
Introduced by Senator FERDINAND R. MARCOS, JR.

EXPLANATORY NOTE

Article II, Section 15 of the 1987 Constitution provides: "*The State shall protect and promote the right to health of the people and instill health consciousness among them.*"

One of the heartbreaking challenges that any family could face is when a loved one is afflicted with a life-threatening disease. Such critical medical condition crushes not only the physical well-being of the patient, but likewise devastates the emotional, psychological, financial and spiritual welfare of his or her family, relatives and friends.

One cannot over-emphasize the imperative need to provide comprehensive medical treatment for a patient with acute illness in order to make his or her life humanely bearable despite the pain and agony of being terminally ill.

In its official website (<http://www.who.int/cancer/palliative/en/>), the World Health Organization explained the concept of palliative care for patients with serious medical condition. Thus:

"Effective palliative care requires a broad multidisciplinary approach that includes the family and makes use of available community resources; it can be successfully implemented even if resources are limited. It can be provided in tertiary care facilities, in community health centres and even in children's homes.

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Palliative care improves the quality of life of patients and families who face life-threatening illness, by providing pain and symptom relief, spiritual and psychosocial support to from diagnosis to the end of life and bereavement. Palliative care:

- *provides relief from pain and other distressing symptoms;*
- *affirms life and regards dying as a normal process;*
- *intends neither to hasten or postpone death;*
- *integrates the psychological and spiritual aspects of patient care;*
- *offers a support system to help patients live as actively as possible until death;*
- *offers a support system to help the family cope during the patients illness and in their own bereavement;*
- *uses a team approach to address the needs of patients and their families, including bereavement counselling, if indicated;*
- *will enhance quality of life, and may also positively influence the course of illness;*

- *is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications."*

Under this legislative measure, all government and private hospitals and health centers shall provide palliative care and end of life services to all patients with life-threatening illness. Provinces, cities and municipalities shall jointly establish community-based hospice units and palliative care centers in their respective jurisdiction.

Furthermore, it is proposed that immediate family members or relatives who actually look after or take care of a critically-ill patient, shall be entitled to a compassionate care leave benefit of sixty (60) days a year with full pay, whether in public or private employment sector.

A Palliative Care Trust Fund is likewise proposed to be established exclusively for the financial support and assistance for the medical needs of indigent patients. Indigent patient who needs palliative and end of life care who has no money or property sufficient and available for food, shelter and basic necessities for him/her and his/her family, shall be eligible for assistance in payment for the palliative care treatment.

The life of a terminally-ill patient can still be meaningful and comforting even in the face of a seemingly insurmountable trial, with the support of family and friends, and with a comprehensive palliative treatment and attention, thereby making the journey through life well-lived and consoling.

For the record, this bill was first filed in the 14th Congress by former Senate President Aquilino Q. Pimentel, Jr., who was inspired by the noble idea of Canadian Senator Sharon Carstairs, who introduced this commendable concept in her country. It is now being re-filed with the hope that the approval of this measure will be finally be given a positive light.

Hence, approval of this bill is hereby earnestly requested.


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FERDINAND R. MARCOS, JR.

SENATE
S.B. NO. 3342

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**AN ACT PROVIDING PALLIATIVE AND END OF LIFE CARE,
APPROPRIATING FUNDS THEREFOR AND FOR OTHER PURPOSES**

*Be it enacted by the Senate and the House of Representatives of the Philippines
in Congress assembled:*

SECTION 1. TITLE. This Act shall be known as "The Palliative and End of Life Care Act of 2012".

SECTION 2. DECLARATION OF POLICY. The State guarantees the right of the people to quality health care. It is likewise mandated by the Constitution to adopt an integrated and comprehensive approach to health development which shall endeavor to make essential goods, health and other social services available to all people at affordable cost even to patients suffering from life threatening and degenerative diseases. The services aim to improve the quality of life of the patients and their families, and as far as practicable, alleviate their physical, emotional, psychosocial, and spiritual distress.

Palliative care and end of life services include, but not limited to the following:

1. Pain management;
2. Support to terminally-ill patients to live as best as possible a comfortable life;
3. Prolong as far as practicable, the life span of critically-ill patients through therapies, such as chemotherapy, radiation, and other natural or alternative methods of healing;
4. Provide support and counseling to the families of terminally-ill patients, especially in times of distress and bereavement ;
5. Integrate physiological, emotional and spiritual assistance to patients and their families
6. Enhance the quality of life of the patients and their families.

SECTION 3. Mandatory Palliative Care and End of Life Services. All government and private hospitals and health centers shall provide palliative care and end of life services to all patients with life-threatening illness. Provinces, cities and municipalities shall jointly establish community-based hospice units and palliative care centers in their respective jurisdiction.

SECTION 4. Education and Training of Health Care Professionals and Volunteers. Physicians, nurses, midwives, social workers, pharmacists, occupational therapists, nutritionists, private volunteers, caregivers, or members of religious community shall undergo multi-disciplinary education and specialized training with respect to an integrated and coordinated approach towards palliative and end-of-life care support services.

SECTION 5. Continuing Research. There shall be a continuing research and collection of data on palliative and end-of-life care. The public shall have access to good health data, including, socioeconomic issues of palliative and end-of-life care, including the physical, mental and economic impact on the patients, their families and informal caregivers.

SECTION 6. Compassionate Care Leave Benefits. Notwithstanding any law, rules and regulations to the contrary, immediate family members or relatives who actually look after or take care of a critically-ill patient, shall be entitled to a compassionate care leave benefit of sixty (60) days a year with full pay, whether in public or private employment sector.

Employees availing of this leave privilege shall submit to their employers the following:

1. Name of patient – relative undergoing palliative treatment;
2. Copy of Medical Abstract of the patient-relative;
3. A Certification from the hospital or hospice providing palliative services to a critically-ill patient, and
4. The nature of the care that are required of them under the circumstances.

SECTION 7. Disqualification from Leave Benefits. The following employees shall not be allowed to avail of this leave:

1. Those who are absent from work without official leave;
2. Those who are on vacation, sick, forced or study leave;
3. In times of emergency, those whose services are necessary to prevent loss of life or damage to property, brought about by serious accidents, fires, floods, typhoons, earthquake, epidemic or other disasters.

SECTION 8. Establishment of Palliative Care Trust Fund. A Palliative Care Trust Fund, hereafter referred to as the Fund, is hereby established exclusively for the financial support and assistance for the medical needs of indigent patients. Indigent patient who needs palliative and end of life care who has no money or property sufficient and available for food, shelter and basic necessities for him and his family, shall be eligible for assistance in payment for the palliative care treatment.

The Fund shall be subject to the following;

(a) The contribution to the Fund shall be sourced from the following:

(1) The amount of Fifty million pesos (P50,000,000.00) shall be allotted in the annual General Appropriations Act (GAA) for the next five (5) years starting from the enactment of this law;

(2) The amount of Fifty million pesos (P50,000,000.00) shall be taken from the Philippine Amusement and Gaming Corporation (PAGCOR) fund at Five million pesos (P5,000,000.00) per month for ten (10) months;

(3) Another amount of Fifty million pesos (P50,000,000.00) shall be taken from the Philippine Charity Sweepstakes Office (PCSO) at Five million pesos (P5,000,000.00) per month for ten (10) months;

(4) Ten percent (10%) of the health budget of all local government units shall be contributed annually to such fund.

(b) Only the interest drawn from the Fund from sources cited in Section 9 (a1), (a2) and (a3) shall be awarded as grants to qualified patients;;

(c) The grants can be awarded only after one (1) year from the organization of the Fund.

(d) Government-owned and/or controlled corporations are authorized to give grants to the Fund at their discretion;

(e) Private donations and other conveyances including funds, materials, property and services, by gratuitous title are also allowed and encouraged under this Act;

(f) Contributions to the Fund shall be exempt from the donor's tax and the same shall be considered as allowable deductions from the gross income of the donor, in accordance with the provisions of the National Internal Revenue Code of 1997, as amended.

SECTION 9. The Palliative Care Assistance Board. There is hereby created for every province, city or municipality a Palliative Care Assistance Board hereinafter referred to as the Board. The Board shall be composed of five (5) members who shall be Chaired by the Governor or the Mayor of the local government concerned.

The other four (4) members of the Board shall be composed of (1) a representative from the Department of Health; (2) the Chair of the Committee of Health of the Sangguniang concerned; (3) a representative of the opposition party or parties in the Sangguniang concerned; and (4) a representative of the families or family organizations mentioned in Article XV (3 [4]) of the Constitution.

The members of the Board shall serve for a term of three (3) years: *Provided*, That no member shall serve for more than (2) consecutive terms.

The members of the Board shall serve and continue to hold office until their successors shall have been appointed and qualified. Should the private representative member of the Board fail to complete his or her term, the successor shall be replaced by the families or family associations mentioned above only for the unexpired portion of the term.

No person shall be appointed to the Board unless he or she is a citizen of the Philippines, at least thirty (30) years of age, and of good reputation and probity.

The members of the Board shall receive such per diems and allowances as may be authorized for every meeting actually attended and subject to pertinent laws, rules and regulations.

For the sound and judicious management of the Fund, the PCAB shall appoint a government financial institution, with a sound track record on fund management, as portfolio manager of the Fund, subject to guidelines promulgated by the PCAB; and

The PCAB shall prepare the implementing guidelines and decision-making mechanisms, subject to the following:

(1) No part of the seed capital of the Fund, including earnings thereof, shall be used to underwrite overhead expenses for the administration; and

(2) There shall be an external auditor to perform an annual audit of the Fund's performance.

SECTION 10. Accreditation of Private Hospices. The Department of Health with the participation of the duly authorized member of families or family associations mentioned in Article XV (3 [4]) of the Constitution shall promote the rules and guidelines for the accreditation of private hospices providing palliative and end of life care to patients to ensure standard quality services.

SECTION 11. Implementing Rules and Regulation. Within ninety (90) days from the effectivity of this Act, the rules and regulations necessary to effectively implement its provisions shall be promulgated by the Department of Health with the assistance of the duly authorized representative of the families or family associations mentioned in the Constitution.

SECTION 12. Appropriations. For the initial implementation of this Act, the amount of Five Hundred Million pesos (Php500,000,000,.00), in addition to the budget of the Department of Health, is hereby allotted. The amount shall be equitably allotted to the provinces, cities and municipalities to start the implementation of this Act. Thereafter, such sum as may be necessary for its continued implementation shall be included in the annual General Appropriations Act and shall be apportioned accordingly.

SECTION 13. Repealing Clause. All laws, executive orders, rules and regulations or any part thereof inconsistent herewith are deemed repealed, modified or amended accordingly.

SECTION 14. Separability Clause. In case any provision of this Act is declared unconstitutional or invalid, the other provisions hereof which are not affected thereby shall continue in full force and effect.

SECTION 15. Effectivity. — This Act shall take effect fifteen (15) days after its publication in two (2) national newspapers of general circulation.

Approved,