

A black and white photograph of a woman, likely a physician, sitting at a desk. She is wearing a white lab coat and has her right hand resting against her face, looking down with a thoughtful or distressed expression. The background is dark, and the lighting highlights her face and the desk.

A Physician was Branded a Murderer

Ui-Hui-Siang



**WOMAN
PUBLISHER**

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by Ui-Hui-Siang

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Fax. (662) 4480393
<http://www.elitecreative.co.th>
E-mail: arthorn@elitecreative.co.th



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Chapter 1

Letters in a Box

April 12, 2011

I woke up the children at five o'clock on the dot. Perhaps people found it too early to rise, but not the sun, which remained faithful in its duty. The star slowly filled the world with golden light, waking up all living things.

The morning breeze blew gently. Chirping birds noticed the strangers to the neighbourhood making their way through the light mist, their hands full.

We, the mother and two children, carefully walked along the side of the street and crossed it. Carrying a small Buddha statue in my hands, I led my dear children, Prin and Pran, each pulling a suitcase behind them.

We stopped in front of a house on a piece of land measuring less than 400 square metres. Deep breathing filled our lungs with fresh morning air. We waited for an auspicious time to take the first step into the house. The time had been determined by my close friend Bum. The three of us stood in silence searching for feelings at the bottoms of our hearts, a strange mixture of delight and excitement.

“This is it. Our home.”

It is a small house compared to those owned by my peers. But the size doesn't matter. The place was acquired through love, care and friendship.

The white fence is lined with bright red Rubiaceae shrubs, planted with care by us and the kind Phi Lek and Phi Pin.

The breeze brings a soft fragrance from the many kinds of flowers in the garden to our noses. We exchange looks before bursting into giggles as the fragrance reminds us of when we planted the garden. It was a day of a pleasing disorder: Phi Pin didn't spare us a minute of rest from tending the soil, using her mouth and finger to convey orders. It was nevertheless satisfying to see our sweat and toil turned into a beautiful garden.

As we pushed through the door, our eyes were greeted by a dark green silk curtain bearing a leaf pattern over an intricate white lace curtain. It gently waved in the soft breeze as if speaking to me.

“Do you like me? Your buddy Bum picked me up.”

Behind the door lay the first corner of happiness – the living room. This area was designed and furnished by my younger sisters, Sim and Lin. Not only did they know exactly what I like but they also had a tasteful eye. The furniture was pretty yet inexpensive and fit the space perfectly. As time has passed, this area of the house remains a favourite of myself and the children. It is comfortable, uncluttered and has a beautiful garden view.

The level of happiness in the home hasn't diminished over time. Our attenuated family has enjoyed a better quality of life and experienced more peace. The harmony and friendships have only grown stronger. Those visiting our home agree this is a compact and cosy place, especially the frequent visitors like Dr Akechitra Sukkul, or Ake, and Dr Varalak Srinonprasert, or Yee, my close friends.

The children and I unpacked and arranged our bedrooms. After finishing with the closet, I moved on to the living room, unpacked

the books and lined them up on the bookshelf.

Then I sat down and picked up a small container labelled “Document Box” in Pran’s handwriting. Removing the lid revealed important documents. My eyes stopped at a blue transparent document holder containing brown envelopes labelled with colourful page markers. I opened the pouch and removed the envelopes.

The first envelope contained creased green cards of summons to appear before the Criminal Court of Chiang Rai Province, copies of documents produced by the court during the preliminary examination, including documents relating to my criminal and civil defence.

I slowly read through the depositions from Chiang Rai Criminal Court. At the end of each deposition were the signatures of the participants, the last always belonging to the lawyer for the defence. The name and title read: Sunthorn Tongasuk, public prosecutor for criminal cases.¹

The signature brought a smile to my face. Written with thick, clear ink, it spoke volumes about the personality of this man who had been like an older brother to me.

Other envelopes contained documents to show myself not guilty. They were academic papers, documents of physicians’ procedures and directives, and job responsibilities of different hospitals, including one with the signed endorsement of Prof Somsak Lolekha, MD, then president of the Medical Council of Thailand. I gently caressed the pile of documents, each one carrying its own story. I began to read them, word for word.

¹ In Thailand, public prosecutors, under the Office of the Attorney General, are assigned to defend government officials charged with offenses related to the lawful performance of their duties.

Next was my diary. My eyes slowly followed the lines documenting the experiences of the past three years: incidents, emotions and words of wisdom.

I found a white envelope inserted between the pages. This one contained a few pieces of folded A4 paper. Remembering I took them to court every time towards the end of the trials and how much they meant to me, I slowly unfolded them.

They were drafts of letters I wrote during the court cases and were meant for various people. Some turned into complete letters and were delivered, others never saw their intended recipients.

One was creased but the handwriting appeared tidy. I took a deep breath before reading it. It was written during my second year of the court cases and described my deep thoughts and feelings. It was meant for Dr Pisanu Kantipong, or Phi Nu, who was then the president of the Maternal and Child Health Care Development Committee of Chiang Rai Province.

Here is an excerpt from my letter. Phi Nu, I hope you don't mind if I share it here.

Phi Nu,

I believe a person who carries the heaviest responsibility in a lawsuit filed by civilians against a government physician is the one who has to attend to both parties. And such is you.

Besides your appointed job of developing local medical care, standards and service, you have voluntarily worked on resolving disputes between people and physicians. This is a very tough mission since both are in such unusual states of mind, the first mourning loss, the latter in fear. You must be working very hard to find the right solutions and a smooth resolution for all.

When you called me the other day to take me to meet with a team of experienced lawyers, you came to fetch me in gym clothes dripping with sweat. I was touched. My eyes brimmed with tears.

Why did I cry? I didn't cry for my doomed state. I was touched by your actions. It was clear to me that you would figure out every possible way to help me who has been like a troublemaking younger sister for you. You always had time for me. Never once did you say I bother you. I can't tell you how much I appreciate what you've done for me. I promise I'll follow your advice.

Do you remember what you told the lawyers that day? Phi Yod was also there, meek. You said, "Sometimes we have to make decisions that we know will bring us pain. But we have to deal with it and take it as a part of growing up." I got that very well.

After the meeting, I told you, "Please don't worry too much about me." That was a sincere statement. I wasn't being sarcastic.

I'm not embarrassed to say that was an extremely tough time for me. I often cried myself to sleep, waking only to cry again.

But I managed to survive that period by focusing on the predestined personal mission: becoming a mature physician, being a good role model and creating a framework for physicians facing lawsuits. I couldn't let myself be devastated for too long. Carrying out the mission relied on my physical and mental strength.

"I'm so fortunate" – a ridiculous thing for me to say. No physician would embrace this if labelled, convicted and judged by society. Any physician hearing me say that would think I had overdosed on Fluoxetine². Anyway, I believe I'm fortunate because:

"I was destined to learn what a physician's existential mission is."

² An oral medication that limits the reabsorption of serotonin in presynaptic cells. Serotonin is a monoamine neurotransmitter believed to contribute to feelings of well-being and happiness. The medicine is used for the treatment of major depressions, eating disorders, obsessive-compulsive disorder and premenstrual dysphoria.

After reading the letter, I realized the creases on the page were caused by my tears as I wrote it.

I sat still, appreciating the term ... fortunate ...

“I’ve made it through.”

I got up and walked to the children busying themselves arranging their bedrooms.

“Prin, what would you think if I write a book about my experiences during the court cases? It will be ‘our book’.”

My first child, my 15-year-old son, paused for a bit before replying, “Mama, it won’t be ours. It will be everyone’s.”

Pran, my daughter, smiled and shared a thought in her sweet tiny voice.

“Great idea. I want it to give advice and encouragement to many people out there who are committed to doing good deeds.”

And that was the start of turning my experience into this book, to tell everyone what I went through and how much I suffered from being branded as guilty. Writing this book may help me discover the missing pieces that can lead to self-fulfilment. It’s also a way to thank every friendship I’ve been blessed with.

Chapter 2

Overcast by Troubles

“It’s hot.”

I was muttering to myself after examining the patients for a while. The table fan blew hot air as it swung, failing at its job of cooling me down.

After a while, its whirring sound was buried by the announcement from the administration desk.

“Attention please, patient in the OPD, queue number 60 is now being attended to. As we currently have only two physicians attending to the patients, we apologize for services that may be slow.”

As the announcement trailed off, noises from the waiting crowd outside the examining room returned – children’s cries and adults’ mutters. A mother gently soothed her child, telling it to hang in there.

This helpless situation is common in the outpatient department of any public hospital. The atmosphere is often depressing.

I glanced at the clock on the wall, looked outside the room, saw the queuing patients that outnumbered the extra chairs pulled out by the nurses, and muttered to myself.

“Hmm. When am I going to be done today?”

We can say that Mae Chan Hospital suffered an extreme shortage of physicians in 2007. But who was to blame? People who flocked to the government hospital to receive the free but

quality service promised by the fluff government campaign? The many systems that did not support our work and duties, and deprived us of the motivation to work? Or was it our fault for also having a personal life?

In the first half year, we only had seven physicians left, as four had resigned. Two months later we were left with five. The central administration could not find replacements for us as other hospitals had their own problems with physician resignations.

At the time, we five physicians had to care for more than 200,000 people. In one day, each of us had to attend to over a hundred patients, plus ICU patients and emergency cases.

In that year, the five of us worked every day and had to give up holidays. The only thing we could do was yield to our fate and remain the target of hundreds of patients' hopes.

Making the situation worse were the complaints from my husband at the time. "Come on. What's good about being a public hospital physician? You have twice the workload of everyone else, no time to rest. The low pay isn't worth the effort. With this meagre salary, when will you be able to build an economic foundation? Ideology doesn't put food on the table, OK? Just quit and find yourself a less demanding job."

I remember replying with a smile, "Ideology doesn't fill my stomach, but it does fulfil my soul because I get to help people."

My mother's instructions were responsible for that answer. She had once said, "We all live once and end up at the same place in the end. Always remind yourself that money, fame, prestige and even knowledge mean nothing if you don't use it to help others. You've had a better opportunity than anyone to study medicine. After graduation, I want you to come home to develop better medical care for our people. Raise it to the quality we deserve. Make it a sanctuary for our people."

Then my thoughts drifted to my children, who had to move into the physicians' lodgings with me. In Thailand, upcountry government physicians are provided with rudimentary public housing. The children abandoned the comfort and convenience of our home in Chiang Rai so they could sleep next to me every night. I closed my eyes, appreciating their sacrifice. They knew me thoroughly and understood that my first priority was to the patients. They had given up their personal happiness and accepted conditions that parents in other professions don't have.

I was woken from my thoughts when a slender middle-aged woman entered the room. That was the first time I met Khun Nong. The memory of our first encounter is fresh in my mind. I even remember how I greeted her.

“Are you in the wrong ward, Phi? This is the antenatal clinic.”

She didn't respond. With the broad smile that turned her eyes into straight lines, she approached the desk and sat down. Her name appeared in the ANC ledger as Mrs Nong.

She replied, “No, I'm not. I'm here for prenatal care.”

Her response sent me into a laugh that made me swing back and forth, my usual laugh that has often been called unladylike. I asked, “Why did you get pregnant when you're so old, Phi Nong?”

Replying with an equally loud laugh, she said straightforwardly, “I wasn't really planning it. Forgot to take birth control pills. But I'm keeping it because I think the baby is destined to be born and I'm destined to be its mother.”

I nodded, studying the records of her pregnancy, and teased her. “Right. Well, if your eldest son holds the baby, people will think it's his baby.”

I studied her medical records to any find potential risk factors to the pregnancy besides her age. I grew more worried, finding a

record of delirium tremens due to alcoholism. It had not led to hospitalization, but I was still concerned. The doctor had prescribed some medicine and sent her home.

“Are you still drinking, Phi Nong?”

“Oh, I’ve learned my lesson, doctor. I don’t drink so much any more.”

I nodded and continued studying her medical records. She had been scheduled to come in for treatments consistently for a time but only came twice.

“Where have you been? You didn’t make it to the appointments.”

“I stopped drinking. The rum fits were gone so I stopped taking the medicine and saw no use in coming for treatment. Going to hospital isn’t fun; you know that. And I haven’t had rum fits since.”

I gave her a general examination and did a detailed neurological examination. The results were normal. She came to the hospital for pregnancy check-ups a few times and was examined by prenatal teams with an obstetrician. After they concluded that her pregnancy was safe even though she was approaching old age, she was sent to receive prenatal care at the public health centre near her home.

In the last phase of her pregnancy, we scheduled for her to come for prenatal care at the hospital.

As she approached the delivery date, we scheduled appointments more often. Once a week we did fetal assessments, checked for pregnancy complications and planned the delivery. Every time I attended to her, I asked if she was still drinking and she always said no. Eventually the prenatal team planned a natural birth for her as she was assessed as healthy.

The night of April 5, 2007

It was a day to be remembered for the rest of my life. I still can't believe that Khun Nong and I were met by such a tragic plight that changed our and our families' lives forever.

Khun Nong was brought to the hospital with signs of labour – a show of mucus and blood. The nurses examined her and reported her condition. Her face popped up in my mind as I listened to the nurse's report.

Later that night, around 1.45am on April 6, Khun Nong had fetal tachycardia. The nurses revived her through saline solutions and oxygen, and made her lie on her left side to stop the uterus pressing on the vena cava. The simple standard treatment would allow better blood flow to the uterus and often sets the fetus's heart rate back to normal. But it did not work like that for her fetus. As the heart rate remained too fast, the nurses reported her condition to me over the phone.

“We're giving her an emergency Caesarean,” I ordered over the phone.

Five minutes later I arrived at the delivery ward. On the way I walked past the emergency unit and saw the chief nurse of the operating room and Khun Nong's husband. He was sitting on a chair for waiting patients, eyes glued to the live big football match on TV. He was cheerfully commenting on the players' tricks to a person next to him.

In the pre-delivery room, I found Khun Nong and two other women in labour. I smiled to them all as a nurse drew blood from Khun Nong's arm. After I assessed her, I went into the nurse's station next door to sign my endorsement of my order on the phone.

It was a very strange night. There were no sounds of crickets and frogs that were usual at night around the building. Since it was very quiet, I could clearly hear the nurse explain the necessity of giving Khun Nong a Caesarean from the pre-delivery room.

As the nurse's lips poured out words, her hands quickly and smoothly prepared the catheter. Watching her ability to handle multiple tasks under time constraints, I felt impressed and had to smile. We practise multitasking so we can deliver the best service to our patients. The faster we work, the less risk of complications.

I took another look in the pre-delivery room. The nurse drew the curtain open, revealing Khun Nong signing a consent form.

The nurse asked her, "You're getting older and this is your second child after a long while. I think you should get a hysterectomy when we do the Caesarean. We can do them at the same time."

"I can't make the decision alone. Will you ask my husband for me?"

The nurse walked to the entrance of the delivery ward and called out for Khun Nong's husband. He came over to her, holding a basket with baby items. The father-to-be approved the nurse's suggestion right away after listening to her explanation. Hearing the approval, I added a hysterectomy to the Caesarean on the order paper.

With everything in order, I walked to the operation room fewer than 10 steps from the nurse's station, changed into a surgical gown and waited for Khun Nong.

Soon after, patient escorts arrived at the pre-delivery room. As they moved her from the bed onto a wheeled stretcher, something unexpected happened.

"Ow!" Khun Nong cried in pain.

The nurse saw Khun Nong grow agitated and develop cyanosis. Scared, she ran to fetch me, shouting, "Doctor, something's wrong with her!"

I sprinted to the scene. As soon as I saw the symptoms I knew what had happened.

“Amniotic fluid embolism! Call the operating team! Intubate – tube number 6.5. Oh no! Hypotension. Give her the other saline solution. Quick! Ahh ... cardiac arrest ... CPR!”

We performed CPR in front of her husband. The atmosphere had completely changed from a minute ago, when the man was merry and excited to welcome his newborn along with the team that would deliver another member to the family. Now fear and worry reigned over him and the 10 staff members crowding around Khun Nong, unwilling to give her and the baby up to the hands of death. I cannot believe that one minute changed our lives from white to black.

The team and I did our best to save her life though we knew in the back of our minds that her situation was severe and chances were slim. Heaven, please hear me – let Khun Nong and her baby stay alive!

But the truth won – my wishes were not granted and the painful truth lay before us. I watched her heartbeat on the monitor form a straight line, not responding to CPR. I had to hold my breath and told the team to stop CPR.

“That’s it. She’s dead.”

I turned to Khun Nong’s husband standing in the doorway of the pre-delivery room, the same spot where he had spoken to the nurse. With the basket still in his hands, he looked at me, collecting the last bit of his consciousness to produce words. His voice was coarse.

“Doctor, how is my wife?”

I had not yet registered what had happened. I was numb. Questions rose in my head – Why did the delivery fail? Why could I not save her life? And many other whys. But first I had to answer this man.

“I’m very sorry I couldn’t save your wife’s and your baby’s

lives. We did our best. Your wife suffered a severe complication – an amniotic fluid embolism. She has passed away.”

The father-to-be could not believe the body underneath the white cloth was his wife with the unborn baby. It could have been that when the morning arrived his relatives would show up at the hospital to congratulate them. What would he say to his family about what had happened? He stood frozen and speechless for a long time, so long that I needed to gently remind him.

“Please pull yourself together first, and deliver the bad news to your family.”

At about five in the morning, a group of Khun Nong’s family and relatives, over 10 people, arrived at the hospital. I offered my condolences. One, a small village woman, accepted my condolences and consoled me in a gentle voice.

“Thank you, doctor. If it wasn’t for you, Nong would have died earlier. You were like an angel.”

Another elderly woman said, “I know you did your best. My husband also died in your care. In his last moments, he said it was an honour to have you attend to him.”

“Right. We don’t blame you,” a middle-aged man said.

“That’s what heaven had written for her,” another woman agreed.

I shook my head at the responses and consolations.

“But I want you to get Maharaj Nakhon Chiang Mai Hospital to perform an autopsy. A sudden death during treatment at hospital must be followed by an autopsy. They have to find the cause of death. It’s a rule.”

But they all voiced opposition.

“Let’s not bother, doctor. We know you did your best. She’s dead. We can’t fix that,” said one.

“It’s up to you then,” I replied, and excused myself.

Chapter 3

Punishment by the People

April 6, 2007

The sun carried out its duty as always, filling the vast sky with golden rays that woke up every life form to confront its destiny. But I was so exhausted I did not even notice the break of day.

Ringgg ... The phone rang in my physician's lodgings.

"Good morning. Dr Siang's house. Would you like to leave a message?" The nanny answered it the way I had instructed her. She did not understand everything at the other end of the line but got enough of an idea about what had happened.

"What's the matter? Why would the police want to see the doctor?"

The nanny's slipped words scared Pran, whom she was helping to get dressed. In the mind of the nine-year-old it must have brought forth a picture of a bulky man with a gun and handcuffs in either hand.

Pran cried out, "I'm going to Mama. Police are going to take Mama!"

Tears streamed down Pran's face as she was about to run out of the house. The little heart, now broken, was set to find her mama and did not hear her bigger brother trying to stop her.

"Pran, don't go. It's dangerous outside. Wait for me."

.....

“Pran!”

I stopped the car immediately when I saw the familiar plump girl running down the street.

“I’m staying with Mama. Police are going to put you in jail,” my daughter said between sobs.

The word “police” struck me like a plank of wood. My exhaustion multiplied at seeing my little girl’s tears.

“It’s OK. Don’t be scared. No one is going to take me away.”

I consoled her, picked her up and drove home. When we arrived, we found Prin, scared and worried, waiting for us.

“I told her to pull herself together,” Prin started but had to stop when he saw Pran still full of tears. Sympathy overtook his anger. He walked over to hug Pran and reassured her with a soft voice.

“Everything will be OK, Pran. Everything will end well. Mama is a good person.”

The little girl would not listen and resumed crying. “Police are going to take Mama away. I’m scared.”

Pran seemed not to hear any of the words my son and I spoke. She only wept, hugged me and muttered the same words over and over. Eventually that angered Prin. He scolded her again.

“Stop crying! Mama has enough to worry about. Don’t trouble her any more. That’s how you can help. Now go take a shower and have your breakfast.”

Prin hardly ever scolded her and that prompted Pran to lower her face and swallow her tears. Still sobbing softly, she obediently followed the nanny to the shower.

I headed upstairs for a shower. Every inch of my body prickled with exhaustion. A nap would be good ... But the weight on my shoulders – my duty which was more important than anything, pushed me forwards.

To the reflection of myself in the mirror, I said, “You can’t rest now. Take a shower and get ready. Go do your shift in the emergency ward.”

.....

On my way to the emergency ward, heading towards the hospital, I looked up and around – a clear blue sky, roaming chirping birds and green leaves. This morning at Mae Chan Hospital was the same as the previous. Nothing had changed. But from now onward, my life would never be the same. A gentle breeze that would normally comfort me made my heart shiver.

On reaching the building, a nurse supervisor ran to me and reported, “Doctor, the police called and said the deceased’s relatives have reported the case at the police station. What are you going to do?”

The question triggered more exhaustion and sorrow but also anger. I thought to myself – if they had doubts or questions, why not ask me? Why did they have to report to the police?

I stood quietly. The conversations with Khun Nong’s relatives before dawn replayed in my head.

“Right. We don’t blame you.”

“That’s what heaven had written for her.”

“Thank you, doctor. If it wasn’t for you, Nong would have died earlier. You were like an angel.”

“I know you did your best. My husband also died in your care. In his last moments, he said it was an honour to have you attend to him.”

“We don’t blame you.”

“What are you going to do, doctor?” the nurse asked again, snapping me out of my thoughts.

I looked around and said, “We’ll arrange an autopsy. Where

are her relatives?”

“Over there.”

I pulled my weak legs to Khun Nong’s relatives standing in the car park. Scanning their faces, I realized they were not the people I had seen this morning. The eyes of the happy and simple rural villagers now darted with hostility.

I swallowed the questions and the explanations I had prepared for them and only said, “Since you reported this to the police, I will arrange an autopsy to prove myself not guilty.”

I arranged a team, comprised of the head of the labour ward and the nurse in the incident, to bring the body to Chiang Mai University’s Department of Forensic Medicine for an autopsy. Some of the relatives went with them. Finishing that, I went to examine patients in the emergency ward.

It was then that I realized, “Oh no. It’s a holiday today. The forensic staff might not be working!”

I phoned the head of the labour ward who was on the way.

“We’re heading there, doctor. I phoned Professor Pisanu and he volunteered to coordinate with the forensic medicine staff to arrange it for us.”

“Thank you so much.”

“Thank you” were the only words I could produce. But they came from the bottom of my heart.

.....

Moonlight bathed the sky. The misty cool air only made us more nervous. We were in a car entering Khun Nong’s village. The usually dark village was brightly lit up – something fearful was waiting for us. Khun Nong’s relatives who came with us had phoned home to inform them of our arrival.

“This doesn’t look good.” The head of the labour ward’s voice

dropped low when she saw the crowd waiting to...

... greet us.

Over 300 people, the whole village perhaps, crowded in front of Khun Nong's house. The unwelcome looks on their faces made the head of the labour ward tell the driver, "They're ready to tear us to pieces. We should go back after the relatives come out."

A loud shout came to us as soon as the car stopped.

"That's not a hospital. It's a slaughter house! Which one? Which doctor killed our woman?" These were the words of greeting from the villagers.

"Let's talk tomorrow. May we excuse ourselves tonight?" the head of the labour ward said to them, and we quickly left the scene.

The hospital director led some staff to attend Khun Nong's funeral. They conveyed our condolences when there but the relatives' reactions were always:

"Why didn't the physician come? Has she run away? She's not taking responsibility for this?"

"Careless staff! We wouldn't have gone to you, slaughter house, if we could go to another hospital."

"We'll do everything we can to make sure she gets the punishment she deserves."

... There were many more accusations and reproaches from the villagers. The care and services we had provided in the past seemed to have completely left their minds.




'A Physician was Branded a Murderer'

The book won the Chommanard Award, which recognises women authors, for best nonfiction writing.


Late last month, *A Physician was Branded a Murderer* won the Chommanard Book Award in the best non-fiction category. The award, sponsored by Praphansarn Publishing Co Ltd and Bangkok Bank, recognises women for outstanding achievements in writing.

From the crisis, Dr Sudanee unexpectedly discovered her talent for writing, a gift that would help keep her sane during the most difficult time of her life.

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