on Buddhism in various topics related to working and living, bearing in mind Dhamma principles that, for example, providing treatment to patients is to making merits and gaining a lot, bringing happiness to every staff and in turn working more active.

Moreover, Mrs. Panjai and her relatives were concerned about the spread of information about her problem with the hospital, negative image of her family. This has to be considered too. If an agreement was reached, everything should end in this mediation room and keep confidential because she was afraid of losing family image. Besides, choosing someone to be a coordinator to talk with the patients and relatives who have some questions, must consider both personality and thought.

Mrs. Panjai has a son graduated in medicine and now further his residency training in obstetrics and gynecology. He did not involve in mediation process but influences family decision. Mrs. Panjai always consulted for his opinion on the phone and her son surely believed that it was the hospital's mistake, so he suggested her mother not to make any agreement but insisted to sue the hospital.

Mrs. Panjai made an offer that if an agreement is needed, the hospital have to pay for the damage at 2,000,000 baht (Two million baht) of which 200,000 baht (Two hundred thousand baht) will be donated to the hospital, and the rest will be put in family fund as student fund.

Mediation process of the case study

Mediation process in this case study had been proceeded in 4 stages:

- 1] Stage of preparation for negotiation
- 2] Stage of seeking information and identify problem issues
- 3] Stage of mediation
- 4] Stage of offering choices and agreement

1) Stage of preparation for mediation

In this case study, the mediator coordinate to consult in conducting the process with the director hospital which is a request from one party. In this preparation stage, the mediator discussed with the coordinator of the hospital to plan for negotiation by advocating one party, i.e. the client, to willingly enter the process, and have Mrs. Dara who established good relationship with Mrs. Panjai to explain the process and ask for her willingness, identifying that the mediation process will be proceeded by the Center for Peace in Health Care. Mrs. Panjai agreed to engage in the process.

For preparation of place and people involved, the Center for Peace in Health Care discussed with Mrs. Dara and have her prepare the venue and coordinate with people involved to engaged in the mediation, and make appointments for dates and time with all parties.

2) Stage of seeking information and identifying problem issues

In this stage, the mediator arrange a caucus meeting with each party to ask about information, problem, feeling, and offers, to find solution options from both parties.

With this case study, the problems are about distrust toward Mrs. Suparp, the negotiation coordinator between the client and relative and the hospital in the first stage. So, the mediator had separate discussion with Mrs. Suparp to seek information on the issues that caused distrust, emotion and feeling, as well as recommendations for the problem issues.

3) Stage of mediation

The mediation in this case had been proceeded in 4 sessions to elicit information, behavior, expression, and feeling.

First session, after negotiating with each party in caucus to seek information and problem issues, the mediator then proceeded joint session of mediation in the following steps.

The mediator opened the session by self-introducing as well as the status and role as the mediator who is impartial and has no authority to make any decisions. Whatever the result, it depends on the decision made by both parties.

The mediator asked both parties about their willingness to enter mediation process which might take several times, and each of both parties insisted their willingness. The mediator also roughly explained the steps of this process and introduced mediation rules to both parties.

The mediator concluded and informed both parties about the problem issues from meeting in caucus with each party, then having Mrs. Panjai and her relatives to open for issues of discussion by telling the story. Her emotion and feeling were at the stage of refusing to accept the loss and disappointed with hospital service. Mrs. Panjai's opening for issues of discussion was therefore focus on emotion, feeling, and disappointment with the hospital's failure to take good care.

The hospital director had expressed his regret to the situation and indeed wanted to end the problem by having dialogues.

Session 2 The mediator had summarized the issues of discussion in session 1, and introduced them to both parties by making conclusion of the progress of negotiation of the issues already discussed and pending issues, then having both parties exchange the discussion again.

In this session, Mrs. Panjai had made an offer including 7 aspects for emotional healing that she wanted the hospital to improve, and if the hospital can meet her offer she would feel better. Together she asked the hospital to pay for damages at 2,000,000 baht (Two million baht).

The hospital director viewed that some aspects of improvement are possible but the payment of that much is beyond the hospital capacity.

Session 3 This session focused only on the offer made by each party. Mrs. Panjai insisted the same offer that the hospital pays 2,000,000 baht (Two million baht) of which 200,000 baht (Two hundred thousand baht) will be donated back to the hospital. While the director can offer 400,000 baht in cash and another 500,000 baht donated for the construction of a building for complaint reception. Both insisted these offers, making it impossible to offer other solutions. Mrs. Panjai was unsatisfied with it and asked to end the session. The mediator then made a conclusion for this session of mediation that a number of issues had

progressed to establish understanding but some issues were failed to find common interests. The mediator agreed to hold back an appointment for the next session, allowing both parties to consider the position of their offers if they can be somewhat flexible, and if so, make a contact for the next session through Mrs. Dara who will manage other things.

Session 4 This session proceeded 2 months after session 3. Mrs. Panjai wanted to have a dialogue again and at this time she wanted the payment of 1,200,000 baht to be the seed money for student fund. The mediator employed the technique to reframe Mrs. Panjai's statement by saying that "If Mrs. Panjai has so strong faith in providing fund for students and is aware that the hospital were lacked of sufficient personnem why not shifting from student fund to provide scholarship for nurse students" Having heard this, she calmed up, and finally agreed to provide funding for nurse students. The mediation then moved into the final stage of seeking solution for the dispute.

4) Stage of offering solution options and finding an agreement

Mrs. Panjai had made a new offer that she wanted 800,000 baht in cash and the rest of 1,200,000 baht to be donated to the hospital as 4 scholarships for nurse students.

The hospital was capable to pay only 400,000 baht in cash.

Mrs. Panjai decided that the hospital pay 600,000 baht together with 6 scholarships.

The hospital offered to make it 7 scholarships for nurse students who will be selected by the hospital and pay 500,000 baht in cash to support Mrs. Panjai.

Mrs. Panjai agreed to this offer, allowing both parties to reach an agreement in the following details.

1. The hospital implements service improvement.
2. The hospital support 500,000 baht (Five hundred thousand baht) for making merit as a fund for general students through Mrs. Panjai.
3. Establishing nurse student fund for 630,000 baht (Six hundred and thirty thousand baht) with a contract of resumed duty at Rachaburi hospital.
4. The hospital support 70,000 baht (Seventy thousand baht) for the expenses of treatment for Mr. Amnaj.

Both parties had reached a mutual agreement and a contract of compromise was made since 8 June 2007.

Post-mediation relationship

Following the closure of mediation process, the hospital had assigned Mrs. Dara as the coordinator to report the progress of implementation according to the contract made with Mrs. Panjai. The relationship began to reestablish. Risk taking and trust to allow the other party for making improvement and correction were reframed by Mrs. Panjai from adversary attribution to blame to situational attribution, that is, higher level of trust toward the other party.

Conflict analysis and resolution design

The analysis of this case study was based on actual situation from its occurrence to post-situation, then rebound to the process used to resolve each case. Theoretical explanation based on actual situation was employed to provide clear understanding of the case. The analysis was divided into 3 steps.

- 1) Theoretical analysis of the situation to understanding the cause of the situation.
- 2) Analysis of relationship between parties throughout conflict resolution process.
- 3) Investigation of conflict resolution process of the case

Result of analysis of the case study for each steps above were described in details as follow.

Theoretical analysis of the situation to understanding the cause of the situation

In the analysis of conflict in this case study, the situation was apparent in 2 stages.

- 1) The stage when Mr. Amnaj and his family were aware that he had lung cancer and treatment action.
- 2) The stage after Mr. Amnaj's death

1) The stage when Mr. Amnaj and his family were aware that he had lung cancer and treatment action. In this stage, Mr. Amnaj and his family were faced with an unexpected situation and there was no choice to cure the disease. Investigation was made to trace back when the disease should probably be found and it was the last time Mr. Amnaj had admitted in the hospital for hernia surgery, which is common for any surgery to have patient went through major physical exam such as for blood, respiratory system to identify any abnormality prior to the operation. It is believed that the hospital was negligent and careless in notifying relatives for such abnormality observed, resulting in early death of Mr. Amnaj.

In the analysis of this stage, the mediator employed the Dimensions Model⁶⁷ for explanation since this model is directed at understanding of the dynamics of how conflict unfolds in a broader and deeper areas to explain how the parties think about the situation, how they feel, and how they behave. The followings are details and occurrences in each dimension of this case study.

Mrs. Panjai and her family side

Table 10 Dimension Model of the Case

Cognitive dimension	Emotional dimension	Behavioral dimension
- Mrs. Panjai and her family perceived the situation that if Mr. Amnaj was diagnoses and received treatment earlier, it can prolong his life. - Mrs. Panjai was told by a specialist for the possibility if early diagnosed, and there is information to support that during hemis treatment, a mass was already found in the lung of Mr. Amnaj but was not informed by the doctor, hence no diagnosis. - Therefore, Mrs. Panjai believed that the doctor was negligent, inattentive to the health problem and earnest care for the patient but focused only on the immediate disease, in other word, an error in reading X-RAY film,	-Mrs. Panjai expressed her anger with the hospital and sorrow for her loss of Mr. Amnaj. - Mrs. Panjai had expressed her emotion during the mediation session that since the hospital had contributed to the sudden loss of family leader that she and her family were unable to prepared for that, the hospital should be there to support her and never let her face with and solve this problem alone. So, Mrs. Panjai submitted a demand that the hospital, during this stage, arranged transportation for Mr. Amnaj to have his radiation therapy	- Obvious reactions of Mrs. Panjai and her family to blame the hospital. -The need for someone to be blamed, and someone to take full and specific responsibility. - The hospital' reaction during the responsibility of Mrs. Suparp is to try to respond as much as possible but the problem with other personnel in the hospital prevented her from the facilitation. Her reaction to Mrs. Panjai is a sort of unfomfortable, unhappy, and sometimes unable to answer her questions. She viewed this as inattention. -Service behavior of hospital staffs in providing care for Mr.

⁶⁷ Gary T. Furlong, Conflict Resolution Toolbox, (Ontario : John Wiley & Sons Canada 2005), pp.167-190.

Cognitive dimension	Emotional dimension	Behavioral dimension
failure to notify patient's relatives, as the abnormality in the lung was apparently observed by other doctors in the film result. - The intensity of problem in this case study was not only with the diagnosis but also the continuous care following such error which appeared not enough attentive, negligent, and failed to follow the promise, including insulting behavior. - Mrs. Panjai thought that they were not the staff's relatives, so they did not receive good care, and hospital staff were without Dhamma principle in their working. - Both the situation of diagnosis and caring behavior after that had led to her desire to sue the hospital. - Mrs. Panjai expression and her demand for the hospital to take responsibility had made the hospital staff feel that she was over demanding and wanted special and much greater care than other patients though with the rights not differ from others, as a consequence the hospital staffs were less cooperative with	over the time left, and when he return to this hospital, special room has to be provided along with good care until the end of his time, and all expenses incurred during this stage are responsible by the hospital. - The feeling that the hospital has to take responsibility for everything regardless of time limit had produced, in the early session, the anxiety for the hospital and uncomfortable among staff, resulting in delayed support behavior and higher level of dissatisfaction. - The trigger event strongly effect the feeling of Mrs. Panjai and her family is the sudden death of Mr. Amnaj that her family cannot control her mind and as a result increasing the level of her blame toward the hospital to take responsibility. - Such feeling had made the hospital director thought Mrs. Panjai was so emotional, difficult to reach, that he became frustrate to	Amnaj and careless communication had escalate the conflict. - Changing the coordinator to the one with personality of more listening produced Mrs. Panjai's the sense of trust at higher level. - Behaviors and words disrespectful to Mrs. Panjai and her family had caused her increasingly behave against and find fault the hospital. - Complains, queries, or posing issues such as "30 baht, how would you expect something special" or when her son had helped with the respirator but was blamed by nurse, had worsen the conflict. - What is the risk of withdrawal of avoidance from the problem? - From the above behaviors, Mrs. Panjai felt that the hospital staff were lacked of generosity care, unfriendly, lacked of ethics in caring for patients which can be seen in her demand that the hospital has to improve its services, mainly focusing on understanding the ethic and concept of providers.

Cognitive dimension	Emotional dimension	Behavioral dimension
Mrs. Suparp in arranging such care as requested by Mrs. Panjai, and in turn rising problems, reducing her trust toward Mrs. Suparp, and eventually blaming Mrs. Suparp for her lack of earnest care. - Reframe the ideas of all parties required the production of understanding in the limitation of each party, giving the other party' more information to Mrs. Panjai so that she see the new picture, i.e. the big picture of both the hospital and of herself.	talk with her and decided to that he would allow her to finally sue the hospital.	- The hospital staff were also affected by Mrs. Panjai's demanding behavior, demonstrating her high level of dissatisfaction toward the service though they thought their practice and care are equal to all many patients. This can be seen from the message Mrs. Panjai stating that a large number of patients is not an accuse for not providing care for the case the hospital needs to give special care.

From the above table of analysis performed in 3 dimensions of conflict in this case study, it was suggested that the cognitive dimension had highest influence in defining emotion and behaviors of Mrs. Panjai and her family. For the resolution design, the mediator therefore focused to direct the strategies to resolve the cognitive dimension of Mrs. Panjai and her family.

Hospital side

Other than the analysis of understanding about the situation toward the hospital in 3 dimensions related to Mrs. Panjai and her family as in 1), the hospital themselves had their views of considering this case of conflict in relation to the use of rights and power produced by Mrs. Panjai by making an accusation to the error made by the hospital. The researcher thus applied the Interests/Rights/Power Model (Gary T. Furlong, 2005:109-126) to further analyze for more clarification in planning the strategic direction of mediation.

Table 11 The Interests/Rights/Power Model of the Case

Process	Outcome
Interest-Based Process Used: - The initial attempt by the hospital to have a discussion to end the conflict and to meet the initial demand of Mrs. Panjai. - The problem is that it was not the dialogue based on real interests.	Outcome: - It achieved in short term, then began to fail because the effects of conflict are not terminated. Mrs. Panjai has not yet demonstrated all of her demands as they cannot be assessed since it was during the treatment and it was uncertain how long will it take and what will happen.
Rights-Based Process Used: - Mrs. Panjai believed that this hospital's error provided her privilege to receive special care from the hospital, so she made a demand that the hospital give her the rights she deserved. - The hospital mentioned about the limitation, rules and regulations, of the hospital that prevented them to do as requested. - Nurses mentioned about the rights of other patients to receive equality of care under the limitation of falling short of personnel. - Mrs. Panjai submitted a condition to file a lawsuit.	Outcome: - These process only escalate the situation, polarizing the parties further. Each party has spent a lot of time and effort (including money) trying to assert their rights over the other's, so far to no avail.
Power-Based Process Used: - Mrs. Panjai attempted to mention to the hospital to publicize the situation and prepared to sue the hospital for a very large amount of compensation. - There were reactions to assert their rights over the other's, between Mrs. Panjai and Mrs. Suparp, and Mrs. Panjai and the nurse.	Outcome: - These processes have again only escalate the situation, leaving both parties feeling threatened and vulnerable. This makes resolution more and more difficult.

The above table showed that both parties had attempted to use interest-based process. However, they were in the stage where an agreement cannot be reached immediately due to Mrs. Panjai's inability to assess suitable agreement because the problem has not yet come to an end. Therefore, she could not make an offer to provide an agreement that terminate the problem, but only an offer to solve the current problem Mrs. Panjai and her family were facing with. This had made the hospital feel under pressure from the demand that seemed to end nowhere, and in turn posing problem with the support that Mrs. Soparp had promised with Mrs. Panjai, hence declining her trust on Mrs. Suparp, along with her intentional/hostile attribution to blame Mrs. Suparp (Gary T. Furlong,2005:135-136) such as avoiding, inattentive, inappropriate personality (Intrinsic Attribution)(Gary T. Furlong,2005:133-135).

The hospital director (new) had considered such problem and changed the coordinator to be Mrs. Dara. She can listen more to Mrs. Panjai, and that Mrs. Panjai felt better understanding herself, leading to established relationship and the mediation process operated by the Center for Peace and Health Care. Accordingly, the strategic direction was defined by looping back from the rights-and power-based processes to the interests-based process.

2) Stage after Mr. Amnaj's death

During this stage, Mrs. Panjai had made an offer that the hospital improves its services and pay for compensation at a large amount of money though the offer was for ending the problem but beyond the hospital's capacity. Therefore, Mrs. Dara, the new coordinator, had consulted with the mediator, and later the hospital director had sent a letter to request for assistance from the Center for Peace in Health Care to run the mediation process.

The analysis for understanding this stage was thus an attempt to find out the interests of both parties that allow for reaching an agreement, since they both had already confronted with one another for a period of time and were also ready for the closure of problem if the solution were satisfied and the problem of one party was responded. The researcher therefore applied the Triangle of Satisfaction Model (Gary T. Furlong,2005:61-88) to analyze the situation during this stage.

Three types of interest suggested by the Triangle of Satisfaction Model were applied for the analysis of this case study in details below.

Table 12 The Triangle of Satisfaction Model of the Case (Mrs. Panjai's side)

Interests of Mrs. Panjai and her family	
Substantive Interests	- The hospital pays special attention to reduce service step at the hospital. as the donor of nurse student scholarship. - Receiving all expenses lost for the treatment of Mr. Amnaj. - Receiving money to support for making merit according to her family's intention, i.e. providing scholarship to students.
Process Interests	- Receiving special care - Having hospital staffs stop inappropriate behavior and to other patients. - Reducing the coordinating step for individuals entitled to special care from the hospital. - The hospital improves the treatment and nursing standard of staffs. - Hospital staff are developed in moral and ethical aspects.
Psychological Interests	- Creating positive atmosphere for patients and relatives for perceived earnest care from hospital staffs. - Being recognized and respected. - The hospital listens to the problem and damage occurred. - Saving social reputation, i.e. her demand for payment from the hospital will not be publicized because of its negative effect on her family.

Table 13 The Triangle of Satisfaction Model of the Case (Hospital side)

Interests of the hospital	
Substantive Interests	- The hospital/doctors and related organizations were not sued. - Making some payment based on actual expenses but under the hospital's capacity. - Developing and increasing manpower in providing patient care.

Interests of the hospital	
Process Interests	- Developing service system quality including doctors/nurses and other personnel - Developing conflict resolution concept and skills in case risky to escalation. - Improving work steps to reduce risk of rising the conflict.
Psychological Interests	- Wanting friendly atmosphere between staffs, patients and relatives. - Doctors and nurses involved had moral and psychological support in working by their confidence on the care of the system. - Wanting Mrs. Panjai to have more positive feeling toward the hospital and staffs

The analysis of both parties' interests suggested that the interest with the possibility in mediation to lead to interest-based process based on common interest was most similar. In addition, Mrs. Panjai's psychological interests to keep confidential of the situation was also similar to the substantive interests of the hospital not wanting the complaint to publicize. Therefore, the direction of mediation was designed to focus on the strategy to make an agreement on similar common interest, and later the monetary substantive interests which differed greatly.

Analysis of the relationship between parties throughout the mediation process

The relationship between both parties along the conflict resolution process can be identified from the declined relationship to broken relationship, and then restored relationship after the mediation process, considered by a set of indicators. The indicators contributing to the declined relationship to become disputants are shown in the table below.

Table 14 The indicators contributing to the declined relationship

Indicator	Indicating situation
Losing face of one party.	- The staff's words indicating inattentive behavior such as "30 baht, how would you expect something special" - Mrs. Panjai gave a reason for her distrust toward Mrs. Suparp that she did not fit to this duty.
Confusing	- Expression of behaviors toward one another marking the tension between Mrs.

Indicator	Indicating situation
atmosphere, an attempt to find fault with one another, less acceptance to one another.	Panjai and the hospital's mediator, between Mrs. Panjao and nurses, each of which creating power and rights negotiating atmosphere over one another. This had made Mrs. Panjai feel that the staffs had no ethics. Besides, the hospital's mediator unable to arrange for what was promised had caused her refuse to accept and talk any further.
Assessment was made on the level of satisfaction/ dissatisfaction of one party and the other party.	- Mrs. Panjai expressed her dissatisfaction on the hospital's inattention in many ways, i.e. failure to notify the mass found in the lung of Mr. Amnaj, the transportation, the facilitation with service steps, failure to arrangement of special room, unattended by the doctor, staffs' behavior and words, the care received from the hospital's mediator.
Unfriendly behavior	Other than tensed atmosphere and words of dissatisfaction, apparent unfriendly behavior was not found.
Intense existed and refused to talk to one another any further.	- Mrs. Suparp's inability to make arrangement of care as promised, making Mrs. Panjai distrust and dissatisfied toward her, resulting in attributing to blame on her personality, had led both Mrs. Panjai and Mrs. Suparp unable to talk any further. - Mrs. Panjai's demand far beyond the hospital's capacity and emotion to strongly blame on hospital's error that caused tension between the management team and Mrs. Panjai had led the hospital director to say that Mrs. Panjai is difficult to reach, and might have to allow her suing the hospital.

Stage during mediation process

The parties' expression and the mediator's proceeding of mediation were made possible in the direction or enhancing relationship, as shown by the following indicators.

Table 15 The Mediator's role on relationship building of the case

Indicator	Indicating situation
Revelation of truth	- The hospital provided facts about the diagnosis of X-RAY film of Mr. Amnaj during his admission for hernia surgery, and admitted for the careless of the doctor inattentive to examine for other disease other than the immediate treatment.
Providing fairness and opportunity to rectify the	- During the mediation, though initially Mrs. Panjai

Indicator	Indicating situation
error.	submitted an offer that the hospital provides punishment measure to staffs with careless practice, but during the session Mrs. Panjai had accepted the hospital's regret and made another offer including 7 aspects that the hospital needs to improve its services that give her and her family sense of fairness. This is to give the hospital a chance to revise the service and prevent repeated situation, and the hospital is willing to improve its service quality as well as enhance the capacity of staffs.
Apology, acceptance , and forgiving	- The hospital director expressed his regret for the situation occurred and admitted that the doctor did not consider other diseases other than hemia surgery. - The doctor who attended this case also regretted for that. - Mrs. Panjai accepted such regret but forgiving was based on the condition that the hospital makes improvement and supports to maintain fairness and prevent repeated situation to other patients.
-Generating respectful feeling toward one another -Generating acceptance and appreciation toward one another	- Mrs. Panjai accepted Mrs. Dara, the second mediator, and established positive relationship with one another due to the latter's listening and care.
Generating sense of safety and trust	- Mrs. Dara had gained trust from Mrs. Panjai with the reason that she listened to the problem and understand her suffering.
Saving face and prestige	- The mediator talked with Mrs. Suparp on the problem with care that did not met Mr. Panjai's expectation, then conveyed the message to Mrs. Panjai that there was a problem with the cooperation of other sections not because of Mrs. Suparp's inattention. It is necessary to form the concept of care for patients in risky condition. - The hospital director accepted to improve service behaviors of hospital's staffs.

Indicator	Indicating situation
	-It was identified to keep the negotiation agreement confidential.
An attempt to have the parties engage in discussion and share activities	- The mediator from the Center for Peace in Health Care had Mrs. Dara, the hospitals mediator, to coordinate for consistent care provided to Mrs. Panjai, making it possible to have a direct meeting and discussion.
Self-regulation and clear process	-The mediator explained the rules and steps of mediation process to both parties at the beginning of the first session and that they have to be patient though with a sense that the mediation were not that much helpful as expected, and later wanted to space out the dialogue. However, after an assessment of possible solution choices, Mrs. Panjai decided to reenter the mediation process until an agreement was reached eventually.
An attempt to seek common opinion or interests	-Having Mrs. Panjai and the hospital offering solution choices to make them feel receiving fairness and healing for better mental status, had informed the process interests as the common interests of both party.
Generating care and attention , and active listening	-Mrs. Dara had shown her attention by active listening and providing assistance as necessary.

Stage of post-mediation

The level of relationship indicating that it had been restored almost at the same level as in the analysis follow.

Table 16 The level of relationship in Stage of post-mediation

Indicator	Indicating behavior
Level of satisfaction	- Mrs. Panjai was satisfied with the 3 types of interests gained from the mediation: receiving a privilege as the donor for nurse student scholarship; monetary support for incurred expense; and perceived process of hospital service

Indicator	Indicating behavior
	development. - The hospital be not sued, and related staffs had morale in doing their job. The nurse manpower will be increased in the future.
Maintaining constant relationship and revisit the hospital service	- The demand for special care (VIP CARD) is an indicator suggesting that Mrs. Panjai and her family intended to return to use the service at this hospital.

Analysis of relationship based on the indicators above suggested that the relationship between both parties were restored as a result of mediation process.

Investigation of conflict resolution process of the case study

The process designed by the mediator and used in resolving the conflict through the mediation in this case study integrated a variety of processes into steps specific for this case. The researcher had compared the mediation process with the 12-step process of Christopher Moore (1966). For each step, the mediator applied a number of techniques to restore relationship. Each step was analyzed as in the following table.

Table 17 The mediator's 12-step technique to restore relationship⁶⁸

Indicating activity based on theory	Step	Analysis of actual process	
		Indicating situation	Relationship building technique
-Beginning relationship with the other party -Building trust -Promoting friendship -Educating the parties on the process	1) Building relationship with the parties	-In this step, the operator is Mrs. Dara who is the hospital's mediator had built relationship by listening and giving assistance. - Offering another mediation by the Center for Peace in	- Giving information about the Center for Peace in Health Care and the mediator from this Center. -Having the parties making their own decision to enter the process.

⁶⁸ Christopher W. Moore. The Mediation Process.: Practical Strategies for resolving conflict, pp. 68-69

Indicating activity based on theory	Step	Analysis of actual process	
		Indicating situation	Relationship building technique
-Increase parties' acceptance of the process		Health Care	
-Helping the parties with the assessment of conflict management method including the solution -Helping parties choose from various solution -Coordinating with parties for problem solving process	2) Helping the parties choose suitable solution	- In this step, Mrs. Dara only offered the mediation process to Mrs. Panjai to consider a second chance without preventing her from preparing another solution.	- Using trust building technique. - Generating sense of safety and trust.
-Collecting and analyzing data related to people about the movements and contents of conflict. - Verifying for data accuracy -Reducing effect of inaccuracy data or no data presented	3) Collecting and analyzing basic information	- The mediator from the Center for Peace in Health Care seeking additional information on the issue of feeling by meeting in caucus with the parties.	- Using procedural trust building technique - Generating sense of safety and confidence -Stimulating for perceived loss -Generating concern and care, attention and active listening -Finding common views or interests -Generating acceptance of the problem
-Finding and identifying series of concrete strategies and	4)Design a details plan of mediation	The mediator had design the mediation plan as follow. Having a meeting in caucus prior to joint meeting	-Saving face and prestige of all parties. -An attempt to generate

Indicating activity based on theory	Step	Analysis of actual process	
		Indicating situation	Relationship building technique
actions to help parties moving toward an agreement. -Finding and identifying potential action responding to different situation in conflict problem of specific case.		to allow venting for Mrs. Panjai and the hospital with long experience of tension. Identifying people involved to engage in the mediation or standby for information if needed. Identifying strategic direction, allowing parties to consider the interests gained. Identifying the direction with clear information, limitation, different views, to create new picture perceived by both parties.	concern and care, attention and active listening. - Revelation of truth - Finding similar common interests.
-Psychological preparation for parties involved in the substantive negotiation. -Regulating strong emotional status. -Examining way of thinking, views, attachment, and trying to reduce such effect. -Raising awareness on the legitimacy of the parties and issues. -Building confidence	5)Building confidence and cooperation.	- The mediator proceeded a meeting in caucus to allow each party' venting of tension being faced. - Listening to both parties' views and perception, and reframing their conversation to one another.	- Generating concern and care, attention and active listening. - Making understanding to keep rules. -Self-regulation and clear process. -Interaction enhancing communication such as active listening, briefing, restatement.

Indicating activity based on theory	Step	Analysis of actual process	
		Indicating situation	Relationship building technique
- Creating clear communication style.			
- Opening the mediation between parties. - Producing open and constructive negotiation. - Building the ground rules and behavioral guidelines during the negotiation. - Helping the parties with venting. - Open for issues and contents of discussion. - Helping parties with considering to accept prominent issues and problems of influence.	6) Starting the mediation	- The mediator introduced oneself, mediation rules, and asked for parties' willingness to enter the mediation process again. - The mediator concluded contents, question issues, and feelings told by each party, by reframing words in positive manner but remaining the same meaning, allowing parties to correct the point. - The mediator opened for questioning and responding each other. The mediator used various techniques including briefing and restatement throughout the process. - Sometimes Mrs. Panjai had blamed the doctor and Mrs. Suparp with words producing a sense of losing face, the mediator thus reframe her words and reminded about the mediation rules.	- Briefing, restatement - Reframing words, and thought - Building trust. - Providing fairness and opportunity to make correction, and healing for the loss, gains and losses. - Forgiving and accepting forgiveness. - Generating acceptance and appreciation toward one another. - An attempt to have both parties speaking the same language - Maintaining constant relationship.

Indicating activity based on theory	Step	Analysis of actual process	
		Indicating situation	Relationship building technique
-Identifying the broad issues of the parties' concern -Finding an agreement in the issues of discussion -Making an agreement in ordering the issues to be resolved.	7) Identifying meeting issues and agenda.	-In the process, since a number of unsatisfied areas existed including actual situations and perception from parties' feeling, identifying issues was therefore directed toward clarification of conflict issues. -Separating the doctor's intention from the death of Mr. Amnaj - Having Mrs. Panjai offer the solution potentially heal her feeling.	-Revelation of truth -Building confidence -Allowing for expression of opinion and finding common interests.
- Identifying the parties' issues of focus or common interests in substantive, procedural, and psychological aspects. -Educating the parties about each party's focus and interests.	8) Revealing the parties' underlying interests or focus.	- The mediator had Mrs. Panjai offer the solution to heal her feeling. -Having the hospital reveal their concern and limitation.	- Attempting to find common views or interests. - Providing fairness and opportunity to make correction and healing for the loss. - Rating the value of gains and losses.
-Enhancing parties' recognition in the need for diverse solution options. -Reducing parties' attachment to their	9) Generating solution options leading to an agreement.	- Because of an impasse occurred for the solution offered during the initial stage where either party strongly asserted their position, the mediator suggested that they spaced	-Maintaining constant relationship.

Indicating activity based on theory	Step	Analysis of actual process	
		Indicating situation	Relationship building technique
position or choices. -Generating other options, possibly using position-or interest based negotiation.		out the negotiation, and if they still found the mediation helpful they can contact the mediator along with any other potential solutions.	
- Examining the parties' focus or interests. -Assessing whether their focus or interests can be met by these options created, and how?. -Assessing the cost and gain from particular option.	10) Assessing the options to find an agreement	- The mediator used reframing technique to make Mrs. Panjai understand clearly her interests. For example, she wanted to establish funding for students, so the mediator reframed her idea by asking "How do you think of providing scholarship to nurse students"	- Providing fairness - Briefing, restatement - Reframing words and idea -Providing opportunity to make correction, and healing for the loss.
- Reaching an agreement by gently make their positions converged or choosing to hold various agreements, or developing a formula of common interests, or creating ways and processes leading to an agreement on content issue.	11) Proceeding final negotiation.	The mediator had both parties negotiate about the need and limitation of various options and solutions.	- Attempting to fin common views or interests. -Saving face and prestige of all parties.

Indicating activity based on theory	Step	Analysis of actual process	
		Indicating situation	Relationship building technique
-Identifying steps of the process toward an agreement. -Generating evaluation process and supervision. -Formalizing an agreement, promoting operationalization and acceptance of an agreement.	12) Reaching a formal agreement.	- Both parties agreed to voluntarily make a contract of compromise, with a requirement that the sent scholarship students as well as the improved service system are informed to Mrs. Panjai.	- Creating a sense of safety - Maintaining constant relationship and revisiting the service. - Generating satisfaction on the agreement themselves.

Results of analysis the mediation process in 12 steps

Showed that the mediator had proceeded steps 3-12, while steps 1-2 were conducted by the hospital's mediator who had positive relationship with Mrs. Panjai. Steps 1-2 are therefore the outcome of previous relationship between parties, whereas steps 3-12 employed techniques to systemically develop relationship directed to restoration by understanding the dimensions of conflict. In this case, the cognitive dimension highly influenced Mrs. Panjai's emotion and behavior, the mediator thus focused on building strategic direction of the mediation by:

- Clarifying the picture, information, and story covering the desire and limitation of both parties, and separating the doctor's intention from the death of Mr. Amnaj.

- Focusing on the 3 types of interests of each party, i.e. substantive, procedural, and psychological aspects. It was suggested that procedural and psychological interests were most likely the common interests. The rest issue to be discussed was substantive issue that required reframing of each party's idea to finally satisfy their needs.

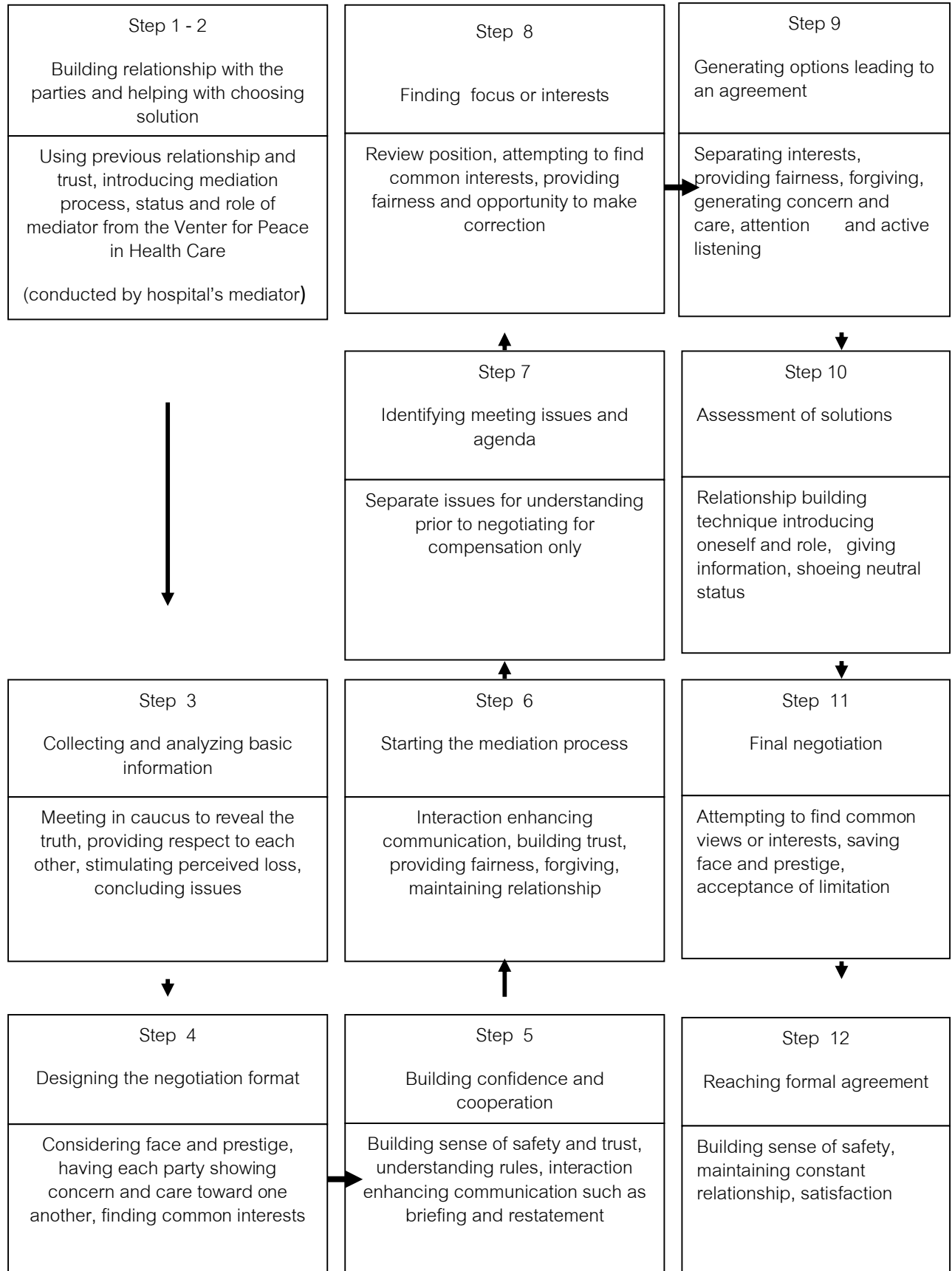
Summary of conflict resolution outcomes: a comparison between theory and reality

The analysis of mediation process to restore relationship in this case study was summarized as follow.

Steps of conflict resolution in the case study

The mediator proceeded the mediation process in 4 stages including 10 steps, while steps 1-2 are preparation stage conducted based on previous relationship of the hospital's mediator. Therefore, the mediation process can begin with data collection and analysis on conflict issues. Every step was inserted with particular technique to constantly restore relationship between parties, and strategic direction was based on situational analysis including reducing the influence of cognitive dimension, finding underlying interests of all parties. The summary of mediation process for this case study was presented in the following diagram.

Figure 12 The summary of mediation process for delayed diagnosis of “lung cancer” case study



Cognitive dimension: To enable the parties to understand the other party's view, the mediator had collected comprehensive information from each of both parties, and having them assess their story with the other party.

Emotional dimension: While Mrs. Panjai was highly emotional, the mediator allowed her venting during the meeting in caucus, using listening technique, finding actual feeling, and reframing her words.

Behavioral dimension: The mediator had set mediation rules as a frame to restrain the parties' behaviors that might trigger higher level of dissatisfaction.

Using the above strategies to intervene during the mediation steps offering both parties to have similar information, understanding each other's expression, and in turn restore their relationship that even gaining trust from Mrs. Panjai to continue using the hospital service as a VIP person.

Obstacle before success :

Even both parties had attempted to use interest-based mediation. However, they were in the stage where an agreement cannot be reached immediately due to Mrs. Panjai's inability to assess suitable agreement because the problem has not yet come to an end. This had made the hospital feel under pressure from the demand that seemed to end nowhere. This is the phase called negotiation dancing to stand still that mediator should understand and giving both parties time for adaptation and make their empathic decision. In turn posing problem with the support that Mrs. Suparp had promised with Mrs. Panjai, hence declining her trust on Mrs. Suparp, along with her intentional/hostile attribution to blame Mrs. Suparp, changing the coordinator to be Mrs. Dara. By her personality, She can listen more to Mrs. Panjai, and that Mrs. Panjai felt better understanding herself, leading to established relationship and the mediation process operated by the researcher who worked at the Center for Peace in Health Care. Accordingly, the strategic direction was defined by looping back from the rights-and power-based processes to the interests-based process, and then came to agreement by the mediator's creative and metaphoric phrases.

It is noticeable that, if the parties used power-right base the agreement may be success but relationship and trust are rarely or not become possible. If mediators face this kind of problems, what and how to deal with. Can other western means such as Conflict Transformation and/or Buddhist means helpful, these which will be analyzed, discussed and concluded in Chapter 3,4 and 5 next.

2.2.4.2 Western Conflict Management Case Studies

Disputes between patients and physicians rarely hold a place as a public domain issue in today's American society. Yet, complexities in the medical field impact citizens daily. Issues ranging from healthcare reform to patients' rights fan flames of tension among healthcare stakeholders.

How these stakeholders fare depends upon their identity and position within a specific context. Medical insurers dictate the payment for provider services. A sole medical practitioner will decide on all matters of his or her operation. A physician's group might work according to their previously adopted parameters. Monitoring agencies determine the extent of compliance for insurers, medical facilities and physicians. Some conduct complaint investigations on behalf of patients. Advocacy groups hear patients' complaints but count medical practitioners among their supporters. Medical practitioners pay lobbyists to meet their policy needs within the public realm. Patients have limited resources, and thus, less voice when seeking positive dispute resolution outcomes based on their interests.

2.2.4.2.1 Case study 1 : Conflict between a long-term dialysis patient and his physicians⁶⁹

Introduction

Findings in this case study about a dispute between a long-term dialysis patient and his physicians reveal the patient's difficulty in navigating the medical conflict resolution maze. His four-year journey causes one to question the validity and effectiveness of mandated conflict resolution processes within the medical world of nephrology. It leads to the conclusion that when conflict occurs between patients and physicians, it is patients who bear the burden of decisions that can leave them disenfranchised from the very system they depend upon for medical and life-sustaining treatment.

Conflict between physicians and their patients exact both a financial and an emotional toll on disputants according to the St. Louis Healthcare Claims Committee of the American Arbitration Association (AAA). James W. Reeves, an attorney with the firm of Baldwin and Hess in St. Louis and a member of the Claims Committee found that physicians

⁶⁹ DISPUTE RESOLUTION JOURNAL, "ADR Relieves Pain of Healthcare Disputes." 1 September 1994, pp. 14-21.

“altruistically believe that they are in the best position to make decisions regarding medical care and they wish to protect patients from the burden of having to make complex choices.”¹ The field of nephrology is no exception.

Nephrology is a relatively little known medical discipline. Physicians who practice in this specialization diagnose and treat kidney problems, hypertension and related metabolic abnormalities. They receive payment as medical directors, physicians providing direct care and/or sometimes owners of dialysis centers as a result of treating patients with End Stage Renal Disease (ESRD).

Hemodialysis is the process where blood filters through an artificial kidney to cleanse waste products and extra fluids from one's body. More than 90 percent of persons with ESRD are on Medicare (The ESRD program is the only portion of Medicare in which eligibility is based on the presence of a medical condition) which makes it the largest payer of ESRD-related services and supplies. In addition to Medicare, nephrologists also generate income from private medical insurers, state programs such as Medicaid, and/or cash from patients. ESRD providers and facilities must meet certain requirements for institutional dialysis services and supplies established by the Secretary of Health and Human Services in order to be covered by Medicare. Added to this is the requirement for ESRD facilities to formulate and implement procedures to evaluate and resolve patient grievances. The patient of this case study, who shall be called Jonathan to conceal his identity, used dispute resolution processes available to him in the healthcare arena to address his “legitimate concerns.” His firsthand experience in the healthcare conflict resolution maze reveals inequities that exist in patient/physician disputes.

Background and context

Jonathan, an ESRD patient moved to Tallahassee after a major disaster in another region of Florida. He received dialysis treatment for 15 years prior to relocating without incident. In the new locale, he met the physicians and staff. An intake form was completed which characterized him as a “pleasant, healthy-appearing young adult Hispanic male.” (Dialysis Intake Physical from medical records, October 6, 1992). What happened. After beginning services in the fall of 1992, the patient's first conflict occurred in 1996. Efforts to resolve and highlight the complaints and issues continue through the writing of this study. Jonathan's journey towards resolution has introduced him and his family to a health care conflict resolution process maze. His desire for proper treatment has resulted in him traveling as far as 450 miles and maintaining residences in dual cities. On at least three occasions, controversial information given to prospective physicians resulted in Jonathan

either being summarily terminated or not accepted as a dialysis patient. The patient spent a large proportion of his financial resources to maintain his health and living conditions. While the patient's financial woes grew, the nephrology group responsible for his care expanded, built a new facility and added another partner. Nursing staff and technicians maintain their positions although some work elsewhere. Dialysis, the only prognosis paid for by Medicare regardless of age, made their growth possible, some might argue, at the expense of Jonathan, the patient. The parties. Several individuals and entities participated in this process. Of all parties, perhaps the group that participated from the most involuntary standpoint was patient-peers of Jonathan. Other parties were his primary nephrologist; the state of Florida Agency for Healthcare Administration; Medicare and private insurer(s); the director of a network advocacy organization contracting with the federal department of Health and Human Services; hospital administrators; the Georgia Department of Human Resources; and the National Kidney Foundation Basic issues. The patient, with more than a decade of treatment became concerned about various aspects of his care and treatment. Concerns ranged from the cleanliness of the facility to protocol followed by staff in administering medication from patient to patient. Of particular note was the patient's assertion to not reuse a dialyzer in the course of his treatment. Several issues and concerns developed over time including: stereotyped reasons given to call the police on one occasion, false and negative information written in his medical records, derogatory statements made about him by staff, and arbitrary time change for his treatment, in addition to his request for a new dialyzer per treatment. Concerns included cleanliness of the facility, protocol followed in administering medication to patients, the practice of reuse (Reuse is the practice of repeated use of cleaned dialyzers on patients. Manufacturers instructions recommend one use per dialyzer; however, dialysis centers practice reuse as a cost savings measure. No regularity of Federal standards exist on this practice, but it is allowed) and procedures for cleaning dialyzers.

Interaction between the parties, issues and interests: After voicing his concerns, Jonathan first considered the ESRD center's internal procedures. The center had published grievance procedure⁰ and an appointed patient representative. However, Jonathan was concerned that had the patient representative sided with Jonathan, there was a belief that the patient representative might have needlessly suffered in a region where one nephrology group operated for adult patients. Instead, Jonathan attempted to work with staff. Staff became harsh and abrupt with Jonathan, which resulted in him seeking outside assistance. He consulted attorneys who empathized with him, but who found no basis for a lawsuit. He eventually called upon an advocacy organization that first facilitated and then attempted to mediate

several issues. An agreement resulted between the patient and medical staff; however, it seems that this was used as an instrument to show that attempts were made to resolve his complaints. In other words, the ESRD complied with monitoring requirements. Nursing staff eventually documented the patient as a hostile Hispanic male whereas before, he was documented as a compliant patient highly knowledgeable about nephrology. Conflict escalated when a nurse called the local police to report that she “feared for her safety and the well-being of staff and other patients.” No arrests occurred simply because the officer responding to the call stated that, “Nothing happened to give rise to an arrest.” By this time, he was labeled as “violent” and “dictatorial.” Two days later, the patient received copies of incident reports that were never given to police and that were constructed with disputed information. According to Jonathan, he only requested assistance to relocate his dialysis chair and not getting support, he physically pushed the dialysis chair to an available site approximately six feet to provide more comfort during treatment. He also faced confrontations with staff who in time labeled him “violent” and “dictatorial” to the point where they stated for the record in personal interviews and in writing, that they “feared for their well-being and that of other patients.” Jonathan believed otherwise. As a patient with more direct experience than most of the medical staff, he was concerned about quality and care of services rendered to him. Most of all, he wanted the same or similar treatment plan that he grew accustomed to with so many years on the “machine.” Primarily, he did not want to have a reused dialyzer. This incident soured relationship between the nursing administrator, staff and doctors. Jonathan felt that no matter what he said or did, he would always be considered wrong and noncompliant. He was eventually dismissed as patient, which resulted in him seeking treatment at an unrelated center in the state of Georgia.

Meanwhile, attempts were made by Jonathan to resolve his case through the State of Florida’s Agency for Health Care Administration. After having previously reported his concerns about the ESRD facility the AHCA, deficiencies were noted. The ESRD facility had a chance to make improvements, but in the end, there was no help for Jonathan. He continued treatment in Georgia until Jonathan’s former physician contacted medical providers in Georgia. The scenario with a nurse calling the police reoccurred. They attempted to compel Jonathan to sign an agreement, which he refused. He sought to have treatment and care compatible with the medical prescription that worked for most of his 17 years of dialysis.

After experiencing various episodes of internal conflict, the patient utilized external means of assistance: Network 7 (a dialysis patient advocacy group), the local health department and the state health care agency. The patient outcome was eventual dismissal as a patient in a city that had only one group of practicing nephrologists and had to seek other

options for ongoing care. The staff claimed that the patient was dismissed because they were concerned about the safety and well being of other patients. The physician claimed that the patient crossed the line of doctor-patient relationships when the patient refused to discuss his concerns because he felt they would not be resolved. The patient felt that the staff and physician(s) wanted him out because of his vast knowledge of the field including his rights as a patient. Jonathan became a dialysis patient after his kidneys became dysfunctional at age 22. With 50 percent of his life on the machine, he felt that not having a reused dialyzer was critical for his care. Staff, and eventually physicians, felt otherwise. He was again terminated, however, this time, Jonathan had more knowledge about the ESRD grievance systems. When the area's Network5 quickly issued a finding of no cause and stated that Jonathan had previously been dismissed from another ESRD facility, it became apparent that communication existed between former and current physicians. The case went before the Georgia Department of Human Resources that found many deficiencies. However, the patient had to find a new nephrologist. He ventured to a site on the upper East Coast of Florida and was terminated again after only three months. The doctor stated simply that he expected the patient to relocate. Jonathan then met with a prospective nephrologist who made inquiries to original nephrologists where he resided about his need to travel so far for treatment. Within hours after that call, the new physician decided not to accept Jonathan as a patient. Jonathan felt blacklisted. Jonathan's family supported him throughout this ordeal. He returned to live in south Florida where he had received dialysis the longest without incident. He periodically commuted long distances for several months to visit his family 450 miles away. Thousands of dollars later and through support of his latest ESRD physicians and staff, he would be successful in finding a place for ESRD treatment closer to home without interference.

Variables and Factors Influencing Conflict Resolution Strategies Patients had limited options: to agree with their peer and risk ostracism and strife or to agree with nursing staff. Patients needed dialysis, most had limited income and/or lacked transportation to other treatment locations. Nursing staff had the "ear" to the physicians. Reportedly, they agreed with the nursing staff when it came to concerns brought by Jonathan. As a group, they engaged in consensus and collectively determined they would terminate Jonathan as a patient. For example, physicians, nurses and technical staff changed his treatment shift and paid his disabled daughter's childcare for six weeks during the summer of that change to counter the patient's statement that such a change resulted in hardship. Physicians knew administrators/staff of state monitoring agencies, hospital administrators and advocacy groups and interacted with them either both professionally and socially with them. This posed problems when the patient attempted to resolve their differences.

Further, because the U. S. Health Care Financing Administration (HCFA) contracts with an advocacy group that in turn heavily solicits support of physicians and to some extent patients, this poses another threat to patients due to the affluence of physicians and their socio-economic status versus patients who often then not rely on Medicare to pay treatment costs. This form of hierarchy also exists within the context of non-profit organizations such as the National Kidney Foundation relies upon feedback and support of stakeholders such as physicians; social workers; dieticians; medical directors; charge nurses; and to a lesser extent, patients. Thus, regardless of context, there are boundaries and parameters based on stakeholder position. These illustrate the operational dynamics of medical treatment and care in today's medical culture. Moreover, these demonstrate the pervasive level and potential for conflict.

When conflict happens in such settings, the systems in place to resolve such concerns result in adversarial problem-solving. Conflict Resolution Outcomes for Patients and Physicians. For patients, disputes can be costly in terms of finances, family lifestyle and general patient well-being. For physicians, the loss of a patient appears to have negligible results as data indicates that hemodialysis is a medical growth industry. In such an environment, the outcome for the patient is determined by the extent of physician and staff support on one hand, and monetary availability and government policy support on the other hand. The reality is that, physicians can and do terminate the patient's care regardless of need and possible injury to patient health. Laws even when they appear to protect the rights of patients clearly are either not enforced resulting in no financial damages to physicians. This causes one to question the validity of dispute resolution processes in the medical field and the extent of their effectiveness when balancing the needs of medical practitioners and other players---including patients. Even with a "Patients Bill of Rights and Responsibilities,"(The Florida Patient's Bill of Rights and Responsibilities, Summer/Fall 1999 – Board of Medicine) the bottomline is that patients in Florida have no rights as there is no law that protects them for other than malpractice litigation according to an attorney in the General Counsel's Office of the Agency for Health Care Administration.

Analysis

Upon reviewing this case, the issue of power prevails. In **Nature of Power**, Boulding discusses the multidimensional concepts and meaning of power. He views power as a concept in which meaning is derived from human valuation and human decision. According to Boulding, power ultimately depends upon one's personal agenda of potential images of the future in complicated panoply of individual interest and beyond. One's possible future is

invariably determined based on one's condition of health, position or status, and again on one's environment and at-large community.

By comparison, Davis and Salem in **Dealing with Power and Imbalances in the Mediation of Interpersonal Disputes** perceive that the question of power or power imbalance must be unreservedly addressed in order to "level the power field: during any mediation. The key question is whether mediators should create an illusion of power equality in the mediation context when in the real world; the relationship between the parties is grounded in deep power inequalities.

Yet Davis and Salem quickly traverse the concepts of power from a theoretical approach to the practical by recognizing power as a mediation dynamic. From the perspective of power having many roles in the process of mediation, the authors appear to wrestle with the extent of power used to empower disputants to resolve their concerns and issues through negotiations and decision-making aimed at transcending each other's differences.

There is a need to exude equality between the parties during mediation (Folberg and Taylor 1984, p. 185). At the same time, Davis and Salem recognize the belief of many that in some cases, there can be no equality during mediation such as those involving serious domestic violence (Shaw, 1983). Although this case is not a domestic issue, a patient/physician relationship is in effect a marriage (A marriage is defined in this sense as a union of two entities) between the two.

Davis and Salem's primary focus centers on how to reverse perceived instances of power imbalance and power disparity for participants in mediation in order to facilitate the decision making process between the parties. On the other hand, Boulding's work attempts to scientifically describe elements, conditions, and concepts of power in ways that end up circuitous without considering the mechanism or means to achieve the desired end result.

One identified threat that has emerged in handling the daily operations of organizations is power and conflict resolution. The field of conflict resolution is taking on added prominence with the introduction of mediation as a means of resolving issues for stakeholders in many fields and disciplines. One such area of growing utilization is in the medical and health care arena.

In medicine and health care, as in some other areas such as higher education, the advantages of mediation are not yet received, as are other forms of conflict resolution such as arbitration and general grievance procedures. Nevertheless, in order for any entity to accomplish a high degree of efficiency and success, conflict resolution must be more than a written document to be effective. It must be "user-friendly" and designed to meet the needs of

all concerned stakeholders, regardless of one's position and status, regardless of one's perceived level of power.

The environment in which the practice of medicine occurs has drastically changed over the last decade. This has led patients to feel powerless and the doctors and insurance companies as powerful. The need to balance the desires and outcomes for all has become a constant paradox, which can be explained by the handling, use or misuse of power and authority.

Yet, power must be used effectively in order to surrender that power to others. In surrendering that power to others stakeholders will result in a shared playing that will result in greater communication and satisfying results for all partisans with mediation.

Conclusion and Obstacle findings

Notwithstanding the prevalence of conflict resolution processes utilized by dialysis facilities and monitoring agencies, the decisions of physicians and their staffs tend to influence conflict resolution outcomes for patients unless malpractice exists that impact patients, who, for a variety of reasons, face inequities when undergoing medical treatment.

Lastly, the concept of power parallels with the discussed concept of possibility boundary and the patient/physician dichotomy, whereby Boulding infers that the decision-maker ultimately chooses that which he or she can or cannot do. In reality therefore, patients have little or no effective conflict resolution measures. Written policies become mere cloaks of physician/medical facility compliance.

The obstacle found is in Florida, despite the presence of law to protect patient from malpractice of medical personnel that might cause such damages as injury, disability, or death, such law does not cover patient's access to medical service upon human rights or subject to be received as human. This creates a gap allowing medical personnel to decide how much extent to provide treatment since the hospital and medical personnel would consider the appropriateness of treatment by linking between high cost and medical reason as in the case of chronic dialysis. It seemed that although mediation process exists, it bases on unbalanced power between conflicting parties. It is apparent that the patient had no power to make demands since supportive law is not available.

The researcher concluded from this case that, it was a kind of Negotiation on Uneven Table, we could see that the patient had no power to negotiate, the medical personnels had absolute power from legal structure. This kind of conflict is difficult to reach mutual agreement since effective means not available in Western world. However it has negative impact to quality of life to the patient or even death. Buddhist society has to alert for,

this is why the researcher intend to explore the Buddhist means to abolish the Western society pitfall.

2.2.4.2.2 Case study 2 : Conflict in a Retail Community Pharmacy: Drugmart Pharmacy Case⁷⁰

Background

Drugmart Co. (Drugmart) is a national retail drugstore with over 6,000 locations in 48 states, the District of Columbia and Puerto Rico. The chain operates over 50 stores in South Florida where this particular store is located. The store in this case operates in a predominantly middle class neighborhood and has been open for over 9 years. It was early February which is considered peak season for pharmacies and retailers in this area due to snowbirds. A snowbird is an individual that lives in the Northeast United States for part of the year and in South Florida during the winter or cold months. The pharmacy operates with 2 Registered Pharmacists, Bob Martinez and Jack Jefferson. Bob Martinez graduated in 2007 from the University of Florida, School of Pharmacy with a Doctor of Pharmacy degree. He has been working for Drugmart as a Pharmacist since graduation and was recently promoted to Pharmacy Manager. Bob transferred to this store 4 months ago. His staff pharmacist, Jack Jefferson, has been a Registered Pharmacist for the last 10 years. For the last 5 years, he has been employed by Drugmart but has been in this location for only 3 months. The support staff of the pharmacy includes 3 full time technicians (Theresa, Alan and Louise) and 1 part time technician (Samantha) that only works weekends. Theresa, who has a diploma from a local high school, is a pharmacy technician and has been working for Drugmart at this location for the last 7 years. She is considered the head technician, due to the fact she has been at this location the longest, not because she is in charge of other technicians. Theresa was called the head technician by Stan, the Pharmacy Manager at the store prior to the arrival of Bob Martinez. She has been trained directly by Drugmart in all aspects of her job function to support the pharmacist in dispensing prescriptions. Alan, a young man just out of college is a Nationally Certified Technician and has been working at this Drugmart for the last 2 years. A

⁷⁰ **Journal of Business Studies Quarterly**, 2010, Vol. 1, No. 3, pp. 53-67 © Carla M. Evans, Daniel

Vacca, Nile M. Khanfar and Catherine A. Harrington.

National Certified Technician has been trained and certified nationally to support a pharmacist in dispensing medications and must accumulate continuing education credits each year to qualify for the certification. Louise is a young woman in her late 20's and she has been with Drugmart for less than 1 year. Louise is the newest member to the pharmacy team. She was transferred from another store to this location last month. She has the same educational background and company training as Theresa, but she has not proven competent yet in data entry of the prescriptions. Samantha is a freshman at the local community college and is completing her pre-pharmacy course work full time. The pharmacy operates 9am to 9pm Monday thru Friday, 9am to 6pm on Saturday and 10am to 6pm on Sunday. For a pharmacy to be open for business, a registered pharmacist must be on site as regulated by state law.

The following event took place on February 5th, 2008 at 9:15am when Jack arrives to open the pharmacy.

Theresa: "Jack, you are late. You were supposed to be here at 8:45!"

Theresa, has been there waiting for Jack to open the pharmacy. Even though the pharmacy opens at 9am, the opening pharmacist and technician arrive early to prepare the pharmacy for business. Theresa must obtain cash from the safe and sign the register onto the computer system before any payments for prescriptions can be made. In addition, the pharmacist must also log onto the computer system. However it is now 9:20am and several patients are standing there, annoyed that once again the pharmacy is not open on time and worried about getting their medications before work. Theresa calms the patients and runs around satisfying their needs while Jack pours himself a cup of coffee.

Theresa: "Jack, I need you to check this prescription so Mrs. Henderson can get to work on time."

Jack: "Hold on a minute, I am getting my coffee. You know Theresa; I cannot do anything in the morning before my first sip of coffee."

Theresa apologizes and explains to an irritated Mrs. Henderson that it will not be much longer and physically takes the prescription to Jack.

Theresa: (Frustrated) "Ok you had your sip, now check this prescription!"

Theresa swears that this is the last time Jack will get away with this, even though she has said this many times before. Unfortunately, management has been slow to respond to her complaints and she now is considering transferring to another location.

Promptly at 10am, Alan shows up for work followed by Louise who has been consistently 10 to 15 minutes late for her shifts and is late today. Alan is reliable and very knowledgeable concerning the pharmacy and patients. He practically knows every patient by

name and the medication they take. Theresa and Alan take a non-formal break to discuss the morning events by themselves in the back of the pharmacy.

Theresa: (Low voice so no one can hear) “Alan, he was late again and I had to deal with Mrs. Henderson. She was very agitated that the pharmacy was not open on time and instead of taking care of the patients, Jack decided to have a cup of coffee. Mrs. Henderson was not pleased and I had to apologize several times. I don’t need to be dealing with Jack all the time.”

Alan: “I understand Theresa. I opened the pharmacy last Wednesday with him and he didn’t get here until 9:05am. Luckily I didn’t have any patients standing there demanding service at that moment. But the fact still remains that he was late. I wonder what Bob is going to do about the situation, if anything at all.”

Theresa: “Yeah, I have mentioned the problem to Bob and yet nothing has been said to Jack. Bob’s managerial skills leave some to question whether or not he can handle the position, especially since he is so young and fresh out of school.”

Jack: (Shouting) “Alan, stop talking and get back to work. Theresa, we need some supplies up here. I am out of vials and child resistant caps to fill prescriptions.”

Still upset about the morning events, Theresa gives Alan a crooked smile and approaches the pharmacy counter where Jack is busy checking prescriptions.

Theresa: (In a snappy tone) “The bins would be full with supplies if you would have arrived to work on time. Right now that isn’t my job. I am a senior technician around here. Let another less experienced technician like Louise refill the supplies. Plus, you have no authority over me so you can’t tell me what to do.”

Jack is furious but realizes that Bob has never given him any authority to discipline the staff. He obtains the needed supplies himself and decides he will need to speak with Bob.

Bob, the pharmacy manager, shows up early for his afternoon shift. He often does this to utilize the coverage provided by Jack in order to take care of certain managerial duties required of him. Bob greets every associate, ensures that he is not currently needed and then goes to his office to make phone calls. Theresa follows him into the office.

Theresa: “Jack was late again this morning and I had to deal with some very upset patients including Mrs. Henderson while he drank his coffee!”

Taken aback by Theresa, Bob drops his paperwork on his desk and flops into his chair.

Bob: “What do you mean he was late again? I wasn’t under the impression that Jack has been late for his shifts. What time did he get here?”

Theresa: “9:15 and I had to deal with impatient customers waiting for him to arrive. I also want you to know that I am applying for a transfer to another location. I cannot handle the stress this man puts on me. I do not get paid enough to deal with problems caused by other employees, especially when the other employee is a pharmacist. I thought you guys (Pharmacists) were professionals.”

Bob: “We are professionals and I will speak with Jack about his tardiness. Theresa you are a valuable associate of this pharmacy and I do not want you to leave. Our patients rely on you and trust you. Please reconsider the transfer. Just give me one week and I will have the situation under control, I promise.”

Theresa: “Well, I don’t understand why you feel it is important to deal with the problem now. I guess it takes me to threaten to leave before you handle problems. I have told you Jack has been late before and nothing has happened.”

Bob: “I am sorry. I was not under the impression that it was a chronic occurrence. I just figured that he got stuck in traffic or something, but this obviously is a huge problem. I am very aware of the situation now and I ask you to give me one week to resolve the situation.”

Theresa: “Ok, I will give you one week. If he is late again next week, I will process my transfer.”

Bob: “Thank you; I will have a conversation with Jack.”

Theresa leaves Bob’s office feeling partially satisfied. She really doesn’t want to leave this store since she has been here for over 7 years, but she is tired of Jack and wants to see what Bob will do. She’s had several managers before during her tenor, but Bob is the youngest and she is curious as to how he will respond to the situation.

Bob is concerned that Theresa will leave. She is vital to the pharmacy and he would hate to lose such a valuable associate. However, he realizes that she can exaggerate and decides to investigate Jack’s tardiness. He places a call to the alarm company and requests a report of when the alarm has been deactivated in the mornings. Afterwards, he runs a report to see when Jack has logged onto the computer system. This will give Bob a clear idea of when Jack has been opening the pharmacy. Bob decides to wait to speak with Jack until tomorrow since it can take up to 24 hours for the alarm company to fax him the report. Since it is now 12pm, Bob leaves his office to relieve Jack from his position so he may go to lunch.

During Jack’s lunch, Bob has an upset patient who requests to speak with only him. Bob approaches the customer who is dressed in dirty jeans and a raggedy t-shirt.

Customer: “Hello, my name is Ted Smith and I am a customer of SaveCo pharmacy down the road. I don’t know if you can help me but I need a refill on my Xanax (Antianxiety

medication) and the pharmacist at the other store said it was too early. I had to take a couple more pills than my doctor prescribed, since I was robbed at gunpoint last week. Can you help me get a refill?”

Bob: “Ok, give me a few minutes to make a phone call”

Customer: “Thank you, I am grateful for at least that. The other pharmacist wouldn’t even talk to me about it. She just sent the technician over to tell me the prescription was too early to refill.”

Bob calls Drugmart’s competitor SaveCo pharmacy to discuss the customer’s refills and transfer the prescription. He is put on hold and after waiting for 20 minutes, the pharmacist finally answers. SaveCo: “Pattie, the pharmacist, how can I help you?”

Bob: “Hi, this is Bob from Drugmart pharmacy. I need to transfer a Xanax prescription for Mr. Ted Smith.”

SaveCo: “Oh, of course Mr. Smith would go to your pharmacy. I refused to refill his Xanax early so why would you want to refill it?”

Bob: “Well Mr. Smith was a victim of burglary and he took a few extra tablets to ease his anxiety which is understandable in his situation. I feel that the refill is not that early and would like to get the information from you.”

SaveCo: “Well if you can sleep at night filling drugs for addicts than go ahead. I won’t have that on my conscience. It’s all yours.”

Bob: “Why do you think that? Do you have reason behind your opinion that Mr. Smith is drug seeking?”

SaveCo: “Yeah, look at how he is dressed. Just looking at him should answer your question! Ok, you have all the information to refill the prescription; I have other patients to attend to.”

Bob: “One quick question, did you ask Mr. Smith why he was refilling his Xanax early or did you assume he was just drug seeking?”

SaveCo: (Condescending voice) “I have been doing this job long enough to spot an addict and my job isn’t to discuss their problems, my job is to fill prescriptions. I do not have time to listen to everyone’s pity story. I get paid to fill prescriptions and that is what I do.”

In disbelief of the pharmacists’ impression of Mr. Smith just by his appearance, Bob hung up the phone and submitted the prescription to Mr. Smith’s insurance company. The insurance company authorized the claim since it was not considered an early refill and Bob dispensed the medication to a grateful patient after proper documentation of the situation.

After the ordeal with the other pharmacist, Jack returns from lunch and Bob goes to his office to make some phone calls. Theresa goes on her lunch break while Alan and Louise fill prescriptions. While replacing stock bottles to their proper locations, Alan realizes he is starting to feel a migraine develop. He candidly goes to the Tramadol 50mg (pain medication) stock bottle, removes one tablet and pops it into his mouth.

As the day progresses, Bob begins to file the staff's time cards. The technicians are required to clock into the computer system. He notices that over the last few months, Louise has been consistently 10 to 15 minutes late for her shifts. He decides to speak with her before the end of Jack's shift.

Bob: (Yelling from his office) "Louise can I see you in my office for a few minutes?"

Louise reluctantly walks back into Bob's office.

Bob: "I need to speak with you about being late. I have noticed that you have been 10 to 15 minutes late for your shifts. I am giving you a first written warning and if you continue to be late then I will write you up one more time, followed by suspension and eventual termination."

Louise: "Nice, I am written up for being late while Alan is allowed to help himself to prescription drugs whenever he has a headache. That seems really fair."

Bob: "What are you talking about?"

Louise: "Well, bottom line is Alan steals and you write me up for being late. I was under the impression that theft was grounds for termination, not tardiness."

Bob: "Louise I was not aware of this situation. I will look into it, but I am discussing your tardiness at the moment. Please focus on getting to work on time. That is all."

Louise storms out of the office, mumbling something under her breath. Bob is well aware that Louise and Alan do not get along. There have been several incidents in the past where the two have had verbal arguments. Never the less, this is a serious accusation and Bob must investigate this as well.

It was a shock to Bob that he was offered the position of pharmacy manager at such a young age. However, he was pleasantly surprised and didn't hesitate at accepting the position. He understood this pharmacy had some issues but he wasn't ready for this. After being there for 4 months, he wasn't sure if everyone was just testing him or the issues were finally coming to a head. Bob's thoughts were interrupted with a knock at his office door.

Jack: "I am leaving for the day, are you coming out to staff the pharmacy?"

Bob: "Yes Jack, I'll be there in a minute."

Jack: "Ok Bob. Hey can I have a few minutes to speak with you tomorrow?"

Bob: (Exhausted tone) "Sure, what about."

Jack: "Just something I have been meaning to speak with you about. We will discuss it tomorrow. Have a good night."

As Jack was talking, the fax machine was beeping. The facsimile from the alarm company was printing and Bob thought to himself, "Yes, we will have plenty to discuss tomorrow Jack."

The following day, business was as usual including Jack being late. Theresa pointed the fact out to Bob as he walked through the pharmacy doors.

Theresa: (Impatiently) "Bob, remember what we talked about yesterday, it happened again, one week is all you've got." She then went into the back storage room to sign for the daily warehouse order.

Jack: "What was that all about Bob?"

Bob: "Nothing of importance at this moment."

Jack: "So do you have a minute to talk?"

Bob: "Not yet Jack, I have a conference call with corporate then some paperwork to fill out. How about this afternoon? Before you leave?"

Jack: "Sure that's fine."

Jack was frustrated that Bob didn't have time for him at that moment but decided to wait.

The pharmacy ran smoothly that day. Bob investigated Louise's accusation that Alan was stealing. He didn't want to have to deal with an associate who was stealing, let alone it being Alan. Unfortunately, his fears were confirmed by watching the video from the stores camera system. He knew what he had to do and contacted corporate loss prevention department and set up a time for them to interview Alan together. Before his shift ended, Jack went to speak with Bob in his office.

Jack: "Ok I can't put this off any longer. I want to discuss with you my authority in this pharmacy. Yesterday, Theresa made a comment that I have no authority to tell her what to do. I am a pharmacist and I feel that she should have to listen to my requests. All I wanted was for her to refill supplies. That was not an unreasonable request. Also as the pharmacist who works with them the most, I would like to have a say in the evaluation of the staff."

As Jack was speaking, Bob crossed his arms in front of his chest and leaned back into his office chair. Bob is dealing with many issues and he was not in the mood to listen to Jack's complaints. Bob interjects impatiently.

Bob: (Raised Voice) “Well, when a pharmacist can’t be on time to work why would an associate who is on time want to listen to that pharmacist? Also, why should you have any authority or say in the staff’s evaluation?”

Jack: “Goodness, I didn’t think that was an issue. My daughter has recently been very sick and I have been late because I visit her in the hospital before work. You know my daughter is sick.”

Bob: “No excuses. Here is documentation of your tardiness and a warning not to be late again if you cherish your job.”

Jack: “What, did you not hear me? I visit my daughter at the HOSPITAL before work. That is why I am late.”

Bob: “We are done here. Go home and don’t be late tomorrow.” Stunned, Jack storms out of Bob’s office furious that Bob didn’t even take the time to listen to what he was saying. Bob doesn’t even have an ounce of compassion for his situation.

Related Concept of Conflict Management

According to K.W. Thomas, conflict is a “condition in which two or more parties appear to be incompatible” (Thomas, 1978). The first step in the resolving the conflict is becoming aware that the situation exists. This awareness of the situation includes whether you are a party to the conflict or will act as a mediator to resolve the conflict. In addition, as a manager one must consider whether a response from administration will make the situation better or worse. The next step is to realize the manifestation of the conflict (Natural resources management, 1997). A manager must evaluate the type of conflict this situation presents and decide upon the appropriate way to resolve the conflict to obtain the desired outcome. Conflict can be typed as relationship conflict, data conflict, structural conflict, interest conflict or value conflict. Relationship conflict is due to negative emotions, misperceptions or stereotypes, poor communication between parties or even repetitive negative behaviors by a party. Data conflict occurs from a lack of information or misinformation, the different interpretations of information and whether it is relevant. Structural conflict are due to forces external to those in dispute such as limited physical resources, time or organizational changes whereas interest conflict occurs due to competition over perceived incompatible needs. Conflict arising from different ways of life, ideology or religion is value conflict (Melamed).

Once a manager decides upon which type of conflict, the next step is how to deal with this conflict. The Thomas-Kilmann conflict handling modes are one way to resolve conflict based upon an individual’s behavior towards the conflict situation. It is based upon the level of assertiveness and cooperativeness the individual displays in a conflict situation.

Assertiveness is the degree to which the person satisfies their own concerns whereas cooperativeness is the degree to which the person tries to satisfy the other parties concerns. Based upon this behavior, five methods of conflict handling may be defined. These modes are competing, collaborating, compromising, avoiding, and accommodating. Competing is being assertive and uncooperative and is known as the power-oriented mode while the opposite is accommodating, being unassertive and very cooperative. Avoiding is where the individual is uncooperative and unassertive; postponing the conflict satisfying neither party's concerns. The opposite to avoiding is collaborating where the person is assertive yet cooperative, and the parties problem solve to find a solution that satisfies concerns of all parties involved. The last mode is compromising, where one is partially assertive and partially cooperative. This mode looks for an acceptable settlement that partially satisfies both parties concerns. Each mode can be effectively utilized by a manager, however most individuals exercise certain modes over others. The Thomas-Kilmann conflict mode instrument identifies an individual's frequently used modes and describes situations where other modes might be used more effectively. It is a valuable skill for a manager to have the ability to appropriately utilize these modes for conflict resolution. Once the conflict is resolved, the manager must analyze the positive or negative outcomes of the situation and decide whether the appropriate mode was employed.

Conflict Analysis and Management

One conflict is between Bob (Pharmacist and Pharmacy Manager) and Louise (Pharmacytechnician) due to her tardiness. This is considered a relationship conflict since Louise's repetitive negative behaviors can have a negative effect upon the other associates. Bob realizes that her tardiness can give other associates the impression that it is ok to be late for their shift and can also affect customer service. In order to respond to this conflict, Bob utilized the competing mode since he must enforce the rule of being to work on time. This mode is appropriate for this situation since it is assertive and uncooperative. Louise does not give any reason for her tardiness and it has been a chronic occurrence since she transferred from the other location. The outcome of this conflict would be a positive one if Louise arrives to work on time and the other employees are aware that she is no longer tardy to work.

Another conflict from Bob's point of view is between Bob and Pattie (SaveCo pharmacist) who refused to refill Ted Smith's (Patient) prescription. This can be considered as several different types of conflict based upon the viewpoint of each party. Bob wants to help the patient whereas the other pharmacist just wanted the patient out of the pharmacy. Pattie did not gather all information to properly assess the situation. If Pattie would have spoken with Mr. Smith, her opinion might have changed about him being drug seeking. This

can be considered as a relationship conflict from Pattie's point of view. She stereotyped Mr. Smith by the way he was dressed. It can also be considered as a structural conflict from Pattie's point of view. She states that she doesn't have time to listen to anyone's pity story. It is possible that her company does not provide her with enough support to properly perform her role as a healthcare professional. Bob on the other hand, views his job differently from Pattie. This can be considered as a value conflict between the two individuals. Bob ideology of his profession is one that helps patients obtain the most appropriate therapy and wants to assist Mr. Smith whereas Pattie feels she needs to only fill prescriptions. Bob appropriately utilizes the competing mode. He is assertive in transferring the prescription to his pharmacy in order to help the patient. The outcome of this conflict is a positive one for Bob since his pharmacy will now gain a customer in Mr. Smith and he fulfills his ideology of his profession.

Even though it is not clearly defined, Ted Smith (patient) can be considered as having a conflict situation from Bob's position. Mr. Smith has brought a certain circumstances to Bob's attention and has asked Bob to resolve this issue of his early refill. Bob uses his professional judgment to decide that Mr. Smith's request is genuine and utilizes the accommodating mode when resolving Mr. Smith's problem. Again, the outcome for Bob and Mr. Smith is a positive one; Bob fulfills his needs as mentioned before and Mr. Smith gets the medication he wants.

Retail theft is another conflict occurring within the pharmacy. It is brought to Bob's attention that Alan (Pharmacy technician) is stealing drugs. Bob must go through a process in order to determine if the accusation is factual. He first experiences a data conflict since he lacks the appropriate information in order to confront Alan. Therefore, Bob must first avoid the conflict in order to gather more information. Avoiding to sidestep or to postpone the conflict satisfies neither person's concerns. Bob resolves this data conflict by viewing the stores camera system and obtains proof of Alan stealing prescription drugs.

Bob and Jack (Staff Pharmacist) have several conflicts that are occurring between them. Bob becomes aware of the tardiness situation and at first he experiences a data conflict. He realizes that he lacks the appropriate information in order to confront Jack and resolves this by utilizing the avoiding mode and obtains the alarm deactivation report as well as the log-on report for the pharmacy's computer system. After gathering the proper supporting documents, it is now a relationship conflict from Bob's point of view. Jack's repetitive negative behavior of tardiness has caused problems within the pharmacy. He understands that Jack has set a bad example for the other associates and he is now affecting customer service. Bob decides to utilize the competing mode to confront Jack in order to resolve the issue. He

informs Jack to not be late again while ignoring Jack's reasonable explanation. The way Bob handled this conflict will have a negative outcome. Bob does not process the information that Jack is providing on his reasons for lateness. Since Bob assumed a positive outcome with Louise and her tardiness, he is utilizing the same resolution mode with Jack, even though; Louise did not provide a reason for her tardiness. Bob must also understand that Jack is a professional and a peer compared to Louise and he may need to handle the conflict differently.

Another conflict between Bob and Jack is in Jack's role description. Bob does not allow Jack to discipline the staff or to provide input on the job evaluation of the staff, even though he spends a great deal of time with the technicians. This is considered a relationship conflict in various ways. Bob has negative emotions towards Jack due to his chronic tardiness as well as a lack of communication between Bob and Jack concerning Jack's role description. With this conflict, Bob decides to avoid the situation by confronting Jack's other issues and not this one head on. Jack's recent actions should have no bearing on his need to have more authority over the technicians and to also support Bob in the evaluation process. Bob could utilize the mode of compromise and explain to Jack that he is not in a good situation right now to discipline the staff. However, once his image with the staff improves, Jack can have more say in the discipline and evaluations of the staff.

Bob becomes aware of a relationship conflict between him and Theresa (Pharmacy technician). Due to poor communication between the two, the conflict has not been resolved and now Theresa wants to transfer. After becoming aware of the situation, Bob realizes that he might lose a valuable associate and must prevent this from happening. He utilizes the compromising mode by being partially assertive and partially cooperative with Theresa. The positive outcome for Bob is that Theresa agrees to give him one week to resolve the issue.

Another, Bob investigates Louise's accusation about Alan helping himself to Tramadol™ and finds out that the accusation is correct and he has evidence to back up this accusation. Which conflict handling mode should Bob utilize when speaking with Alan about this situation? Explain why he should utilize one mode over another. Bob should use the competing mode when confronting Alan about retail theft. As a manager, he must enforce company policy and properly address the situation. In this case, Bob does follow corporate direction by setting up an interview between the employee and Loss Prevention. Bob also needs to make sure he continually communicates with Human Resources around this situation.

Finally, Are there any situations in which Bob could have used a better conflict mode and which mode would have been more appropriate to use? Describe your reasons. Bob should have utilized compromise when dealing with Jack's tardiness. Jack gave a valid reason as to why he has been late for his shift, however, Bob ignored his reasoning. As a manager, Bob must listen to his associates and try to understand their position. As an associate, Jack should have informed Bob of his situation and his difficulty in arriving at the pharmacy on time. Through compromise, Bob and Jack could have come to a resolution in which Jack could take the afternoon shift until his daughter is better.

Customer Service, there are two customer service situations that occur during the case. The first one is the inability of the pharmacy to open on time. Jack can't open the pharmacy on time to accommodate the patients who need to have their prescriptions before they go to work themselves. Patients in healthcare are trained to wait. Patients wait for their doctor, wait for test results at a local hospital and wait for their prescriptions at their local pharmacy. Waiting is acceptable since patients are waiting for professional services. Each patient expects and deserves a high level of individual care from their healthcare professional. In this case, it is the lack of time management of a professional is the reason for the waiting, not his professional service. The patient has every right to be upset with his actions. To compound the situation, the pharmacist, does not show any empathy towards his patients when he is only focused on his need to get a cup of coffee so he can start his day.

The second situation involving customer service is Mr. Ted Smith and his Xanax prescription. The other pharmacist refused to fill his prescription on the basis of stereotyping. Bob was able to look past the stereotyping and took care of the patients needs. He listened to the patient's story of why he is requesting an early refill and also communicated with SaveCo to find out their reasoning behind the refusal to refill. When Bob gathered all information, he verified his decision by sending a claim to the third party payer to see if they would also agree with an early refill. Third party payers normally authorize full payment for dispensing of prescriptions within a utilization parameter. For example; a third party payer may only authorize a payment for a second prescription when a patient has utilized 75 to 80 percent of the first prescription. When the third party payer identified that Mr. Smith's prescription fell within their utilization parameters, then Bob was able to dispense the medication to the patient. Bob's service to this patient will definitely add a new patient to his pharmacy.

In both scenarios, the instructor must identify the opportunity cost of losing a patient or customer for a retail outlet. In a pharmacy, the loss of a customer has a large impact to sales since an average price of a prescription in 2007 was \$70.00 (Kaiser Family Foundation, Sept. 2008). In the case of Mr. Ted Smith, he presented only 1 prescription that

has refills. One must also take into account if this medication is for a chronic or acute condition. This medication is being used for a chronic condition with an increase in dosage due to an acute situation. A prescription used chronically can attribute \$840.00 (12 x \$70) in sales for this pharmacy over the next year. So the opportunity cost of SaveCo losing a patient could be \$840. If Mr. Smith is currently on 6 medications to treat all of his chronic ailments, the opportunity cost could now increase to \$5,040 (12 x 6 x \$70). Depending on the disease state, the patient presenting with diabetes, HIV or COPD could be an opportunity cost well over \$25,000 per year per patient.

Retail Theft. Why Bob set up an interview with Alan and Loss Prevention (LP) instead of firing him on the spot? The knee jerk reaction to fire an employee for theft immediately, when the evidence presents itself is strong for a newly promoted manager. It is imperative to handle the situation per corporate guidelines which may include presentation of evidence and investigation by Human Resources and/or LP before any actions are taken with the employee. Human Resources would make the recommendation to terminate employment so the corporation is protected from any employee legal retaliation. Loss Prevention is brought into the situation since the main responsibility of LP is to protect the corporation's assets. They will interview the employee to find out if this is an isolated incident or not. If this is not an isolated incident and has occurred in the past, LP will try to find out the extent of the theft and try to get retribution from the employee for the entire loss. Finally, since the theft occurred of a prescription drug, the pharmacy may have a responsibility to alert government agencies about the theft. This includes but not limited to local police, State Board of Pharmacy and the Drug Enforcement Agency (DEA).

Communication Issues, the competency of Bob's communication skills. Are there areas that he did well in and what areas does he need improvement? Overall, Bob did not do well in the communication area. He only had one area where his communication skills provided a positive outcome for both parties involved in the conflict. He needs to improve in the area of using communication proactively, using communication as a tool to drill down to root causes of conflicts, learn how to communicate effectively with peers and learn to listen.

Bob excelled in his communication with Mr. Smith (The patient). He took the time to listen to Mr. Smith, asking for more information about why he was requesting an early refill. Bob also investigated why Patti did not want to take care of Mr. Smith's needs by asking key questions that drilled down to the root cause. Since he took the time to communicate to both parties effectively, Bob was able to gain enough information in order to make a professional decision and satisfy Mr. Smith's request. As seen in this example, clear

and precise communication is necessary for a positive outcome and hopefully Drugmart gained a lifelong patient.

Bob must improve on his communication skills with Jack (Staff Pharmacist) and the entire pharmacy team. It seems that Bob does not have any experience using communication proactively. If he communicated with his team and set expectations, he could have prevented the conflict with Louise (Technician). In this conflict, Bob waited until he was frustrated with her tardiness and then had a conversation with her. He needed to confront the situation early, examine the cause of her tardiness and discuss a solution that could benefit both parties.

However, he did not have a two-way conversation with Louise since their entire conversation was one sided. A normal reaction to the competing approach is for one party to become defensive, preventing feedback from this party. Even though this approach is proper for certain situations, a manager who consistently utilizes this mode may inadvertently send the message to others that you are not looking for input and can lead to a roadblock in communication avenues.

Another area where Bob needs to improve on his communication skills is when dealing with another professional (Jack in this case). Again, communicating proactively with Jack when he became a manager could have eliminated the conflict between Jack and Theresa (Pharmacy technician). If he would have clearly communicated Jack's responsibilities in managing the pharmacy's technicians early on, they would not be having the present conflict. Bob also needs to understand how to effectively communicate peer to peer. Peer to peer communication has a higher level of respect than a manager to a subordinate. He needs to improve on this area of his communication skills or he will continue to find it difficult to build professional relationships with his peers. Finally, Bob does not use the same skills in dealing with Jack as he did with Mr. Smith. Despite Bob's feelings towards Jack, as a manager he needed to listen to Jack's response about his tardiness. Through effective listening, Bob would have opened up the two-way communication necessary to positively resolve this conflict.

Conclusion

For conflict in this drugstore, Bob as the manager, had faced with many conflict situation in different dimensions. One reason for the conflict is his ability to communicate with colleagues and how he had chosen the method to deal with management problem in the drugstore. Bob can choose suitable method and means of communication as a pharmacist when he provided the service to the client (Mr. Smith), however, when it came to the problem with another pharmacist, he had chosen the method to manage and communicate to deal with

Jack's coming late in similar to Louise, though both had different reasons for coming late. This had made the problem turned more and more escalated and complicated. To prevent Theresa from transfer, Bob had chosen to compromise in absence of resolving the problem that Theresa was not supportive to the work of pharmacist (Jack), hence the conflict problem increasingly elevated.

Obstacle findings

It was found in this case that resolving the conflict is not to respond the situation without any analysis of the whole picture, indicating potential effect that linked everyone in the drugstore. In addition, external influence affected the work in this drugstore. Analysis of the whole picture required comprehensive information, listening is thus a necessary tool to collect such information, and Bob needed to improve his skills of both the analysis of conflict and collecting information through more listening if he had to work as the manager of any organization.

However the workplace conflict can frequently occurred especially from relationship and communicating problems, this can be prevent and solve by mindfully awareness of deeply, actively and attending listening and dialogue. Structural problem is another kind of the cause of conflict of this type, if there are poor or outdated management facilities it can provoke interpersonal conflict in workplace in which we delute to be the faultiness of individuals.

The researcher analyzed that, conflict arisen from poor communication often bring to relationship conflict, which hard to mediate in this kind of workplace conflict. The alternative means to solve would be any means to create mindfully awareness with egoless through profound talk focusing on self not others to insight the causal factors by themselves, the Buddhist means are outstanding for this alternative.

2.3 SWOT Analysis of concepts and processes of Thai and Western Peaceful Conflict Management in Health Care System; regarding strengths, weaknesses, and opportunities, threats including constraint problem.

2.3.1 The constraint problems of current ways of Conflict management in Health Care System

The current Thai medical and health system applied a variety of conflict management means, for example, negotiation between hospital administrator and the patient, investigation by the Ministry of Public Health's Law Office, examination of health provider's

ethics by the Professional Councils, filing the lawsuit. However, these types of conflict resolution failed to create the parties' acceptance especially their trust or restoring relationship. The researcher thus applied the mediation system to resolving conflict by mediators since 2002, it appeared that this process has been accepted by those who working in health facilities of the Ministry of Public Health and the clients, and helps reduce the escalation of problem, and bring the conflict to closure at certain level.

However, this mediation process demonstrates in many cases, the apparent problems related to building trust and restoring relationship. In the researcher's view, the approach to mediation need some adjustments to focus more on building trust and restoring relationship through reconciliation in effective ways as soon as possible.

Western concept and process of conflict management applied in Thai health care system is of mediation process and conciliative process (as active listening is major tool) are among a variety of means to resolve conflict using interests-based approach. Although this method is effective in reducing the escalation of conflict problem and might lead to possible solution, but the problems remain as appeared in many cases, are how to build trust and restore relationship between parties as described above.

2.3.2 The analysis of current situation through SWOT

The analysis (Strengths, Weaknesses, Opportunities and Threats) offers the whole picture and direction of improving peaceful management of the health care conflict to focus on building trust and restoring relationship.

2.3.2.1 Internal factor situation

1) Strength

- The mediation process have been over 10 years established in the conflict management system in Thai health care system.
- Health personnel understand the mediation process and most of administrators at the service level support and value the process.
- Health personnel and the clients are predominantly Buddhists.
- Most of the problems need a sort of meeting and talk rather than a decisive judgement since health related conflict problem did not stem from negative intention.
- Require shorter duration to manage than the court system.

2) Weakness

- In most of agreement cases are almost only interest-based satisfaction but reconcile or relationship problem still remained.

- In case of healing assistance or payment for compensation are required, the hospital's facilities have limitation in managing the problem.

- Some groups of health personnel viewed that healing assistance provided for any damages by the cause beyond medical control, is not appropriate.

- Building trust and relationship within the process relies mainly on the ability and skills of the mediators.

- Training for this new type of mediators consumes more time and budget than general training and proficient trainers are needed.

2.3.2.2 External factor situation

1) Opportunities

- Both parties often desire to end the problem quickly, hence are willing to enter the mediation process to restore their relationship if possible.

- There is an initiation to demand for setting up the damage compensation fund for the loss due to medical error, if successful, it would help reducing the limitation of support from relevant service facilities.

- At present, health facilities are monitored through the National Health Security Office as the service buyer for the people, with one indicator that any service facility have to generate satisfaction among the clients and a fast system for conflict management is available.

- The court system views that medical related conflict problem should be brought to the court system for mediation.

- There are some examples of conflict cases in health service system successful in applying mediation process to focus on restoring relationship and trust, if the negative consequences of conflict can be transformed so that self-image, relationships and social institutions are ultimately strengthened and improved by the conflict, rather than weakened.

2) Treats

- Top level administrators are less supportive to the mediation until the conflict escalated and turned to a lawsuit, and often believe in the power-based conflict resolution approach under the bureaucratic system.

- The distance between Buddhism and the current social situation makes it more difficult to apply religious principle into the modern practice.

CHAPTER 3

CONCEPTS AND PROCESSES OF BUDDHIST PEACEFUL CONFLICT MANAGEMENT

In this dissertation, the researcher employed Buddhist Dhamma principles for peaceful conflict management as appeared in the Buddhist Scriptures (Tipiṭāka, Attakathā, books, texts, and literatures etc. in Buddhism).

The Buddhist Dhamma principles include **Paṭiccasamuppāda**, **Akusola-Mūla** and **Papañcadhamma**, **Four Ariyasacca-s** (The Four Noble Truths), **Aṭṭhangika-magga** (The Noble Eightfold Path), **Six Sārāṇīyadhamma-s** (The States of Conciliation), **Four Sangahavatthu-s** (The Bases of Sympathy), , Five **Pañca-sīla-s** (The Virtues Enjoy by Five Precepts), **Pañcā-dhamma-s : five ennobling virtues**, the **Kamma**, the dhamma used as means for conflict management mentioned by Phra Dhammapitaka (P.A.Payutto) i.e. **Paratoghosa**, **Yonisomanasikāra** ; by John A. McConnell in Mindful Mediation: A Handbook Buddhist Peacemaker i.e. **Four Brāhmavihāra-s** (The Sublime States of Mind) etc., as principles for exploring and analyzing the conflict cases, and grouping of Dhamma employed by the Buddha to deal with conflict for understanding concepts, processes, methods and tools of the Buddhist means.

Based on the means of conflict management in which the Buddha employed to settle the conflicts and transferred teachings to his disciples, the researcher also analyzed cases of conflict settlement within Suttantapiṭāka for practically understanding.

Details of concepts and processes of Buddhist peaceful conflict management are as follows.

3.1 The meaning of conflict in Buddhism and its causes

3.1.1 The meaning of conflict in Buddhism

3.1.1.1 Meaning of conflict in Dhamma term

Exploration in Tipiṭāka, Attakathā, and various Buddhism scriptures suggested that none of the Pali words directly refer to conflict. Phramaha Hansa Dhammahaso had outlined the issue on the meaning of conflict in Buddhism dimension into 2 main points, i.e.

the conflict in Dhamma term, and in Vinaya term¹, from which the researcher had drawn only the first one as it is deemed useful for this research.

Conflict in Dhamma term is defined here at the level of Lokiyadhamma to refer to an individual or group of individuals who might have conflict, incompatibility, or differences about needs, views, practices, values, and structures that might lead them to dissent, debate and quarrel. The meaning of conflict in Dhamma term contains multiple implications.

1) Conflict in the sense of “dissension” or in Pālī term Bhaṇḍana. The manner of dissension often forms primarily in one’s mind, and later expresses in other forms of conflict.

2) Conflict in the sense of “quarrel” or in Pālī term **Kalaha** with the manners analyzed in its meaning appeared in Pali as the parties’ physical expression such as fighting or bodily attack in several forms, and verbal expression such as disparage or insult over the other party.

3) Conflict in the sense of “contention” or in Pālī term Viggaha. Defining the term Viggaha in this way provides a clear picture of contention that is formed by the party’s attempt to maintain their aim and need by reminding or reiterating the other party to see the mistakes since the quarrel has taken place. It is noted that the manners reflecting the contention is that the parties put all effort to compete or grab something physically, verbally and mentally while at the same time trying to defend one’s position without regarding others’ position.

4) Conflict in the sense of “dispute” or in Pālī term Vivāda. The dispute is considered the consequence of the parties’ attempt to hold and adhere to self position or their preference and then address or offer different method. Each party tries to assert their method by justifying to underscore self position.

5) Conflict in the sense of “hostility” or in Pālī term Medhaga. The primary concept of conflict in the sense of hostility reflects the behavior representing violence that manifests and rises up from the dispute of parties in the situation where both parties cannot find the solution with reasons or mediation, or the parties are impulsive to decide to kill or attack one another with any means that cause death or severe injury to the other party.

¹ Phramaha Hansa Dhammhaso, Patterns of Conflict Management by Buddhist Peaceful Mean: A Case Study of Mae Ta Chang Basin, Chiangmai, **A Dissertation for the Degree of Doctor of Philosophy in Buddhist Studies**, (Graduate School, Mahachulalongkornrajavidyalaya University, 2004), pp 9-24.

6) Conflict in the sense of “debate” or in Pālī term **Vohāra**. The word **Vohāra** in the context related to conflict include other terms preceeding it as suggested by Phra Atthakathācāriya that **Vohāra** (words or act) to bring mental suffering (say something to cause mentally hurt), that is, harsh words (insult).

The definition or description of the word **Vohāra** revealed that in general human communicates or convey a message in order to convince the other party or other people to understand the issue one wanted to convey. However the words that lead to conflict by which the parties or general people had tried to use is to express or convey the message containing harsh words, inciting words to make others hurt mentally, lose face or embarrassed. As a result, such message of these words hence rise the conflict.

In conclusion, the meaning of conflict the Dhamma term can be compiled and analyzed in many senses including dissension, quarrel, contention, dispute, hostility, and debate. This set of meanings with multiple implications are deemed the conflict in Buddhism dimension. When comparing to the meaning of general conflict, it was found that the first possesses broader sense than the latter since the conflict in Buddhism covers both internal and external conflicts in every dimension. Conflict leads to the development of human potential at individual level, the conflict in oneself is hence an important tool to lead Siddhattha develop his mind to rise from human being to the Buddha. Important reasons are the conflict risen in his mind about birth, ageing, illness, and death, and to answer the question posed by himself that what is the true happiness? Can human be absent of birth, ageing, illness, and death? This type of question has drawn from the conflict about the dichotomy of things directly experienced by himself. Therefore, the conflict is seen as a powerful vehicle or bridge that leads human to walk toward the condition free from conflict, a path to understand the truth that the previous path can fulfill human with happiness to some extent and such path is a good way of making human try to realize the alternative way without conflict or truly free from conflict.²

3.1.1.2 Conflict in Buddhism refers to one type of sufferings or a crisis³ occurred in human that is, non-peace with certain causes rising the degeneracy. It is a temporal suffering invisible among human. The nature of such crisis is restlessness, i.e. inability to rest in individual, or chaos in the society. When suffering occurred, Paṭiccasamuppāda⁴ helps to

² Op.Cit.

³ Buddhadasa Bhikkhu, **Peace**, 1st edition, (Bangkok : Mitransamphun printing, 2006), pp.37,54.

⁴ Vin 1; S II 1; Vbh. 135; Vism 594; Comp. 188.

understand the root of suffering and the rise of conflict. Paṭiccasamuppāda contains factors interrelated as a process, similarly to conflict that involves a process of related causal factors. Any changes in the process especially the causal factor may thus result profound changes in life. In brief, Paṭiccasamuppāda is the process of dependent origination and cessation of suffering, or in terms of conflict, a process of rising and extinguishing conflict; also the other name Idappaccayatā or specific conditionality⁵.

Considering all of the 12 stages of Paṭiccasamuppāda as life and social suffering⁶ and as the process of conflict⁷, a concise explanation was made as the followings.

1. Avijjā or ignorance influences all the things we experienced in our mind and action. Avijjā also includes unknowing oneself. With ignorance and unknowing of truth, unawareness of condition, delusion of formation, ignorance with belief, no wisdom, no logical understanding, nonuse of intellectual or intellectual incapability.

Such ignorance affects our thought and action in that our misperception and lack of self-awareness may result in improper conduct and in turn posing problem on us. Accompanied with the lack of self-awareness is the belief of existence regardless of external world around us, belief only what is seen, unknowing of spiritual things. We are thus enveloped with ignorance and unable to escape. With this unknowingly wrap, we are in darkness. Everything exposed become distorted and we believe it is true but unawareness of the process of perception.

2. Sankhāra means mental formations, intention, and determination by means of actions, arrangement of mental process and seeking certain feeling to support such thought based on personal traits, proficiency, predisposition, belief, and attitude in accumulative manner. It is mental formation or kama formation with various ingredients of habitual accumulation.

⁵Phra Brahmaganaporn (P.A. Payutto), **Dictionary of Buddhism**, 13rd edition, (Bangkok : S.R,Printing, 2005), pp. 255.

⁶ Phra Brahmaganaporn (P.A. Payutto), **Buddhadhamma(Abridged)**, (Bangkok : Buddhadhamma Foundation, 1996), pp. 96-98.

⁷See details in John A. McConnell. **Mindful Mediation: A Handbook of Buddhist Peacemakers**, (Bangkok : Mahachulalongkornrajavidyalaya Buddhist University, 1995), pp. 18-39.

Mental formation refers to all volitional formation (Sankhāra) except for nibhāna. Sankhāra involves Rūpa, Vedanā, Sañña, Sankhāra, Viññāṇa. It covers all formational activities of Sankhāra, formation of self and the world as appeared. Sankhāra assumes the existence without understanding its nature. It was composed to relate our self image-a delusion. All formation resulted from delusion. Therefore, desirable object is seen as real and separated from our sentiment.

3. Viññāṇa is consciousness of sensation of visible object, sound, odor, taste, touch, internal sense, and mental background at that moment.

Consciousness is knowing the differences. And that the object is differentiated from our experience. If we were dominated by ignorance (Avijjā), we tend to focus on the outcome of our image of self.

4. Nāma-Rūpa (Mind and Body) is an existence of visible object and mental object perceived by an individual. The condition that our mind and body are compatible and function in conformity to respond such Viññāṇa, parts of our mind and body progress or change along the mental condition.

Mental object is the tendency or physical and mental mastery. Mental object is predisposed and lamented, once there is a contact (Phassa), mental object become apparent.

5. Salāyatana (The six sense-bases) is the condition in which related Ayatana functions in conformity with particular situation. The six sense bases, i.e. mind and the 5 senses of eye, ear, nose, tongue, and body tended to perceive only certain thing and matter, and that Ayatana accommodate to perceive those related to certain matter.

Viññāṇa, Nāma-Rūpa, and Salāyatana need to aggregate for perception to occur. As for Avijja however, we are not able to recognize the feeling or Viññāṇa until having a contact, simply speaking, they occur simultaneously.

6. Phassa (Contact) is the connection of knowledge and external world, perceived feelings, that is, the contact between mind and feeling, via senses or mind or assembly both.

7. Vedanā (Sensation) is the feeling of happiness, pleasure, pain, suffering, neutrality. It is the feeling we expose soon after having a contact, a feeling yet being composed as a complex feeling depending on self.

Approach-based or withdrawal-based feeling, happiness or suffering would enable us to distinguish positive effect from negative effect. Since we create the identity irrelevant to reality, we incline to approach harmful effect and withdraw from the helpful one.

8. Tanhā (Craving) is to seek and struggle for comfortable things and escape from those suffering things. The desires for existence, sustainment, dissolution, damage would follow attachment that evoke us to seek for something to fulfill our desires. Strong feeling of desire finally becomes clinging.

9. Upādāna (Attachment) is holding and clinging to pleasant and unpleasant feelings (Vedanā), grasping all those things supportive to such desire with oneself, i.e. attaching objects of desire with ourselves, and creating self- image of life from the attachment or attitude.

10. Bhava (Becoming) is the whole process of action performed to fulfill craving and attachment. Becoming occurred once attachment forces for change of self-image, following by changing identity. The image becomes real in our mind, actually not reality but delusion. Existence is similar to attachment in that the focus on fulfilled desires brings object into existence. Such excitement in new existence leads to unawareness of arisen suffering.

11. Jati (Birth) is self-awareness of being or not being in that life existence or becoming better aware that it is the life existence or process of action of oneself.

Jati occurs when mind is under ignorance, attached to the object with existence and the other way round. Origination of existence makes changes in human being to hold on the self and alter spiritual quality in terms of wisdom, awareness, kindness, generosity, and perseverance, making it difficult to gain insights and non-existence conduct. Once trying to bring self-image into existence, we break up the perfect life, hence peace and joy become far away.

12. Jarā-Marana (Decay and death) is the awareness of decline, degeneration, and breakdown of self from life existence. It is the feeling of being threatened with dissolution and abandonment from life existence, accompanied with sorrow, lamentation, suffering, grief and distress.

The Cycle of Paṭiccasamuppāda⁸

Paṭiccasamuppāda, the origination and cessation of suffering in life and suffering in society can be explained by the following figure :

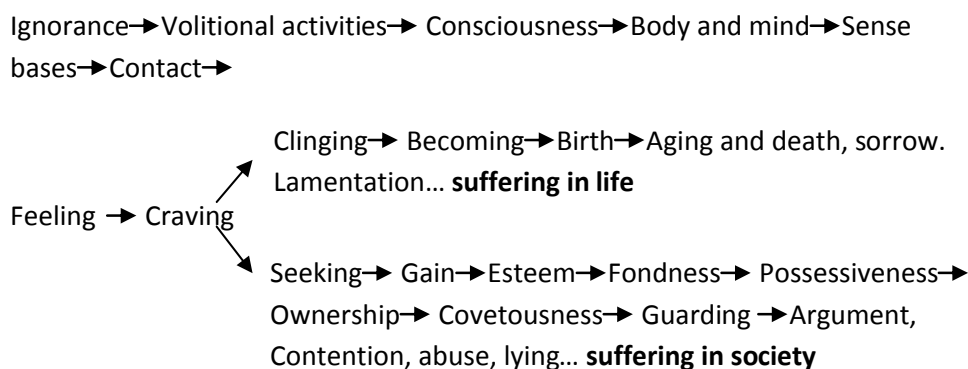


Figure13 The Chain of Paṭiccasamuppāda

3.1.2 Causes or origins of conflict in Buddhism

The cause of this suffering or crisis is unknowingness that leads to craving and as a result the circle of ignorance that rise such sufferings, i.e. conflict.

Paṭiccasamuppāda as the cause of conflict stories in Sutta-s

Paṭiccasamuppāda explained above with both the original content and the one applied to sufferings in society reflect the profundity and connectedness which require careful comprehension. **This is why in Mahāniddāna Sutta⁹ the Buddha had to warn Ven. Aānanda** of his simple understanding. Such an understanding may lead to recreating the new image for the self of individual, that is, Paṭiccasamuppāda as seen by Aānada may be the image created by him from his unknowing but believed knowing. It could mislead if the Dhamma is transferred. The Buddha attempted to clarify this connection issue by issue. The application of Paṭiccasamuppāda in analyzing the cause of conflict in other Sutta-s provides better understanding. **In Ambhatta Sutta¹⁰, the young Ambhatta holding on his birth and clan superior to those of others is attribute to his unawareness of human in the real status. He was**

⁸ Ibid., p.139.

⁹ D II 59-71.

¹⁰ D I 89-110.

misled by formation coupled with his previous discontent with the Sākayan, he thus occupied with volitional mind of his superior to the Buddha with the feeling arisen by his mistaken belief on such volition and the unpleasant suffering, his wish to show the superior of Brahman was misled by the superior image of Brāhman. The said attachment and mistaken lead to the new image of Brahman that the origin of birth and clan and the equality of human were completely forgotten. The Buddha had raise questions by firstly connecting to the origin of birth and family, then identifying the equality of human because of their self training. Similarly in **Kosambiya Sutta**¹¹, the two groups of bhikkhus made dispute and create image and feeling that turn into attachment, making it difficult to explain the delusion created by themselves. The Buddha considered the strong attachment as difficult to be advocated.

“The Buddha came to realize that these foolish men are so perverse, to make them understand is not easy, so he stood up and left the seat (V.5/245)”¹²

It can be stated by the above account that in any events or causes of conflict and the extent of differences among parties, through deep examination that interconnected causal factors as a process to conflict can be distinguished and lead to understanding why different conflicts are easily or hardly resolved. It depends on whether the particular conflict reached the state where parties progress attachment, i.e. clinging or grasping. In other words, conflicts involve profound interconnection of both internal and external factors, and Paṭiccasamuppāda provide means of understanding the circle, the connection of conflict, speculation of the current stage of people involved, including stories employed to establish their awareness. However, such means needed to be changed if the process has gone beyond the attachment stage.

For this reason, the Buddha made choices of means and ways including different stories to yield understanding to his audience who approached him differently for advises, questioning, challenging, or insulting. With the same Dhamma principle, its content is approached differently with varied stories, as the Buddha determined those people through

¹¹ **Tipitaka : Citizen Version, Suttantapitaka section**, (Bangkok : Dpt. Of Religious, Min. of Culture, 2005), pp. 259-260.

¹² John A. McConnell, **Mindful Mediation: A Handbook of Buddhist Peacemakers**, (Bangkok : Mahachulalongkornrajavidyalaya Buddhist University, 1995), p. 302.

Paṭiccasamuppāda to elicit their cycle and state, and to identify suitable mode and story accordingly.

3.2 Dhamma principles and concepts related to Buddhist peaceful conflict management

3.2.1 Ariyasacca (The Four Noble Truths)¹³

Ariyasacca (The Four Noble Truths) are a major Dhamma principle encompassing the entire teachings of Buddhism. Ariyasacca means the noble truth, the truth of Ariya. For the meaning of noble truth, it refers to the truth that is useful, in other word, Buddhism teaches only the useful truth, and what is not useful but contains the truth is not taught. As said by the Buddha that what were enlightened by him are enormous, but only little were brought up for teaching, for utilizing and for solving the problems¹⁴

3.2.1.1 The meaning of Ariyasacca¹⁵

1. Dukkha means suffering, a condition difficult to endure, oppressed, contradictory, deficient, impermanent, unsatisfactory, that is, various human problems; or the condition that all things are under the universal law of impermanence, distress, where problems occur at all time including birth (Jati), aging (Jarā), death (Marana); association with what displeasing; separation from what pleasing, not getting what one wants, in short the five upadānakkhandha are all suffering.

2. Dukkha-Samudaya means the origin of suffering or the cause of suffering including 3 types of Craving : Kāma-Tanhā, Bhava-Tanhā, and Vibhava-Tanhā, or the desire to hold to oneself. It is the symptoms of wanting to be or not to be, making life oppressed by restlessness, anxiety, jealousy, hatred, fear, distrust, boredom, distress in particular form at all time, without serenity, freedom, delight, joy, and without experience of wholesome happiness.

¹³ Vin I 10; S V 422.

¹⁴ Phra Brahmagunaporn (P.A. Payuttto), **Buddhadhamma**, (Bangkok : Mahachulalongkorn University, 11st edition, 2003), p.895.

¹⁵ Phra Brahmagunaporn (P.A. Payuttto), **Dictionary of Buddhism**, (Bangkok : S.R,Printing, 13rd edition, 2005), pp.155.

3. Dukkha-Nirodha is the cessation of suffering, the condition of cessation of craving, fading away Avijjā, nonreliance, peace, serenity, liberation, i.e. nirvana.

4. Dukkha-Nirodha Gāmini Patipāda is the path to cessation of suffering, the practice to cessation of suffering, or the noble path, that is, Aṭṭhangika-magga or Majjhimapātīpada which means “The Middle Path”. This Noble Eightfold Path is concluded in Sikkhā 3 (The Threefold Training) involving Sīlā (morality), Samāthi (mentality), Pañña (wisdom) as they were the middle path leading directly to Nirodha without being obstructed or inclined by the two extremes: self-indulgence (Kāmasukhallikanuyoga) and self-mortification (Aṭṭakīlamathanuyoga).

3.2.1.2 Ariyasacca and conflict¹⁶

1. Dukkha-Sacca: Conflict is the nature of human

Conflict is a nature of human and found in every society. Human has two levels of suffering; the first is due to different view, and the second depends on how such difference is managed. With poor management, the second level is more likely to occur. Approach to conflict settlement is thus determined by whether the conflict develops in productive or destructive way and the extent of suffering it may have caused.

What have to be done for the first characteristic of Ariyasacca is deemed a task about suffering (**Pariññā**)¹⁷, that is, to determine and comprehend (the condition of suffering as it really is, to understand the problem and clearly identify the scope of problem, or ask oneself “How we experienced such problem or conflict?”), and to explore the characteristics and dimensions of such conflict, and recognize them straightforward without avoiding the fact in any way.

2. Samudaya-Sacca : What is the root cause of conflict?

Conflict literature suggested that there are many causes that promote conflict. In addition to external factors, there are many internal factors such as thinking pattern, feeling,

¹⁶ John A. McConnell, **Mindful Mediation: A Handbook of Buddhist Peacemakers**, (Bangkok : Mahachulalongkornrajavidyalaya Buddhist University, 1995), pp.5-8.

¹⁷ Phra Brahmaganaporn (P.A. Payutto), **Buddhadhamma**, p. 902.

and desire. Without them, external factors are not apparent. The conflict occurred not only between the “self” (identity) but also within the parties themselves. The Buddha pointed out that conflict is often a result of the 3 Akusala-Mūla: Lobha, Dosa, Moha, all of which affect the mind and relationship of both parties, expressed in their thought and action.

What should be done in Samudaya-Sacca is to recognize the internal factors as the root cause of conflict. They are abandoning (Pahāna)¹⁸, eliminating of the cause of suffering, eradicating the cause or origin of suffering. This is difficult because Lobha, Dosa, Moha not only effect our internal feeling, but involve the reality, the surrounding or other people. We may be the one we are angry with, selfish, and despicable but it is difficult for us to distinguish between observation, interpretation, feeling, desire, and assertion of our own identity, all that might constitute our attitude toward others.

3 Niroddha-Sacca : Peace arises from the conflict

Suffering is extinguished when we abandon all attachments. Ultimately, conflicts will not last. Conflict is a process comprising many causal factors, and any changes occurred to them at the root would effect the conflict itself and apparently turn its direction. Conflict arises from several causes but it will not remain the same without any progress, rumination, and repeated feeling at the present time, hence making it endure. Whether the conflict would change lies within the mind of the parties themselves.

Akusala-Mūla:

Whenever Akusala-Mūla influences human’s mind, it is the time and opportunity for Vivāda-Mūla or Anuvāda-Mūla to develop. The formation of Vivāda-Mūla or Anuvāda-Mūla manifests subtly but clearly and can be observed from the following external behaviors.

- (1) One with anger and revengefulness.
- (2) One with disrespect and rivalry.
- (3) One with jealousy and greediness.
- (4) One with arrogance and craft.
- (5) One with bad wish and wrong concept
- (6) One with adherence to self-view, self-determination, difficulty to waive what is adhered to.

¹⁸ Op.Cit.

The 6 expressions of anger, disparage others, greedness, arrogance, finding ways to attack others, and self-adherence without compromise or acceptance of others' opinions are all the effort to defend one's position that leads to the conflict and violence at the end.

Apart from Akusala-Mūla as the cause of conflict, another Buddha's word about the cause of conflict also originated from Kusala-Mūla is that "O bhikkhus, the mind with Alobha to dispute, the mind with Adosa to dispute, the mind with Amoha to dispute are that this is Dhamma, this is Adhamma..."¹⁹ Therefore, the causes of conflict not only stem from Akusala Cetasika of Lobha, Dosa, Moha, but also from the Cetasika with Alobha, Adosa, Amoha of individual or group of individuals in conflict. In case offering an opinion or information with good wish and Kusala Cetasika to individual, group of individual, or organization, the conflict problem may rise because the individual or group of individual might have different understandings, ideas, and interpretations or do not accept those facts, hence having the conflict at the first place, then escalating to the level of attack with subsequent losses.

Peace and conflict are in the same coin of different sides. Likewise, Akusala-Mūla: Lobha, Dosa, Moha, are the opposite side of Kusala-Mūla: Alobha, Adosa, Amoha.

What should be undertaken for Nirodha-Sacca is to penetrate (Sacchikiriya)²⁰, that is, to enlighten or attain the cessation of suffering, to attain the condition where all problems are completely solved. The conflict may cause complexity and pain, it however allows the opportunity to bring peace. The conflict urges us to develop a peaceful process to manage the root cause of conflict

The Akusala-Mūla, however powerful they may seem, are completely impermanent. They depend on lack of awareness to continue, and once we become mindful they begin to weaken²¹. In changing Akusala to Kusala, the information can be put in grid-form table as follow :

¹⁹ see more details in **Vi Cū** (Thai) 6/2 6/4.

²⁰ Op.Cit.

²¹ John A. McConnell, Between Meditation and Peace-making, **Buddhist Approach to Political Conflict**

Akusala Unmindful and self-centred	Kusala Mindful and non-self centred	Common energy	Skills appropriate to change Akusala to Kusala in peace-making
Lobha focus on greed	Alobha focus on need	wants	Mindful evaluation of what all parties really need, Mediation/Negotiation
Dosa resentment	Dosa non-hate	attitudes	Mettā Meditation, Goodwill,
	Mettā, Karunā		Forgiveness, Caring criticism, Receiving Receiving criticism mindfully.
Moha delusion	Amoha clear- mindedness	understanding	Mindful understanding, Holding different perspectives in mind, Active listening, Clarifying misunderstandings.

Table 18 The information in changing Akusala to Kusala in grid-form

The Sutta-s are replete with practical advice for changing energy from Akusala to Kusala in the course of conflict. For example, in relation to ‘caring criticism’, the Buddha gives good advice for making criticism:

‘Five points’ friends, should be present inwardly to a brother who is desirous of chiding another. I will speak at a timely moment, not at an untimely moment. I will utter what is true, not what is fictitious. I will speak mildly, not roughly. I will speak for a desire for his good, not for his hurt. I will speak with love in my heart, not enmity.’ The Sutta-s are replete with practical wisdom of relevance to making peace.

The Akusala-Mūla are not permanent – with awareness and skill they can be transformed into healthy energy²².

Papañcadhamma

Likewise, The word Papañca had been defined in the Kampira Aphithānwannā in 2 ways as broad and detailed, and another 2 words with the same meaning or synonym, i.e. **Payāsa** and **Vitthāra** which also mean broad and detailed.²³ When the word was used in Buddhism with the title Papañcadhamma to include the group of defilement, i.e. Tanhā, Māna, and Diṭṭhi to refer to the Dhamma of prolongation or defilement that causes proliferation. As described by Phra Dhammapitaka (P.A.Yayutto) that Papañcadhamma means Dhamma of prolongation or simply the defilement as agitator to create stories, stimulate the mind to suffer, confuse the heart, or to extend, escalate, confuse, prolong, loosen, delay, meander, chaos, intricate, muddle, complicate, and distort the simple and explicit truth. It rises the problem, unable to solve existing problem directly to the cause but escalates and complicates it, and directs human's behavior to become restless, conflict, compete, content, leading to the war between groups or parties.²⁴

The above concept supports that the internal causal factor of conflict and Papañcadhamma provides corresponding and relevant explanation for the rise of conflict. The operation of Papañcadhamma including Tanhā, Māna, and Diṭṭhi will work collaboratively and as mutual causal factors given that which one of them plays dominant role in defining human's behavior, and tracing deeply suggested that the rest of them act to reinforce. According to Ariyasacca, Tanhā is the cause of suffering (Samudya) but in here it did not focus only on Tanhā.

4. Magga-Sacca : Peace is way of life

Suffering will not disappear by itself. We are free to start resolving our suffering from now. We are free to live our life supportive to the fade and the end of suffering. What we have to do is to start, to practice (Bhavanā)²⁵, to develop, and to follow the path. To

²² Ibid. p.224.

²³ Phramaha Sompong Mutito (Translator and Editor), **Kampi Aphithanwanna**, (Bangkok: Dhammasapa Printing, 1999), p 90.

²⁴ Phra Dhammapitaka (P.A.Payutto), **Buddhadhamma**, revised and extended edition, pp 70/5 – 70/52.

²⁵ Phra Brahmaganaporn (P.A. Payutto), **Buddhadhamma**, p. 902.

practice the middle path is cessation of suffering is to conduct in line with the path that lead to attainment. The Noble Eightfold Path comprising the followings:

- Sāmmāditthi: right view; right understanding of Ariyasacca.
- Sāmmā-sankappa: right thought; thought free from desire, harming.

Right view and right thought are under Pañña.

- Sammavaca: right speech; no false speech, harsh speech, harmful speech to others.
- Sāmmākammanta: right action; no taking life, taking things, sexual indulgence and misconduct.
- Sāmmā-ājiva: right livelihood; no exploiting or harmful occupation or activities to others.

Right speech, right action and right livelihood are under morality (Sīla).

- Sammāvāyāma: right effort; perseverance to overcome Akusala-kamma, and establish Kusala-kamma
- Sammāsati: right mindfulness; physical and mental awareness.
- Sammāsamādhi: right concentration; one-pointedness or collectedness to base mindfulness and mental quality of good deeds (e.g. compassion, contentment, and consciousness)

Right effort , right mindfulness and right concentration are under Samādhi.

In summary, the Four Noble Truths are of great meaningful and valuable for applying to make sense of the conflict at its root that eventually leads to the solution. The following principles²⁶ are to be considered.

1. Disengagement from the conflict is not to wait for it to occur itself but to start our practice. Once this happens, the process of the conflict settlement is thus possible. Disengagement from the conflict is neither a technique nor a method, rather, it involves mindfulness and awareness of life.

²⁶ John A. McConnell, **Mindful Mediation: A Handbook of Buddhist Peacemakers**, pp.10-11.

2. Conflict settlement includes a number of steps, regardless of its complication some of them appeared to be workable at the present moment. It will then lead to subsequent steps, each done one by one. Ultimately by this way, the most complicated conflict may be resolved because the current action is part of the future effect.

3. The deepest root of conflict with most mutual effect is the fundamental attitude and value adhered by both parties and by oneself from mental formation. Therefore, conflict settlement is not only providing solution for parties but also dealing with the feeling (Akusala-Mūla), the unwholesome roots of conflict.

Following the principles mentioned above, an account of adopting Ariyasacca at higher level, viz., Ariyasacca applied for building peace, appeared in brief by Buddhadasa Bhikkhu as follows.

3.2.1.3 Ariyasacca (The Four Noble Truths) in consideration of peace²⁷

Dukkha (Suffering or physical and mental sickness) is a crisis, non-peace, an existence.

The cause of suffering is the cause of crisis, i.e. immorality. Unknowing of Dhamma and immorality lead to selfishness, resulting in suffering of oneself and others. These are defilement and craving.

The cessation or extinction of suffering is peace or peacefulness, eradication of suffering, living life in calmness, serenity, tranquility.

The Path is way to attain peace, righteousness, the Path of Aṭṭhangika-magga. The Noble Eightfold Path is the collection of eight righteousness as the Noble Path, the Path to Peace.

In addition to the above are Sāmmājāñña and Sāmmāvimutti.

²⁷ Buddhadasa Bhikkhu, **Peace**, 1st edition, (Bangkok : Mitrphun printing, 2006), pp.32-34.

3.2.1.4 Ariyasacca and the cause and the solution of conflict in Sutta-s

As previously described, conflict is one form of suffering, a problem among others in human. Conflict is typically an apparent suffering, commonly found in general. At times however, conflict is not easily perceived. Regarding conflict as evident among parties might not necessary be true. But once the conflict is apparent among all, it might be denied or avoided. Ariyasacca is thus a Dhamma principle enabling those in conflict to find out potential causes. As in the **Sakka-panha Sutta**²⁸, Pancasikhadevabutra had tried to play his lyre for the Buddha, but with uncertainty in mind that he expressed what he became indulged. The Buddha pointed out that Kama-Kilesa is the root cause of suffering and obstruct the development of wisdom, and that the conflict arises. The solution is to practice The Noble Eightfold. In every Sutta presented here, the Buddha enabled people to understand the cause of suffering first, then preach, and offer ways to solution and develop self training to eventually attain peace, tranquility, and wisdom.

Practicing the Path to get away from suffering requires 2 hygiene factors²⁹, the first is external factor; the 2 elements of Sāmmādiṭṭhi (right view, right understanding), including advocating, evoking, and influencing by others especially Kalayānamitra who would help offering proper guidance, knowledge and understanding, as well as encouraging a thorough thinking by oneself in the reality. The second is internal factor or individual elements; Yonisomanasikāra, or mental conduct by analytical thinking, critical thinking, considering in terms of specific conditionality and causal relations. In **Brāhmajāla Sutta**³⁰, it highlights conduct rather than view, and that applaude are just views and subject to invalidity in reality, certain condition, and causal factors. In **Kinti Sutta**³¹, self “view” was typically used to base judgement of what is right and real, but ignore causal factors.

Ariyasacca is thus the Dhamma principle that defines procedure for conflict settlement in systematic fashion, and not difficult to understand and practice. By knowing of

²⁸ D II 262-289.

²⁹ Phra Brahmagunaporn (P.A. Payutto), **Buddhadhamma**, p. 913.

³⁰ D I 1-46

³¹ Tipiṭaka : Citizen Version, Suttantapiṭaka section, (Bangkok : Dpt. of Religious , Min. of Culture, 2005), pp. 326-327.

self suffering, exploring its causes or detecting what are the suffering or problem of oneself, the Eightfold Path then be proceeded to extinct the suffering.

3.2.1.5 **Aṭṭhangika-magga: The Noble Eightfold Path**³²

The Noble Eightfold Path included in Bhodipakkiyadhamma are focused only those of right qualities. There are:

1. Sammā-diṭṭhi: right view; seeing that the embellished forms of body or Sangkhāra are impermanent but mere nature of Rūpa-nāma. Apart from their impermanence, they are Aniccata, i.e. changeable all the time; Dukkata, i.e. unstable change; and Anattāna, i.e. non-self and uncontrollable, subject to cause and effect but not anyone's wish or desire.

2. Sammā-sankappa : right thought; non-pervert. It is supportive to Sammā-diṭṭhi to look for the way to escape from the Vaṭṭa-dukkha (the cycle of suffering).

3. Sammā-vācā : right speech; self-control in speech, abstaining from false speech, harsh speech, slanderous speech, and idle chatter.

It should be noted that following The Eightfold Path requires the additional practice of precept than normal practice as it includes more on abstaining both physical and verbal conducts involving all kinds of misconduct in occupation.. There should be no false speech: any kinds of harsh, sarcastic, deceitful words, divisive speech, abusive speech, slanderous speech, idle chatter even for the sake of fun, or exaggeration.

4. Sammā-kammanta: right action; doing tasks with mindfulness, self-awareness, abstaining from action posing troubles to others though just for momentary fun.

5. Sammā-ājīva: right livelihood; giving up earning for living in wrong way, livelihood bringing harm to others such as slaughtering animals for sale, imitated/adulterated goods. Monks should abstain from acting as clairvoyant, tipster or other unconventionally conducts.

6. Sammavāyāma: right effort ; in a way to escape from suffering as for **Sammāppadhāna**

³²D II 312; M I 161; M III 251; Vbh.236.

7. Sammā-sati: right mindfulness; corresponding to Satipatthāna in mindful awareness in the following 4 aspects.

7.1 Contemplation of body

7.2 Contemplation of feeling

7.3 Contemplation of state of mind

7.4 Contemplation of Dhama (phenomena)

8. Sammā-samādhi: Right Concentration. In the practice of Satipatthāna to attain the path and nirvana, once achieving Jhāna one typically forward to the higher level of Vipassanā. It is noted that Aṭṭhangika-magga includes Sīla, Smādhi, and Pañña, the practice thus requires the coherence of all these qualities for achievement and execution of defilement in the end.

In Aṭṭhangika-magga, the Buddha began with Sammā-diṭṭhi Magga, i.e. the right view because of its utmost effect. To attain the path and fruits, and penetrate in Ariyasacca, Pañña is a prerequisite and its strength cannot become lessen. With the right Pañña, the right thought follows; with the right thought, comes the right speech, and so on. Righteous persons should perceive that with right speech, ones would perform right action; with right action, they would engage in right occupation; once having the right occupation and security, they become persistent to further such occupation; and with this right persistence, they often have right mindful awareness; and finally with right mindfulness, they concentrate only on the right action.

Aṭṭhangika-magga has 2 kinds: mundane (Lokiya) and supermundane (Lokuttara) with some differences. Lokiya does not link the whole Aṭṭhangika-magga but Lokuttara conjoin the whole Aṭṭhangika-magga in unity comprising morality (Sīla), concentration (Smādhi) wisdom (Pañña) or The Threefold Training (Trisikkha). Lokiya magga may achieve some other mental stage but Lokuttara aims to achieve only nirvana. In particular, Sīla in Lokiya magga aimed only to abstain from what should be abstained, while Sīla in Lokuttara magga provides Magga for execution not mere abstention of defilement.

3.2.2 Sārāṇīyadhamma (The Six States of Conciliation)³³

Consist of six principal states in harmonious living together :

- Mettākayakama: to be amiable in deed, openly and private or established in bodily actions of kindness.
- Mettāvacīkamma: to be amiable in word, openly and private or established in verbal actions of kindness.
- Mettāmanokamma: to be amiable in thought, openly and private or established in mental actions of kindness, towards co-associates in the holy life openly and secretly.
- Sādhāranabhogitā: to share any lawful gains, openly and private or Sharing equally with the co-associates in the holy life.
- Sīlasāmaññatā: to keep without blemish the rules of conduct along with one's fellows, openly and private or become equal in virtues with the co-associates in the holy life.
- Diṭṭhisāmaññatā: to be endowed with right views along with one's fellows , openly and private or become equal with the co-associates in the holy life in the noble view.

The Six State of Conciliation³⁴ is Dhamma enabling others to keep one in mind, endearing, bringing respect, conducing to sympathy or solidarity, non-quarrel, concord or harmony, and unity, comprising 6 conditions:

(1) Bhikkhu should be established in bodily actions of loving kindness towards co-associates in the holy life openly and secretly. This is Dhamma which conduces to keeping one in mind, endearing, bringing respect, sympathy, non-quarrel, harmony, and unity.

(2) Again, Bhikkhu should be established in verbal actions of loving kindness towards co-associates in the holy life openly and secretly. This is Dhamma which conduces to keeping one in mind, endearing, bringing respect, sympathy, non-quarrel, harmony, and unity.

(3) Again, Bhikkhu should be established in mental actions of loving kindness towards co-associates in the holy life openly and secretly. This is Dhamma which conduces to keeping one in mind, endearing, bringing respect, sympathy, non-quarrel, harmony, and unity.

³³ Phra Brahmagunabhorn (P.A. Payutto), **Dictionary of Buddhism, 13th edition**, (Bangkok : S.R,Printing, 2005), pp. 200-201.

³⁴ Mahachulalongkornrajavidyalaya: **Tipiṭaka in Thai Version Program** , 2000, Bangkok,14/53-66/41-46.

(4) Again Bhikkhus, gains rightfully obtained, as far as what is put into the bowl, the Bhikkhu would not partake without sharing equally with the co-associates in the holy life. This too is Dhamma which conduces to keeping one in mind, endearing, bringing respect, sympathy, non-quarrel, harmony, and unity.

(5) Again Bhikkhus, the virtues that are not broken, fissured or spotted, are consistent and praised by the wise as unaffected and conducive to concentration. This too is Dhamma which conduces to keeping one in mind, endearing, bringing respect, sympathy, nonquarrel, harmony, and unity.

(6) Again, Bhikkhu becomes equal with the co-associates in the holy life in the noble view that leads to the beyond., sharing with the co-associates in the holy life openly and secretly.

The above six Dhamma is Sārāṇiyadhamma, which conduces to keeping one in mind, endearing, bringing respect, sympathy, non-quarrel, harmony, and unity among disciple in the Buddha's period..

3.2.3 Four Sangahavattu-s : The Bases of Sympathy³⁵

Four Sangahavattu-s: helping one another and contributing to creating social peace, stability and unity according to the four principle for helpful integration namely³⁶;

1. Dāna : giving, sharing (helping through money and material goods).

Being kind, generous; sacrificing ; sharing ; helping and providing assistance with the four necessities, money or material possessions- including the imparting of knowledge or understanding and learning.

2. Piyavācā: amicable speech (helping through words)

speaking words that are polite, pleasant to the ear, and helpful, that point the way to benefit, and that are based on reason and conducive to goodness; or words that are sympathetic and encouraging ; speaking words that lead to understanding, harmony, friendship, and mutual love, respect and service.

3. Atthacariyā: helpful action (helping through physical or mental effort).

³⁵ D III 152, 232; A.32,248;.A IV 218,363.

³⁶ Phra Dhmmapitaka (P.A. Payuttto), **A constitution for living: Buddhist principles for a fruitful and harmonies life**, (Bangkok : National Buddhism press, 1998), pp.9, 24.

Helping with physical service, making an effort to lend a hand to others in their activities; performing actions that are helpful to the community; including helping to resolve problems and promote morality.

4. Samānattatā: participation (helping through participation in constructive action and problem solving ; being equal by virtue of the Dhamma and sharing both weal and woe).

Putting oneself in communion with others; behaving consistently and impartially; behaving equitably toward all people, not taking advantage of them; sharing in their happiness and suffering, acknowledging problem and participating in resolving them for the common good.

In brief, these are to help through contributions of money, material things or knowledge; to help through speech; to help through physical action; and to help through participation in facing and resolving problems³⁷.

3.2.4 Four Brāhmavihāra-s : The Sublime States of Mind³⁸

The Four Brāhmavihāra is Dhamma of supreme state of mind, divine principle of practice, Dhamma to be held in mind and to regulate action, for virtue living and behaving oneself righteously towards all other beings, which include:

1. Mettā : loving-kindness, friendliness, goodwill towards all to be happy.
2. Karuṇā: compassion, the hope that a person's sufferings will diminish; the wish for all beings to be free from suffering.
3. Muditā : sympathetic joy; altruistic joy in the accomplishments of a person; the wholesome attitude of rejoicing in the happiness and virtues of all beings.
4. Upekkhā; equanimity; neutrality; the poise state of mind, impartiality, apprehension of Kamma of all beings that deserves gain and loss by its cause, being prepared to determine and practice of Dhamma, including tranquil state of mind and detachment as a person is responsible for and deserve whatever results.

Those who maintain Four Brāhmavihārā-s would help all beings with loving-kindness and compassion, and also keep in mind Dhamma with equanimity, that is, with compassion towards all one should at the same time hold equanimity to sustain Dhamma.

³⁷ D III 152,232.

³⁸ Phra Brahmagunaporn (P.A. Payutto), *Dictionary of Buddhism*, 13th edition, (Bangkok : S.R,Printing, 2005), pp. 124-125.

3.2.5 Pañca-sīla : The Five Precepts³⁹

The Five Precepts are the rules of morality consist of

1. Pānātipātā veramanī : to abstain from killing
2. Adinnādānā veramanī : to abstain from stealing
3. Kāmesumicchācārā veramanī : to abstain from sexual misconduct
4. Musāvādā veramanī : to abstain from false speech
5. Surāmerayamajjapamādatthānā veramanī : to abstain from intoxicants causing

heedlessness

In the context of conflict management, the Five Precepts is the concept or principle for practice that brings peace and happiness to the society. In other word, it refers to social ordering that lays foundation for the society to attain peace and happiness. “Five Precepts” in the context of conflict management are described in details as follows.

Precept 1: It is to pay respect to the life of others, to refrain from taking the life of living creatures, including physical intrusion with violence directly and indirectly such as bodily attack but not bring to death. In other word, it is to give respect and honor to the life of other living creatures with the view that each of human being loves their own life as the Buddha said “None can compete the love of oneself”. This is an important reason leading to an awareness that other groups of creature also love themselves to that extent. Therefore, those who love themselves should not intrude others. Such an awareness has made human being come to realize of negative consequences from intruding and destroying the life of other human being or living animals.

Precept 2: It is to give respect to the property of others, to refrain from taking things not given by the owner, that is, no intrusion of others’ property. In other word, it is to give respect to the property of others in the context of conflict management, to give respect to the allocation and sharing of interests and refrain from occupying the property or resources of others.

Precept 3: In the context of conflict management, it is the respect given to one’s spouse and the spouse of others, and to refrain from sexual misconduct, that is, no violation against the boundary of husband and wife in physical manner with an intent to having sexual intercourse. In this way, it represents the respect given to others’ right in their spouse however it meant to both the others’ spouse and one’s spouse because it reflects the

³⁹ D III 235; A III 203,275; Vbh. 285.

respect to the promise and honesty given to one's spouse. It is the self-control and satisfaction on one's spouse.

Precept 4: In the context of conflict management, it refers to verbal respect given to others, to refrain from using the speech to distort the fact. In other word, it is to give respect and care to others who might experience suffering as a result of our speech either by an intent to mislead or by receiving false information. Verbal respect is not merely to refrain from false speech but also to speak deliberately as in the Buddha's words "Human should not criticize without respect and speak of disparage words" ၁၀ because speaking without discretion using harsh words, tale-bearing words, or vain talk might cause pain and dissatisfaction on others.

Precept 5: In the context of conflict management, it is to give respect to others by the abstinence of drinking intoxicating liquors that lead to carelessness, unconsciousness, and discretion. The Buddha noted the 6 negative consequences of drinking intoxicating liquor that "Lay followers, the bad effects of taking intoxicants regularly are the 6 bases of carelessness: loss of asset observed by the drinker, bringing to quarrel and dispute, originating diseases, declined reputation, shamelessness, declined intellectual."

Drinking intoxicants not only posed negative physical and mental consequences and devastated one's intellectual, it also effected directly to the society because violating this precept that causes carelessness and unconsciousness will lead to the violation of all other precepts and hence originate the conflict. The Buddha said "Bhikkhus, though we had not seen or heard that the man refrained from intoxicants as a factor or carelessness....the king might execute, imprison, exile him, or act upon the factor as he refrained from intoxicants, but his sin and Kamma indicated that he had drunk intoxicants, killed women or men, steal from the house or forest, conducted sexual abuse to a woman or a daughter of others, destroyed the value of a householder or his daughter with false words.... the king might execute, imprison, exile him, or act upon the factor as he refrained from intoxicants as a factor of carelessness, you all had seen or heard about it and will be hearing about it." ၁၁ It can be seen that if we violate only the precept 5, it is likely that we will violate the other 4 precepts accordingly because being a victim of substances especially intoxicants, our consciousness is most likely to be destroyed, leading to conflict and serious effects to us and others.

In brief, the "Five Precepts" is a concept or Dhamma principle that will be applied to conflict management as well as to prevent the conflict. If every of us employs the Five Precepts as a tool to live our life, it will stimulate self-immune to prevent us from the

conflict at individual level which is likely to occur at all time, to develop and escalate with negative social effects. The society can thus live together in peace and happiness. Phra Dhammapitaka (P.A.Payutto) noted that the absence of Five Precepts for whatever reasons provides standard for measuring the decline of society, and it is not the supportive environment for creating higher virtues. Buddhadasa Bhikkhu reiterated that moral is most important among all since peace or suffering in the society reflected whether human hold on to precepts. He reminded all humankind that if human do not observe the precepts, the world will abound with conflicts.

3.2.6 Kamma

In Buddhism perspective, the power that moves the human's way of life and society is the power of volition or the power of Kamma (**kammunā vattati rogo**) Here Kamma focuses directly to the origin of kamma, that is, intention, will, or determination to do particular action. This volition will guide and define the direction of all human actions and act as a chief committer or leader to initiate, manipulate, create everything. In other word, volition is the core of Kamma⁴⁰ as said by the Buddha "O bhikkhus, it is volition(Cetanā) that I call karma. Having willed, one acts through body, speech and mind".⁴¹ The volition's power to move the way of life is not necessarily merely but it is the power that moves along the force of Dhamma as a mental factor (Cetasika) especially the group of defilements as the root of Akusala, i.e. Lobha, Dosa, Moha. This assumption indicated that the cause or root cause of conflict process is produced by Akusala-Mūla as in the Buddha's saying "O bhikkhus, the mind of Lobha to dispute, the mind of Dosa to dispute, the mind of Moha to dispute are that this is Dhamma, this is Adhamma, this is Vinaya, this is not Vinaya."⁴²

Kamma²⁴³ : action; deed intention of actions by body, verbal or mental are divided in 2 groups : 1] Akusala-kamma is unwholesome action; evil deed; bad deed 2] Kusla-kamma is wholesome action; good deed

Kamma³⁴⁴ : action ; deed consists of 1] kāyā- kamma; bodily action 2] Vaci-kamma; verbal action 3] Mano-kamma; mental action

⁴⁰ W. Rahula, **What the Buddha Taught**, (Bangkok: Kurusapha Press, 1995), p. 22.

⁴¹ AC (Thai) 22 / 62 / 577.

⁴² See more details in **Vi. Cū.** (Thai) 6/2 6/4.

⁴³ A I 104, 263; It. 25,55.

⁴⁴ M I 373.

Kamma-kilesa 4⁴⁵: defiling actions; contaminating acts; vices of conduct are divided into 1] Pānātipāta; destruction of life 2] Adinnādāna; taking what is not given 3] Kāmesumichācāra; sexual misconduct 4] Musāvāda; false speech

Saddhā⁴ : faith; belief; confidence consists of four 1] Kamma-Saddhā: belief in Kamma 2] Vipāka- Saddhā: belief in consequence of actions 3] Kammasakatā- Saddhā: belief in the individual ownership of action 4] Tathāgatabodhi-Saddhā⁴⁶ : confidence in the enlightenment of the Buddha

Those who maintain awareness of all Kamma will bring peace in life and if all people are awareness, will bring peace in society. It is noted that Thai people have rather strong belief in Kamma and especially Saddhā⁴ that will help in conflict management a lot . The Saddhā⁴ are closely related with all Kamma.

3.2.7 Five Pañcā-dhamma-s (The Virtues Enjoy by Five Precepts or five ennobling virtues)

The **five ennobling virtues** or virtues enjoined by the five precepts are:

1. Mettā Karunā : to have loving-kindness and compassion
2. Sammā-ājīva : to have right means of livelihood
3. Kāmasamvara : to have sexual restraint
4. Sacca : to have truthfulness ; sincerity
5. Sati-sampajañña : to have mindfulness and awareness; temperance

Those who maintain **Pañca-sīla and Pañcā-dhamma** will help all being happiness in the ways of life.

3.2.8 Paratoghosa and Yonisomanasikāra

Application of Paratoghosa and Yonisomanasikāra

1) Paratoghosa – Another utterance; inducement by others; hearing and leaning from others; acquiring knowledge, talking and asking, particularly listening to true Dhamma from good companies; in other words, seeking advisor, teacher, counselor, friends, books, good and supportive social environment conducive to wisdom through listening, talking, questioning, reading, searching, and utilizing mass media.

⁴⁵ D III 181.

⁴⁶ A III.

2) Yonisomanasikāra - reasoned attention, systematic attention, genetic reflection, analytical reflection, thinking in terms of specific conditionality, thinking by way of causal relationships or by way of problem solving

(1) Upāyamanasikāra– Tactical reflection, systematic and righteous thinking to acquire fact relevant to the way of truth, intuition of conditional characteristics and common characteristics of all things

(2) Pādamanasikāra -Way of thinking; righteous way of thinking; thinking in sequences, procedure, and lines; organized and rational thinking

(3) Kāranamanasikāra – searching for causal relationship, tracing for causes and origins of the sequential results.

(4) Uppādakamanasikāra– Effective thinking; thinking for desirable outcome; focusing on target based thinking; reflection for wholesomeness.

Narumon Markman referred to significant Buddhist teaching⁴⁷ that the Buddha's teaching are as many as 84,000 categories, among which contain both levels of Lokiyadhamma and Lokuttaradhamma. The first includes general teachings for living happily in the present and next lives. These teachings aim for those who still prefer prosperity and happiness in the circle of existences which include the teachings such as the principle of existence, giving, morality, heaven, etc. The latter refers to the teachings aiming at liberation, cessation of defilements. This is an advanced teaching covering such as the Four Noble Truths, the Dependent Origination, the Noble Eightfold Paths, etc.

The Buddha's accounts for teaching these two levels based on his view that human differs in disposition and need. Some prefer living with happiness, success in life, or happiness from heavenly attainment, human attainment. Whereas others prefer the cessation of sufferings, nirvana attainment. The Buddha's ultimate goal of teaching his enlightened Dhamma to teachable persons is to free the living creatures from all kinds of suffering.

⁴⁷Narumon Markman, **Human and the Truth of Life in Buddhism Perspective**, (Bangkok : Ramkhamhaeng University Press, 2003), p.1.

3.3 Process of Buddhist peaceful conflict management

As mentioned earlier, conflict is one type of human or social suffering. Suffering and the path to resolve it by Buddhist principle is thus build on the Four Ariyasacca, a key principle or larger system covering the process of solving all problems. Applying Ariyasacca to the process of solving problems or crisis that cause non-peace among human is in other word a practical peaceful way with possible yields. Buddhadasa Bhikkhu⁴⁸ outlined peaceful way based on Ariyasacca as in the followings.

1. Crisis is non-peace.
2. Causes of crisis are defilements and craving.
3. Peace is tranquility in terms of both Lokiya and Lokuttara.
4. Peaceful way covers the 8 aspects of rightfulness.

In applying the four Arriyasacca to resolve suffering, Phra Brahmagunabhorn had exemplified to relate with the fire problem as follow⁴⁹.

- 1) **Dukkha** is a fire that causes harm to life, body, and properties.
- 2) **Samudaya** is to investigate the causal factor of such Dukkha. In this case of fire, the causal factors of fire is the natural combined process of fuel, oxygen, and enough high temperature.
- 3) **Nirodha** is to focus or to set a clear goal of how we can extinguish the fire based on the 3 natural causal factors, however, in relation with the likeliness of reality and our own capacity, that is, what we should take first or secondary among no oxygen, low temperature, or all of the three.
- 4) **Magga** is ways or means of extinguishing the suffering: a procedure of laying out actions to achieve the goal set in Nirodha. This is a crucial matter and contains a wide variety of means, that is, we need a fire truck, water tanks, rubber tube, ladders, steel ladder, trained, skilled, and well prepared firemen, for examples.

In relation to this example, if Ariyasacca is applied for dispute mediation⁵⁰, it can be described that:

⁴⁸Buddhadasa Bhikkhu, **Peace[in Thai]**, 1st edition.(Bangkok : Mitrphun printing, , 2006), p.37.

⁴⁹Phra Dhmmapiṭaka (P.A.Payutto), **Dissolving Conflict[in Thai]**, (Bangkok : Sahadhammic Printing,2003), pp. 31-32.

⁵⁰ Soat Sutanant, **Buddhist and Universal Means of Mediation**. Dulabhaha[in Thai]: 57, 1 pp 198
<http://elib.coj.go.th/Article/> , retrieved 02/09/10.

1) **Dukkha** is the dispute problem between parties, causing tension and losses of a lot of time, expenses, opportunities, and benefits.

2) **Samudaya** is the causal factor bringing dispute or conflict, with an investigation suggesting enormous subtle details which can be described broadly in major causes of the 3 types of human defilements⁵¹ or ⁵²

2.1) Tanhā is craving for oneself, selfishness, exploitation in various forms of asset, money, or any others for self-fulfillment.

2.2) Māna is a desire for prominence, superiority, ascendance, honor, and dominance over others.

2.3) Diṭṭhi is adherence to beliefs, doctrine, religion, embraced ideology, without listening to others' ideas and opinions, forming a divisive attitude.

Tanhā –Māna – Diṭṭhi are the culprit that gives rise to Akusala-Mūla, i.e. Lobha, Dosa, Moha as well as fear, suspicion, distrust, and finally the conflict follows

3) **Nirodha** is to focus or to set the clear goal of what we want and what causal factors we intend to manage, and to what extent this can be achieved. Probably, the ultimate goal of dispute mediation would be to end up the dispute in peace and harmony, that is, a win-win situation for both parties and the dispute is completely resolved. As a result, the parties understand themselves and the other party, become insightful of Tanhā –Māna – Diṭṭhi as the root cause of suffering, be able to totally expel Akusala-Mūla and Lobha, Dosa, Moha in their mind, and that they apprehend the sustained benefit or the ultimate goal of collective interests of all parties.

The secondary goal would be to terminate the dispute through compromising or coordinating of interests by striking a happy medium or one step backward. This means that in case it is not possible to end the dispute by ultimate goal, at least however, the parties should be convinced to lower their need or position with respect to Tanhā–Māna – Diṭṭhi to an acceptable level.

Regarding which causal factors and to what extent they can be managed require firstly the analysis to determine what are the causal factors of each problem of the dispute case, of which mostly rooted from the combined Tanhā–Māna – Diṭṭhi but each may weight

⁵¹ Phra Dhmmapiṭaka (P.A. Payutto), **Dissolving Conflict**, p 49.

⁵² Phra Brahmaganaporn (P.A. Payutto), **Dictionary of Buddhism**, pp. 94-95.

differently. Once the root causes are apparent, then the plan is made to solve the problem directly to the point, along with evaluating the likely goal proximately to reality.

4) **Magga** is ways of practice or implementing technique to attain the goal of Nirodha. Buddhist principles provide a number of teachings which can be applied as a tool to facilitate successful dispute mediation, among others are the Pañca-sīla : 5 precepts, the Pañca-dhamma : five enobling virtues, the Attha-sīla : 8 precepts, the Four Brāhmavihāra-s : 4 sublime state of mind, the Four Itdhibāta : 4 bases of success, the Four Sangahavattthu-s : 4 bases of sympathy, the Seven Aparihāniyadhamma-s : 7 things never to decline but only to prosperity, the Seven Sappurisdhamma-s : 7 qualities of goodman, the Four Agati : 4Prejudices, the Ten Rājadhamma-s : 10 Virtues of the king, etc.

Conflict resolution process is thus a process of practice based on the Four Ariyasacca in which each step employ particular Dhamma principle indicating how to take action[in this dissertation would detail mention only some concerning Dhamma]. For example, to make sense of Dukkha and its cause requires thorough consideration of Paṭiccasamuppāda to make clear of unknowingness or attachment to self image constructed from such unknowingness. By this way, Akusala-Mūla can thus be abandoned.

The concept and the method of Buddhist Mediation are composed of 9 steps namely (1) Mindfulness (2) Education Process (3) Deep Communication (4) Issues Analysis (5) Approaching to Strategies (6) Thinking Wisely (7) Interest Finding (8) Option Creating and (9) New Relationship Building⁵³. By all the 9 steps, it is concluded to be the model of Buddhist mediation which is divided into 3 main steps namely (1) step of Kalyānamittra (2) step of Yonisomanasikāra and (3) step of conflict problem management. In the step of Kalyānamittra, the mediator has responsibility for the direct role. However, in the step of Yonisomanasikāra and the conflict management, both of the mediator and the parties have to co-operate in playing the roles in order to cause the Sammādiṭṭhi to arise to find out the true interest of each party and also to promote the understanding between them.

⁵³Chalakorn Tiansongjai, Buddhist Mediation: Concept and Tools for Conflict Management. **Dissertation for the Degree of Doctor of Philosophy in Buddhism(Buddhist Studies)**, Graduate School, Mahachulalongkornrajavidyalaya University, Bangkok, 2011.

3.4 Conflict Management Case Studies in Suttantapiṭaka

Suttas in which the Buddha acted as a conflict settler or mentor alone: appeared in another 11 suttas, Mahānidāna Sutta, Mahāparinibbāna Sutta, Sakkapañha Sutta, Sangiti Sutta, Aggañña Sutta, Sigālaka Sutta, Kūṭadanta Sutta, Brahmajāla Sutta, Kosambiya Sutta, Dhammadāyāda Sutta, and Sāmagāma Sutta.

This is the case of conflict the parties involved were the others and the Buddha acted as mediator contributed in giving advice, counseling, and even settling the conflict by himself. The brief stories of 11 sutta are as follows⁵⁴:

(1) Mahānidāna Sutta⁵⁵: The event when ven. Ānanda thought and presented to the Buddha that Paṭiccasamuppāda is simple. From that event Ven. Ānanda did not precisely understand the meaning, the profound value, and the influence of Paṭiccasamuppāda on the whole beings, this may lead him to present different meaning and significance from those other followers, and may eventually transfer such vagueness to others as well.

(2) Mahāparinibbāna Sutta⁵⁶ The story of Gijjhakūṭa in Magadha. King Ajātasattu of Magadha desired to wage war against the Vajjīs. Magadha is a big state, with a small city of Vajjīs at the border end. The Vajjīs is so strengthful and concerting to protect their bastions. Other big cities wished to colonize Vajjīs, a borderland between countries, an exit to other countries.

(3) Sakkapañha Sutta⁵⁷ The story occurred at Indasāla Grotto in the north of Vedyagiri in Ambasanda Sakka the deva-king had sent Pañcasikhadevaputta with his lyre to play and sing, alluding to the Buddha, the Dhamma, Arahantas, and Kāma. The Buddha suggested Pañcasikhadevaputta to loosen his love from Baddhasuriya-vaccasa as she was not that honest. The Buddha addressed the trouble caused by kāma that bring no physical, mental, and intellectual happiness. But with wisdom of mind over kāma, it certainly make kāma tiresome, and that is the way to relieve internal conflict.

⁵⁴ Banpot Thontiravong, Conflict Settlement in Suttantapiṭaka. **A Thematic Paper Concerning the Qualification Examination in Specified Subject in Seminar on Tipiṭaka, PH.D. International Program, MCU. 2011.**

⁵⁵ D II 59-71.

⁵⁶ D II 72-168.

⁵⁷ D II 262-289.

(4) Saṅgīti Sutta⁵⁸ The council or rehearsal of Buddha's teachings. Venerable Sāriputta referred to death of Nigaṇṭhanātaputta and that Nigaṇṭha's followers were split into two parties, quarreling and disputing over Dhamma discipline. Since the Buddha did not provide his teaching in orders, Venerable Sāriputta thought of the "Council" (rehearsal) of those Dhamma disciplines without quarrelling so these teachings and discipline may be enduring and established. Venerable Sāriputta set an example of reciting the sutta to which appreciated by the Buddha. Dhamma principles were then compiled and categorized in set 1 to set 10.

(5) Aggañña Sutta⁵⁹ The story occurred at Pubbārama of Upāsikā Visākhā at Sāvatti City. Vāseṭṭha and Bhāradvaja, entering the monkhoods, both were born in Brahman which is regarded the highest caste in early India, so they both were reviled by relatives as they were heirs of Brahma. Brahmins are purified, Non-Brahmins are not, and other castes are dark. The cause of conflict in this Sutta is holding fast to oneself or self-conceit over others.

The Buddha had to point out the truth of equality of all things, by applying Bodhipakkhiyadhamma⁶⁰: virtue partaking of enlightenment, and Paticca-samuppāda : arisen and cessation of suffering, and addressing the equality of all things in the world and identifying the origin of human being..

(6) Sigālaka Sutta⁶¹ The story happened in Rājagaha. Sigālaka is the Brahman's son of Sāvatti, paying homage to the six directions for his father's instruction before death with misinterpretation. It is his belief to pay gratitude to his parents with misinterpretation of the parents' wish and without true understanding of the significance of his action.

(7) Kuṭṭadanta Sutta⁶² offers the right and useful sacrifice, that is, for social welfare. The Sutta shows the best way of making sacrifice efficacious, stating that crimes cannot be suppressed by strong means such as putting death and jailing. More killing means more crimes. To uproot the crimes requires well managed economic system that is conducive to the well-being and employment of people, with sufficient earnings for living under their circumstances. With this only means, "all people can live without threat and oppression but

⁵⁸ D III 207-271.

⁵⁹ D III 81-97.

⁶⁰ Vism. 681.

⁶¹ D III 183-193.

⁶² D I 127-148.

with pleasure and enjoyment, carrying their baby dancing around, dwelling in open houses” . Kūṭadanta Sutta ⁶³ showed the story once the Buddha wandered to Magadha and stayed at Kanumat, a village ruled by Brahmin Kūṭadanta. At that time, Brahmin Kūṭadanta was making preparation of a grand sacrifice of 700 bulls, 700 bullocks, 700 heifers 700 goats, and 700 rams, all were tied up to the sacrificial posts. With his belief on this sacrifices and wishing for its fruitfulness, Brahman Kūṭadanta consulted the Buddha to explain how best to conduct sacrifice, that is, Yaññasampadā⁶⁴ (the attainment, i.e. the perfection of triple sacrifice with its sixteen requisites).

(8) Brāhmajāla Sutta,⁶⁵ Different views of teacher and student. This sutta is about the supreme net. Suppiya (teacher) and Brhāmadatta (student), while traveling along the main road between Rājagaha and Nālandā, Suppiya was finding fault in all sorts of ways with the Buddha, the Dhamma and the Saṅgha, whereas his pupil, Brāhmadatta was speaking in various ways in their praise, disputing against each other's arguments. It became the topic of conversation among all other monks.

(9) Kosambiya Sutta⁶⁶ The Buddha preached Sārāṇiyadhamma and the 7 perceptions of Ariya for bhikkhus of Kosambi after their massive dispute in Buddhism history Bhikkhus in Kosambi made quarrels because the followers of Vinayadharas and Dhammakathikas had insulted against each other. Ven. Dhammakathika, after finished from the toilet, kept the left-over water and came out. Ven. Vinayadhara observed that but found out Ven. Dhammakathika did not know it is an offense, so he considered it no offense because Ven. Dhammakathika was unaware of it. Ven. Vinayadhara told his students the story, but later his students seek to disparage Ven. Dhammakathika to his students. Having heard that, Ven. Dhammakathika said to his students that what Ven. Vinayadhara said to him and what are said to his students are different stories. They went to complain Ven. Vinayadhara' students that their master told a lie. After that both bhikkhus did not talk

⁶³ Also see in, Dpt. of Religious, Min. of Culture, **Tipiṭaka: Citizen Version, Suttantapiṭaka section**, Bangkok, 2005, pp. 116-119.

⁶⁴ Dpt. of Religious, Min. of Culture, **Tipiṭaka: Citizen Version, Suttantapiṭaka section**, Bangkok, 2005, pp. 116-117.

⁶⁵ 1) D I 1-46.

2) Also see in, Mahachulalongkornrajavidyalaya: **Tipiṭaka in Thai Version**, 2000, Bangkok, pp. 9/1/1.

⁶⁶ John McConnell, **Mindful Mediation : A Handbook for Buddhist Peacemakers**: tr. by Phra Paisal Visalo et al., (Bangkok : Children Foundation, 2006), pp. 263-286.

directly but let their students throwing sharp words to each other and that the event escalated. Ven. Vinayadhara assigned Ukkhepaniyakamma (suspension)⁶⁷ to Ven. Dhammakathika so he spread the news to his friends and students that he was unfairly disengaged (from the Saṅgha) Hence, the conflict among Bhikkhus of Kosumbi became expanded and more intense.

(10) Dhammadāyāda Sutta⁶⁸ The story occurred at Jeta's grove in Savatthi. Two Bhikkhus contradict in their images: one with seclusion and the other with non-seclusion.

(11) Sāmagāma Sutta⁶⁹ Ven. Cunda observed the followers of Nigaṇṭha Nāthaputta in quarrel after his death. To avoid such situation in Buddhism, he visited the Buddha and Venerable Aānanda. The Buddha addressed that his disciples will not dispute if learning 37 factors of enlightenment (Bodhipakkhiyadhamma). He illustrated the cause of quarrel and 6 states of conciliation (Sārāṇiyadhamma) (In this manner, the revision of Dhamma disciplines came to Cunda's mind). After the death of Nigaṇṭha Nāthaputta, his followers had split into 2 groups, quarrelling, fighting and throwing sharp word to each other that "You do not know this Teaching and Discipline, I know it. You have fallen to the wrong method. I have fallen to the right method. Mine is useful but yours not. You say the first things last, the last things first. Your usual practice turned wrong, even your dispute is oppressed by us. Go! Correct or withdraw them if possible". The dispute of Niganta had gone to destruction. The lay disciples of Nigaṇṭha Nāthaputta, who wore white clothes too were broken up, uninterested, hindered and without refuge to Nigaṇṭhanāthaputta as if they uninterested, hindered and without refuge to Dhamma & Vinaya. What is wrongly said by Nigaṇṭha Nāthaputta should deem wrong. It is not to escape from suffering, not for piece, not the Dhamma disciplines spread by the Buddha. It is a broken stupa, and unreliable.

⁶⁷ Ibid. pp. 268.

⁶⁸ 1) Mahachulalongkornrajavidyalaya: **Tipiṭaka in Thai Version**, 2000, Bangkok, 12/21/17

2) Dpt. of Religious, Min. of Culture, **Tipiṭaka: Citizen Version, Suttantapiṭaka section**, Op.cit., pp. 206-207.

⁶⁹ Dpt. of Religious, Min. of Culture, **Tipiṭaka: Citizen Version, Suttantapiṭaka section**, Op.cit., p.327.

3.4.1 Summary and Analysis of Substances of 11 case studies from Suttantapiṭaka

Table 19 Summary and Analysis of Substances of 11 case studies from Suttantapiṭaka

	Sutta	Event	Cause of conflict	Means of conflict settlement	Key Dhamma principle
1.	Mahā-nidāna Sutta	Venerable Aānanda thought Paṭiccasamuppāda is simple.	Lack of comprehension on profound Dhamma principles, resulting unclear meanings and interpretation.	The Buddha explained all 12 Dependent Originations (Paṭiccasamuppāda), with examples.	Paṭiccasamuppāda
2.	Maha-parinibbāna Sutta	King Ajātasattu desired to wage war against the Vajjīs.	The desire to colonize other territories.	Raising awareness of thorough thinking and considering long term effects.	Seven conditions of welfare leading to nondecline (Aparihāniyadhamma)
3.	Sakka-pañha Sutta	Pañcasikhadeva-putta played his lyre for the Buddha alluding Kāma.	Clinging to one's focus, i.e. what is one's focus is of other's focus.	Addressing the troubles made by kāma bringing no mental, physical and intellectual well-being.	The Eight Noble Paths; The Four Noble Truths; Papañcadhamma
4.	Sangīti Sutta	Nigantha's followers were split into two parties, quarreling over Dhamma	Inconsistent interpretation of Dhamma disciplines among disciples, without preparation by the Buddha to abate their relying on his clarification.	Clarification needed to be made for the unity of Dhamma disciplines. The Buddha, with his guidance, allowed Ven. Sāriputta to demonstrate Dhamma rehearsal with retained accuracy.	The Council of Dhamma principles.

	Sutta	Event	Cause of conflict	Means of conflict settlement	Key Dhamma principle
5.	Aggañña Sutta	Vāsettha and Bhāradvāja, entering the monkhood, were reviled by relatives	Holding on to Brahmana class and caste to be superior to those of others.	Addressing the equality of all things in the world and identifying the origin of human being.	Enlightenment states: Bodhipakkhiya dhamma All can attain enlightenment through the practice of Bodhipakkhiya Dhamma
6.	Sigālaka Sutta	Sigālaka, the Brahman's son, paid homage to the six directions for his parents' instruction	Lack of understanding in Dhamma principles implied in parents' instruction, leading to wrong practice.	Addressing Sigālaka's misbelief and misunderstanding, with argumentation on the right significance, i.e. interacting properly with surrounding people.	Dhamma as a principle for people in the middle.
7.	Kūṭadanta Sutta	Brāhman Kūṭadanta wished to make a grand sacrifice with triple sacrifice with sixteen requisites	Misconception in making merits and gains by offering sacrifices.	No forbid to the sacrifices but explaining about the Brāhmana's belief of triple sacrifice with sixteen requisites difficult to conduct, hence seeking conducts with less troublesome but more profitable.	Leaders' qualification; advisor's qualification; the five precepts
8.	Brāhmajālā Sutta	Different views of teacher with maligning, and	Judging people for good or bad lies within one's	Addressing the importance of conduct over attitude	Dhamma principles for the right view of Samanas and

	Sutta	Event	Cause of conflict	Means of conflict settlement	Key Dhamma principle
		student with praising Buddha, Dhamma and Saṅgha,	view.	by introducing Bhikkhus not to regard the applaud or blame.	Brahmans
9.	Kosambiya Sutta	Two Bhikkhus made quarrel and dispute resulted by insulting, no talking, and judging other without regarding past conducts.	Judging other's offense, strongly adhering own view without considering negative effect on the community (Saṅghas).	Raising awareness of negative effect on the community but not succeeds, thus disengaging from those Bhikkhus. Lack of support from laymen and laywomen.	The cause of dispute. Six states of conciliation (The principle of non-dispute)
10.	Dhammad āyāda Sutta	Two Bhikkhus contradict in their images: one with seclusion and the other with non-seclusion.	Different perspective in interpretation.	Offering insights for the practice.	Greed Hatred The Middle Path
11.	Sāmagāma Sutta	The followers of Nigantha Nataputta made quarrel after his death by insulting and judging others of being wrong.	Anger, insult, jealous, flaunt, evil desire, wrong view	Preaching to Bhikkhus to understand the origin of dispute and try to avoid such origin.	Origin of dispute, Four Adhikarana, Adhikaranasamadha

3.4.2 Ways and means of conflict settlement of the 11 case studies by Lord Buddha

3.4.2.1 Ways of conflicts settlement if the conflict caused by perception

:Providing penetrated knowledge and profound Dhamma

Perception is the origin of dispute leading to diverse behavioral expression. In Mahāniddāna Sutta, the Buddha revealed that Paṭiccasamuppāda is deep and profound, as Aānanda thought it is simple. This is to rectify misbelieve of valuing individual by one's perception. The Buddha provided penetrated knowledge and profound Dhamma. For the Buddha, Aānanda is his close disciple who has undoubtedly strong faith in him. With this relationship, he can educate Aānanda so straightforward and deeply into Dhamma. Aānanda became clear of the cycle of Paṭiccasamuppāda, a theory of co-arising and cessation of dukkha, in other words, the arising and cessation of dispute as one form of suffering. This is not the cause of ignorance but incomprehension or superficial understanding that might lead to wrong holding on surface understanding. In the event where the Buddha expected to yield insights and thorough knowledge of Dhamma, belief and faith in Dhamma, he would educate immediately and directly, along with illustrating the benefit of learning deeply in Dhamma that if without penetration one could not be free from suffering, i.e. the conflict.

:Giving consultation to use alternative nonviolence method to the knowledgeable parties to change misbelieve

In Kūṭadāna Sutta, Brahman Kūṭadāna was preparing a great sacrificial offering, and to make it perfect he prepared more than 3000 animals including cows, sheeps, and goats. His belief of this sacrifice based on making wholesome deeds and bringing gains to the one who offer it. Upon his consultation with the Buddha on how to make the sacrifice most fruitful, the Buddha clarified that the moral practice by taking lives, violence, and posing troubles on others did not yield perfect gains but the most perfect one can be performed by alternative methods with less hardship and money.

Brahman Kūṭadāna's offering sacrifices was not rooted from his misconception in his understanding but from his knowledge and the ritual traditionally carried on from generation to generation, which might not be well perceived. Although this belief is learnt in depth by later generations, establishing the ritual is however founded on Avijjā, i.e. unknowingness, resulting in misconception in practice by applying violence and taking lives for making merit, wasting money and cause people in hardship.

Changing one's belief inherited from generation to generation is not possible through direct explanation as in Sigālaga Sutta. The means utilized by the Buddha to change

this kind of belief is to offer an alternative of making good deeds in absence of violence, loss, blame, rejection, but a perfect one with wholesome act according to the triple sacrifice with sixteen requisites. Since the sacrifice is intended to yield perfection of wholesomeness and profit, the components and gain of such action should bring no hardship and suffering to others for it is to be blamed by the ones affected, and that the results could never be perfect. In this Sutta, the Buddha was giving advice to the one who is knowledgeable on this traditional practice, changing his belief is thus require a deeper insight, that is, to see the connection between his great effort of offering the grand sacrifice and the gain that is not as perfect as expected, and importantly it is not different from making donation, adhering with the Buddha, the Dhamma, and the Saṅgha, observance of the Five Precepts; accomplishment of the concentration, the Four Jhāna-s, and wisdom.

:Giving advise for undertaking “The council rehearsal” to stop quarrels over Dhamma-Vinaya

As in Sangiti Sutta, after the death of Nigantha Nataputta and his followers had made quarrels over Dhamma-Vinaya. Venerable Sariputta was thinking about collecting Dhamma-Vinaya by undertaking “The Council” (rehearsal), since the same Dhamma-Vinaya was interpreted differently, resulting in argumentation and dispute. The best way to resolve this conflict is to made inquiry by reciting together as advised by the Buddha, and distinguishing for right or wrong essences and consonants, or the meaning of letters and words, without supporting or objecting, and are agreed upon by the assembly. These all are to make clarification and prevent contradictory understanding and confusion.

3.4.2.2 Ways of Conflicts Settlement if the conflict caused by ignorance

: amending misunderstanding or misbelieve through the root cause of ignorance by providing the true knowledge.

In Sigālaka Sutta, the youth Sigālaka, with his gratitude to his parents, had paid homage to the six directions on his father’s instruction before his death but without understanding the true meaning of this action that signify how to treat surrounding people in daily life.

To deal with this conflict rooted from misconception or misbelieve, the Buddha pointed out the significance of parents’ teaching which implies Dhamma principle that promotes the progress of the one who practice it. It is Dhamma for people in the middle to behave properly to those surrounding them. For this kind of conflict due to misbelieve as a result of “unknowingness”, the Buddha focused on creating the knowledge which is in here giving the true meaning of paying homage to the six directions by people in the middle.

According to Paṭiccasamuppāda, to resolve unknowingness is to rectify Avijjā that influences thought and action. With unknowingness, one sees no truth, lacks of wisdom, and understands no rationale, all of which effect the whole 12 stages in the cycle of Paṭiccasamuppāda. Even with good intent and gratitude to pursue parents' instruction, it yields no fruitfulness because of unknowingness.

In brief for Sigālaga Sutta, the Buddha amended misunderstanding or misbelieve through the root cause of ignorance by providing the true knowledge that is directly helpful to the youth Sigālaka.

: Pointing out the truth of equality of all things.

In Aggañña Sutta, Vasettha and Bharadvaja, were ordained by the Buddha, so reviled by relatives as the Sakkayans is inferior to the Brahmins. The Buddha had to point out the truth of equality of all things, by applying Bodhipakkhiyadhamma, and Paṭiccasamuppāda.

: Explaining the the truth of tranquility.

In Dhammadāyāda Sutta, ignorance gave rise to dispute over solitary life, a quality of Dhammadāyāda, representing tranquility, as opposed to those preferring association. Tranquility facilitates the abandonment of greed and hatred and the attainment of higher Jhāna.

: Applying external social pressure

In Kosambiya Sutta, the escalation of dispute reflected its dynamic caused by trifling matter though having initial solution. It however became elevated by surrounding people who heard the story but without clear understanding of its intent. Phra Vinayadhara observed that Phradhammadaka conducting an offence, he approached to ask but found it done unknowingly, so he considered it non-offence. This initial decision came from his understanding and interpreting such conduct based on intention. Telling the story to his students, he did not tend to show that he is better at Vinaya than Phra Dhammadaka but to make his students understand the interpretation of intent. In stead, his students think of his master being superior so they talk down to Phra Dhammadhaka, provoking anger among students of Phra Dhammadhaka, and the dispute escalated and intense. This is because the students of both masters were not well aware of what their master's teaching implies, so they turned mental volition into emotion and feeling, and it is clinging to the feeling that intensified the dispute.

In his effort to address the dispute problem and to make change internally, the Buddha tried to enhance understanding among the Saṅgha but not succeed. He finally decided to apply external social pressure and suggesting the Saṅgha that such an intense

dispute stems from their failure to establish in bodily actions, verbal actions, and mental actions their loving-kindness, a mean to prevent dispute.

: Preventing the escalation of conflict to war by applying indirect dissuasion.

To prevent quarreling, the Buddha addressed the awareness of figuring the consequences of action. In doing this, both parties need the fact and critical thinking before determining to take action. In Mahāparinibbāna Sutta, the Buddha provided indirect basis to brāhman Vassakāra sent by King Ajātasattu to consult him about his war to colonize the Vajjis. The Buddha did not stop him instead pointing out the condition of concord among the Vajjis as a barrier of the war.

For King Ajātasattu, colonizing the Vajjis is of great benefit to the strength of Magadha, and his intent of sending brāhman Vassakāra is to obtain the Buddha's prediction about the war, meaning that his decision to attack the Vajjis was already made.

This is the case of changing the decision of an individual who believed in the benefit of his action, the direct dissuasion is seemed to make him lost. Rather, the Buddha raised the Vajjis' condition of strength for Brāhman Vassakāra to reckon by himself the gain and the loss of making war with the Vajjis. It is Aparihāniyadhamma, the seven conditions of welfare leading to non-decline that is practiced by the Vajjis, which includes frequent assembling in concord; holding to the code of training; listening to the elders; no force or abuse; preserving the center of hearts, and protecting the masters of society. They represented the continued growth and strength of the Vajjis, the unity and shared responsibilities for the well-being of the nation. This is undesirable for anyone who wish to invade the Vajjis as it is difficult to defeat with minimum loss. Having heard this, Brahman Vassakāra bear in his mind that to prevail the Vajjis with force alone is not seemed possible unless they are weaken. With strong adherence in Aparihāniyadhamma, the Vajjis were strengthened and continue to grow, and were guarded against the intrusion of others. Hence, Brahman Vassakāra changed his mind and suggested King Ajātasattu to hold back the battle against the Vajji.

In brief, to change the decision already made by someone, the Buddha did not apply direct dissuasion, rather he pointed out the potential loss as a consequence of such decision, allowing individuals to reflect on the matter and decide by themselves.

3.4.2.3 Ways of Conflicts Settlement if the conflict caused by different views

: advising not to feel praise or disparage or adhering to different views but moral practice.

Brāhmajāla Sutta contained a story of a master and his student with different views over the Buddha, the Dhamma, and the Saṅgha, the former with maligning, and the latter with praising. More importantly, the matter was extended and become a topic of discussion among the Saṅgha community.

The Buddha did not focus on different views between Suppiya (teacher) and Brāhmadatta (student), he attempted to resolve the matter among the Saṅgha having heard the story and talking about it, making the different view turn into conflict. The Buddha applied the praise of moral practice to solve the matter, saying that any disparage or praise are not for the Triple Gems but for the moral practice of Tathāgata, in other words, it is the moral practice that bring about praise. The Buddha advised not to feel pleased with praise or angry with disparage because they rooted from the view that how it is at the beginning and the view that how it is at the end. Different views stem from comparing these 2 conditions, giving rise to raise and disparage. In deed, it is all about adhering different views.

: providing Adhikarana by authorizing as the role and process of the assembly of the Sangha.

In Sāmagāma Sutta, the Buddha provides means of settling the conflict that is unproductive to the well-being and pleasantness of the majority. The conflict is of anger, disparage, evil desires, holding oneself and view, being unruly and even rebel against the Buddha and Dhamma. The conflict of this kind is often the matter of attachment to one's belief, so the judgement made by others may fail to settlement. Adhikarana is therefore the means of settling dispute by the assembly of the Saṅgha and proceeding the case of different views, based on the abandonment of the conflict grounds.

3.4.2.4 Means of conflict settlement by the Buddha in which the Buddha acted as a conflict settler or mentor alone

The approaches are quite similar to 3.4.2.3 which can be characterized below.

1) Guiding the parties to reflect on the roots of conflict.

The settlement is attempted to resolve the dispute at its root cause of problem by guiding the parties to reflect on the root of problem. Knowing the causes of problem is important, as analyzed with Paṭiccasamuppāda that most of the causes come from ignorance, the unknowingness or Avijjā. Unknowingness leads to perception of non-truth, unawareness of one's self, unawareness of one's feeling. The current study separates unknowingness from perception for some of them are unknowing all of the significance of the event or the teachings as in Sigālaga Sutta, while others are knowing but not penetrating as in Mahāniddāna Sutta, for instances.

2) Establishing acceptance from the inside.

This is commonly found in all cases of conflicts settled by the Buddha. The Buddha advocated parties to understand how to think critically and knowingly about things, and hence no delusion and attachment. Alteration of understanding targets internally at individuals' thought and understanding so they accept the truth of the problem and the conflicts were settled.

3) Holding to profound talk style and interaction.

The instrument mainly adopted by the Buddha to create understanding in all cases of conflict, allowing acceptance and change to occur internally within the parties' mind.

4) Additional Means to those employed by the Buddha to settle conflict are the followings:

4.1) Utilizing external pressure to induce problem solving. As in Kosambiya Sutta that the 2 groups of Saṅgha having an intense conflict, the Buddha had addressed for 3 times about the harmony and attended in person the meetings of 2 groups, attempting to lead the Saṅgha to consider beyond the "view", and to contemplate any decision made and focus on the value, however not succeed. Finally, The Buddha disengaged himself from Saṅgha activities. The laypersons in Kosambi all blamed these Bhikkhus and thus provided no support, putting them in trouble. As a result, they reunited and seek for harmony. In this case, it can be pointed out that once the dispute escalated, and both parties had strong attachment to mental volition or their feeling became Upadāna, profound talk alone may be insufficient but require alternative approach to help echo negative consequences of their action.

4.2) Creating the true picture for consideration. In some cases where parties aimed to destroy or threaten one another, basing on their own need, only looking for what they will gain from their action, hence being obscured from seeing the opposite in reality. The Buddha revealed them the real picture of the one another's actual ways of life and practice, and allowed the parties to think thoroughly if they would get what they want. Like in Mahā-parinibbāna Sutta for example, King Ajātasattu desired to colonize the Vajjis but without learning that the unity of the Vajjis would protect them from being overruled.

4.3) Laying down an explicit procedure for settling different views. The Buddha had realized by himself and from various stories of his disciples disputing over Dhamma, he thus laid down procedural rules to provide methods of resolving different views among the Saṅgha including either the Council of Dhamma in Sangiti Sutta or Adhikara in Sāmagāma Sutta.

4.4) Making judgement by valuing individuals from their conducts. The Buddha made no judgement of individuals by birth and clan but by their conducts or perseverance of moral practice. It does not mean that those in absence of moral practice are without value but because of unknowingness that they have not yet practiced it. What people should do is to be well aware of the truth.

For the above ways and means designed by the Buddha in both situations, it is noticeable that the Buddha did offer a structure of conflict settlement which focuses on the self of parties in conflicts. The main approach is to rectify ignorance or unknowingness (Avijjā) that causes perception problem. This demands profound talk to alter internally the parties' knowledge and understanding, that is, they change themselves through critical thinking on the conflict (suffering), adopting Paṭiccasamuppāda and Ariyasacca to find out the causes of conflicts, the cessation of conflicts, and the paths to cessation of conflicts. These paths are applied through Dhamma principle and to establish knowledge. Dhamma principles raised in here differ by causes of suffering and suit the parties involved. In brief, the main approach is to focus on the awareness of suffering, the cause of suffering, and conversion within oneself as the root cause of suffering. By this way, through Ariyasacca, all sufferings can be extinguished.

3.5 Analysis of Concepts and Processes of Buddhist Peaceful Conflict Management

3.5.1 Lessons learned from conflict settlement in the Suttantapiṭaka

3.5.1.1 As the Buddha was challenged as an unavoidable parties and also conflict settler

The Sutta-s with causes directly related to the conflict and misunderstanding including Ambhatta Sutta, Kinti Sutta, and Akkosa Sutta, illustrated similar structure of conflict settlements shown below.

1) Management of emotion: The events where individuals insulting, disparaging the Buddha face to face as appeared in 2 Sutta-s: Ambhatta Sutta and Akkosa Sutta. In these Sutta-s, solving problem was presented in relation to establishing awareness of emotional status, in here the emotion of insulting individuals. Since they were not aware of their own feeling, they behave insolently. The Buddha who is perfectly trained, enlightened on Avijjā, Sankhāra, Vinañña, thus returns no emotion, instead guiding ways to free other parties from such unknowingness.

2) Management of problem issues. The stories in all 3 Suttas provide similar structure that Ambhatta, the Buddha's disciples, and Brāhman Bharadvaja, as disputants in each Sutta, are without awareness of suffering and its cause. They all attached to Sankhara or trapped in the wheel of Bhava in Paṭiccasamuppāda from Avijjā to Jarā-marana, which prevented them from knowingness. To resolve the problem, the Buddha applied a conversation style addressing the Dhamma principle in relation to each problem issue so they understand clearly about the wheel of Paṭiccasamuppada, then finding the path to extinguish the suffering.

3)) Means of alteration the self. Ultimately every Sutta displays the end point of conflict through alteration of the self of individuals, i.e. penetrating the suffering, finding ways to eliminate suffering, and eventually establishing faith and adhering to Buddhism. It is important to note that alteration of the self in here occurred voluntarily in absence of any force or reciprocation, but led by having profound talks with the Buddha. It can be stated that conversation is a significant condition to modify understanding in all cases of conflict settled by the Buddha.

3.5.1.2 As the Buddha was a conflict settler or mentor alone.

In Mahaāniddāna Sutta, Mahā-parinibbāna Sutta, Sakka-panha Sutta, Sangiti Sutta, Aggañña Sutta, Sigālaga Sutta, Kūṭadanda Sutta, Brāhmajala Sutta, Kosambiya Sutta, Dhammadāyāda Sutta, and Sāmagama Sutta, fundamentally the Buddha addressed the conflicts in similar way to those as the Buddha was challenged as an unavoidable parties and also conflict settler in either management of emotion, management of conflict problems, or alteration of the self. However in more complex issues or if the Buddha's advice might lead to some intense, the Buddha considered augmented manipulation described below.

1) Settlement of self interest-based conflict. As appeared in Kosambiya Sutta, Mahā-parinibbāna Sutta, and Kūṭadanda Sutta, though different causes of conflicts, they are similar in structure that based on self interest, viz., what they want is appropriate, right, and reasonable without thinking thoroughly about the effect of their action. The Buddha did not subdue but encourage them to reflect on the consequences of their conducts, namely: the subsequent reaction such as troublesomeness by a kind of boycott from laypeople of Kosambi; the unity of the Vajjis that might be difficult to be defeated by King Ajātasattu. In other words, the Buddha did not mentioned what they might loss but what will happen if they persist to do so, that is, to recognize and change by themselves.

2) Management of ignorance-rooted conflicts. It can be absolutely said that every single conflict rooted from Avijjā, i.e. ignorance or unknowingness. When analyzing in

dept the distinct cause of problem, it appears that the unknowingness of Aānanda in Mahāniddāna Sutta and that of Singālaka in Singālaga Sutta are so much different, and also differ much from the unknowingness with respect to class and caste among Brahmins as evident in a number of Suttas. Unknowingness of Aānanda implies his non-penetrating in the deep of Paṭiccasamuppāda, which might lead to the problem when it is transferred to the next generation but lack of profundity. For Sigālaka, his ignorance is due to his unknowing on the significance of his parents' instruction. Holding to class and caste among the Brahmin rooted by illiteracy of the truth that human are not different, each was born from the mother creature, the class and caste were assigned later on. The structure of different stories in these Suttas all reflected the ignorance and attachment in the wheel of Paṭiccasamuppāda at different stages, some are unaware of Avijjā, some did not know about Sankhāra, while others are inapprehensive on Vinañña, for instances. The Buddha resorted to having conversations with them to bring penetration of truth, applying Dhamma principle relevant to particular unknowingness condition.

3) The status of the Buddha in the dispute. It is apparent for all cases appeared in these Sutta-s that the Buddha is well accepted by those parties approaching him for his advices, the conversations thus opens for their awareness of the truth. It however differs from the events where he took role as one dispute party himself that demands increased effort to gain acceptance. Except in the case of Kosambiya Sutta, that the Saṅgha did not follow his advice, and once being heard by the public, they withdrawn the support to Saṅgha activities, hence changes occurred. The status of advisor is crucial and contribute to conflict settlement if it is accepted.

In conclusion, the Buddhist means on conflict management learned from Suttantapiṭaka are :

[1] Delivering of various Dāna i.e. gives knowledge (or Pañña) of true causes of suffering and conflict by management of problem issues, management of ignorance-rooted conflicts, gives means of alteration self.

[2] Delivering of kindly speech i.e. management of emotion, providing profound talk

[3] Delivering of useful needs i.e. Interest-based conflict settlement.

[4] Delivering of even, equal and behaving properly in all circumstances i.e the status of the Buddha in conflict in all cases appeared in these Sutta-s that the Buddha was well accepted by those parties as well as his advices.

3.5.2 Dhamma principle appeared in Suttantapiṭaka applicable to dispute settlement

Among different Dhamma principles applied by the Buddha to each case of dispute in the 14 Sutta-s, detailed analysis illustrated 2 groups of Dhamma.

3.5.2.1 Dhamma principles applied in the conversations to disengage dispute parties from the cause of dispute

In this group, the Buddha not only preached or taught Dhamma to dispute parties but also led them to the deep root cause of attachment, i.e. antecedent of the problem. These include Paṭiccasamuppāda, Papñcadhamm, and Akusala-Mūla. In the story of Ambhatta for example, who were clinging to his class and caste, the Buddha in his conversation addressed the truth that all human were born to a mother creature and there is no difference at all. This group of Dhamma was aimed to establish deep comprehension about the truth and becoming aware of it accordingly

3.5.2.2 Dhamma principles applied to guide the way out of dispute, divided into 2 subgroups.

1) Dhamma principle as means for self practice to escape from dispute.

The Buddha employed different modes of teaching such as metaphore, clarifying the truth, describing the significance of Dhamma, e.g. Ariyasacca, Sārāṇiyadhamma, etc. Buddhism's truth is of 2 kinds⁷⁰ :

1.Paramatthasacca (Absolute Truth) the ultimate truth in the nature.

2.Sammatisacca (conventional Truth) the truth by collective agreement among human.

In fact, both kinds of truth are controlled by the law of nature and the law established by human respectively, but the latter as discipline requires to base on the truth of nature, i.e. Dhamma.

2) Dhamma principle as a process of preventing dispute problem such as the Council, Adhikarana, etc.

The Buddha applied this group of Dhamma in his preaching to point the way for dispute parties after they were convinced and came to understand truly and abandon all the feelings, delusion, or attachment. In his teaching, the Buddha included Dhamma principles applicable to them. The key objective is to establish insights among dispute parties.

⁷⁰Phra Dhammapitaka, Buddhism and Law, (Bangkok :Sahaddhammika Printing, 2003), p.72.

3.5.3 Grouping of Dhamma Principles use as Buddhist Peaceful Conflict Management

The researcher found that , all above mentioned Dhamma-s can be grouped as follows :

1. **Dhamma principles employed as concept** of Buddhist means for peaceful conflict management : Paṭiccasamuppāda (dependent origination and cessation of suffering) or Idappaccayatā(specific conditionality) , Akusala-Mūla and Kusal-Mūla, Papañcadhamma ; in order to understand the causes or origin of suffering or conflict and to pave the ways out of it from unknowingness.

2. **Dhamma principles employed as process** of Buddhist means for peaceful conflict management : Ariyasacca or the Four Noble Truths

From body of knowledge we know that conflict is one type of human or social suffering. Suffering and the path to resolve it by Buddhist principle is thus build on the Four Ariyasacca, a key principle or larger system covering the process of solving all problems. Applying Ariyasacca to the process of solving problems or crisis that cause non-peace among human is in other word a practical peaceful way with possible yields

3. **Dhamma principles employed as method** or path of Buddhist means for peaceful conflict management : Aṭṭhangika-magga or the Noble Eightfold Path , Paratoghosa or the Profound Talk or hearing or learning from others, Yonisomanasikāra or Analytical Thinking, thinking by way of causal relations or by way of problem solving; the last two give rise to Sammādiṭṭhi or right view, meanwhile the first one let disputants the ways out of suffering or conflict.

4. **Dhamma principles employed as tool** or equipment of Buddhist means for peaceful conflict management : these are group of dhamma if properly use to the conflictants, conflict and good relationship will be more possible to settle i.e. Four Brāhmavihāra or The Sublime States of Mind, Pañca-dhamma or the Five Precepts, Four Sangahavatthu-s or The Bases of Sympathy, Sārāṇīyadhamma or The Six States of Conciliation and Kamma.

In which the researcher adopted to **use** systematically to explore for body knowledge of the concepts, processes, methods and tools for the Buddhist means and to consider a model of Buddhist peaceful conflict management in health care system later in Chapter 4 and 5.

CHAPTER 4

INTEGRATION AND MODEL DEVELOPMENT OF BUDDHIST PEACEFUL CONFLICT MANAGEMENT IN THAI HEALTH CARE SYSTEM

4.1 Comparative analysis of the body of knowledge of Peaceful Conflict Management in Western and Thai Health Care Contexts: Western and Buddhist

The bodies of knowledge in conflict management of both the Western and Buddhist styles are widely adopted and practiced. A number of existing case studies indicate the success of both approaches. In Thai society with dominant Buddhism, the dynamic of belief and practice in conflict resolution has long been observed in Buddhist culture as mentioned earlier. This culture is also familiar to Thai medical personal in a dependent relationship of “free medicine and treatment” between doctors and patients. Despite some misunderstanding, such relationship remains. As a result of influence by various aspects of Western bodies of knowledge over Thai traditional culture whether in the fields of medicines or conflict resolution, the relationship between doctors and patients has gradually changed. Resolving conflict between doctor and patient now requires the evidence of justice and adequate compensation. The methods used include for example, litigation, claim for the rights as a person over several matters to be provided by the government. Such crisis of doctor-patient relationship in health care society is in need of immediate solution.

A novel approach of mediation has been applied by the researcher to manage the conflict between doctor and patient, and accordingly the Center for Peace in Health Care was established since 2002 within the Ministry of Public Health as a core center for disseminating the concept and method of conflict resolution by mean of Western mediation. This approach is now widely accepted and practiced, and a center of this kind has also been set up in health service facilities at provincial and district levels. A lot of personnel and interested people were trained for this concept and method.

For more than 10 years of the researcher’s work and dissemination of this concept, an interesting idea rises on how Buddhism bodies of knowledge as a cultural root of Thai society can greater enhance doctor-patient relationship than those of the Western. As matter of fact regarding some limitations on the difficulties and weak points in applying exclusively the western concept and approach, the researcher thus carried out a comparative analysis between the Western and Buddhism bodies of knowledge on medical and health care conflict

management as shown in chapter 1 and 2. The results demonstrated some major similarities and differences of the 2 concepts that aid one another, as summarized below.

4.1.1 Body of knowledge on conflict and its causes

4.1.1.1 Body of knowledge on conflict and its causes in Western and Thai health care contexts

The bodies of knowledge in Western world defined conflict differently, however, those practically or effectively employed in management of health care conflicts are likely seen as the following definitions.

-Conflict may be viewed as an occurrence along cognitive perception, emotional feeling, and behavioral action.¹ As a set of perceptions, conflict is a belief or understanding that one's own needs, interests, wants or values are incompatible with those of others. Conflict as feeling also involves an emotional reaction to a situation or interaction that signal disagreement of some kind. Conflict as action also consists of the action that we take to express our feelings, articulate our perceptions, and get our need fulfilled in a way that has the potential to interfere with others' ability to get his or her needs satisfied. This conflict behavior may involve a direct attempt to make something happen at someone else's expense. It may be destructive. On the contrary, this behavior may be conciliatory, constructive, and friendly. One dimension of the nature of conflict can greatly affects the other two dimensions, and none of these dimensions is static.

-Conflict² is a common and inevitable part of the interaction among human beings. Conflict can be damaging, destructive or even dangerous, Conflict is universally experienced by human beings in every culture and every context where people interact.

-Conflict: The term "conflict" can be defined as "intense interpersonal and/or intrapersonal dissonance (tension or antagonism) between two or more parties based on incompatible goals, needs, desires, values, beliefs, and/or attitudes."³

-Dispute: Some people distinguish between "conflict" and "dispute," saying that a conflict become a "dispute" when it becomes manifest and "particularized over a particular

¹ Bernard Mayor, **The Dynamics of Conflict Resolution: a practitioner's Guide**, pp. 4-5.

² Catherine Morris, **Managing Conflict in Health Care Settings: Principles, Practices and Policies**, Prepared for a workshop at King Prajadhipok's Institute, Thailand. March 2-4, 2004. pp.18-19

³ Stella Ting-Toomey, **Toward a Theory of Conflict and Culture**, (Thousand Oaks, CA: Sage, 1985), p.72.

issue or set of issues.” Some say that “.... a dispute exists when a claim⁴ based on a grievance is rejected either in whole or in part.”

The bodies of knowledge on the root causes of health care conflicts, were explained by the Western that:

The causes of conflict in medical system are the problems with trust, relationship, information, interests, and structure which can be posing the problems at the 3 levels of individual, structure, and culture. When health care conflict manifests, those causes do not appear separately or specifically in particular case but come from accumulated problems risen from the interaction between the client and the provider to the extent that bring about declined relationship, distrust upon the treatment, or dissatisfaction on the treatment decision of both parties. Once they experience the loss of either the body organs or life, the question rises over the efficiency of treatment, and might be thought of as medical error. This problem accompanied with improper conflict management and the structure of the problem, despite the reconciliation and building trust, will accumulate and extend to the level of litigation, and in turn the trouble and suffering of both parties.

Nevertheless, the root cause of health care conflict was pointed out by Rob Robson and Ginny Morrison that health care conflict is very likely to occur due to its 3 important specific characteristics⁵:

1) Health care is a complex system.

The complexity in health care is characterized by a large number of people and organizations involved as well as contents within the system. The complex nature of the system makes it harder to understand the inter-relation between service facilities, between service providers and receivers, and the sources generating conflict.

2) Unbalances of knowledge and power

This is another factor making conflict management more complicated. Such an unbalance is obvious not only between doctors and patients, but also between groups of providers, i.e. doctors, nurses, and other staffs.

3) Divergent values and cultures of various professional groups in health care

⁴ LeBaron Duryea, *Conflict and Culture: A Literature Review and Bibliography*, p.5.

⁵ Robson, R. and G. Morrison, “ADR in healthcare: The last big ADR frontier?” in *ACResolution*, Spring 2003, p.20.

This third characteristic is related to the previous two characteristics. With the diversity of people involved such as doctors, nurse, pharmacists, administrators, and the clients, their values are different too. Further, healthcare professionals tend to uphold their professional identities and competencies, the conflict is hence even more difficult to resolve.

Because of these features of health care system, it is more likely that the conflict will rise, escalate, and become more complicated. Proper management of conflict is crucial either for handling or preventing it from elevating. The subsequent tension caused by any conflicts is one among factors leading to increased medical errors.

Regarding the bodies of knowledge on the causes that force the patients and relatives to sue doctors in a conflict, Leonard Marcus and Joan Roover explained that if a medical treatment results in an adverse outcome or error, patients or family members will focus mainly on the following 3 aspects⁶:

- 1) Learning what happened or what went wrong;
- 2) Receiving an acknowledgement or apology from responsible people; and
- 3) Making sure that whatever happened to them and/or their loved ones will not recur.

If their demand over the above 3 issues were ignored, the patients or relatives often decide to sue the doctor or people involved in order to have their need met. The court litigation usually involved high cost for both sides. Actually, about 80 % of the cases initiated by their absence of communication and understanding that distort their views and conception toward one another.⁷

Chaix argued on the origins of medical conflict in Thai society, summarized here.

First, it concerns structure level. The government's policy on Universal Health Insurance Coverage (30 Baht Scheme) had been introduced according to the government's promise, and they are required to take action under this policy at earliest. New activities under this policy not only influence the structure of health care system but also affect the expectation, satisfaction, relationship, and conflicts between health care providers and the insured. The establishment of National Health Insurance System as part of Health Care System Reform, aims to promote equity, efficiency, and high quality of health care and involve people in determining the benefit package of health services. The evident risks of this

⁶ Marcus, L. J. and Roover, J.E. "Health care and mediation" *ACResolution*, Spring 2003, p.19.

⁷ Lumetra, *The Medicare Beneficiary Complaint Alternative Methods Study*, Available from: <http://www.lumetra.com/mediation/casereviewprocess.asp> [1998].

measure are the limited access to necessary services from benefit packages, the quality of services, and the conflicts between doctor and patient because of their disagreed goals or expectation.⁸

Second, organizational culture of health system is of bureaucratic type, a power culture that might simply engender conflict and injustice.

Third, the knowledge of Western modern medicine was established to dominate other modes of medical knowledge under the operation of government, turning the latter to become unacceptable and unlawful. Such hegemonic characteristic is significant to doctor-patient relationship and thus originates conflict.

Fourth, unjust policy and administration in terms of budget allocation, usurping for budget among agencies, unfair distribution of resources, all generate work tension and problems between organizations.

Fifth, health service at hospital level or those providing direct service are more likely to create conflict and lead to doctor-patient relationship crisis.

For the cause of health care conflicts in Thai society, Jaras Suwanwayla articulated that “the root cause of conflict in health care comes from health professionals who learn much in science, less in humanities, but work closely with human. Due to the lack of knowledge in humanities and communication, it is risky to promote conflict as health care service requires interaction to produce perception, emotion, behavior, and trust. If without them, even with medical standard treatment, problems may follow.” Regarding poor relationship between doctor and patient, there are 4 causes: over-loaded tasks; rapid growth of medical technology;⁹ medical service with commercial orientation; physicians with low human relationship skill.

VanchaiVatanasapt described 4 major causes of most conflicts in the current Thai Health Care System¹⁰.

1) Sense of distrust on hospital and health personnel

⁸ Chaix- Coutries,C.et al.(2000) “Effective of financial incentives on medical practice: results from a system review of the literature and methodological issue” **International Journal for Quality in Health care** **12(2)**, pp. 133-142.

⁹ PravesVasi, op cit.

¹⁰ VanchaiVatanasapt. “**Conflict in medical service: Peaceful solution for the victim or complainant**”Source: <http://www.kpi.ac.th> [2003].

As a consequence of the 30 baht coverage policy, people tend to believe that doctors and nurses may not do their best in providing treatment, or giving attention and care as expected. The hospitals need to develop their relationship with the clients, and improve service standard as expected by the public.

2) Sense of injustice from the hospital

This may stem from the unmet expectation of the patient. Some patients thought that they paid more but received inadequate services. People under the 30 baht project thought that with less payment they received different service and are uncertain of the quality of given medicines compared to those outside the project. Whether it is true might not be that crucial if the clients believe it is true.

3) Providers' misuse of power

Professional competence is the source of power over the clients. The problem arises when health personnel use their power in a way making the clients feel of force or oppression without regarding their feeling or opinion.

4) Communication problem between doctors and clients

Communication involves speaking and listening skills. At times, the words of doctor and nurse provoke the patient's sense of being nobody, coupled with their less attention and care, the conflict then takes place. Verbal communication and listening need to regard the clients' feeling and emotion, as well as demonstrate that the speaker or listener values the clients.

4.1.1.2 Buddhism body of knowledge on the conflict and its causes

Buddhist definition of conflict and its causes as follows :

[1] Conflict in Dhamma term is defined at the level of Lokiyadhamma¹¹ to refer to an individual or group of individuals who might have conflict, incompatibility, or differences about needs, views, practices, values, and structures that might lead them to dissent, debate and quarrel. The meaning of conflict in Dhamma term contains multiple implications.

1) Conflict in the sense of “dissension” or in Pālī Bhaṇḍana.

2) Conflict in the sense of “quarrel” or in Pālī Kalaha.

3) Conflict in the sense of “contention” or in Pālī term Viggaha.

4) Conflict in the sense of “dispute” or in Pālī term Vivāda.

¹¹ Phramaha Hansa Dhammhaso, Patterns of Conflict Management by Buddhist Peaceful Mean: A Case Study of Mae Ta Chang Basin, Chiangmai, **A Dissertation for the Degree of Doctor of Philosophy in Buddhist Studies**, pp 9-24.

5) Conflict in the sense of “hostility” or in Pālī term Medhaga.

6) Conflict in the sense of “debate” or in Pālī term Vohāra.

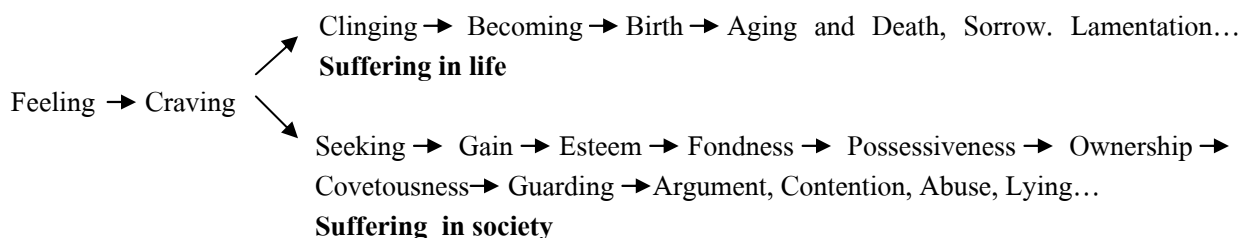
In conclusion, the meaning of conflict the Dhamma term can be compiled and analyzed in many senses including dissension, quarrel, contention, dispute, hostility, and debate. This set of meanings with multiple implications are deemed the conflict in Buddhism dimension. When comparing to the meaning of general conflict, it was found that the first possesses broader sense than the latter since the conflict in Buddhism covers both internal and external conflicts in every dimension.

[2] Conflict in other Buddhism term refers to one type of suffering or a crisis¹² occurred in human, that is the non-peace with certain causes that rise degeneracy. It is an invisible, temporal suffering among human. The nature of such crisis is restlessness, i.e. inability to rest in individual, or chaos in the society.

In Paṭiccasamuppāda, Buddhism defines conflict as suffering in the society, and the rise of conflict when suffering occurred. Paṭiccasamuppāda helps understand the root of suffering and the rise of conflict. Paṭiccasamuppāda contains factors interrelated as a process, similarly to conflict that involves a process of related causal factors. Any changes in the process especially the causal factor may bring about profound changes in life. In brief, Paṭiccasamuppāda is the process of origination and cessation of suffering, or in terms of conflict, a process of rising and extinguishing conflict. Considering all of the 12 stages of Paṭiccasamuppāda as social suffering and as a process of conflict, a concise explanation was made as in the followings chain of events and cycle.

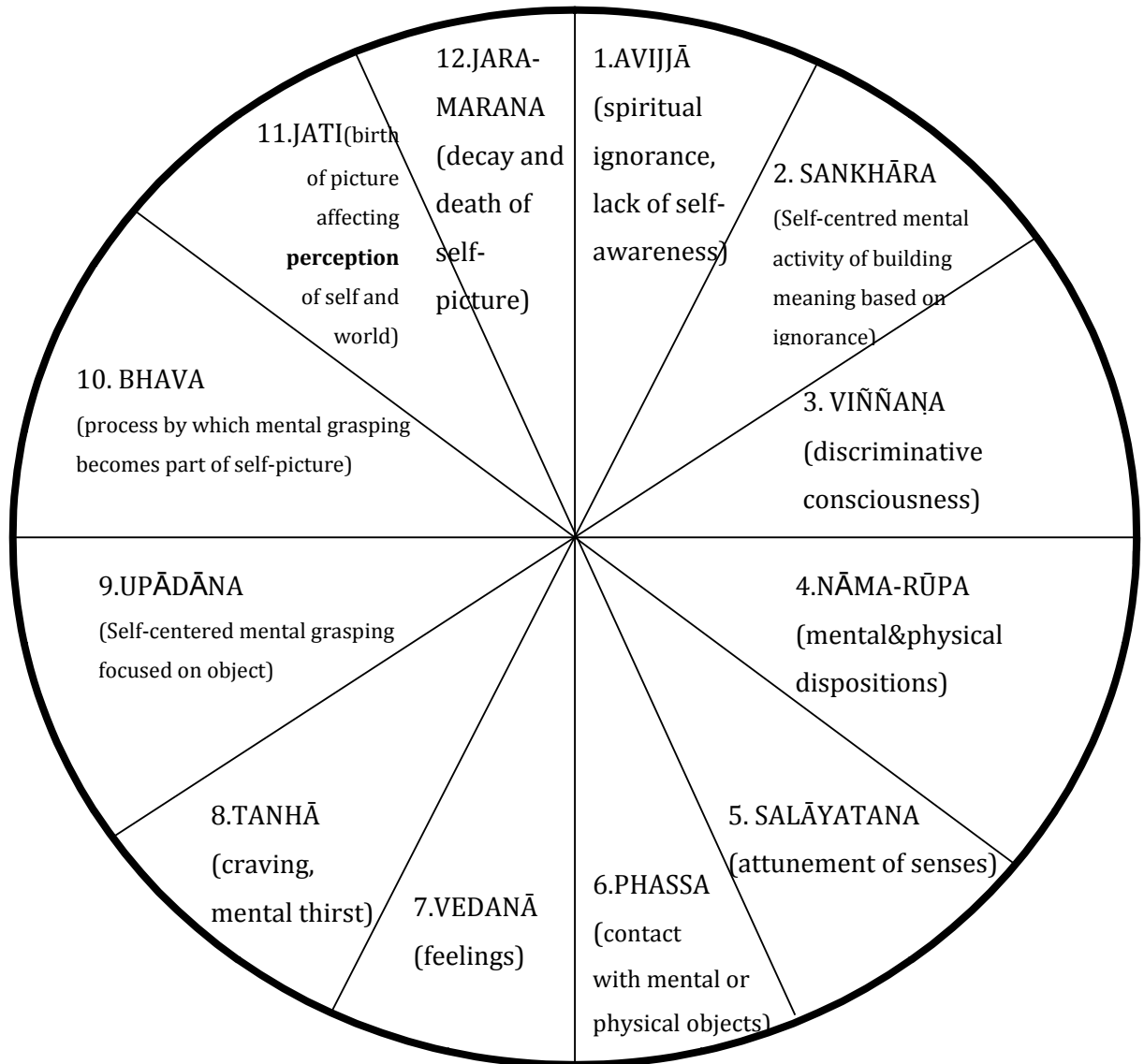
Paṭiccasamuppāda Chain of Events in Social Suffering¹³

Ignorance → Volitional Activities → Consciousness → Body and Mind → Sense Bases → Contact →



¹² Buddhadasa Bhikkhu, Peace. (Bangkok: Mitr sampan printing, 2006), pp.37,54.

¹³ Phra Brahmagunabhorn (P.A. Payutto), Buddhaddhamma (abridged), (Bangkok: Buddhaddhamma Foundation, 1996), p.139.

Figure 14 The Cycle of Paṭiccasamuppāda¹⁴

The cause of this suffering or crisis is unknowingness[Avijjā] that leads to craving, and as a result, the circle of ignorance rises such suffering, i.e. conflict.

¹⁴ John . McConnell, **Mindful Mediation : A Handbook of Buddhist Peacemakers**, p.19.

4.1.1.3 Comparison of major similarities and differences with respect to the definition and cause of conflict in health care system,

Comparison of the bodies of knowledge with respect to the definition and cause of conflict in health care system, following major similarities and differences of the 2 concepts the Western and Buddhist approaches, is presented in brief in the following table.

Table 20 Comparison of major similarities and differences to the definition and cause of conflict in health care system : Western and Buddhist

Issues	Western Perspective	Buddhism Perspective
Definition of conflict	- Interaction between individuals or groups of individuals. - Ongoing and interrelated cycle of the 3 dimensions: perception, emotion, and behavior. - Outcomes of conflict can be either damage or development. - Conflict is not the same as dispute. - Conflict is not that offensive to be avoided, but to encounter and resolve. - Resolution of conflict must use interest-base approach.	- The cycle of suffering in the society risen by the 3 factors of cycle of rebirth: defilement, action, consequence. - Outcome of conflict is negative. - Resolution must begin from inner self.
Cause of conflict	- The causes of conflict in medical system are the problems with trust, relationship, information, interests, and structure which can pose problems at the 3 levels of individual, structure and culture.	- Suffering begins from the cycle of Avijjā (unknowingness) comprising Soka (grief), Parideva (lamentation), Dukkha (suffering), Domanassa (mental displeasure), Upāyāsa, (despair) before moving into the cycle of rebirth: defilement, action, consequence.

4.1.2 Body of knowledge on concept and process of peaceful conflict management

4.1.2.1 Western Body of knowledge on concept and process of peaceful conflict managements

[1] **The Merit of Western means:** the researcher examined the concept and process for peaceful conflict management in the western world in the following aspects.

The aspect of primary concept about peaceful conflict management in Western world comprising 3 steps

1) Conflict analysis

This is an important step contributing to an insight of conflict management regarding the dynamics of conflict, allowing the investigator to elicit an accurate and vivid picture of the current conflict situation¹⁵. In addition, the investigator clearly separate among positions, interests, values, and basic needs¹⁶. Fisher noted about the analysis of perception, views, and emotions of the disputants as in many cases that emotions if are ignored or responded improperly, can prevent parties from reaching a solution. Galtung equated the analysis of conflict to the diagnosis of disease. He viewed that peace and health are in relation and share common ideas in terms of holistic view. Health/disease is a word-pair comparable to peace/violence. It needs the diagnosis to find the cause of particular disease.¹⁷ In similar to a conflict situation, it needs to look for the conditions, causes, and problems, including ways and means to resolve it. Although conflict resolution is seemingly close to therapy, it does not mean that conflict is the disease or conflict is undesirable. Galtung did not draw a parallel between disease and conflict but violence. It is the violence that is undesirable and needs to be eradicated.

2) Positions of conflict management

Individuals differ in their disposition and habit, hence dealing with the conflict is dependent on individual's disposition and habit. Ruble and Thomas classified conflict handling into 5 modes including avoidance, accommodative, compromising, competitive, and collaborative¹⁸, This classification is based on the purpose of conflict management, i.e.

¹⁵Fisher,R.J. **Interactive conflict resolution**, (New York: Syracuse University Press, 1977).

¹⁶Fisher,R. Ury. W. and B. Patton, **Getting to yes: Negotiating agreement without giving in**, 2nd ed. (New York: Penguin Books, 1991).

¹⁷Galtung, J. **Peace by peaceful means: Peace and conflict, development and civilization**, p.1.

¹⁸Ruble,T. L. and K. W. Thomas, "Support for a two-dimensional model of conflict behavior" in **Organizational behavior and human performance** (1976), 16: 145.

assertiveness: attempting to satisfy one's need or self-focusing; and cooperativeness: attempting to satisfy the other's need or others-focusing.

3) Conflict Management

3.1) The definition of Western conflict management

The definition of conflict management varies by intention and understanding of those who used it. Some consider conflict management as merely diminishing the conflict and alleviating its intensity, however, not dealing at its cause. Whereas conflict resolution focuses on approaching the root cause of conflict by finding out what is the root cause or what underlies the conflict problem. It may need some changes in terms of social, economic, or political structures to remove such cause.¹⁹

However the main ideas of peaceful conflict management in Western world are :

-Absolutely refuse the use of violence

Violence is destructive to peaceful conflict management on both the relationship between conflicting parties and the conflict situation itself, leading to changing the direction of conflict.

-Attack the problem but not individuals

What needs to be eradicated is the problem not the one who posed the problem.²⁰ This is to separate problem from individual because hatred among individuals will blind possible solution or productive option that can address the conflict and create a supportive condition to forgiving, i.e. to refrain from retribution to others.

-Establish positive interpersonal relationship

Positive relationship is built on trust toward one another which is particularly important to conflict resolution. It is thought as one priority factor to be built quickly between opposing parties because distrust between parties leads to disbelief in words and suspicion in behavior of the other party²¹. Peaceful mean of conflict resolution should focus on developing good interpersonal relationship and employ the trust building process to form further collaboration in addressing the problem.

-Avoid a win-orientation but cooperation

¹⁹Zartman, I.W. and J.L. Rasmussen ,**Peacemaking in international conflict: Melthods & techniques**, (Washington, DC: United States Institute of Peace Press, 1997).

²⁰ Ibid.

²¹Rogan,R. Hammer, M.R. and C. Van Zandt, **Dynamic processes of crisis negotiation: Theory, research and practice**, (Westport, CT: Greenwood Press, 1997).

The opponents must not be based on a win-or-loss-orientation that tends to escalate, extend, and intensify the conflict, making it more and more difficult to manage. Through cooperation, each party will fully attain their desired goals because none of them is destructive. If either parties tend to constructively use existing resources and spirit, their need would be satisfied.²²

-Satisfy all parties' basic needs

To address the conflict, such a need requires responses which can be done upon mutual cooperation, attention on one another's feeling and need, focusing on either parties' needs so as to generate mutual satisfaction. By this collaboration to fulfill the need of all parties,²³ our need is also ensured to be met.

-Focus on both the reason and feeling

To resolve the conflict is to deal with the way people think and feel, merely the use of reasons (head) would not allow the problem to be solved, but requires the feeling (heart) to move it toward a solution.

-Courageous and creative

Violence is driven by fear, while peaceful means is driven by courage. People often exert violence when they were in fear. Using violence is the way to hide weakness or conceal weak point. Gandhi said that carrying arms is a sign of fear if not cowardice of the person.²⁴ On the contrary, resolving conflict by peaceful means relies on courage, it is the courage to prevail oneself to allow for constructive conflict resolution. Moreover, creative encourages us to think out of the box and become flexible necessary to cope with the conflict especially in finding various solutions, and in brain storming.

3.2) The body of knowledge on conflict management approaches in Western (US) health care system.

According to Marcus and Roover, peaceful conflict management can be applied to health care conflict in 4 areas²⁵: organizational dispute, professional dispute, policy dispute, and patient care dispute.

²² Deutsch, M. **The resolution of conflict: Constructive and destructive processes**, (New Haven, CT: Yale University Press, 1973)

²³ Fisher, R. Ury, W. and B. Patton, **Getting to yes: Negotiating agreement without giving in**.

²⁴ Gandhi, M.K., **The selected works of Mahatma Gandhi**.

²⁵ Marcus, L.J., and Roover, J.E., "Health care and mediation" **ACResolution**, Spring 2003, p. 19.

The USA is one among countries where bodies of knowledge on peace and conflict management have been systematically and extensively developed. People in a range of professions applied such knowledge in their area of work including such as labor, court, education, business, and environment, and for several decades that numerous research on management of conflict in specific areas have been carried out. As in medical and health field, the bodies of knowledge and peaceful means of conflict management had been adopted though practically introduced in recent years. The approaches widely and systematically used include group process, negotiation, and mediation as follows:

1. Group process

Geradi offered that group process will produce constructive communication between people involved, allowing for dialogues between participants in the area of policies or any medical and health issues that are likely to generate conflict or division among personnel or between provider and client. Group process can serve not only as a tool to prevent the conflict to rise or escalate but also to address the conflict by opening a channel for parties in conflict to understand each other.²⁶

Group process with systemic operation is the conversation initiated by The Public Health Conversations Initiative, Harvard School of Public Health under the university's program for management of health care conflict. It offers a forum for exchange of ideas, talks or discussion in issues or problems related to health care. Attendees may be interested persons or those directly involve with the issues. The conversation enable participants to understand the problem issues risen, which is partly contribute to the prevention of conflict in the system.²⁷

2. Interest-Based Negotiation

In addition to the conversation, the Harvard School of Public Health also applies the interest-based negotiation approach to deal with health care conflict. The project, responsible by Leonard Marcus, a professional in management of conflict in health care,

²⁶ Geradi, D. "Conflict management training for health care professionals" in **ACResolution, Spring 2003**, p.28.

²⁷ Harvard School of Public Health, **The public health conversation initiatives**, Available from, <http://www.hsph.harvard.edu/php/pri/phcncr/conversations.html> [2003]

provides training and education programs, and it is the first academic project that links mediation and conflict management to medical and health care system.²⁸

Other than the case of education and trainings, another case that applies interest-based negotiation is administration as observed in many hospitals in Minnesota, USA.

In 1990, the Minnesota Nurses Association and hospital administrators in Twin Cities adopted the interest-based bargaining to establish the joint labor-management committees aiming to satisfy the need of employees as well as the management in an effort to improve the climate of work environment and to avoid the labor' strikes.

Members in the committees agreed that the interest-based bargaining permitted them to interact in a less adversarial environment and to develop alternative approaches to long standing labor-management disagreements. The nurses also felt that this negotiation approach can improve and formalize the cooperation between hospital administrators and nurses.²⁹

3. Mediation

Marcus and Roover identified the five signals that conflicting parties will seek a mediation.

3.1 The costs of failure to resolve the dispute are high.

3.2 The problems are too complex to resolve by themselves.

3.3 The consequences of the dispute going to public would be negative for the organization.

3.4 Previous ideas are being re-circulated.

3.5 No one in the organization can be truly impartial³⁰

The US Health Department implemented the policy to use mediation in management of health care conflicts. This approach is undertaken by its agency, i.e. the Centers for Medicare and Medicaid Services, by promoting the use of mediation process in health care nationwide since September 2003 for a comprehensive system to resolve conflicts and complaints. During a one year trial prior to introducing throughout the country, the

²⁸ Ibid.

²⁹ Weismann, G. "**Best practices at Minnesota hospitals**" Available from, <http://admin.fmcs.gov/assets/files/BestPractices/NortheastCaseStudies/MinnesotaHospital/MNBestPractices.doc>. [2004]

³⁰ Marcus, L.J. and Roover, J.E, "Health care and mediation", **ACResolution**, Spring 2003, p.18.

results indicated that the mediation process not only reduced the cost of litigation process but also enabled the improvement of health service system.³¹

Mediation is based on a voluntary basis of both the service provider and receiver. The Center provides the client with mediation consultants in the field of peaceful conflict management to give advices throughout the process. This mediation team includes medical professional to help with medical and health issues.³²

Before introducing the medication process, the US health care employed a medical record review process to determine complaints associated with medical treatment, patients' symptoms, and to identify if there was medical error. In the process, the medical team declined in assuring to disclose information to the complainants, and that in many cases they were unsatisfied with the process because they were unable to access the determination. The conflicts related to impaired communication or understanding remain unsolved since the process did not allow for both parties' discussion.

The first health care organization in the US that initiated a systemic process of conflict resolution through mediator is the National Naval Medical Center, established in July 2001 under the full support of their administrators. Following their success in a 4-month trial, the system utilizes a middleman to take roles as ombudsman or mediator with full time work status to address the conflicts arisen by the complaints of those unsatisfied with the treatment, and also between individuals within the organization. The process focuses on basic need and interest of each party, attempts to build positive attitude toward one another, enable to find constructive solution acceptable to all parties, with objectives to develop service quality and create clients' satisfaction.³³

The process experienced a great success. Since the first establishment of this center, the mediator had dealt with totally 170 cases of conflict, except for 1 case that the

³¹ American Health Quality Association, "**New direction for quality improvement organizations**", Available from, http://www.ahqa.org/pub/media/159_678_4870.CFM[2003]

³² Lumetra, "**The Medicare Beneficiary Complaint Alternative Methods Study**", Available from, <http://www.lumetra.com/mediation/casereviewprocess.asp> [1998].

³³ National Naval Medical Center, "**Health Care Ombudsman/Mediator: The next big thing in medical dispute resolution?** ", Available from: <http://prhi.org/pdfs/HCOM%20Description.pdf> [2003]

conflicting parties were not satisfied with the result, and none of the cases had escalated to litigation.³⁴

According to the final report of the US National Commission on Health Care Dispute Resolution, in July 1998, comprising members of American Bar Association and American Arbitration Association, it was recommended to support the use of Alternative Dispute Resolution (ADR) or mediation as part of the peaceful conflict management to resolve health care disputes as it is an efficient approach without having to resort to costly court litigation.³⁵

[2] The Limitation of Western means: Regarding the Western peaceful management of health care conflict, the researcher also found that:

Health care conflict is one among complex issues concerning its contents, number of people involved, different values in medical aspect, communications among diverse personnel, management in particular of emergency cases, higher risk, and uncertainty as well, therefore high level of intense in all of these components are closely related to life and death. It may also related to medical diagnosis, shortage of personnel and resources such as medicines or patient beds, shifts management, assignment of staffs' roles; doctors and nurses' behavior; or the clients' sense of being attended by providers.

In which Debra Gerardi argued that effective conflict resolution in health care should mainly consider professional value, professional identities, attitudes of diverse groups of personnel, and power structure.³⁶ **Gerardi examined adverse outcomes of unresolved or improperly resolved conflict and found a huge losses in terms of money, physical and psychological, relationship between providers within and among organizations, including the declined work efficiency, which mitigated the clients' satisfaction. For organizations, their reputation was damaged with negative image as they were ineffective to fulfill the client's need. Moreover, it finally impacts organization's income and trustworthiness.**³⁷

³⁴Houk,C.S., and Moidel, B.L. "Integrated conflict management systems in health care", **ACResolution Spring, 2003**, p. 31.

³⁵American Arbitration Association, **Final report of Commission on Health Care Dispute Resolution**, Available from:<http://www.adr.org/si.asp?id=1588> [1998] , p.2.

³⁶Gerardi, D "Conflict management training for health care professionals" in **ACResolution. Spring 2003**, p.28.

³⁷Ibid. p. 27.

In a litigious process in which parties aim to win over another, the three elements (learning what happened or what went wrong; receiving an acknowledgement or apology from responsible people; and making sure that whatever happened to them and/or their loved ones will not recur) are almost always missing. In this case, peaceful conflict management such as mediation offers an alternative to lead parties to remedial actions that will improve satisfaction of all parties.³⁸

In Thailand since B.E.2546(C.E.2006), the researcher, handling the Center for Peace in Health Care under the Ministry of Public Health³⁹ for ten years has been providing trainings and dissemination of western system for peaceful conflict management in health care to hospitals under the Ministry's supervision. The center focuses on using mediation, negotiation and conciliation. More than 89 provincial hospitals and some district hospitals reported their success in establishing the system and operation. In 2007, the Ministry of Health promulgated that all affiliated hospitals⁴⁰ for over 700 facilities throughout the country shall operate a system for management of health care conflict by peaceful means aiming to prevent and suppress the conflict from escalating to filing. Since then, there have been reports about the satisfaction on the operation of the system from the health care providers, the patients and their relatives.

However, according to the researcher's practical experience as a mediator of health care conflict using Western peaceful means of conflict management, some limitation was found that despite the parties' satisfaction on the agreement of mutual interests, their negative feeling remained unresolved and there existed many other conflicts that failed to reach common agreement. With this negative feeling, the positive relationship is not possible and turns into a problem, with some cases elevated and extended to legal action⁴¹ or even violence against one another as occasionally observed. This is actually the limitation of Western means for peaceful conflict management in health care system.

³⁸ Marcus, L.J. and Roover, J.E. "Health care and mediation" *ACResolution*, Spring 2003, P. 19.

³⁹ Banpot Thontiravong, **Mediation in Health Care: Understanding, Living With, and Managing Conflict: Changing Conflict to Collaboration**, (Bangkok: Samcharoenpanichaya printing, 2007), p. 163.

⁴⁰ Ibid., p.166.

⁴¹ Thai National Health Office, **System solution, a case of patient suing doctor**, (Bangkok: Prosporus Plus, 2008), pp. 75-77.

Leonard A. Marcus put that⁴² “It is better to change at a pace that offers the greatest likelihood of making the right choices than refurbishing the system with no idea whether it will succeed. Insofar as we take seriously what we do, how much do we want to experiment with systems that are untested and that may not work? **It means that we fix the big problems first and continue with the same commitment to the remaining problems. It means that society must be clear and reasonable in what it expects from the health system. It means that people must be reasonable in accepting what they get.**

Life is a delicate balance of chemicals, electricity, liquids, and frames that hold together our bodies. For that system to work, all those reactions and systems must be in synchrony. If they are not we become ill, and life itself is at risk. Similarly, the health system, which intends to nurture our bodies, the system itself must be in healthy alignment”.

Furthermore,⁴³ **the very essence of our work—life, death, and the quality of life—requires us to uphold moral principles and then guide our practice by them. Our endeavors are about healthy people and ailing patients, so fostering the interests and concerns of well-being is part of our obligation. And finally, our agreements must meet the measure of integration if they are to endure, because in the long run, endurance amid the brevity of life is the nature of our work.**

The researcher suggested to set up a main question from findings in the above [1] and [2] that “What are the other means to solve the limitation of the present Western peaceful conflict management in health care system?”. Especially, the recovery of doctor-patient relationship and trustworthiness is crucial.

4.1.2.2 Buddhism body of knowledge on concepts and processes for peaceful conflict management

[1]The Buddhism concepts of conflict management

For the concepts of different Dhamma principles applied by the Buddha to particular case of dispute in the 14 Suttas, the detailed analysis is illustrated in 2 groups of Dhamma.

1.1 Dhamma principles applied in conversations to disengage dispute parties from the cause of dispute.

⁴² Leonard J. Marcus, **Renegotiating Health Care.: Resolving conflict to build collaboration.**(USA: Jossey-Bass. San Francisco, 1995), p.398.

⁴³ Ibid. p. 406.

In this group, the Buddha not only teaches Dhamma to dispute parties but also lead them to the deep root cause of attachment, that is, the antecedent of the problem. This group of Dhamma includes Patīccasamuppāda, Paṇcadhamm, and Akusala-Māla. In the story of Ambhatta for example, who was clinging to his class and caste, the Buddha in his conversation addressed the truth that all human were born to a mother creature and there is no difference at all. This group of Dhammas aims to establish deep comprehension about the truth and accordingly becoming conscious of it.

1.2 Dhamma principles applied to guide the way out of dispute, divided into 2 subgroups.

1) Dhamma principle as a means to self-practice to escape from dispute.

The Buddha employed different modes of teaching such as metaphors, clarification of truth, explanation on the significance of Dhamma. This group includes such as Ariyasacca, Sāraṇiyadhamma, etc.

2) Dhamma principle as a process of preventing disputes such as the Council, Adhikaranasamatha, etc.

The Buddha applied this group of Dhamma in his preaching to point the way for dispute parties after they were convinced and came to understand truly and abandon all the feelings, delusion, or attachment. In his teaching, the Buddha included Dhamma principles applicable to them. The key objective is to establish penetration among dispute parties.

Among Dhamma in this group, Ariyasacca (The Four Noble Truths)⁴⁴ is a major Dhamma principle encompassing the entire teachings of Buddhism. Ariyasacca means the noble truth, the truth of Ariya (noble person). Buddhism teaches useful truth and use it to solve problems⁴⁵

The concept of Ariyasacca in relevance to conflict management⁴⁶ are:

1. Dukkha-Sacca: Conflict is the nature of human being

Conflict is a nature of human and found in every society. Human has two levels of suffering; the first is due to different view, and the second depends on how such difference is managed. With poor management, the second level is more likely to occur. Approach to conflict settlement is thus determined by whether the conflict develops in productive or destructive way and the extent of suffering it may have caused.

⁴⁴ Phra Brahmagunabhorn(P.A Payutto), **Dictionary of Buddhism**, pp.155.

⁴⁵ Phra Brahmagunabhorn(P.A Payutto), **Buddhadhamma**, p.895.

⁴⁶ McConnell, **Mindful Mediation : A Handbook of Buddhist Peacemakers**. pp.5.

What have to be done for the first characteristic of Ariyasacca is deemed a task about suffering (Pariññā)⁴⁷, that is, to determine and comprehend the condition of suffering as it really is, to understand the problem and clearly identify the scope of problem, or ask oneself “How we experienced such problem or conflict?”, and to explore the characteristics and dimensions of such conflict, and recognize them straightforward without avoiding the fact in any way.

2. Samudaya-Sacca : What is the root cause of conflict?

Conflict literature suggested several causes that promote conflict. In addition to external factors, there are many internal factors such as thinking pattern, feeling, and desire. Without them, external factors are not apparent. The conflict occurred not only between the “self” (identity) but also within the parties themselves. The Buddha pointed out that conflict is often a result of the 3 Akusala-Mūla: Lobha, Dosa, Moha, all of which affect the mind and relationship of both parties, expressed in their thought and action.

What should be done in Samudaya-Sacca is to recognize the internal factors as the root cause of conflict. They are abandoning (Pahāna), eliminating of the cause of suffering, eradicating the cause or origin of suffering. This is difficult because Lobha, Dosa, Moha not only affect our internal feeling, but involve the reality, the surrounding or other people. We may be the one we are angry with, selfish, and despicable but it is difficult for us to distinguish between observation, interpretation, feeling, desire, and assertion of our own identity, all that might constitute our attitude toward others.

3 Niroddha-Sacca : Peace arises from the conflict

Suffering is extinguished when we abandon all attachments. Ultimately, conflicts will not last. Conflict is a process comprising many causal factors, and any changes occurred to them at the root would affect the conflict itself and apparently turn its direction. Conflict arises from several causes but it will not remain the same without any progress, rumination, and repeated feeling at the present time, hence making it endure. Whether the conflict would change lies within the mind of the parties themselves.

Peace and conflict are in the same coin of different sides. Likewise, Akusala-Mūla: Lobha, Dosa, Moha, are the opposite side of Kusala-Mūla: Aloha, Adosa, Amoha.

What should be undertaken for Niroddha-Sacca is to penetrate (Sacchikiriya), that is, to enlighten or attain the cessation of suffering, to attain the condition where all problems

⁴⁷ Phra Brahmagunabhorn(P.A Payutto), **Buddhadhamma**,p.902.

are completely solved. The conflict may cause complexity and pain, it however allows the opportunity to bring peace. The conflict urges us to develop a peaceful process to manage the root cause of conflict.

4. Magga-Sacca : Peace is way of life

Suffering will not disappear by itself. We are free to start resolving our suffering from now. We are free to live our life supportive to the fade and the end of suffering. What we have to do is to start, to practice (Bhāvanā), to develop, and to follow the path. To practice the middle path is cessation of suffering is to conduct in line with the path that lead to attainment. The Noble Eightfold Path comprises the followings:

- Sammāditthi: right view; right understanding of Ariyasacca.
- Sammā-sankappa: right thought; thought free from desire, harming.

Sammāditthi, Sammā-sankappa are under Pañña.

- Sammāvācā: right speech; no false speech, harsh speech, harmful speech to others.
- Sammākammanta: right action; no taking life, taking things, sexual indulgence and misconduct.
- Sammā-ajīva: right livelihood; no exploiting or harmful occupation or activities to others.

Sammāvācā, Sammākammanta, and Sammā-ajīva are under morality (Sīla).

- Sammāvāyāma: right effort; perseverance to overcome Akusala-kamma, and establish Kusala-kamma
- Sammāsati: right mindfulness; physical and mental awareness.
- Sammāsamādhi: right concentration; one-pointedness or collectedness to base mindfulness and mental quality of good deeds (e.g. compassion, contentment, and consciousness)

Sammāvāyāma, Sammāsati and Sammāsamādhi are under Samādhi.

[2] The Buddhist process of conflict management

The body of knowledge on Buddhist process of conflict management that we learned from conflict settlement applied by the Buddha to each case of dispute in the 14 Suttas are as follow.

2.1. The Buddha was challenged as one party and also as the conflict settler.

The Suttas with causes directly related to the conflict and misunderstanding including Ambhatta Sutta, Kinti Sutta, and Akkosa Sutta, illustrated similar structure of conflict settlements shown below.

1) Management of emotion: The events where individuals insulting, disparaging the Buddha face to face as appeared in 2 Suttas: Ambhatta Sutta and Akkosa Sutta. In these Sutta-s, addressing the problem was presented by establishing awareness of emotional status, in here it is the emotion of insulting individuals. If ones were not aware of self-feeling, they behave insolently. The Buddha who is perfectly trained, enlightened on Avijjā, Sankhāra, Viññāṇa, returns no emotion, instead guiding ways to free the other party from such unknowingness.

2) Management of problem issues. The stories in all 3 Suttas provide similar structure that Ambhatta, the Buddha's disciples, and Brāhman Bharadvaja, as disputants in each Sutta, are without awareness of suffering and its cause. They all attached to Sankhāra or trapped in the wheel of Bhava in Paṭiccasamuppāda from Avijjā to Jarā-marana, which prevented them from knowingness. To approach the problem, the Buddha applied a conversation style addressing Dhamma principle relevant to each problem issue so they understand clearly about the wheel of Paṭiccasamuppāda, then finding the path to extinguish the suffering.

3) Mean of alteration the self. Ultimately every Sutta displays the end point of conflict through alteration of the self of individuals, i.e. penetrating the suffering, finding ways to eliminate suffering, and eventually establishing faith and adhering to Buddhism. It is important to note that alteration of the self in here occurred voluntarily in absence of any force or reciprocation, but led by having profound talks with the Buddha. It can be stated that conversation is a key condition to modify understanding in all cases of conflict settled by the Buddha.

2.2 The Buddha was a conflict settler or mentor alone.

In Mahāniddāna Sutta, Mahā-parinibbāna Sutta, Sakka-panha Sutta, Sangiti Sutta, Aggañña Sutta, Sigālaka Sutta, Kūṭadanta Sutta, Brāhmajāla Sutta, Kosambiya Sutta,

Dhammadayāda Sutta, and Sāmagāma Sutta, fundamentally the Buddha addressed the conflicts in similar way to those Suttas in which the Buddha was one party and conflict settler, by management of emotion, management of conflict problems, or alteration of the self. However in more complex issues or if the Buddha's advice might lead to some intense, the Buddha considered augmented manipulation described below.

1) Settlement of self interest-based conflict. As appeared in Kosambiya Sutta, Mahā-parinibbāna Sutta, and Kūtadanda Sutta, though with different causes of conflicts, they are similar in structure based on self interest, they want something appropriate, right, and reasonable without thinking thoroughly about the effect of their action. The Buddha did not subdue but encouraged them to reflect on the consequences of their conducts, namely: the subsequent reaction such as troublesomeness by a kind of boycott from laypeople of Kosambi; the unity of the Vajjis that might be difficult to be defeated by King Ajātasattu. In other words, the Buddha did not mention what they might loss, rather what will happen if they persist to do what they want. It is to recognize and change by themselves.

2) Management of ignorance-rooted conflicts. It can be absolutely said that every single conflict rooted from Avijjā, i.e. ignorance or unknowingness. When analyzing in depth the distinct cause of problem, it appears that unknowingness of Aānanda in Mahāniddāna Sutta and that of Singālaka in Singālaga Sutta are so much different, and also differ much from the unknowingness with respect to class and caste among Brahmins as evident in a number of Suttas. Unknowingness of Aānanda implies his non-penetrating in depth of Paṭiccasamuppāda, which might lead to the problem when it is transferred to the next generation while lacking of profundity. For Singālaka, his ignorance is due to his unknowing on the significance of his parents' instruction. Holding to class and caste among the Brahmin was rooted by illiteracy of the truth that human are not different, each was born from the mother creature, the class and caste were assigned later on. The structure of different stories in these Sutta-s all reflected the ignorance and attachment in the wheel of Paṭiccasamuppāda at different stages, some were unaware of Avijjā, some did not know about Sankhāra, while others were inapprehensive on Viññāṇa, for instances. The Buddha resorted to having conversations with them to bring penetration of truth, applying Dhamma principle relevant to particular unknowingness condition.

3) The Buddha's status in the dispute. It is apparent in all cases appeared in these Sutta-s that the Buddha is well accepted by those parties approaching him for his advice. His conversations brought about their awareness of truth, except in the event where he took role as one disputant himself that demands increased effort to gain acceptance.

However, in the case of Kosambiya Sutta, the Sangha did not follow his advice, and once being heard by the public, they withdrew supports to Sangha activities and that forced to changes. The status of advisor, if it is accepted, is crucial and contribute to conflict settlement.

4.1.2.3 Comparison between the Western and Buddhism concepts and processes for conflict management, are summarized in the following table.

Table 21 Comparison between the Western and Buddhist concepts and processes for conflict management

Issues	Western perspective of peaceful conflict management	Buddhist perspective of peaceful conflict management
Main concept	Focus on finding the causes by analysis of conflict, mainly use the Five Causal Factors in the Conflict Circle and stakeholders analysis and sometime including conflict mapping to know their interaction of power and relationship	Focus on changing inner self of each parties, based on the parties' true comprehension and self- awareness to get off unknowingness or Avijjā and adherence or Upādhāna and others in Paṭiccasamuppāda cycle by using Paratoghosa and Yonisomanasikāra
Processes	Focus on find out mutual interests or common agreement that best satisfy all parties In some instance when there are power-right imbalance, the process also shift to interest-based or	Give importance of Identifying problem, root cause, the way out and how to cessation of suffering or conflict by using Ariyasacca or the Four Noble Truth
Methods	Mainly by using mediation and other ADR processes i.e. negotiation, conciliation to access agreement and restore relationship	Focus on ways to cease suffering by the Noble Eightfold Path through the process of profound talk that allows insight for the ways out of conflict

Issues	Western perspective of peaceful conflict management	Buddhist perspective of peaceful conflict management
Tool	Using dialogue, active listening, paraphrasing and reframing. Some occasion using metaphor , transformation to mobilize disagreements.	Using proper Dhamma principles, Paratoghosa, or profound talk. Some occasion using external pressure to regain consciousness of the conflictants such as in Kosambiya sutta

4.2 Comparative analysis from case studies : Western approach for management of medical and health care conflict in Thailand and overseas, and Buddhist approach in management of conflict during the Buddha's period

4.2.1 Comparison on the causes and conflict management process in case studies

According to the case studies relating to the management of medical and health care conflict applying Western and Buddhist approaches, important issues are summarized below.

Table22 Comparison on the causes and conflict management process in case studies

Issues	Case studies with Western approach in medical and health care		Case studies with Buddhist approach appeared in Suttantapitaka
	Thailand	Overseas	
Causes	-Lack of communication or hearing -Lack of given information on physical condition and treatment -Failure to follow the procedure -Desire for interest to compensate the loss	-Disagreement in treatment method -Attachment to self- position and understanding -Lack of effort to communicate -Different decisive powers	-Lack of true insight in Buddha Dhamma principles -Attachment to the picture created by oneself, hence wrong view to other or judging other by self-thought -Emotion -Desire to possess, desire to have things -Explaining inexact and changeful stories

Issues	Case studies with Western approach in medical and health care		Case studies with Buddhist approach appeared in Suttanāṭapitaka
	Thailand	Overseas	
		- Absence of proper management process	
Management process	-Using dialogues with reconciling approach -Mitigating parties' emotion -Seeking desirable and favorable interests for both parties -Building relationship during the dialogue	-Using mediation -Eliminating the problem of different powers -Seeking an agreement relatively acceptable to both parties	- Focus on profound talk -Making the parties penetrate the problems by themselves -Creating awareness in the real base of conflict risen by the inner self factor of the parties -No response to intense emotion.

4.2.2 Weak point, problem and constraint of conflict management from the case studies of medical and health care conflict using Western peaceful approach in Thailand and overseas

1) In Western conflict management by mediation process particularly when one party is the mediator who is a personnel in the same organization, major difficulty is to prove one's impartiality and try to separate oneself from representing the organization. To overcome this problem, trust building, revealing oneself honestly, and open-minded for access of information are essential.

2) Effort to reach an agreement satisfied by every party. In the case of distress from bad news with the party seriously impacted by the event at the level of self destroy which is more difficult than general cases, it relies on the belief and faith of the mediator and team on their constant use of peaceful approach though it takes time. Major problem is that both the parties and the mediator often disengaged from the process or terminated the

peaceful process and turned to other alternative to prevail one another by law as they failed to hold enough faith or endurance.

(This case however finally succeeded but took time to run the process for up to 8 times in 11 months. Certainly the parties previously intended to withdraw from the process but with the mediator's effort and patience, they eventually came up with an agreement.)

3) Restoring relationship between the parties is even more difficult than satisfying them with an agreement in almost every case study using Western approach. Although the parties were satisfied with an agreement about interests but they refused to conciliate for positive relationship. An idea suggested by the case study is to rely on belief and faith. Understanding about the potential of human to build inner peace on Buddhism principle, reconciliation will be easier to achieve.

4) Even both parties had attempted to use interest-based process in the case of delayed diagnosis of lung cancer, they were however in the stage where an agreement cannot be reached immediately because the patient was unable to assess suitable agreement as the problem has not yet come to an end. This placed the hospital under pressure from the demand that seemed to end nowhere. This is the phase called negotiation dancing. If the mediator does not understand and endure enough by giving both parties time for adaptation and make their empathic decision, it may cause failure to agreement.

5) Unbalanced power between parties as in the case of conflict between a long-term dialysis patient and his physicians. This is a weak point and important barrier in the Western approach of conflict management that embraces existing legal structure. In Florida despite the presence of law to protect patient from malpractice of medical personnel that might cause such damages as injury, disability, or death, such law does not cover patient's access to medical service upon human rights or subject to be received as a human. This creates a gap allowing medical personnel to decide how much extent to provide treatment since the hospital and medical personnel would consider the appropriateness of treatment by linking between high cost and medical reason as in the case of chronic dialysis. It seemed that although mediation process exists, it bases on unbalanced powers between conflicting parties, hence the ethical problem follows.

6) It was found in the conflict case of retail community pharmacy: Drugmart Pharmacy for which conflict resolution was not to respond the situation without any analysis of the whole picture, indicating potential effect that linked everyone in the drugstore. In addition, external influence affected the work in this drugstore. Analysis of the whole picture required comprehensive information, listening is thus a necessary tool to collect such

information, and Bob needed to improve his skills of both the analysis of conflict and collecting information through listening more if he had to work as the manager of the organization. Hence, the conflict could not be settled.

7) Top level administrators were less supportive to the mediation until the conflict escalated and turned into a filing. They believed in power-based conflict resolution approach under the bureaucratic system.

8) The distance between Buddhism and the current social situation makes it more difficult to apply religious principles into the modern practice. It may be from unavailable explicit model.

In conclusion, Western concept and process of peaceful conflict management applied in Thai health care system is of mediation process and conciliation process (with active listening as a major tool) are among a variety of means to resolve conflict using interests-based approach. Although this method is effective in reducing the escalation of conflict problem and might lead to possible solution, some problems remained as appeared in almost cases, are how to build trust and restore relationship between parties. Consistently, in Mark Thamthai's article "Obstacles in peaceful conflict management"⁴⁸ suggested that recommending and promoting the concept about peaceful conflict management in Thai society may experience major barriers in both ideology and practice in three aspects.

First, with this concept, the word "peaceful approach" has ideologically rooted for thousands of years especially in Buddhist society. Generally it is not new particularly in Thai culture. When experiencing a conflict and wanting it easily resolved without any crash or confrontation, we always seek to manage through dialogues. The hindrance is that in the past we put conversations as the first choice to improve the problem, while at the same time our administrative culture is prepared to use other options if it fails. Therefore, the peaceful approach is used in a sense as the first method to try to solve the problem, if fails, the force is then applied.

Second, peaceful approach may include a variety of styles differed in details, for instances, by classifying in sub-definition as conflict resolution, conflict management, and conflict transformation, all of which are peaceful approach in terms of their encounter with

⁴⁸ Mark Thamthai, **Peaceful Means: Strategy for National Security**, (Bangkok: National Security Council Office, 1997), pp. 77-82.

the conflict. The first one (conflict resolution) aims to resolve for end results but some argue that it does not necessarily work, so it may need to manage the conflict within a defined frame (conflict management). Sometime it may attempt to transform the conflict into other forms (conflict transformation), that is, to prevent intensity (in view of medical and health care conflict, no lawsuit or attack: the researcher) but nothing is improved because it focuses on actual management. With this view, such management is not enough, as management needs to transform the situation for better understanding toward one another (inner peace occurs: the researcher)

Third, in finding peaceful conflict management approach suitable for Thai society, the question is why wasting time to seek the said approach while hundreds of instant choices are available as probably called “Peaceful Mean Industry” already exist. This is true in North America and Europe where institutes and organizations of this kind are innumerable. What should be asked for Thai society is that once they are available, why not pick up a few so it is resolved. Why not sending people to train as that for the new technology.

I would give 2 answers why it is not possible (not mean that we should not study other forms initiated by others)

1] it is necessary to understand the background and history of peaceful conflict management in the Western world especially in North America and Europe. In addition to conflict resolution, conflict management, and conflict transformation, there exists Alternative Dispute Resolution (ADR) in which the word “Conflict” is used instead of “Dispute” Dispute is controversy, i.e. disagreement but conflict seems to have stronger meaning. What is more important to our understanding of this process in Western countries is the word “Alternative” (another option), a new choice manifested and become an industry in the Western world to substitute the court system. In western countries, many cases of conflict go to court, resulting too many pending cases as the court is unable to handle them due to insufficient manpower of the judges, and also many 5-10 years pending cases. Therefore, the Western peaceful process of conflict management is a method to substitute the court process. This issue requires careful understanding. It is very good if this approach works in 1 year instead of 5 years involvement with the court. This alternative for the justice process is to have the parties managed by themselves. Professional practitioner in peaceful approach acts as mediator, likely an industry not different from engineers or doctors, and becoming technical aspect. This method might be useful for Thai society in the future.

2] The form of conflict management we need now has to regard the nature of conflict in Thai society not the one developed on other grounds or other purposes. With somewhat different cultural condition, the approach might be effective if the Thai culture will change but not now. Several things presented in the process of peaceful conflict management, if such approach of different culture is adopted in Thai culture, not only it will fail but will also escalate the problem. This is because one important step of negotiation or mediation is built on the belief that everyone possesses equal status not on prior agreement that we enter the process with equal status, that is, equal social status in real term, and everyone can teach one another with normal feeling. Negotiation may sometime include teaching others in the sense of talks, and here talking means everyone can be everyone's teacher, as well as learning from each other. However, it is not possible in Thai society since everyone cannot be everyone's teacher on our cultural basis, so we have to seek other form, otherwise it will move into another conflict. This is why it is important to develop an approach suitable to Thai society with respect to conditions, time, reason for the approach, as well as culture.

4.2.3 Direction and opportunity to develop the concept and principle for management of medical and health care conflict.

The case studies suggested that medical and health care conflict is at individual level. Although it is viewed that the management method focuses on the desired interest, if it is analyzed deeply into the cause of problem, it can be seen that the cause of medical and health care conflict originated from one's inner self not differ from that cause addressed by the Buddha. Therefore, the direction to develop the concept for management of medical and health care conflict does not contradict to the Buddhist mean as it enables the penetration to the cause of problem that will lead to reconciliation between parties.

The opportunity to develop potential approach for management of medical and health care conflict thus relies on the integration of Buddhist means of conflict settlement and the Western mean. By this way, it will enhance the level of understanding between parties by shifting from their satisfaction with interest received from the negotiation to totally ending the conflict and building true relationship.

4.3 Comparative analysis of the preliminary body of knowledge of integration: Western and Buddhist

4.3.1 Preliminary Body of Knowledge of Integrative Approach

Einstein saw religion and science as interdependent when he said, “science without religion and religion without science are blind”⁴⁹ (Albert Einstein, *Science and Religion*). This means that science if disregards religious values will lack of ethical value. If the former rejects the latter, it will be deficient in morality. Without morality, there is no direction. Science without direction must be goalless. This is equivalent to a lame who cannot go any far. Meanwhile, religion without science is similar to those with blind faiths who lacks of true knowledge and influenced supernatural power. Therefore, they become deluded and take refuge in superstition.

Einstein’s view corresponded to those of Buddhism which stress on the need for a balance between faith and wisdom. Here, a person with wisdom but without faith is troubled by doubt and is directionless, while a person with faith but without wisdom is deluded. Put it another way, faith in religion and wisdom in science must be integrated in an every possible way⁵⁰.

The term “integration”⁵¹ connotes “combining two separate things into one making it “the whole”. If faith in Buddhism and wisdom in science go in the same direction, support one another, it will bring about a perfect whole, that is ‘integration’. As the term ‘science’ embraces all modern sciences based on scientific approach for new knowledge such as education, humanities, social, physical and material science, then Buddhism can be integrated into the ‘science’ fold as well. This gives rise to a person with two eyes, one of which is Buddhism; the other is modern sciences. Whoever does not know both Buddhism and modern sciences is comparable to the blind man (Andhacakkhu), while whoever knows only one but not the other is considered the “one eyed” (Ekacakkhu). But whoever knows both Buddhism and modern sciences is called the wise one (literally “two eyes” (Dvicakkhu)). That is the integration of Buddhism and modern sciences.

Integrative education of Buddhism and modern sciences⁵² is not a comparative study that puts things in a parallel study with no convergence, much like the study of comparative religion without any integration. Integrative education is that we bring concepts

⁴⁹ Phra Dhammakosajarn, **Integrative Method: Buddhism and Modern Sciences**, (Bangkok : Mahachulalongkornrajavidyalaya University, 2010), pp. 14-15.

⁵⁰ Ibid. p.15.

⁵¹ Ibid. p. 16.

⁵² Ibid. pp. 16-17

from both approaches and incorporate them so that the body of knowledge becomes a whole. This may be achieved in two ways:

First: modifying science into Buddhism is to use Buddhism as the main source, while modern sciences as the secondary, in order to integrate the body of knowledge; this is to use modern sciences in explaining the fundamentals of Buddhism, making it look more logical, and reasonable. This approach is well-accepted to by MCU, at the Faculty of Buddhism.

Second: integrating Buddhism into science is to employ modern science as the primary tool and Buddhism as the secondary, in order to integrate the latter into the former because the former does not focus on morality. This is to make science holistic. This approach is used by MCU at the faculties of Education, Humanities, and Social Sciences.

4.3.2 Preliminary Body of Knowledge of Integration: Western and Buddhist Conflict Management

The integrative process of the two concepts of Western means for management of medical and health care conflict and Buddhist means for conflict settlement are to integrate two theories for a new ideal concept by analyzing sub-systems of each concept and combine their sub-systems in a holistic manner. According to a comparative analysis of issues presented earlier, each concept can be distinguished into sub-systems as follows:

4.3.2.1 Western system and process for management of medical and health care conflict

The Western concept comprises three sub-systems and one process of resolution: [1] sub-system of the cause of conflict applying the wheel of conflict or conflict circle; [2] sub-system of conceptual base of interaction cycle; [3] sub-system of resolution concept by mutual interest-base; and one mediation process, as shown in the figure below.

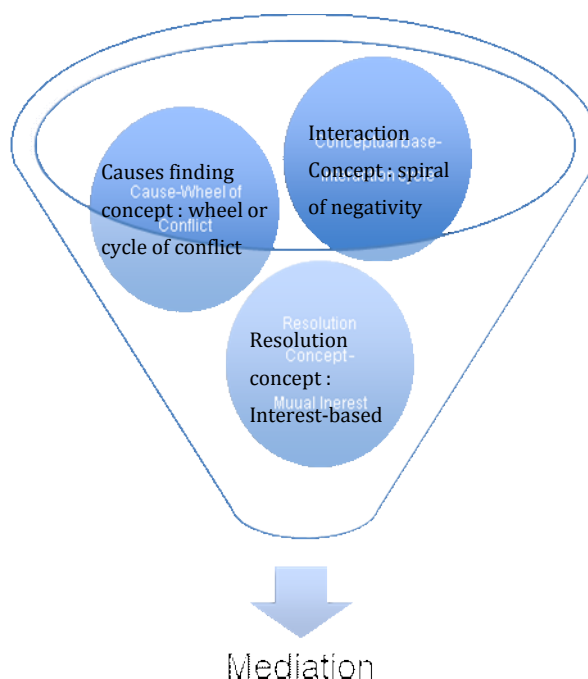


Figure15 Western concepts and processes for management of medical and health care conflict

The main process for conflict resolution in Thai medical and health care system particularly as a supplement process before proceeding to the court system or in court but pending is mediation with an acceptable mediator by both parties acts as a facilitator. This process if used pre-filing is called Out-Court Mediation, and after a lawsuit is filed called In-Court Mediation.

In USA, mediation has been used in health care industry in disputes over bills, treatment and allegations of medical negligence or malpractice. Some states mandate mediation before a malpractice suit can be filed.⁵³ Mediation saves time and money, which is important to the patient, the provider and third party payers such as insurance companies. In at least one state, disputes regarding in-patient reimbursement are referred to mediation.⁵⁴ Mediation has also been very effective in assisting the resolution of medical negligence or medical malpractice cases. While the initial response to the growing number of medical malpractice cases was the creation of screening panels and use of arbitration,⁵⁵ mediation has become a viable alternative. Many states have statutes which advocate or mandate the

⁵³ **Mont. Code Ann.** 27-6-701 (1993). See also *Woods v. Holy Cross Hospital*, 591 F.2d 1164 (5th Cir. 1979).

⁵⁴ **N.Y.-McKinney's Public Health Law**, § 2807-c (1993).

⁵⁵ *Health Care Providers and Alternative Dispute Resolution: Needed Medicine to Combat Medical Malpractice Claims*, 4 J. Disp. Resol. 64, 66 (1988).

mediation of medical malpractice cases before they can be brought to trial or sometimes even to the court house. Many malpractice cases are also mediated after a lawsuit is filed, particularly in those jurisdictions where pre-filing screening does not occur. Mediation has been effective in resolving a large number of these cases.⁵⁶

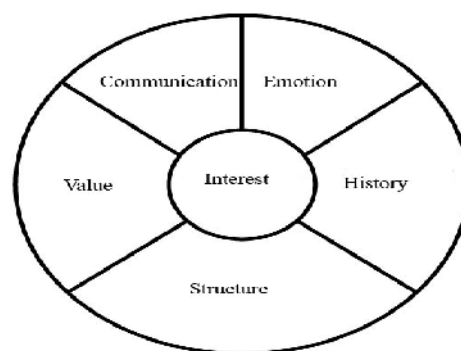
This process is a result of conflict analysis through 3 sub-systems.

Sub-system 1: System for investigating the cause of problem through the wheel of conflict

Every conflict has its origin. The origin of conflict can be divided into 5 causes including data, structure, relationship, value, and interest. These causes will lead to the desire for something in return. For psychological aspect, these include acceptance and recognition; in process aspect, they are care with explicit, fair, and transparent procedure; and in substantive aspect, they involve compensation and remedy or payment for the damage at satisfactory cost.

Figure16 The Wheel of Conflict⁵⁷

Shown at the center of all conflicts are human needs. People engage in conflict either because they have needs that are met by the conflict process itself or because they have (or believe they have) needs that are inconsistent with those of others and conflict can not be transformed or settled unless these needs are addressed in some way.



⁵⁶For a more detailed examination of particular factors involved in mediating these types of malpractice cases, please see Eric R. Galton, *Representing Clients in Mediation* (1994).

⁵⁷Bernard Mayor, *The Dynamic of Conflict Resolution*, (San Francisco: John Wiley & Sons, CA., 2000), p.9.

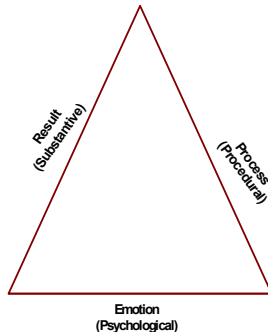


Figure17 The Triangle of Satisfaction[three types of interests]

There are three distinct types of interests: Result or Substantive interests, Process or Procedural interests and Psychological or Emotional interests.⁵⁸

Basing on the 5 causes does not necessarily lead to a conflict, but the conflict will escalate or end depending on the interaction between parties during their talk about the problem as it moves to sub-system 2

Sub-system 2: System of conceptual base of interaction cycle

Once conflict takes place, inevitably following is the interaction among the conflicting parties. Regardless of the cause of conflict, when the parties feel that they have to win and to get even, negative thought and behavior to one another will appear as a cycle. Certain behavior of one party (first person) effects the expectation and view of the other party (second person), the second person will read or interpret such behavior negatively, resulting in negative view of the second person and perceived change in relationship. When the second person behaves in response, the first person will have negative view and perceives change in relationship. Then the first person reacts, the second person possesses more negative view and perceives increased change in relationship. The second person will react stronger, and it will go round and round in a cycle like this. If both sides do not have positive mind, or without facilitating process, the conflict will turn escalate which is called Spiral of Negativity, as shown in the next figure.

⁵⁸ Gary T. Furlong, **The Conflict Resolution Toolbox**, p.21.

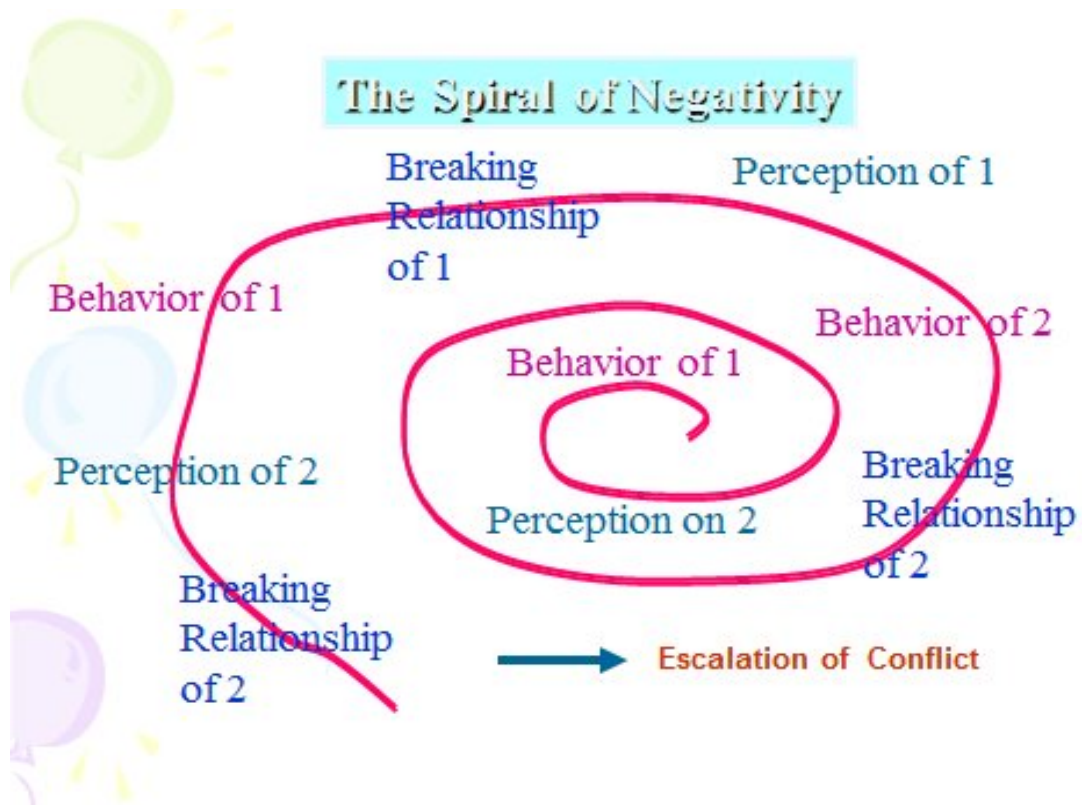


Figure 18 The Spiral of Negativity

Sub-system 3: System of resolution concept by mutual interest-based

When the parties have positive view or with the presence of intervention for conflict resolution, mutual interest-based resolution concept for management of conflict will be established.

4.3.2.2 Buddhist means of conflict management

This approach consists of 3 sub-systems and 1 method for conflict management. The Buddhist means to manage conflict focuses on profound talks on the Noble Eightfold Path aiming to cut the cycle of Paṭiccasamuppāda, and consequently promote righteous understanding, then avoid Avijjā (ignorance). However, management of conflict through profound talks on the Noble Eightfold Path, must be built on appreciation of the three sub-systems described next.

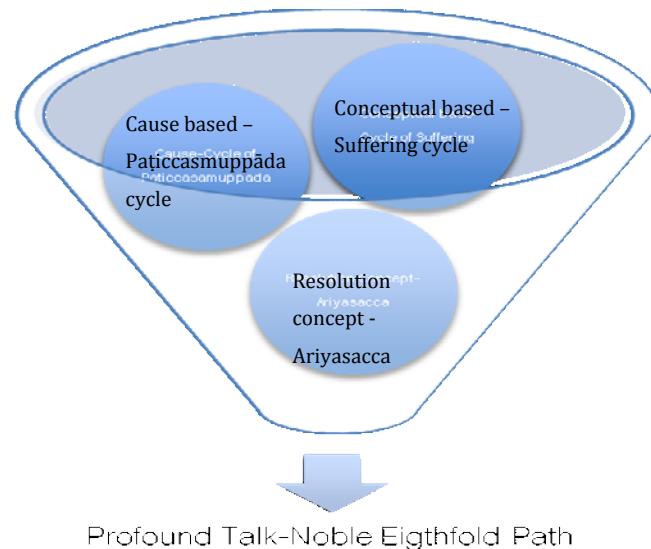


Figure19 The Noble Eightfold Path : Building for appreciation of the three sub-system

Sub-system 1: Causes-Cycle of Paṭiccasamuppāda(The Dependent Origination)

As explained above, the cycle of Paṭiccasamuppāda is the root cause of sufferings of oneself and the society, and in here it is the conflict between service provider and client. The cycle of Paṭiccasamuppāda begins with unknowingness or unrighteous knowing and without rectifying, then it moves along the complete cycle and hence clinging and unrighteous desire. Once the desire is not fulfilled, it evokes this new cycle as interacting emotions and feelings of so many cycles superimposed, and turns into the wheel of Akusala-Mūla (unwholesome roots-greed, anger, delusion).

Sub-system 2 : Conceptual Base-Cycle of Suffering

When Interaction of Unwholesome Roots takes place, Akusala-Mūla risen by the rotation of the cycle of Paṭiccasamuppāda for several times that drive the wheel of Akusala-Mūla. It explains the trend of psychological behavior allowing the sensation and behaviors to form into pattern. Akusala-Mūla is the root of aggressive behaviors which include greed, anger, and delusion. To understand Akusala-Mūla requires an insight of Paṭiccasamuppāda.

Lobha is greed. It is an effort to make self-picture become real by possessing things to elaborate it.⁵⁹ Self-picture is originated from the cycle of Paṭiccasamuppāda as a result of ignorance, hence the picture is believed to be real. To make self -picture to be real is to value many things one desires for, hence rising delusion or Upādāna (clinging) in the cycle of Paṭiccasamuppāda.

Moha is delusion. It is Upādāna or clinging to the picture created by oneself and believed it is real. Once delusion occurs, craving rises. Such picture will conceal the whole

⁵⁹ John McConnell, Author, translated by Paisal Visalo, Ibid., p.38

truth. Individuals with attachment will see only the picture they like to see and ignore what they dislike to perceive. It becomes the creator-centered picture of truth. The creator needs to protect oneself and the picture. The delusion gives a sense of insecure, offensive, distrustful, and hateful toward others. It also alters the relationship with others. Individuals will try to force self-created picture to others, while others also do the same in return, each with self-centered tendency. With this tendency, others are pushed to outer area. The more individuals focus on themselves, the less they value others. They will not see others as they are. Even very little sign such as different opinion or upset will be able to ignite the sense of unsecured mind resulted by delusion that further rises an emotion.

Dosa is anger. It is a sign of dislike or hatred that destroys good relationship. If one's desire is impeded, anger and hatred arise, and the other is viewed as bad. Dosa here includes complex attitude that shapes understanding and subsequently leads to seek a solution. If failure to obtain proper solution (true understanding), the wheel of Akusala-Mūla cycle will work constantly to evoke conflict. (see figure)

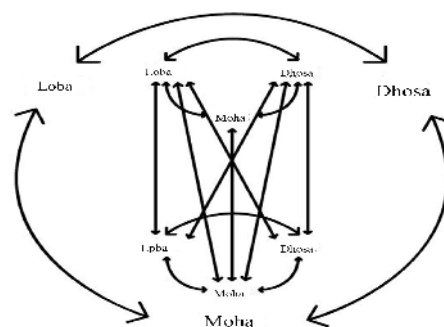


Figure 20 The Wheel of Akusala-Mūla : Lobha, Dosa, Moha

Sub-system3 : Resolution- Ariyasacca (The Four Noble Truth)

The Four Noble Truth is the bedrock of Buddhist means for peaceful conflict management. Although the researcher put the Four Noble Truth in the sub-system, it is ideally a vital means to extinguish suffering, that is, the conflict. To provide an objective picture, dialogues were used as a base to seek ways of cessation of suffering following the Noble Eightfold Path. Ariyasacca will keep from believing in particular way but contemplating the problem by mean of experiment. Once suffering (conflict) takes place, one should be attentive to the suffering, observes how it is happened and what are internal causal

factors. This is to build inner power to change and move into self-comprehension along the Noble Eightfold Path.

Dukkhasacca- Regarding that conflict is the nature of human that can be found in every society. Suffering from the conflict may stem from the differences, if with poor management, it will lead to another level of suffering, that is, the rise of the wheel of Akusala-Mūla. It should thus consider the root of conflict.

Samudayasacca- Viewing psychological change as a process starting from external stimulus, extending to inner mind, initiating feeling and desire, delusion, emotion, and view toward others. Reflecting all through the process by the Noble Eightfold Path will lead to cessation of suffering.

Nirodhasacca- Understanding that at last the conflict is impermanent. The conflict is rooted from factors constantly appear as a process, changing in those causal factors will turn the direction of the conflict. Any changes are possible depending on the parties' attitude. In another perspective, conflict offers opportunity to establish a process to produce peace and tranquility in the society, by dealing with the root of conflict.

Maggasacca- Suffering will disappear by action, not waiting. Action in here refers to those actions of thought, wisdom development, control of behavior with Sīla and concentration on self-behavior. In other words, when the cycle of Paṭiccasamuppāda evokes the interaction of Akusala-Mūla to produce negative action, perseverance to continue the right thought, right view, right behaviors, self-consciousness and concentration, will break up the whole cycle of Paṭiccasamuppāda and come up with the solution.

4.4 Model development of Buddhist Peaceful Means on Conflict Management in Thai Health Care System

The results of analysis on Western and Buddhist concepts for conflict management, coupled with the results from the case studies of conflict management in healthcare system both in Thailand and overseas are integrated into a model of Buddhist Peaceful Means on Conflict Management in Thai Health Care System, by the following stages.

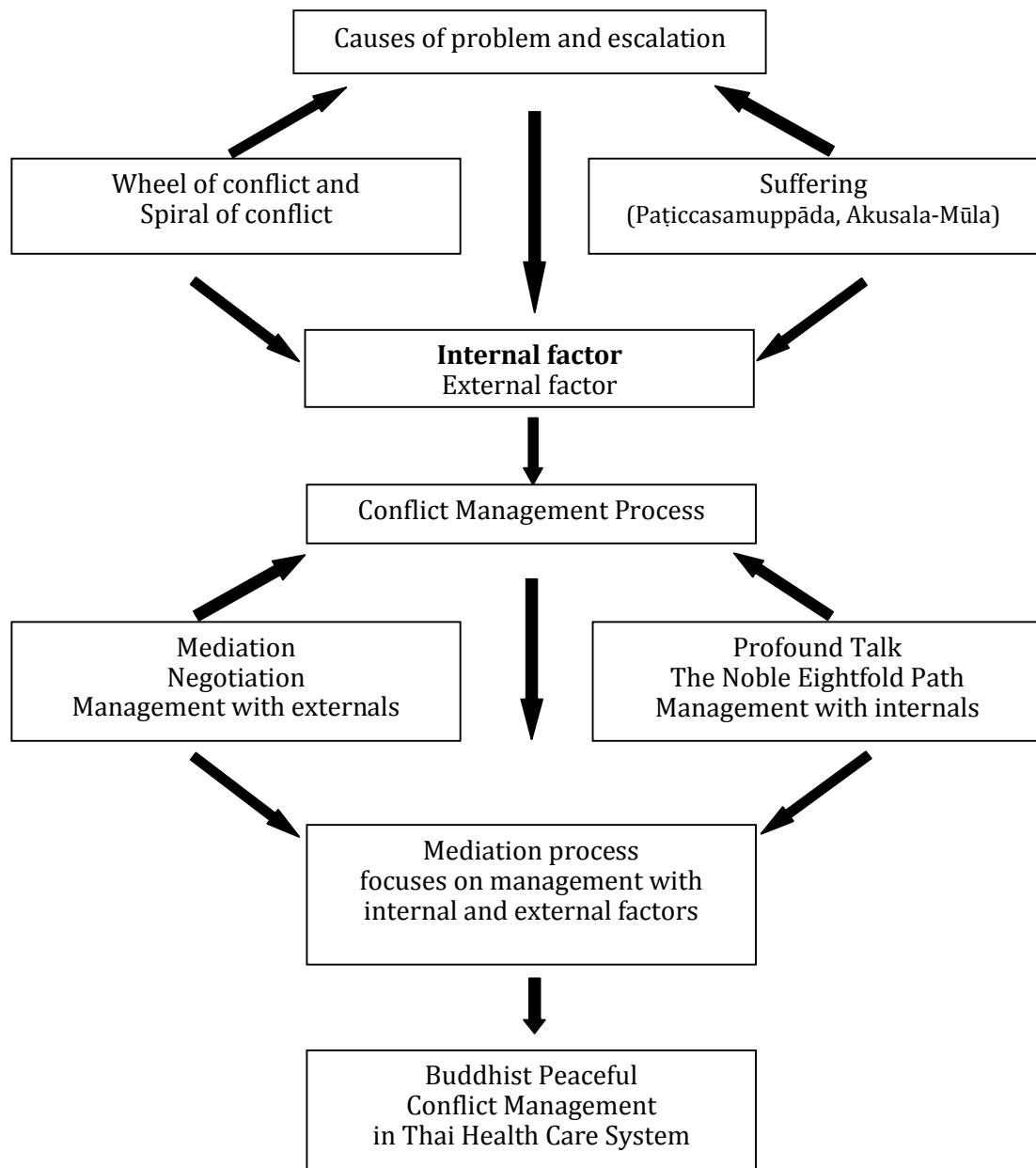
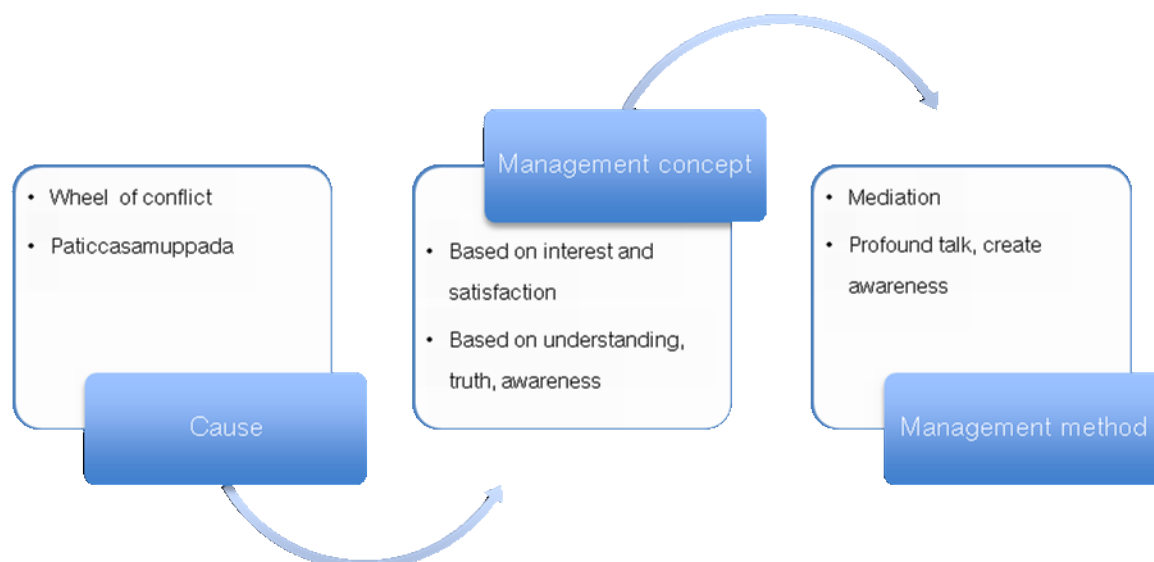


Figure 21 The results of analysis on Buddhist and Western Concepts for peaceful conflict management coupled with the results from case studies

The above stages derived from integrating the two concepts are presented in details of sub-system in each stage belows.

Figure 22 Starting on Integration : Buddhist and Western Means



4.4.1 Understanding the cause of conflict

The Western perspective of understanding the cause of conflict in medical and health care following the circle of conflict defined the cause of conflict into 5 aspects,⁶⁰ each of which relies on the solution based on the interest received by the parties. Such interest comprises 3 dimensions: substantive, procedural, and psychological. Conflict can be terminated once the parties receive satisfied interest in either each or combined dimensions. In other words, conflict will end only if the parties feel that they always gain some interest in return.(see figure)

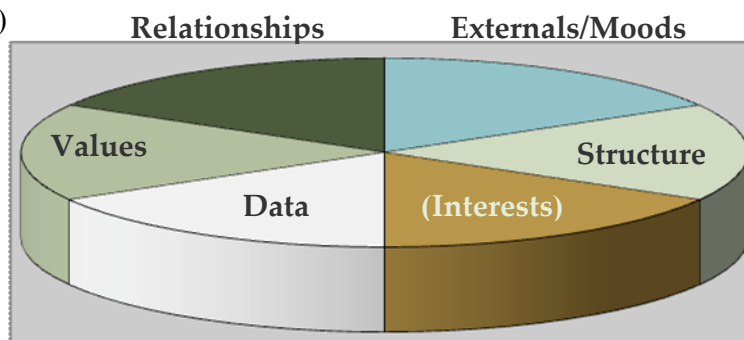


Figure 23 The Circle of Conflict :Western Perspective to understanding the causes of conflict in health care system

⁶⁰ Gary T. Furlong, The Conflict Resolution Toolbox, (Ontario : John Wiley & Sons Canada, 2005), p.21.

In Buddhist perspective to understand the cause of conflict, the conflict is seen as social conflict stem from Avijjā (ignorance) in the cycle of Paṭiccasamuppāda. To escape from the conflict is to build the true consciousness in the parties not to exchange with interest. Buddhist mean of conflict management is therefore an approach to break up the circle of ignorance that causes wrong attachment. (see figure)

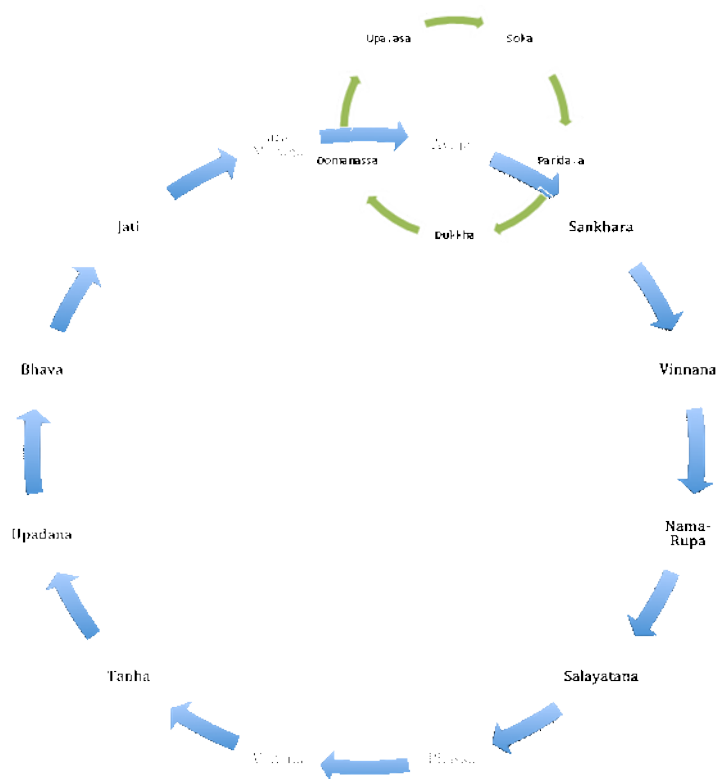
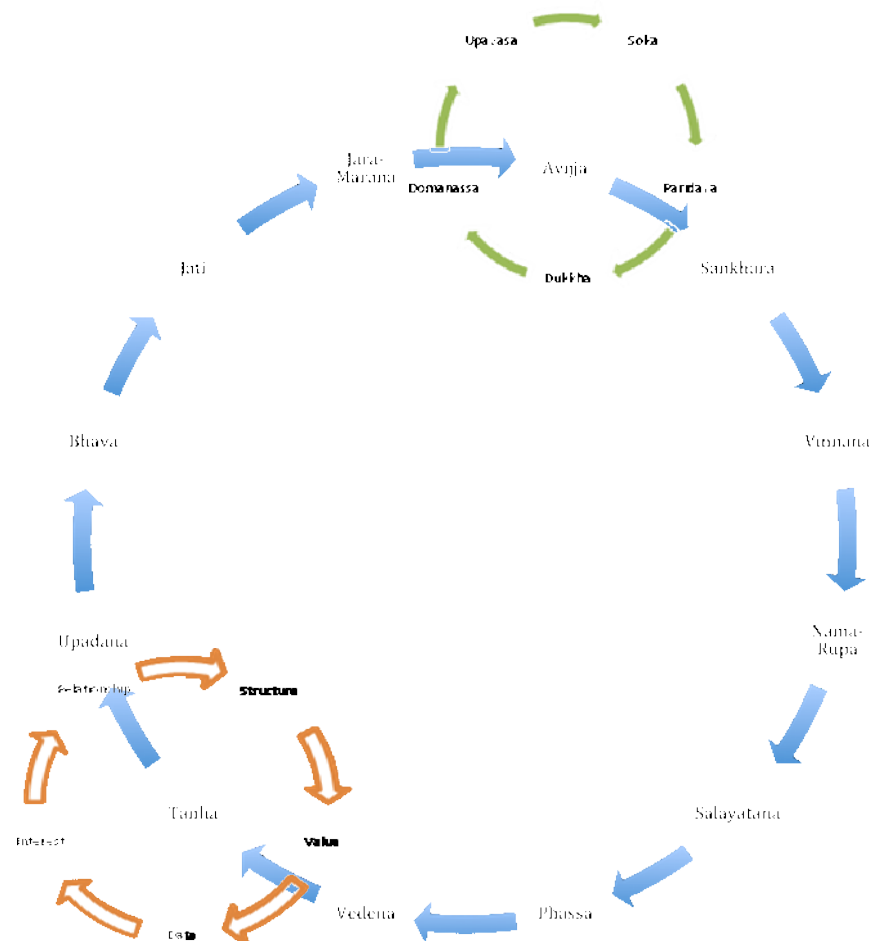


Figure 24 The Buddhist Means on Conflict Management : Approach to break up the Cycle of Ignorance that causes Adherence or wrong attachment

According to the sub-system of the cause of conflict of both the Western and Buddhist perspectives, it can be seen that each approach focuses on the origin or root cause of conflict on different sides but relate to each other. Understanding the cause of medical and health care conflict in Buddhist mean by integrating both concepts is therefore to create a perspective allowing for understanding the factor of self-risen by ignorance or Avijjā, as well as their response to external factor of interest desirable and acceptable by the parties. In Buddhism, the desire and external interest are considered as the risen craving which initiates the search for external response to such craving. All interests and desires of five aspects as the causes of conflict in Western perspective, are therefore the constant causal factor in the craving part of cycle of Paṭiccasamuppāda. The integrated cycle for understanding the Buddhist perspective in the cause of medical and health care conflict is presented below.

Figure 25 Cycle for understanding medical and health care conflict by Buddhist means



4.4.2. Conflict management concept

Western approach to manage medical and health care conflict through mediation process upholds the interest to respond the five causes of problem. The three types of interest: substantive, procedural, and psychological are all aimed to satisfy both parties through sensory perception. Response to external factor despite with psychological interest, i.e. sense of acknowledgement, sense of recognition, and impartial care, are all responsive to craving, not with true self-awareness. The management concept is thus directed toward the desire (craving) or interest-based solution. (see figure)

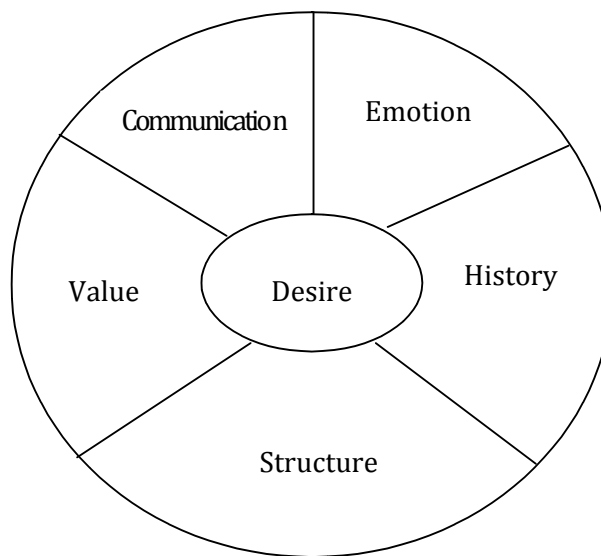


Figure 26 Western approach to manage medical and health conflict focus on interest-based

Therefore, conciliation process after the mediation is deemed important since the parties may still have something that takes time to remedy. Buddhist concept for conflict management attempts to create inner awareness as shown in previous case studies. The Buddha applied conversations to advocate the parties to penetrate the cause of suffering and finally are able to completely eradicate Avijjā or unknowingness. The parties without Avijjā will have nothing remained in their mind but sense of relief and appreciation in Buddhism principles and the truth of causes, hence no suffering is left over. In other words, Buddhist means of conflict management focuses on fine-tuning internal factor of individuals as a consequence of ignorance, with key Dhamma principle of Ariyasacca to penetrate the cause of suffering. (see table)

The Three Ñaṇa	Sacca-ñāṇa	Kicca-ñāṇa	Kata-ñāṇa
Dhukka	Knowledge of Dukkha. -Knowledge of what the problem is. -Knowledge of where the problem is.	Knowledge of what to do. -Knowledge of understanding the situation and scope of the problem.	Knowledge of what has been done. Knowledge of the situation and scope of the problem are understood.
Samudaya	Knowledge of the Samudaya. (Knowledge of craving is the cause of suffering) -Knowledge of what is the cause of suffering.	Knowledge of Samudaya to be abandoned. (Knowledge of craving to be abandoned.) -Knowing of the problem be resolved at its cause.	Knowledge of Samudaya is abandoned. -Knowledge of the cause is eradicated.
Nirodha	Knowledge of Nirodha. (Knowledge of Nirvana is the state of extinction of suffering) -Knowledge of what is the desirable state of extinction of problem. What human desires or should desire for.	Knowledge of Nirodha to be appreciated. (Knowledge of nirvana to be attained) -Knowledge of such state is the destination to be reached.	Knowledge of Nirodha is appreciated. (Knowledge of nirvana is attained) -Knowledge of the destination is reached.
Magga	Knowledge of Magga. (Knowledge of the Noble Eightfold Path is the way of extinction of suffering.) -Knowledge of the methods to solve the problem.	Knowledge of following the Path. (Knowledge of the Noble Eightfold Path to be practiced.) -Knowledge of the methods to be started or undertaken.	Knowledge of Magga is followed. (Knowledge of Magga is practiced) -Knowledge of the methods are completely undertaken.

Table 23 The usage of Ariyasacca to penetrate suffering or conflict

Therefore, the Buddhist ways to manage medical and health care conflict is to create the consciousness of suffering from illness, disappointment, and loss among patient and relative, and suffering from frustration or anxiety among medical personnel. It can be concluded as Ariyasacca in health care system as follows.

Issues	Patient	Doctor
Dukkha	Self-consciousness on what the anger and dissatisfaction come from.	Self-consciousness on dissatisfaction from providing the treatment.
Samudaya	Considering what are the causes of anger and dissatisfaction from.	Considering what may cause such dissatisfaction.
Nirodha	What is the true desire corresponding to the problem, not the desire from craving.	What can compensate such dissatisfaction and can be done at ease by oneself.
Magga	Discuss and consider what are needs on the true bases of the problems.	Discuss and consider what potential interests to support on the true bases of problems by ourselves

Table 24 The usage of Ariyasacca in medical and health care conflict

The researcher synthesized the result of integration in a holistic approach, and presented in details of each stage as in the following figure.

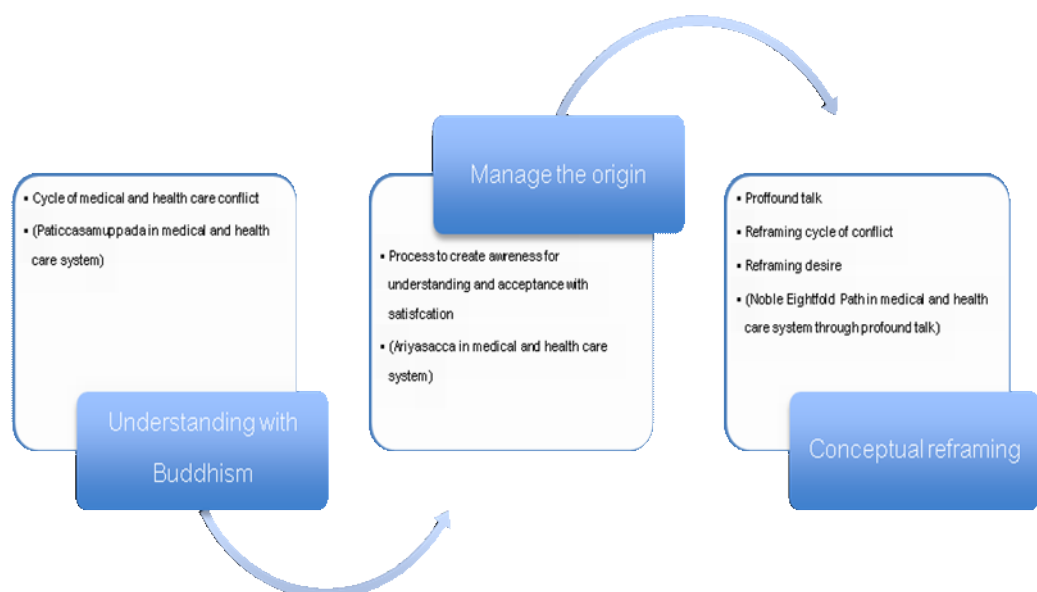


Figure 27 Shown the result of Holistic Integration Approach

4.4.3 Understanding with Buddhism: Paṭiccasamuppāda in health care system

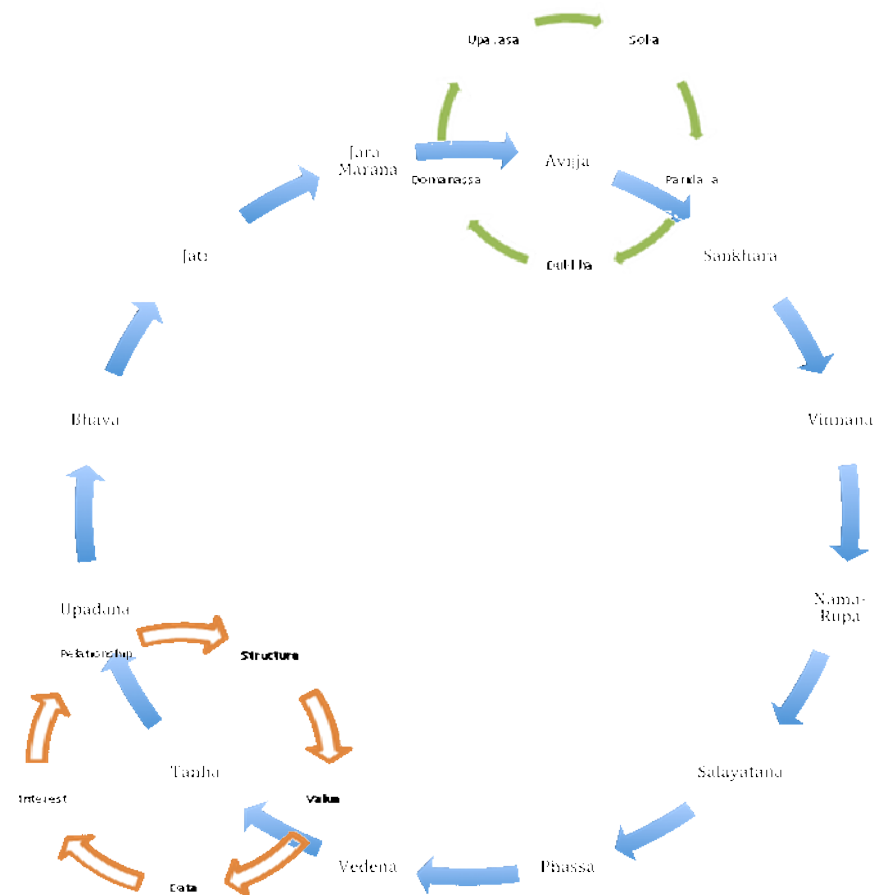


Figure 28 Shown the Understanding with Buddhism : Paṭiccasamuppāda in medical and health care conflict

Paṭiccasamuppāda in medical and health care system is an integration of internal factors that evoke the cycle of ignorance risen by five causal factors mentioned in Western concept which evolve along as a sub-system toward Vedanā and adhere to the picture created by both parties in their mind. Such adherence incorporated into external society relating to existence, hence producing another stimulating cycle to create self-picture living happily in the society. Consequently, the craving manifests, holding fast to that picture, while searching and seeking ways of satisfying one's desire. If the desire is not fulfilled, cycles of greed, delusion, and anger repeatedly appear and overlay upon one another, leading the conflict to escalate.

4.4.4 Manage the origin:Ariyasacca in health care system

Issues	Patient	Doctor
Dukkha	Self consciousness on what the anger and dissatisfaction come from.	Self consciousness on dissatisfaction from providing the treatment.
Samudaya	Considering what are the causes of anger and dissatisfaction from.	Considering what may cause such dissatisfaction.
Nirodha	What is the true desire corresponding to the problem, not the desire from craving.	What can compensate such dissatisfaction and can be done at ease by oneself.
Magga	Discuss and consider what are needs on the true bases of the problems.	Discuss and consider what potential interests to support on the true bases of problems by ourselves

Table 25 Showed the Manage Origin of conflict :Ariyasacca in medical and health care conflict

According to the table of Ariyasacca in medical and health care system, it can be observed that consideration by mean of Ariyasacca cannot be made by only one party, but both parties have to reflect on themselves in order to lead the discussion and understand the true picture, not the self-centered picture. Both the patient and doctor individually possesses their self-center picture, so understanding each other has to build upon thorough consideration of self-picture by profound exchange of one another's picture without looking at any desires. This process will progressively move on and take many rounds of considerations or revisits to permit true self understanding, following the method of conceptual reframing.

4.4.5 Conceptual reframing : The Noble Eightfold Path in health care system through profound talk

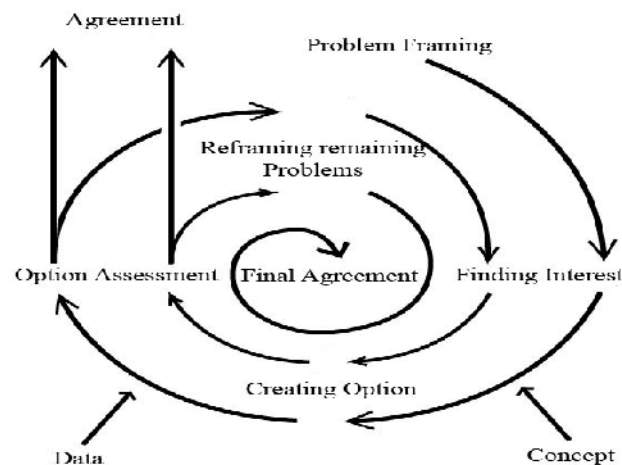


Figure 29 Conceptual reframing : the Noble Eightfold Path in medical and health care conflict through profound talk

Conceptual reframing is to revert the cycles of Paṭiccasamuppāda and Akusala-Mūla by reframing the problem of every single factor one by one in the cycle. For example, when encountering the cycle of Akusala-Mūla initiated with greed, delusion, and anger, conceptual reframing toward actions in the right direction must start from anger. Framing the problem is basically on the anger, discovering interest to reduce anger, giving idea, choices, and data. If the anger subsides, then consider the remaining factors, greed and delusion, in the cycle of Akusala-Mūla through investigating each detailed factor in the cycle of Paṭiccasamuppāda, subsequently the spiral of emotion and Paṭiccasamuppāda begin to turn around. This will accordingly lead to self-reflection and self-consciousness along the Noble Eightfold Path. Under this retracing process, what will come up along the process are some agreements of responsive interest for both internal and external factors. These agreements might be those brought about by the right consciousness, right thought, right actions, or something from the parties' inner change and/or compensation with particular interests that fulfill the 5 aspects of external desire.

4.4.6 The Final Draft Model of Buddhist Means on Conflict Management in Health Care System

Based on various perspectives of Buddhist peaceful conflict management pathways illustrated above, and with determination from SWOT analysis of the Western means and concepts of conflict management that revealed threat to restore doctor-patient relationship and distrust but extinct opportunity in procedure of interest-based formation, on the other hand the Buddhist means have obvious strength in contribution of inner peace and restoration of the relationship. By eastern world strategic philosophy of knowing ourselves “what is strength point of Buddhist means” equally to other side “what is the opportunity point from the Western means”, the research employed to conform a final draft model of Buddhist means for management of medical and health care conflict as figure bellow :

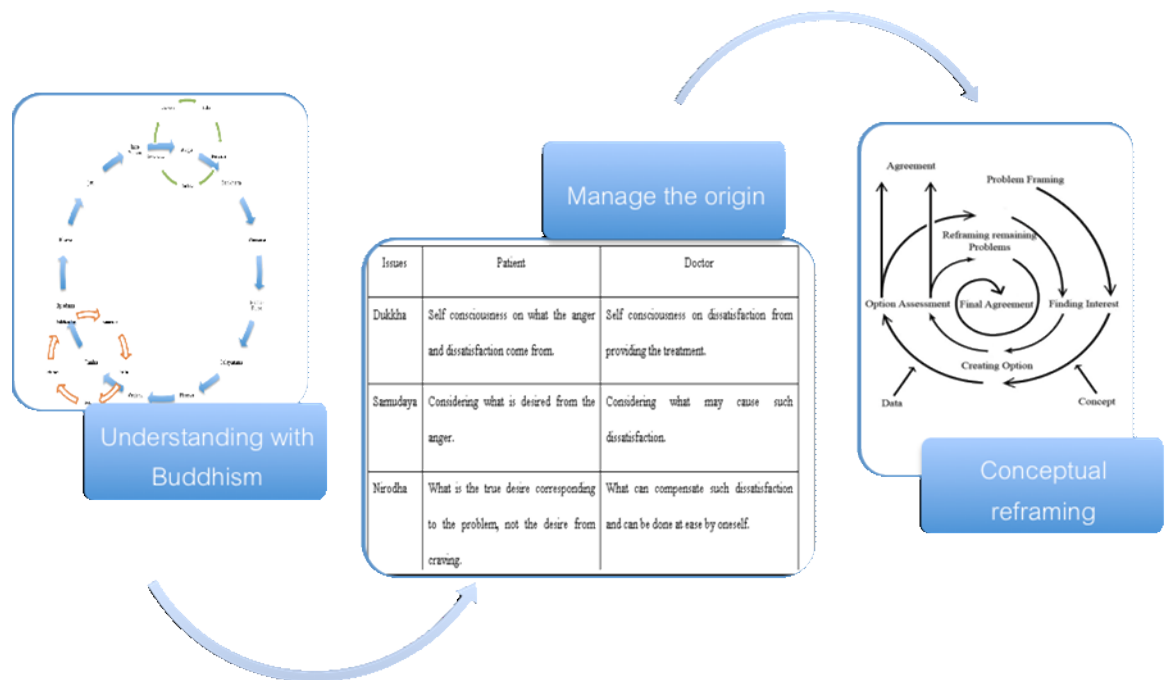


Figure 30 The final draft Model of Buddhist Peaceful Means on Conflict Management in Health Care System

The explanatory details of the draft model were already described and will be used for interviewing group of 13 experts for further discussion in Chapter 5.

4.5 Conclusion of experts' opinions on the Buddhist model for management of conflict in health care system [Please see Annex 1 in details]

The researcher had interviewed with 13 experts based on the integration process and Buddhist model for management of conflict in health care system, and summarized different issues of their opinions as follow.

4.5.1 Issue on the integration of Western and Buddhist concepts for management of conflict.

The majority of experts viewed that the integration of both concepts is appropriate and can enhance management efficacy that leads the conflict to truly end, as follows of opinions :

“The integration of Western and Buddhist means of conflict management to provide the model for management of medical conflict called Buddhist Peaceful Conflict Management in Thai Health Care System is an inclusive model particularly suitable for management of health care conflict in Thai society, and will be an effective instrument for establishing peaceful culture.”(Chotchuang Tappawong)

“If we integrate Buddhist approach with universal approach, each of which in fact without controversy, it will add to one another because universal approach based on rationale, psychology, and science, while Buddhism or Buddha's Dhamma based on truth, cause and effect, and science. In relating Buddha's Dhamma to the universal or Western peaceful mean for conflict management is what I have previously mentioned such as in my book of autobiography with one part of talking about conflict management by peaceful mean, and I said that in depth what will be the bedrock for integrative and sustainable improvement of conflict is Dhamma. Dhamma is a vital part that facilitates conflict management process”(Paiboon Wattanasiritham)

“It is a good idea to integrate both concepts for sustained resolution which can be explained by starting at the Western management structure.”(Montri Silpamahabandit)

“Medical conflict rises from differences in expectation, conflict of interests will lead to the crash and quarrel, then in turn effect the inner cycle of Paṭiccasamuppāda. Once the Phassa arises, I will begin at Phassa or may be at Avijjā, Sankhāra but the one with serious effect is Phassa and lead to Vedanā, Tanhā (I had produced this diagram) which will act on Avijjā-Saññā, Avijjā-Sankhāra, and bring about Tanhā, Upādāna. Talk about integration, it should also mention external factors that Paṭiccasamuppāda include both internal and external factors, reflecting Dhamma process that link between individual's mental existence and external existence about human relationship. Internal factors are

individual's inner existence. To make it complete, it should address external existence about human relationship too.”(Phra Paisal Visalo)

However, among those who agreed with the integration of Western and Buddhist concepts in management of conflict, there are 2 experts noted that such integration may require detailed investigation in 2 aspects as follow.

Chaiwat Satha-arnanda suggested that the Buddhist mean analyzes the cause of conflict through the cycle of Paṭiccasamuppāda, and this cycle moves all the time, not static, while the Western mean describes the cause of conflict using the circle of conflict which is static. The integration of the two concepts, one moving and one static requires clear explanation.

Kotom Ariya viewed that the status of Buddhism knowledge is crystallized as a unique core knowledge, while the Western concept of conflict management and analysis of the cause of problems varies in approaches. Why the researcher adopted the circle of conflict in this integration.

Although both experts had noted on the integration of both concepts, they raised different issues, the researcher thus conducted additional analysis based on their comments below.

For the issue on the analysis of the cause of conflict using the circle of conflict to link with Tanhā in the cycle of Paṭiccasamuppāda, the researcher analyzed by relating several opinions of other experts with the issue on relationship of the model ad context. It was found that Tanhā is the contact point of external factors that affect internal factors. Tanha⁶¹ is the desire for more and more. When facing with suffering, there exists the desire to cease such suffering, and struggling for pleasure. Tanhā is expressed in terms of desire or thirst for pleasure, and avoid something that causes suffering, with the desire to gain, the desire to be, the desire to exist constantly. Tanhā is thus relevant to the interest in Western concept, as a need for something to compensate or substitute, or add to the feeling of loss from the treatment. Interests in Western concept comprises three types: substantive, psychological, and procedural, as described in chapter 2. The three types of interest can alternate with one another depending on the feeling and satisfaction of the parties from their interaction.

According to one expert from the interview “The Western system is static just as medicine. My friend had undergone heart surgery. He has the problems with fever so the

⁶¹Phra Brahmagunabhorn, **Buddhadhamma**, pp. 100, 105, 110, 115.

doctor refused to operate. He asked of what to do, the cardiologist said he has to be operated but the surgeon said he cannot because he had fever and he has to lower the temperature. The problem is “where the fever comes from, how to lower the temperature, they do not even look at the cause but the reason to perform surgery. They have to make the issue stable, save his life, or he may suffer from kidney dysfunction.” There exists the dynamic of illness context which is actually not static. If it requires treatment, it is based on the condition of disease and to determine the “static” point of treatment, and follow the course of disease after the treatment(Chaiwat Satha-arnanda).

The researcher viewed that, likewise in conflict management, though the dynamic or the cycle of feeling on the interaction is not static, the interests received periodically along the management of conflict can be satisfied at particular point in time, with changes to be followed.

In conclusion of this issue, the researcher made some adjustment with the model of Buddhist means for peaceful management of conflict in health care system by linking the 3 types of interests with Tanhā and Upādāna to replace the circle of conflict with the above reasons.

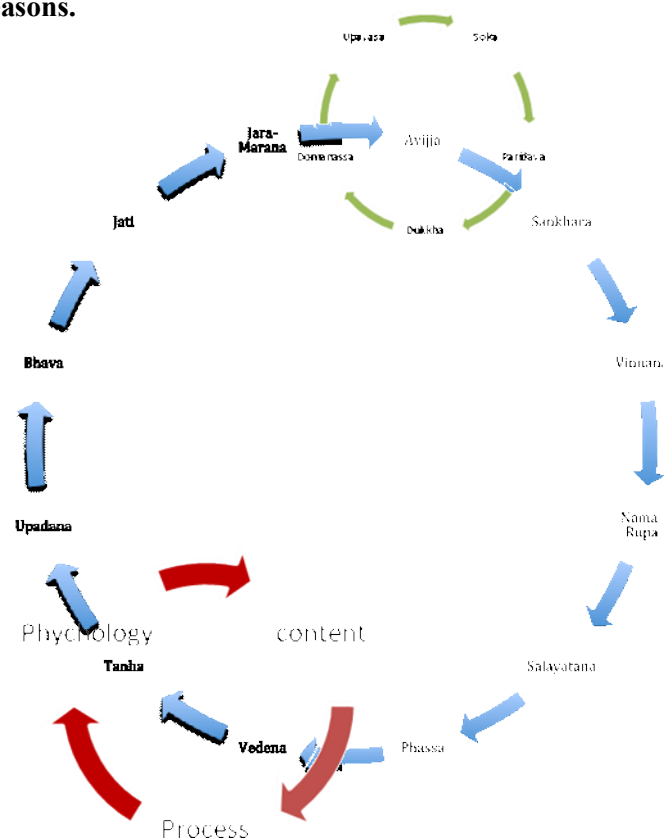


Figure 31 Shown the first step; Understanding with Buddhism : Paṭiccasamuppāda in health care system (After adjustment compare with Figure 28)

The other argument on interviewing Phra Pisarn Visalo who commented that it should mention the external factors that link between individual's internal factor which is mental existence and external existence about human relationship. Internal factor is individual's inner existence. To make it complete, it should address external existence about human relationship too.

The issue on the status of knowledge of the Western concept with different approaches, the researcher reviewed the cases of medical conflict management both in overseas and in Thailand⁶², and found that the circle of conflict is key principle applied in the analysis of the cause of conflict in health care system, and the cases can be resolved at certain level, as describe in Chapter 1.

For these two reasons, the researcher thus retains the concept of the circle of conflict as the central concept to analyze the cause of conflict in the Western mean but makes some adjustment with the integration by placing the circle of conflict as the external context that affects the inner cycle of Paṭiccasamuppāda, to be described in details next in 4.5.2.

4.5.2 Issue on the relationship of the model and context

The experts who express opinions on this issue are of 3 groups.

Group 1 viewed that the model is inclusive and can fulfill the current approach for management of conflict in health care system. They agreed that the Western mean focuses on external material or interest, and satisfying the need of interest can terminate the conflict between parties but fails to bring true peace or inner self awareness. The Buddhist concept of conflict management focusing on the inner self or internal factors which will create awareness on the true causes of conflict and lead the conflict to truly end. (Chotchuang Tappawing and Montri Silpamahabandit)

Group 2 suggested that the model of Buddhist means for management of conflict in health care system developed by the researcher is too separated from the real social context and environment because in the end, the cycle of individual's factor in will be evoked or moved in different direction through Phassa via the cycle of Paṭiccasamuppāda. Therefore, the model should be adjusted to also illustrate the relationship of the model and external context. (Phra Paisal Visalo, PravesVasi, Parichat Suwannabuppha)

⁶² Pakawadee Suphunjitwana, Process Development of Conciliation in Health Care Conflict : Case Studies. A Thesis for fulfillment for award **Master Degree of Art in Integrated Conflict Management**, VRU., 2007.

Group 3 suggested that both concepts of Western and Buddhist means possess internal and external factors. The Western concept also covers the internal factors through management of relationship (Montri Silpamahabandit and Soad Sutanant), while Buddhist means takes into account internal and external factors together (Phramaha Hansa Dhammhaso).

According to the above experts' point of views, the researcher had revised the model of Buddhist means for management of conflict in health care system by making adjustment with sub-system 1 on the cause of conflict by adding the illustration of relationship between external relationship and the cycle of Paṭiccasamuppāda of inner self of each individual.

The external context that the researcher employed to link with the cycle of Paṭiccasamuppāda in health care is the circle of conflict derived from Christopher Moore's and Catherine Morris ideas in which the Western and Thai system for management of conflict in health care system adopted this circle as a basis to analyze the causes of conflict. The circle covers those issues of structure, value, relationship, data, and interest. **Lastly the researcher adjusted the integration by placing the circle of conflict as the external context that effects the inner cycle of Paṭiccasamuppāda**, as shown in the following figure :

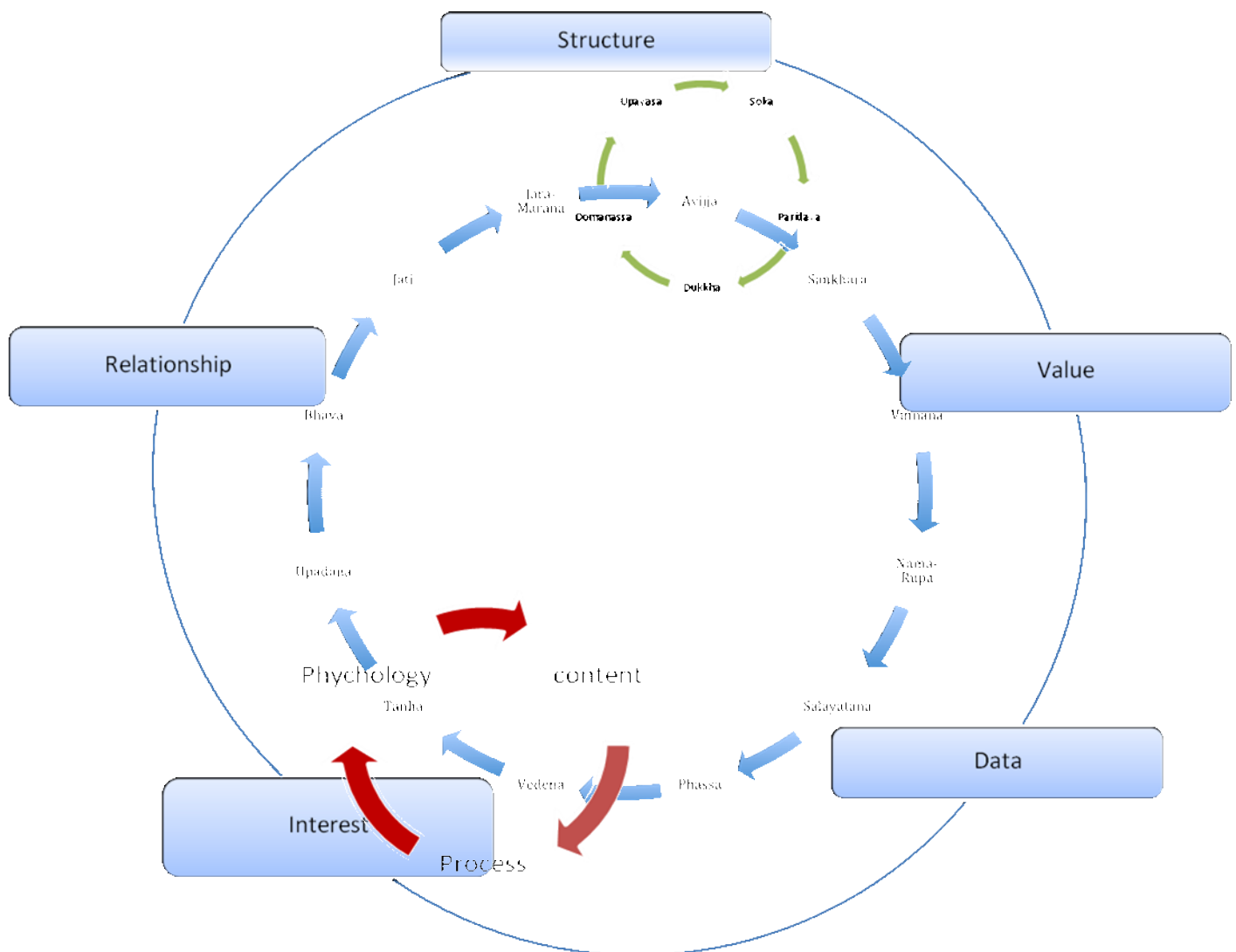


Figure 32 Shown the circle of conflict as the external context that effects the inner cycle of Paticcasamuppāda in the step Understanding with Buddhism

The above figure also shows the contact point of internal and external cycle of desires which can be seen at ‘Vedanā-Tanhā-Interest’ contact point.

4.5.3 Opinions on the integration method of three sub-systems: analysis of the cause of conflict; conflict management method and conceptual reframing.

All of the experts agreed with the division of three sub-systems and integration of both concepts, but their opinions differ on the sequences of sub-system in two groups of experts.

Group 1 thought that the sub-systems and integration developed by the researcher are adequate and inclusive, and may be improved by supplementing other Dhamma principles to the model, as in these views :

“Looking at your work, the issues are evident. Arjarn Kotom commented in details but I would suggest your model is OK but you have to recommend additional 2 aspects of relationship and context.”(Dr. Parichart Suwanbubbha)

“It is an interesting model and can be used. If it include an investigation dimension of problems, causes, and process appeared, I think it will be well applicable. The remaining process should focus on reorganization to be more useful to various sectors.”(Dr. Phramaha Suthit Arsapalo)

“The Western means of conflict management is possible and can be used as a framework to explain the process of conflict management. It can begin with 1) .process2 .dealing with mental aspect which can apply the Buddhist means to improve or change perception of the parties (I think for some matters it can create the parties’ awareness, partly awareness or no awareness at all, depending on individual and time)and lead to 3 substantive exchange of interest) or conflict for which the method the research presented suitably correspond to this matter”(Montri Silpamahabandit)

“I think there are no problems with concept, process, and method as in the chart on page 1 (please see Annex) that includes both the Western and Buddhist means in conflict management process. It is apparent that they are compatible and can work together in every stage, only with different focus in solving problem, that is, management of external and internal factors. This is in fact an outstanding point, if the problem is solved, the end result would be sustained peace.”(ChotchuangTappawong)

“In Buddhism principles, a number of teachings and approaches can be modified as a tool to facilitate for successful dispute mediation, such as the Five Precepts, Four Brāhmavihāra-s, Four Iddhipāda-s, Four Sangahavatthu-s , Four Agati-s , Seven Aparihāniyadhamma-s, Seven Sappurisadhamma-s, Ten Rājadhamma-s, etc” (Soad Sutanen)

Group 2 provided that revision should be made between sub-system 1 on the cause of conflict and sub-system 2 on conflict management method by emphasizing on the problem dimension using Ariyassacca as the lead principle, then consider individuals using other Dhamma principles including Paṭiccasamuppāda (Praves Vasi) “the first thing to do when we talk about conflict is to use Ariyasacca first. It is number one. Ariyasacca is a tool to analyze the conflict, illustrate the phenomena. We can’t tell whether it is a conflict or not

but we know something has already happened. When we use Ariyasacca as an analytical tool, we can distinguish what is the problem (suffering), what is the cause (Samudaya), what is the target to be managed (Nirodha), what is the mean to manage (Magga) in particular phenomena. Paṭiccasamuppāda follows secondly as it helpful in seeking the cause through the path of origin, not the path of cessation” (Dr.Phramaha Hansa Dhammhaso)

Why Paṭiccasamuppāda valuable to separate determination from Ariyasacca ?

With respect to the experts’ point of views on the adjustment and supplementation of other Dhamma principles, the researcher thought that Paṭiccasamuppāda and Ariyasacca themselves can link with other Dhamma principles⁶³. Thorough understanding of Ariyasacca will cover a lot of related Dhamma principles categorized in the text *Buddhadhamma* (Phra Brahmagunabhorn), so it is not necessary to add them more to the model.

For the opinions of group 2 that it should start with the problem and analyze through Ariyasacca, the researcher had placed Ariyasacca as management method, i.e. a wisdom approach⁶⁴ which emphasized on solving problem based on the rule of cause and effect. It is the valuable and reasonable model procedure of proceeding the same way. It is to solve the problem and manage one’s own life by applying the natural law of truth. Besides, Buddhist means of problem solving is in principle to solve the problem at the causal factor, and by human themselves⁶⁵. Buddhism tenet focuses more on solving mental problem than social problem or other external factors. In other words, Buddhist means emphasized more on solving problem at individual level than on external factors or problems. The researcher therefore retains the model of analysis and integration of sub-systems in the sequences of Paṭiccasamuppāda and Ariyasacca in health care system.

Another point is that “Regarding inner peace to be combined with interest based, it is through talking or dialogue in order to change from the inside or inner peace. It is a Buddhist approach as a reflection since it is not enough to hear only primary information so it requires reflection just as when the Buddha taught Prince Rāhula. Buddhism is very inclusive and can be linked with reconciliation. The problem between doctor and patient for example, Buddhism provide clear instruction. Moreover management of conflict comprises many stages. At the stage of breaking, reconciling is needed, Buddhism is also supportive. You

⁶³ Phra Brahmagunabhorn(P.A. Payutto), *Buddhadhamma*, , pp.920, 921.

⁶⁴ Phra Brahmagunabhorn(P.A. Payutto), *Buddhadhamma*, , p.920.

⁶⁵ Phra Brahmagunabhorn(P.A. Payutto), *Buddhadhamma*, , p.917.

have to clearly write this point as it involves both the Western and Buddhist theories, and it will be very interesting because the rupture exists in medical system and also between doctor and patient. If it exists, how would you apply Buddhist approach to reconcile them.”(Dr. Parichart Suwanbubbha)

“I think the focus only on the method of dialogue to create awareness might not be enough. Talking may contribute to interaction but the relationship is in fact depends on each case of problem or suffering on what type they are and what cause them. Paṭiccasamuppāda involves both mental suffering and social suffering, and I think the Buddha use it to differentiate his articulation on the cause of problem, or what you mentioned about internal and external factors is obvious. For example, administrators do not allocate resources to those people in deprivation, hence poverty and troubles are widespread, leading to Adhikaraṇa, exerting arms, Pāṇātipāta, Musāvāda, insult, conduct against the five precepts. Micchaditṭhi is another kind of suffering. It can be seen that the cause from uneven allocation of resources can be an external factor. How to solve this kind of suffering? It has to be done by the administrator to distribute the resources to cover such poverty. Therefore I think only dialogues to build awareness in terms of Buddhism is not enough. The points are what kind of suffering and what cause the suffering such as the cause from conflict of ideas and beliefs, or the suffering of personality which may need talking. But if the suffering stems from injustice, taking advantage, or uneven distribution of resources, it requires other method. Certainly it must begin with the administrator becoming conscious and reducing greed, then the resources will be extensively distributed. Paṭiccasamuppada includes 2 dimensions or 2 levels of mental and social. For medical conflict it needs to consider social dimension as well, that is, using both internal or consciousness and external or social dimensions.”(Phra Paisal Visalo)

By these facts and valuables, the researcher proposed to use Paṭiccasamuppāda as in Sub-system 1 separated from the Four Noble Truth in Sub-system 2 for distinction and preparing the parties’ mental problems within their inner minds before entering next management steps of problem-solving in Sub-system 2, Ariyasacca in Health Care. In the same logic, the Noble Eightfold Path in Sub-system 3 was separated from the Four Noble Truth in Sub-system 2 for better clarity to find the ways out of suffering or conflict and practicable for integrating use with the Western means.

4.5.4 Opinions on the model of Buddhist means for management of conflict in health care system, and its utilization

The experts expressed their view on this issue as follows:

The model developed by the researcher can be practically used for management of conflict in health care system, however, it requires some trying out and explicit method and procedure, and manual.

To use this model for practical training of those working as mediator requires that a single mediator has to possess the bodies of knowledge both in Western and Buddhist concepts for the model to be applicable.

“I think in terms of the body of knowledge to be transferred as well as the learning of participants for their real practice, this model of Buddhist mean for management of medical conflict can be absolutely used for such training and actual practice. The body of knowledge in Buddhist concept of conflict management will add to those of the western concept.

Another point is that augmentation of Buddhism body of knowledge for management of conflict into the training course will promote the trainees for better understanding of criteria, method, and process of western management of conflict. Since adopting this Buddhist mean will have to correspond to the process of western mean, the trainees are required to increasingly contemplate the conflict management process and are precise in its principle. Hence, it should support the use of this model of Buddhist mean for management of conflict in health care system as proposed by the researcher and include it in the conflict management training cause for health personnel, including an arrangement of proper learning hours.” [Ajarn Chotchuang Tappawong: Senior Judge, Instructor, Mediator]

“When you train them, talking about Dukkha, Samudhaya, Nirodha, and Magga is already difficult, but they are important fact and they can be used. If you use them in the training. Those with faith in this way will like it but those who without faith will reject and feel like sleepy and bored. But the idea is correct, the content is there but in the training it has to be modified in medical terms. Some doctors are interested in religion but some not. Again, it is the context that Buddhism is wise, that is to see the context of attendants, the context of patients. This actually corresponds to Christianity saying that God created human, so human life is sacred, as personhood in Buddhism too, but Buddhism is more explicit in that we are the world, hence even those in unconscious condition shall have the right, which corresponds to the theory of personhood. If you will use this approach you will have to

consider the context of attendants otherwise you will not gain faith from them all.”

[Dr.Parichart Suwanbubbha: Institute for Human Right and Peace Studies Mahidol University ; Instructor, Researcher, Peace Maker and Trainer]

“It can be possible but difficult. Reading and then practice should be difficult because understanding the concept will take time. I think in principle it can be used, but the problem is how though with profound talk. The concept is OK but how to do. At least it is somewhat a thought of the Buddhist mean in solving problems by regarding psychological and emotional dimensions, not only the issue or distribution of interests, or management of interests as widely used in the western world, but rarely touching on the inner sense that is deeper than Tanha, Lobha.” [Phra Paisal Visalo: Abbot of Wat Pah Sukato, Chaiyapoom Province, Buddhist Dhamma Propagator, Writer, Mediator and Peacemaker]

“I think it is possible and good but depending on the designing the course to be attractive and relevant to the need of people involved, for example, do not make it too much like Dhamma that they think of practicing Dhamma, but you have to link Buddhist mean with functions of mediator or health personnel, and I even think of general people in the same organization such as those in government and business sectors or people in the community. Designing the training course to prepare for conflict prevention and at the same time to improve life and mind of the target groups is interesting and should be considered because even the conflict does not rise, they can make use of it in daily life and upgrade their mind as well. It also has the benefit extending to other dimensions in life. For example, people in the same institute, organization, workplace, community will attain peace and tranquility both individually and in living together in peace, and it will also be productive and useful in terms of economics, making a living, social, cultural and political. Therefore, Buddhist mean is a principle and method applicable to almost every aspect in life, including the conflict issue in medical and health care system.”(Arjarn Paiboon Wattanasiritham : Chair, Volunteering Heart Foundation, Former Deputy Prime Minister and Minister, Ministry of Social Development and Human Security)

In addition to the comments of experts interviewed by the researcher, the model has been brought to obtain the opinions of participants, as actual practitioners, in the training course on fundamental concept of management of conflict in health care system at Suratthani Provincial Hospital, on 8-9 January 2012. It is concluded that most of the trainees thought that the model can be used without major change but only

some minor improvement for cleared explanation, and the manual is necessary for the very first use.[Please see Annex 6 in details]

4.6 Conclusion of the Buddhist means for management of conflict in health care system

Based on the experts' opinions and comments coupled with additional analysis by the researcher accordingly, the model developed by the researcher is a model that is practically possible and helpful for further use. However, for clear illustration, the researcher applied some adjustments with the model as shown in section 4.4 and in the following figure.

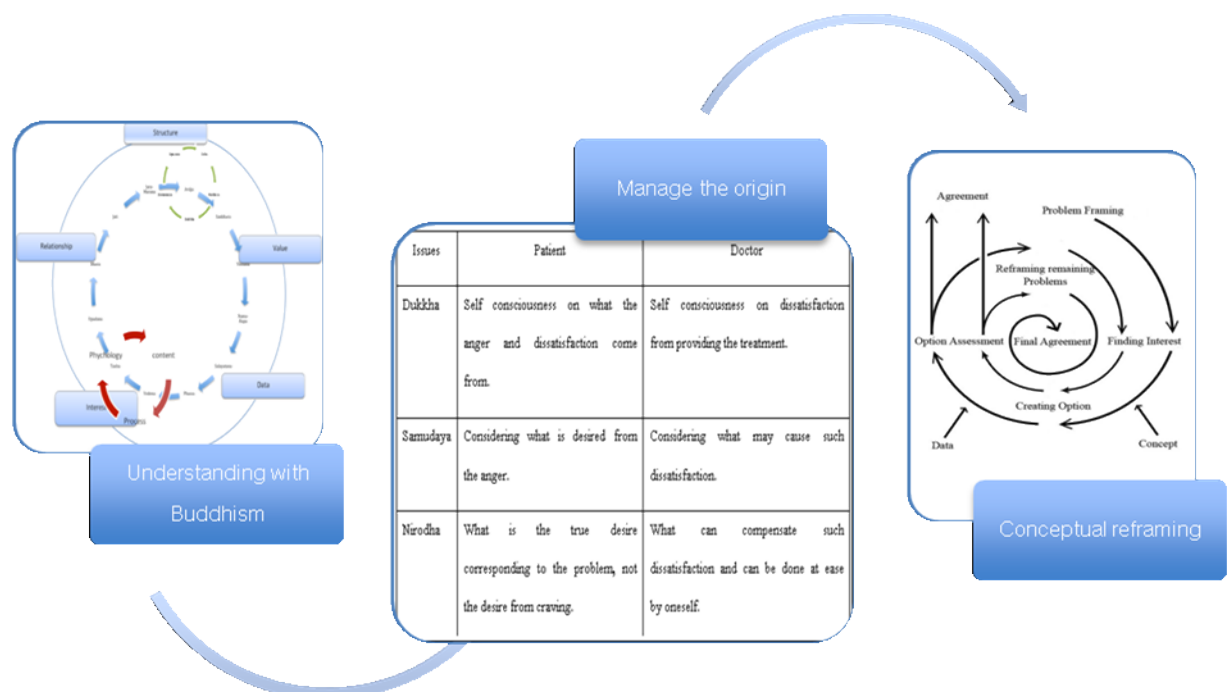


Figure 33 The Final Model of Buddhist Means on Conflict Management in Health Care System

CHAPTER 5

CONCLUSION, DISCUSSION AND RECOMMENDATIONS

5.1 Conclusion

The model of Buddhist Peaceful Means on Conflict Management in Thai Health Care System is a result of study and review of the Western concepts on management of conflict in health care system in Thailand and overseas, as well as the concepts of Buddhist means for management of conflict as appeared in Suttantapiṭaka. Both concepts are integrated by the researcher in order to develop a new model. The conclusion from the study, analyses, and development of model is presented as follows.

5.1.1 The concepts and processes of Western peaceful conflict management in Thai and Western health care system

Medical and health care conflict problems are concretely apparent from the phenomenon of patients' filing to treatment in either process or result of the treatment. Important reasons appeared to be some major reorganizations inductive to the explicit extension of the problem including 1) Transformation of the structure of treatment into the health insurance system by the government in accordance with the National Health Insurance Act. B.E. 2545(2002), allowing a prompt access to health services. Medical and health personnel in the system have to face with over workload beyond their capacity to maintain efficiency of health care services; 2) The structure of medical technologies with progressive efficacy lead to patient's expectation toward treatment outcome, as a result of increased treatment expense; 3) Changes in doctor-patient relationship as service provider and service receiver, an obligatory relationship 4) Structure of social skills including the understanding of relationship dimension detached from considering the human dignity of patient. Such reorganization brought about intensity and increase of problem with patients suing doctors and medical personnel. As a result, some public health specialists including the researcher have tried to develop a conflict management system through health care mediation. The Western health care mediation and negotiation are alternative dispute resolution adopted to replace litigation, widely recognized and modified to suit conflict management in Thai health care system.

Reviews of case studies in management of medical and health care conflict in Thailand and Western countries reveal that five major causes of conflict including structure, data, relationship, value, and interest are quite often used to analyze the causes of conflict. Moreover, mediation process enables the management of conflict in health care system to reach an agreement and is satisfied by both conflicting parties at certain level, that is, to terminate the problem and reach mutual agreement to refrain from legal action.

However, their relationship, trust, and revisited hospital services will take time or may not recur. Key principles adopted in the management of medical and health care conflict in Thailand and overseas provide guidelines for the process of analysis and management of conflict and relationship and trust building as follows.

- 1) The concept for understanding the conflict. Most of the case studies in medical health care system analyzed the cause of conflict based on the circle of conflict that demonstrates five aspects, i.e., data, interest, structure, relationship, and value.
- 2) The school of thought for management of medical and health care conflict conducive to good relationship is mediation which mainly focuses on the spiral of interaction between parties.
- 3) The managing processes are adhered to common interest-based approach as a solution or resolution for ending the conflict.

The above three guidelines will serve as key principles in mediation process for management of medical and health care conflicts by the Western means.

5.1.2 The concepts and processes of Buddhist means on peaceful conflict management.

Suttantapiṭaka is an important source for study the cases of conflict settlement by Buddhist means as appeared in the stories in the Buddha's period during which the Buddha propagated Buddhism in the midst of society possessing different religions. The stories of conflict at different level settled by the Buddha can be summarized as guidelines for conflict management below.

Solving conflict problems (or suffering) in Buddhist way comprises 2 important parts, 1) understanding the rationale of Buddhist way for problem solving, and 2) understanding Buddhist tenet to be used for problem solving.

1) The rationale for Buddhist means of problem solving is to resolve the causal factor for which individuals are required to solve the problem themselves. The Buddha guided individuals to look at their own problem, look upon themselves, not at other causes or places, or to solve the problem at other points. He suggested solving problems by reasonably undertaking it with perseverance.

2) The Buddha's teachings used for solving problem are to solve both internal and external or mental and social problems. However, most of the teachings focus more on wisdom or mental than on externals,¹ as for human nature, the mental problem is totally about human regardless of times and periods, human nature remains the same with Lobha, greed, anger, delusion, happiness, and suffering. In addition, solving problem in human's mind receives less attention from instructors and western scholars, and the Buddha saw that it requires increased attention. This is a subtle issue difficult to understand, and importantly, mind and wisdom are the essence of human life, so they should be learned for profound understanding. Applying Buddhist means in social suffering is therefore appeared to be the approach focusing mainly on resolving the internal factors of humanity.

From the case studies of Buddhist means for conflict management in Suttantapiṭaka, it can be concluded that:

1) The concept for understanding the problem of human suffering is to understand the interaction of causal factor in human's mind, how the social context or event of external society effect internal factors, by considering through Paṭiccasamuppāda that allows for well observing the revolving of inner causal factors.

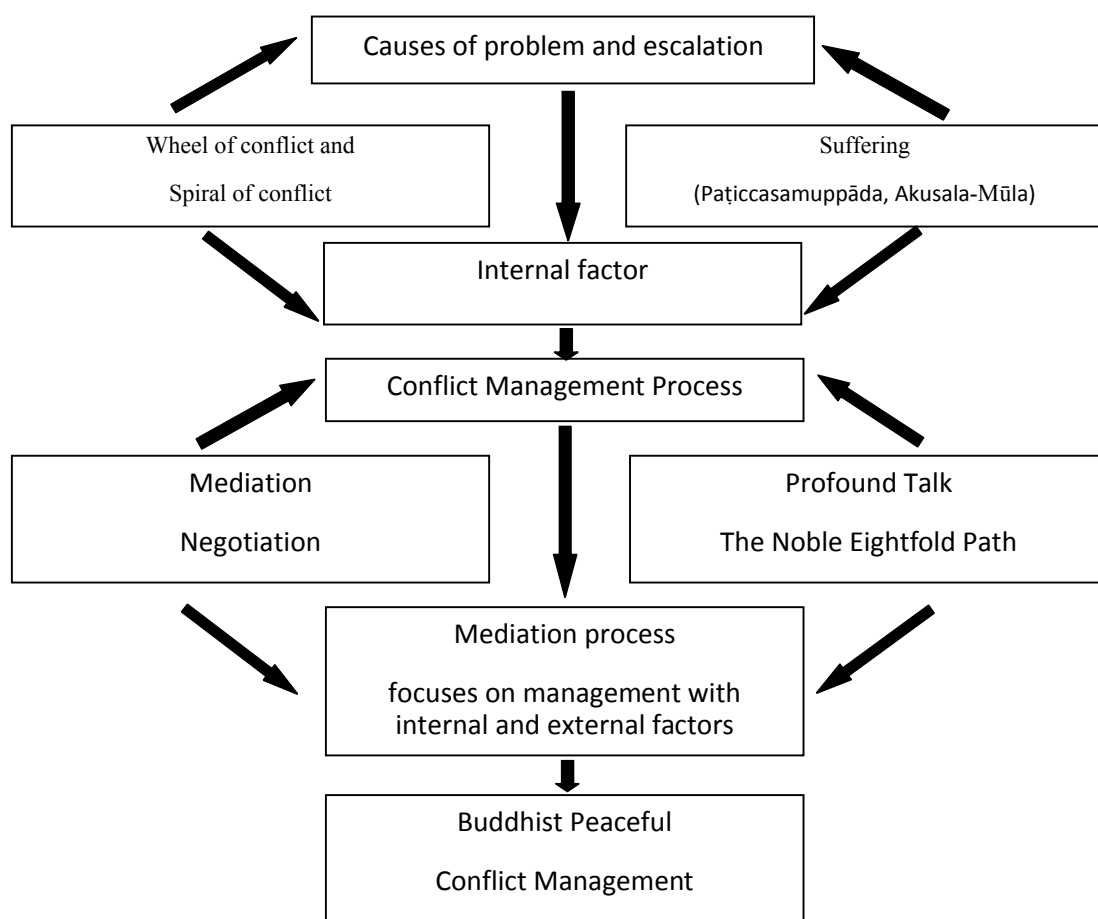
2) When internal causal factors revolve so many rounds and effected by external factors, the cycle of Akusala-Mūla will rise and become increasingly complex, hence difficult to resolve.

3) School of thought for problem solving processes in Buddhism are adhered to the law of cause and effect, analysis for solving the problem (suffering) through Ariyasacca that enables systematic and logical problem solving.

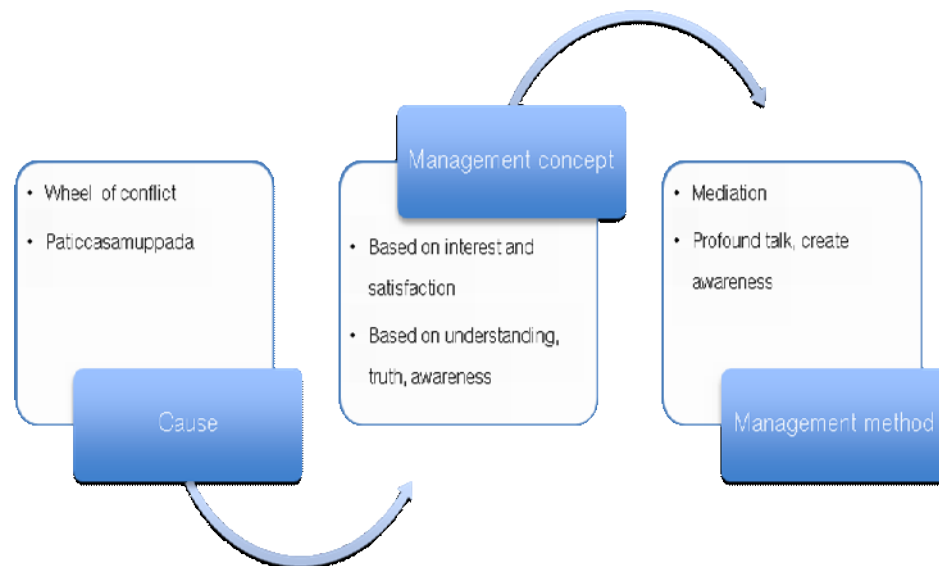
¹ Phra Brahmaganabhorn(P.A. Payutto), Buddhaddhamma, p.917.

5.1.3 The integrated process to develop a model of Buddhist peaceful means on conflict management in Thai health care system.

The results of analysis on Western and Buddhist concepts for peaceful conflict management, coupled with the results from the case studies of conflict management in medical and health care contexts both in Thailand and overseas are integrated into a model of Buddhist Peaceful Conflict Management in Thai Health Care System, as depicted in the following stages.

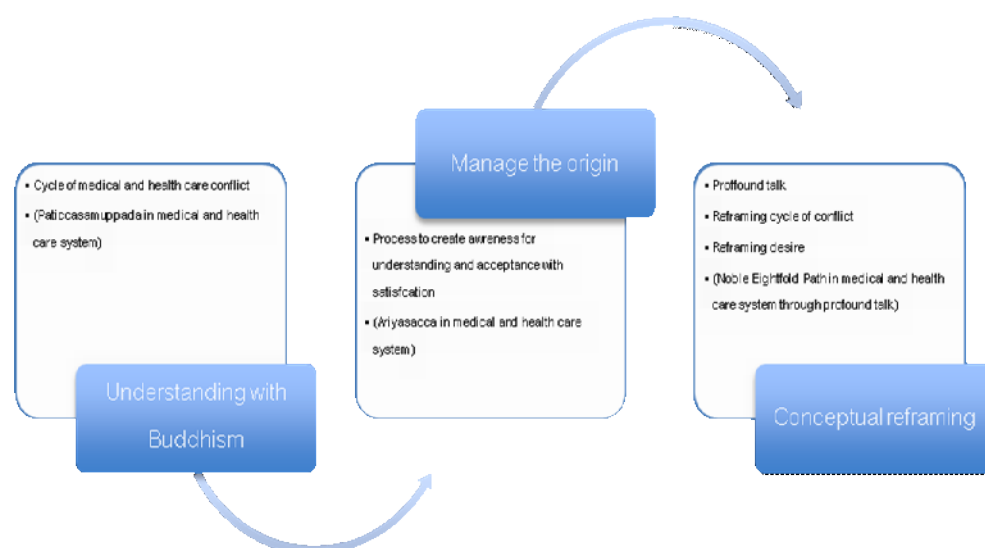


The above stages derived from integrating the 2 concepts and are presented in details of sub-system in each stage below :

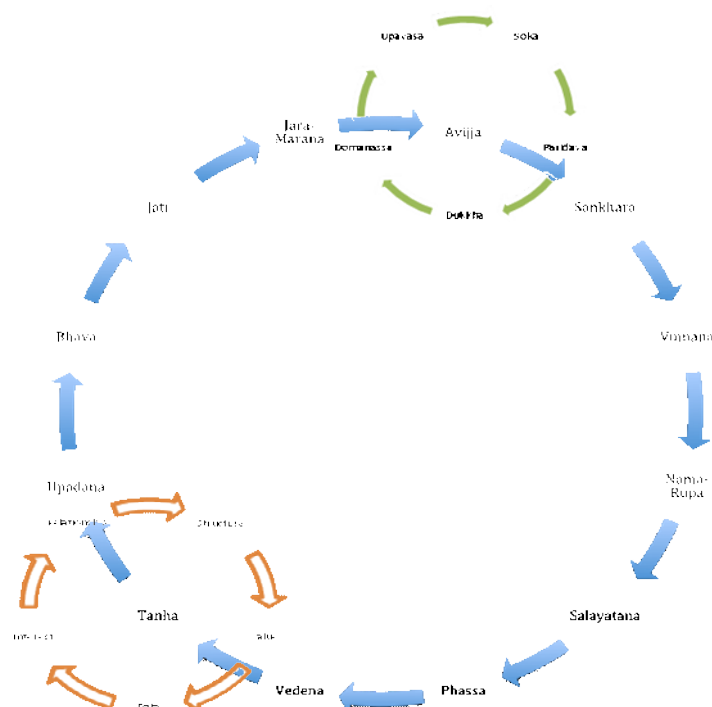


The above figure demonstrates a pairing of the contents of Western and Buddhist means employed to analyze the causes, concepts and methods to manage conflicts, and are put into three blocks as shown above in the stage of integration preparation.

At the integration stage, the researcher synthesizes the result of integration in a holistic approach, and presents in details of each stage as in the following figure.



1. Understanding with Buddhism: Paṭiccasamuppāda in medical and health care conflict



Paṭiccasamuppāda in health care system is an integration of internal factors that evoke the cycle of ignorance risen by 5 causal factors of the western's conflict circle evolving along as a sub-system toward Vedanā and adhering to the picture created by both parties in their mind. Such adherence incorporated into external society relating to existence, hence producing another stimulating cycle to create self picture living happily in the society resulting in the craving manifests, holding fast to that picture, while searching and seeking ways of satisfying one's desire. If the desire is not fulfilled, cycles of greed, delusion, and anger repeatedly appear and overlay upon one another, leading the conflict to escalate.

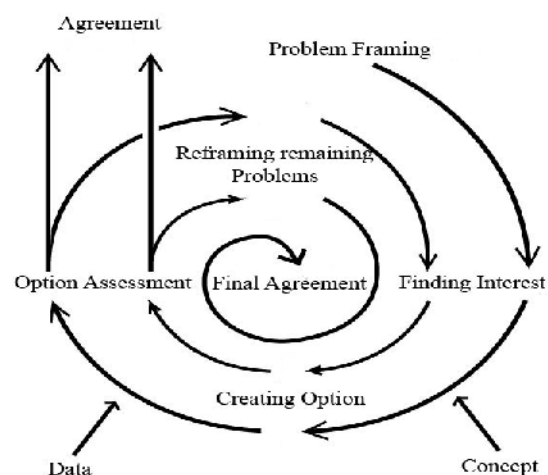
2. Manage the origin: Ariyasacca in medical and health care conflict

Issues	Patient	Doctor
Dukkha	Self consciousness on what the anger and dissatisfaction come from.	Self consciousness on dissatisfaction from providing the treatment.
Samudaya	Considering what are the causes of	Considering what may cause such

	anger and dissatisfaction from.	dissatisfaction.
Nirodha	What is the true desire corresponding to the problem, not the desire from craving.	What can compensate such dissatisfaction and can be done at ease by oneself.
Magga	Discuss and consider what are needs on the true bases of the problems.	Discuss and consider what potential interests to support on the true bases of problems by ourselves

According to the table of Ariyasacca in medical and health care conflict, it can be observed that consideration of the means of Ariyasacca cannot be made by only one party, but both parties have to reflect on themselves in order to lead the discussion and understand the true picture, not the self-centered picture. Both patient and doctor individually possess their self-centered picture, so understanding each other has to build upon thorough consideration of self-picture by profound exchange of one another's picture without looking firstly at any desires. This process will progressively move on and take many rounds of considerations or revisits to permit true self understanding, following the method of conceptual reframing.

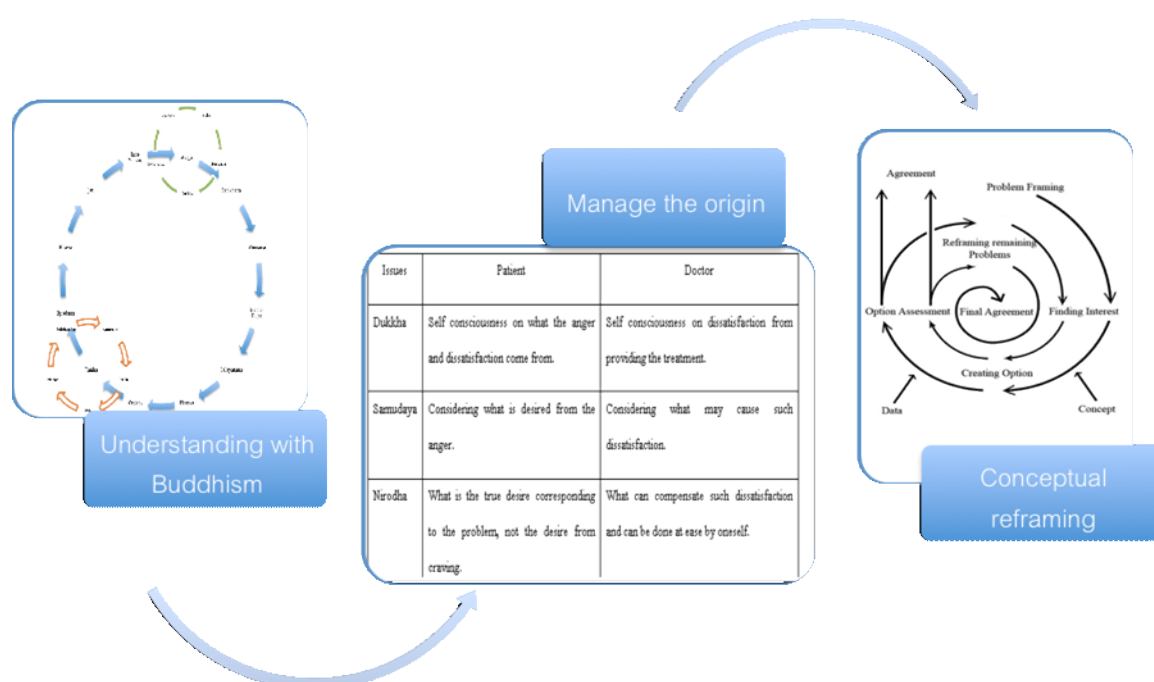
3. Conceptual reframing: The Noble Eightfold Path in medical and health care through profound talk



Conceptual reframing is to revert the cycles of Paṭiccasamuppāda and Akusala-Mūla by reframing the problem of every single factor one by one in the cycle. For example, when encountering the cycle of Akusala-Mūla initiated with greed, delusion, and anger, conceptual reframing toward actions in the right direction must start from anger. Framing the problem is basically on the anger, discovering interest to reduce anger, giving idea, choices, and data. If the anger subsides, then considering the remaining factors, greed and delusion, in the cycle of Akusala-Mūla through investigating each detailed factor in the cycle of Paṭiccasamuppāda, subsequently the spiral of emotion and Paṭiccasamuppāda begin to turn around. This will accordingly lead to self-reflection and self-consciousness along the Noble Eightfold Path. Under this retracing process, what will come up along the process are some agreements of responsive interest for both internal and external factors. These agreements might be those brought about by the right consciousness, right thought, right actions, or something from the parties' inner change and/or compensation with particular interests that fulfill the three aspects of external desires [substantive, procedural and psychological].

5.1.4 The draft Model of Buddhist means on peaceful conflict management in health care system

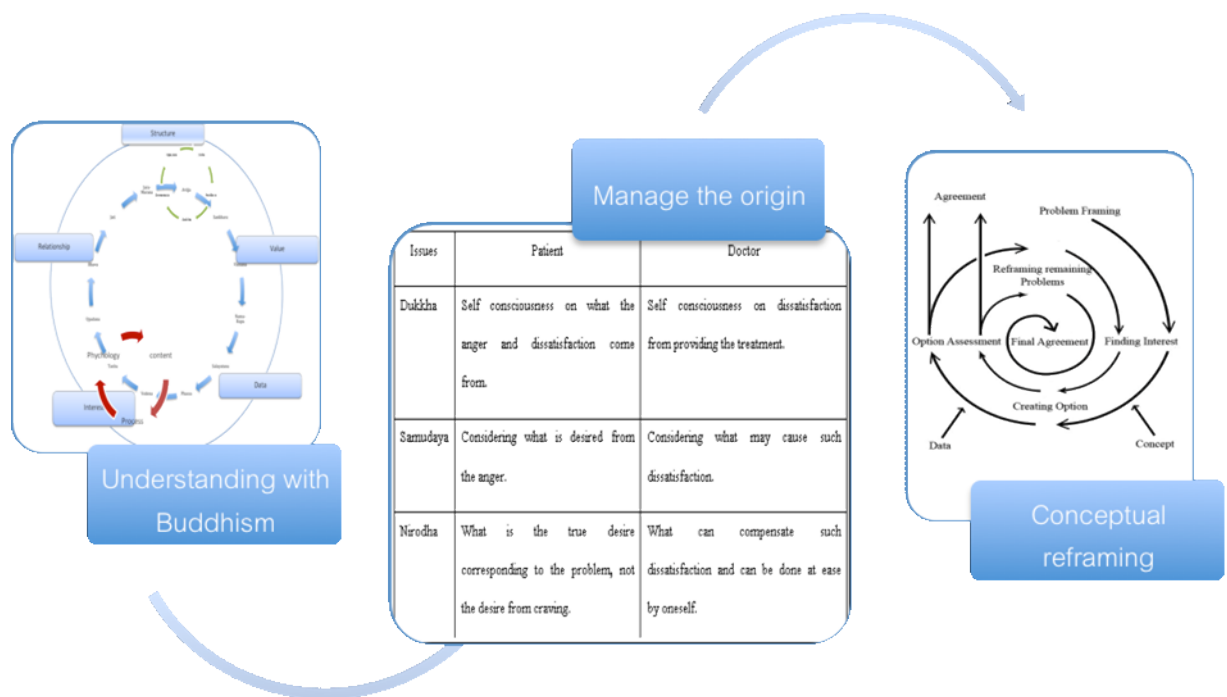
Based on the pathway of understanding, managing and conceptual reframing the conflict is described as above. A draft model of Buddhist means for management of medical and health care conflict is concluded and illustrated below :



Having presented the model with interview of 13 experts to obtain their opinions and comments, the researcher accordingly made some adjustments and the final model is presented as shown in the following figure.

The Final Model of Buddhist Means on Conflict Management in Health Care System

Concerning with external factor and the three kind of desires or interests [substantive, procedural, and psychological], the Model is adjusted and finalized as illustrated below :



Sub-System 1: Understanding with Buddhism (The Paṭiccasamupāpda in Health Care System)

This provides the starting point for employing the concept to resolve the conflict problem from the inside. The parties are encouraged to become aware of various internal causal factors through the Cycle of Paṭiccasamupāpda, and the five external stimulating causal factors appeared in the Western's circle of conflict. Once these externals attack the doctor-patient in the Cycle of Paṭiccasamupāpda at the stages of Tanhā and Upādāna, it will revolve

toward Avijjā of treatment of disease and recovery from disease, then rise the cycle of Akusala-Mūla (Dosa, Moha, Lobha). Finally, with awareness of these factors, the parties themselves will find the ways out but with no attachment to these factors.

Sub-System 2: Managing the origin (The Ariyasacca in Health Care System)

The system applies Buddhist concepts and process to medical and health care conflicts. It requires that the parties work out together to make clear understanding about the problem, the causes, the solution, and the method to solve the problem but without regarding themselves as the center. The resolution relies on truth or Ariyasacca and it might include the Western's interest-based approach to facilitate the successful process.

Sub-System 3: Reframing the management method (The Noble Eightfold Path in Health Care System)

The system attempts to find means that correspond to particular causal factors or means to move the cycle of Paṭiccasamuppāda backward so that Kusala-Mūla grows in doctor and patients' mind. It applies the Buddhist's Noble Eightfold Path such as the right view, right thought, right action etc., through the profound talk, and also the Western conceptual reframing approach as a facilitation tool to respond to the parties' internal and external needs, so the conflict ends, and hence the recovery of doctor-patient relationship .

5.2 Discussion

Having presented the model in the interviews with experts to obtain their opinions and comments, the researcher accordingly made some adjustments with the model. Although the majority of experts viewed that the model is practically possible, the interviews revealed some points of view that the researcher considered useful and should be raised for additional discussion in this study.

5.2.1 Rationale for conflict management in health care system

In the current dissertation, on A model of Buddhist means on peaceful conflict management in health care system, the researcher made a key conclusion found in the review of literature and analysis of case studies that Buddhist means for management of conflict focus on the problem of inner mind and self of human, whereas the Western means solve the problem of external factors. At this point, some experts argued that it seemed the researcher understands that Buddhist means fail to pay attention on external factors, and the Western means ignores internal factors.

On this issue, the researcher saw that both concepts differ in their emphasis but not without attention. Either concepts takes into consideration the external and internal factors within itself, however with difficulties and different levels of technical development, and Buddhist belief that human nature does not change over time and period, thus focuses mainly on solving problem of human's mind, as concluded by Phra Dhammapitaka (P.A. Payutto)² about Buddhist means of problem solving that mental and wisdom factors are deep, difficult, and are the essence of life. The Buddha considered the value of mind and wisdom as the essence of human life, so emphasis should be placed on paying more attention to the dimension of mind and wisdom than external value for which human can seek and produce by themselves.

The researcher would like to draw a comparison regarding different focuses of problem solving with Buddhist means that:

If peaceful means equates the light, and the Western means of conflict management is similar to the flashlight from external origin outside individuals and illuminate to give warmth to people in society, to make them feel warm. But, it will not affect evenly to everyone in the society. Whereas Buddhist means of conflict management likens to the light of power shining from individuals to give light and warmth gradually spreading over the society. If people in the society persist in the same way even in the midst of chaotic society, the light of power of those holding fast to Buddhist means will never change, and this is the central focus of Buddhism on true peace.

In the same truth, today, it is successful when applying the Western means to solve conflicts in health care system, but only half success. Healing of interest in psychological terms, and restoration of their relationship and trust all remain unsolved in their minds. They do not understand how it happened to them, they still get angry with doctor, and imbalance of power and right is still there. The researcher has a strong belief that this model containing explicit Buddhist basis would play an important role to be used as new means for inner peace building among people in health care arena. Since Buddhism teaches more soundly to perceive everything as it is. Once the problem rises, just meet and talk following the model, then change arisen because everything can change, even suffering or conflicts. Buddhism

² Ibid., pp. 917-920.

includes both the content and the surrounding context, and at the same time, Buddhism focuses on relationship. Considering restored relationship, it is to restore with human heart.

This is why in the Model, the researcher proposed to use Paṭiccasamuppāda as in Sub-system 1 separated from the Four Noble Truth in Sub-system 2 for distinction of preparing the parties' inner minds before entering next steps of problem-solving in Sub-system 2. In the same logic, the Noble Eightfold Path in Sub-system 3 was separated from the Four Noble Truth in Sub-system 2 for better clarity to find the ways out of suffering or conflict and practicable for integrating use with the Western means.

The researcher believe that conflict management considering only the content or the external desires are insufficient because it is both circle and linear. Buddhist conflict management will focus both on what happen and how to resolve. Buddhism also regards social aspect, that is, the surrounding context, and apart from the context, internal part of human mind and relationship are also included.

Another point is that whatever we resolve for patient or doctor³, we consider equality as human and the teaching that supports this is Kamma. The teaching that human can be developed as Buddhism has no god, so everybody is equal and is his own boss. Buddhism possesses greater advantages that we should penetrate and utilize them suitably with individual and Thai social context. This model is an answer for Buddhist approach as a whole.

5.2.2 The focus of integration

There is an issue on integration from experts' opinion that Buddhist mean or Western mean of social world should be the core. A number of researches investigating problem solving in various social dimensions had incorporated by neatly inserting Buddhist concept with the original approach. However, it is important to note that the Buddhist means was not apparent in practice. It is indeed the limitation for those utilizing the study result who may appreciate the Buddhist principles inserted in the study.

Since the Western means of conflict management employed in medical and health care context can produce an agreement and terminate the conflict at particular level, the researcher preferred to move the result of conflict management deep down into restoration of

³ Interview with **Dr.Parichart Suwanbubbha**, Instructor, Researcher, Peace Maker, Institute for Human Right and Peace Studies, Mahidol University. Date of Interview: 9 January 2012, at the Rector Office Building, 2nd Floor, Mahidol University, Salaya, Nakornprathum province.

doctor-patient relationship and trustworthiness. This would lead to living and working together with true peace between the parties, the focus on Western means with Buddhist means as a supplement is hence a limitation for maintaining the level of understanding in Buddhism when applying the model. Moreover, the training for mediator in health care system will lack the focus on Buddhism. The researcher with over 10 years of experience as the organizer of training courses for mediators in health care system viewed that for those mediators working with this model have to well understand Buddhist principles. Thus Buddhism must be apparent in the training model. Mediators who had been trained and clearly understand the Buddhist principles applied in this model will be able to apply the Buddhist means effectively.

5.2.3 Utilization of the model

5.2.3.1 In training

The researcher agreed with the experts on the point that training mediators using this model requires explicit process and manual, with practical training rather than merely lectures and listening. The process of Buddhist means including Paṭiccasamuppada and Ariyasacca, and related core Dhamma principles have to be clearly defined as procedure in manual with explicit method and steps. In addition, the trainees have to be encouraged or tested the level of appreciation of the Buddhist concepts at an introductory part or before entering into the training course. The Western means previously used in the training courses have to be revised to correspond this integration model so that the trainees will clearly understand the model.

5.2.3.2 In working

Utilization of this model in working in health care system to prevent conflict has a limitation for direct use. The researcher thinks that the model has to be revised again with possible emphasis on integrating the model as a core. It is also needed to simplify Dhamma wordings because general people who have never attended actual training course will have difficulties understanding. It may be highlighted on humanity which is widely used and has social definition for easy understanding, to guide the use of Buddhist means at work. Further study is needed for the modules or manual of training.

5.3 Recommendations

5.3.1 Challenge for implementing this Model

This Model gives priority firstly in employing the concept to resolve conflict problems from the inside. The parties are encouraged to know themselves to become aware of various internal causal factors or Avijjā through the Cycle of Paṭiccasamupāda, followed by applying the Four Noble Truth and the Noble Eightfold Path to pave the ways out of conflict peacefully. This depends on the belief of the Law of Dependent Origination in Buddhism. In Buddhism's dimension, it is believed that peace originates from the inside. Under these conditions, individuals who attained the insight of knowing themselves regardless of the extent of difficult circumstances would find calm and peace in oneself. Once conflicting people individually follow the direction to find peace in self, such calmness and peace will extend to other stakeholders in those conflicts and bring people in health care system into calm and peace as well.

Health care conflict is often interpersonal or individual. The challenges are how to prepare individual conflicting parties ready to voluntarily engage the peaceful ways by insight themselves out of Avijjā, before collaborative participation to employ the Four Noble Truth and The Noble Eightfold Path accompanied by outstanding Western means to pave the ways out of conflict peacefully.

5.3.2 For further studies

5.3.2.1 Participatory action research study for feasible use

Although the current model of Buddhist means for management of conflict in health care system is developed by integration of outstanding Western means into Buddhist means, it was agreed by both the experts and the field practitioners in health care mediation that it can be practically used but rather a theoretical model. However, actual application of the model should employ participatory action research study to develop a manual for feasible use for managing conflicts in Thai health care arena fruitfully.

5.3.2.2 Managing and settling conflicts comprise several other means for instance Conflict Transformation, which the researcher perceives as potential and effective ways to be applied with Buddhist means on conflict management in Thai Health Care System. Further study is recommended on this area.

5.3.2.3 What are the proper Dhamma principles and simplification into native Thai language that are better and easy-to-understand for lay people as well as the nature

conversation styles of the Buddha that is conducive to the establishment of insight leading to the parties acceptance and faith in Dhamma and teachings?

In-depth studies to elicit the characteristics of the Buddha's conversation may contribute to technical development in this field allowing the access to potential means of solving social conflict including conflict in health care system.

5.3.2.4 Model development study

Study on the process assessment in the actual practice of mediators who attended the training course on this model will be useful in improving the model for more inclusive.

ANNEX

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ANNEX 1

Results and Contents on Interviewing 13 Experts¹ concerning with the Model and Research Conclusions

The researcher interviewed 13 experts during 5- 23 January 2012, namely as follows :

1. Ajarn Chotchuang Tappawong

Senior Judge, Instructor, Mediator, peace maker

2. Dr.Parichart Suwanbubbha

Institute for Human Right and Peace Studies

Mahidol University

Instructor, Researcher, Peace Maker

3. Ajarn Montri Silmahabundit

Director, Alternative Dispute Resolution Office, Office of Judiciary

Judge, Instructor, Mediator, Peace Maker

4. Phra Paisal Visalo

Abbot of Wat Pah Sukato, Chaiyapoom Province,

Buddhist Dhamma Propagator, Writer, Mediator and Peacemaker

5. Phra Kru Pavanavaralankarn Vi.

Abbot of Wat Bhaddanta Asabharam, Banbuen district, Cholburi province.

Vipassanajahn.

6. Arjarn Paiboon Wattanasiritham

Chair, Volunteering Heart Foundation,

Former Deputy Prime Minister and Minister, Ministry of Social Development and Human Security

7. Prof.Dr.Praves Wasi,

Senior citizen, Instructor, Sage, Researcher, Peace maker

8. Ajarn Dr. Kotom Ariya

Institute for Human Right and Peace Studies

Mahidol University

Instructor, Researcher, Peace Maker

¹ Thai Buddhist and Conflict Management Experts

9. Dr. Phramahasuthit Arphakaro

Department of Buddhism, Faculty of Buddhism,

Mahachulalongkornrajavidyalaya University.

The writer of Participatory Dispute Settlement (Adhikaranasamatha) in Buddhism Dimension

10. Dr. Phramaha Hansa Dhammhaso

Deputy Rector

Mahachulalongkornrajavidyalaya University

11. Prof. Dr. Chaiwat Sathaarnan

Faculty of Political Science

Thammasart University

12. Ajarn Soad Sutanun

Judge of Provincial Court, Uttaradit province, mediator, writer, peace maker

13. Phra Raj Patibhanvoramuni

Assistant Abbot, Wat Prayurawongsa,

near the base of Phra Phutta Yodfa Bridge, Bangkok

Interviewer : Dr. Banpot Thotiravong. Ph.D candidate,

International Ph.D Program in Buddhism (Buddhist Studies)

Dr. Banpot : May I give you the introductory part and six standing questions as follows :

(Please see Annex to this report)

The followings are the contents of interviews :

1. Interview with Ajarn Chotchuang Tappawong

Senior Judge, Instructor, Mediator, peace maker

Date of interview: 10 January 2012

Question 1

Considering the sub-system of western and Buddhist means for management of conflict in medical and health care system, what is your comment on it?

Answer

I think your integration of western and Buddhist means of conflict management to provide the model for management of medical conflict called Buddhist Peaceful Conflict Management in Thai Health Care System is an inclusive model particularly suitable for management of health care conflict in Thai society, and will be an effective instrument for establishing peaceful culture.

Resolving medical conflict has specific purpose that may differ from other kinds of conflicts. In addition to solving problem, it focuses on building relationship between parties, including the establishment of peaceful culture in the society. The model of conflict management proposed by the researcher is the one to fulfill such purposes, it is hence very interesting.

I view that for the sub-systems in each phase of the western and Buddhist concepts, the researcher pointed out that western and Buddhist means view and focus differently on the cause of problem. The study result in this matter will be very interesting because when it was considered superficially, it seemed that each of both concepts probably employ different and incompatible approaches in conflict management, but in fact they are not.

Actually, both western and Buddhist means differ in their views on the cause of conflict and hence different methods to achieve their goals, however, considering in terms of their practical use, a range of conflict management in several aspects have to be simultaneously handled with both means. If they are well managed with understanding, the use of combined western and Buddhist means will not be controversial, on the contrary, if they are rationally integrated, they are well supportive to one another. Metaphorically, the western mean solves the problem from outside, while the Buddhist mean solves the problem from the inside. If the same problem is solved from outside to inside and at the same time from inside to outside, then meet together at one point, the problem be perfectly solved both outside and inside.

Besides, I think that the integrated use of the western and Buddhist concepts to manage the conflict will be an effective tool to build peaceful culture due to the following reasons.

The western mean of conflict management comprises problem solving, conflict prevention, and building sustained peace. Practically however when the conflict rises, it will focus only on problem solving and often ignore to prevent the conflict, and moreover building permanent peaceful culture is totally forgotten because it requires conversion of idea among people in the society, and it is difficult and takes time.

Buddhist mean of conflict management using the model proposed by the researcher is based on the view that conflict stems from ignorance (Avijja) and can be resolved by creating true awareness among the parties. It aims to rectify inner factor of individual by reframing parties' idea so that they can penetrate the cause of suffering and eventually cease the ignorance (Avijja). By this way no problem remains in their mind, clear feeling, and no suffering is there. I think it is this Buddhist concept that establish peaceful culture.

In my opinion, integration of Buddhist and western means to manage any particular conflicts will bring about peaceful culture in that conflict.

Question 2

For the integration of sub-systems of both concepts as proposed by the researcher, do you think it is possible, and how we can improve it?

Answer

In my opinion, it is certainly possible, and it can be used at the same time, and if you want the solution of building sustained peace, they can work together as well.

For the question on how to do, I think there are no problems with concept, method, and process as in the chart on page 1 that includes both the western and Buddhist means in conflict management process. It is apparent that they are compatible and can work together in every stage, only with different focus in solving problem, that is, management of external and internal factors. This is in fact an outstanding point, if the problem is solved, the end result would be sustained peace. Hence, differences are not disadvantage but advantage of integrating both concepts.

Regarding how to improve the proposed integration of both concepts, now I can't see what should be improved, so the model should be tried out first, then finding its shortcomings.

At this point, I see one problem about the qualification of mediator who will proceed the mediation to manage external factor, and the mediator who are knowledgeable on Buddhist mean to manage internal factor. The mediator who is extensively qualified and well-versed in the sciences of both fields is hard to find.

The possible solution is having 2 co-mediators, each with expertise in each field and working together.

Question 3

What is your opinion on the model of Buddhist mean for management of conflict in health care system that I have developed?

Answer

In my opinion, management of conflict in medical and health care system is delicate and poses more effect on individuals' feeling than management of general conflict. Adopting only western concept might not resolve the problem inclusively. Management of medical and health care conflict should not focus merely on interest but have to also regard emotional and mental aspects. The origin of conflict in medical and health care are mainly "emotion and feeling" For example, the hospitalized patient may be the relative's father, mother, brother, or children and certainly their beloved ones. Their relatives have high expectation that their beloved one will receive good treatment and recover from the illness and go home as normal people. If actually it is not as expected, the patient's relative would be very angry, and become more upset than usual, hence the conflict rises.

I think that individual's emotion and feeling are internal factor that should be resolved by Buddhist mean and should not focus only on interest as external factor to solve the problem. So I particularly agree with introducing your proposed model of Buddhist mean to manage the conflict in medical and health care system.

Question 4

In your opinion, do you think the model of Buddhist mean for management of conflict in health care system can be practically used in social way, and how?

Answer

I think the model of Buddhist mean for management of conflict in health care system as proposed by the researcher is not purely the Buddhist mean of conflict management. It is the integration of Buddhist concept with the western concept, criteria, method, and process of

conflict management to provide better inclusive model for conflict management. I think your proposed integrated model should be used.

I had offered a concept for the attendants in health care conflict management course that in the mediation of health care conflict, the mediator should recognize the 4 words and act accordingly, i.e. “resolve, restore, remedy, and relieve” as an approximate way of practice. As the researcher proposes this model of Buddhist mean for conflict management, I am glad to see that this concept is in the same direction of mine, and your proposed model possess rationales and is substantive, inclusive, and is practical for Thai society. It is thus a valuable work.

Question 5

In your idea, how can we improve this model?

Answer

The model you presented is comprehensive and applicable, so it is without any improvement, however it should be used for a period of time to see the problems and constraints, then further improvement can be undertaken.

However, to my own experience as a mediator, I would say western concept for management of conflict also has its process to resolve internal factor but it is not in-depth, substantive, and inclusive as in the model you proposed. For example, considering the mediation criteria as a process, mediation comprises 2 processes of building relationship and building participation to be proceeded in sequence. Starting from the process to build relationship, once the parties improve relationship at the level of meeting and talking, the process to build participation will follow to find solution. The relationship building process is to solve internal problem based on general principle without applying Buddhist mean, while your model concretely applies Buddhist mean. I believe it will certainly help enrich the conflict management process, meanwhile I do not see any problems to be improved.

Question 6

If this model is used to actually train medical personnel who work in management of conflict in which the western mean is now employed, do you think it is possible, and how?

Answer

I think in terms of the body of knowledge to be transferred as well as the learning of participants for their real practice, this model of Buddhist mean for management of medical conflict can be absolutely used for such training and actual practice. The body of knowledge in Buddhist concept of conflict management will add to those of the western concept.

Another point is that augmentation of Buddhism body of knowledge for management of conflict into the training course will promote the trainees for better understanding of criteria, method, and process of western management of conflict. Since adopting this Buddhist mean will have to correspond to the process of western mean, the trainees are required to increasingly contemplate the conflict management process and are precise in its principle. Hence, it should support the use of this model of Buddhist mean for management of conflict in health care system as proposed by the researcher and include it in the conflict management training cause for health personnel, including an arrangement of proper learning hours.

2.Interview with Dr.Parichart Suwanbubbha

Institute for Human Right and Peace Studies

Mahidol University

Instructor, Researcher, Peace Maker

Date of Interview: 9 January 2012, at Office of Rector Building 2nd Floor,

Mahidol University, Salaya

Dr.Banpot What is the ideology of Buddhist and Western conflict management in health care, and what are the strength and weak point of this Model ?

Dr.Parichart: The western mean of conflict management has some limitations. Using the eastern or Buddhist mean is more likely the change of conflict. Your management of conflict focuses on content and causes of problem in line of Buddhism. Supposing for Ariyassacca, we apply medical content that we regard content as the heart of conflict management, but in Buddhism, it is more likely the change of conflict because Buddhism includes both the content and surrounding context, and at the same time, Buddhism focuses on relationship, so what you have done is good. However, you may suggest that in Buddhist conflict management it is not only the content of what the problem is but Buddhism views in the long term at the connection, that is, the context. Buddha's teachings on Patīccasamuppāda² is clear, so the cause of conflict is not only between doctor and patient, in fact, it is not the only cause but it may stem from family, economy, and many others, so it rather change the conflict. Buddhism does not consider only content – context but includes relationship too. At this point the heart of human comes to play because Buddhism principle noted that human can change and human can train themselves on Kamma. Therefore in my personal opinion on Buddhist mean of conflict management, you may suggest apart from initiating Buddha's

²Please noted that the right English Pāli term appeared in all pages are Paṭiccasamuppāda

teaching on Ariyasacca, other teachings may be added such as Patikkasamuppāda as it illustrates all the contexts. Another factor is relationship. Whatever we resolve for patient or doctor, we consider equality as human and the teaching that supports this is Kamma and the teaching that human can be developed. Because Buddhism has no god, so everybody is equal and is the boss of oneself. What you have done is fine but should add some recommendations that for the method of conflict management if applying Buddhist mean, there are 2 additional factors that Buddhism clearly identifies, that is, the context and relationship. Considering restored relationship, it is to restore with human heart. I think conflict management considering only the content is not enough because it is both the circle and linear. Buddhist conflict management will not focus only on what happen, how to resolve, but Buddhism also regards social aspect, that is, the surrounding context, and apart from the context, human and relationship are also included. When an agreement is reached in court, if the relationship is not improved, it is not the sustained resolution. Looking at your work, the issues are evident. Arjarn Kotom commented in details but I would suggest your model is OK but you have to recommend additional 2 aspects of relationship and context, each of which concerns Buddha's teachings, then you just focus on Ariyasacca. However, Buddhism further involves ethical criteria that you can include it. In management of conflict, sometimes it should add the issue of ethics, Buddhist ethics, and we have certain criteria to determine what is right, what is wrong. The approach of Buddhism ethics contains 3 cycles of intension, method, and outcome. So for the current problems, though with good intension but poor method, the outcome is impaired. The problem is what should be the criteria. The criteria is the Buddha's teaching about what is the root of evil, the possession of Lobha, Dosa, Moha. Some doctor have problems with the patients, and sometimes the patients think that the doctors want to try out the medicine, but not all the same, some prolong the period of treatment for personal interest which is greed (Lobha). Regarding the anger, many doctors feel like competing with their friends, and become jealous, all related to anger. Finally for delusion, it is because the doctors have or receive insufficient information. These 3 aspects are therefore the criteria for judgment and cause medical problem. If we use Buddhism ethics implying that any actions have their intension, method, and outcome which are not built on Lobha, Dosa, Moha, we would be able to effectively prevent the conflict. If you input this issue, it is evident that Buddha covers the whole. Doctors have good intent to treat patients but if the method infers any one of Lobha, Dosa, Moha, the outcome is negative already, and it often lead to conflict. So I would suggest that you add the issue of criteria to determine whether the doctor's action is good or bad, consider Buddhism criteria as a cycle of intention, method, and outcome which is not based on Lobha, Dosa, Moha, so this is my initial suggestion. The second one is

that the western and Buddhist means of conflict management is compatible, but the latter is more than just a conflict management as in western theory. Rather, Buddhism involves the context to see the connection, and focuses not only on linear but also circle views. On human aspect, Buddha's teaching emphasizes on Kamma, and human is changeable, as we are the world so we can change, we can train ourselves, everyone is viewed equal and has human dignity, equal dignity of patient and doctor. If you insert this issue in the model, it implies the hypothesis of western mean is OK, but if this issue is included in medical conflict, it has to apply Buddhism because Buddhism is inclusive. This is my personal point of view.

Dr.Banpot I would like to go on the procedure of the 6 questions from the division of 3 sub-systems of causes, management concept, and management approach, then integrating the western and Buddhist means, do you agree with that?

Dr.Parichart Considering the western mean, your integration is alright but you have to put another step. Your integration is fine but Buddhism is more than that. For example, apart from applying Ariyasacca to contemplate the root cause of problem, but it is not just that what the problem is, but it is when finding the problem and the problem is well resolved. When we talk about the girls in Observation Home, the problem can be well managed but the environment is not conducive. Similar to the treatment, the doctors manage the diagnosis and treatment but when the children return to their same environment, there remain the problems of poor relationship and economics in the family. Psychological outcome also effects physical outcome. Therefore, management of conflict in the patient is not the holistic management.

Dr. Banpot What about the importance of building relationship?

Dr.Parichart Buddhism focuses on building relationship, so it is so distinct when Buddhism refers to the treatment with human heart.

Dr.Banpot The last question, the model is viewed as the concept for training not the guideline, Do you think of anything else should be added?

Dr.Parichart When you train them, talking about Dukkha, Samudhaya, Nirodha, and Magga is already difficult, but they are important fact and they can be used. If you use them in the training, do you know the training method of John McConnel that he also apply meditation . He teaches mediation and uses these approaches (meditation) for explanation. Those with

faith in this way will like it but those who without faith will reject and feel like sleepy and bored. But the idea is correct, the content is there but in the training it has to be modified in medical terms. Some doctors are interested in religion but some not. It is just like water management in Samutsakorn, they said the water is one million cubic meters, then the people ask how many the one million cubic meters are for the bucket. It is the component that if you use this model, present it in the training, I am thinking of as high as 80 % not accept it, and 50% of acceptance will interest and faith, so you have to adjust it to fit their context. Again, it is the context that Buddhism is wise, that is to see the context of attendants, the context of patients. This actually corresponds to Christianity saying that God created human, so human life is sacred, as personhood in Buddhism too, but Buddhism is more explicit in that we are the world, hence even those in unconscious condition shall have the right, which corresponds to the theory of personhood. If you will use this approach you will have to consider the context of attendants otherwise you will not gain faith from them all.

Dr.Banpot I divided into 3 sub-systems and 1 management method. Sub-system 1 relies on western approach in finding the cause and view on the cause, then connect to to the cycle of Paticcasamuppada to gain deeper understanding on the cause. Sub-system 2 employs western interest-based management approach to satisfy parties with interests so they remain and talk with us longer. Sub-system 2 also applies Ariyassacca to help create more understanding, sympathy, and awareness and move toward sub-system 3 in order to reframe their ideas in management of conflict particularly to create inner peace. So it should also reframe the idea in the training as you recommend

Dr.Parichart Regarding inner peace to be combined with interest based, it is through talking or dialogue in order to change from the inside or inner peace. It is a Buddhist approach as a reflection since it is not enough to hear only primary information so it requires reflection just as when the Buddha taught Prince Rahula. Buddhism is very inclusive and can be linked with reconciliation. The problem between doctor and patient for example, Buddhism provide clear instruction. The instruction of John Paul Lederach suggests 2 words, remember and change. Remember is to confront the problem, discuss the problem. Buddhism is straightforward, that is, to see everything as it is. Once having problems, just talk face-to-face, and change. Everything can change, so does suffering. Buddhism do not teach to forget but to see everything as it is and encounter, then transcend it, because everything can change. Therefore the theory of Lederach strongly supports Buddha's teachings. Moreover management of conflict comprises many stages. At the stage of breaking, reconciling is needed, Buddhism is

also supportive. You have to clearly write this point as it involves both the western and Buddhist theories, and it will be very interesting because the rupture exists in medical system and also between doctor and patient. If it exists, how would you apply Buddhist approach to reconcile them.

Dr.Banpot Today in managing health conflict, it is successful but only half success. Healing in interest or other psychological terms of interests, but unsettle relationship and trust all remain in their mind. They do not understand how it happened to them, they still get angry with doctor, and inequality is still there.

Dr.Parichart Sometimes we tell them to just forget and forgive, it does not work. We have to encourage them to encounter and accept as things are, and apply Dhamma principle to help them think it over, then they can forgive and forget. It is wrong to tell them to forgive and forget because it is not the way of western theory that suggests us to remember. Buddhism teaches more soundly to see everything as it is, that is, once the problem rises, just meet and talk, then change because everything can change, happiness can change. In conclusion, Buddhism possess a lot more advantages that we should penetrate and utilize them suitably with individual and Thai social context. The Western ideas of Conflict Transformation might take part to the mentioned unsettlements

3. Interview with Ajarn Montri Silmahabundit

Director, Alternative Dispute Resolution Office, Office of Judiciary

Judge, Instructor, Mediator, Peace Maker

Date of Interview: 15 January 2012

Question issues

1. Considering the sub-systems of the western and Buddhist means for management of conflict in medial ad health care system, what is your comment?

Ajarn Montri : I think it is a complete analysis and is good in distinguishing the 2 concepts particularly the essence of both approaches which focus on the interest and creating awareness (should be the awareness by the parties' wisdom).

2. For the integration process of the sub-systems of the 2 concepts as I created, do you think it is possible, and how can we improve it?

Ajarn Montri : It is a good idea to integrate both concepts for sustained resolution which can be explained by starting at the western management structure. I think that the

western mean of conflict management is possible and can be used as a framework to explain the process of conflict management. It can begin with 1) process, then 2) dealing with mental aspect which can apply the Buddhist mean to improve or change perception of the parties (I think for some matters it can create the parties' awareness, partly awareness or no awareness at all, depending on individual and time), and lead to 3) substantive exchange of interest or conflict for which the method you presented suitably correspond to this matter.

3. What is your comment on the model of Buddhist mean for management of conflict in health care system that I have developed.

Ajarn Montri : The application of Buddhist mean to create awareness starting from making the parties understand the conflict problem by explaining about Ariyasacca (mean) to bring about the Noble Eightfold Path (I think it is the ultimate goal of cessation of suffering) is perfect and clear since it deals with Dosa, Moha, and Lobha respectively. It is understandable and can be well applied to the western mean.

5. In your opinion, whether this model is practical for the course of society, and how?

Ajarn Montri : Understanding the Buddhist mean that you present is to promote an insight of both the individual's way of thinking and the resolution, I think it is relevant and applicable to mediation in worldly way of society.

6. What is your idea to improve this model?

Ajarn Montri : This Buddhist concept should be inserted into the process and practiced along the way, it is not necessary to wait until after the mediation process. In case it is applied after the mediation of interest finished, some of the parties might not be motivated to participate in the process.

7. If this model is actually used for training medical and health personnel who work in management of conflict and currently trained following the western mean, do you think it will be possible, and how?

Ajarn Montri : It is very likely because actually in Thailand the western mean of mediation is used and integrated with the Buddhist Dhamma principle to promote the parties' understanding and letting go in some matters. It depends on the situation and the mediators if they are capable of doing so. If there are a sort of in-dept education correctly based on Dhamma principles and theories in combination with your work, mediation in Thailand would be progressively and completely developed.

4. Interview with Phra Paisal Visalo

Abbot of Wat Pah Sukato, Chaiyapoom Province,

Buddhist Dhamma Propagator, Writer, Mediator and Peacemaker

Date of interview: 8 January 2012, at Wat Pa Mahawan, Amphur Pookeow Chaiyaphum province

Phra Paisal: I think the focus only on the method of dialogue to create awareness might not be enough. Talking may contribute to interaction but the relationship is in fact depends on each case of problem or suffering on what type they are and what cause them. Paticcasamuppada involves both mental suffering and social suffering, and I think the Buddha use it to differentiate his articulation on the cause of problem, or what you mentioned about internal and external factors is obvious. For example, administrators do not allocate resources to those people in deprivation, hence poverty and troubles are widespread, leading to Adhikhadana, exerting arms, Panatipata, Musavada, insult, conduct against the five precepts. Micchaditthi is another kind of suffering. It can be seen that the cause from uneven allocation of resources can be an external factor. How to solve this kind of suffering? It has to be done by the administrator to distribute the resources to cover such poverty. Therefore I think only dialogues to build awareness in terms of Buddhism is not enough. The points are what kind of suffering and what cause the suffering such as the cause from conflict of ideas and beliefs, or the suffering of personality which may need talking. But if the suffering stems from injustice, taking advantage, or uneven distribution of resources, it requires other method. Certainly it must begin with the administrator becoming conscious and reducing greed, then the resources will be extensively distributed. Paticcasamuppada includes 2 dimensions or 2 levels of mental and social. For medical conflict it needs to consider social dimension as well, that is, using both internal or consciousness and external or social dimensions. Tanha and Upadana can be used, but I am afraid only one cycle will not cover especially for medical and health care system, with inner cycle of interaction and outer cycle of structure such as laws and regulations because they force people's behaviors which lead to conflict and affect patient's need. Integrating the circle of conflict with the cycle of Paticcasamuppada at the aspects of Tanha and Upadana is fairly possible but making it complete requires those factors of outer cycle too since it effects the inner cycle, and mental factor or inner cycle effects the outer cycle. For integration I see another way, that is, if we see the cycle of Paticcasamuppada at Phassa, Vedana, Tanha, Upadana, there is external factor that effects Phassa. For example,

medical conflict can rise from different expectation or conflict of interest, then the quarrel affects the inner cycle of Paticcasamuppada particularly I view Phassa is important that (may effect Abijja first) then effects Vedana, Tanha.....(I had previously made this diagram) Abijja, Sankhara, to Tanha, Upadana. There is the cycle of external factors too because internal factors and external factors reflect Dhamma process that connect individual's mental existence and outer existence about human relationship. In particular, for conflict in medical system with doctor-patient interaction, external factors effect such relationship, feeling, perception, and bias within the self which is the inner cycle, except no effect to Arahants as their inner cycle is static, motionless. For ordinary individuals, it will not effect the inner cycle too if absence of Phassa, that is, without perception of external information (the outer cycle of Paticcasamupāda), the inner cycle of will not move. So I focus on Phassa in the cycle of Paticcasamuppada before moving to Bedana, Tanha, Upadana. When starting from Phassa, Bedana, Tanha, Upadana, external factors will approach and act on Phassa such as making quarrels, or act on Tanha, Upadana, while at the same time, Tanha, Upadana also effect Phassa, that means interaction of inner and outer cycles. If they are integrated, I would rather see in this angle.

Dr.Banpot: It means your venerable view that the integration of the western circle of conflict with Tanha and Upadana might be moderately alright but in your opinion it should be the outer cycle.

Phra Paisal: Yes, the outer cycle, it probably be better because...

Dr.Banpot: May your venerable explain in details why it is clearer as the outer cycle, how is it?

Phra Paisal: The outer cycle such as in medical conflict, differences in expectation, conflict of interests will lead to the crash and quarrel, then in turn effect the inner cycle of Paticcasamupāda. Once the Phassa arises, I will begin at Phassa (or may be at Abijja, Sankhara but the one with serious effect is Phassa) and lead to Vedana, Tanha (I had produced this diagram) which will act on Avijjā-Saṇṇā, Avijjā-Sankara, and bring about Tanha, Upadana. Talk about integration, it should also mention external factors that Paiccasamupāda include both internal and external factors, reflecting Dhamma process that link between individual's mental existence and external existence about human relationship. Internal factors is individual's inner existence. To make it complete, it should addres external

existence about human relationship too. What I mentioned about outer cycle is another factor that effects perception, interaction, and bias. For instance, when 2 people have negative interaction, it will raise Pativasmupāda in each of them connected through interaction. For example, fighting between doctor-patient will rise his factor. This is the way I try to make it easier by focusing on various factors that affect suffering, worldly suffering only, as in this case, they are interaction, perception, feeling, bias, and self. This is just a dummy while actually there are many ways. This is the inner cycle of Pativasmupāda but I think if including the outer cycle of Pativasmupāda that contribute to interaction, feeling, perception, and bias, it will be more complete but may be more difficult.

Dr.Banpot: In the book Buddha Dhamma, before entering the cycle of Pativasamupāda, it will start at Avijja, then explaining that it is suffering, self suffering, and another cycle is social suffering. May I ask Arjarn if that social suffering is the outer cycle that you try to explain?

Phra Paisal: Yes, social suffering, but it does not necessarily rise mental suffering such as in Arahants that they are in the midst of chaotic society while their inner cycle is static, but for ordinary people, their inner suffering cause Pativasamupāda to move all the time. What make people perceive such chaos in the society or how such chaos in the society affect mental suffering. This is because it brings about increased Avijja. Giving an example of mass media spread the news and pictures that the Yellow and the Red are wicked, bad, then rising Avijja that they are not human, then rising Sankāra and misperception. Whatever said by the Yellow and the Red are viewed negatively with doubt. Here, as Phassa rises, when hearing news about the Red's protest or movement for Article 112, Dukkha Vedana will follow, Tanha occurs. The inner cycle of Pativasmupāda exists because of the chaos of external society, and this external society intensifies the inner cycle of Paticca. For example, fault news or information evoking hatred, or interactions not from listening but fighting over the Facebook, accumulated suffering, but living here in the temple hearing nothing, it is tranquility as Phassa is not produced but mental defilement and Avijja remain. When without Phassa, no hearing of any news, the mind is at ease, why it is at ease, not because of less Avijja but absence of Phassa. This is the inner cycle of Pativasmupāda that revolves as Phassa is affected by external factors. External factors work because Kilesa and Avijjā retain in mind, so addressing suffering needs to look at external factors too.

Dr.Banpot: In particular of the research that focuses on management of medical conflict of which is mostly involve interpersonal conflict, that is, doctor and patient, certainly the cause

also come from the structure that produce conflict between individuals. May I ask your venerable that if we look at this model to focus on the part of Tanha in Paticcasamupāda and we expand the circle to cover Upadana, then apply the western circle of conflict, in the matter of interest, it possibly work, but when it concerns structure, value, it might not work well, isn't it?

Phra Paisal: It will not work well for structure but it is alright for value as it is Tanha and Upadana because Upadana such as Ditthupadana-attachment to view can be value or belief, and Silabbatupada-adherence to rites, Kamupadana-attachment to sensuality. It is the conflict that generates controversy and quarrel between doctor and patient. The patient may say why treatment is not given, and the doctor says it cannot be treated because it is too severe and should better go home.

Dr.Banpot: So it is the only one in the 5 western factors that structure might not belong to the inner cycle, as it may be for others such as interest, data, relationship.

Phra Paisal: It can evoke Tanha, Upadana, that is, it relates to Tanha, Upadana.

Dr.Banpot: But it must not be structure, it should be outer.

Phra Paisal: Structure may involve belief, understanding about the structure of conflict. It can be Upadana, but if it is the structure as external factor,

Dr.Banpot: It is such as laws and regulations that embrace people in conflict (Phra Paisal: It is structure) Your venerable is saying that structure does not directly related with Tanha and Upadana, isn't it?

Phra Paisal: But it effects on manipulating Tanha and Upadana because the structure that wraps up human affects human's mind, even the structure in medical system can convince doctor's belief and value that they have best knowledge and supreme power that the patients need to obey, something like this. Structure can add another pattern for doctor and leads to conflict. Sometimes the doctor blames the patients that they do not know anything. There is a case when an injured patient asked for medicine from a doctor. The patient had diabetes and her doctor was not there, another doctor, an obstetrician then gave her twice of regular dose, and the patient said it was higher than usual and asked the doctor if it was too much. The doctor said "Are you a doctor, if so and you don't believe me, you can go" This is Upadana that he knows best. It is the structure within hospital system that shapes such an ego.

Dr.Banpot: If I make an adjustment by explaining in this way, then integrating Paticca with this circle would be possible but with articulation in this way, isn't it?

Phra Paisal: Yes.

Dr.Banpot: Besides, in the contact point at Upadana, if we add the social aspect of Paticca to connect at this contact point where interaction occurs, is it possible?

Phra Paisal: The outer cycle can be either the contact point or the factor influencing the inner cycle.

Dr.Banpot: When we create the diagram of Buddhist mean, we will focus on the diagram that separates from self suffering, to adjust from what you said that it should involve the outer cycle of Paticcasamuppada to show that it acts on moving the inner cycle of Paticcasamuppada. Is this right?

Phra Paisal: Or to make it easier, we can use the word "external factor" because if we mention the outer Patticcasamupāda, it has to be another cycle which is complicated. If we add external factors that effect each other, it is easier, as I am afraid it will be too complicated

Dr.Banpot: In conclusion, your opinion is 1) Use the words "external factors" in stead of outer Paticcasamupāda to make it easier and not too complicated. 2) For inner Paticcasamuppada, explanation should begin at Phassa. Are these right?

Phra Paisal: Yes

Dr.Banpot: When we mediate medical conflict, the problem is Phassa, and once they received some compensated interests they rather accept it. But what is in their mind do not disappear, it is a kind of feeling that the doctor killed their mother, it remains there and sometime they feel hesitate to seek treatment at this hospital. What we do is trying to find ways of getting deeper than what we have done, so we think that the way to get profoundly into the mind is through the Buddha's mean, then we focus on individual and try to find social terms for easy understanding.

Phra Paisal: If we look just on conflict settlement, and talk it over, then finish it, it is alright. But if we want to also apply preventive means we have to consider the structure. I would ask if you want only healing or including preventive means. If only healing, it is OK but the topic conveys that it should cover preventive means, if in this way it is case by case.

Dr.Banpot: If we want only healing as you said, it needs to explain in the definition of research term that we focus only on healing.

Phra Paisal: The topic is a sort of preventive. In case you want to heal the feeling or help remedy it is correct, not emphasize on structure. But you want to focus on management of Tanha, Upadana, on healing.

Dr.Banpot: I want the cycle of Paticcasamuppada to revolve backward to erase Avijja when it reach an agreement so it includes both external and internal factor.

Phra Paisal: If this is the case, it needs to deal with Avijja, Sankara, and Vinnana too. Abijja here means to focus on bias, negative view toward one another, for example, the doctor see the patient in negative way, the patient's relatives also have negative view toward the doctor. This is Sanna that rise volition, so whatever the doctor said, the patient will not listen, or what the patient said, the doctor saw it negatively. The management approach has to deal with this 3 aspects too.

Dr.Banpot: Do you see this integration of the 3 sub-systems as a correct mean, or is it possible?

Phra Paisal: It is possible.

Dr.Banpot: What to be improved on your advice to finalize the management model, I think it is the Buddhist mean when the 3 sub-systems are integrated and come up with the Buddhist mean. Do you think it can be used to manage medical conflict?

Phra Paisal: Yes but not exclusive, as in the management method that should include expression of sympathy, friendship, to one another, from the case with good ending. It is not only talking but it is the doctor's expression of sympathy, apology, attending the funeral, not only the dialogue but reaction to show good view, then it will end bias and effect Avijja and bias of the patient's relatives that the doctor cares, the doctor is not mean, the doctor apologizes and understands our feeling of the illness. All of these are not profound talks but actions that reflect mental feeling. Using the word good view or positive interaction.

Dr.Banpot: Before building this model, it was found that when modifying the structure in this way, it requires something to fulfill the need of the patient and doctor. The mechanism to respond such need involves 3 aspects of substantive or healing, psychological or attending the funeral, and procedure or paying attention to the trouble faced by the patient and relatives.

We already addressed them but in the end their relationship was not 100% restored, so we rely on the profound talk through the Noble Eightfold Path.

Phra Paisal: Do you have the process of talk, method, format?

Dr.Banpot: Roughly we use the Noble Eightfold Path called Medical Path by using such as the right view, right thought, right action, and so on to guide the talk and create awareness of suffering and troubles of each other, but it has not yet written in guideline.

Phra Paisal: On the issue of Ariyasacca 4 that I might see differently such as for Dukkha. The patient is aware of illness, dissatisfaction or knowing what the problem is, but not yet knowing where they came from. Knowing what causes of them is Samudhaya, but Dukkha is only to identify or recognize or acknowledge the problem or suffering. Dukkha in the sense of Ariyasacca 4 is that we face the problem, we don't know what exactly the problem is. But for the cause of problem, it is Samudhaya, while Niridha is to know what is wanted as sometimes the patients are angry but do not know what they themselves want. The Path is the way to attain the need. This is to say in worldly way. Nirodha may have more profound meaning that it might not be knowing what is wanted but knowing how the state of ceased problem happens, however, it is not the path, the path is a mean to make Nirodha possible.

Dr.Banpot: You ask that how we present the mean of Noble Eightfold Path. From our review of Suttantapitaka in many cases settled by the Buddha. It appeared that in most cases he applied the talk individually and bring insight to the one who engaged in Dhamma talk with the Buddha. At this point I cannot think of whether there exist any other processes if we want to promote all of the right aspects in the Noble Eightfold Path but not through profound talk. Actually we think about the impasse when we train our people to get through an impasse apart from using profound talk so as to create all of the right aspects in the Noble Eightfold Path, but we are yet unable to think of other methods.

Dr.Banpot: May I have your opinion Of this issue.

Phra Paisal: Talking used by the Buddha is the talk that bring about consciousness, penetrating the problem and its origin, but sometime he did not talk directly, rather he used questioning or metaphor or addressing relevant cases to make them get an idea. But in some case the Buddha made them become conscious by his own action. There are many cases of Buddha in the Sutta that individuals changed their attitude by the practice of Arahants or by winning their heart with good deed which can also change their mind.

Dr.Banpot: Do you think apart from profound talk if there are any other means used by the Buddha such as giving a metaphorical example and showing exemplary role or in the story of Kosambiya Sutta to allow for judgment by the society, that you think it is not solely the use of talk through the Noble Eightfold Path.

Phra Paisal: What the Buddha used is the Noble Eightfold Path but it was not only profound talk. There is a book indicating Buddha's ways called "The Buddha's teaching technique" written by Phra Dhammapitaka. The Buddha talked in many ways not only conversation. As we have heard, a Brahman insulted the Buddha, so the Buddha asked him "What you did when there were visitors." The Brahman said "I received them with food. "If the visitors did not eat your food, whom that food belongs to". "The food belongs to me". The Buddha said "Likewise". Later the Brahman came to believe in the Buddha and became ordained, and finally attained nirvana. This is the Buddha's mean, that is, saying to evoke thinking by using metaphor. He possessed a lot of ways.

Dr.Banpot: Your venerable think that the sub-system 3 identifying Buddhist mean as profound talk should involve more than that, and it is this part that we have to add more, isn't it?

Phra Paisal: Yes, but as a whole whatever methods are all in the Noble Eightfold Path, just to which part it will be appeared. Mostly it involves the right speech and the right action. Actually there are 2 parts in terms of expression which requires a lot in the right view and the right mindfulness because we have to do thing without anger but consciousness.

Dr.Banpot: Do you think this proposed model of integrated sub-systems to provide Buddhist mean in this way need further improvement and revision?

Phra Paisal: It should study Adhikarana. Adhikarana is an evident example when conflict took place and how the Buddha laid down the system that does not lead to antagonistic situation. However it has previously become a system while the model reflects something the Buddha implied, that is spirit. Adjukarana is an evidence of model and mean to settle conflict among the Sangha which might differ from that of medical system as it is between patient and doctor. Referring to conflict settlement among the Sangha, Adhikarana illustrates clearly that we can learn to consider spirit which may be useful.

Dr.Banpot: It is more than the strategies we are talking about, isn't it?

Phra Paisal: But you have to be able to catch the spirit as there are many tangible ways.

Dr.Banpot: What the word spirit refer to?

Phra Paisal: It means Dhamma that bases Adhikarana. For example, you have to equally allow both parties to talk but do not jump into judgment. It is to provide opportunity to fully express in a trust atmosphere. This is spirit or in other word it is Dhamma as a foundation of concept that bases Adhikaran procedure.

Dr.Banpot: Any other points that I should study to make it more complete with this Buddhist mean management for medical conflict.

Phra Paisal: In terms of Buddhism, there are conflict management methods among the monks that has been traditionally used or told such as that of Luang Phor To which can be comparably used. It is also a Buddhist mean because it is vital. Luang Phor To had a lot of methods which can be a model or example for conflict management. Sometimes he even made a surprise such as when monks are in fighting, he can make them stop.

Dr.Banpot: Are these written in books?

Phra Paisal: Yes, many of them, many books about Luang Phor To.

Dr.Banpot: Finally it is the application of this model in practice. May I ask you that for our developed model called Buddhist mean for management of conflict in medical and health care system for Thai society, if we adopt the ways we have talked as well as additional advice with our medical personnel and people outside who act as mediator in medical conflicts that we previously used only the western not the Buddhist approaches, and apply this method in training our personnel or people inside and outside, do you think it will be possible or workable.?

Phra Paisal: Principally yes, but application need details (handbook), and trying out until we are certain that it works, otherwise it is merely the concept. One thing if we talk about details is that if we will provide Buddhist mean, it requires stages as used by Thich Nhat Hanh. Many interesting points in the conflict between Jews and Palestine. Primarily, the conflicting people are arranged to be alone that is to retreat themselves, while at the same time allowing them to hear the other's suffering. People in retreat have a chance to practice peaceful mind and to see themselves. Hearing the other's suffering help them learn to know the other. This is exactly corresponding to Buddhism in a way that in order to cease revenge, one needs to see the other's suffering and goodness. This is an important process because it help reduce Agati, Bhayagati, Dosagati, that is, seeing the other's suffering and how they

suffer. The patient needs to listen to the doctor's suffering, the doctor needs to hear the patient's suffering, and see what are their good points. This is what the Buddha taught that there are 2 ways to restrain revenge, then having profound talk. It requires this type of process to develop Buddhist mean. Talking in a meeting room will not work, but this process will facilitate the Paticcasamuppada to turn backward, by 1) self contemplation, taking time with oneself, 2) hearing the other's suffering and open one's mind to perceive the other's goodness which may be just to listen and say but not negotiate anything. It requires a profound listening. If this process is laid down it will be practical. Principally referring is just the concept and is difficult to practice. It is better to try out with focus group. If expecting for practical use, it is through this process.

Dr.Banpot: In your opinion, the use of this model for training requires a preliminary process to introduce draw the focus before having profound talk, and also a try out if it really works. The question is if the concept and model are developed regardless the try out to see whether it will work. What do you think about the possibility of the model?

Phra Paisal: It can be possible but difficult. Reading and then practice should be difficult because understanding the concept will take time. I think in principle it can be used, but the problem is how though with profound talk. The concept is OK but how to do.

Dr.Banpot: To clarify this, it is merely the starting point for further possibility because it is just a conceptual model.

Phra Paisal: It's a concept, a theory.

Dr.Banpot: Anyway, you see this valuable to provide the starting point.

Phra Paisal: At least it is somewhat a thought of the Buddhist mean in solving problems by regarding psychological and emotional dimensions, not only the issue or distribution of interests, or management of interests as widely used in the western world, but rarely touching on the inner sense that is deeper than Tanha, Lobha.

Dr.Banpot: Arahants regardless of where they live, are in tranquility and peace. When reading about the genocide in Rwanda, it appeared that they managed the conflict by creating reconciliation condition. They first created external context for peace by establishing social condition of how to live together for peace in the society, then reconciling later. The question is when comparing to Buddhist mean to my understanding, Buddhism creates the process for

peace from the inner regardless of social contexts. If an individual is calm, it is calm. The issue is when we present this mean in the society at large, they said it does not work in time while they were killing each other and we told them to calm down, working individually did not work in time. The question is how can we explain our method (Buddhist mean) to greater respond the social context.

Phra Paisal: It has to be done simultaneously in both individual peace and social peace atmosphere, since it is difficult for people to calm down in the confused chaos, and restless society. Buddhism is meant to manage both but focuses on mental aspect, that is, to put more weight at his point.

Dr.Banpot : The limitation is that monks cannot engage in any movements to create external conditions. To creating external condition we need to cooperate with other sectors.

Phra Paisal: Monks can teach and give advice, but Buddhism is not merely the business of monks but of Buddhists too at every level including administrators, so only monks are not enough.

Dr.Banpot: Do you think my proposed work should need any other improvements apart from these?

Phra Paisal: It should be tried out if time allows because it will acquire interesting data whether it works. Or studying the cases with good result and with escalation, then applying your model to see why the conflict cannot be resolved and why it is unresolved, using various cases as evidences (retrospective study) and examples to verify that it works.

Dr.Banpot: There may be some successful cases which by the time we worked with did not regard Buddhist mean, that we can review to see why they succeeded or failed in the context of Buddhist mean.

Phra Paisal: Applying Paticcasamuppada to see whether they were successful because of extinguished Avijja, ceased Tanha and Upadanam, or because of profound talk and mutual understanding, or it is because of expression of good view, mercy, kindness toward one another that made the problem well ended.

Dr.Banpot: Thank you very much your venerable.

5. Interview with Phra Kru Pavanavaralankarn Vi.

Abbott of Wat Bhaddanta Asabharam, Banbuen district, Choburi province.

Vipassanajahn

Date of interview: 30 December 2011 at Wat Bhaddanta Asabharam

Dr.Banpot : Do you think the model presented to you is correct or possible?, or how it should be improved?

Phra Kru Pavanavaralankarn Vi.: It is possible if we understand Patikkasamuppada process, if we manage with common interest, there will be another following interests, or perhaps we may manage the interests satisfied by both parties to end the conflict, it is with conditions. If such interests or causal factors change, another conflict will rise, and no resolution. So when mediation is compromised with causes or conditions for the sake of interest, none gains more and none gains less or everyone is satisfied with what is located, it ends with existing conditions. If ending with conditions, it is necessary to deal with such inner conditions of each party, which, based on Buddhism principles, are Lobha, Dosa, Moha. Sometimes they want much extent of interest, it is Lobha, sometimes after mediation they feel it is injustice, sometimes it is because of vague information, then it is Moha. If we can handle with the cause of conflict within both parties' mind, it probably be a case of reducing or mediating not only based on interests, and it will follow Buddhism principle of mercy, kindness, helping each other, so it is the process of helping one another, it depends on the process of mental refinement, there must be activities to promote love, mercy, understanding in work and profession. In the case between doctor and patient, such interest or need will never end, if we live with reduction, abandonment or Hiriotappa, or getting to know and understand each other, interest might not be that important and it is only objective interest, but with subjective feeling and have a chance to help other human fellows, as in the case of patient and doctor, the doctor helps patient and the patient helps doctor, then treatment opportunity is there if both give one another's opportunity. If it is the interest, it is inner interest. If everyone possess Dhamma, everything turns good with inner happiness. With inner happiness, nothing else matters, and externals follow. Externals may not be the interests, that is, everyone is ready to be helpful just like the patient and doctor. The patient is ready to give an opportunity for the doctor to take care with trust, without offence. The doctor does not mind only on the money, business gains, but extends love, mercy, and good

feeling. Both sides will appreciate the true feeling of each other rather than turn into conflicting parties but supporting parties. If we integrate Buddhist mean but refer to interest, it is difficult, and it is hard to approach Buddhist mean. Therefore, particular matters need to rely on the western mean and have to move beyond the inner sense of conflict by Buddhist mean.

Dr.Banpot : In the view of mediator in medical and health care system, if we use this model, how can we use it to manage the conflict in the parties' mind, I would like to have your opinion.

Phra Kru Pavanavaralankarn Vi.: It can be used but you have to write clearly the management methods by Buddhist mean for releasing the inner conflict that is originated by Lobha, Dosa, Moha. While this process uses Buddha' teachings to mediate or dissolve behaviors in proper manner, it has to simultaneously manage the conflict of both parties. Once both posses Dhamma, and better understand the reasons, the conflict will improve, and it is not to manage the conflict for interest purpose as we thought about, it will change.

Dr.Banpot : Mediation method in medical and health care system through Buddhist mean use the Four Ariyasacca by mean of the Noble Eightfold Path for management. In this aspect, in what ways meditation can help mediator to reconcile the parties or to deal with mental problem.

Phra Kru Pavanavaralankarn Vi.: First thing is to manage the inner conflict, this is important and at least has to improve at certain level because it will somewhat dissolve negative feeling and it will beneficial to the parties to feel better. Sometimes it is the matter of interest, an excuse, emotion . People have defilements, we know the problem, the cause of problems, we know how to eradicate by which methods in Ariyasacca. When we move into mediation process, we have to identify the type of suffering first, what is the problem, what is the cause, we have to study the case and the data clearly, then we start to know how we can use the Path to manage the problem, how to dissolve the problem. Once we know the principle we can use it to manage the conflict in systematic manner. It will become easier because to manage human is not easy, sometimes it is easy to say but difficult to practice, merely management of inner conflict is hard enough already.”

Vipassana meditation will help us become conscious, perceive the problem or its origin, and find ways of good management or solution. “If we allow emotion or feeling or

attachment to dominate us, we have no freedom, and have Agati, that is Moha. If we are free we will see every problem in its real term and we will draw it out one by one. This is the advantage of mindfulness or Vipassana. Dassana is intuition, seeing everything as it is but not hypothetically, seeing things from causal factors and truth, it is the wisdom of insight not of hypothesis that it must stem from this from that. We have to be careful as it may sometimes confuse us. Without carelessness, we will see the problem as when we view a picture and will see the present emotion. It is because we dislike, we are afraid, we are misled, we do not know. When these all disappear, we begin to know, that is they are tacitly managed, and we will understand, this is the power of Vipassana.

6. Interview with Arjarn Paiboon Wattanasiritham

Chair, Volunteering Heart Foundation,

Former Deputy Prime Minister and Minister, Ministry of Social Development and Human Security

Date of interview: 5 January 2012 at 54 Sukhumvit 61, Wattana District, Bangkok 10110

Dr.Banpot : Whether the model presented to you is correct or possible, or how it should be improved?

Arjarn Paiboon Wattanasiritham: First, relating Buddha's Dhamma to the universal or western peaceful means for conflict management is what I have previously mentioned such as in my book of autobiography with one part of talking about conflict management by peaceful means, and I said that in depth what will be the bedrock for integrative and sustainable improvement of conflict is Dhamma. Dhamma is a vital part that facilitates conflict management process. To begin with the fundamental principle of conflict management, it comprises 3 major components. 1) Good process 2) good attitude, emotion, and feeling 3) good and creative substances. If it started with this good principle, it can be seen that the good process must be based on sincerity, prudence, and attempt to produce collective success, and reconciliation. Attitude, emotion, feeling even link closely to Buddha's Dhamma, that is, attempting to build positive and constructive attitude, emotion, and feeling, understanding, sympathy or compassion, patience, mercy and kindness, assistance and support, wishing to help each other, interdependency as human beings, and collective gains, all of which are universal psychology and also Buddha's Dhamma. In terms of good and constructive substances, it must be useful and supportive to every party concerned in both short and long

terms, and is useful for bringing about happiness, satisfaction, peace, tranquility, and good, constant, or progressive interrelationship. This may come from further activities to allow for interaction among parties and all concerns and to promote positive feeling, sympathy, compassion, friendship, turning them into friends and relatives, helping and supporting one another, and may working together to help others especially those with similar experiences. In brief, it can be seen that management of conflict with universal peaceful mean and applying Buddhist mean or Buddha's Dhamma are supportive and reinforcing to one another. For comprehensive concept and thinking in advance for early prevention of the problem, there may be a kind of preparation for both the doctor and patient as well as their relatives about Dhamma which is the Truth, virtue, which can be practice generally in every institutes and community where involve doctors, health personnel, and patients, and expecting patients in the future. This preparation will bring a number of advantages all together. Primary result is psychological improvement of people involved that will effect positively on individual and society, and co-residence within the society, organization, and institution. At the same time it prepares and benefits the patient or expecting patient who might have the problem with medical and health personnel. Both sides, in addition to acquiring Dhamma, penetrating the Truth and virtue, can also apply Dhamma to their profession or living. In particular, medical and health personnel who appreciate Dhamma and Truth, and rely on Dhamma and virtue will view the patients as human fellows, so called humanistic heart in medicine. By this way, the chance to rise controversy and conflict between health personnel and patient/relative will reduce or become less. This is a stage of looking in advance, preparing in advance, planning in advance before the problem arises, that is, the conflict problem and suing. Even with or without such preparation and the problem occurs, using universal peaceful mean in conflict management process would work well especially by integrating with Buddha's Dhamma at different points and suitable times in process management, in building positive attitude, emotion, and feeling, and in substantive dialogue to generate good and favorable common agreement. At the stage requiring peaceful conflict management as it has already taken place, starting at Aritasacca 4 or Pattecasamuppada might be too late, so it should employ the universal mean but combined with Buddha's Dhamma. Later on when this peaceful mean for conflict management is successful and come up with common agreement, it may or may not provide total, integrated, utmost satisfaction, and with something remain skeptical. There can be activities to maintain relationship and interaction between parties and among health personnel themselves or among impacted patients in order to use general psychological principles, social dynamics principle, and importantly Buddha's Dhamma as instruments to help healing their inner mind, and improve, create inner emotion, feeling, spirit to release

from the problems in doubt, then lead to improvement and enhancement of relationship in constructive manner among concerned people and between parties. It may provide greater benefit than those received from an agreement as objects or practical conditions, its result may also extend to surrounding people in the same institute, organization, and community, including public information, communication, and campaigns to promote the widespread of these virtue, construction, and morality in the society. It will help our society to attain peace and strength, and become ready to better and effectively handle various difficult situation, conflict situation, and worse situation, and attain common peace and increased well being. These benefits will extend to every part of life whether on economic, political, social, cultural or on our ways of life, making a living, education and learning, family life, community life, including relationship with people in other countries as it will be increase and closer in the future, all of which will be progressively better. To make it a comprehensive cycle, it starts from preparation to prevent the conflict problem, to management of conflict in case with prevention but still the conflict occurs, and to arrangement of extensive activities after the conflict is resolved, as a cycle to revolve, progress, strengthen, producing innovation, development, security, sustainment, with consistent dynamics for long. This is a summary I considered from the concept of Dr.Banpot. It is to answer the question in overall not in separate points because conflict problem needs to be viewed in a holistic and integrated manner. Prevention, management, extension, then turning to prevention again is an endless cycle should be managed with a holistic and integrated concept or the word “systems thinking”, then it will help improve in laying down the principle and guideline for training, practical session, and enhance skill.

Dr.Banpot : Thank you very much. May I clarify the issue by asking you about the model I try to create in 3 sub-systems and 1 method for management and you had already commented in overall picture. Firstly, what do you think in focus on particular issues if they are correct, appropriate as you said in a whole. Secondly, if it is to improve or already correct, do you think whether the model can be used to train mediator in medical system, is it difficult, and what will be the problem in applying Buddhist mean to support the universal mean? Can you give further explanation from your previous answer.

Arjarn Paiboon Wattanasiritham: As I mentioned earlier, in the preventive phrase, Buddhist mean can work well, so in the division of 3 components, if component 1 is used for training mediators and medical and health personnel, I think it is possible and good but depending on the designing the course to be attractive and relevant to the need of people

involved, for example, do not make it too much like Dhamma that they think of practicing Dhamma, but you have to link Buddhist mean with functions of mediator or health personnel, and I even think of general people in the same organization such as those in government and business sectors or people in the community. Designing the training course to prepare for conflict prevention and at the same time to improve life and mind of the target groups is interesting and should be considered because even the conflict does not rise, they can make use of it in daily life and upgrade their mind as well. It also has the benefit extending to other dimensions in life. For example, people in the same institute, organization, workplace, community will attain peace and tranquility both individually and in living together in peace, and it will also be productive and useful in terms of economics, making a living, social, cultural and political. Therefore, Buddhist mean is a principle and method applicable to almost every aspect in life, including the conflict issue in medical and health care system.

Dr.Banpot : Do you have any others to add at this point?

Arjarn Paiboon Wattanasiritham: I think your idea should focus on component 1 but you have to link with preparation or planning for prevention similar to the disaster that requires preventive plan and preparation for which have long been ignored in Thailand up until the great disaster took place in 2011. If we integrate Buddhist approach with universal approach, each of which in fact without controversy, it will add to one another because universal approach based on rationale, psychology, and science, while Buddhism or Buddha's Dhamma based on Truth, cause and effect, and science. As Einstein said Buddhism possess a highest degree of science, and I think this is an important point to be more focused because if we let the conflict happens, it means the problem has risen, physical and psychological damages exist, management is more complicated. It is better to prevent by planning and prepare for it by properly integrating Buddhism principle with universal principle to arrange planning and preparatory activities to guard against conflict or if occurs but to the least extent. In addition, it helps promote good relationship between doctor and patient/relatives, it is happiness, rejoice, productive, and healing at the same time which means preventing conflict. The use and receiving health services that built on Dhamma, truth, virtue, and good culture, would be encouraging and reinforcing relationship, and affecting better treatment because of positive mind and attitude toward each other. In addition to treatment with prudence and integration that works well in physical medicine, it is also true in psychological term, which in turn beneficial to physical condition as we always say that body and mind are profoundly related. Healthy body helps maintain healthy mind, and importantly healthy mind fosters healthy

body. Healthy mind is not difficult to create, it uses no tools, it does not cost a lot of money, but it employs only virtue. Conflict will lead to learning and developing extensively and indefinitely.

Dr.Banpot : Thank you very much.

7. Interview with Prof.Dr.Praves Wasi,

Senior citizen, Instructor, Sage, Researcher, Peace maker

Date of interview: 19 January 2012, by email

My answer is in the whole picture as follows :

Buddhadhamma is the natural profound Dhamma principles about suffering and cessation of suffering.

1. In aspect of individual, Patikkasamuppada is a rationale principle of what causes what.
2. Medical conflict is a complicate structural problem. Examples include doctors are too exhausted. Patients are dissatisfied with poor quality treatment, when death occurs, they have strong feeling. Applying the non-engaged Dhamma cannot resolve the conflict, but the context-based Dhamma would rather manage the conflict.
3. It should regard Truth as the mainstay not the Dhamma.
4. In this matter, medical conflict should be considered in details of causal factors, that is, according to Idappaccayata, as well as its structural problem.
5. To solve structural problem and to relieve immediate conflict, good mediator must be knowledgeable to draw from many available Dhamma principles to use properly and employ dialogues upon consciousness, wisdom, mercy, and toleration without adhering to any categories of Dhamma. Basing on Dhamma. Using Dhamma as the mainstay is impractical.

8. Interview with Ajarn Dr. Kotom Ariya

Institute for Human Right and Peace Studies

Mahidol University

Instructor, Researcher, Peace Maker

Date of Interview: 9 January 2012, at Office of Rector Building 2nd Floor,

Mahidol University, Salaya

Dr.Banpot : I am preparing a thesis focusing on solving problem not preventing problem as in the scope of this thesis, as I have over 10 years of experiences in management of conflict in health care system and mediation between patient and medical personnel, I found that the western mean has some weak points though parties are satisfied with common interest and agreement but they remain doubts, constraint and anger which effect their relationship. I apply religion especially Buddhism as in my previous research paper in Suttantapitika that the Buddha employed profound talk to approach the inner mind of parties and finally their relationship was restored. I reviewed the cases of both the western and Buddhist means in relation with medical conflict, and also reviewed the cases settled by the Buddha with his roles either as mediator or a conflict party. I found some similarities and differences in both concepts. This leads to my integration of the strengths of either concepts. The western has advantages in explicit process and procedure through negotiation or dialogues particularly interest-based approach which is their good points, however with some weak points. Buddhist mean has a strength in restoring relationship but it takes time and relies on understanding of mediator. My analysis proposed 3 sub-systems leading to the design for integrating the 3 sub-systems to produce a model I tried to develop. So I would like to have your comment on it. For the sub-system 1, prior to the integration, I think about the way both concepts approach the problem. The western approaches the cause of conflict through the circle of conflict based on 5 elements: data, interest, structure, value, relationship, while the Buddhist mean approaches the cause more deeply into the inner self of parties through the cycle of Paticcasamuppada at Avijja and as a cycle revolving on and on from Avijja, Sankhara, Vinnana, Nama-Rupa, Salayatana, Phassa, Vedana, Tanha, Upadana, but most important point is Tanha and Upadana. This might be the contact point to intertwine the western and the eastern of Buddhist concepts. The circle of conflict will link with Tanha and Upadana, but this picture fails to include Upadana, so it will be revised to cover Upadana. Tanha is craving, while Upadana is clinging to the craving or desire, they are difficult to separate. This is the contact point for sub-system 1, that is the cause. It is the point for integration. For sub-system 2 on management concept, with the focus on interest, so interest-based approach is applied, but Buddhist mean bases on profound talk to create understanding the truth and awareness in Avijja possessed by oneself, and lead to more self awareness and sympathy. Sub-system 3 is management method. The western adopted negotiation of various forms just as in Buddhist mean besides the profound talk. Social intervention is also introduced in the case of Kosumbi that the Buddha used profound talk to create awareness but

failed to succeed, so he retreated himself and allowed people to put pressure on both conflicting sides and in the end they came to understand each other. Social intervention is thus another form of Buddhist mean and is helpful. Metaphor is one approach of Buddhist mean to settle conflicts. The sub-system 1 of the circle of conflict is integrated with the cycle of Paticcasamuppada to produce the model in the last page. Understanding with Buddhism, I called Medical Paticcasamuppada, meaning that when we approach to management of medical conflict, we have to consider the circle of conflict inside of individuals. The cycle of Paticcasauppada refers to finding the cause of conflict both internal and external. The sub-system 2 is to manage the origin of conflict. The western mean is certainly useful when we want to reach an agreement, we have to provide some interests to parties for psychological and procedural healings. However, Buddhist mean focuses more on the understanding at the innermost of the cause in order to allow for visible solution from the inside, but with external complement of the western. Arriyasacca is a tool for the analysis through Dukkha, Samudaya, Nirodha, Magga, to understand the root cause. This management method is called Medical Ariyasacca, risen by the western action. The sub-system 3 is conceptual reframing. Conceptual reframing exists in the western mean, but reframing is necessary in terms of interest-based approach, to understand that the problem is not ended. It requires to reframe the idea that the conflict is managed but reconciliation remains a problem, so Buddhist mean is to be applied through the Noble Eightfold Path such as the right view, the right thought, the right action, etc. This is to facilitate the parties' understanding and sympathy, and offering some healing in all possible forms. The Noble Eightfold Path is a tool to manage the conflict by means of reframing thought. In sum, it leads to a question that for 3 sub-systems distinguished between the western and Buddhist means, what is your comment on them, and whether this way of integration is correct?

Dr.Kotom : I think what happened is complex, dynamic, and interrelated, and the internals and externals are changed. Dividing similarly into 3 parts of causes, concepts, and methods is alright but it looks somewhat linearly in a way that if we know the cause, we can solve the problem, as the rule of cause and effect. In the case of conflict, sometimes merely simple reason cannot totally explain. Some may view the conflict in terms of relationship, power relationship, rights relationship, interest relationship, or some view conflict based on system theory. The system theory itself is not linear, so it is hard to produce result and the result will reflect the cause in 2 ways, that is, to adjust the cause to base more on flexible rationale, whatever the causal factors, it will lead to something like a hole or puddle, falling into the puddle, back to the puddle of one's standpoint. Therefore, the conflict should be viewed as a

system with a range of causal factors and roles, and cause-effect relationship, and it is very complicated. What is proposed here for such complication is the second issue, it is not clear on fundamental consideration that what is external dimension and its scope. There may exist 3 dimensions. Dimension 1 Lokadhamma. We have social life, we are worldly beings. Level 2 or dimension 2 may be called Puggaladhamma. The deeper level called Mokkhadhamma. Buddhism is at the deep level. Theravada is semi-Mokkhadhamma or we have to first manage the suffering at particular levels. The causes of conflict whether in medical and health care or in other fields comprise the 3 aspects in combination: the worldly desire for good health. In case of loss, the patient is upset or the doctor feels like so much responsibility than they can normally pursue the work, that is, in the Bhayagati or anxiety to provide treatment, or in tension of over workload. It is partly the worldly manner. Another level we mostly understand is between individual and individual. In worldly manner, it may be viewed in terms of a system, the management method and classification includes substantive procedural, psychological, and internals and externals, the externals are worldly and the internals are Mokkhadhamma. However the level relationship of relationship can be called Puggaladhamma, or Sampanthadhamma. Whether the classification of management concept or management method are useful. Finally, the thing we can manage if we do not regard the new problem, social problem, worldly problem, is Sampanthadhamma level, that is, to make the relationship or individuals turn normal, with less or without suffering, and focus on the advantage of reinforcing and guarding their thought or integrating all these things. The western is of worldly, relationship, and emphasizes more on individualism and transcendentalism. If we cut out the word healthcare, we will see considerable general findings. Specific findings directly used for medical conflict are divided into 2 parts, general findings about conflict management and applying general findings to the concept of medical and health care. Why using Patticcasamuppāda to show that the wheel of conflict is the same thing. It is because Patticcasamuppāda is at the level of Mokkhadhamma. When it is applied at another level, it may need an explanation. Comparing Patticcasamuppāda and the cause of conflict in western mean, it is the theory, it can be explained what is the primary and secondary. Referring to Gary Furlong is one western method, Patticcasamuppāda is the Buddhist mean to cease the conflict, the science of Mokkhadhamma is rather static.

Dr. Banpot For the integration with 3 sub-systems, is it technically possible, and how to improve it?

Dr.Kotom In sub-system 1, it has to be clear, understandable, explainable with examples. If we want to understand mental cycle and analyze it in Buddhism way, it does not persist all the time of human life, it rises and extinguishes at all time, it is the inner cause, at Makkhadhamm level. If you want to integrate them, so how it relates to the upper level or individual level. Simply speaking, it happens all the time, it is at Tanhā and Upadāna, it attaches as the self, Jati, Jarā-Marana. Are they ones among the causes?. The western interprets it as human nature, the relationship between human. There are 2 schools: one thinks it is human relationship, human has relationship with others, making choice decision on reasons, the reason to satisfy themselves. It is a broad view, deep view, understanding view, but finally, it is a free view, and understand that one's interest depends on other's interest. We have to treat other because we gain interest too. If we are selfish, we hurt ourselves in the end. Another school views that in addition to the rationale for decision making, there exist other principles open for it. the Four Brahmavihāra in Buddhist way, up to the level beyond Makkhadhamm. the Four Brahmavihāra coupled with the Noble Eightfold Path should have some points for more practical use. It is at the level of western theories of causes. Human can think of others. Human who do something for the sake of oneself is non-perfect human. In Buddhism, we should not adhere to the self, but Dhamma principle, we do not treat others the way we do not want others to treat us. Setting priority should be more likely in favor of the society, the deprived people. Integration is made at causal level. For the western concept, no exploitation to oneself and to others. In Buddhist way it is the Four Brahmavihāra . So it will be more practical, understandable. If we apply Ariyasaca in Buddhist mean, as a universal mean, Ariyasacca is possible at Makkhadhamma level, at nirvana level. If it is not used at nirvana level, it needs interpretation what is the suffering in medical sphere.

Dr. Banpot In sub-system, understanding the cause of conflict can apply the western and Buddhist views. Sub-system 2 is management concept with proposed perspective and model, and conceptual reframing to lead to management. Integration of both means provides strengths as in sub-system 1. Referring to the book Buddha Dhamma, explaining Patīccasamuppāda is about how suffering occurs beginning from Avijjā to Jara-Marana, 12 steps altogether. When comparing to the western mean to be integrated in Sub-system 1, in the western, suffering is tangible, it is craving, Tanhā and clinging to the self, that is Upadāna. Previously the western did not consider deeply into this point. Tanhā, Upadāna lead to Bhava, behavioral expression, aggression, demand for Jati to existence, then decline finally. It may work or fail. It is the cycle like this. Integration is to make it become holistic in 2

ways. One way is to use the first science as the principle, then integrate another science into it. Another way is the other way round. If we consider *Patticcasamuppāda*, Buddhism possesses wider base starting from *Tanhā*, *Jara*, *Marana*, whereas the western starts at *Upadāna*. The integration is to place Buddhist mean as the principle, then integrate the western mean into the model. This is sub-system 1, leads to sub-system 2 of management concept. In sub-system 3 is conceptual reframing, this is from the western approach, starting from reframing the problem, then keep on reframing to see what would be the interest for one party, at the same time there are other problem reframing and giving interest, and finally there remains the issues of understanding and mentality to be reframed through the cycle of *Patticcasamuppāda*, *Ariyasacca*, and the Noble Eightfold Path. We mainly focus on medical conflict, and the research emphasized on solving problem. We consider the cause using *Patticcasamuppāda* to change from western concept. The concept is called Medical *Ariyasacca*, as a conceptual structure. It has to be accepted that this is not the instant mean ready to use, but it is the theoretical model leading to development of tool and manual for extensive practice.

Dr.Kotom In this way, there exists a proposed large structure, *Lokadhamma* level 2 called *Dhamma* relation because ultimately what we will consider is at this level. In overseas when we talk about conflict, structure, culture, if we focus on interpersonal conflict, it is improved, but it does not mean that we will ignore structure issue, we do not abandon the deep part called *Mokkhadhamma*, so that it will be somewhat a scope, otherwise it is too broad and more complicated. Second thing is it is relevant to the western concept which tries to explain how to analyze, how to manage. We show the integration framework that is relevant in terms of perspective on the cause, concept, and management view, what is the reason for this integration, what is the benefit of integration. It is another framework we do not expect that this new theory will be better than the western or eastern theory, but we try to show if this theory is applicable and practical, or better workable in the context of Thai society. We create this thing to combine or integrate the scientific and rationale based society with compassion or humanistic based society for more practical and relevant approach. Management concept is similar to strategic concept, to focus on one point or at easier factor. In western concept, it is aware of focusing on one point and also another point but some will be left out. We start with the circle leading to the concept. We have to clarify the concept of *Samudaya* that it is the cause of suffering, if we use the whole *Ariyasacca* in the part of cause. *Ariyasacca* means to regard suffering as the problem, so we have suffering. The way to consider the cause of suffering is to look through *Patticcasamuppāda* to explain the cause

which is correspond to Samudaya. I think Nirodha is the way to get out of suffering, but actually for Buddhism it may focus on Magga at the beginning, it refers to philosophy, we have the right view, right thought. It is the concept of problem solving.

Dr.Banpot Thank you very much.

9. Interview with Phramahasuthit Arphakaro (Dr.)

Department of Buddhism, Faculty of Buddhism,

Mahachulalongkornrajavidyalaya University.

The writer of Participatory Dispute Settlement (Adhikarana) in Buddhism Dimension

20 Jan 2012

Dr.Banpot : Management of medical conflict by western mean though reaches an agreement but relationship was not restored or getting an agreement but not the heart. So, I am interested to seek for a new management model which is the reason of this thesis. May I refer to the drafted model of Buddhist mean for management of conflict in health care system to ask for your opinion on the 3 sub-system and 1 approach. I begin with the **sub-system 1 understanding with Buddhism** that I refer to as Medical Paticasamuppāda, as one conceptual dimension to view conflict. I integrated western view on conflict using the cycle of conflict with the Buddhist view through Patīccasamuppāda with the contact point at Tanhā-Upadāna shown in the picture. This is to help parties with medical conflict such as doctor-patient to be aware of the cause of conflict both the internal and external causes. With this initiative, what do you think about it?

1. Answer 1

I think it is the process that can be used to resolve medical conflict but you should add another dimensions in your proposed model that you focus more on internal than external processes. In reality, conflict takes place both inside and outside. It is correct that internal is the major cause but internal perception of information, unmet need with the process of treatment can generate conflict, so you should add the system for external management.

2. Answer 2

It can be possible under the specified process but you should also take into account the external process by revising the internal and external processes in a way similar to the

functioning of body organs that link together the respiratory system, excretory system, the system that link several parts of organs

3. Answer 3

It is an interesting model that can be used, and if it includes a study in the dimensions of problems, causes, and process, I think it will be well practical. The remaining processes should also focus on reorganization so that it will be more useful for various sectors.

4. Answer 4

Social application of the model should regard social related processes and contexts. In the case of Thailand, not may be a problem but in some countries, they may have different rules, regulations and laws. Therefore, it should regard those dimensions. However, the developed model may link with social process and networking to help with solving the problem within particular agency.

5. Answer 4

To improve for suitable model, it can be done by considering the structure with existing problem first, then finding suitable process-procedure, and the origin of problem, whether it is from individuals, system/structure that produce problems. If it is at individual, then dealing with individual, if it is the structure, then manage at the structure, probably by improving both individual and structure simultaneously.

6. Answer 6

It is possible, and in trying out you can add Buddhism dimension as intended. In case without involvement of data and interest, try to explain and resolve at individual and structural levels accordingly.

10. Interview with Dr. Phramaha Hansa Dhammhaso

Deputy Rector

Mahachulalongkornrajavidyalaya University,

Dated 20 Jan. 12

Dr.Banpot : So far, management of medical conflict by western mean though reaches an agreement but relationship was not restored or getting an agreement but not the heart. So, I am interested to seek for a new management model which is the reason of this thesis. May I refer to the drafted model of Buddhist mean for management of conflict in health care system to ask for your opinion on the 3 sub-system and 1 approach. I begin with the **sub-system 1 understanding with Buddhism** that I refer to as Paticcasamupāda in health care system, as one conceptual dimension to view conflict. I integrated western view on conflict using the cycle of conflict with the Buddhist view through Paticcasamupāda with the contact point at Tanha-Upadana shown in the picture. This is to help parties with health care conflict such as doctor-patient to be aware of the cause of conflict both the internal and external causes. With this initiative, what do you think about it?

Phramaha Hansa For the causes of conflict, actually Buddhism view them both internal and external. I had reviewed the literature that the causes of conflict are from both internal and external, and the Buddha suggested to view the conflict side by side because some cases originated from external to effect internal, some cases remain calm, so our mind is normal. When external emotion attacks our mind, if our mind is not ready, it is resigned, sometimes rises perception, when perception is there, it rises manipulation, then rises Sankhara. The problem is thus from Sankhara, emotion (ittharom-anittharom) that lead to conflict, that is, the rise of Bhava, Jati, Jara-marana in the cycle of Paticcasamupāda. I think the causal factors both internals and externals are key variables of the conflict. Sometimes the externals evoke the calm internals to rise manipulation of Sankhara, then Vinana and Nama-Rupa appear in the cycle of Paticcasamupāda. We sometimes come to think and analyze and perceive that it is not what we expected, then Bhava-Tanha follows, that is, our mind assumes and feels like this because it does not meet our interest and need, we have perceived in this way. Once we see that the external is not what we expected, we react in some ways that can also attack external people. So what we have to consider when we explore the causes of conflict is that we trace from our mind and Kilesa appeared that time. Sometime we cannot point out which ones are internal and external, so we have to look at both sides at the same time to break up the cycle. If we eradicate Avijja, then it ends, and cannot do anything to us. It is because we place ourselves in it, i.e. the internal that rises desire to gain, the desire to grow, with narrowed mind. There are 3 factors: Akusalamula or Papancadhamma. Papancadhamma is the Sutta, and Akusala-Mūla is Vinaya. When we consider both of them, we wonder why we look at the cause of conflict, it is these 2 factors of Papancadhamma and Akusala-Mūla. In essence, the two are similar because they are Dhamma and they reinforce one another, and because

they are Raga, Dosa, Moha, Lobha, Tanhā, Māna, Ditthi. Raga and Tanhā are the same, but the ones with supreme dominance and keep quiet behind the cause of conflict are Moha and Ditthi, as Dr. Chaiwat pointed out it is the latent conflict. Actually, it is this factor that hide inactive and let others function for it by making commands behind. Among the 3 evils, the one posing commands is Moha, so we have to correct Moha, if we understand and aware of it, it ends. This is how to look at the cause of conflict.

Dr.Banpot In your opinion, Buddhism views the causes of conflict from both inside and outside together because sometimes we do not know whether the cause originates from inside or outside, and we have to look through the cycle of Patikkasamuppada and apply Dhamma Bodies such as Akusalamula, Papancadhamma. So the conflict in health care system should use this approach, isn't it?

Phramaha Hansa It is, and we have to realize the commanders stay calm behind the cause of conflict, Moha and Ditthi, as Dr. Chaiwat pointed out it is the latent conflict. Actually, it is this factor that hide inactive and command others to function for it, it makes commands behind. These 3 evils, the commander is Moha, we have to resolve Moha, if we understand and aware of it, it ends. This is how to look at the cause of conflict to supplement the western concept.

Dr.Banpot For Sub-system 2, it is the concept for management of conflict in health care system. I realize that Buddhism is helpful to penetrate in-dept at the cause and resolution through Ariyasacca approach that allows for a thorough apprehension of the conflict, origin, solution, and resolution, and the western concept focuses on interest-based approach to satisfy the parties' need. I think the 2 concepts probably complement and integrate with one another for better management of medical conflict, so I call this concept "Ariyasacca in health care system" How would you comment on it?

Phramaha Hansa For the concept of freeing from the pitfall of conflict, a range of western tools are available and focus on the process as well. When we talk about interest-based, it concerns relationship-based too. The Buddha mediated in several events that based on relationship. With this reason, he did not rely on Vinaya because Vinaya is rigid or using laws impedes the solution, and relationship fails, so it should firstly base on relationship to keep people together, then think about how to build reconciliation. As in the case when the Buddha stopped his relatives fighting over the Rohini water. He first laid down the strategy of how to make both sides of relative living together in happiness and peace. He set the

strategy and goal first, founding on relationship, then conflict mapping. He analyzed who should be firstly approached, how to talk, how to do, using Ariyasacca 4 to analyze the conflict itself, the parties, the conflict situation, tools, even analyzed the words to be said especially the statement “Blood is thicker than water” . Everything is planned step by step, and finally he ended up with how to rectify Tanhā, Ditthi, and Māna. With this approach, the conflict is truly uprooted to end. The striking attack is to dissolve Ditthi, the variable that led to the fighting between the two sides of relatives. It is not the water problem, as the agriculturalists of both sides claimed this problem as the setting agenda, making it an issue for which each side had to find someone with superior power to backup, then it escalated to touch on the revelation of one another’s forefather, making them feel like to involve. It is hence not the problem of water but their prestige. Accordingly, the objective and management method are different. When the Buddha approached, it is necessary that he separates emotion from individuals, and separates the problem from the resolution. This theory itself suggests to firstly separate the causes, origin, ways, means of management, that is the concept of Ariyasacca , while the western theory focuses on process of interest-based approach, they probably work compatibly.

Dr.Banpot Concluding from your opinion, the western mean employs interest-based approach and focus on process, while the Buddhist mean takes into account the relationship or building positive feeling through Ariyasacca , so the two concepts complement to one another, is it correct?

Phramaha Hansa Yes.

Dr.Banpot For the sub-system 3, my hypothesis gets into how to find solutions. In the western, Bernard Mayer suggested in his book the cycle of “successive reframing”, that is, bringing the common problem issue by issue, then reframing to find resolution or solution point by point to the last one. The solutions are collected for making an agreement which is primarily based on interest of parties. For Buddhist mean, the most important tool to solve the problem is the Noble Eightfold Path as a foundation for profound talks or called dialogues so they find common solution with Yonisomanasikāra as a mean that the Buddha had used since his period to talk in-dept with the arties. This will lead to penetrating their mental base to solve the problems and sufferings in holistic manner as well as to restore relationship. I therefore integrate the western and Buddhist means for management of medical conflict and call it “Medical Noble Path”. In fact I view that in the sub-systems 1, 2, and 3 are built on Buddhist mean, and we apply the western mean as a complement, it is an integration using

Buddhist mean as a main science since it is subtle, based on Dhamma body, and explicitly get into the inner mind.

Phramaha Hansa If we comprehensively understand the Noble Eightfold Path, we can see that initially it is to tune the idea and create common mission. Sammaditthi is to tune the parties' idea to what they are talking about. In many cases, it seems that one party talked about the rationale, the other talked about action. The tuner is Sammaditthi, to tune the views of both parties.

Dr.Banpot Just like meaning and consonant, isn't it?

Phramaha Hansa I am not sure they get along but the method of finding solutions must come with clear reasons, otherwise it cannot move any further. The Buddha focused on Sammaditthi with explicit rules, distinct matter of talk, specific scope of problem. If they are not clear, then make them clear, after that any other Magga can move forward smoothly on their functions. I think reframing must be clear of what the problems are, what to do together, where the goal is, using the wisdom to think and analyze one's view. You noted that the Noble Eightfold Path is a fundamental tool to get out of the problem and the resolution is correct, but the Noble Eightfold Path has to be based mostly on the natural law because it emphasizes on the law of Kamma that whether they like it or not, it is a well established Dhamma. The problem is we try to include many things against their nature, we try to interpret the some truth to agree with our legitimacy, it will become the problem that I think will lead to an impasse. In the western mean, if this situation exists, they employ persuasion, avoidance, or compromise at suitable time and condition. This situation is quite difficult. Sappurisdhamma will act to recheck, but all of these will base on the Noble Eightfold Path. The western concept may suggest good approaches with particular method for particular situation, and particular method for particular individual. The question is it has to base on something but I am not so sure as it may involve the prestige, humanity, justice, sharing, caring. However, Buddhist mean can actually help if the Noble Eightfold Path is applied naturally.

Dr.Banpot Next I would like to ask for your comment about the conflict management method according to the proposed model. I had previously mentioned about the integration of the 3 sub-systems that lead to a new concept of method in specific to manage medical and health care conflicts, that is, to adopt such integrated concept in each sub-system as the approach in medical mediation. What is your opinion on this issue?

Phramaha Hansa I think the western mean focuses on the manifested phenomena but does not approach mental status that how it truly is. For this matter I think the reason they look that way is because they want to make it easy to define the problem, while in fact the western concept does not consider the Kilesa. Patikkasamupāda is to penetrate Kilesa, then Buddhist mean is helpful at this point. Once getting into the true nature of human need or understanding human nature, it is easy to design for management method correspond to their intrinsic temperament. Intrinsic temperament is important, when the conflict rises, the mediator has to analyze the intrinsic temperament of the parties, because when we talk with people who are hateful or ignorance or lustful understand and to make them understand, it requires different tools. For hateful people, we have to cease their emotion first, then it is easier for them to perceive. Intrinsic temperament affects the dialogue. I think what you said about medical conflict has different nature, it is more complicated than general conflict, it has a unique nature. To solve the problem easily, I think the conflict should be clearly defined, how many types of conflicts, major types of conflict that are very challenging. It is to separate the problem and causes from confusing. If the problem is seen as the cause, and the cause becomes the problem, solving problem will become management of problem, while Buddhism suggests us to solve at the cause, hence it is the wrong point. I think if this point is clear, application of the Noble Eightfold Path to base in seeking resolution at the cause, the conflict problem will be extinguished and without side effect. Just as when the doctor provides treatment, if the cause of disease is correctly diagnosed, then the right treatment is used, the disease is cured. Similarly, it has to make clear that what are the internal and external causes of problem. It is the rationale laid down by the Buddha, they are internal and external previously mentioned, so do not confuse with the analysis. When solving the problem, it is necessary to know that which particular tool is used to solve the externals, and which particular tool is for the internals. The internal factors are Tanha, Mana, Ditthi, these are the real cause but the one stays still behind them is Moha that directs them. The western concept mostly resolve at the externals, that is the interest because it is easy to negotiate, while the value and mind which are the internals of individual human are hard to negotiate, so they ignore to manage the internals.

Dr.Banpot Whether it is wrong if I call sub-system 2 as medical Ariyasacca. As you said medical and health care conflicts are unique and complicated, so it is necessary to look for the deep root cause through Ariyasacca. At this point I understand that we have to know the origin, is it correct?

Phramaha Hansa :I think **the first thing to do when we talk about conflict is to use Ariyassac first**. It is number one. Ariyasacca is a tool to analyze the conflict, illustrate the phenomena. We can't tell whether it is a conflict or not but we know something has already happened. When we use Ariyasacca as an analytical tool, we can distinguish what is the problem (suffering), what is the cause (Samudaya), what is the target to be managed (Nirodha), what is the mean to manage (Magga) in particular phenomena. Patīccasamuppāda follows secondly as it helpful in seeking the cause through the path of origin, not the path of cessation. Formerly, we often talk about the cause of cause, Samudaya, that is Tanhā, Kamatanhā. It is the inner cycle that conclude everything. If we expand the social cause with Patīccasamuppāda, **we can see that the origin path of conflict in Mahānidāna Sutta** will demonstrate that individual has a stick, carries a stick, to do what, it will trace step by step. Mahānidāna Sutta provides excellent explanations that the conflict rises in its cycle **from highest crudeness to highest subtlety beginning from holding a stick...and so on within one's mind, it is to assess the quality from the externals to internals. Buddhism views qualitatively not quantitatively, that is, tracing from visible stick into the mind, in one comprehensive cycle.**

Dr.Banpot Do I have to adjust this model, to focus on Ariyasacca?

Phramaha Hansa To be the superior.

Dr.Banpot Then move in-depth.

Phramaha Hansa Move in-depth to Samudaya, using Patīccasamuppāda to be the sub-ordinate, to clarify.

Dr.Banpot If I follow this way, the medical Noble Path will be correct accordingly, isn't it?

Phramaha Hansa It will be clear because Samudaya is the cause of disease. Magga is the last way to find means to approach, how to approach, but it will depend on Samudaya that is important. Ariyamagga begins with Dukkha, i.e. the result because it is apparent as phenomena. Samudaya is the cause, Nirodha is the result, Magga is the way. **The reason that Buddhism looks at the result first because it is apparent and visible.**

Dr.Banpot For the model I proposed, **you think it needs improvement** to switch over among the sub-systems 1, 2, and 3 between Patīccasamuppāda and Ariyasacca. Any other improvements?

Phramaha Hansa I don't see anything else because you ask step by step, the first, the latter, so I would guide this way by starting from the problem, then using Dhamma to analyze from its cause to the solution.

Dr.Banpot Finally the resolution mean, the western adopts ADR approach.

Phramaha Hansa I see ADR as Buddhist mean.

Dr.Banpot In this perspective, why A D R is Buddhist mean?

Phramaha Hansa When monks had a conflict, the Buddha told them to talk it over first. Many cases end up by just talking. Finally the case of Kosambi was resolved by negotiation through social measure forcing them to talk and negotiate, using dialogue process, I use the word Sangha dialogue, and the principle of Sārāṇiyadhamma. A number of cases were finalized by talking, but if not, monks will find the third party to help. In many case the Buddha played role as mediator because he is accepted for impartiality, it is his power. He certainly have power to facilitate the mediation in many cases as you already know. However for the third party, it is Upāhika, the parties find an individual or individuals to assume the duty on their common agreement. If one party saw it mistrustful, the Buddha allow them to bring the case to Sangha Court. The Sangha will have Sammāṭisangha in a chapter of 4 or 5 monks to act as the judges, the judgment committee, then assume 2 groups of monks, the accuser and defendant, and to question both sides to find documentary, oral and material evidences. After that the committee makes judgment to be followed, then it is finalized. Many examples in the Buddha period.

Dr.Banpot May I ask further about the procedure, as you said ADR is Buddhist mean. For medical conflict, in your opinion, what should be the suitable method for the context of medical conflicts mostly involve the problems with structure, quality of life, life and death. What is your comment for the integration of western and Buddhist means, and what should be the suitable mean for management of medical conflict?

Phramaha Hansa For management of medical conflicts, I think of what you said that sometimes the patient's expectation and what given by the doctor do not correspond to one another. In the society, visiting monks or doctors differ in expectations. To see the doctor, it is expected to have good care. Some cases do not involve with life and death but feeling, hence making complaints. If we start with the relationship, talking will be easier for small cases. Some cases involve legal technique concerning interest and need especially for the

patient's life, if the treatment bring to death, and it is unceratined whether the doctor do the job completely 100% with the death case of surgery.

Dr.Banpot So, there should be healing.

Phramaha Hansa Healing should be there as it is more complicated than other cases. Buddhism focused totally on major principle of Sammāditthi, but varies in sub-principle of Ariyamagga because of different contexts. The Buddha managed the conflict in different ways. With respect to doctor and technique, I think the processes to heal the feeling and to give information should apply major principle of Sammāditthi to work it out and make it clear. For example, before the surgery, they have to talk clearly. This is Sammāditthi to allow both sides to have common opinion and same information, and to decide the method, with the doctor inform alternatives to patient. If the patient asks which is the best one, the doctor should explain what should be chosen for what reasons and what are the risk. If something happens, it will be easy to understand. If the doctor did not talk but proceed right away. Power over was there and it is hard to manage once the problem occurs. Communication skill is thus very important for doctors, so power with will be helpful to create power wisdom. It is the alternative on common agreement. I think if we start it right, any errors are already recognized, it will be lightened up.

Dr.Banpot In conclusion, the method used for management or prevention of medical conflict should focus on building relationship.

Phramaha Hansa It is right I think, with self adjustment on Ditthi and byilding common agreement.

Dr.Banpot And healing.

Phramaha Hansa If it fails, it has to be accepted, and find any other ways of healing to make the patients feel better, and trust us even more.

Dr.Banpot Applying other Dhamma to help.

Phramaha Hansa Sangahavattu 4, loving-kindness, generosity, pleasant speech, and Samānattata, are helpful, and I think they are important for doctors not to ignore other Dhammas but apply many of them to help.

Dr.Banpot The last question, if this model revised according to the opinions of experts including yours is used mainly for training personnel both inside and outside of medical

sphere who will take on the functions in management of medical and health care conflicts, do you think it is suitable and how?

Phramaha Hansa I think it is very good. Management of medical conflict focuses both internal and external dimensions and particularly important on the soft side not only the hard side of healing with materials or whatever. The soft side is an important psychological dimension. Any forms of healing but without healing the feeling, the ending cannot be reached. Buddhism possess a very friendly tendency, generosity because we see human as a companionship for suffering, decay, illness, and death. The course about suffering is philosophy, a guide that leads people involved in conflict management between doctor, nurse and patient to better resolution because it prevents them from over attachment to the techniques of much likely a hard side, but focusing more on the soft side to which religion is very helpful. Regardless of how we manage the internal conflicts, if the ones functioning on conflict management holds inner conflict, their personality, position, and facial expression will not be soft and will not make parties softer. Don't forget that Sammāsamadhi in the Noble Eightfold Path will make emotion softer. With soft personality of words expression, though the management is not totally succeed, it feels fine not aggressive.

Dr.Banpot With this approach for management of medical conflict, if we focus on the mediators and equip them with knowledge, understanding, ability in both the western and Buddhist means in the same person, would you suggest how to do, and to what extent it will be possible?

Phramaha Hansa Theoretically it is possible, and the data is available for both the western and Buddhist means. What I think to be very difficult is the mediators' own approach, how to guard them against bias information. I am very concerned with the mediator's ways of practice. The mediators have to improve their skill and the 4 Buddhist skills: 1) Personality, improvement of body language. For mediator, facial and physical expression are interrelated. 2) Mediator's behavior, verbal behavior and expression have to be improved. 3) Emotion, making the self and mind soft, with good and quality mental health, through practicing. And lastly, 4) Wisdom to think, analyze to solve immediate problem, with the bodies of knowledge can be helpful, but do not allow one to be solved while hindering the other. This is Yonisomanasikāra, it is not teachable but trainable, and certainly mistakes are to be allowed. Training skill is also necessary but it comes from functioning skill. So, for mediators, these 4 types of skills are essential and perhaps more important than the information received. Example is always more efficacious than precept.

Dr.Banpot It is so clear, thank you very much.

11. Interview with Prof. Dr.Chaiwat Sathaarnan

Faculty of Political Science

Thammasart University

Dated 12 January 2012, at Center for Peace Information

Dr. Banpot : management of medical conflict in the past using the western mean though reaching an agreement but relationship was not restored, that is, gaining an agreement but not the heart. I therefore interested to seek the new model of conflict management which is the reason for this thesis. May I ask according to the proposed model of Buddhist mean for management of conflict in Thai health care system comprising 3 sub-systems and 1 management method. May I begin with the **Sub-system 1 Buddhism way of understanding** as I call Medical Patikkasamuppāda, as a dimension of view toward the conflict. I integrated the western view on conflict using the cycle of conflict, with the Buddhist view through Patikkasamuppāda, with the contact point at Tanhā-Upadāna as in the figure, to help the parties of medical conflict such as between doctor and patient become aware of both internal and external causes. **Sub-system 2 is the concept for management of conflict in health care system.** I realize that Buddhism penetrates in-depth at the cause and resolution through Ariyasacca approach that allows for a thorough apprehension of the conflict, origin, solution, and resolution, and the western concept focuses on interest-based approach to satisfy the parties' need. I think the 2 concepts probably complement and integrate with one another for better management of medical conflict, so I call this concept "Medical Ariyasacca". **Sub-system 3 is Reframing of management concept.** my hypothesis gets into how to find solutions. In the western, Bernard Mayer suggested in his book the cycle of "successive reframing", that is, bringing the common problem issue by issue, then reframing to find resolution or solution point by point to the last one. The solutions are collected for making an agreement which is primarily based on interest of parties. For Buddhist mean, the most important tool to solve the problem is the Noble Eightfold Path as a foundation for profound talks or called dialogues so they find common solution with Yonisomanasikāra as a mean that the Buddha had used since his period to talk in-depth with the parties. This will lead to penetrating their mental base to solve the problems and sufferings in holistic manner as well as to restore relationship. I therefore integrate the western and Buddhist means for management of medical conflict and call it "Medical Noble Path"

Dr.Chaiwat Where is Ariyamagga?

Dr. Banpot Ariyamagga is at the sub-system 3 here when it was already integrated.

Dr.Chaiwat The letters are small I cannot see them.

Dr. Banpot So sorry, let's I read : Ariyamagga is divided into 3 aspects, they are Sattayañña, Jittayañña, Kattayañña of Dukkha, Samudaya, Nirodha, Magga. Sattayañña of Dukkha is to know that what the suffering is" what the problem is. Jittayañña is to know the suffering: knowing its conditions and scope. Kattayañña is to know that the suffering is known : knowing that the condition and scope of suffering is understood. I think this is a theoretical and conceptual model, not the manual or guideline that can be used right away. We saw the 2 foundations or concepts of the western and Buddhist means possess their own advantages, then we integrate them, so it can perhaps be a conceptual or theoretical model. This is what I intend to propose. May I ask for your comment from item 1 to item 6 as follow.

1. Considering the sub-systems of the western and Buddhist means for management of medical conflict, what is opinion about it?
2. The integration of both concepts as proposed by the researcher, do you think it is possible, how, and how to improve it?.
3. What is your idea about this model of Buddhist mean for management of medical conflict that I had developed?
4. Do you think this model is practical in social way?, and how?
5. In your opinion, how this model can be better improved?
6. If this model is actually used for the training of medical personnel who work in management of conflict in which the western mean has been using, do you think it is possible?, and how?

Dr.Chaiwat I will answer one by one, I think it is very interesting to try to combine both concepts. The first important question is we combine both concept together, each of which has its own assumption, all theories are built on understanding, so what is their essence and goals. In my opinion, the first question is ..to what extent that both concepts are on the same base. We often think that Buddhism focuses on trying to solve the problem from inside.to bring peace, while the western world views that social and political power will influence these

things. At this point the question is raised, is it true that the internal is the base of Buddhism that take into account the relationship between mind and environment? It might not be that Buddhism emphasizes the internal and the western focuses on the external, since Buddhism do not ignore the external and the western do not leave out the internal. Medicine is a good example of trying to tell that in the end the patient's morale and feeling are important for the patients whether they will be recover or not. In this way, the answer is both concepts are not different but the same. Moreover, their similarity depends on its popularity. Medicine begins with diagnosis, so it is very close to Buddhism. Hence, for your question item 6, my answer is that it sounds yes, they are closer than we thought. Regarding ways of thinking for both concepts, Buddhism starts with ..the cause, that is to diagnose what causes....and the cause of these things were originated from where. More interesting question for me is that if we approach the sub-system first, I am not sure when you think about *Paticcasamuppāda*, and you place the western concept at *Tanhā*, I would ask why at *Tanhā*. For example, the western theory of thinking about conflict is partly the perception and perception is not about *Tanhā*. If my understanding is not wrong, is perception closer to *Vedanā*, even in Buddhism, if it is locked, it will be the problem by itself. So the first thing is whether it is in the right place? The second thing is if it is placed there, it needs a lot of explanation. If I understand correctly about *Paticcasamuppāda*, another question with your model is *Paticcasamuppāda*, as explained by Phra Dhammapitaka who tried to explain that it is not locked at any particular point but they have inter-relationship. I think Buddhism and medicine are at this point of epistemology, if we think both of them are the cycle, then in Buddhism they are the cycle with high level of mobility, not stay still. It is true that we start with *Avijjā* but in fact we cannot identify that *avijjā* is the starting point of the cycle, they intertwine. An interesting point of Buddhism and Buddhist mean is that their elements have inter-relationship, while the western mean, or medical approach, or peace research, or conflict management try to identify the certain point. In all theories, while some may realize the high level of dynamic, but they try to lock to find somewhere to start, simply speaking, I think this is the problem when we combine the 2 things with different bases together. It is seen like one cycle is moving while the other is static, if both moving together, it is alright, but if one cycle stops, it will be the problem, even the cycle as in item 6. Therefore, the first problem with theory is internal problem of placing the cycle.. the second one is the problem with the system itself because it is not curtailed that both cycle will fit together, we do not know how far they can work. As a consequence, if we keep the cycle of *Paticcasamuppāda* remain constant and identify that it start here at this point, the question is whether it remains *Paticcasamuppāda*. It is the

question for you to consider, if you continue, the problem exists at certain level, but it does not mean it is not possible. I think you should be aware of the problem at this point. I impress the way you treat both concepts that it is mechanical, but what we are doing is more than that. So, if we decide to treat it as mechanical, we have to explain that we mechanized something organic and what will be the result. It is similar to the family as a social unit that is organic in the sense that family members are not compensable, they are the components, but some theorists of individuals try to treat the family as mechanic so that it is manageable. If we do this way, the result will be distorted. I would stress again that it does not mean it is not possible but it can be used if we know they are different. Combination of 2 different things must take into consideration of what will be the result. It is another problem with substantive effect. This is my answers for questions 1, 2, and 5. For questions 3 and 4, about the model that you developed, I think that academically this is most interesting because it is challenging but it requires to come across an important obstacle, that is, application of one thing to another one, placing one thing with another one to obtain another thing. I am not sure it will work so. Now we put the western approach into Buddhist approach, on the contrary, if we apply the Buddhist mean to the western work, we will see something else interesting. The model we may think of is the model of 2 sides of the mirror, one with Buddhist, another with this way, it will reflect some interesting picture. So I think it is very interesting and innovative. Whether it is practical for social way, I think applying the Buddhist mean as a mechanism would not be a problem. The reason is that both the clients and the doctor are in the same culture so they can understand and accept these things especially in the condition that A rises B, B affects C, this sort of thing. In this way, Buddhist mean is employed, and it can also empower the Buddhist mean, as we make it easy.

Dr. Banpot How can we expand so it becomes more acceptable?

Dr. Chaiwat I think there are 2 points to talk about, the first is the model itself. I think you possess higher skill than me to use it, so my comment is not at the model but at the thesis. Doctoral dissertation in my opinion certainly needs to include innovative, theoretical base, including cases that you have, but further problem is when we apply various theories, Buddhism or non-Buddhism, **the tradition of these writing** is that if we used the theories and we found some incompatibilities or controversies, we have to demonstrate that we saw the weak point, meaning that the model we produced cannot be claimed because none of the models in social science can be 100% claimed that they work in all cases. You did not claim but you have to **attribute to show that we already did and these problems exist.**

Therefore how to improve this thesis is to show its weak point too, so as to inform your instructors or the committee that you know, but you defense to show the reason why you did it, and it will make thesis more solid.

Dr. Banpot Is this the answer for question 3 or both 3 and 4?

Dr. Chaiwat I think the model itself has some weak points, if we write the report and suggest to try this model, will anyone accept it? The reason of Buddhist means can be easily accepted, but the reason to accept is not at the reason of Buddhism, it is the reason of culture. If you ask how to improve the model, I think if using the western concept, it may have to add in situating this model in a structure of relationship between the doctor and patient of the government and private hospital systems. An interesting question is whether it will effect this model because it is at the agency level or structural level. Each structure also influences or effects the use of Buddhist mean in management of conflict. It means that the context effects the method, thinking approach about interest, perception, what is the cause, cause of action that if it is possible. It may not be similar because we are in government hospital, medical school or in commercial sector, so they are different. Medical personnel are working in many places. Another possible aspect is culture. Where are the power of culture of both concepts? You had previously said that the western mean focuses on negotiation, while the Buddhist mean may focus on profound talk or in-depth dialogue, the question is in-depth dialogue in Buddhism and other frameworks such as in conflict transformation are similar or different, and how? I think we should try to explain it because it may not be the same. In-depth dialogue of western approach such as conciliation process finally makes it necessary to remember many things in the past, as in medical term called attachment oneself to the past, but for Buddhist mean if I was not wrong makes us see the cause, that is detachment from those things, so they are fundamentally different. If I am right, the dialogue tool we use at the levels of both the thought and practice will not similar, hence if it is just a deep dialogue, I do not buy it because it is not enough in the sense of deep dialogue based on tradition, and deep dialogue based on peace. In the end the inner self is intertwine and rise empathy for the western, but for Buddhism it might differ because it focuses on detachment. Therefore if monks cannot be discharged, then it is not possible for doctors too. I think I will not make much comment on the model, but for the thesis it may have problems and argument questions.

Dr. Banpot We have doubt where is the contact point between the views toward the causes, isn't it?.

Dr.Chaiwat Your question is different from others. Buddhist and western means differ from others, so I answer question 6 first because it is easy to answer if it is used to teach or to link with medical system, I have no problem with that....we can explain the reasons. The problem is the model itself might not be that way and the reason is easy because we do not think of it thoroughly, if we get into enough detail we can answer it. It may have some problems but not in other points....we have to explain the method and purpose of the dialogue of each concept on how they differ actually.

Dr. Banpot So when we use it, the one who use it must understand the tenet, method, and purposes.

Dr.Chaiwat The answer is it is difficult to use. Supposing we suggest how to use the model, and they buy it and use it widely, but in practice there are weak points and strengths because they differ in rationale, it will be relatively difficult. For the thesis, you have to make it clear. If we write the manual, it may not be necessary to explain this much, but for positive tendency we have to solve the doubt of thesis, i.e their theoretical bases that intertwine, can you do that? I am telling you that Buddhist mean is like the wheel moving constantly, if you think of combining it with other model though it is a cycle but it stops, so you combine 2 cycles, one moves and one stops, I am not sure if they are synchronize, it may be similar as a cycle, 360°, but one already stops, the other moves. In fact, some institute explained that there are no start and no end points for Paticcasamuppāda.

Dr. Banpot Can this point be used to explain that in the end each concept is not static, if we use sub-system 3, it may

Dr.Chaiwat But the western system is static just as medicine. My friend had undergone heart surgery. He has the problems with fever so the doctor refused to operate. He asked of what to do, the cardiologist said he has to be operated but the surgeon said he cannot because he had fever and he has to lower the temperature. The problem is....where the fever comes from, how to lower the temperature..they do not even look at the cause but the reason to perform surgery. They have to make the issue stable, save his life, or he may suffer from kidney dysfunction. We have to make the decision, they cannot do it with medical reason, they have to lock....

Dr. Banpot The problem occurs in some cases when the doctor think they have to do that but the operation process may appeared to be uncontrollable, the patient said it was the

doctor's mistake and error as the patient might not get well or die. It is this point that remains in their mind. The doctor said they tried their best, here it is dynamic, and it is necessary to transform the idea of both sides.

Dr.Chaiwat It might be easy or difficult to answer this question. Easy answer is that they do what they have to do, informing risk and everything including the cost and facts. Another thing is the doctor said he can perform the surgery but he will go to Japan on Saturday, so he cannot attend the patient after that for 2 days. The decision is made between them whether the surgery will be performed or not, and supposing there are complications, they have to make the decision too. The question is at the decision because they had told what they can, and we have our assumption. They do not want the patient die, and it is the good point that both sides are afraid of having the patient die, rather they want the surgery successful, but is there a chance for the patient to die? , and what we will do? , we have to make our decision and with common fear. In case the patient die, how to do?, do they blame the doctor? I think this is not only about the Buddhist concept when we base our thought this way because they had already told us. The problem is can you accept it. As in the case of my mother that I told you, I did not feel anything, I think the doctor did his best, and I have a set of metaphysic, so I did not think it is the doctor's problem, it is the human problem that it is time to go, and it is what the doctor can do. Conversely, I think I might have been shot, so it is the same think, it is time for me to die. This is another worldview.

Dr. Banpot I think it may not be the matter of integration, but only to contact and then work further together. I think so many things remain in their mind about medical conflict, however with different sets of metaphysic, but how to do, it is not necessary to make them the set, rather make them understand about the cycle of Paticcasamuppāda, that is turning them back from Avijjā to Vijjā, something like this.

Dr.Chaiwat The case I told you I had listened to the doctor the whole things and I think the doctor is very proficient with 20-30 years of experience. Only one thing in my mind that the doctor will go abroad on Saturday, he did not tell a lie, he will go with his family and it cannot be postponed. For me it is hard to accept that he was going to perform a surgery for a patient in life or death condition. After that he will be on tour and he cannot postpone it. For me it is the problem of the doctor not mine. My friend's wife is more practical than me, she asked if there is any other doctors but I think there should be. My question is whether the surgeon should be there, I know the surgery was perform by a team of doctors but he is the top class, if he will be away, I do not feel fine, if something happen, can I sue him?....

Dr. Banpot If we want to improve the model as in sub-system 2, rather than using the Buddhist mean as a main system and add the western, we use the western as the main system, then later supplement with Buddhist mean, do you think it will be more practical?

Dr. Chaiwat For me I would think so, I try to think of it. I am sense that they are theories, they are as the flashlight or we can say the Buddhism helps us to see something unseen by the other means, but not to replace because medicine is modern medicine and conflict remains the conflict understandable in normal western system. Therefore, the idea to control one's mind might not that work because individuals need to stay calm and practice Dhamma until our mind becomes steady. It is not possible when the husband is going to die in life or death, how can one stays calm. The child is in pain how the mother stays calm, it is very hard in such an extreme situation. **Hence, if Buddhism is employ to help flashing on conflict decision making, it is totally reasonable, but in this way it will not differ from McConnell using this approach in the handbook for Buddhist peacemaker translated by Phra Paisal Visalo. The different point is in term of medicine, I think item 6 is important, it is conclusive in the part of training purposes.**

Dr. Banpot A very challenging question is how to explain it to become acceptable.

Dr. Chaiwat You mean explaining to the patient.

Dr. Banpot Explaining to thinkers including the thesis committee that we are creating an innovation and this innovation might have some problems, and we have to explain where the problems are.

Khun Pakawadee You said when Buddhism is included in modern science, Buddhism will be disappear when we conduct the research....and we make conclusion with western principle, modern principle, but Buddhism is gone and we do not know how Buddhism works in the system. It will become in actual practice that Buddhism itself did not visible in the process and it is not really used.

Dr. Chaiwat Supposing we make Buddhism visible and clear, with the most distinctive point of Buddhism. If we apply conservative approach, the prominent point of Buddhism is to analyze and work from the inside, how we have Phassa, Vedanā, Upadāna. If we assume this way, so why we put it this way. I mean for the agency to listen, for example, in the conflict model as a normal agency, i.e. you are a doctor, I am a patient, we are normal agencies, then embed Buddhism in our mind, it will be very interesting because when the

western think or when I teach, I can teach only on perception, but Buddhism is wiser in that Buddhism explains how perception comes from, how is its dynamic, that the western cannot explain. There are perception theories but here we can replace them with Buddhism theory. In making decision about the conflict solution, we can replace with the concept of the Buddhism Noble Eightfold Path, it may be easier.

Dr. Banpot What you are trying to tell if I am not wrong, in our thesis methodology, we analyze the western and Buddhist means, as well as their case studies.

Dr. Chaiwat Not the western cases but medical cases, isn't it? (Dr. Banpot : Yes, medical cases with western resolution approach). Medical case itself is western, so the modes of thinking and decision making are all western, but the western mode does not reveal the conflict, why not, because it may be inadequate, so how to solve this problem, we have to add something else, that is Buddhist means in your case. My question is where you place Buddhism, as you propose Buddhism in the model, I suggest you place it in the idea of conflict partners, keep it inside us. I understand that the cases of your research paper, the Buddha had managed the conflict this way. What is the role of Buddha in solving conflicts, I think he did not act only as a mediator, but guider, and the conflicts solved themselves by following the paths he pointed out.

Dr. Banpot Therefore, by mean of management, I think it is the western, and it is merely a context because something remains or happens. So, to completely solve the problem in holistic manner, it requires another mean to proceed.

Dr. Chaiwat Supposing we think by western mean about conflict transformation even by Lederach, an important argument is that conflict is not resolved from the management because the problem is at the relationship, if you do not deal with the relationship, you cannot solve the problem. This is your question, right?. Once the surgery was complete, the leg was lost, the patient is upset and will sue or have a conflict with the doctor, the doctor did not want to be sued and manage this kind of problem any more. **What will resolve this is something to prevent the patient's decision to sue the doctor or something encourage the doctor's decision to claim his responsibility without relying on the arbitrary or the Medical Council or whatsoever, by loading into their mind what guides the decision.** I did not sue the doctor at the Bangkok Christian Hospital with an important reason that I do not believe the doctor had to be totally responsible for the death of my mother. It is inside of me that I made the decision, it is my perception that the doctor had good intent to solve the

problem. It is inside of me. **In this point, if the strength of Buddhism is applied, it will be interesting, by making people see that it is in the decision making process, it is the highlight that the problem disappears. If we do not know where the problem is, it will not end, and we can tell how Buddhism complements the western theory to make the model practically adequate.**

Dr. Banpot The next question is that is it possible for the western mean to produce such result in the decision making process such as no suing, why with the supplement of Buddhism or other means?

Dr. Chaiwat I think the western approach..., or you ask me what is the use, I saw in Buddhist means, I think Buddhist means helps me clearly see the linkage of causal factors that gobble me into such causal factors, but did not make me totally disappear, and I myself might be one of the causal factor that produced such result. Supposing we are friends, and we finally make a quarrel. The western will think of the cause of quarrel, we fight against one another because we will buy a land but we cannot make an agreement. Moreover, we analyze our different perceptions on the land. However, Buddhist mean may be more, and may include relationship. We may differ in the way we understand relationship, and it may be due to Upadana, and where are we in the relationship. We may regard the doctor as our friend rather than the doctor would think he is our friend. It also differs in terms of location. Buddhism is helpful in giving me answers while others might not.

Dr. Banpot It is clear, I think from the review of mental functioning, psychological analysis is also available in the western world but might not classify in dept as in *Patticcasamuppāda*, *Ariyasacca Magga*.

Dr. Chaiwat I often mention about the analysis of mental functioning. I think none can compete the procedural approach of Buddhism. For example, Buddhism gets into details for over 30 levels of mind beyond my capability to do that, and it covers gigantic details, while psychology does not explain this way, and finally it explains in pathological or weaning terms.

Dr. Banpot Yes, all of the comments kindly provided by Ajarn are useful for my thesis preparation in 4 features you recommended, and is also helpful in my defense of thesis. Thank you very much

12. Interview with Ajarn Soad Sutanun

Judge of Provincial Court, Uttaradit province, mediator, writer, peace maker

Date of interview: 16 January 2011 via email

Before giving my opinion, I would like to refer to the teachings of 2 religious sages:

1. Buddhadasa said that the word kama or action is stated by the Buddha in 2 languages, **Dhamma language** and **Moral language** (human language) **“Dhamma language”** is the language the Buddha used to talk with those possessing the wisdom at the level of achieving nirvana, that is, the talk between learned person and learned person, or teaching unlearned person to become learned person. It is the true scientific or nature based explanation. Kamma originates at **“Phassa”**, when the internal sense-fields, i.e. eye, ear, nose, tongue, body, mind meet with the outer sense-fields, i.e. form, sound, smell, taste, touch, Dhamma, it rises the sense of Binnana through eye, ear, nose, tongue, body, and mind which spontaneously occur according to Dhamma status of body and mind. It is comparable to the plant seed, under favorable land, water, weather, and environment, it will shoot naturally.

“Moral language” is the language the Buddha used to talk to general or ordinary people who possess ego. The reason to use moral language in his teaching is because the Buddha saw that more than 99% of people in the world are not in a condition ready to achieve nirvana, he thus laid down a system for these majority of people. The Buddha talk about the existence of individuals, animals, those who conduct kamma, those who affected by kamma, good deeds, bad deeds, and he taught people to persevere in doing a lot of virtue. This is to establish morality in the world and human will live together with peacefulness and well-being in worldly way. This type of teaching is similar in every religion. It is not to learn about Kamma in scientific term but it is Kamma based on the belief of individuals who adhere to the self, and with the self it rises Kiles, Tanhā, Lobha, Dosa, Moha of the self. If such craving is based on wisdom or righteousness, it leads to such action called “goodness” but if it is the craving in negative way, it leads to such action called “badness”³

2. Phra Brahmagunabhorn noted about the desire of human that craving or desire by nature of human involve 2 types. It is the craving for sensual pleasure, the desire for satisfying the self. It relies on Avijja to nourish, it involves with only the self, self-centered, and lead to Pariyesena or searching called **“Tanhā”**. Another type is called **“Chanda”** means

³ From the book “Kamma in Buddhadasa’s View” p.102

the aspiration for the benefits, i.e. the benefits or things truly valuable for life. It relies on truth and virtue. Chanda is formed by Yonisomanasikāra, that is, having proper method of thinking, critical reflection, neutral reflection by Dhamma, no attachment to the self, and lead to endeavor and perseverance. Chanda is considered an important Dhamma. The Buddha said that “All Dhamma ground on Chanda” However, at last it has to let go whether Tanha or Chanda but for Tanhā whenever it rises, it has to be abandoned promptly. It s from Chanda that needs endeavor to achieve first and then abandon later.⁴

Phra Brahmagunabhorn also clarified that the nature of human’s desire so called “**Tanhā**” has no limit which is different from the desire of “**Chanda**” with restricted boundary. Buddhism regards human being as a trainable animal which relates to the law of human’s desire for quality of life. The desire for quality of life reflects the condition that human needs to develop themselves or their potential, hence an essence of human development is an effort to change from the desire for self pleasure to the desire for quality of life. For example, human being consumes food for the 2 types of desires overlaid upon one another: to serve Tanhā , i.e taste, looking good, showing status etc. (without limitation); and to attain quality of life, that is to nourish their body for strength and health (with limitation)⁵

Remarks I had comment on this issue in the article “**Court identification of conduct**” in one excerpt “.....In fact conducting good deed is to try to move toward the destination of “**Nirvana**”. Various conducts in the sense of good deed are mostly taught to reduce the self, the ego in either giving in charity, sacrifice, generosity, awareness of common good, etc. On the contrary, various conducts of bad deed are all seen as to raise Upadāna, increase attachment, increase the sense of ego. However, conducting good deed in worldly way is to be careful of misconception to fault direction, that is, doing good things in expectation of reputation, face, enrichment, prestige, honor, or asset and money, or even attempting to conduct good action for common good but holding fast to one’s idea, refusing to hear others, unawareness of letting go in the right timing. Such conduct of good deed might be distorted and turn individuals to “**attach to good deed**” or “**misperceive good deed**” In Dhamma term, its outcome is probably not different from conducting bad deed because it likewise involves raising the sense of ego....”⁶

⁴ From the book “**Buddha Dhamma**”,pp. 486-528

⁵ Information from http://watnyanaves.net/th/book_detail/438, Title “Dissolving Conflict: Law-Political Science-Buddhist Economics” p.238

⁶ Matichon newspaper, 15 April 2011

According to Dhamma principles addressed by both sages, I think that addressing the cycle of Paticca-samuppāda, Ariyyasacca, or the Noble Eightfold Path should be the talk of **“Dhamma language”** as noted by Buddhadasa Bikkhu, which are suitable for those interesting to learn advanced Dhamma, and determine to practice mind development with the utmost goal of attaining nirvana. Individuals who are capable to understandably talk Dhamma language must have excellent intellectual background with substantive practical training for which is very less proportion. In this case it is difficult to directly and effectively apply Dhamma language in conflict resolution process, or if it work it may take long time coupled with good mental and intellectual background of all parties. Moreover, I think talking Dhamma language should be suitable for the situation where individuals have full tendency and readiness to practice mind development. So it is not relevant to the event where parties are extremely dominated by Lobha, Dosa, Moha to the level of having quarrel and conflict.

Comparing to sport activities, talking Dhamma language is comparable to coaching athletes with physical fitness and readiness to attend the national or Olympic sport events. Talking Moral language or human language on the contrary is similar to suggesting patients to play sports for their recovery. Certainly, it is not possible for both to employ the same techniques and methods. Another comparison is studying, that is, talking Dhamma language with conflicting parties is equivalent to the use of body of knowledge for doctoral degree to teach primary school children. The culprit that rises Lobha, Dosa, Moha or Tanha, Mana, Ditthi that lead to conflict is attachment to the self or ego. Telling them that the self does not exist may be difficult to understand.

Therefore, I view that to manage the conflict for practical and actual outcome, it particularly require mainly the **Moral language or human language** since more than 99% of human are not ready to become free or to go to nirvana as stated by Buddhadasa Bikkhu. Absolutely if the parties remain the self or ego, it is inevitable to consider their need or interest for each party either the substantive, procedural, or psychological. Major problem is how we can make them come to agreement with a wise demand for interest to satisfy their need. It should consider at most the meaning of **“goodness”** or the desire so called **“Chanda”** because, apart from obtaining adequate solution or agreement without anything remain to produce subsequent problem, it will also lay a good foundation for parties to later further their learning or education in advanced **Dhamma language**.

Although the western mean for conflict management focuses mainly on fulfilling the parties' desire or Tanha, it has to accept the fact that this way corresponds to the nature or reality of human at most. In addition, western technique in many aspects are relatively interesting. For example, the approach to **"focus on the real need** (Interest – based Mediation)" is thought of as a process that open opportunities for the parties to wisely and profoundly find the best common solution, since real need possesses a broad scope covering every aspect of both internal and external interests. However, as it is Kilesa, so the desire would always be the self-centered. If with careless and allow the resolution process to primarily base on the parties' desire in absence of the righteous framework to closely control, it is very likely to go wrong or fail, or even it succeeds to reach an agreement, such an agreement might not be fully supplied but distorted or lead to subsequent problem. Your effort to think of applying the western body of knowledge to Buddhist mean in your research is considered very useful.

For this issue, I had make my comments in the article **"Buddhist and Universal Mediations"** in one excerpt "...Western concept may differ from ours (**Buddhist**). The reason they tried to discover the real need of disputants is to aquire means to **"serve Kilesa"**, the desire of parties directly to the point, without intention to **"reduce Kilesa"** as aimed in our approach (**Buddhist**). Based on rational analysis, it is believed to be difficult for the western medication process to achieve at the level of harmonization because their problems are who should receive what and to much extent, and how to make the parties gain than loss, while our (**Buddhist**) problems involve what all parties should sacrifice together for, to much extent, and how, though at the end with similar implications, that is, to maximize the interests needed by parties. It is however seen that our conceptual principle probably be a productive approach that yields perfect and sustained advantages and even greater true peace...." ⁷

Considering in overall, I particularly agree with the principle of integrating the sub-systems of both concept in your proposed guideline, however with regard to practical approach, I suggest you should mainly focus on **"Moral language or human language"** rather than advanced **"Dhamma language"**. With the above mentioned reasons, application of Buddhist mean requires explicit strategies, holistic, not separate view on the problems, including wise and profound tactics. My comments are as follow.

1) Regarding the conflict, it should consider the resolution process in overall picture. There are studies suggesting 3 major approaches: Constructive Conflict Stimulation;

⁷ "Dullapah" Journal, Vol.1:57, Jan-Apr 2011.

Destructive Conflict Prevention; and Destructive Conflict Resolution⁸. According to these approach, Destructive Conflict Resolution is the method of management at the end result, while Constructive Conflict Stimulation; Destructive Conflict Prevention focus on management at the origin, which is more important. Therefore, application of Buddhist mean to management medical and health care conflicts should aim to primarily manage the problem at its cause.

I believe that is medical and health personnel have knowledge and understanding in the essence of Buddha's Dhamma, the conflict problems will very less likely to occur. Buddhādāsa noted that Dhamma is the duty to be performed for individual and collective well-being. Once medical and health personnel totally perform their duties, any problems and error will not be too hard to explained or clarify to all parties. However, it is apparent that in the past, the performance of medical and personnel increasingly received negative complaints. Here I would like to give a few examples of my personal experiences.

Case 1 – I had taken my mother to medical clinic several times. It is common for old rural people to feel excited and prepare many questions and answers from home for correspondence with the doctor. Observing almost every doctor's interaction and expression, I felt that the doctor is very less attentive to hear my mother's words. Some of them just asked a few words, then gave an injection or prescription. What are well prepared were hence not told to the doctor. Such treatment is similar to the judge's work. I saw it is very important to listen to the total information or fact because if such hearing is mistaken or error, applying of matters of law to render judgment or determination of the treatment method or prescription would be erroneous too. Moreover, I saw that in providing treatment to patients, mental status is not less important than physical illness or may be more important, because mind and body are closely interrelated and inseparable. In mental aspect, doctor can heal without any effort by in some cases using merely psychological principle and few words at the right time and they can help a lot of patients, unfortunately it is ignored by most of doctors.

Case 2 – Last week my judge fellow called me to tell that he had taken his nearly 80 years old grandfather home in upcountry. On their way while passing one province, his

⁸ I had written an article related to this issue titled "Management of Conflict in the Society" published in Matichon Newspaper, 25 Nov.2009.

grandpa had acute stomachache so they stopped at a hospital. It appeared that they were told to wait for the procedure prior to seeing doctor, but his grandpa did not bring with him the ID card, so it took almost 1 hour delay. My friend had tried to explain and make clear, and ask them to hurry help the patient first and talk about it later because he saw my grandpa in relatively severe condition, but received no response as expected. He told about his feeling that such an experience made him well understand the feeling of those who decided to sue medical and health personnel.

From the above, I view that the training to educate medical and health personnel on the application of Buddha's teachings and Dhamma principles in their work is very important.

2) In conflict resolution process using the approach called **"Dispute Mediation"**, individual who act as mediator is very important. To effectively and successfully apply Buddhist mean in mediation between parties, mediator must have profound appreciation in the essence of Buddha's teachings, at least to the level of understandably talking with **"Dhamma language"**, and should have practiced successfully at certain level. I commented on this issue in the article **"Buddhist and Universal Mediations"** in one excerpt "...One of the most important point in dispute mediation process using Buddhist approach is that basically the mediator should accurately understand and recognize that the mediator's main purpose or true desire of very first priorities are the disputants' maximum interest agreeable under the best conditions, liberation from sufferings, and restoration of good relationship, etc., whereas the mediator's interests whether the performance, compensation, honor, reputation, no filing, etc. should be second purpose. On other words, mediators must be well aware of their inner Kilesa and never allow themselves to fall into the trap of Tanhū, Māna, Ditthi. In this aspect the policy of Office of the Judiciary and the policy and concept of each Court administrator are particularly important. If the target set or performance assessment are primarily based on statistics and figures without reasonable consideration of detailed substance of performance, it will distort the true desire of mediators, and if so it is considered failure at the beginning because even the mediators cannot accurately understand their true desire, so how they can help discover the true desire of parties...." Hence, the process to produce mediator or conflict settler is central to the Buddhist mean of conflict management.

3) For the guiding model for implementation, I had make my comment in the article **"Buddhist and Universal Mediations"** applying Ariyasacca to manage the conflict by mean of mediation, as follow.

1. Dukkha refers to the dispute between parties, leading to stress and loss of time, expense, opportunity, and a lot of benefits.

2. Samudhaya refer to causal factor originating dispute or conflict, with a lot of details when tracing into the cause, but in a broad term the major cause involve 3 aspects of human's defilements including:

2.1 Tanha is craving for self pleasure; selfish; seeking for various kinds of interests either assets, money; or craving for self sensual pleasure.

2.2 Mana is craving to possess dominance, power, honor, reputation; desire to dominate others.

2.3 Ditthi is adherence to belief, doctrine, religion, or ideology; refusing to hear other's idea' opinion; having divisive attitude.

Tanhā-Māna-Ditthi are the culprits of Akusal-Mūla, i.e Lobha, Dosa, Moha, and cause fear, doubt, distrust, and finally subsequent conflict.

3. Nirodha refers to a clear focus on or aim to what we want and what causal factor to be managed, and assessment of how far and to what extent it can be done. For dispute mediation, the ultimate goal should be to terminate dispute in a way of building peace or harmonization, which means that both parties win, and the dispute is totally resolved by making parties understand themselves and others, attain thorough insight of the cause of suffering, i.e the peril of Tanhā, Māna, Ditthi, and are able to completely erase Akusala-Mūla, i.e Lobha, Dosa, Moha from their inner mind. Both disputants see the sustained benefit or superior goal of common advantages of all concerns.

Secondary goal should be termination of dispute by mean of compromise or interest aggregation by meeting halfway or each taking one step back. Compromise is meant to the case failed to terminate upon ultimate goal, and at least trying to reduce the parties' desire or position relating to Tanhā, Mna, Ditthi to the level acceptable to both parties.

On the issue of which causal factors we can manage, how far and to what extent we can do, I think that we have to analyze and distinguish among the conflict problems in each case that what are the causal factors originating the conflict. In general, most of the conflicts stem from the combination of Tanhā, Māna, Ditthi but with different extent. Once the origins are clear, then the management plan can be formulate direct to the point, and the target can be assessed most proximate to reality.

4. Magga refers to ways of practice, technique, method of action to achieve the goal in Niridha. In Buddhism principles, a number of teachings and approaches can be modified as a tool to facilitate for successful dispute mediation, such as the five Precepts,, the Four Brahmavihara, the Four Iddhipada , S the Four angahavatthu, the Four Agati, the Seven Aparihaniadhamma , the Seven Sappurisadhamma, the Ten Rajadhamma , etc.

4) Adoption of Buddha's teachings as an instrument to apply for the practice of Magga is of most importance and is not possible to use in direct way but requires tactics, technique, method, and the art of language use both verbal and non-verbal, psychological principle, and many other bodies of knowledge. In my opinion, it should be promoted and supported for extensive study/research. Some of interesting issues are:

-Local wisdom To my experience of conducting research about mediation, I had acquired very useful data and knowledge from the local setting. Many local interviewees gave impressive and amazing ideas and opinions about conflict management, and with thorough consideration, they often underlie particular Dhamma principle.

-Stories or tales often wisely and profoundly imply moral or Dhamm principles. With the art of applying them to the right matter, right people, and right time, I believe they will be considerable helpful in solving problems.

-Psychology and the 4 types of lotus To my personal experience as a mediator, I found that particular technique or method does not work for every matter. For example, if the parties possess attitude toward authoritarianism, mediation in the courtroom will be more effective than in the mediation room. This is different from parties who believe in liberalism or equality. Some people prefer local people as mediator or the one speaking the same language, while some do not trust in them. Some have to act rigorously for effective outcome, while others like to extend comfort and compassion. Some speak straightforward, while others hardly accept it. Some are fond of praise while some not, etc. Therefore, thoroughly learning about the 4 types of lotus will be very helpful for problem solving because we can distinguish among people for what kind of words and methods will work for what type of people.

Further, the precedents or events taken place in the society can also be well applied as examples because they are real, so they are outbalance and reliable. Proverbs, sayings or touching phrases should also be collected as much as possible. The sampled phrase I had used in mediation include such as "seven times bad, seven times good" "No one in this world do things all right but no wrong, or all wrong but no right" "No one conflict in this world rises by one party's fault" "True justice exists only giving oneself justice by letting go and forgiveness" "Never bother with badness of other but of oneself" "The most fruitful giving is forgiving" "The more you give, the more you gain" "The winner sees the problem as an opportunity, the loser sees the opportunity as a problem" "The greatest victory is self-conquest" "Never allow the dominance of greed and craving and influence of others" "It is smartest to do for sake of others or public than for oneself" "The more you bring happiness to others, the more you bring happiness to yourself" "The more or less honor and dignity come

from your own behavior and action not on speech and blame of others” “Do you like the selfish...Do you think they are good or bad...then what is called if you are so determined????, etc. There should be studies to distinguish these phrases for which one of Dhamma principle they imply and what situations they fit in, and it should also widely promote to create new phrases, then these can be very useful and applied as instruments for problem solving.

13. Interview with Phraraj Patibhanvoramuni

Assistant Abbot, Wat Prayurawongsawas, near the base of Phra Phutta Yodfa Bridge, Bangkok

Place: The Hall of Wat Prayurawomngsawas

Dated 23 Jan 2012

Phraraj Patibhanvoramuni Technically base for practice is to focus on on the starting point, whether peace, crisis, or conflict are all originated from the mind. If we touch on the mind, we know the mind that rises conflict is the selfish mind. Selfishness is no love for others but oneself, self interest, self race, self symbol, self identity, all that belong to oneself. It is selfishness. The mind of selfish people is below that of human being as human mind is above selfishness. What will dissolve selfishness, based on religious doctrine, is loving kindness. Loving kindness will dissolve selfishness and loving kindness will uphold the world. The mind that is trained and developed to accept others, love others will never produce conflict because loving kindness is with good regard. Any little fault will not be the condition. Forgiveness is about acceptance. People are now apart from Dhamma, when the conflict occurs they attribute to many reasons. What they say are all beyond the important thing, that is the mind, hence the mind is attached. I think in brief and shortest way it should be this issue. For peace to be attained, it must be attained from the inside first. If we are with unrestful people, and we are calm inside, we can change them by ourselves. If they are unrestful, so are we, it is just like a flock of ducks, each of which makes a loud noise.

The rationale you explained is totally correct. We may introduce that peaceful conflict management should begin with the mind. The mind that leads to conflict is the selfish mind. Selfishness is the utmost Kilesa, and Lobha, Dosa, Moha are all the kinds of selfishness. Peaceful mind is without selfishness. Mind without selfishness is founded on Kusala. Alobha, Adosa, Amoha are assembled to be virtue. Greater mind leads no conflict.

Dr.Banpot It means that in your opinion conflict management begin at the mind, then what the problem is, after that suitable Dhamma us applied. Is it correct?

Phraraj Patibhanvoramuni Yes, Dhamma is all the strategy.

Dr.Banpot So if we apply the western mean, to what extent it can be done?

Phraraj Patibhanvoramuni The western mean can be seen as Dhamma that promotes peaceful society. It needed to study how it works.

Dr.Banpot In the first sub system, I introduce the cycle of Patticcasamuppāda to acquire the cause within one's mind. May I ask you that by choosing the cycle of Patticcasamuppada to get deeply into the parties' mind and then integrate the western mean to find the cause of conflict as shown in the figure, in you opinion how it is suitable and useful?

Phraraj Patibhanvoramuni I will not extend the cycle of Patticcasamuppāda into many circles. For the small circle, before the rises of Kilesa, Karma, Vipaka, I interpret the conflict not necessary a negative issue. Some conflicts are for existence as in an example of a bamboo basket. The bamboo strips are intertwined in a way of interlacing over one another. As long as they were interlacing over one another it shapes up the basket. Similarly to our body with interlacing or intertwining status that brings life to exist, however it is interlaced. Only contradiction or denial even to the good thing is against Buddhism tenet because Buddhism applies Vibhajjavada to distinguish everything, that is, not all the things are bad because bad thing is partly good and good thing is partly bad. This is what I think. So it is necessary to think it over. Conflict in western term is ambiguous, however in Thai term, are there any interlacing without contradiction or contradiction without interlacing?.

Dr.Banpot In sub-system 2 that I had presented. In Buddhist mean, when the parties are aware of what their suffering is, then they need to talk in-dept on the cause and ways to resolve it, that is, Dukkha, Samudhaya, Nirodha, Magga. In this regard the western mean focuses on the interest as the goal for resolution. Therefore, if both means are integrated to manage the conflict in medical and health care system, what do you think of it?

Phraraj Patibhanvoramuni I think the western mean is somewhat difficult. To add up interests to meet human's need seemed to be impossible because human's need is endless.

The way is to first extinguish the need in their mind. The Buddha taught that Tanhā or inner desire has to be eradicated first, then find ways and means to resolve suffering.

Dr.Banpot The subsystem 3 is the resolution concept. Buddhism employed the Noble Eightfold Path, while the western remains the interest-based dialogue, and also other approaches. Do you think the Noble Eightfold Path and interest-based dialogue can get along as a possible approach to manage the conflict in medical and health care system.

Phraraj Patibhanvoramuni I think it is not necessary to define in materials or figures but focus on emotion. If we get into the right point, it ends. Talking about win-win, sometime the Buddha had given up as in the case of Kosambi that he left both parties blame against one another, and he retreated himself to the forest and allowed the time to heal it until they came to their senses. Sometime it is just the feeling not material.

Dr.Banpot If I will use the integration of the 3 sub-systems as the strategy to manage the conflict in medical and health care system, how do you think about it? Is it suitable or difficult?, since the mediator may not be monks or clergymen but they are knowledgeable and well practice in the western mean, however failed to achieve reconciliation. If we train them how to use Buddhist mean, do you think it is useful, and is it easy or difficult?

Phraraj Patibhanvoramuni Whether you belief or not, I had experienced a lot of mediations but I used both external and internal power. Internal power is to try to keep my mind comfortable and calm and prior extend loving kindness to them. So far the assessment showed that it works more than expected. The cases were improved with the power of loving kindness. You may try to practice using it.

Dr.Banpot There are so many cases and sometimes make it difficult to rely on monks or clergymen. Is it possible that we equip layman mediators with knowledge and understanding on these Buddhist means including Patticcasamuppāda, Ariyasacca , the Noble Eitfold Path or Dhamma? In your opinion how is it possible or difficult to do so?

Phraraj Patibhanvoramuni Mediation is like being in the middle of conflicting people. I can tell that it is difficult and not that easy. We must have a clear goal, and our goal is attained by true loving kindness, wishing them no conflict as it causes only loss but not benefit. Conflict weakens everything. We have to set our mind this way then listen to them more as it makes the parties relax. If we listen less, it won't work. Always listen so they will

continue telling stories and we can catch important points. It is relatively hard, we have to use substantive power, thought, consciousness, wisdom. Always have the goal in our mind, that is the desire to free them from any conflict. So keeping up your mind this way.

Dr.Banpot So you view that laypeople can use this approach but with suitable Buddhist mean and Dhamma, it is correct?

Phraraj Patibhanvoramuni It should be so.

Dr.Banpot What is your idea about another issue that both Buddhist and western means employ collective mediation?. Supposing it is a difficult matter, the parties refused to reconcile while they can deal at certain level with the interests. For example, the patient's relative continues blaming the doctor for the death of the patient, and the doctor feels that the patient or relative try to find fault or have bias, so they do not mentally reconcile. There is a medication approach called collective medication. Supposing we have one monk and another layman mediator using western mean, do you think it is appropriate?

Phraraj Patibhanvoramuni We have to move along Paticcasamuppāda that his wife was dead, he experienced the loss, his eyes were blind, such losses made them angry because they cling to them. We have to see that there is Upadāna in their mental condition even though the doctor did not involve with such death, they do suffer, and might put a blame on the god of death or many other things. The Buddha had suggested how to withdraw Upadāna. First, we have to realize the true nature of life including birth, ageing, illness, death. If we have no faith in the doctor, we should not allow the doctor to treat our relative, so we cannot blame only on the doctor. I think the solution is to destroy Upadāna, however it takes time to destroy Upadāna or clinging. For the death of parents or relative, it takes hours before the bathing ceremony can be performed because they constantly hold the body and cry. I often take on this function, take it easy first, listen to the cry, then remind him to come to his sense as crying will never make his passed away father happy but worries. Their nearby and far away relatives were waiting for the bathing. He is the only child. His holding but not leaving his father's body allowed ones to do nothing. I have to regain him consciousness, and at last I can do it. Because of Upadāna, the clinging is high.

Dr.Banpot It means that you think this sort of case requires help from monks with understanding on Buddhist mean and Dhamma.

Phraraj Patibhanvoramuni Should consult with monks if they can offer a solution which is actually the Buddhist mean.

Dr.Banpot Thank you very much your venerable.

ANNEX 2

ที่มา รายละเอียดของคำถาม

The Introductory Part and Six Standing Questions

(For Interviewee)

Thesis Title: Buddhist Peaceful Conflict Management in Thai Health Care System

หัวข้อวิทยานิพนธ์ : พุทธวิธีการจัดการความขัดแย้งด้านการแพทย์และสาธารณสุขในประเทศไทย

ผลการวิเคราะห์แนวคิดการจัดการความขัดแย้งจากตะวันตก และ พุทธวิธีในการจัดการความขัดแย้ง ประกอบกับผลการวิเคราะห์กรณีศึกษาการแก้ปัญหาความขัดแย้งในบริบทการแพทย์และสาธารณสุขทั้งจากประเทศไทยและต่างประเทศ นำมาบูรณาการเป็นรูปแบบ Buddhist Peaceful Conflict Management in Thai Health Care System สรุปขั้นตอนได้ ดังนี้



รูปที่ ๑ กรอบแนวคิดงานวิทยานิพนธ์ขั้นนี้

จากขั้นตอนการบูรณาการสองแนวคิดข้างต้นสามารถแสดงรายละเอียดของระบบย่อยในแต่ละขั้นตอน ได้ดังนี้

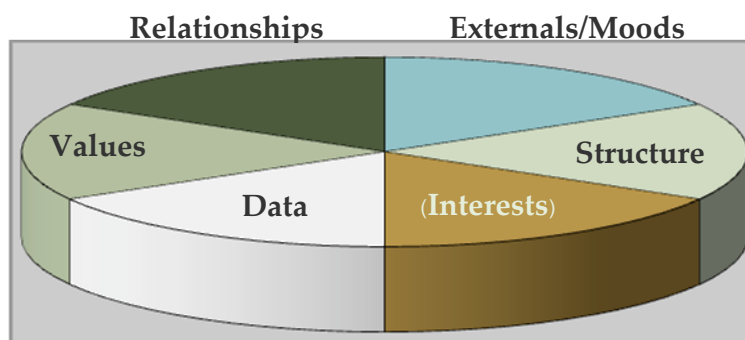


รูปที่ ๒ เมื่อนำแนวพุทธและตะวันตกมาบูรณาการ

1. เข้าใจสาเหตุของความขัดแย้ง

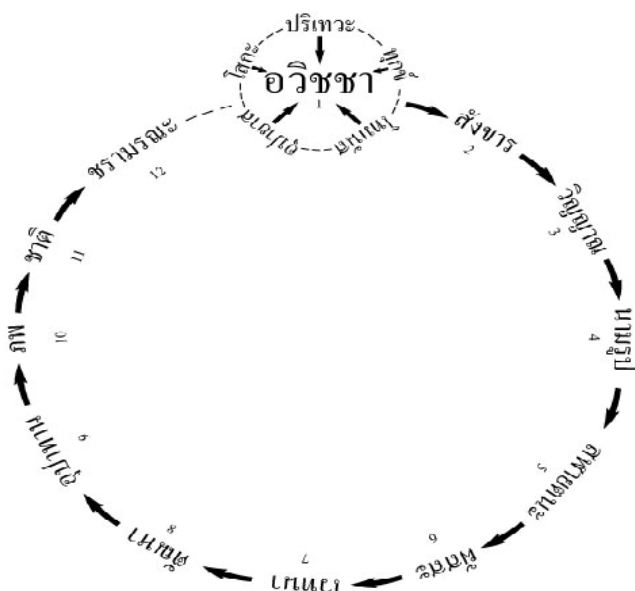
มุมมองความเข้าใจสาเหตุความขัดแย้งทางการแพทย์และสาธารณสุขตามแนวทางตะวันตก ตามรูปแบบวงกลมความขัดแย้งซึ่งแบ่งสาเหตุของความขัดแย้งออกเป็น 5 สาเหตุ⁹ ซึ่งแต่ละสาเหตุการหาทางออกจะพิจารณาถึงผลประโยชน์ที่คู่กรณีจะได้รับ โดยผลประโยชน์แบ่งได้เป็น 3 มิติ คือ ด้านเนื้อหา ด้านกระบวนการ และด้านจิตใจ กล่าวคือ ความขัดแย้งจะสามารถยุติลงได้เมื่อคู่กรณีได้รับผลประโยชน์ที่พึงพอใจ อาจเป็นผลประโยชน์ในมิติใดก็ได้หรือหลายมิติรวมกันก็ได้ กล่าวอีกนัยหนึ่งคือ ความขัดแย้งจะยุติลงได้คู่กรณีต้องรู้สึกว่าได้ได้รับผลประโยชน์บางอย่างตอบแทนเสมอ ดังรูป

⁹ Gary T. Furlong, **The Conflict Resolution Toolbox**, (Ontario : John Wiley & Sons Canada, 2005), p.21.



รูปที่๓ วงกลมความขัดแย้ง

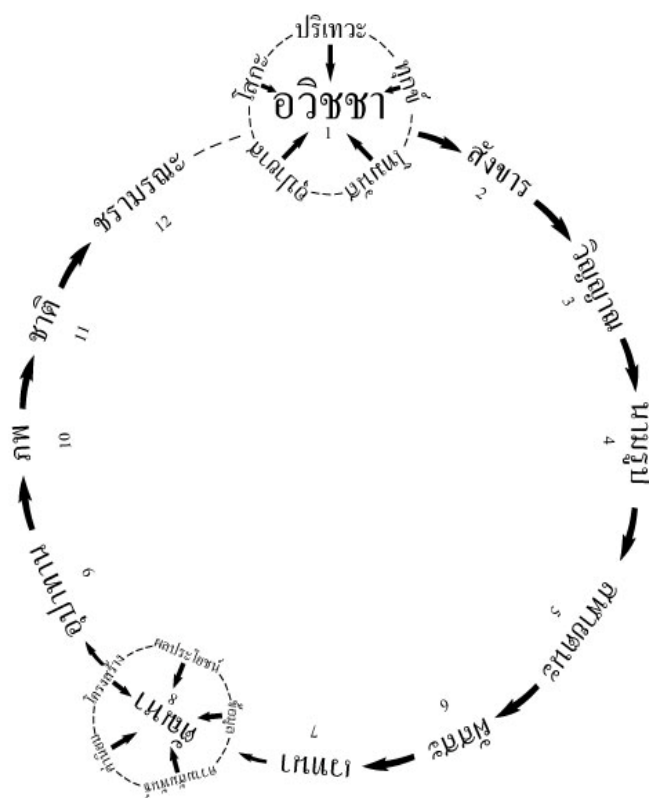
มุมมองความเข้าใจสาเหตุความขัดแย้งทางพุทธวิธี เป็นการมองว่า ความขัดแย้งเป็นทุกข์ทางสังคม อันเกิดจากความไม่รู้(อวิชชา) ในวงจรปฏิจสมุปบาท การที่จะออกจากความขัดแย้งจึงเป็นการสร้างการตระหนักรู้ที่แท้จริงให้กับคู่กรณี ไม่ใช่การแลกเปลี่ยนด้วยผลประโยชน์ กล่าวอีกนัยหนึ่งการจัดการความขัดแย้งตามแนวพุทธวิธีเป็นการตัดวงจรของความไม่รู้ ที่ทำให้เกิดการยึดมั่นถือมั่นที่ผิด ดังรูป



รูป ๔ วงจรปฏิจสมุปบาท

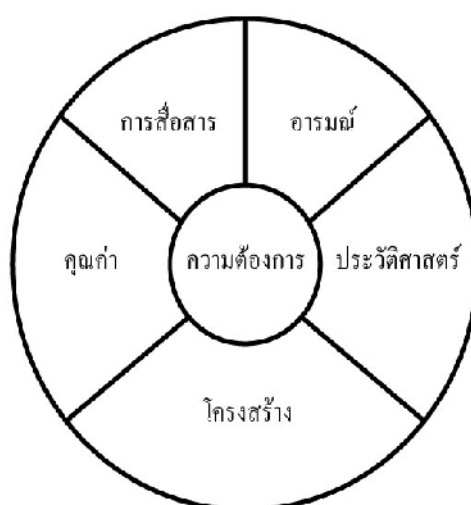
จากระบบย่อยด้านสาเหตุความขัดแย้งทั้งแนวพุทธและแนวตะวันตกจะเห็นว่า ทั้งสองแนวต่างเน้นสาเหตุที่มาหรือรากเง้าของความขัดแย้งกันคนละด้าน แต่มีความเกี่ยวเนื่องกัน การทำความเข้าใจสาเหตุความขัดแย้งทางการแพทย์และสาธารณสุขตามแนวพุทธวิธีจากการบูรณาการแนวคิดทั้งสอง จึงเป็นการสร้างมุมมองที่ต้องเข้าใจปัจจัยทั้งในด้านตัวตนอันเกิดจากความไม่รู้คืออวิชชา และการตอบสนองปัจจัยภายนอกต่อผลประโยชน์ที่คู่กรณีต้องการและยอมรับได้ หรือกล่าวอีกนัยหนึ่ง ความต้องการและผลประโยชน์ภายนอกดังกล่าวในทางพุทธ ถือว่าได้เกิดตัณหาขึ้นอันเป็นจุดเริ่มต้นของการแสวงหาสิ่งตอบสนองจากภายนอกมาตอบสนองต่อตัณหานั้น ดังนั้นผลประโยชน์และความต้องการทั้ง 5 ด้าน อันเป็นสาเหตุความขัดแย้งในมุมมองตะวันตก จึงเป็นเหตุปัจจัยที่ต่อเนื่องในวงจรปฏิจสมุทฺพบาท ในส่วนของตัณหา ดังนั้นวงจรการเข้าใจสาเหตุความขัดแย้งทางการแพทย์และสาธารณสุขด้วยพุทธวิธี ที่เกิดจากการบูรณาการ จะเป็นดังแสดงในรูปต่อไปนี้

รูปที่ ๕ แสดงเข้าใจความขัดแย้งทางการแพทย์และสาธารณสุขด้วยพุทธวิธี



2. แนวคิดในการจัดการ

การจัดการความขัดแย้งทางการแพทย์และสาธารณสุขตามแนวตะวันตกที่ดำเนินการผ่านกระบวนการเจรจาไกล่เกลี่ยคนกลาง ยึดโยงอยู่กับผลประโยชน์ที่ต้องตอบสนองต่อสาเหตุของปัญหาทั้ง 5 สาเหตุ ผลประโยชน์ดังกล่าวสามารถจำแนกได้เป็น 3 ประเภท ได้แก่ ผลประโยชน์ด้านเนื้อหา ผลประโยชน์ด้านกระบวนการ และผลประโยชน์ด้านจิตใจ ซึ่งผลประโยชน์ทั้งสามด้านต่างมุ่งตอบสนองต่อความพึงพอใจของกลุ่มทั้งสองฝ่ายที่ทั้งสองฝ่ายสามารถรับรู้ได้ด้วยประสาทสัมผัส กล่าวอีกนัยหนึ่งคือ ตอบสนองต่อปัจจัยภายนอก แม้ว่า จะกล่าวถึงผลประโยชน์ทางด้านจิตใจ อันได้แก่ การรู้สึกว่าได้รับการยอมรับ การรู้สึกว่าคุณให้ความสำคัญ และดูแลอย่างเป็นธรรม ทั้งหมดนี้ก็ยังอยู่ในลักษณะตอบสนองต่อค้นหาที่เกิดขึ้น ไม่ได้เกิดจากการตระหนักรู้ในตัวเองอย่างแท้จริง แนวคิดในการจัดการ ต่างๆ จึงมุ่งสู่ทางแก้ไขปัญหามีศูนย์กลางอยู่ที่ ความต้องการ(ค้นหา)หรือผลประโยชน์ ดังรูป



ดังนั้น กระบวนการฟื้นฟูความสัมพันธ์หลังการเจรจาไกล่เกลี่ยจึงมีความสำคัญเนื่องจาก คู่กรณียังอาจมีสิ่งติดค้างบางอย่างที่ต้องการเวลาในการเยียวยาอยู่ แนวคิดการจัดการความขัดแย้งตามแนวพุทธวิธี คือ การทำให้ตระหนักรู้จากตัวตนภายในตัวเอง ดังกรณีศึกษาที่ได้กล่าวมาแล้ว พระพุทธเจ้าทรงใช้การพูดคุยให้คู่กรณีเห็นซึ่งเหตุแห่งทุกข์จนในที่สุดสามารถดับอวิชชาคือความไม่รู้ได้อย่างสิ้นเชิง คู่กรณีที่ดับซึ่งอวิชชาจะไม่มีประเด็นค้างคาใจอีก

แต่จะรู้สึกโล่งแจ้งและซาบซึ้งในหลักพุทธศาสนาและความจริงแห่งเหตุจนไม่มีทุกข์เหลืออยู่ กล่าวอีกนัยหนึ่งการแก้ไขปัญหความขัดแย้งตามหลักพุทธศาสนานั้น มุ่งแก้ไขจายภายในตัวตนของบุคคลอันเกิดจากความไม่รู้จริงนั่นเอง หลักพุทธธรรมที่สำคัญในการทำใหู้้แจ้งแห่งเหตุแห่งทุกข์คือหลักอริยสัจ ดังตาราง

ปัญญ ๓ ข้อ ๔	สังขย ธรรม	กิเลส ธรรม	ภพ ธรรม
ทุกข์	รู้ว่าทุกข์คือดังนี้ – ว่าเป็นทุกข์อะไร – ว่าเป็นทุกข์อยู่ที่ไหน	รู้ว่าทุกข์นี้ควรกำหนดรู้ – ว่าเป็นทุกข์ที่ควรเข้าใจ สภาพและขอบเขตเป็นต้น ของมัน	รู้ว่าทุกข์นี้กำหนดรู้แล้ว – ว่าเป็นทุกข์ที่เข้าใจ สภาพและ ขอบเขตของปัญหาแล้ว
สมุทัย	รู้ว่าสมุทัยคือดังนี้ (รู้ว่าต้นเหตุเป็นเหตุแห่งทุกข์) – ว่าเป็นสาเหตุของปัญหา คืออะไร	รู้ว่าสมุทัยนี้ควรละเสีย (รู้ว่าต้นเหตุต้องละเสีย) – ว่าเป็นเหตุที่ ควรละเสีย	รู้ว่าสมุทัยนี้ได้แล้ว (รู้ว่าต้นเหตุได้ละแล้ว) – ว่าเป็นเหตุที่ ได้ละเสีย
นิโรธ	รู้ว่านิโรธคือดังนี้ (รู้ว่านิพพานเป็นภาวะดับทุกข์) – ว่าเป็นภาวะหมดปัญหา ที่ต้องการ คืออะไร คนต้องการหรือ ควรต้องการอะไร	รู้ว่านิโรธควรทำให้แจ้ง (รู้ว่านิพพานควรบรรลุ) – ว่าเป็นภาวะที่ เป็นจุดหมาย ที่จะต้องไปถึง	รู้ว่านิโรธนี้ได้ประจักษ์แจ้งแล้ว (รู้ว่าได้บรรลุนิพพานแล้ว) – ว่าเป็นจุดหมาย ที่บรรลุแล้ว
มรรค	รู้ว่ามรรคคือดังนี้ (รู้ว่ามรรคมีองค์ ๘ เป็นทางดับทุกข์) – ว่าเป็นวิธีการแก้ปัญหา เป็น อย่างไร	รู้ว่ามรรคควรเจริญ (รู้ว่ามรรคมีองค์ ๘ ควร ปฏิบัติ) – ว่าเป็นวิธีการ ที่จะต้องลง มือปฏิบัติให้ เห็นผล	รู้ว่ามรรคนี้ได้เจริญแล้ว (รู้ว่าได้ปฏิบัติตามมรรคแล้ว) – ว่าเป็นวิธีการ ที่เสร็จสิ้น เรียบร้อยแล้ว

รูปที่ ๒ ตารางแสดงการอธิบายอริยสัจอย่างแบบคลาย

ดังนั้น แนวทางการจัดการความขัดแย้งทางการแพทย์และสาธารณสุขตามแนวพุทธวิธี จึงต้องสร้างการตระหนักรู้ในความทุกข์ที่เกิดจากความเจ็บป่วย ผิดหวังและสูญเสียของผู้ป่วยและญาติ และความทุกข์ที่เกิดจากความขุนข้องหมองใจ หรือ ความวิตกกังวลของบุคคลากรการแพทย์ สรุปลเป็นอริยสัจทางการแพทย์และสาธารณสุขได้ดังนี้

ประเด็น พิจารณา	ด้านผู้ป่วย	ด้านแพทย์
ทุกข์	รู้ตัวว่าโกรธ ไม่พอใจ จากอะไร	รู้ตัวว่า มีความไม่พอใจจากการให้การ รักษาเกิดขึ้น
สมุทัย	พูดคุย พิจารณาถึงตัวปัญหา ว่า เกิดอยู่บนฐานความจริงอย่างไร	พิจารณาว่าอะไรที่อาจเป็นเหตุที่ทำให้ เกิดความไม่พอใจนั้น
นิโรธ	อะไรคือความต้องการที่แท้จริงที่ สอดคล้องกับปัญหา ไม่ใช่ความ ต้องการที่เกิดจากคัมहा	อะไรที่จะสามารถชดเชยความไม่พอใจ ดังกล่าวได้บ้าง ที่ตนเองทำได้อย่าง สบายใจ
มรรค	พิจารณาว่าต้องการอะไรจาก ความโกรธ บนฐานของความจริง และความจำเป็น	พูดคุย พิจารณาว่าจะสามารถช่วยเหลือ เยียวยา ในฐานะเพื่อนมนุษย์อะไรได้ บ้าง

3. วิธีการจัดการ : มุ่งสู่การทำให้เกิดมรรค 8 ผ่านวงจรปฏิสัมพันธ์

วงจรปฏิสัมพันธ์เชิงลบ

เมื่อเกิดความขัดแย้งสิ่งที่จะตามมาอย่างหลีกเลี่ยงไม่ได้คือปฏิสัมพันธ์ท่ามกลางความขัดแย้งของกลุ่ม ความขัดแย้งไม่ว่าจะเกิดด้วยเหตุใดๆก็ตาม เมื่อกลุ่มเกิดความรู้สึกว่าต้องเอาชนะ ต้องการแก้แค้น ความคิดและพฤติกรรมเชิงลบต่อกันจะเกิดขึ้นเป็นวงจร กล่าวคือพฤติกรรมบางอย่างของฝ่ายหนึ่ง(คนที่๑)ที่ไปกระทบไม่ตรงกับความคิด ความคาดหวัง มุมมองของอีกฝ่ายหนึ่ง(คนที่๒)จะอ่านหรือแปลความหมายพฤติกรรมนั้นเป็นเชิงลบ ผลตามมาก็คือทำให้คนที่๒เกิด

มุมมองที่เป็นลบ เกิดมุมมองความสัมพันธ์ที่เปลี่ยนไป และเมื่อคนที่๒แสดงพฤติกรรมได้ตอบ มุมมองคนที่๑จะเป็นลบ มุมมองความสัมพันธ์เปลี่ยนไปอีก เมื่อคนที่๑แสดงพฤติกรรมได้ตอบ กลับ มุมมองคนที่๒จะเป็นลบมากขึ้น มุมมองความสัมพันธ์ของคนที่จะเปลี่ยนไปมากขึ้น พฤติกรรมของคนที่จะตอบกลับแรงยิ่งขึ้น ซึ่งจะหมุนเวียนเช่นนี้ต่อไปอีก หากทั้งสองฝ่ายขาด ความคิดเชิงบวก หรือไม่มีการบวนการแก้ไขเข้ามาช่วย ความขัดแย้งก็จะกลายเป็นความรุนแรง เรียกว่า วงจรปฏิสัมพันธ์เชิงลบ (Spiral of Negativity) ดังรูป

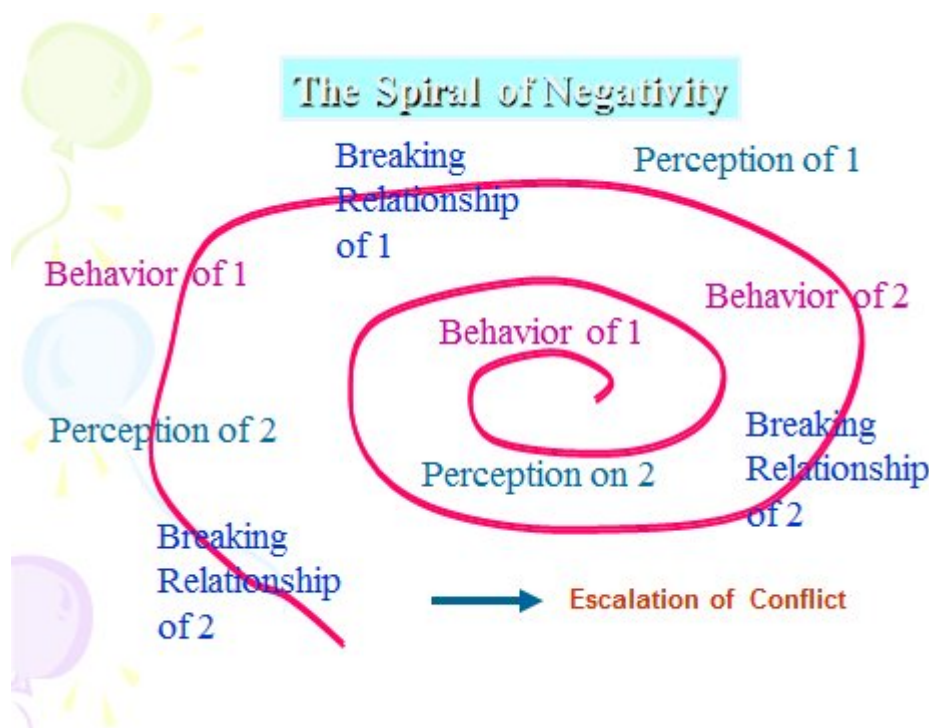


Figure 7 The Spiral of Negativity

ปฏิสัมพันธ์ของอกุศลมูล

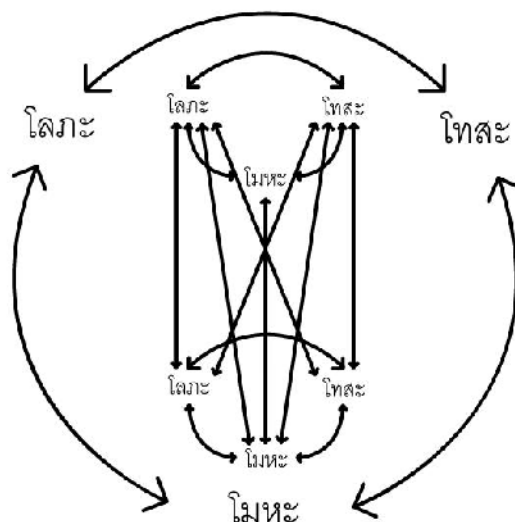
อกุศลมูล เกิดจากการหมุนหลายรอบของปฏิจกสมุปบาท ในการที่จะขับเคลื่อนวงล้อแห่งอกุศลมูล ซึ่งอธิบายถึงแนวโน้มของพฤติกรรมทางจิต ที่ทำให้การรับรู้ความรู้สึก และพฤติกรรมได้ลงตัวเป็นแบบแผน อกุศลมูลเป็นรากเหง้าของพฤติกรรมก้าวร้าวได้แก่ โลภะ โทสะ โมหะ ซึ่งจะเข้าใจอกุศลมูลได้ต้องเข้าใจปฏิจกสมุปบาท

โลภะ คือความโลภ คือความพยายามที่จะให้ภาพตัวเองเป็นจริงขึ้นมาโดยการครอบครองสิ่งที่จะเสริมภาพนั้น¹⁰ ภาพตัวเอสนั้นเกิดจากวงจรปฏิเสธสมุปปาตที่เกิดจากความไม่รู้ จนเกิดภาพตัวเองภาพหนึ่งที่เชื่อว่ามีเป็นจริง ซึ่งการที่จะทำให้ภาพตัวเองเป็นจริงขึ้นมาต้องทำให้หลายสิ่งที่เราต้องการนั้นมีคุณค่า เกิดเป็นความหลง หรือคืออุปทาน(การยึดติด)ในวงจรปฏิเสธสมุปปาตนั่นเอง

โมหะ คือความหลง คือเกิดอุปทานหรือยึดติดในภาพที่ตนเองสร้างขึ้น เชื่อว่าเป็นจริงเช่นนั้น และเมื่อเกิดความหลงก็จะเกิดค้นหาคือความอยาก ภาพนี้จะปิดบังความจริงทั้งหมด คนที่ยึดติดจะเห็นภาพเฉพาะที่ตนเองต้องการเห็นและไม่รับรู้ในสิ่งที่ไม่ต้องการรับรู้ กลายเป็นภาพความจริงที่มีผู้สร้างภาพเป็นศูนย์กลาง ผู้สร้างภาพจึงต้องคอยปกป้องตนเองปกป้องภาพนั้น ความหลงดังกล่าวจึงทำให้เรารู้สึกไม่มั่นคงและเป็นฝ่ายตั้งรับ จะทำให้กลายเป็นคนจี้ระแวงและเกลียดคนอื่นไปหมด ทำให้ความสัมพันธ์กับคนอื่นผันแปร เกิดความพยายามที่จะขัดแย้งภาพที่ตนสร้างขึ้นให้คนอื่น ขณะที่คนอื่นก็พยายามขัดแย้งภาพที่พวกเขาสร้างกลับมา ต่างฝ่ายต่างเอกตนเองเป็นศูนย์กลาง การเอาตนเองเป็นศูนย์กลางก็เท่ากับผลักคนอื่นไปอยู่รอบนอก กล่าวคือเมื่อคนให้ความสำคัญกับตนเองมากเท่าไรก็จะลดคุณค่าของคนอื่นลงเท่านั้น จะทำให้คนไม่มองคนอื่นอย่างที่เขาคือ การบังเกิดขึ้นของเค้าลางความขัดแย้งแม้เพียงเล็กน้อยเช่น ความเห็นต่าง การแสดงความหงุดหงิด ก็จะสามารถจุดชนวนความรู้สึกที่ไม่มั่นคงในจิตใจได้จากความหลง และเกิดเป็นอารมณ์ความรู้สึกต่อไปได้

โทสะ คือความโกรธ เป็นอาการของความไม่ชอบใจหรือความขัง ซึ่งบั่นทอนความสัมพันธ์อันดี เมื่อถูกขัดขวางหรือมีเหตุอันไม่ได้อย่างที่ต้องการ ความโกรธและความขังก็จะเกิดขึ้น ทำให้เห็นว่าอีกฝ่ายเป็นคนเลว อย่างไรก็ตาม โทสะ ในที่นี้ต้องรวมถึงทัศนคติที่ซับซ้อน ซึ่งจะหล่อหลอมความเข้าใจที่จะนำไปสู่การแสวงหาทางออก หากหาทางออกที่ดี(การรู้จริง) ไม่ได้ ก็เกิดวงจรของอกุศลมูลที่กระตุ้นต่อเนื่องกันจนกลายเป็นความขัดแย้งขึ้น ดังรูป

¹⁰ John A. McConnell, **Mindful Mediation**, (Bangkok : Foundation for Children Printing House, 1995), Translated in Thai by Phra Phisarn Visalo, p.38.



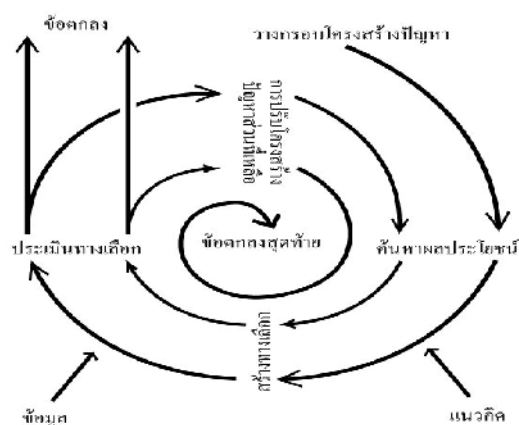
รูปที่ ๘ แสดงวงจรอุทกสมมูล : โลกะ โทสะ และโมหะ

วงจรปฏิสัมพันธ์ทั้งในมุมมองของการเกิดความขัดแย้งทางการแพทย์และสาธารณสุข และวงจรปฏิสัมพันธ์ของอุทกสมมูล จะเห็นว่าหากปัจจัยกระตุ้นยังส่งผลต่อปฏิสัมพันธ์ในเชิงลบ จะทำให้ความขัดแย้งขยายตัวไปเรื่อยๆ ซึ่งจะมีการแสดงออกชัดเจนขึ้นเรื่อยๆ การตัดการขยายตัวของวงจรดังกล่าว จึงต้องการการหมุนกลับของวงจรปฏิสัมพันธ์ ซึ่งจะสามารถทำได้ก็ต่อเมื่อมีการปรับโครงสร้างความคิดเป็นลำดับจากปัจจัยภายนอกมุ่งสู่ภายใน

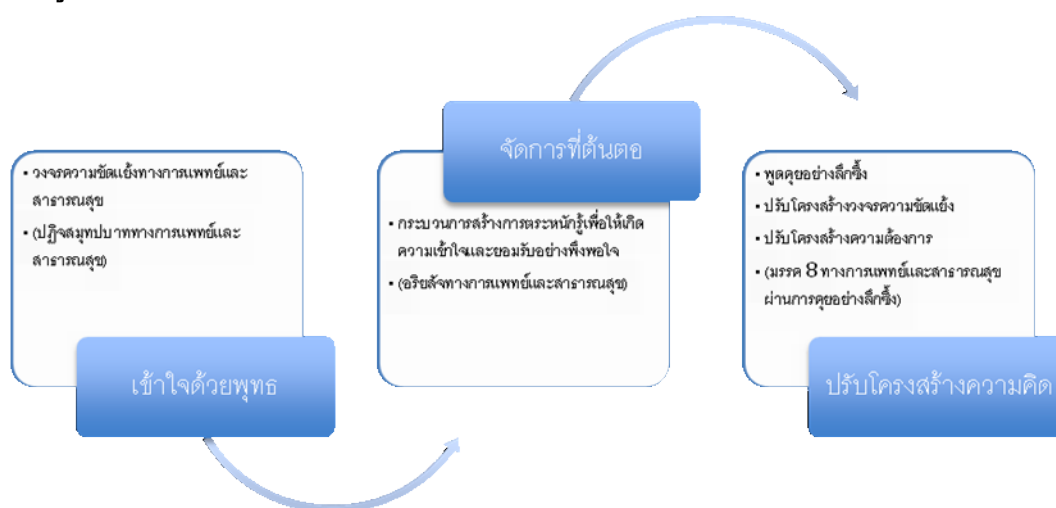
การปรับโครงสร้างความคิดเพื่อให้ผู้กรณีมุ่งทำความเข้าใจปัญหาความขัดแย้งบนเส้นทางของมรรค 8 ไม่สามารถทำได้พร้อมกันในครั้งเดียว หากต้องการการปรับความคิด ความรู้ ความเข้าใจ ภาพที่ตนเองสร้างขึ้นและยึดติด ซึ่งต้องผ่านการลดโทสะอันเป็นพฤติกรรมภายนอกให้ได้ก่อน ดังนั้น การจัดการความขัดแย้งทางการแพทย์และสาธารณสุขด้วยพุทธวิธี จึงต้องเริ่มด้วยการดับโมหะ และปรับโครงสร้างความคิดให้ลึกซึ้งในความต้องการภายนอกไปพร้อมกับภาพที่ยึดติดภายในตัวตน จึงเป็นเหตุจำเป็นให้ผู้จัดการความขัดแย้งต้องเข้าใจปัจจัยที่ทำให้เกิดความขัดแย้ง

ลึกซึ้งกว่าความต้องการที่เรียกร้อง กระบวนการปรับโครงสร้างความคิดเป็นลำดับขั้น สรุปได้ดังรูป

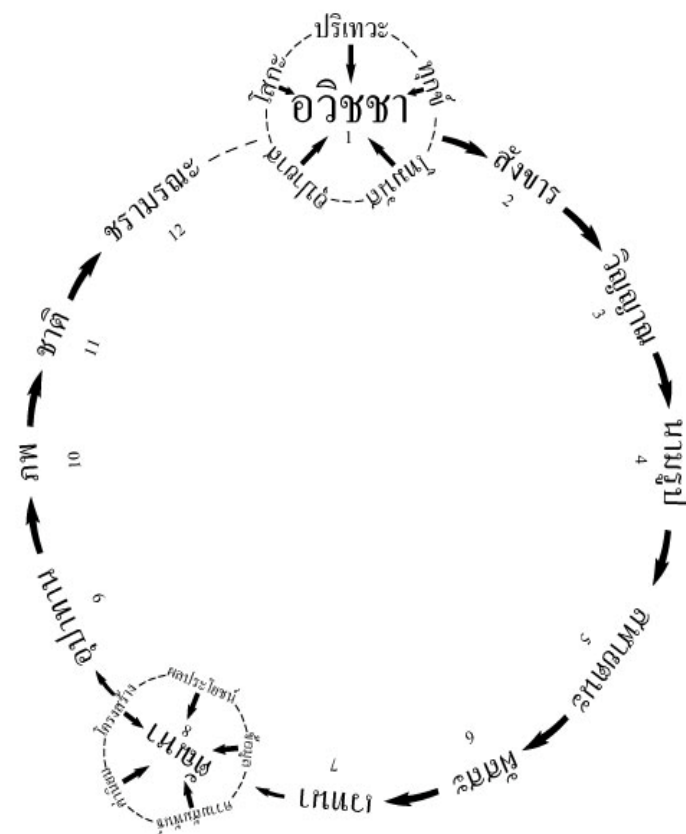
รูปที่๕ การปรับโครงสร้างความคิด



ซึ่งผู้วิจัยสังเคราะห์จากผลการบูรณาการในลักษณะเป็นองค์รวม มีรายละเอียดในแต่ละขั้นตอนของรูปแบบดังดังนี้



เข้าใจด้วยพุทธ : ปฏิjosมุปบาททางการแพทย์และสาธารณสุข

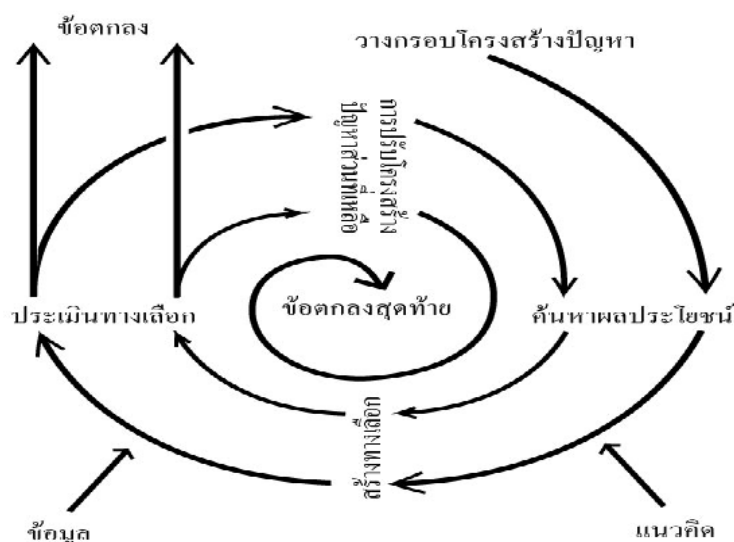


ปฏิjosมุปบาททางการแพทย์และสาธารณสุข เป็นการบูรณาการปัจจัยภายในที่กระตุ้นวงจรความไม่รู้อันเกิดจากเหตุปัจจัย 5 เหตุปัจจัยหมุนเป็นกระบวนการย่อยไปสู่การเกิดเวทนาชนิดใดในภาพที่คู่กรณีทั้งสองฝ่ายสร้างขึ้นในความคิดของตนเอง เมื่อเกิดการยึดติดเมื่อผนวกเข้ากับสังคมาภายนอกซึ่งเกี่ยวข้องกับการดำรงชีวิตก็ทำให้เกิดเหตุปัจจัยกระตุ้นอีกวงจรหนึ่งเพื่อสร้างภาพที่ตนเองจะสามารถอยู่ได้ในสังคมาอย่างมีความสุข จึงเกิดตัณหาขึ้น นำไปสู่การยึดติดในภาพนั้นอย่างติดแน่นและค้นหาแสวงหา หาทางที่จะได้มาซึ่งความต้องการนั้น เมื่อไม่ได้ก็เกิดวงจรของความโลภ หลงและโกรธขึ้นซ้อนทับอีกหลายชั้น ทำให้ความขัดแย้งบานปลายขึ้น

จัดการที่ต้นตอ : อริยสัจทางการแพทย์และสาธารณสุข

ประเด็น พิจารณา	ด้านผู้ป่วย	ด้านแพทย์
ทุกข์	รู้ตัวว่าโกรธ ไม่พอใจ จากอะไร	รู้ตัวว่า มีความไม่พอใจจากการ ให้การรักษาเกิดขึ้น
สมุทัย	พุดคุย พิจารณาถึงตัว ปัญหา ว่า เกิดอยู่บนฐาน ความจริงอย่างไร	พิจารณาว่าอะไรที่อาจเป็นเหตุ ที่ทำให้เกิดความไม่พอใจนั้น
นิโรธ	อะไรคือความต้องการที่ แท้จริงที่สอดคล้องกับ ปัญหา ไม่ใช่ความ ต้องการที่เกิดจากตัณหา	อะไรที่จะสามารถชดเชยความ ไม่พอใจดังกล่าวได้บ้าง ที่ ตนเองทำได้อย่างสบายใจ
มรรค	พิจารณาว่าต้องการอะไร จากความโกรธ บนฐาน ของความจริงและความ จำเป็น	พุดคุย พิจารณาว่าจะสามารถ ช่วยเหลือ เยียวยา ในฐานะ เพื่อนมนุษย์อะไรได้บ้าง

จากตารางอริยสัจทางการแพทย์และสาธารณสุขข้างต้นจะเห็นว่า การพิจารณาตามวิธีของอริยสัจไม่สามารถให้ฝ่ายใดฝ่ายหนึ่งพิจารณาเพียงลำพัง ทั้งสองฝ่ายต้องพิจารณาตนเองอย่างถี่ถ้วน ทั้งคู่ จึงจะนำไปสู่การพุดคุยเพื่อให้เข้าใจภาพที่แท้จริง ไม่ใช่ภาพที่มีตนเองเป็นศูนย์กลางได้ เพราะทั้งฝ่ายผู้ป่วยและแพทย์ต่างมีภาพที่ตนเองเป็นศูนย์กลางทั้งคู่ การจะเข้าใจกันได้จึงต้องผ่านการพิจารณาภาพของตนเองโดยการแลกเปลี่ยนอย่างลึกซึ้งในภาพของทั้งสองฝ่าย โดยยังไม่พิจารณาถึงความต้องการที่เกิดขึ้นใดๆ กระบวนการนี้จะค่อยๆเป็นค่อยๆไป อาจต้องพิจารณาหลายรอบ หรือทวนซ้ำแล้วซ้ำอีก เพื่อให้สามารถเข้าใจตนเองได้อย่างแท้จริง โดยวิธีการที่ปรากฏในการปรับโครงสร้างความคิด

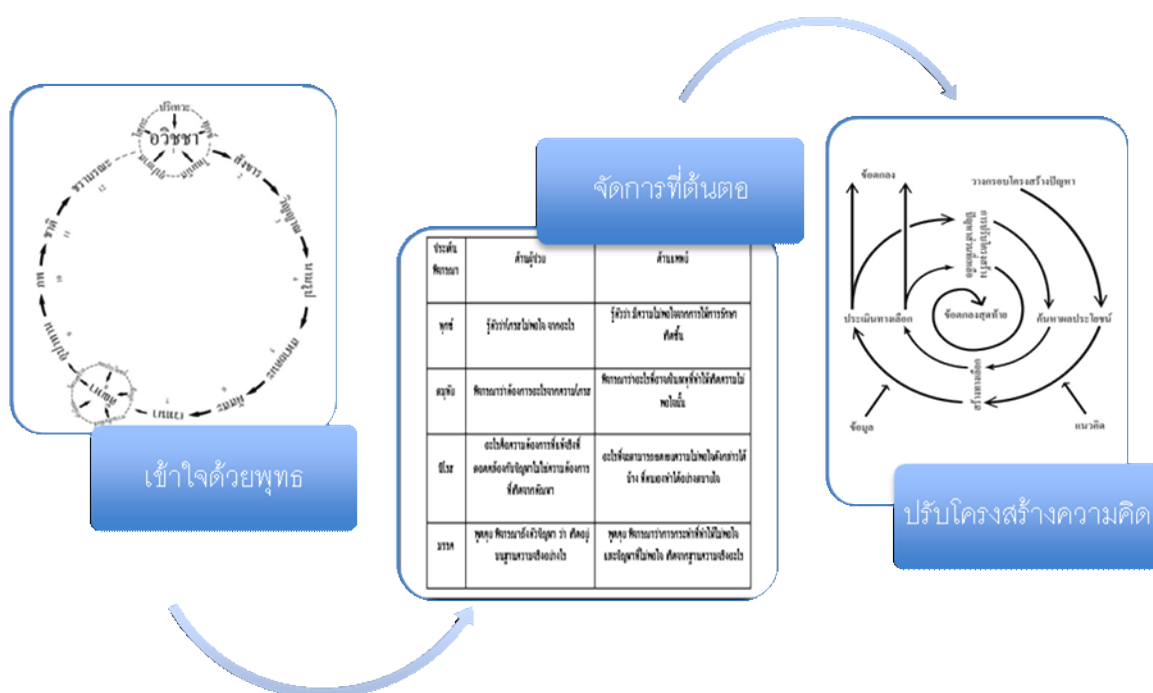


ปรับโครงสร้างความคิด : มรรค 8 ทางการแพทย์และสาธารณสุขผ่านการคุยอย่างลึกซึ้ง

การปรับโครงสร้างความคิดจะเป็นการหมุนวนกลับของปัจจัยวงจรปฏิจสมุบาทและอภุศลมูล โดยการปรับโครงสร้างปัญหาไปที่ละปัจจัยในวงจร เช่นเมื่อเผชิญกับวงจรอภุศลมูล ซึ่งเริ่มจากโลก หลง โกรธ การปรับโครงสร้างความคิดเพื่อให้เริ่มเข้าสู่การกระทำในทิศทางที่ถูกต้องจะต้องเริ่มจาก โกรธ การวางกรอบปัญหาในขึ้นต้น จึงเป็นเรื่องของโกรธ การค้นหาผลประโยชน์ที่จะทำให้ความโกรธลดลง ให้แนวคิด ทางเลือกและข้อมูล ถ้าสามารถลดความโกรธได้ ค่อยมาพิจารณาปัจจัยที่ลึกซึ้งในวงจรอภุศลมูลที่เหลือคือโลก หลง ผ่านการพิจารณาปัจจัยพื้นเพองรายละเอียดของปฏิจสมุบาท ก็จะทำให้วังเกลียวแห่งอารมณ์ และปฏิจสมุบาทเริ่มหมุนกลับนำไปสู่การพิจารณาและตระหนักรู้เท่าทันตนเองตามมรรค 8 อย่างไรก็ตาม ภายใต้กระบวนการหมุนวนกลับนี้ สิ่งที่จะปรากฏตลอดกระบวนการคือข้อตกลงบางอย่างที่ตอบสนองผลประโยชน์ของปัจจัยทั้งภายในและภายนอก ข้อตกลงเหล่านั้นอาจเกิดจากการตระหนักรู้ชอบ คิดชอบ การกระทำที่ชอบ หรืออื่นๆซึ่งเป็นการเปลี่ยนแปลงภายในของกลุ่ม และ/หรือ การชดเชยด้วยผลประโยชน์ที่ตอบสนองความพึงพอใจทั้ง 5 ด้านจากความต้องการภายนอกก็ได้

[ร่าง]รูปแบบการจัดการความขัดแย้งทางการแพทย์และสาธารณสุขด้วยพุทธวิธี

จากวงจรความเข้าใจความขัดแย้งดังกล่าวข้างต้น สามารถสรุปเป็นรูปแบบการจัดการความขัดแย้งทางการแพทย์และสาธารณสุขด้วยพุทธวิธี ดังนี้



ANNEX 3

Six Questions to the Experts

กรอบการสัมภาษณ์ผู้เชี่ยวชาญ

Questions for Interview with the Experts

Question1. Considering each of the Three sub-systems of the Western and Buddhist means of conflict management in health care system (before integration), what is your comment?

Question2. For the process to integrate the sub-systems of either concepts(Buddhist and Western) as suggested by the researcher, how do you think it will be possible, and how to improve it?

Question3. What is your opinion about this model of Buddhist mean on conflict management in health care system developed by the researcher?

Question4. In your perspective, whether this model is it practical to Thai social way, and how it is?

Question5. In your idea, how this model can be improved?

Question6. If this model is used for practical training of medical personnel or external mediators who work in the field of conflict management to which the western concept is currently employed, do you think it is possible and how ?

.....

ประเด็นคำถามผู้เชี่ยวชาญ

1. เมื่อพิจารณาระบบย่อยของการจัดการความขัดแย้งทางการแพทย์ตามแนวตะวันตกและแนวพุทธวิธีแล้ว ท่านมีความคิดเห็นอย่างไร
2. กระบวนการบูรณาการระบบย่อยของทั้งสองแนวคิด ตามที่ผู้ศึกษาได้บูรณาการไว้ สามารถทำได้หรือไม่ อย่างไร และจะสามารถปรับปรุงได้อย่างไร
3. ท่านคิดเห็นอย่างไรกับ รูปแบบการจัดการความขัดแย้งทางการแพทย์ตามแนวพุทธวิธี ตามที่ได้พัฒนาขึ้น
4. ในความคิดเห็นของท่าน รูปแบบฯ ดังกล่าวจะสามารถนำไปปฏิบัติได้ในวิถีทางสังคมได้หรือไม่อย่างไร
5. ท่านคิดว่าจะสามารถปรับรูปแบบให้ดีขึ้นได้อย่างไร
6. ถ้านำรูปแบบนี้ไปฝึกอบรมจริงกับบุคลากรทางการแพทย์ที่ปฏิบัติงานด้านการจัดการความขัดแย้งซึ่งปัจจุบันมีการฝึกตามแนวตะวันตกอยู่แล้ว ท่านคิดว่าจะเป็นไปได้หรือไม่ อย่างไร

ANNEX 4

Collection of some Pictures of Interviewer and Interviewee

ANNEX 5

Letters to the Interviewees

From

Dean of Graduate School, MCU.

ANNEX 6

**Analytical Assessment the Opinions of 42 Medical
and Health Personnels, Surajthani Center Hospital**

((

- Much likely 23 persons
- Likely 19 persons
- Hardly likely

- Certainly 30 persons
- Probably 12 persons, because

1. To provide proper practices for convenient use.
2. To ensures the practitioners' penetration and being well- informed in Buddhist mean.
3. Not so understandable.
4. Having insufficient knowledge.
5. Requires penetration not merely understanding.
6. For clear and easy understanding on the process.
7. Cannot remember the Pali terms and it is the new model.
8. As a user's guide.
9. Not necessary as it is the Buddhist mean.
10. To be widely disseminated for practice.

11. Rarely study Buddhism, hard to remember, and need to study and understand.

12. Though with daily use of Dhamma, it is less likely to catch the point.

- Not necessary 1 person

Question 3: Is it required any improvement?

- It is alright, needs no improvement. 21 persons.

- Should be improved. 13 persons

What to be improved

1. Need to try it out first.

2. Need clarification.

3. Will be studied and applied first.

4. Should be uploaded on Website (Rattana Limsuwan, Samui hospital)

5. Make it easy to read.

6. The contents will be very useful if accompanied with explanations
for easy understanding

7. Should use simple metaphors, the content is subtle, should use simple
or general not
formal language.

8. Adjust for detailed definitions/terms.

9. Revise the future case studies.

10. A handbook and examples should be available as user's guides.

11. Still confused.

12. As it is dynamic, modern methods are needed over time.

13. Use words/Pāli descriptions that are easy to understand.

.....

ประเมินผลวิเคราะห์ความคิดเห็นของบุคลากรการแพทย์และสาธารณสุข
 ผู้ผ่านการอบรมหลักสูตรพื้นฐานการจัดการความขัดแย้งด้านสาธารณสุข
 ในการนำรูปแบบพุทธวิธีการจัดการความขัดแย้งในระบบสาธารณสุขของไทย
 ไปใช้ในงานใกล้เคียงความขัดแย้งด้านสาธารณสุข
 จำนวน 42 คน โรงพยาบาลศูนย์สุราษฎร์ธานี
 วันที่ ๕-๑๐ มกราคม ๒๕๕๕

.....

ข้อที่ 1 รูปแบบที่พัฒนาขึ้น นำไปใช้กับกรณีขัดแย้งด้านสาธารณสุขได้หรือไม่

- เป็นไปได้อย่างมาก 23 คน
- น่าเป็นไปได้ 19 คน
- เป็นไปได้น้อย -

ข้อที่ 2 จะต้องมีการมีปฏิบัติ หรือไม่

- ต้องมี 30 คน
- น่าจะมี 12 คน เพราะ
 1. เป็นแนวปฏิบัติที่ถูกต้องสมควรนำไปใช้
 2. ผู้ปฏิบัติจะได้ฝึกซึ่งมั่นใจว่ารู้พุทธวิธีดี
 3. ยังไม่ค่อยเข้าใจ
 4. ยังมีความรู้ไม่เพียงพอ
 5. ต้องเข้าถึง ไม่ใช่เข้าใจอย่างเดียว
 6. จะได้เข้าใจกระบวนการชัดเจน และง่ายขึ้น

7. จำบาลีไม่ได้ และเป็น Model ใหม่
 8. แนะนำการใช้งาน
 9. ไม่ต้องมีเพราะเป็นวิธีชาวพุทธอยู่แล้ว
 10. เพื่อสามารถเผยแพร่ไปปฏิบัติได้กว้างขวาง
 11. ไม่ค่อยได้ศึกษาพุทธศาสนา จำยากต้องการศึกษาและทำความเข้าใจ
 12. แม้ธรรมะใช้ประจำวันก็ยังจับประเด็นไปใช้ไม่ถูก
- ไม่ต้องมี 1 คน

ข้อ 3 การต้องมีการปรับปรุงอะไร หรือไม่

- ดีแล้วไม่ต้องปรับปรุง 21 คน
- น่าจะปรับปรุง 13 คน

สิ่งที่ต้องปรับปรุง

1. ต้องลองนำไปใช้ก่อน
 2. ควรชี้แจงให้ชัดเจน
 3. จะศึกษาและประยุกต์ใช้ดูก่อน
 4. น่าจะลง Web
 - 5.ให้อ่านเข้าใจง่าย
 6. เนื้อหาจะมีประโยชน์มาก ถ้ามีคำอธิบายให้เข้าใจง่าย
 7. ให้เปรียบเทียบภาษาง่าย ๆ เนื้อหาเข้าใจยาก ควรใช้ภาษาง่าย ๆ ใช้ภาษาคนทั่วไป
- ไม่เป็นทางการ
8. ปรับเรื่องความหมาย / คำศัพท์ต่าง ๆ ให้ละเอียด
 9. นำกรณีศึกษาในอนาคตมาปรับปรุง

10. มีคู่มือและตัวอย่างเป็นแนวทางไปใช้
11. ยั้งง ๆ อยู่
12. เพราะเป็นพลวัต วิธีการนำไปใช้จึงต้องทันสมัยตลอดมา
13. ใช้คำพูด/คำอธิบายภาษาบาลีให้เข้าใจง่าย

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BIOGRAPHY

Name Dr. Banpot Thontiravong

Birthday July 13, 1947

Birth place Ayudhya Province

Education

- Bachelor Degree: Medical Degree, Chulalongkorn University
- Master Degree: Master of Public Health, Mahidol University
- Diploma of Health Planning and Financing and Management, Johns Hopkins University, U.S.A
- Board of Preventive Medicine (Thai Medical Council)

Training

- Certificate in Basic Mediation for Public Policy Dispute (King Prachathipok's Institute, Thailand), 2003
- Diploma in Mediation for Public Policy Dispute (King Prachathipok's Institute, Thailand), 2004
- Attended TOT-ADR Training course arranged by US EPA training teams, 2003

Experience Founder of Center for Peace in Health Care, Ministry of Public Health

Academic Works

1. Lecturer and project director of ADR courses ; -
 - Basic mediation for senior health personnel
 - Mediator in health care system
2. Translation 5 textbooks concerning Conflict Management into Thai language i.e. "Conflict Management in Health Care and How to Apology" by Catherine Morris, The Dynamic of Conflict Resolution by Bernard Mayer, Bringing Peace Into the Room, by Daniel Bowling et.al., The Conflict Resolution Toolbox, by Gary T. Furlong and Renegotiating Health Care, by Leonard J. Marcus et. al.

Position and Responsibility

- Retired MOPH Expert In Preventive Medicine
- Former Member of Parliament
- Former Director of Center for Peace in Health Care, MOPH.
- Former Director of Master Degree of Integrated Conflict Management, VRU.

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Education

- Bachelor Degree: Medical Degree, Chulalongkorn University
- Master Degree: Master of Public Health, Mahidol University
- Diploma of Health Planning and Financing and Management, Johns Hopkins University, U.S.A
- Board of Preventive Medicine (Thai Medical Council)

Training

- Certificate in Basic Mediation for Public Policy Dispute (King Prachathipok's Institute, Thailand), 2003
- Diploma in Mediation for Public Policy Dispute (King Prachathipok's Institute, Thailand), 2004
- Attended TOT-ADR Training course arranged by US EPA training teams, 2003

Experience Founder of Center for Peace in Health Care, Ministry of Public Health

Academic Works

1. Lecturer and project director of ADR courses ; -
 - Basic mediation for senior health personnel
 - Mediator in health care system
2. Translation 5 textbooks concerning Conflict Management into Thai language i.e. "Conflict Management in Health Care and How to Apology" by Catherine Morris, The Dynamic of Conflict Resolution by Bernard Mayer, Bringing Peace Into the Room, by Daniel Bowling et.al., The Conflict Resolution Toolbox, by Gary T. Furlong and Renegotiating Health Care, by Leonard J. Marcus et. al.

Position and Responsibility

- Retired MOPH Expert In Preventive Medicine
- Former Member of Parliament
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