



Nature Death Act -Taiwan Experience-

Enoch Y.L. LAI, M.D.

Taiwan Hospice Organization



Hospice movement in Taiwan emerged early in 1983. There was a nurse visiting terminal cancer patients by herself in Taipei city. It was ceased after one year. This stage of hospice movement might be called as "compassionate era".

In early 1990, the first in-patient hospice ward was set up in north Taiwan. She demonstrated high touch in the high technology medical atmosphere. There was a great echo in Taiwan society to this action. In the following years, quite a few new hospice settings were founded. Medical professionals were aroused again to talk and think about life and death, dignity of dying and holistic care. This stage of hospice movement might be called as "ethical stage".

Around 2000, obstructions were discovered in our development. We do need system and rules. Standard of setting and care, Curriculum of education and training, Accreditation system and specialist system and Nature Death Act are some of the systems we approached. This stage of hospice movement might be called as "Act stage".

Among the "Act stage", the Nature Death Act is actually the mile stone in our history. What listed below are the translated one for the reference:

Hospice and Palliative Medical Care Regulation

1.2000.5.23. pass, 2000.6.7. effective

2.2002.11.22 revised, 2002.12.11 effective

Article 1

This regulation is established to respect the will for medical treatment of the terminal ill patients and protect their rights. Those not included in this regulation are subject to other related laws and regulations

Article 2

The responsible organization is: Department Of Health at the central government level and City or County Hall at the local area.

Article 3

Definition of the terms:

3.1 Hospice/palliative care: the palliative, supportive medical interventions or not doing CPR at the intention of reducing or

eliminating the pain or suffering of terminal patients

- 3.2 Terminal patients: persons who are severely ill or injured with incurable diagnosis, and the death is impending recently with medical evidences.
- 3.3 CPR: Actions delivered to a terminal, impending death person without vital signs, including endotracheal tube insertion, cardiac massage, medication injection, DC shock defibrillation, use of heart pacemaker, ventilator or other resuscitation behaviors.
- 3.4 The will settler: the person or group of persons settling the will of choosing hospice/palliative care.

Article 4

A terminal patient is eligible to settle up the will of choosing hospice/palliative care. The will of choosing hospice/palliative care should include the statements of the following items and signed by the will settler:

1. The will settler's name, ID number, and residency.
2. The will settler's intention and content of the hospice/palliative care.
3. The date of the will be settled.

The will should be signed under the witness of more than two mentally competent persons. The staff of the hospice/palliative care delivering agency is not eligible to be the witness.

Article 5

A person has to be mentally competent and with age of 20 or more to be eligible to settle a will in advance. In such will, a person can assign a power of attorney and state the content of the will which the deputy signs for him/her when s/he is unable to express his/her own will.

Article 6

The will settler or his/her power of attorney can withdraw a will at any time by a written statement.

Article 7

"Do not resuscitated, DNR" is applied only when:

1. The patient was diagnosed as in terminal stage by two doctors.
 2. The person signed DNR will. In patient under age of 20, the will has to be approved by his/her legal deputy.
- One of the doctors in item 1 has to be a medical specialist.

When the terminal patient is comatous, unable to clearly express his/her will, his/her closest kin can sign the will stated in item 2 and the content of the will should not conflict with what the patient expressed before become comatous.

The list of closest kins:

1. Marriage couple
2. Blood relatives
3. Parents
4. siblings
5. grandparents
6. Grand-grandparents or 3rd order blood relatives
7. 1st order in-law relatives

The approval is done by one of the kin. When a consensus is not obtained, the decision is done by the kin who has the prior position in the above list. Any disagreement of a prior kin has to propose in written before DNR is implemented.

When a terminal patients meets DNR requirements, a DNR process can be suspended or ceased.

Article 8

In providing palliative care, the doctor has to notice the patient and the family the treatment goal. The doctor has to tell a patient his/her health status when s/he clearly express the will to know.

Article 9

In providing palliative care, the doctor has to document the evidences of Article 4 and Article 8 in the medical chart, The will and approval statement should be kept in the medical chart as well.

Article 10

Doctors violate Article 7 should be punished a fine of 60,000NTD to 300,000 NTD, and suspend his/her practice license for 1 month to 1 year

Article 11

Doctors violate Article 9 should be punished a fine of 30,000NTD to 150,000 NTD.

Article 12

The fine, practice or license suspension accused by this regulation is implemented by the direct responsible organization.

Article 13

The fine accused by this regulation should be paid before deadline, Any delay in the payment will receive the coercive action by the law office.

Article 14

The bylaw of this regulation is enacted by central responsible organization.

This regulation is effective from the declared date.