

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City, Metro Manila

Twentieth Congress
First Regular Session

HOUSE BILL NO. **3810**



Introduced by **Representative RAYMOND ADRIAN SALCEDA**

AN ACT
ESTABLISHING THE RIGHT TO DIGNIFIED END-OF-LIFE CARE,
INSTITUTIONALIZING HOSPICE CARE AS AN ESSENTIAL MEDICAL SERVICE,
INTEGRATING IT INTO THE NATIONAL HEALTH INSURANCE PROGRAM, AND
MANDATING HOSPITALS, HEALTH MAINTENANCE ORGANIZATIONS, AND
OTHER HEALTHCARE PROVIDERS TO MAKE SUCH CARE AVAILABLE,
PROVIDING FOR PATIENT CONSENT, REFUSAL, SUBSTITUTE DECISION-
MAKING, LEGAL PROTECTIONS, AND OTHER PURPOSES

EXPLANATORY NOTE

Article II, Section 11 of the Constitution affirms that the State values the dignity of every human person and guarantees full respect for human rights. Article XIII, Section 11 mandates the adoption of an integrated and comprehensive approach to health development that makes essential goods and services available to all at affordable cost. This measure gives life to those provisions by establishing the right to dignified end-of-life care and integrating hospice into the national health financing framework.

The Philippines registered almost 695,000 deaths in 2023. The leading causes were heart disease, cancer, and stroke. While many patients live with these illnesses in manageable forms, a significant share eventually reach advanced stages where further curative treatment is no longer effective. Examples include late-stage cancers, end-stage heart or lung failure, severe recurrent strokes that leave no chance of recovery, and progressive neurological conditions such as advanced dementia. In these situations, the medical goal can no longer be cure, but the alleviation of suffering and the preservation of dignity.

Today the default response of the health system is to continue hospital-based interventions until financial resources are depleted. Families shoulder nearly half of total health spending in the Philippines. It is common for households to sell property, incur debt, and exhaust savings to pay

for repeated admissions, intensive care stays, and costly procedures that may prolong biological survival without improving quality of life. In some cases, such interventions increase suffering while creating catastrophic financial burdens.

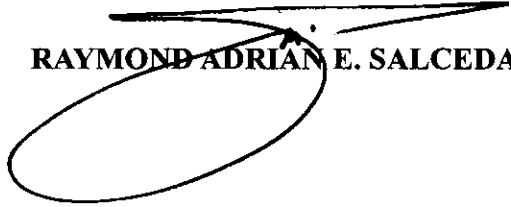
Hospitals and providers often have financial incentives to extend stays and perform high-cost treatments even when clinical benefit is unlikely. The absence of a statutory right to hospice care allows this pattern to persist. Without correction, families remain trapped between the fear of abandoning treatment and the certainty of financial ruin.

Hospice care provides a humane and cost-effective alternative. It focuses on pain relief, symptom management, psychosocial and spiritual support, and respect for patient wishes. International evidence shows that hospice not only improves family and patient satisfaction but also reduces unnecessary hospitalizations and health system costs, with savings visible even for short enrollment periods and greater benefits when care begins earlier.

Conservative estimates using national death statistics and local hospital cost data show the scale of potential benefit. If one in five dying patients were shifted to hospice just one week earlier, and if that transition avoided seven inpatient days, families would save between 650 million and 6.5 billion pesos in out-of-pocket costs every year. The health system, including PhilHealth, government facilities, and private insurers, would save an additional 800 million to 8 billion pesos annually. These figures are on top of the incalculable human value of relieving pain and allowing patients to die with dignity rather than in financial distress.

The Right to Dignified End-of-Life Care Act addresses these realities by recognizing hospice as an essential medical service, mandating its coverage under PhilHealth, requiring that all hospitals and health maintenance organizations make hospice available directly or through referral, ensuring home-based hospice options when appropriate, establishing the primacy of patient agency when the patient is conscious and capable of informed consent, creating clear rules for substitute decision-making when the patient cannot decide, protecting providers who act in good faith, and affirming that this measure is not euthanasia but a guarantee of compassionate care.

This measure aligns financial incentives with patient dignity, prevents families from falling into catastrophic debt for futile treatments, and guarantees that every Filipino has the right to a humane and respectful end of life. Its immediate passage is earnestly sought.



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MAKING, LEGAL PROTECTIONS, AND OTHER PURPOSES

SECTION 1. Short Title. — This Act shall be known as the “Right to Dignified End-of-Life Care Act.”

SEC. 2. Declaration of Policy. — It is the policy of the State, consistent with Article II, Section 11 of the Constitution, which affirms that the State values the dignity of every human person and guarantees full respect for human rights, and Article XIII, Section 11, which mandates the adoption of an integrated and comprehensive approach to health development, to protect and promote the right of every person to dignified end-of-life care. Towards this end, the State shall ensure that persons with life-limiting illnesses are afforded access to compassionate, holistic, and appropriate medical care, including hospice care, that relieves pain and suffering, respects personal values and cultural beliefs, and upholds patient autonomy and informed choice.

SEC. 3. Definition of Terms. — As used in this Act:

(a) *Hospice care* refers to a coordinated program of home and inpatient care that provides medical, nursing, psychosocial, and spiritual services for terminally ill patients and their families, emphasizing comfort and quality of life rather than curative treatment.

(b) *Terminally ill patient* refers to an individual diagnosed by a licensed physician as having a life expectancy of six (6) months or less if the disease runs its normal course.

(c) *Hospice care provider* refers to a hospital, health facility, HMO, or accredited entity that delivers hospice care services.

(d) *Informed consent* refers to the voluntary agreement of the patient or their authorized representative, given after full disclosure of the nature, scope, benefits, risks, and alternatives to hospice care.

(e) *Advance directive* refers to a written document executed in accordance with law, in which a patient sets out preferences for medical treatment, including end-of-life care, in the event they are unable to communicate such decisions.

SEC. 4. Coverage under the National Health Insurance Program. — The Philippine Health Insurance Corporation (PhilHealth) shall, within six (6) months from the effectivity of this Act, develop and implement a comprehensive hospice care benefit package, which shall include at a minimum:

- (a) Physician and nursing services;
- (b) Pain and symptom management;
- (c) Medical supplies and equipment;
- (d) Psychosocial and spiritual support for patients and their families;
- (e) Bereavement counseling services for the family for at least one (1) year after the patient's death; and
- (f) Home-based hospice services when clinically appropriate and feasible.

SEC. 5. Relation to Existing Laws. — This Act shall be construed as complementary to Republic Act No. 11223, otherwise known as the Universal Health Care Act, and other related laws and policies. It operationalizes the right to dignified end-of-life care through mandatory PhilHealth coverage, patient consent safeguards, and service availability requirements.

SEC. 6. Non-Euthanasia Clause. — Nothing in this Act shall be construed to permit or authorize assisted suicide or euthanasia, which remain prohibited under Philippine law.

SEC. 7. Eligibility and Determination of Need. — Hospice care may be offered to a patient upon written certification by the attending physician, concurred in by a second physician not employed by the same hospice care provider, that the patient is terminally ill. This certification shall be explained to the patient and, where applicable, to their family or authorized representative, together with the full range of care options available.

SEC. 8. Primacy of Patient Agency. — In all cases where the patient is conscious, has been certified as terminally ill, and is capable of giving informed consent, the decision of the patient regarding the acceptance, refusal, or revocation of hospice care shall prevail over that of any family member, representative, or other party.

SEC. 9. Patient Consent, Refusal, and Substitute Decision-Making. —

(a) If the patient has an advance directive, living will, or other legally recognized written instructions regarding end-of-life care, such document shall guide the provision or withholding of hospice care, subject to applicable laws.

(b) In the absence of an advance directive, consent may be given by:

- (1) The healthcare proxy or agent designated by the patient under a valid power of attorney for healthcare;
- (2) The spouse;

- (3) An adult child;
- (4) A parent;
- (5) An adult sibling; or
- (6) In default thereof, the person determined by the attending physician to have sufficient interest in the patient's welfare and authorized by the Department of Health under its rules.

(c) In cases where multiple representatives of equal ranking disagree, the attending physician shall refer the matter to the hospital ethics committee or an equivalent body designated by the Department of Health, whose recommendation shall be binding unless a court directs otherwise.

(d) In cases where the patient is unconscious and there is no advance directive, at least two (2) physicians, neither of whom is employed by the same hospice provider, must certify that the patient meets the criteria for hospice care and that initiation of such care is in the patient's best interest.

(e) A patient who regains consciousness and decision-making capacity may revoke consent to hospice care at any time, and shall be entitled to resume active or curative treatment without prejudice to other PhilHealth benefits.

SEC. 10. Mandatory Availability and Referral for Hospice Care. —

(a) All Level 1, Level 2, and Level 3 hospitals, health maintenance organizations, and other healthcare providers licensed by the Department of Health shall ensure that hospice care is available to eligible patients, either through an in-house hospice care program or through a formal referral arrangement with an accredited hospice care provider.

(b) For areas where no accredited hospice provider is available, the Department of Health shall establish an interim certification system for qualified providers pending full PhilHealth accreditation.

(c) Home-based hospice care shall be made available when clinically appropriate and feasible, subject to guidelines issued by the Department of Health.

(d) The attending physician and the facility shall inform eligible patients, or their authorized representatives, of the availability, scope, and benefits of hospice care as part of the treatment options, in a manner consistent with cultural and religious sensitivities.

(e) Refusal of hospice care shall not prejudice the patient's right to continue receiving other medically necessary services.

(f) The Department of Health shall issue guidelines on minimum service standards for in-house hospice care programs and referral arrangements to ensure quality and continuity of care.

SEC. 11. Continuity of Care. — The Department of Health and PhilHealth shall establish protocols to ensure continuity of care for patients who transition between hospice and active treatment, including mechanisms for immediate reinstatement of hospice services if required.

SEC. 12. Standards of Care and Legal Protection. —

(a) The Department of Health, in consultation with PhilHealth, professional medical societies, and hospice care associations, shall issue implementing rules, accreditation standards, and clinical practice guidelines to ensure the quality and continuity of hospice care.

(b) No civil or criminal liability shall attach to any healthcare professional or facility that, in good faith and in accordance with this Act and its implementing rules, initiates, provides, or withholds hospice care.

SEC. 13. Pediatric End-of-Life Care. — In the case of minors, hospice care may be provided only with the informed consent of the parents or legal guardian, and in accordance with pediatric-specific protocols to be issued by the Department of Health.

SEC. 14. Training, Capacity Building, and Phased Implementation. — The Department of Health shall develop training modules on hospice and palliative care for healthcare providers and integrate them into continuing professional development programs for physicians, nurses, and allied health professionals. A phased compliance timetable for facility readiness, prioritizing underserved and geographically isolated areas, shall be issued within one (1) year from the effectivity of this Act.

SEC. 15. Coordination with Private Insurance. — Hospice care shall be a medical service that health maintenance organizations and private health insurers may provide as part of their benefits packages.

SEC. 16. Monitoring and Reporting. — The Department of Health and PhilHealth shall submit to Congress an annual report on hospice care implementation, including utilization rates, geographic coverage, patient satisfaction, and identified barriers to access.

SEC. 17. Appropriations. — The amount necessary for the initial implementation of this Act shall be charged against the current year's appropriations of the Department of Health and PhilHealth. Thereafter, such sums as may be necessary for its continued implementation shall be included in the annual General Appropriations Act.

SEC. 18. Implementing Rules and Regulations. — Within ninety (90) days from the effectivity of this Act, the Department of Health and PhilHealth, in consultation with relevant stakeholders, shall promulgate the necessary rules and regulations for its effective implementation.

SEC. 19. Separability Clause. — If any provision of this Act is declared unconstitutional or invalid, the other provisions not affected thereby shall remain in full force and effect.

SEC. 20. Repealing Clause. — All laws, decrees, executive orders, rules and regulations, or parts thereof inconsistent with this Act are hereby repealed or modified accordingly.

SEC. 21. Effectivity. — This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in a newspaper of general circulation.

Approved,