## Title
Patient Autonomy Act

### Date of publication
January 6, 2016

### Status
This Act is not yet, or is only partially, effective. The Act will be effective three years after its publication.

### Regulation category
Administrative > Ministry of Health and Welfare > Medical affairs

### Article 1
This Act is established to ensure respect for patient autonomy, protect the right of patients to a good and natural death and promote harmonious physician-patient-relationship.

### Article 2
The competent authority in this Act refers to the Ministry of Health and Welfare at the central government level, municipal governments at the municipal level, and county (city) governments at the county (city) level.

### Article 3
The terms used in this Act are defined as follows:
1. Life-sustaining treatment: necessary medical measures that can prolong the lives of patients, such as cardiopulmonary resuscitation, mechanical life-support system, blood products, treatments of special diseases, and antibiotics against severe infections.
2. Artificial nutrition and hydration: Provision of food or fluids via tubes or other invasive means.
3. Advance decision: A prior written and signed statement expressing the willingness to accept or refuse life-sustaining treatment, artificial nutrition and hydration, or other types of medical care due to specific clinical conditions.
4. Requestor: A person who establishes an advance decision in writing.
5. Health care agent: A person authorized by the Requestor to represent him or her in expressing his or her wishes when he or she is in a coma or is unable to clearly express his or her wishes.
6. Advance care planning: The process of communication between the patient and medical service providers, relatives, and other related parties, in which they discuss the appropriate type of care to be provided to the patient and the life-sustaining treatments and artificial nutrition and hydration that the patient may accept or refuse when he or she is suffering from specific...
<table>
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<tr>
<th>Article 4</th>
<th>A patient has the right to know about the diagnosis of his or her disease, treatment options, and the potential effectiveness and risks thereof. A patient has the right to choose and make decisions regarding the treatment options provided by the physician. The patient’s legal representative, spouse, relatives, health care agent, and other closely related people (hereinafter, “parties concerned”) may not prevent the medical institution or physician from acting on the patient’s treatment decisions.</th>
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<td>Article 5</td>
<td>When a patient is receiving medical care, the medical institution or physician must inform the patient of the diagnosis of his or her disease, treatment policy, cure, medication, prognosis, possible negative reactions, and other related issues at a time and in a manner deemed appropriate by the physician. In the absence of clear objections from the patient, the parties concerned may also be informed. For patients who have no or limited disposing capacity, or are under assistance, or are unable to express ideas or understand ideas expressed by others, the medical institution or physician must inform the patient and the parties concerned in an appropriate manner.</td>
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<tr>
<td>Article 6</td>
<td>Prior to surgery or invasive examinations or treatments prescribed by the central competent authority, the medical institution or physician must receive consent in writing from the patient or the parties concerned. This does not apply to emergency cases.</td>
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<td>Article 7</td>
<td>If the patient’s condition is critical, the medical institution or physician must provide appropriate emergency treatments and implement necessary measures without undue delay, unless Article 14 Paragraphs 1 and 2 or the relevant regulations in the Hospice Palliative Care Act are applicable.</td>
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<td>Article 8</td>
<td>Advance decisions must be established by persons with full disposing capacity who can revoke or alter them in writing at any time.</td>
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The advance decision must include the patient’s acceptance or refusal, in full or in part, of life-sustaining treatment and/or artificial nutrition and hydration under the specific clinical conditions stipulated in Article 14. The content, scope, and format of advance decision shall be determined by the central competent authority.

To establish an advance decision, the Requestor must fulfill the following requirements:

1. A medical institution has provided consultation on advance care planning to the Requestor and affixed its seal on the Requestor’s advance decision.
2. The advance decision must be notarized by a notary public or witnessed by two or more persons with full disposing capacity.
3. The advance decision must be recorded in his or her National Health Insurance card.

The Requestor, at least one relative of first or second degree, and the health care agent must participate in advance care planning as set out in Paragraph 1 Subparagraph 1. Relatives may participate with the consent of the Requestor. A first and second degree relative is not required to participate if all of the said relatives are dead, missing, or have specific reasons for not participating.

The medical institution providing advance care planning, as set out in Paragraph 1 Subparagraph 1, may not affix its seal on the advance decision if there are sufficient facts showing that the Requestor is mentally deficient or did not make the decision on a voluntary basis.

The Requestor’s health care agent, members of the medical team responsible for his care, and the persons specified in the subparagraphs of Article 10 Paragraph 2, may not serve as the witnesses as specified in Paragraph 1 subparagraph 2.

The qualifications of medical institution to provide advance care planning, the forming of the advance care planning team and qualifications of its members, and procedures, and other matters to be followed shall be stipulated by the central competent authority.

The health care agent appointed by the Requestor must be aged 20 years or older, possess full disposing capacity, and consent to the appointment in
Apart from the Requestor’s heirs, the following persons may not be appointed as health care agents:

1. The Requestor’s legatees.
2. Legatees of the Requestor’s remains or organs.
3. Other persons who shall benefit from the death of the Requestor.

When the Requestor is in a coma or is unable to clearly express his or her wishes, the health care agent may exercise the following rights on behalf of the Requestor:

1. Being the recipient of the information as set out in Article 5.
2. Signing the consent form as set out in Article 6.
3. Expressing the patient’s wishes on his or her behalf in accordance with the contents of the patient’s advance decision.

When there are more than two health care agents, each of them may represent the Requestor independently.

When handling the entrusted matters, the health care agent must provide proof of his or her identity to the medical institution or physician.

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**Article 11**

The health care agent may terminate the appointment at any time in writing.

The health care agent shall, ipso facto, be dismissed under any of the following circumstances:

1. If the health care agent becomes mentally impaired due to a disease or an accident, as confirmed by the relevant medical or psychiatric evaluation.
2. If the health care agent becomes subject to the order of the commencement of assistance or guardianship.

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**Article 12**

The central competent authority must record a patient’s advance decision in his or her National Health Insurance card.

Prior to the recording of the Requestor’s advance decision in his or her National Health Insurance card, an electronic version of the advance directive shall be scanned by a medical institution and stored in the database of the central competent authority.

In the event of inconsistencies between the advance decision as recorded in the National Health Insurance card and the Requestor’s intent as expressed in writing during the treatment process, the advance decision shall be
The procedure for modifying the advance decision shall be declared by the central competent authority.

Article 13

The Requestor must apply to the central competent authority to modify his or her advance decision recorded in his or her National Health Insurance card in the event of any of the following circumstances:
1. Withdrawal or modification of the advance decision.
2. Appointment, dismissal, or changing of the health care agent.

Article 14

Should a patient, who has established an advance decision, meet any one of the following clinical conditions, the medical institution or physician may, in accordance with the advance decision, partially or fully terminate, withdraw, or withhold life-sustaining treatments, artificial nutrition and hydration:
1. The patient is terminally ill.
2. The patient is in an irreversible coma.
3. The patient is in permanent vegetative state.
4. The patient is suffering from severe dementia.
5. The patient is unable to tolerate the conditions or suffering caused by an incurable disease, for which no other appropriate treatment options are available given the medical standards at the time of the disease’s occurrence, and this situation has been declared by the central competent authority.

The clinical conditions stipulated in the subparagraphs of the above paragraph must be diagnosed by two physicians with the relevant qualifications and confirmed through at least two meetings convened by the palliative care team.

Should a medical institution or physician, acting in accordance with its, his or her professional expertise or wishes, be unable to implement a patient’s advance decision, it, he or she may refuse to implement the advance decision.

Should the situation as described in the above paragraph occur, the medical institution or physician must inform the patient or parties concerned.

A medical institution or physician shall not be subject to criminal or
administrative liability when it, he or she terminates, withdraws, or
withholds life-sustaining treatment and/or artificial nutrition and hydration
in accordance with the regulations in this article; unless acts of deliberate or
gross negligence that violate the advance decision of a patient have been
committed, the medical institution or physician shall not be subject to
liability for damages.

| Article 15 | Prior to the implementation of the advance decision of a patient pursuant to
|            | Article 14 Paragraph 1 Subparagraph 5, the medical institution or physician
|            | must confirm the content and scope of the advance decision with the patient
|            | with disposing capacity.

| Article 16 | When terminating, withdrawing, or withholding life-sustaining treatment or
|            | artificial nutrition and hydration, the medical institution or physician must
|            | provide the patient with palliative care and other appropriate measures.
|            | Should the medical institution lack the personnel, equipment, and expertise
|            | for the provision of palliative care and other appropriate measures, it must
|            | recommend that the patient be referred to another medical institution and
|            | provide assistance for the referral.

| Article 17 | The medical institution or physician must prepare detailed medical records
|            | for the performance of actions as stipulated in Article 12 Paragraph 3,
|            | Article 14, and Article 15; any consent form or expression of intent in
|            | writing, and advance decision of the patient must be kept with his or her
|            | medical records.

| Article 18 | The rules for implementation of this Act shall be declared by the central
|            | competent authority.

| Article 19 | This Act shall be implemented three years after its publication.