



Republic of the Philippines  
Department of Health  
**OFFICE OF THE SECRETARY**

DEC 21 2015

**ADMINISTRATIVE ORDER**  
No. 2015 - 0052

**SUBJECT: National Policy on Palliative and Hospice Care in the Philippines**

**I. RATIONALE**

With an ageing world population and the escalating incidence of communicable and non-communicable diseases, the demand for end of life and palliative care is increasing every year. According to the Global Atlas of Palliative Care (2014), over 20 million people are in need of such care, 6 percent of which comprise children. On top of this, around 20 million more require palliative care before death. Despite the figures, only a few countries have implemented equitable palliative care programs through a public health approach. In addition to this scenario, opioid analgesics are not easily accessible or available to patients who are suffering from moderate to severe pain worldwide.

In the Philippines, it is estimated that of the 80,000 new patients diagnosed with cancer every year, more than 75% are in advanced stages and will need some pain relief and palliative care. It was reported that most of these patients prefer to die in their homes. The first palliative care program in the country started in 1991 but was formally introduced in 1993-1994. Hospice Philippines is the umbrella palliative care organization under which all the existing palliative care service providers are enrolled. At present, there are about 40 hospice and 272 individual service providers that offer palliative and end of life care to the undetermined huge number of Filipinos in need of such services. (*Mission Report of Integrated Missions of PACT -- Programme of Action for Cancer Therapy-- to DOH, March 2011*)

Our Constitution guarantees the right of the people to quality health care, as such the Department of Health (DOH) recognizes the need to integrate palliative and hospice care into our health care delivery system to provide holistic health care ranging from promotive, preventive, curative to rehabilitative. The inclusion of palliative and hospice care in the hospitals or health facilities and in the community and home-based levels addresses the goals of Universal Health Care or *Kalusugan Pangkalahatan*.

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## II. OBJECTIVES

### A. General

This order is aimed to set overall policy directions and identify the roles and functions of DOH, its offices and partner agencies in the provision of palliative and hospice care in hospitals, health facilities, communities and home-based levels.

### B. Specific

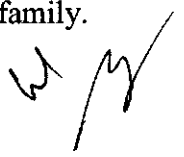
- 1) To develop national standards for palliative and hospice care services;
- 2) To improve the capacity to provide quality palliative and hospice care service delivery throughout the country;
- 3) To encourage positive attitudinal shifts among health professionals by strengthening and incorporating principles of long-term supportive and palliative care into the educational curricula (medical, nursing, pharmacy, and social work courses);
- 4) To promote behavior change in the community by increasing public awareness and improving skills and knowledge regarding palliative and hospice care leading to community-owned initiatives supporting health care system; and
- 5) To refine the legal and regulatory systems and to ensure wider access and availability of opioids for medical and scientific use while maintaining measures for preventing diversion and misuse.

## III. SCOPE

This issuance shall apply to all concerned and relevant stakeholders of palliative and hospice care such as, but not limited to, bureaus, national centers, services and attached agencies of the Department of Health and other key government agencies, local government units (LGUs), health care providers, civil society organizations (CSOs), and the academe.

## IV. DEFINITION OF TERMS

- A. **Palliative care** is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual. **Palliative care for children** is the active total care of the child's body, mind and spirit, and also involves giving support to the family. (WHO 2002)



- B. *Hospice care* is end of life care provided by skilled health care providers and volunteers. The goal of the care is to help people who are dying to have peace, comfort and dignity by providing medical, psychological and spiritual support. Hospice programs also provide services to support a patient's family.
- C. *Life-threatening / life-limiting illnesses* include end-organ failure, mental illness, dementia, rabies, Acquired Immune Deficiency Syndrome (AIDS), cancer, chronic obstructive pulmonary disease (COPD), rare diseases, malignant hyperthermia, serious physical injuries, post-acute myocardial infarct (AMI), post-stroke, blood dyscrasias, drug-resistant tuberculosis (TB), congenital disorders, among others.

## V. GENERAL GUIDELINES

- A. The Department of Health through the Disease Prevention and Control Bureau shall develop guidelines, policies and standards that shall facilitate the implementation and institutionalization of palliative and hospice care in the country. Considering that palliative and hospice care cuts across all medical diagnoses, population groups and diverse professions and sectors, the DOH shall ensure the involvement of all concerned stakeholders, both private and government in all the plans and programs that will be developed.
- B. Palliative and Hospice Care shall cater to various age groups tailored to age-related health needs throughout the human life cycle. It must be integrated into the country's health system and shall be institutionalized at all levels of care from primary to tertiary levels care through the service delivery network.
- C. Palliative and Hospice Care requires a holistic and multidisciplinary approach which include but is not limited to physician care, nursing care, medications for pain management and control, medical supplies, medical equipment, counselling (psychological), surgery, chemotherapy and radiation therapy.
- D. Primary Level Health Facilities such as Rural Health Units shall provide palliative and hospice care through a community home-based care approach (CHBC). DOH shall provide guidelines for the CHBC approach in collaboration with existing non-government organizations, private institutions and religious organizations already providing home-based care throughout the country.
- E. Secondary and Tertiary Level Health Facilities such as Hospitals shall provide palliative care which includes consultation services, inpatient palliative care units or co-management models. Hospice care in hospitals shall be provided to terminally ill patients. It shall provide access to support services and other health care professionals.

- F. Research and advocacy on palliative and hospice care shall be coordinated by DOH with other agencies, educational institutions and organizations.
- G. Training of health professionals on palliative and hospice care shall be spearheaded by DOH in collaboration with other sectors and other relevant disciplines.
- H. DOH in partnership with local government units and relevant organizations and institutions shall ensure sustained funding, generation and mobilization of resources needed for the continued provision of palliative and hospice care in health care facilities.

## **VI. SPECIFIC GUIDELINES**

1. Palliative and Hospice Care (PHC) shall be one of the programs of the Degenerative Disease Office of the Disease Prevention and Control Bureau. The Lifestyle Related Disease Division Program Manager shall be designated to perform technical and administrative functions pertaining to the implementation of the Palliative and Hospice Care in all levels of health care.
2. A Task Force for Palliative and Hospice Care shall be formed to ensure coordination and sustainability of the PHC Program which is composed of representatives from DOH, PhilHealth, Hospice Philippines Incorporated and the Philippine Society of Hospice and Palliative Medicine (PSHPM), Philippine Alliance of Patient Organizations (PAPO), and the Philippine Children's Medical Center (PCMC). The membership, participation and functions of the task force shall be stipulated in a pertinent department issuance. The task force shall provide direction, technical support and shall oversee the implementation of guidelines, policies and plans pertaining to Palliative and Hospice Care.
3. Integration of Palliative and Hospice Care into other programs of the Disease Prevention and Control Bureau (DPCB) shall be established to ensure efficient execution of relevant policy actions.
4. Partnership and coordination with the local government units, non-government organizations and other institutions within the service delivery network shall be led by DOH.

## VII. IMPLEMENTING MECHANISM

### A. ROLES AND RESPONSIBILITIES

1. **Disease Prevention and Control Bureau (DPCB)**

The DPCB shall provide overall direction, coordination and oversight; establish standards and package of services on palliative and hospice care and ensure their quality, access, and availability at all levels of the healthcare system; and support the design of health financing as related and applicable to palliative and hospice care in collaboration with PhilHealth and other partners.

2. **Health Promotion and Communications Service (HPCS)**

The HPCS shall lead in the development of promotion and communication plan including IEC materials and tools for palliative and hospice care in coordination with DPCB and other relevant offices/agencies.

3. **Health Facility Development Bureau (HFDB)**

The HFDB shall upgrade and enhance health facilities at all levels of care so as to make them capable of providing palliative and hospice care services and in-charge of operational standards.

4. **Health Facilities and Services Regulatory Bureau (HFSRB)**

The HFSRB shall ensure compliance of health facilities at all levels of health care to the prescribed standards on physical facility, equipment and personnel.

5. **Health Human Resource Development Bureau (HHRDB)**

The HHRDB shall provide technical assistance in the development of learning interventions for health professionals involved in palliative and hospice care and facilitate integration of palliative and hospice care in the academic curriculum of health professionals.

6. **Bureau of Local Health Systems Development (BLHSD)**

The BLHSD shall ensure the adoption, implementation and sustainability of the palliative and health care system down to the local government units.

7. **Pharmaceutical Division (PD)**

The PD shall ensure the inclusion of medicines for palliative and hospice care in the Essential Drugs List of the Philippine National Formulary and shall make them available at all levels of care. Those medicines shall be used for, but not limited to, the following symptoms: (*WHO Essential Medicines in Palliative Care, January 2013*)

- Agitation
- Anorexia
- Anxiety
- Constipation
- Delirium
- Depression
- Diarrhea
- Dyspnea



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- Fatigue
- Insomnia
- Nausea and vomiting
- Pain
- Respiratory tract secretions

8. **Knowledge Management and Information Technology Service (KMITS)**

The KMITS shall develop and maintain the palliative and hospice care registry including the software for monitoring.

9. **Epidemiology Bureau (EB)**

The EB shall establish and sustain surveillance systems including registries for cases requiring palliative and hospice care; oversee management and dissemination of data related to palliative and hospice care; and support the conduct of population-based surveys on the impact evaluation of an integrated palliative and hospice care.

10. **Bureau of International Health Cooperation (BIHC)**

The BIHC shall coordinate with international development partners and other external institutions for technical and resource assistance for the implementation of this Order.

11. **Food and Drug Administration (FDA)**

The FDA shall ensure the safety, efficacy and quality of medicines for palliative and hospice care.

12. **Philippine Health Insurance Corporation (PhilHealth)**

PhilHealth shall work with DPCB and Hospice Philippines in crafting policies for the development of the National Clinical Practice Guidelines (NCPGs) for Palliative and Hospice Care. The NCPGs shall serve as the basis in designing health care benefit packages and as a guide in the implementation of health insurance packages for clients requiring palliative and hospice care services.

13. **Regional Offices (ROs)**

The ROs shall provide technical assistance to the LGUs, oversee the local institutionalization of palliative and hospice care system and establish standards for an efficient hospital referral system within the locality.

14. **DOH Hospitals**

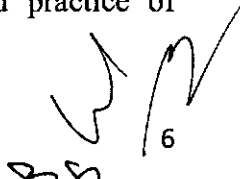
The DOH hospitals shall ensure provision of quality palliative and hospice care for eligible patients.

15. **Local Government Units (LGUs)**

The LGUs shall adopt and implement the palliative and hospice care system and provide services and necessities in all health care facilities and hospitals in their localities.

16. **Professional Regulation Commission (PRC)**

The PRC through the health professional regulatory boards shall ensure that health professionals comply with the requirements for the training and practice of palliative and hospice care based on the standards.

  
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**17. Department of Labor and Employment–Bureau of Working Conditions (DOLE-BWC) / Civil Service Commission (CSC)**

The DOLE-BWC and CSC shall be encouraged to develop and implement workplace policies and procedures that are relevant to palliative and hospice care.

**18. Non-government organizations, professional groups, other national government agencies / organizations, private sector, and the academe shall adopt, assist and support the implementation of this Order.**

**B. MONITORING AND EVALUATION**

1. Key performance and outcome indicators and tools shall be developed in coordination with the Health Policy Development and Planning Bureau to track the progress and impact of this palliative and hospice care system.
2. Monitoring and evaluation of this policy shall start three (3) years after its effectivity and yearly thereafter.

**C. FUNDING**

The concerned offices of the Department of Health (DOH) shall allocate funds for the implementation of this Order at all levels of care, as may be drawn from regular budget allocations, special funds such as Sin Tax Revenues and other funding sources.

**VIII. SEPARABILITY CLAUSE**

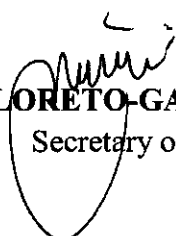
If any provision of this Order is declared unauthorized or rendered invalid by any court of law or competent authority, those provisions not affected thereby shall remain valid and effective.

**IX. REPEALING CLAUSE**

All previous Orders inconsistent in part or in whole to this Administrative Order are hereby rescinded or amended accordingly.

**X. EFFECTIVITY**

This Order shall be effective fifteen (15) days after publication to the official gazette or in newspaper of general circulation.

  
**JANETTE P. LORETO-GARIN, MD, MBA-H**  
Secretary of Health