

Article Content	
<b>Title</b>	<a href="#">Hospice Palliative Care Act</a>
<b>Amended Date</b>	2013.01.09
<b>Category</b>	Ministry of Health and Welfare
Article 1	The Hospice Palliative Care Act is specifically stipulated to respect terminal illness patients' will on the medical treatment, and protect their right.
Article 2	The competent authority as referred to herein means the Department of Health of the Executive Yuan, in the case of the central government, the municipal government in the case of a municipality, and the county(city) government in the case of a county(city).
Article 3	<p>Definitions:</p> <ol style="list-style-type: none"> <li>1. Hospice palliative care (HPC): This term refers to the mitigatory and supportive medical care given to relieve terminal illness patients from and rid of physical , mental and spiritual pain, to improve their quality of life.</li> <li>2. Terminal illness patients: This term refers to those who suffer from serious injury or illness, and are diagnosed by a physician as incurable, and there is medical evidence showed that the prognosis is fatal within near future.</li> <li>3. Cardiopulmonary resuscitation (CPR): This term refers to the implementation of the standard first aid procedures or other emergency treatments on terminally ill or dying patients, or patients without vital sign. It includes endotracheal intubation, chest compression, injection of resuscitation drugs, external defibrillation, artificial cardiac pacing, mouth-to-mouth ventilation and ventilator use, etc.</li> <li>4. Life-sustaining treatment (LST): This term refers to the medical procedures which could maintain terminal illness patients' vital signs to extend dying process without curative effect.</li> </ol>

5. Decision to receive life-sustaining treatments:  
This term refers to the choice of the terminal illness patients to receive CPR or LST.

6. Decision maker: This term refers to the person who writes the letter of intent for the choice of HPC or LST.

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Article 4 Terminal illness patients may write a letter of intent for the choice of HPC or LST.  
The letter of intent in the preceding paragraph, shall at least include the following matters, and be signed by the decision maker:

1. Name, ID no. and domicile or residence of the decision maker.
2. The will of the decision maker on HPC or LST choice and the specific content
3. Date when the letter of intent is written.

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Article 5 A person with age of twenty (20) years or above and have the legal capacity may prewrite such letter of intent referred in article 4.  
The letter of intent in the preceding paragraph, the decision maker may designate a medical surrogate agent in advance, give details of the designation in writing. The agent may sign on his/her behalf expression of his/her will become impossible.

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Article 6 The decision maker may withdraw the expression of will in writing at any time on his/her own or by the medical surrogate agent.

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Article 6-1 With the consent expressed in the letter of intent by decision maker or the medical surrogate agent as set forth in the article 4 paragraph 1 or article 5, the central competent authority shall note this will in the national health insurance certificate (hereinafter “NHI card” ). The note shall have the same legal effect as that of the letter of intent. However, the decision maker or the medical surrogate agent, who withdraws the will as set forth in the preceding article, shall inform the central competent authority to annul the note.

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The signed letter of intent in the preceding paragraph, shall be saved as a scanned electronic file in the database of the central competent authority by a medical care institution, the health authority or a corporation designated by the central competent authority before the will be noted in the NHI card.

When the will noted in the NHI card is inconsistent with the written expression of the decision maker during the process of clinical treatment, the decision maker's expression shall prevail.

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Article 7

Non-applying CPR or LST shall be complied with followings:

1. Be diagnosed to by terminal illness patient by 2 physicians.

2. A signed letter of intent is required. However, a letter of intent signed by a minor shall obtain the consent of his/her legal representative. When a minor is unable to express his/her will, the legal representative shall sign the letter of intent.

The physicians in the preceding paragraph, subparagraph 1, shall be qualified specialist physicians.

If a terminal illness patient, who has become unconscious or failed to express clearly his/her will, has not signed the letter of intent of the preceding paragraph, subparagraph 2, his/her closed relative may replace by signing a consent. For those who do not have closed relatives, a medical advice for the best interest of the terminal illness patient would be issued instead after the examination of the hospice palliative care team. The consent or the medical advice shall not contradict the expressed desire of the terminal illness patient before being unconscious or unable to express his/her will.

The closed relative in the preceding paragraph includes the following:

1. Spouse.

2. Adult children and grandchildren.

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3. Parents.
4. Siblings.
5. Grandparents.
6. Great grandparents, great grandchildren or third-degree collateral relative by blood.
7. first-degree direct relation by marriage.

For those terminal illness patients who fulfill those set forth in paragraph 1 to paragraph 4 about non-applying CPR or LST, the originally CPR or LST treatment may be terminated or withdrawn. The consent of the closed relative in paragraph 3 may be done by one person; if there is no unanimity among several closest relatives, a priority list in accordance with the listing of the paragraph 4 shall be set up. If a consent of one with lower priority is against the will of one with higher priority, the one with higher priority shall show his/her will in written before the non-application, termination or withdrawal of CPR or LST.

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Article 8      Physicians shall inform terminal illness patients or his/her family members the patient's condition, the treatment principle of HPC and the choice of LST. If the patient explicitly expresses the desire to be informed his/her condition and the available medical treatment options, he/she shall be informed.

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Article 9      Physicians shall make detailed records of those stipulated in article 4 through preceding article in the patient's medical record; the letter of intent or the consent shall be kept together with the medical record.

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Article 10     Physician violating Article 7 shall be subject to a fine of no less than sixty thousand New Taiwan Dollars (NT\$ 60,000) and no more than three hundred thousand New Taiwan Dollars (NT\$ 300,000), as well as suspension of practice for no less than one year or revocation of practice license.

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Article 11     Physician violating Article 9 shall be subject to a fine of no less than thirty thousand New Taiwan

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Dollars (NT\$ 30,000) and no more than one hundred fifty thousand New Taiwan Dollars (NT\$ 150,000).

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Article 12      The penalty, suspension of practice and revocation of practice license in this Act shall be enacted by the municipal, county or city competent authority.

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Article 13      (deleted)

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Article 14      The Enforcement Rules of the Act shall be established by the central competent authority.

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Article 15      The Act shall become effective on the date of promulgation.

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