

LAW ON HEALTH CARE

GENERAL PROVISIONS

ARTICLE 1 : Purpose

The Law on Health Care determines the principles, regulations and different measures relating to the organization, operation, management and control of health-care activities in order to ensure high-quality and equitable health-care services for all citizens, families and communities so that they may enjoy a satisfactory state of health, to protect the rights and *the fair* interests of health-care professionals and to develop increasingly modern health-care services as a contribution to protecting and developing the nation.

ARTICLE 2 : Health care

Health care is constituted by the services made available to patients under the responsibility of health-care professionals and relating to consultations, screening, diagnosis, prescription of drugs, application of medical procedures, convalescence and rehabilitation so as to cure patients and ensure they enjoy a satisfactory state of health. Health care also includes health promotion and preventive measures.

ARTICLE 3 : Meaning of the main terms

The meaning of the main terms used in this law is defined below:

1. Good health is a state of complete physical, mental, intellectual and social well-being and not merely the absence of disease or disability. Good health is a valuable possession as well as a fundamental and just right. All citizens have the duty to care for their own health, as well as that of their family and society as a whole. This is an essential condition for education, productive labour and a happy existence.

2. Health professionals are practitioners who practise the medical and paramedical professions in accordance with the conditions laid down in article 8 of this Act.

Health professionals practising modern medicine include the following: physicians, assistant physicians, dentists, assistant dentists, male and female nurses, midwives, physiotherapists, laboratory and x-ray technicians, optometrists, speech therapists, psychologists and dietitians.

Health professionals practising traditional medicine include the following: traditional physicians, traditional masseurs and acupuncturists.

Specific regulations are to be drawn up for those who practise traditional medicine.

3. A hospital is a public or private health-care establishment authorized by the Ministry of Health in which medical equipment is available, to which health professionals are assigned in accordance with regulations, which is able to admit patients and which provides care.

4. A medical clinic is a public or private health-care establishment authorized by the Ministry of Health, in which basic medical equipment and health-care professionals are available but which is not able to admit patients.

5. Health promotion means improvement of citizens' knowledge, skills and understanding in order to preserve, improve and care for the health of individuals, families, communities and society so as to change their individual behaviour by creating favourable conditions for the introduction of the implementation principles of different measures to improve lifestyles for the benefit of health, foremost among which is health education.

6. The health-professions council is a body representing health professionals, whose members are designated by the Minister for Health and whose function is to organize, control and provide expert opinion on the practice of health professionals.

7. The health insurance fund is the organization for financing health care whose revenue is provided by the following different sources: the State budget, contributions from participants, individuals or national and international organizations. These resources are used to cover expenditure on health care.

8. Fee-paying health care is care provided for patients, the cost of which is paid by the patients or by the fund to which they belong.

9. Free health care is care provided for poor patients, patients on a low income or patients who are unable to

pay for the care themselves. Poor patients or patients with a low income require a certificate issued by the relevant authorities.

ARTICLE 4: Rights and obligations of citizens in respect of health care

All citizens, regardless of sex, age, ethnic origin, race, religion or socio-economic condition shall be entitled to health care when they fall ill and to criticize or lodge a complaint if they find that the health care provided is not in conformity with professional principles or is unsuitable.

All patients may choose or change their health-care establishment. If they change their health-care establishment, the health professional shall inform the patient of the risks for their condition and transmit any documents concerning treatment to the patient or their family.

All citizens are required to observe the internal regulations of health-care establishments and strictly to comply with the advice of health-care professionals.

ARTICLE 5 : Government policy in respect of health care

- The Government is particularly attentive to improving quality of care so as to ensure that the whole population, and in particular women and children, poor citizens and those who live in remote or isolated regions enjoy a good state of health;

- The Government shall implement a policy for fee-paying or free care in accordance with regulations;

- The Government shall encourage and promote investment in health care for all, using modern medical instruments and material, by all national and foreign economic sectors ;

-The Government shall promote health-care services by combining modern and traditional medicines.

ARTICLE 6 : Principles of health care

Health care shall comply with the following principles:

1. Respect for human life ;
2. Provision of care in a manner that is equitable, fair, which ensures high quality and is suited to the specific condition;
3. Respect for the code of medical ethics, humanism and a high sense of responsibility in the provision of care.
4. *Have a certificate of consent from patients or their relatives in necessary case*

ARTICLE 7 : International relations in respect of health care

The Government shall promote and encourage international cooperation and assistance in respect of health care such as scientific research, exchange of information and knowledge, advances in medical technology and training for health-care professionals.

PART II

THE EXERCISE OF THE HEALTH-CARE PROFESSIONS

ARTICLE 8 : Conditions on which health-care professionals may practise

The following requirements shall apply to health-care professionals :

- Possession, as a minimum requirement, of the diploma of assistant physician awarded by a Lao or foreign medical training establishment recognized by the Ministry of Education and the Ministry of Health ;
- Authorization from the Ministry of Health to practise, after due verification and on proposal of the health-professions council ;
- Good character, at least five years' professional experience of health care in public or private hospitals for physicians and dentists, at least three years' experience in public or private hospitals for assistant physicians, assistant dentists, nurses, midwives, physiotherapists and other medical technicians.
- Sound physical and mental health and a certificate testifying that they have no infectious disease;
- A clean professional and criminal record;
- Lao nationality and reside in the Lao P.D.R, except in the cases provided for by law.

ARTICLE 9 : Responsibilities of health-care professionals

Health-care professionals shall assume the following responsibilities :

- To prescribe and recommend the necessary health care protocols and procedures, ensuring high quality and the absence of risk;

- To take into account the benefits, drawbacks and consequences of any possible examinations and treatments. If health-care professionals ascertain that a patient's condition does not correspond to their special field or skills, they shall immediately refer the patient or his or her relatives to another health-care establishment that is better suited;

- To apply procedures such as surgery, puncture, curettage or abrasion entailing wounds only on precise medical grounds. The patient or individual concerned shall be informed *and agreed* in advance, except in the case of an emergency or if the patient is unconscious and has no close relatives.

ARTICLE 10 : Relations between health-care professionals

All health-care professionals shall respect the dignity of other health-care professionals and neither criticize nor find fault with their professional acts nor lure away their colleagues' patients. They shall foster and encourage the lawful exercise of the health-care profession.

ARTICLE 11 : Health-care establishments

Health-care establishments comprise:

- Public health-care establishments, including central hospitals, specialized care centres, regional hospitals, provincial hospitals, *capital hospitals*, *district and municipality hospitals*, *health centre*, *village drug kits*, hospitals practising traditional medicine *and clinics*.

- Private health-care establishments, including hospitals, *clinics* and hospitals, *clinics* practising traditional medicine.

ARTICLE 12 : Health-care system

The health-care system of the Lao PDR comprises:

1. The public health-care system.
2. The private health-care system.

ARTICLE 13 : Public health-care system

There are four levels to the public health-care system :

1. Primary health-care services
2. Intermediate level health-care services
3. High-level health-care services.
4. Advanced health-care services

ARTICLE 14 : Primary health-care services

Primary health-care services correspond to the medical care provided by the *village drug kits and health centres*.

The village drug kits are premises on which essential drugs are available and which provide medical care for the populations of villages in which there are no *health centres*. *Village drug kits* are staffed by village assistant physicians or village public-health volunteers and *traditional birth attendants* and possess basic medical instruments. They provide drugs and offer consultations and treatment for benign seasonal illnesses and in particular diarrhoea, malaria, flu and minor wounds. They also assist with home births.

A health centre is a public place providing treatment in a village and which possesses consultation rooms, and

accommodation, which is staffed by a physician, an assistant physician, nurses and midwives and which possesses basic medical instruments and materials and is able to provide essential procedures and techniques.

Health centres are able to provide consultations and higher-level treatment than that provided by *the village drug kits*, such as treatment for chronic diarrhoea, prolonged flu, wound suture, vaccination and assistance with childbirth.

ARTICLE 15. Intermediate health-care services

Intermediate health-care services correspond to the medical care provided by the district and municipal hospitals.

District and municipal hospitals are staffed by physicians and assistant physicians, dentists and assistant dentists, nurses, midwives and medical technicians. They possess medical material and equipment and employ the necessary techniques and technologies. They are responsible for providing consultations and treatment in the four basic disciplines: medicine, surgery, gynaecology obstetrics and paediatrics.

ARTICLE 16. High-level health care services

High-level health-care services correspond to the medical care provided by the provincial and regional hospitals.

Provincial and regional hospitals are staffed by physicians, dentists, nurses, midwives and the different medical technicians. They possess medical material and equipment and employ modern procedures and techniques. They are capable of providing consultations and higher-level treatment than that provided by the district and municipal hospitals.

ARTICLE 17 : Advanced health-care services

Advanced health-care services correspond to the medical care provided by the central hospitals and specialized care centres.

Advanced health-care services are staffed by specialists, physicians, dentists, nurses, midwives and the different medical technicians. They possess medical material and equipment and employ modern procedures and techniques. They are capable of providing consultations and higher-level treatment than that provided by the provincial and regional hospitals

ARTICLE 18: Public health-care referral system

Patients who use public health-care services are entitled to receive primary-level medical care and to be transferred to the intermediate, high or advanced level depending on the gravity of their condition. In an emergency, if the patient is seriously ill he or she may directly receive intermediate, high or advanced-level treatment.

With regard to public health-care services, lower level hospitals may refer to higher-level hospitals which shall be required to assess the situation, provide advice to and assist hospitals of the lower level.

ARTICLE 19: Private health-care system

The private health-care system comprises private hospitals, clinics, physiotherapy practices, saunas, traditional massage practices and traditional medicine practices.

Private hospitals, clinics, physiotherapy practices, saunas and traditional massage practices must possess medical facilities, staff, material and equipment and employ procedures and

technology in accordance with the regulations of the Ministry of Health.

ARTICLE 20 : Clinics

A health-care professional may have only one clinic, which he may neither rent out nor lend. If the health-care professional authorized to operate the clinic dies or is unable to practice, no other person may practice in it without the prior authorization of the Ministry of Health.

ARTICLE 21 : Medical material and equipment

Installation of medical material and equipment in public and private health-care establishments at the different levels must be in compliance with the norms laid down by the Ministry of Health.

Damaged *material* or equipment, which is beyond repair or which has exceeded its working life shall be removed in accordance with the regulations of the Ministry of Health.

PART III

RIGHTS, DUTIES AND CODE OF ETHICS OF HEALTH-CARE PROFESSIONALS

ARTICLE 22 : Rights and duties of health-care professionals

Health-care professionals shall have the following rights and duties :

- To provide consultations
- To provide diagnoses
- To prescribe treatment
- To prescribe drugs
- To issue drugs
- To give medical advice and take into account the views and decisions of patients
- To provide nursing care
- To participate in the duty roster
- To inform patients
- To observe confidentiality
- To issue medical certificates
- To take part in training and evaluation
- To perform all other rights and duties in accordance with the law and regulations.

ARTICLE 23 : Consultations

In providing patients with consultations, health-care professionals shall demonstrate responsibility, expeditiousness and timeliness, draw on their knowledge, experience, intelligence and employ appropriate medical equipment and material, scientific techniques and technology to assist with the diagnosis.

ARTICLE 24 : Diagnosis

Health-care professionals shall provide correct and precise diagnoses, exercise due professional diligence, availing themselves of the data and results obtained from consultations and the different examinations in order to determine the appropriate treatments for the purpose of restoring patients health.

ARTICLE 25 : Prescription of treatment

Health-care professionals shall prescribe treatment with so as to ensure provision of proper care that is of high quality and free from risk.

ARTICLE 26 : Prescription of drugs

Proper prescription of drug shall specify the patient's name, address, the diagnosis, the drugs, their number, dose and mode of administration. The drug prescription shall be written in a legible manner and include the day, month and year and the name and signature of the physician or dentist.

ARTICLE 27 : Issuance of drugs

Drugs shall be issued by pharmacists, nurses or midwives who shall strictly comply with the prescription made by the physician or dentist and provide the patients with a detailed explanation of their use.

ARTICLE 28 : Advice, consideration of patients' views and decisions

After consultation and diagnosis, health professionals shall provide patients with advice to enable them to understand their condition. They shall also explain the treatment procedure to ensure it is properly and strictly complied with.

Health-care professionals shall take into consideration patients' views and decisions.

ARTICLE 29 : Nursing care

Nursing care consists of the treatment, curative care and close surveillance of patients by health-care professionals such as nurses, midwives and physiotherapists. Nursing care shall be properly provided in accordance with the prescription of the physician or dentist or practiced in accordance with the law and duty and within the bounds of the nursing profession.

ARTICLE 30 : Duty rosters

Duty rosters are drawn up in health-care establishments to monitor the condition of patients and to be able to provide round-the-clock care. All health-care professionals shall show due professional diligence in taking their turn on the duty roster.

The health-professions council may grant exemption to health-care professionals who are unable to take their turn on the duty roster for reasons of age or health.

ARTICLE 31 : Information for patients

Health-care professionals shall provide patients, their family or community with the following information :

- Non-confidential medical information at their request, or to satisfy their interest or wishes;

- Explanations concerning medical care such as consultations, diagnoses, curative care, treatment, nutrition, rehabilitation, preventive measures, risks, danger, degree of severity, difficulties, possibilities, the different techniques or inevitable outcomes of care.

ARTICLE 32 : Professional confidentiality

For the patient's benefit, all health-care professionals shall strictly observe professional confidentiality in respect of illnesses or details of living or deceased patients, with the exception of those cases provided for by law or regulations.

ARTICLE 33 : Issuance of medical certificates

Medical certificates shall include health certificates, birth certificates, death certificates, certificates of disability and any other certificates issued by health-care professionals for official purposes.

Medical certificates shall be properly issued in conformity with *medical* scientific principles and using the form required by the regulations.

ARTICLE 34: In-service training

All health professionals shall be required to improve *continuously* their knowledge and skills; to take part in training activities and evaluation of their professional practice in order to improve the quality of their consultations, diagnoses and care so as to keep abreast of the latest scientific progress in the interest and for the safety of patients.

The health-professions council shall have the right and duty to assess and evaluate in-service training at least once every two years, in accordance with the instructions of the Ministry of Health.

ARTICLE 35 : Code of Ethics of health care professionals

The Code of Ethics of health-care professionals determines standards of conduct applicable to physicians,

dentists, nurses, midwives and medical technicians in order to improve the quality and efficacy of the professional care provided by them.

The Code of Ethics of health care professionals is based on the following principles :

- Respect for human life and the dignity of patients without discrimination, including after their decease ;
- Observance of nationally and internationally recognized standards of care in order to help patients recover their health ;
- Payment for health-care services in accordance with the law and regulations and the prohibition on additional charges ;
- Consideration for the patient's wishes, objectives and decisions on the basis of the law and regulations and the rules of the medical profession,
- Provision, if they are in a position to do so, of disinterested assistance to patients in danger and performance of first aid; health-care professionals may neither shirk their responsibilities nor refuse to provide assistance ;
- Persuade the patients to seek care, to encourage them to do so in their own interest and not in the interest of the health-care professional ;
- Patience, good will and courtesy and absence of hostility towards patients and their relatives, regardless of their behaviour.

PART IV

PROHIBITIONS

ARTICLE 36 : Types of prohibitions

No health-care professional may:

- Provide medical care on a commercial basis
- Issue a *compliant* medical certificate
- Engage in trafficking in certain human organs or bodily products,
- Provide care in prohibited establishments
- Provide unauthorized care
- Provide unlawful care.

ARTICLE 37 : Prohibition on providing medical care on a commercial basis

No health-care professional shall provide care to patients for profit.

No form of advertising may be used to attract patients. The layout of and any advertising displayed in a health-care establishment shall be of a strictly non-commercial nature.

ARTICLE 38 : Prohibition in the issuance of *compliant* medical certificates

No health-care professional may issue a patient or any other person with a misleading report or *compliant* medical certificate that infringes the law or regulations.

ARTICLE 39 : Prohibition on trafficking in certain human organs or bodily products

No health-care professional may encourage the sale of, sell or purchase certain human organs or bodily products such as blood, *organs*, tissue, cells or other human bodily products from a person living or deceased, with the exception of those cases provided for by law.

ARTICLE 40 : Prohibited health-care establishments

It shall be prohibited to provide consultations and treatment for patients in the following establishments :

- Commercial premises such as shopping centres or markets ;
- Premises offering for sale drugs, medical consumables, instruments and apparatus;
- Any other premises specified by law or regulations.

ARTICLE 41 : Prohibition on the provision of unauthorized care

The provision of any unauthorized care or procedures which the Ministry of Health has not approved or is unable to control shall be prohibited.

ARTICLE 42 : Prohibition on the unlawful provision of care

It shall be prohibited to encourage or promote unlawful care such as unauthorized abortions and to carry out procedures that are a danger to the health of patients.

Part V

HEALTH-CARE FINANCING

ARTICLE 43 : Health-care financing

Health-care financing includes the administration of revenue and expenditure within a system provided for by the law and regulations for the purpose of ensuring for the population fair and equitable access to health care and to a better state of health.

ARTICLE 44 : Sources of health-care financing

Health-care financing shall be derived from :

1. State budget
2. Direct payments by patients
3. Health-insurance funds
4. Social contributions
5. Contributions from international organizations and foreign countries.

ARTICLE 45 : Health-insurance funds

Health-insurance funds are one source of health-care financing and are of several types: community health insurance, civil-service health insurance, company health insurance, private health insurance and public welfare health insurance.

Each fund is administered by a management committee or board of management.

ARTICLE 46 : Community health-insurance

Community health-insurance funds are derived from contributions paid by citizens including *monks*, novices, members of religious orders and students.

When members of community health-insurance funds consult or receive treatment in different health-care establishments they do not pay directly for treatment. All their expenses are directly covered by their health-insurance in conformity with regulations.

ARTICLE 47 : *Civil-service health insurance*

The civil-service health insurance fund is financed by contributions from executive staff, including retirees, veterans, the disabled and persons no longer able to work belonging to Party organizations, *to the government organisation*, to the National Construction Front and to mass organizations and by government contributions.

When members of this fund, including disabled persons belonging to the special category, their spouse and children of under 18 years of age consult or receive treatment in different health-care establishments they do not pay directly for treatment. All their expenses are directly covered by their health-insurance in conformity with regulations.

ARTICLE 48 : Company health-insurance funds :

Company health-insurance funds are financed by contributions from company employees and employers.

When members of this fund consult or receive treatment in different health-care establishments they do not pay directly

for treatment. All their expenses are directly covered by their health-insurance in conformity with regulations.

ARTICLE 49 : Private health-insurance fund

Private health-insurance funds are financed by contributions from individuals such as entrepreneurs, shopkeepers and self-employed workers.

When members of this fund consult or receive treatment in different health-care establishments they do not pay directly for treatment. All their expenses are directly covered by their health-insurance in conformity with regulations.

ARTICLE 50 : Public welfare health-insurance funds

Public welfare health-insurance funds at each level are set up by the State to assist the poor and people on low incomes who are unable to pay membership contributions to any other health-insurance fund.

Public welfare health-insurance funds are financed by contributions from the government, individual, community, national and international organizations and foreign countries

When the poor and people on low incomes who possess a certificate issued by the relevant local authorities consult or receive treatment in different health-care establishments they do not pay directly for treatment. All their expenses are directly covered by their public welfare health-insurance in conformity with regulations.

ARTICLE 51: Personal payment of health-care expenses

Any person who is not a member of one of the funds referred to in the previous articles who consults and receives treatment in the different health-care establishments shall bear the cost of treatment.

ARTICLE 52: Revenue from administrative, service and treatment charges

Revenue from fees charged for the different medical documents such as medical records, medical certificates and health certificates makes up administrative charges.

Revenue from fees charged for the different services such as accommodation, meals and transport by ambulance makes up service charges.

Revenue from fees charged for the different procedures such as consultations, analyses, x-ray examinations, surgery, drugs, medical devices or other techniques makes up treatment charges.

ARTICLE 53 : Administration and use of revenue from administrative, service and treatment charges

Revenue from administrative, service and treatment charges shall be raised in accordance with the law and regulations relating to the State budget.

PART VI

MANAGEMENT OF HEALTH-CARE SERVICES

ARTICLE 54: Management body

The body responsible for the management of health-care services is the public health sector, which consists of:

- The Ministry of Health, at the central level,
- The provincial health *office, at the provincial level*
- The district health *office, at the district level*

The health-professions council (HPC) exists alongside these management bodies.

ARTICLE 55: Rights and duties of the Ministry of Health

The Ministry of Health shall have the following rights and duties:

1. To conduct research into policy and the strategic plan for the management of health-care services for submission to the Government for deliberation ;
2. To draw up its own plan, programme of action and detailed projects on the basis of the policy, plan and decrees adopted by the Government for due application ;
3. To draw up and improve regulations and standards applicable to health care services ;

4. To supervise the professional organization and monitor the implementation of the health-care regulations and of the Law on Health-Care, to undertake evaluation, provide an assessment, and to report to the Government ;
5. To suspend or cancel any *decrees*, orders, instructions and *announcement* of lower-level management agencies that are contrary to the law and to regulations ;
6. To take into consideration the views of citizens and to ensure the quality of treatment, respect for standards and the management of health-care services ;
7. *To form and train* executive staff to provide them with knowledge, skills and behaviour in conformity with the code of medical ethics ;
8. To undertake research and to disseminate medical science so as to ensure high-quality and up-to-date medical treatment ;
9. To issue health-care professionals with authorizations to practice;
10. To coordinate the management of health-care services with all parties concerned so that they are efficiently organized and comply with the law and regulations ;
11. To cooperate with foreign countries and international organizations so as to

12. create conditions to facilitate the management of health-care services ;
To exercise all other rights and duties prescribed by law.

ARTICLE 56 : Rights and duties of the provincial health office

The provincial health *office* shall have the following rights and duties :

1. To draw up its own plan, programme of action and detailed projects for the administration of health-care services, on the basis of the policies, plan and decrees adopted by the Ministry of Health ;
2. To organize the implementation of the Ministry of Health's policy and strategic plan for the administration of health-care service, to undertake evaluation and provide an assessment and report for its superiors and for the Ministry of Health ;
3. To supervise the management of health-care services by the district and municipal health offices ;
4. To administer health-care services within the limits of its responsibility in order to provide high-quality treatment that is in conformity with standards ;
5. To provide advice, disseminate information and promote the practice of quality and risk free health care *by society as a whole* ;

6. To monitor the advertising of health-care services by health-care professionals under its authority ;
7. To examine applications to exercise health-care professions and to submit them for decision by the Ministry of Health ;
8. To take into consideration the views of citizens and to ensure quality, respect for standards of care and the management of health-care services ;
9. To coordinate the management of health-care services with all parties concerned to ensure that they are organized in order efficaciously to implement the law and regulations ;
10. To observe all other rights and duties laid down by law and *regulations*.

ARTICLE 57 : Rights and duties of district health office

The district health office shall have the following rights and duties :

1. To organize the implementation of the policy and strategic plan for the administration of health-care services prepared by its superiors;
2. To manage health-care services and to monitor advertising by health-care professionals under its authority, to undertake an evaluation and provide an assessment and report for its superiors ;

3. To provide advice and disseminate information on the practice of quality and risk-free health care *by society as a whole* ;
4. To examine applications to exercise health-care professions and to submit them for decision by the provincial health service ;
5. To take into consideration the views of citizens and to ensure quality, respect for standards of care and the management of health-care services ;
6. To coordinate the management of health-care services with all parties concerned to ensure that the law promulgated and the regulations are efficaciously implemented ;
7. To observe all other rights and duties laid down by law and *regulations*.

ARTICLE 58 : Role of the health professions council (HPC)

HPC shall act as the secretariat for the Ministry of Health to administer the activity of health professionals.

The rights and duties of *HPC* shall be determined by ad-hoc legislation.

PART VII

MONITORING HEALTH-CARE SERVICES

ARTICLE 59 : Monitoring body

The health-care monitoring body shall be the same as the health-care management body provided for under article 54 of this law.

ARTICLE 60 : Rights and duties of the monitoring body

The health-care monitoring body shall have the following rights and duties:

- To monitor the implementation of the health-care strategy and plan and of regulations relating to health care and of the law on health care;
- To monitor the standards laid down by the Ministry of Health for the assignment of staff, installations of medical material and equipment, the implementation of administrative and professional rules and the performance and practice of the health-care professions in health-care establishments ;
- To monitor the administration and use of health-insurance funds ;
- To take into account the opinions of the population and of organizations in respect of health care ;
- To exercise all other rights and monitoring duties provided for by the law and regulations.

ARTICLE 61 : *Medical expertise*

Medical expertise consists of scientific analyses carried out for the purpose of determining facts relating to proper or incorrect treatment, which are performed at the request of individuals or institutions such as the public prosecutor or the peoples' court.

The Ministry of Health shall designate a highly-experienced professional in the field of health care or *forensic medicine* to conduct *medical expertise*.

No health-care professional may be designated to carry out a *medical expertise* concerning a patient treated by them or

in which their interests, the interests of a member of their family, of their relatives or of a group of persons availing themselves of their services are at issue.

TITRE VIII

REWARDS AND PENALTIES

ARTICLE 62 : Rewards

Individuals or organizations who distinguish themselves by their compliance with this law on health care shall be entitled to appropriate rewards and other commendations.

ARTICLE 63 : Penalties

Individuals or organizations who fail to comply with this law on health care may be educated, fined, subjected to civil compensation or to criminal penalty, depending on the seriousness of the facts proven.

PART IX

FINAL PROVISIONS

ARTICLE 64 : Implementation

The Government of the Lao People's Democratic Republic shall be responsible for the implementation of this law on health care.

ARTICLE 65 : Enforcement date

This law on health care shall enter into force 90 days after its promulgation by the President of the Lao People's Democratic Republic.

All regulations and decrees that are contrary to this law are hereby abrogated.

The President of the National Assembly

No. 59/ AN, date 19/10/06