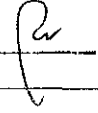


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SENATE
S. No. 3156

RECEIVED BY: 

Introduced by Senator Miriam Defensor Santiago

EXPLANATORY NOTE

The Constitution provides:

Article 2, Section 15. The State shall protect and promote the right to health of the people and instill health consciousness among them.

Article 13, Section 11. The State shall adopt an integrated and comprehensive approach to health development which shall endeavor to make essential goods, health and other social services available to all the people at affordable cost. There shall be priority for the needs of the underprivileged, sick, elderly, disabled, women, and children. The State shall endeavor to provide free medical care to paupers.

In medicine, end-of-life care refers to medical care not only of patients in the final hours or days of their lives, but more broadly, medical care of all those with a terminal illness or terminal condition that has become advanced, progressive, and incurable.

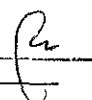
End-of-life care requires a range of tough decisions, such as questions of palliative care; patients' right to treatment and quality health care; and the ethics and efficacy of extraordinary or hazardous medical interventions, and even of continued routine medical interventions. Ultimately, end-of-life treatments are subject to considerations of patient autonomy. It is up to patients and their families to determine when to pursue aggressive treatment or withdraw life support.

This bill provides for comprehensive information and counseling on end-of-life care options to patients and their families, to alleviate the physical, emotional, social, and spiritual discomforts of an individual who is experiencing the last phases of life due to the existence of a terminal disease, and provide supportive care to the primary caregiver and the family of the patient.


MIRIAM DEFENSOR SANTIAGO

'12 MAR 19 P2:49

SENATE
S. No. 3156

RECEIVED BY: 

Introduced by Senator Miriam Defensor Santiago

1 AN ACT
2 PROVIDING FOR END-OF-LIFE CARE TO PATIENTS AND THEIR FAMILY MEMBERS

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

3 SECTION 1. *Short Title.* – This Act shall be known as the “End-of-Life Care Act of
4 2012.”

5 SECTION 2. *Declaration of Policy.* – It is the policy of the State to protect and promote
6 the right to health and quality health care of the people. It is also the policy of the State to adopt
7 an integrated and comprehensive approach to health development which shall endeavour to make
8 essential goods, health, and other services available to all at affordable cost.

9 SECTION 3. *Definition of Terms.* – For purposes of this Act, the following definitions
10 shall apply:

11 (A) “Actively dying” means the phase of terminal illness when death is imminent.

12 (B) “Disease-targeted treatment” means treatment directed at the underlying disease
13 or condition that is intended to alter its natural history or progression, irrespective of whether or
14 not a cure is a possibility.

15 (C) “Health care provider” means an attending physician and surgeon. It also means a
16 nurse practitioner or physician assistant practicing in accordance with standardized procedures or
17 protocols developed and approved by the supervising physician and surgeon and the nurse
18 practitioner or physician assistant.

19 (D) “Health facility” means any facility, place, or building that is organized,
20 maintained, and operated for the diagnosis, care, prevention, and treatment of human illness,
21 physical or mental, including convalescence and rehabilitation and including care during and

1 after pregnancy, or for any one or more of these purposes, for one or more persons, to which the
2 persons are admitted for a 24-hour stay or longer.

3 (E) "Hospice" means a specialized form of interdisciplinary health care that is
4 designed to provide palliative care, alleviate the physical, emotional, social, and spiritual
5 discomforts of an individual who is experiencing the last phases of life due to the existence of a
6 terminal disease, and provide supportive care to the primary caregiver and the family of the
7 hospice patient.

8 (F) "Palliative care" means medical treatment, interdisciplinary care, or consultation
9 provided to a patient or family members, or both, that has as its primary purpose the prevention
10 of, or relief from, suffering and the enhancement of the quality of life, rather than treatment
11 aimed at investigation and intervention for the purpose of cure or prolongation of life. In some
12 cases, disease-targeted treatment may be used in palliative care.

13 (G) "Refusal or withdrawal of life-sustaining treatment" means foregoing treatment or
14 medical procedures that replace or support an essential bodily function, including, but not limited
15 to, cardiopulmonary resuscitation, mechanical ventilation, artificial nutrition and hydration,
16 dialysis, and any other treatment or discontinuing any or all of those treatments after they have
17 been used for a reasonable time.

18 SECTION 4. *Information and Counseling on Legal End-of-Life Care Options.* – When a
19 health care provider makes a diagnosis that a patient has a terminal illness, the health care
20 provider shall, upon the patient's request, provide the patient with comprehensive information
21 and counseling regarding legal end-of-life care options pursuant to this section. When a
22 terminally ill patient is in a health facility, the health care provider, or medical director of the
23 health facility if the patient's health care provider is not available, may refer the patient to a
24 hospice provider or private or public agencies and community-based organizations that
25 specialize in end-of-life care case management and consultation to receive comprehensive
26 information and counseling regarding legal end-of-life care options.

27 (A) If the patient indicates a desire to receive the information and counseling, the
28 comprehensive information shall include, but not be limited to, the following:

- 1 (1) Hospice care at home or in a health care setting.
- 2 (2) A prognosis with and without the continuation of disease-targeted treatment.
- 3 (3) The patient's right to refusal of or withdrawal from life-sustaining treatment.
- 4 (4) The patient's right to continue to pursue disease-targeted treatment, with or
- 5 without concurrent palliative care.
- 6 (5) The patient's right to comprehensive pain and symptom management at the end of
- 7 life, including, but not limited to, adequate pain medication, treatment of nausea,
- 8 palliative chemotherapy, relief of shortness of breath and fatigue, and other
- 9 clinical treatments useful when a patient is actively dying.
- 10 (6) The patient's right to give individual health care instruction, such as an advance
- 11 health care directive, and the patient's right to appoint a legally recognized health
- 12 care decisionmaker.

13 (B) The information described in subdivision (A) may, but is not required to, be in
14 writing. Health care providers may utilize information from organizations specializing in end-of-
15 life care that provide information on factsheets and Internet Web sites to convey the information
16 described in subdivision (A).

17 (C) Counseling may include, but is not limited to, discussions about the outcomes for
18 the patient and his or her family, based on the interest of the patient. Information and counseling,
19 as described in subdivision (A), may occur over a series of meetings with the health care
20 provider or others who may be providing the information and counseling based on the patient's
21 needs.

22 (D) The information and counseling sessions may include a discussion of treatment
23 options in a manner that the patient and his or her family can easily understand. If the patient
24 requests information on the costs of treatment options, including the availability of insurance and
25 eligibility of the patient for coverage, the patient shall be referred to the appropriate entity for
26 that information.

1 SECTION 5. If a health care provider does not wish to comply with his or her patient's
2 request for information on end-of-life options, the health care provider shall do both of the
3 following:

4 (A) Refer or transfer a patient to another health care provider that shall provide the
5 requested information.

6 (B) Provide the patient with information on procedures to transfer to another health
7 care provider that shall provide the requested information.

8 SECTION 6. *Separability Clause.* – If any provision, or part hereof is held invalid or
9 unconstitutional, the remainder of the law or the provision not otherwise affected shall remain
10 valid and subsisting.

11 SECTION 7. *Repealing Clause.* – Any law, presidential decree or issuance, executive
12 order, letter of instruction, administrative order, rule or regulation contrary to or inconsistent
13 with, the provisions of this Act is hereby repealed, modified, or amended accordingly.

14 SECTION 8. *Effectivity Clause.* – This Act shall take effect fifteen (15) days after its
15 publication in at least two (2) newspapers of general circulation.

Approved,

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