



# LEGISLATIVE RESEARCH SERVICE QUICK NOTES

*Second Regular Session, 19<sup>th</sup> Congress*

**2<sup>nd</sup> Public Hearing/Inquiry of the Committee on Health and Demography joint with the Committees on Finance; and Tourism**

**Chairperson: Sen. Christopher Lawrence T. Go**

**2 April 2024, Tuesday, 11:00 AM, Sen. Pecson Room, Senate**

**Re: I. Lack of Medical Facilities and Health Professionals in Prime Tourist Spots**

- **P. S. Res. No. 937—Sen. Juan Miguel “Migz” F. Zubiri**

**II. Implementation of the Philippine Health Facility Development Plan (PHFDP) 2020-2040**

**III. PhilHealth Rating System**

- **P. S. Res. No. 897—Sen. Raffy T. Tulfo**

**IV. Bullying in the Hospital Hierarchy**

- **P. S. Res. No. 467—Sen. Raffy T. Tulfo**

## **Background**

- The Committee on Health and Demography held its initial hearing/inquiry last March 12, 2024. Aside from numerous bills on the establishment/upgrading/conversion/renaming of hospitals, the Committee also inquired into the reported incidents of bullying in the hospital hierarchy.
- The upcoming public hearing/inquiry by the Committee will address the following issues: scarcity of medical facilities and healthcare professionals in prime tourist destinations; implementation progress of the Philippine Health Facility Development Plan (PHFDP) for the years 2020 to 2040; and PhilHealth Rating System.

## **Highlights**

- **On Bullying in the Hospital Hierarchy**

Sen. Raffy T. Tulfo highlighted the pervasive issue of bullying within hospital settings, which is adversely impacting medical frontliners, particularly first-year resident doctors, interns, and occasionally, non-physician staff, ultimately compromising their ability to deliver effective healthcare services.

Senator Tulfo also revealed that junior residents are often subjected to menial tasks such as running errands, purchasing groceries out of their own pockets, cleaning facilities, chauffeuring consultants, and even babysitting a consultant's child. Additionally, these junior residents frequently endure humiliation and verbal abuse in the presence of patients and other individuals.<sup>1</sup>

Taking all factors into account, the Senator underscored the need to safeguard the well-being of medical frontliners by fostering a conducive work environment. To achieve this, the following recommendations were proposed:

- ⇒ Departmental chairs, vested with supervisory authority over resident doctors, should establish and enforce standards specific to their departments.
- ⇒ Hospital administrations ought to collaborate with residents to institute a comprehensive anti-bullying policy applicable across the entire institution.
- ⇒ The Department of Health (DOH), as the regulatory body, must ensure that all hospitals adhere to standardized guidelines for residency training, overseeing both public and private healthcare facilities.
- ⇒ The Professional Regulation Commission should review and enhance disciplinary procedures concerning medical professionals.<sup>2</sup>

### **Possible Points for Discussion**

- **General Discussion**

- ⇒ Review/evaluation of laws relative to the issues subject of the inquiry and possible amendments to strengthen such laws;
- ⇒ Challenges in the implementation of the subject laws and the mechanisms for monitoring compliance therewith; and
- ⇒ Remedial/Preventive measures undertaken to resolve the issues identified in the resolutions.

- **On the Lack of Medical Facilities and Health Professionals in Prime Tourist Spots**

- ⇒ Data on prime tourist spots lacking medical facilities and health professionals;
- ⇒ Reasons for the lack of medical facilities and health professionals in prime tourist spots;
- ⇒ Collaboration between government agencies. The Department of Tourism, DOH, and local government units (LGUs) should collaborate to ensure that prime tourist spots have adequate medical facilities and health professionals; and
- ⇒ Incentivizing LGUs. Incentives could be awarded to LGUs that are compliant with the policy/guidelines set by law, as well as a comparison of the incentives or policies implemented by neighboring counties.

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<sup>1</sup> Paraphrased from the TSN of the Public Hearing of the Committee on Health and Demography, March 12, 2024, pp. 31- 32

<sup>2</sup> Paraphrased from the TSN of the Public Hearing of the Committee on Health and Demography, March 12, 2024, pp. 34- 36

- **On the Implementation of the Philippine Health Facility Development Plan (PHFDP) 2020-2040**

- ⇒ Evaluation of how the concerned national government agencies and LGUs performed their respective tasks as mandated under MC 26;
- ⇒ Assessment of the implementation of PHFDP 2020-2040 in the whole country and the challenges in its implementation; and
- ⇒ Assessment of how much of the articulated required investments for health facilities under the framework have been realized.

- **On the PhilHealth Rating System**

- ⇒ Assessment of the rating system under an incentive scheme adopted by PhilHealth to acknowledge and reward health facilities that provide better service quality, efficiency, and equity, including third-party accreditation mechanisms as a basis for granting incentives mandated under the law;
- ⇒ Public Awareness and Education. Efforts undertaken by PhilHealth to increase public awareness of the services, medicines, medical treatments, and facilities covered, including the corresponding amount of coverage by PhilHealth; and
- ⇒ Transparency and Accountability. Medical facilities must be transparent in their costing of services, facilities, treatment, and medicines to enable the government to effectively regulate their prices and hold them accountable for violation of the law.

- **On Bullying in the Hospital Hierarchy**

- ⇒ The overall prevalence scale of bullying in medical organizations and hospitals of the country;
- ⇒ Data on the reported cases of bullying in the hospital hierarchy affecting clerks, interns, residents, nurses, and other medical professionals;
- ⇒ Demographics of perpetrators and victims, and the effects of bullying on the victim and workplace;
- ⇒ Identifying the factors that increase bullying in the hospital hierarchy and the general medical environment, such as perceived injustice, social exclusion, leadership, cultural orientation, organizational dynamics, organizational processes, etc.; and
- ⇒ DOH program interventions and hospital/medical institutions' consequent actions against bullying.