



Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City



TWENTIETH CONGRESS
First Regular Session

House Bill No. 4129

Introduced by Representative Nelson S. Legacion
Third Congressional District, Camarines Sur

The Philippines is a family-oriented nation where relationships are a cornerstone of society. This familial bond often extends to medical decision-making, with relatives frequently making choices for a loved one who is incapacitated. However, this informal practice, while rooted in cultural values, is fraught with legal and ethical ambiguities. The absence of a clear legal framework for medical proxies leaves patients vulnerable and families in difficult, and sometimes contentious, situations.

This bill, the Medical Proxy and Advance Directives Act, seeks to formalize this process, empowering individuals to designate a medical proxy and issue advance directives to ensure their healthcare wishes are honored even when they can no longer communicate them.

By providing a clear and comprehensive legal mechanism, this bill addresses the current challenges of informal decision-making, which can lead to familial conflicts, emotional distress, and the potential disregard of a patient's wishes. A designated medical proxy, armed with a clear understanding of the patient's desires, can make decisive and confident choices, alleviating the immense burden placed on families during a crisis. The bill also provides crucial protection for single individuals, those with estranged relatives, or Filipinos living abroad, allowing them to entrust their care to a trusted friend or relative.

For health professionals, this bill provides significant benefits by creating a clear legal foundation for medical decision-making. It removes the ethical and legal ambiguities that doctors and hospital staff face when families disagree on a course of treatment. With a legally designated medical proxy or a clear advance directive, healthcare providers can act with confidence, knowing they are complying with the patient's wishes and are protected from civil or criminal liability. This clarity streamlines the care process, allowing professionals to focus on providing the best possible treatment without the added stress of familial disputes or legal uncertainty.

Furthermore, the bill champions patient autonomy and a dignified end-of-life journey to applicable cases. It establishes a transparent system that respects a person's inherent right to self-determination over their own body and health. This legislation requires no significant public expenditure, as its framework relies on the existing legal and medical infrastructure. The benefits, however, are immense: reduced familial conflict, clearer medical decision-making, enhanced patient autonomy, and legal protection for healthcare professionals. This is a no-cost, high-impact measure that will bring peace of mind, clarity, and dignity to the critical processes of medical care and end-of-life planning.

This proposed measure builds on previous legislative efforts to establish advance directives and medical proxies in the Philippines, filed by Senator Ramon Bong Revilla, Jr. in the 14th Congress, the late Senator Miriam Defensor Santiago in the 15th Congress, and by Representative Percival Cendaña in the 19th Congress. This bill incorporates and improves upon the principles of those earlier measures to create a more comprehensive and robust legal framework.

In view of the foregoing, immediate passage of this measure is sought.



NELSON S. LEGACION

Representative, Third District, Camarines Sur



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**AN ACT INSTITUTIONALIZING THE DESIGNATION OF A MEDICAL
PROXY AND THE USE OF ADVANCE DIRECTIVES FOR MEDICAL CARE,
AMENDING FOR THE PURPOSE PERTINENT PROVISIONS OF EXISTING
LAWS, AND FOR OTHER PURPOSES**

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

SECTION 1. Short Title. This Act shall be known as the "*Medical Proxy and
Advance Directives Act.*"

SECTION 2. *Declaration of Policy.* It is the policy of the State to protect and promote the right to health and the right to self-determination of every individual, as mandated by the Constitution, specifically Article II, Section 15 and Article XIII, Section 11. The State recognizes the right of a person to make informed decisions regarding their own medical care and to have those decisions respected, even when they are no longer able to communicate. This Act establishes a legal framework for the designation of a medical proxy and the use of advance directives to ensure that a person's medical wishes are honored, thereby promoting peace of mind for individuals and their families, while reducing potential conflicts in the healthcare setting.

SECTION 3. *Definition of Terms.* As used in this Act:

- a. *Advance Directive* - refers to a written, legal document that outlines a person's wishes regarding their medical care if they become unable to make or communicate their own decisions. It may include a Living Will and/or a Special Power of Attorney for Health Care;
- b. *Medical Proxy* - refers to an individual designated in a Special Power of Attorney for Health Care to make medical decisions on behalf of another person

who is incapacitated. The terms "medical proxy" and "Special Power of Attorney for Health Care" are used interchangeably in this Act;

- c. *Incapacitated* - refers to a state in which a person is determined by a licensed physician to be unable to make or communicate decisions about their medical care. This may be due to a comatose state, persistent vegetative state, brain death, or other similar conditions that render them without the capacity to comprehend and make informed health decisions;
- d. *Disinterested Person* - refers to a person who is not a relative of the principal by consanguinity or affinity, is not the designated medical proxy or alternate proxy, is not entitled to any portion of the principal's estate, and has no claim against the principal's estate. This person is required to witness the execution of the Special Power of Attorney or Advance Directive to prevent coercion or undue influence over the patient executing the medical proxy;
- e. *Living Will* - refers to an advance directive that specifies the medical treatments, including life-sustaining treatments, that a person would or would not want to receive if they are terminally ill or in an irreversible coma;
- f. *Do Not Resuscitate (DNR) Order* - refers to a specific type of advance directive or a medical order written in a patient's chart by an Attending Physician, indicating that cardiopulmonary resuscitation (CPR) should not be performed if the patient's heart stops or they stop breathing;
- g. *Attending Physician (AP)* - refers to the physician who has primary responsibility for the medical care of a patient;
- h. *Life-Sustaining Treatment* - refers to any medical treatment that is used to keep a person from dying, such as a breathing machine, CPR, or artificial nutrition and hydration;
- i. *Terminal Condition* - refers to an ongoing condition caused by injury or illness that has no cure and from which doctors expect the person to experience death, even with medical treatment, as certified by at least two (2) licensed physicians who are independent of each other.
- j. *Persistent Vegetative State or Irreversible Coma* - refers to a state of unconsciousness with no hope of regaining consciousness even with medical treatment;
- k. *Health Care Provider* - refers to any person or entity that provides medical services, including, but not limited to, hospitals, clinics, medical practitioners, and other healthcare professionals.

SECTION 4. Designation of a Medical Proxy.

a. Any person who is at least eighteen (18) years of age and of sound mind may execute a Special Power of Attorney for Health Care to designate a medical proxy.

b. The Special Power of Attorney for Health Care must be in writing, signed

by the principal, and witnessed by at least two (2) disinterested persons, able to read and write, and must be notarized.

c. The document must clearly identify the principal and the designated medical proxy. It should also state that the designated individual is authorized to make health care decisions on behalf of the principal when the principal is incapacitated.

d. A person can designate only one (1) primary medical proxy. However, they may designate one or more alternate proxies to act in the event the primary proxy is unable or unwilling to serve.

SECTION 5. *Who can and cannot be a Medical Proxy.*

a. Any person who is at least eighteen (18) years of age and of sound mind can be designated as a medical proxy. This includes, but is not limited to, a spouse, partner, child, sibling, other relative, or trusted friend.

b. The following individuals cannot be designated as a medical proxy:

1. The Attending Physician of the principal.

2. Any owner, operator, or employee of the healthcare facility where the principal is a patient, unless they are a relative of the principal.

3. The principal's legal counsel, unless they are a relative of the principal.

4. Any person who has a direct financial interest in the principal's death, including a beneficiary of a life insurance policy or a direct heir to their estate, unless they are the spouse or a child of the principal.

SECTION 6. *Authority and Responsibilities of a Medical Proxy.*

a. A medical proxy's authority becomes active only when the principal is determined by the Attending Physician to be incapacitated.

b. The medical proxy is bound to make decisions based on the known wishes of the principal. If the principal's wishes are not known, the medical proxy shall make decisions based on what they believe the principal would have wanted, taking into account the principal's personal values and beliefs.

c. The medical proxy shall have access to the principal's medical information as necessary to make informed decisions.

d. In the event of a disagreement between the medical proxy and the Attending Physician regarding the medical care of the principal, the matter shall be referred to an ethics committee or a designated hospital administrator for resolution, in accordance with the hospital's policies and procedures.

SECTION 7. *Advance Directives and Do Not Resuscitate Orders.*

a. Any person who is at least eighteen (18) years of age and of sound mind may execute an Advance Directive.

b. An Advance Directive may include a Living Will, which outlines a person's wishes regarding life-sustaining treatments in the event of a terminal condition or persistent vegetative state.

c. A Do Not Resuscitate (DNR) Order may be included as a specific instruction within an Advance Directive. A separate DNR order may also be issued by the Attending Physician after consultation with the patient or, if the patient is incapacitated, with the medical proxy or nearest relative. A DNR order, whether from an advance directive or a physician's order, shall be entered into the patient's medical record.

d. Advance Directive or DNR order must be in writing, signed by the principal, and witnessed by at least two (2) disinterested persons. It shall be made a part of the principal's medical record.

SECTION 8. *Form and Content of Advance Directives.* The Department of Health (DOH), in coordination with the Integrated Bar of the Philippines (IBP) and the Philippine Medical Association (PMA), shall design and publish a standardized form for the Special Power of Attorney for Health Care and Advance Directives. These forms shall be available to the public free of charge on their official websites and in healthcare facilities.

SECTION 9. *Revocation or Amendment.*

a. A person may revoke or amend their designation of a medical proxy or their Advance Directive at any time, as long as they are of sound mind.

b. The most recent validly executed document or verbal instruction shall take precedence over any prior document or instruction.

c. Revocation or amendment must be made in writing, signed, and witnessed in the same manner as the original document.

d. Verbal instructions made in person to the Attending Physician may supersede a previous written directive, provided the principal is of sound mind at the time of the verbal instruction. The Attending Physician must document this verbal instruction in the patient's medical record, witnessed by at least one other member of the healthcare team.

SECTION 10. *Immunity from Liability.*

a. A healthcare provider who acts in good faith and in accordance with the instructions of a medical proxy or an Advance Directive shall be immune from civil and criminal liability.

b. A medical proxy who acts in good faith and in accordance with the known wishes or presumed intent of the principal shall be immune from civil and criminal liability.

SECTION 11. *Implementing Rules and Regulations (IRR).* Within one hundred eighty (180) days from the effectivity of this Act, the Department of Health (DOH), in coordination with the Philippine Medical Association (PMA), the Integrated Bar of the Philippines (IBP), and other relevant stakeholders, shall promulgate the necessary rules and regulations to implement the provisions of this Act. The IRR shall include, but not be limited to, the standardized forms for the Special Power of Attorney for Health Care and Advance Directives, and the procedures for determining a person's incapacity.

SECTION 12. *Separability Clause.* If any provision or part of this Act is declared unconstitutional or invalid, the remaining provisions or parts thereof not affected by such declaration shall remain in full force and effect.

SECTION 13. *Repealing Clause.* All laws, presidential decrees, executive orders, rules and regulations, or parts thereof inconsistent with the provisions of this Act are hereby repealed, amended, or modified accordingly.

SECTION 14. *Effectivity.* This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in a newspaper of general circulation.

Approved,