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10th Anniversary

生產事故救濟10週年國際研討會

International Symposium on the 10th Anniversary of Childbirth Accident Relief

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TIME	TOPICS		
08:40~09:00	**Registration**		
09:00~09:05	**Welcome Address** Chung-Liang Shih (Minister of Health and Welfare)		
09:05~09:15	**Opening Remarks** Shih-Chung Chen (Minister without Portfolio, Executive Yuan) Ming-Chien Cheng (Minister of Justice)		
09:15~09:20	**Group Photo**		
	TOPICS	**MODERATORS**	**SPEAKERS**
09:20~09:50	**Learning from Adverse Events: How Japan's No-Fault Compensation System Improved Perinatal Safety**	Wei -Chun Chang President of TAOG Jin-Chung Shih President of TSOP	Mamoru Tanaka Professor Emeritus, Keio University
09:50~10:20	**From Survival to Sustainability: Lessons from Korea's Perinatal Care Transformation**	San-Nan Yang President of TSN Hung-Yi Chiou Director of Institute of Population Health Sciences at NHRI	Han-Suk Kim Professor, Department of Pediatrics, Seoul National University College of Medicine
10:20~10:35	**Q&A**		
10:35~10:50	**Coffee Break**		
10:50~11:20	**No-fault Compensation for Medical and Maternal Injury in New Zealand**	Chao-Kai Chang Chairperson, TSLM Tsung-fu Chen Chair Professor, NTU	Katharine Wallis Mayne Professor and Head of the Mayne Academy of General Practice at The University of Queensland Medical School
11:20~11:50	**10 Years Result of Childbirth Accident Emergency Relief Act in Taiwan**	Tsung-Hsien Su President of FWHUT Cheng-Chung Fang CEO of Joint Commission of Taiwan	Yueh-Ping Liu Director-General, Department of Medical Affairs, Ministry of Health and Welfare
11:50~12:05	**Q&A**		

TIME	TOPICS	MODERATORS	SPEAKERS
13:10~13:25	下午報到		
13:25~13:30	Opening Remarks 林靜儀（衛生福利部次長）		
	TOPICS	**MODERATORS**	**SPEAKERS**
13:30~14:00	**台灣產科醫療安全政策：現況、挑戰與展望**	黃建霈秘書長 康　琳理事長	**詹德富** 高雄醫學大學附設醫院 醫品病安管理中心主任
14:00~14:20	與 談 人 陳亮妤 (衛生福利部中央健康保險署署長) 黃建霈 (台灣婦產科醫學會秘書長) 康　琳 (母胎醫學會理事長)		
14:20~14:50	**台灣新生兒與周產期照護之政策發展：現況、挑戰與未來展望**	楊生湳理事長 林其和名譽教授	**陳美惠** 國衛院兒童醫學及健康 研究中心執行秘書長
14:50~15:10	與 談 人 林宇旋（衛生福利部國民健康署婦幼健康組組長） 楊生湳（台灣新生兒科醫學會理事長） 林其和（成功大學醫學院附設醫院兒科名譽教授）		
15:10~15:20	Coffee Break		
15:20~15:50	**生產事故救濟條例與醫療事故預防及爭議處理法(醫預法)之法律關聯性分析**	王志嘉教授 黃鈺媖副執行長	**廖建瑜** 高等法院刑事庭審判長兼法官
15:50~16:10	與 談 人 周賢章（中華民國醫師公會全國聯合會理事） 王志嘉（國防醫學大學醫學系教授） 黃鈺媖（財團法人藥害救濟基金會副執行長）		
16:10~16:40	**從止訟到走出傷痛：生產事故救濟制度的實踐與挑戰**	劉玉菁副司長 林宏榮院長	**黃閔照** 財團法人台灣婦女健康暨 泌尿基金會執行長
16:40~17:00	與 談 人 陳柏熹（衛生福利部心理健康司司長） 劉玉菁（衛生福利部醫事司副司長） 林宏榮（奇美醫院院長）		
17:00~17:10	Closing Remarks 蘇聰賢（財團法人台灣婦女健康暨泌尿基金會董事長）		

Mamoru Tanaka

Professor Emeritus, Keio University

Position

- Professor Emeritus, Keio University
- Vice President, Iino Hospital

Education

- March 1986, graduated from Keio University School of Medicine
- February 1996, received a PhD degree from Keio University
- July 1998, became a visiting scientist of Adashi's Lab in University of Utah
- January 2000, Lecturer in Department of Obstetrics and Gynecology, Keio University School of Medicine
- April 2002, Assistant Professor in Department of Obstetrics and Gynecology, Keio University School of Medicine
- April 2012, Professor in Department of Obstetrics and Gynecology, St. Marianna University School of Medicine
- June 2014, Professor in Department of Obstetrics and Gynecology, Keio University School of Medicine
- April 2026, present position

Membership

- Federation of Asia and Oceania Perinatal Societies (Treasurer)
- International Society of Ultrasound in Obstetrics and Gynecology (Ambassador)
- Japan Society of Obstetrics and Gynecology (Executive Board, Chair of International Relations)
- Japan Society of Perinatal and Neonatal Medicine (President)
- Japan Society of Ultrasound of Obstetrics and Gynecology (President)
- Japan Society for Reproductive Medicine (Trustee)

Learning from Adverse Events: How Japan's No-Fault Compensation System Improved Perinatal Safety

Mamoru Tanaka
Professor Emeritus, Keio University

Japan established the Obstetric Compensation System for Cerebral Palsy (JOCSC) in 2009 as a nationwide no-fault compensation program designed to support families of children with severe cerebral palsy associated with perinatal events while simultaneously improving the safety and quality of obstetric care. The program was introduced in response to increasing medico-legal disputes in obstetrics and growing societal concern regarding birth-related neurological injuries. By providing compensation independent of litigation, the system created a framework that encourages transparent investigation of adverse events and promotes learning across the healthcare system.

The Japanese program is unique in that it integrates three essential functions within a single national structure: financial compensation, scientific case analysis, and systematic recurrence prevention. Nearly all childbirth facilities in Japan participate in the program through the national childbirth insurance scheme, ensuring comprehensive national coverage.

A key component of the system is the Recurrence Prevention Committee, which conducts detailed analyses of compensated cases of cerebral palsy to identify preventable factors and systemic vulnerabilities in obstetric practice. Using standardized methodologies and multidisciplinary expert review, the committee examines clinical management, institutional readiness, and organizational factors contributing to adverse perinatal outcomes.

The committee publishes annual Recurrence Prevention Reports, which synthesize lessons derived from national case analyses and translate them into practical recommendations for obstetric care providers. These reports have addressed major safety issues including the interpretation and management of cardiotocography, timely recognition of fetal distress, decision-making for operative delivery, communication within obstetric teams, and preparedness for obstetric emergencies. Importantly, the recommendations are disseminated nationwide through professional societies, educational materials, and training programs, enabling the findings from individual cases to inform improvements across the entire maternity care system.

Over more than a decade of implementation, the program has contributed to significant progress in risk management awareness, clinical standardization, and patient safety culture in Japanese obstetrics. National surveillance data suggest a declining trend in cases of cerebral palsy associated with intrapartum hypoxic events, along with improved adherence to safety-oriented obstetric practices. While multiple factors influence these trends, the systematic analysis and feedback mechanisms created by the compensation system have played a critical role in promoting continuous quality improvement.

In parallel, Japan has strengthened national maternal safety initiatives, including confidential enquiries into maternal deaths and the development of nationwide recommendations for preventing maternal mortality. Together with the obstetric compensation program, these initiatives form a comprehensive national strategy aimed at reducing preventable maternal and perinatal morbidity and mortality.

This lecture will review the design and evolution of Japan's no-fault obstetric compensation system, highlight the analytical work of the Recurrence Prevention Committee, and discuss how lessons learned from adverse events have been translated into nationwide safety improvements. The Japanese experience demonstrates how a no-fault compensation framework can move beyond financial support for affected families and function as a powerful mechanism for system-wide learning, policy development, and sustainable improvement in maternal and perinatal outcomes. These lessons may offer valuable guidance for countries seeking to establish effective and socially trusted systems to prevent childbirth-related adverse events.

Han-Suk Kim

Professor, Department of Pediatrics,
Seoul National University College of Medicine

Affiliation

- Professor, Department of Pediatrics, Seoul National University College of Medicine/Seoul National University Children's Hospital
- Chairman/CEO, Korean Pediatric Society (KPS)
- President, Federation of Asia-Oceania Perinatal Societies (FAOPS)
- President, The 19th Congress of Asian Society for Pediatric Research (ASPR 2026)

Brief biography

Dr. Han-Suk Kim is a neonatologist with internationally recognized expertise in neonatal lung disease, integrating clinical practice with translational research.

He received his MD (1990) and PhD (1996) from Osaka Medical College, where he also completed his residency in pediatrics and fellowship in neonatology. He subsequently undertook postdoctoral training in lung biology at the Lung Biology Laboratory, Georgetown University, and the Institute for Environmental Medicine, University of Pennsylvania.

In 2002, he joined the Department of Pediatrics at Osaka Medical College as a faculty member and, in 2004, was appointed to the Seoul National University College of Medicine. He served as Director of the Neonatal Intensive Care Unit for a decade beginning in 2008, and later as Vice Director (2016–2019) and Director (2019–2023) of Seoul National University Children's Hospital. He currently serves as Chairman/CEO of the Korean Pediatric Society and President of the Federation of Asia-Oceania Perinatal Societies. In addition, he successfully hosted the FAOPS Congress in September 2024 and is scheduled to host the Asian Society for Pediatric Research (ASPR) Congress in Seoul in October 2026.

Dr. Kim's research focuses on the regulation of antioxidant protein expression during the perinatal period, fetal and neonatal inflammatory responses and their impact on clinical outcomes, and the mechanisms of impaired pulmonary vascular development in bronchopulmonary dysplasia. He has also led clinical investigations evaluating strategies in respiratory support, nutrition, and pharmacologic therapy in the neonatal intensive care unit.

Publications

https://snu.elsevierpure.com/en/persons/y-kim-177/publications/
Research outputs: 175, Citations: 6326, h-index: 40

From Survival to Sustainability: Lessons from Korea's Perinatal Care Transformation

Han-Suk Kim
Professor, Department of Pediatrics, Seoul National University College of Medicine

Over the past two decades, the Republic of Korea has achieved one of the most remarkable improvements in neonatal survival worldwide. Neonatal mortality has declined dramatically, reaching levels comparable to the highest-performing countries. This progress was not accidental but resulted from coordinated national efforts, including expansion of neonatal intensive care capacity, regionalization of perinatal services, universal health coverage, and the establishment of nationwide quality-improvement initiatives such as the Korean Neonatal Network.

However, this success has coincided with an unprecedented demographic transition. Korea now faces the world's lowest fertility rate, accompanied by rapid structural changes in healthcare delivery. While clinical outcomes have continued to improve, the sustainability of perinatal care systems has emerged as a critical concern. Declining numbers of obstetricians, pediatricians, and neonatologists, increasing medico-legal pressures, regional disparities in access to care, and growing workforce burnout collectively threaten the stability of essential maternal and neonatal services.

This presentation examines Korea's perinatal care transformation from a longitudinal perspective, highlighting how policy-driven system development contributed to measurable improvements in neonatal outcomes. Equally importantly, it explores the emerging "survival–sustainability gap," in which excellence in outcomes does not necessarily guarantee resilience of the healthcare system itself.

By analyzing Korea's experience, this lecture aims to provide lessons for countries entering an era of ultra-low fertility and workforce constraints. The Korean case illustrates that the next frontier of perinatal medicine extends beyond improving survival toward building sustainable systems capable of maintaining high-quality care in the face of demographic and societal change.

Katharine Wallis

Mayne Professor and Head of the Mayne Academy of General Practice at The University of Queensland Medical School

Educational Qualifications

- 2013 PhD (Doctor of Philosophy) University of Otago, New Zealand
- 2007 MBHL (Distinction) (Master of Bioethics & Health Law) University of Otago
- 1993 Dip Obst (Diploma of Obstetrics) University of Otago, New Zealand
- 1990 MBChB (Medicine & Surgery) University of Otago, New Zealand

Professional Fellowships and Memberships

- 2022 GAICD Graduate, Australian Institute of Company Directors, Company Directors Course
- 2019 FACRRM Fellow Australian College Rural and Remote Medicine
- 1996 FRNZCGP Fellow Royal New Zealand College of General Practitioners

Current Appointments

- 2022 ongoing Mayne Professor and Head, Mayne Academy of General Practice and Head, General Practice Clinical Unit, Medical School, The University of Queensland.
- 2022 ongoing Queensland Lead, for national rural practice-based research network PARTNER
- 2020 ongoing Founding Director, UQGP Research (practice-based research network).
- 2021 ongoing Deputy Chair, Academic Policy and Advocacy Committee, Australasian Association of Academic Primary Care.
- 2016 ongoing Oxford International Primary Care Research Leadership Programme, Nuffield Department of Primary Care Health Sciences, University of Oxford, Oxford, UK.
- 2019 ongoing General Practitioner, Gold Coast, Australia.

No-fault compensation for medical and maternal injury in New Zealand

Katharine Wallis
Mayne Professor and Head of the Mayne Academy of General Practice
The University of Queensland Medical School

New Zealand has an alternate regulatory approach to medical injury that includes a no-fault accident compensation scheme to support restoration for medical injury and separate medical professional accountability processes to hold practitioners to account for past actions and present consequences or perceived wrongdoing. New Zealand's accident compensation scheme was introduced in 1974, following an Inquiry into methods for compensation for accidents "suffered by persons in employment". The Inquiry found that the combined Common law damages action, Workers' Compensation legislation, and the Social Security Act were an inadequate response to the increasing problem of workers suffering injury in accidents largely unavoidable in a modern industrialised society. The radical no-fault scheme paid for by the community was introduced to provide comprehensive compensation for all accidents irrespective of fault. The founding principles of scheme were community responsibility, comprehensive entitlement, complete rehabilitation, real compensation, and administrative efficiency. The scheme helps with the cost of treatment and rehabilitation for all personal injuries regardless of fault including doctor's visits, surgical operations, and rehabilitative physiotherapy. In exchange, suing for compensatory damages is barred in New Zealand and there is no culture of suing. Medical injury has always been covered under the scheme. However, in 1992 legislative reforms were introduced in response to perceived spiralling costs of medical injury compensation, to define eligibility, restricting compensation to "medical misadventure". Medical misadventure could be a "rare and severe" adverse event or "medical error", in effect negligence. These reforms achieved the desired result of decreasing the cost of medical injury compensation, but unfairly restricted access to compensation for those injured by medical treatment, increasing the risk of litigation creeping back into the country. The changes also introduced fault (error) into the otherwise no-fault scheme, discouraging some doctors and patients from participating in the compensation claims process. Some doctors also contested findings of 'medical error', thereby delaying access to compensation for injured patients. The scheme was reformed again in 2005 to rectify the problems by expanding eligibility for medical injury and improve information flows within the system. The 'medical error' anomaly was waived and eligibility was extended to all 'injuries caused by treatment'. The Accident Compensation Corporation's (ACC's) prior duty to report all findings of 'medical error' to the Medical Council was also waived and replaced with a new duty to report "risk of harm to the public" to the "authorities responsible for patient safety". The 2005 changes gave New Zealand's Accident Compensation scheme some of the most liberal medical injury eligibility criteria in the world and shifted the focus away from identifying error, or proving fault, towards providing assistance with treatment and rehabilitation, as the scheme was originally intended. Neonatal injury is covered under the scheme if the injury meets the criteria for a 'treatment injury'. That is there must be a clear link between the medical treatment (or a failure to provide treatment) and the injury, and the injury is not a "necessary part" or "ordinary

consequence" of the treatment. The scheme does not cover conditions caused by natural processes, such as congenital abnormalities or genetic disorders. In 2022, under one of the most significant expansions in the scheme's history, reforms were introduced to extend cover to Maternal Birth Injuries including internal and external trauma sustained during childbirth, such as perineal tears and uterine prolapse.

Yueh-Ping Liu

Director-General, Department of Medical Affairs,
Ministry of Health and Welfare

Current Position

- Director-General Department of Medical Affairs

Education

- LLM. Ming Chuan University
- M.D., Graduated from National Taiwan University

Work Experience

- Senior Technical Specialist, Department of Medical Affairs, Ministry of Health and Welfare, Taiwan
- Deputy Secretary General, Taiwan Medical Association
- Director-General, Division of Medical Affairs, Department of Health, Taipei City Government
- Chairperson of Pediatric Emergency Committee, Taiwan Society of Emergency Medicine
- Staff Physician National Taiwan University Hospital

Expertise

- Emergency medicine
- Pediatric critical care
- Health policy and medical regulation
- Disaster Medicine

10 Years Result of Childbirth Accident Emergency Relief Act in Taiwan

Yueh-Ping Liu
Director-General, Department of Medical Affairs, Ministry of Health and Welfare

Childbirth-related adverse events not only impose profound impacts on affected families but also have long-term implications for healthcare systems and patient–provider relationships. In response to these challenges, the Ministry of Health and Welfare in Taiwan has established a childbirth accident relief system grounded in a no-blame culture. Through a no-fault compensation mechanism, combined with compassionate care services and continuous improvement in healthcare quality and safety, the system has progressively developed into a national support framework for maternal and neonatal safety.

Over nearly a decade since the implementation of the Childbirth Accident Relief Act, a total of 2,761 cases have been reviewed, with 2,532 cases approved for compensation, resulting in an overall approval rate of 91.7%. To better address the needs of families, compensation standards for maternal deaths and disabilities have been adjusted since October 2029. In terms of compensation distribution, maternal deaths account for the largest share, totaling approximately NTD 600 million (37.1%), with total compensation reaching NTD 1.6159 billion.To fulfill the goal of timely relief, administrative processes have been continuously optimized and standardized. On average, total processing time of approximately 87.5 days. Overall satisfaction with administrative services has reached 96.5%, demonstrating both efficiency and service quality.

In examining trends in obstetric medical litigation, a case-by-case analysis based on Taiwan's Judicial Yuan database reveals a clear decline over time. When divided into three phases—, during the pilot implementation (2012–2016), and after the enactment of the Act (2017–2022)—the litigation rate from prior to the pilot program (1999–2011) was 5.22 per 100,000 births, and further declined significantly to 1.98 per 100,000 births following full implementation of the Act. These findings demonstrate the substantial effectiveness of the system in reducing medical disputes.

Regarding the provision of compassionate care, 76.7% of families reported receiving support from healthcare institutions within five days of the incident. The primary forms of support included condolences and empathy, explanation of the medical condition, and assistance with compensation applications. Notably, 81.4% of respondents indicated that such care services contributed to improving patient–provider relationships. Overall, more than 90% of both the families and healthcare institutions expressed satisfaction with the childbirth accident relief system.

Since its implementation, the system has received 9,353 incident reports from 281 healthcare institutions, with fetal deaths accounting for the majority (51.1%). In terms of quality improvement, 61 healthcare institutions have received guidance to enhance referral systems for high-risk pregnancies and emergency transfusion processes. And developed of six major obstetric risk management, care bundle of postpartum hemorrhage 、hypertensive disorders of pregnancy and preeclampsia. A total of 24 case-based learning modules have been established to support

continuous clinical improvement.

Furthermore, through collaboration among government agencies, professional medical societies, and academic experts, case analyses and data-driven insights have been translated into clinical guidelines, regulatory standards, and preventive strategies. Cross-sectoral efforts have strengthened high-risk pregnancy management and obstetric risk control. As a result, Taiwan's maternal mortality ratio has declined from 15.4 to 8.2 per 100,000 live births, reflecting the collective achievements of the government, healthcare professionals, and society.

This presentation will share Taiwan's decade-long experience in implementing the childbirth accident relief system, demonstrating how policy design and cross-sector collaboration can transform post-event compensation into proactive risk prevention. It will also address how healthcare system resilience and service capacity can be sustained in the context of declining birth rates, ultimately fostering a safer, more trusted, and compassionate environment for maternal and neonatal care.

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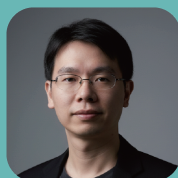

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Te Fu Chan

Director, Department of Quality Management and Patient Safety, Kaohsiung Medical University Hospital

Current Position

- Professor, Department of Obstetrics and Gynecology
- Chief of Obstetrics, Kaohsiung Medical University Hospital
- Director, Department of Quality Management and Patient Safety, Kaohsiung Medical University Hospital

Education

- Kaohsiung Medical University, PhD program in Medicine
- Kaohsiung Medical University, College of Medicine, MD

Work Experience

- President of the 18th Taiwan Association of Perinatology
- Director of Administration Center, Kaohsiung Medical University Hospital
- Director, Department of Obstetrics and Gynecology, Kaohsiung Medical University Hospital

Expertise

- High-Risk Pregnancy
- Perinatology
- Medical Safety Management
- Patient Safety and Quality Management

Obstetric Safety Policy in Taiwan: Current Status, Challenges, and Future Outlook

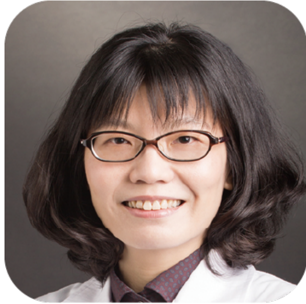
Te Fu Chan
Director, Department of Quality Management and Patient Safety,
Kaohsiung Medical University Hospital

Taiwan's Childbirth Accident Relief and Reporting System has achieved remarkable success since its implementation in 2016. To date, the system has compensated over 2,500 cases, with total disbursements exceeding NT$1.6 billion. In 2024, both the number of cases and the total compensation reached a seven-year low, while the approval rate climbed to 91.7%. These figures reflect the nation's commitment to a "no-blame culture" and its profound concern for maternal and infant safety. Beyond providing timely financial relief, the system has evolved since 2024 to emphasize pre-incident prevention, utilizing systematic reporting and Root Cause Analysis (RCA) to optimize clinical workflows—an integrated approach recognized internationally as a pioneering model.

However, behind these impressive statistics, frontline clinical practice is facing unprecedented challenges. High-quality perinatal care relies on precise risk assessment, robust infrastructure, and ready-to-act medical teams. While obstetricians strictly adhere to clinical guidelines, the rapid rise in advanced maternal age has increased medical complexity, leaving many to struggle against structural labor shortages. The chronic deficit of anesthesiologists and pediatricians has increasingly left obstetricians in the perilous position of "fighting a lone battle."

High-risk pregnancies are often accompanied by hypertension, diabetes, or placental abnormalities, making childbirth a silent battlefield. In critical events such as postpartum hemorrhage, amniotic fluid embolism, or neonatal asphyxia, immediate multidisciplinary intervention is vital. Yet, reality paints a starker picture: low recruitment rates for pediatric residents, a generational gap in neonatology specialists, and anesthesiologists burdened by long working hours. Many regional hospitals lack 24-hour in-house support, and breakdowns in multidisciplinary coordination risk missing the "golden window" for life-saving treatment. This structural collapse in both the system and the payment framework has exacerbated the crisis.

Looking ahead, a systemic upgrade is imperative. The government must proactively pursue payment rationalization by significantly increasing reimbursement for delivery services—particularly for high-risk and multidisciplinary care. Furthermore, incentive mechanisms for guideline adherence and risk management support must be established. Only by strengthening multidisciplinary staffing and reinforcing the perinatal care network through a synchronized transformation of financing and clinical practice can we build a resilient healthcare system that truly safeguards the lives of every mother and newborn.



Mei- Huei Chen

Executive Secretary
Child Health Research Center, National Health Research Institutes

Current Position

- Executive Secretary, Child Health Research Center, National Health Research Institutes, Taiwan
- Attending Physician, Institute of Population Health Sciences, National Health Research Institutes, Taiwan
- Adjunct Associate Professor, National Taiwan University College of Medicine, Taiwan

Education

- M.D. College of Medicine, School of Medicine, National Taiwan University
- Ph.D. Institute of Occupational Medicine and Industrial Hygiene, National Taiwan University

Work Experience

- Chair, Scientific Committee of Birth Cohort Consortium of Asia
- Adjunct Attending Physician, Department of Pediatrics, National Taiwan University, Taiwan
- Attending Physician, Department of Pediatrics, National Taiwan University Yunlin Branch, Yunlin, Taiwan
- Attending Physician, Department of Pediatrics, Cardinal Tien Hospital Yung Ho Branch, New Taipei, Taiwan

Expertise

- Neonatology
- Environmental Epidemiology
- Birth Cohort Study
- Child Health Policy

Neonatal and Perinatal Care in Taiwan: Policy Development, Challenges, and Future Directions

Mei- Huei Chen
Executive Secretary
Child Health Research Center, National Health Research Institutes

Neonatal health is closely linked to perinatal care and forms a critical foundation for health across the life course. Reducing maternal and neonatal mortality remains a central target of the Sustainable Development Goals (SDGs), with neonatal deaths accounting for nearly 40% of under-five mortality worldwide. Strengthening integrated and high-quality care systems is therefore essential.

In Taiwan, national policy has focused on building a coordinated perinatal and neonatal care system through the "Program of Excellence in child health care" Since 2021, the Perinatal Care Network Program has established a tiered, regionalized network to enhance collaboration across healthcare levels. Key strategies include structured referral systems for high-risk pregnancies, maternal transfer mechanisms, and specialized neonatal transport teams, alongside ongoing efforts to improve quality of care.

The policy framework has also expanded to promote holistic, person-centered care for children under three years of age, emphasizing primary prevention and health promotion.

Since 2025, the second phase further broadens the scope to include child development, injury and obesity prevention, and adolescent mental health, reflecting a life-course approach. Taiwan's experience demonstrates the value of integrating system design, quality improvement, and preventive strategies to advance maternal and child health.

Chien-Yu Liao

Presiding Judge
Criminal Division, Taiwan High Court

Current Position

- Presiding Judge and Judge of the Criminal Division of the Taiwan High Court
- Lecturer at the Judicial Yuan Judge Academy
- Lecturer at the Judicial Magistrates Academy of the Ministry of Justice
- Member of the Review Committee of the Judicial Yuan (Review of Adjudications and Documents)
- Lecturer on Medical Law at Soochow University

Education

- PhD in Law, National Cheng Kung University
- Master of Laws, National Cheng Kung University

Work Experience

- President and Judge of Lianjiang District Court, Fujian
- President and Spokesperson of the Administrative Division of Taipei District Court
- Chief of the Criminal Division of Taipei District Court
- Judge of the Kaohsiung Branch of the High Court
- President of the Criminal Division of Kaohsiung District Court

Expertise

- Criminal Procedure and Judicial Practice
- Medical Law and Ethics
- Judicial Administration and Public Relations
- Judicial Training and Legal Document Review

Legal Relationship Analysis Between the Childbirth Accident Emergency Relief Act and the Medical Accident Prevention and Dispute Resolution Act

Chien-Yu Liao
Presiding Judge, Criminal Division, Taiwan High Court

The Childbirth Accident Emergency Relief Act (hereinafter "the Act"), enacted in 2016, marks its tenth anniversary this year. In 2024, the Medical Accident Prevention and Dispute Resolution Act (hereinafter "MAPDRA") came into force, creating a parallel framework within Taiwan's medical law system. This article examines the legal relationship between these two statutes across four dimensions.

In terms of legislative purpose, both acts share a common commitment to reducing medical disputes, promoting harmonious doctor-patient relationships, and ensuring safety for those involved in medical care. Both reflect the state's active role in assuming and managing medical risk. Structurally, the two laws adopt a strikingly similar four-tier framework encompassing communication and care, dispute resolution, incident reporting and prevention, and penal provisions.

Regarding direct intersection, Article 6, Paragraph 5 of the MAPDRA explicitly references the Act, requiring medical institutions to proactively inform patients who qualify for childbirth accident relief — the sole provision in the MAPDRA that directly incorporates the Act by name, and the most critical point of statutory linkage between the two laws.

Nevertheless, significant overlap exists. Both laws impose nearly identical obligations regarding the establishment of care teams, root cause analysis of major accidents, and the inadmissibility of such analyses as evidence in litigation, resulting in redundant regulation and inefficient use of legislative resources.

More critically, the two laws contain potentially conflicting provisions: the care response window differs (two days versus five days), the deadline for providing medical records diverges (three days versus seven days), the procedural relationship between mandatory pre-litigation mediation and relief applications remains unresolved, and the scope of immunity for conciliatory statements varies in breadth. These inconsistencies risk placing medical institutions in an untenable position when responding to childbirth accidents.

This article concludes that while the Childbirth Accident Emergency Relief Act and the MAPDRA are complementary in spirit and structurally aligned, their divergence in regulatory detail calls for legislative integration — through statutory amendment or authoritative interpretation — to fully realize their shared vision of protecting both patients and healthcare providers in the context of childbirth safety.

Ming-Chao Huang

Executive Director,
Taiwan Women's Health and Urogynecology Foundation

Education

- Bachelor of Medicine, Taipei Medical University
- Ph.D., Graduate Institute of Medicine, Chung Shan Medical University

Current Positions

- Deputy Superintendent, MacKay Children's Hospital
- Executive Director, Taiwan Women's Health and Urogynecology Foundation
- Board Member, Taiwan Association for Minimally Invasive Gynecology and Endoscopy

Honors & Awards

- Third-Class Professional Medal, Ministry of Health and Welfare, 2022
- Fellow, Taiwan Association of Obstetrics and Gynecology (TAOG)
- Fellow, Korean Society of Obstetrics and Gynecology (KSOG)

Professional Experience

- President, Taiwan Association of Obstetrics and Gynecology (TAOG) (2019–2022)
- Secretary General, Taiwan Association of Obstetrics and Gynecology (TAOG) (2010–2019)
- Director, Department of Obstetrics and Gynecology, MacKay Memorial Hospital, Hsinchu Branch (2018–2023)
- Principal Investigator, Administrative Operations of Childbirth Accident Emergency Relief and Compensation System, Ministry of Health and Welfare (2016–present)
- Consultant, Genetic Health Advisory Committee, Ministry of Health and Welfare(2018–present)
- Consultant, Child and Youth Welfare and Rights Promotion Committee, Ministry of Health and Welfare(2022–present)
- Member, CRPD Committee, Ministry of Health and Welfare(2022–present)
- Expert Member, Artificial Reproduction Act Amendment Committee, Health Promotion Administration (2022-2024)
- Advisory Member, National Health Research Institutes (NHRI) Child Health Care Optimization Program (2020- present)
- Member, NHRI Perinatal Care Workforce Training Program (2023- present)
- Member, PGY Task Force, Joint Commission of Taiwan (2016- present)

From Litigation Avoidance to Healing: Implementation and Challenges of Taiwan's Childbirth Accident Emergency Relief System

Ming-Chao Huang
Executive Director, Taiwan Women's Health and Urogynecology Foundation

In response to a deteriorating obstetric practice environment and increasing medico-legal disputes, Taiwan launched a pilot program in 2012 to address childbirth-related adverse events through a government-supported no-fault compensation mechanism. Following its success in reducing litigation and improving workforce stability, the Childbirth Accident Emergency Relief Act was enacted in 2015 and implemented in June 2016. The system emphasizes timely compensation and support for cases involving severe maternal, fetal, or neonatal disability or death rather than assigning blame, thereby fostering a more constructive patient–physician relationship.

As of 2025, more than 2,700 applications have been reviewed, with over 2,500 approved and total compensation exceeding NT$1.6 billion. Cases are typically resolved within 88 days, providing substantially faster relief than traditional litigation and demonstrating the system's effectiveness in reducing conflict and supporting affected families.

Despite these achievements, healthcare institutions are required to provide caring services within two days of a childbirth-related adverse event. Nevertheless, significant gaps remain in post-incident communication and care. Although most healthcare institutions report providing timely support, fewer than half of patients and families perceive that they have received such care, largely because of communication barriers and insufficient empathic engagement. While the system is grounded in a no-blame culture, healthcare professionals often remain concerned that expressions of apology may trigger legal risk, resulting in interactions focused on dispute avoidance rather than genuine support.

This presentation introduces a structured communication framework—listening, understanding, empathizing, responding, and appreciating—to rebuild trust and facilitate reconciliation. Beyond immediate financial relief, long-term psychological support and systematic follow-up are essential to help families recover from trauma. At the same time, frontline healthcare professionals frequently experience emotional distress following adverse events and should be protected from becoming "second victims."

Looking ahead, expanding the system's core principles—compassionate communication, timely compensation, incident reporting, and prevention—into broader healthcare settings will be critical. By strengthening a no-blame culture, enhancing trust, and integrating psychological and legal support, adverse events can become opportunities for system improvement rather than sources of conflict.