

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Batasang Pambansa, Quezon City

FIFTEENTH CONGRESS
Second Regular Session

HOUSE BILL NO. 5250

Authored by **HON. LINABELLE RUTH R. VILLARICA**

EXPLANATORY NOTE

When a life threatening illness, like cancer, no longer responds to treatment and reaches its terminality, patients and family are often told, **"I'm sorry, there is nothing more we can do."** This causes a profound suffering and emotional impact to the patient and his or her family. But a study of medicine called **Palliative Care**, and a compassionate caring philosophy embodied in **Hospice Care**, asserts that from the time the patient has been diagnosed to the end-of-life—something can and still should be done so that the patient can still have **quality of life** in his or her remaining days free from pain and suffering.

Cancer is the third cause of death among men and women, one third (1/3) of the disease can be curable once detected early but two thirds (2/3) of those afflicted are in an advanced stage and incurable and can only have palliative care that may result in an acceptable **quality of life**. There is also a rising incidence of HIV/AIDS. From January 1984 to July 2007, there were 2,916 reported HIV Abseropositive cases of which 2,146 (74%) were asymptomatic and 770 (26%) were AIDS cases.

As of this time, the Philippine Health Care Delivery System covers the scope of preventive and curative services. It fails to address palliative or end-of-life care. Yet there are many benefits to be derived from the integration of Palliative and Hospice Care into our current way of delivering health care, such as:

- (a) Improved quality of life for the terminally-ill patient while minimizing the financial burden of their families.

- (b) Declogging of government hospitals from emergency admissions of terminally-ill patients and preventing the draining of public hospital resources for indigent patients.
- (c) An easing of the burden of local government units to support the medical and financial expenses of terminally-ill indigent patients, which will result in better channeling of resources to benefit a greater number of beneficiaries.
- (d) The development of a home-based Palliative and Hospice Care program at the grassroots level will increase access of quality health service, especially by the poor.
- (e) Creation of more jobs and opportunities for nurses and other allied medical health workers for the demands of the local and global Palliative and Hospice Care industry.

In keeping with the spirit of the **Health Sector Reform Agenda**, which improved the way health services are being provided and financed in our country, this Act integrates Palliative and Hospice Care into our health care delivery system thus pooling together the efforts and resources of all the major stakeholders such as the DOH, PhilHealth, the local government, civil society groups, and the beneficiaries. Budget appropriation for the implementation of this Act shall be sourced from existing fund sources of the present health care delivery system.



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**AN ACT TO INTEGRATE PALLIATIVE AND HOSPICE CARE INTO
THE PHILIPPINE HEALTH CARE DELIVERY SYSTEM**

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

SECTION 1. *Short Title.* This Act shall be known as ***"The Palliative and Hospice Care Act of 2010"***.

SECTION 2. *Declaration of Policy.* The State guarantees the right of the people to quality health care; ensuring that the health status of the people is to be made as good as possible over the entire life cycle. As the Constitution mandates, an integrated and comprehensive approach to health development 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 illnesses.

SECTION 3. *Definition of Terms.*

Palliative and Hospice Care. As per the World Health Organization definition, is an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and management of pain and other problems, physical, psychosocial and spiritual.

Terminally-Ill. Patients who are certified by primary physician and palliative care specialist physicians as terminally-ill have active, progressive, far-advanced disease with six (6) months or less to live.

SECTION 4. *Services And Site of Care.* They can avail of Palliative and Hospice Care services either in hospitals, hospice institutions, or in the privacy of their homes.

Palliative and Hospice Care services include, but are not limited to the following:

- (a) Palliative Physician care
- (b) Palliative Nursing care
- (c) Medications for pain and symptom control
- (d) Medical supplies (bandages, catheters, etc.)
- (e) Medical equipment (oxygen machine, wheelchair, hospital bed, etc.)
- (f) Counseling (spiritual, emotional) to help patients live as actively as possible until death and to help the family cope during the patient's illness and in their own bereavement
- (g) Palliative surgery, palliative chemotherapy, and palliative radiation to better manage distressing clinical complications

SECTION 5. *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.

SECTION 6. *Mandatory Palliative Care And Hospice Services.* All government and private hospitals shall provide Palliative and Hospice Care services to all patients with life-threatening illness. Provinces, cities and municipalities shall include Palliative and Hospice Care into their Rural Health Unit services as a **home-based care program**.

SECTION 7. *Accreditation.* Private hospice institutions, medical practitioners, health workers, and social workers for Palliative and Hospice Care shall be accredited by the Department of Health in partnership with the National Palliative and Hospice Care Council of the Philippines (Hospice Philippines, Inc.) shall promote the rules and guidelines for accreditation to ensure standard quality services.

SECTION 8. *Education And Training Health Care Professionals and Volunteers.* Physicians especially Provincial Health Officer (PHO) and Municipal Health Officers (MHOs), nurses, *barangay* health workers (BHWs), social workers, occupational therapists, nutritionists, volunteers, caregivers, or members of religious community shall undergo multi-disciplinary education and specialized training, under the Department of Health through partnerships with accredited palliative and hospice Care institutions, with respect to an integrated and coordinated approach towards palliative and hospice care support services.

SECTION 9. *Continuing Research.* There shall be a continuing research and collection of data on palliative and hospice care. The public shall have access to good health data, including, socioeconomic issues of palliative and hospice care, including the physical, mental and economic impact on the patients, their families and informal caregivers.

SECTION 10. *Designation Of The National Palliative And Hospice Care Council Of The Philippines (HOSPICE Phils., Inc.).* As the attached agency of the Department of Health it shall perform the following functions;

- (a) To promote palliative care in the Philippines through advocacy.
- (b) To provide policy formulation, standard development and monitor implementation of its programs.
- (c) To mobilize and generate resources or sustainability of operation.
- (d) To network with the international hospice association.
- (e) To plan and carry out or coordinate research with other institutions and agencies.
- (f) To provide the database for policy formulation that will stimulate and sustain palliative care registry
- (g) To organize and develop continuing training programs for physicians, nurses, physical therapists, and other professional health workers and volunteers workers in the field of palliative care.
- (h) To serve as the coordinating center of a national palliative care network located in the different regions of the country.

- (i) To formulate a code of ethics and standards for the practice of palliative care modalities.

SECTION 11. *Grants And Donations.* All non-profit Palliative and Hospice Care institutions that are serving indigent patients are to be included as beneficiaries of PAGCOR and PCSO funding to support programs and services.

- (a) All government-owned and/or controlled corporations are authorized to give grants to accredited Palliative and Hospice Care providers at their discretion;

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

- (c) Contributions 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 12. *Appropriations.* Congress shall allocate funds for training, education, promotion, and mobilization for the implementation of this Act throughout the provinces, cities and municipalities. Thereafter, such sum as may be necessary for its continued implementation shall be included in the annual General Appropriations Act. The local government units shall also appropriate ten percent (10%) of their health budget for Palliative and Hospice Care.

SECTION 13. *Implementing Rules And Regulations.* 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 National Palliative and Hospice Care Council of the Philippines (Hospice Philippines).

SECTION 14. *Repealing Clause.* All laws, executive orders, rules and regulations or any part thereof inconsistent herewith are deemed repealed, modified or amended accordingly.

SECTION 15. *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 16. *Effectivity.* This Act shall take effect fifteen (15) days after its publication in two (2) national newspapers of general circulation.

Approved,