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A Study on the Regulations and Care Ethics of Long-term Care Institutions in Taiwan

Wan- Tsui Chiang

Associate Professor

National Cheng Kung University

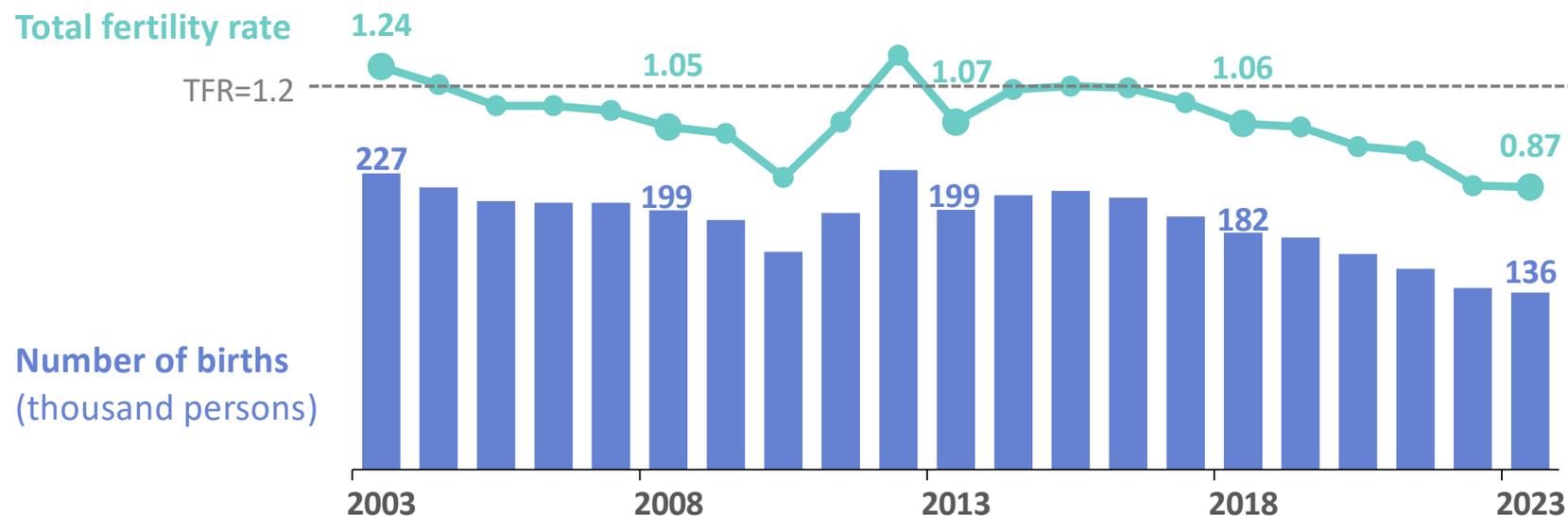
Department of Law

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Backgrounds

Low Birth Rate

- Due to the aforementioned factors, the total fertility rate has remained below 1.2 since 2004, with the exception of the Year of the Dragon (2012), and dropped to 0.87 in 2023.
- With declines in both the total fertility rate and the number of women of childbearing age, the number of births fell from 227,000 in 2003 to 136,000 in 2023.

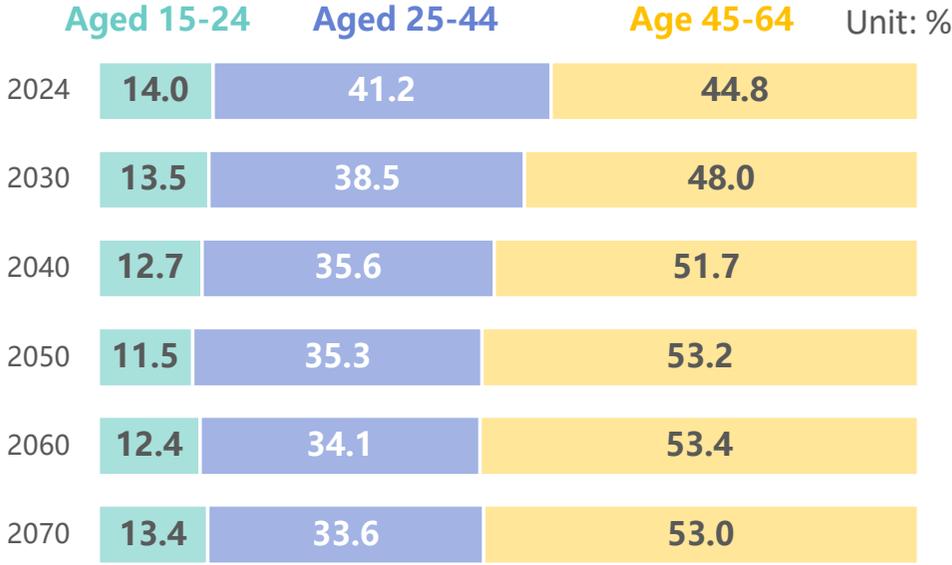
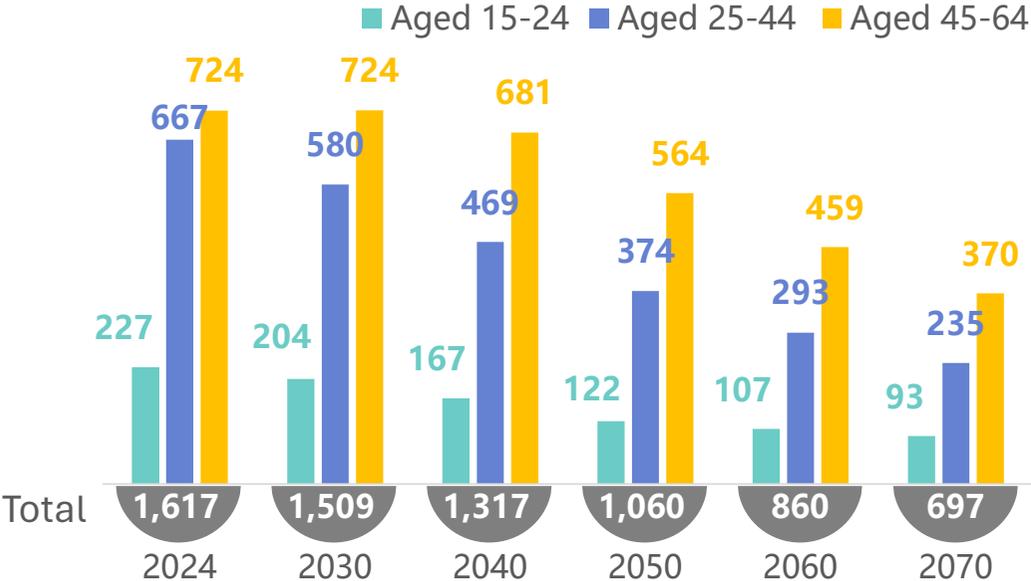


Source: Ministry of the Interior

Working-age Population

- People aged 45-64 have become the main age group within the working-age population. Their proportion is projected to exceed 50% starting in 2037, leading to concerns about the aging of the workforce.

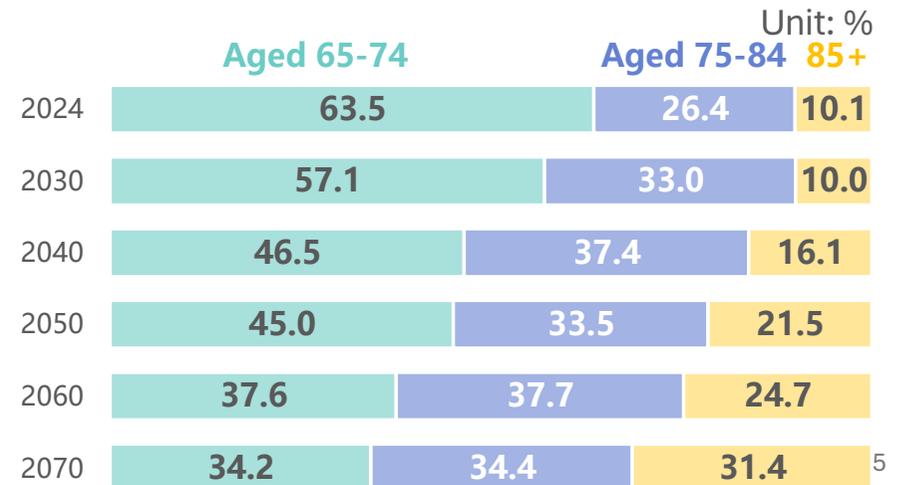
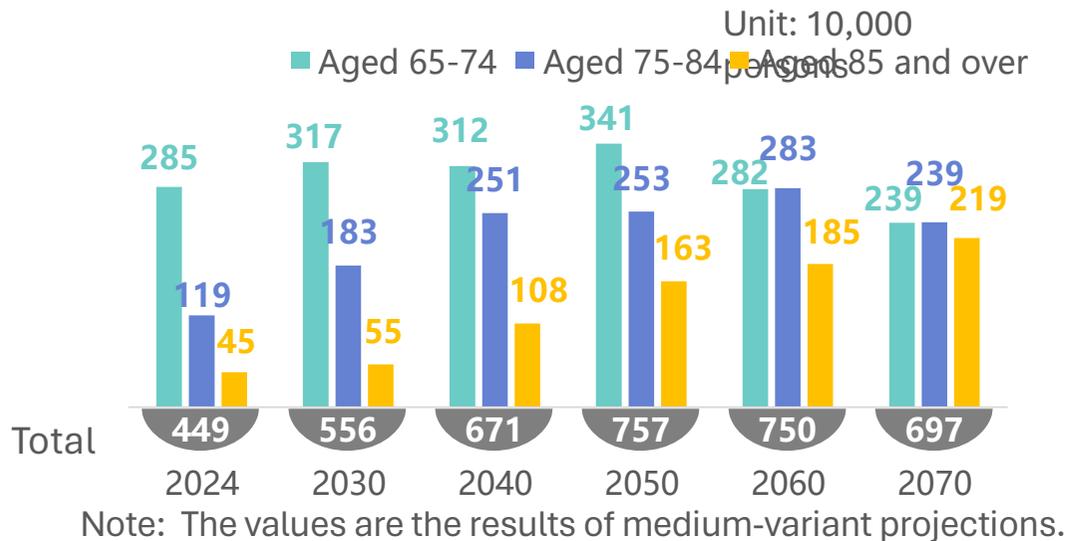
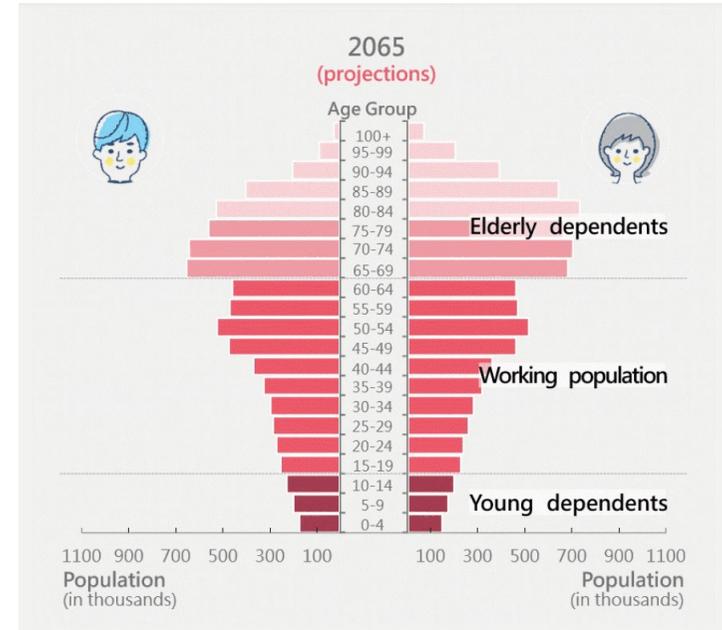
Unit: 10,000 persons



Note: The values are the results of medium-variant projections.

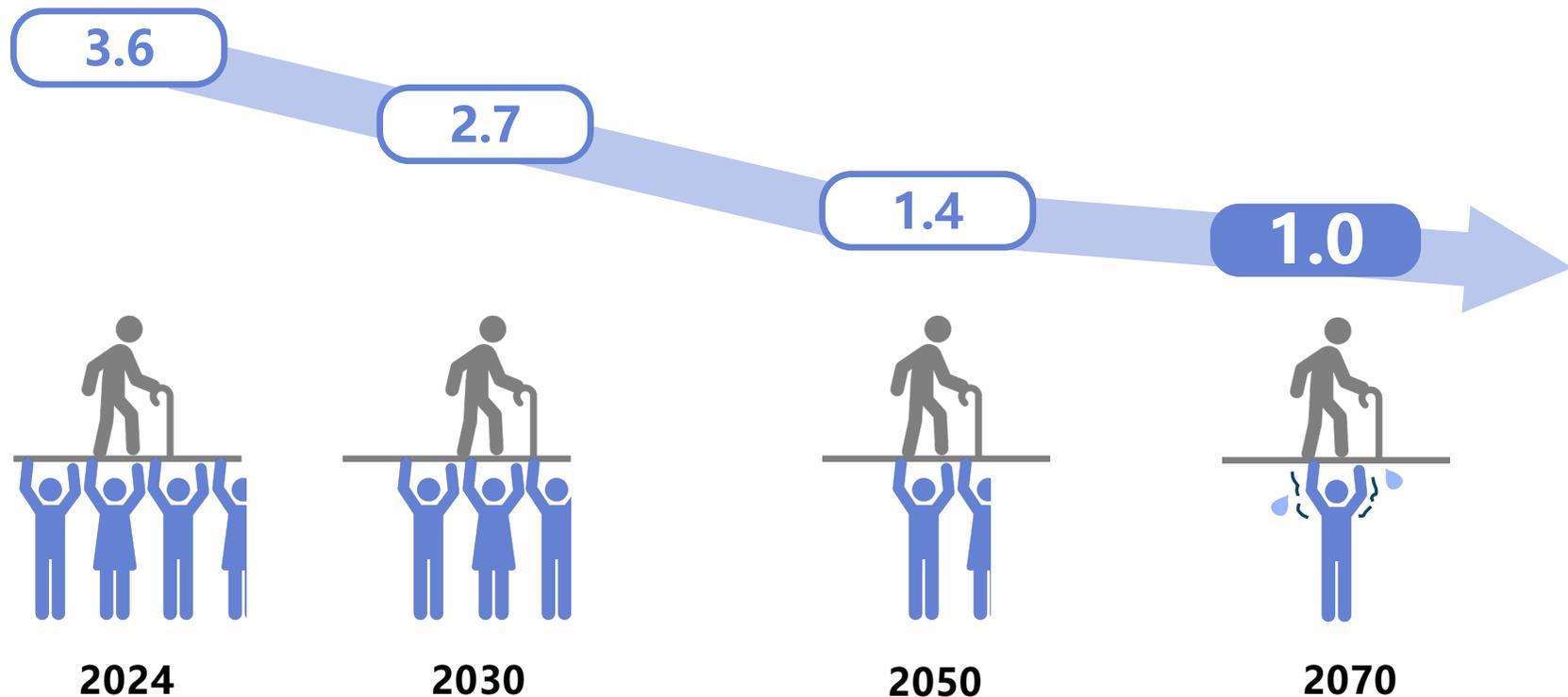
Elderly Population

- After reaching its peak in 2050, the elderly population will begin to decline due to an increase in deaths among the elderly.
- The extension of life expectancy is resulting in a more aged structure within the elderly population, with the number and proportion of people aged 85 and above rising rapidly.



Potential Support Ratio (working-age population ÷ elderly population)

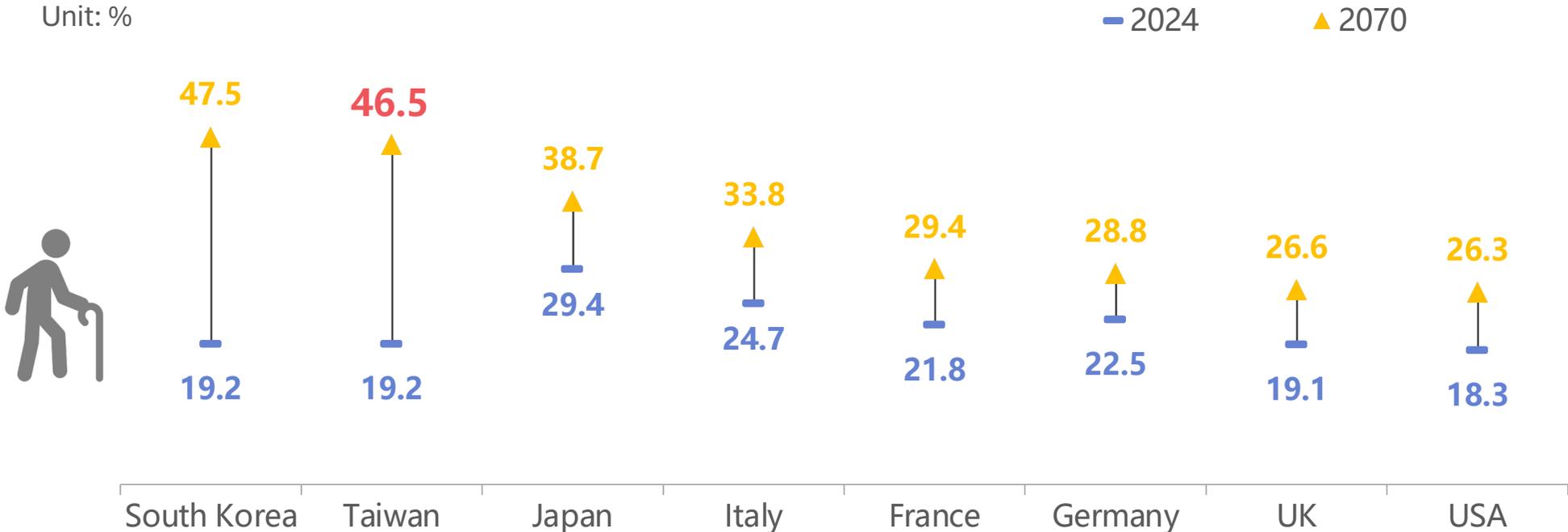
- The number of working-age individuals supporting each elderly person will steadily decline, and the burden on the working-age population is expected to continue increasing in the future.



Note: The values are the results of medium-variant projections.

International Comparison: % of Population Aged 65+

- In 2024, Taiwan's proportion of population aged 65 and over is the third-lowest among these countries, above only the USA and UK. By 2070, it is projected to become the second-highest, after South Korea.



Note: The values are the results of medium-variant projections.

Sources: Taiwan: this report; Japan: National Institute of Population and Social Security Research; Korea: KOSIS; USA: US Census Bureau; France, Germany and Italy: Eurostat; UK: Office for National Statistics.

Outline

1. The Application of the Four Principles of Biomedical Ethics in Residential Long-Term Care Facilities.
2. The Current Regulatory Framework in Taiwan.

1. The Application of the Four Principles of Biomedical Ethics in Residential Long-Term Care Facilities.

Respect for Autonomy and Rights

- A rational adult should have the right to make decisions for themselves, including all matters related to their own body and daily life.
- Differences Between Medical and Long-Term Care Settings
- In long-term care, decision-making capacity is often unstable, and daily care tasks are fragmented and routine in nature.
- In Taiwan, requirements for informed consent, including medical procedures and end-of-life decisions, are already fully institutionalized in hospitals, with clear protocols and well-established compliance systems.
- Once a patient leaves the hospital and enters a long-term care facility, they move into a “regulatory desert.”

Nonmaleficence in Long-Term Care

- Nonmaleficence requires that we refrain from actions that cause harm or place others at unnecessary risk of harm.
- The principle of nonmaleficence is most frequently discussed in relation to the use of restraints.
- Restraints are often applied to prevent falls or to stop residents from removing essential medical tubes or devices.
- However, restraints may cause physical and psychological harm and can even accelerate functional decline.

Nonmaleficence in Long-Term Care

- The amendment of Article 82 of the Medical Care Act. aimed to reduce defensive medicine.
- But Long-Term care is treated as a consumer service, leading courts to apply no-fault liability.
- This drives defensive caregiving, often resulting in increased use of restraints.
- Lack of regulation of restraint.

Beneficence

- “Beneficence is a core principle in medical ethics that guides practitioners to act as they believe is in the best interest of the patient.”
- Beneficence may require care workers to limit autonomy when decision-making capacity is impaired.
- To protect well-being, they may need to make essential decisions on behalf of the care recipient.

Justice

- The principle of justice requires that benefits, risks, and burdens in healthcare be distributed fairly, ensuring that individuals and groups are treated equitably.
- Long-term care institutions must prevent ageist attitudes within the care environment.
- Residents with partial capacity may exhibit physical, psychological, or relational aggression toward peers or care workers.
- Managing such aggression is an issue of justice and extends beyond traditional medical ethics concerns.

2. The Current Regulatory Framework in Taiwan.

Taiwan Long-Term Care Services of Act 2015

- Establishes an integrated, rights-based long-term care system.
- Protects dignity, safety, and quality of life for people with functional limitations.
- Defines eligible groups and uses standardized disability assessments for care planning.
- Provides diverse services: home care, community care, institutional care, respite, transport, assistive devices, and home modifications.
- Includes professional services: rehabilitation, nutrition, mental health, and social work.
- Supports family caregivers through education and respite services.
- Regulates institutions through licensing, staffing standards, training, and quality inspections.
- Professionalizes the care workforce with training, certification, and continuing education.
- Strengthens recipient rights: dignity, privacy, informed consent, and protection from abuse or unnecessary restraints.

Key Issues in Taiwan's Long-Term Care Act

- The Act expands many free or low-cost services, easing the burden on families, but still lacks a true long-term care social insurance system for future aging generations.
- Introduces the long-term care corporation mechanism, allowing legal entities to invest in LTC institutions—unlike hospitals, which ordinary companies cannot establish.
- Sets qualification and training standards for care workers, but intentionally keeps entry thresholds low to attract more manpower and private-sector resources.
- Aims to expand the care workforce and service capacity through accessible training and broader investment channels.
- Codifies ethical duties only minimally—mainly prohibiting abuse, neglect, and unnecessary restraints—while broader caregiving ethics remain governed largely through service contracts rather than statutory rules.

Conclusion

- Taiwan faces an urgent and severe long-term care challenge: limited time, scarce resources, and large service gaps.
- Bringing private-sector resources into the LTC system through legislation is currently one of the few feasible strategies.
- The next step is to ensure that care delivery aligns with core ethical principles.
- Regulation should play a key role in reinforcing and upholding ethical standards in long-term care.

Thank you for your attention.