
By: Delegates Bissett and Hubbard

Introduced and read first time: February 23, 1996

Assigned to: Environmental Matters

Committee Report: Favorable with amendments

House action: Adopted

Read second time: March 22, 1996

CHAPTER ____

1 AN ACT concerning

2 **Living Wills - Suspension of Heart/Lung Devices After Transplant**

3 FOR the purpose of adding to certain living will and advance medical directive forms
4 certain optional statements requesting that artificial heart/lung support devices be
5 continued on behalf of a person in a certain condition who donates an organ or
6 tissue to a patient only until organ or tissue suitability of the patient is confirmed
7 and organ or tissue recovery has taken place; and generally relating to living wills
8 and advance medical directive forms.

9 BY repealing and reenacting, with amendments,
10 Article - Health - General
11 Section 5-603
12 Annotated Code of Maryland
13 (1994 Replacement Volume and 1995 Supplement)

14 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF
15 MARYLAND, That the Laws of Maryland read as follows:

16 **Article - Health - General**

17 5-603.

18 Health Care Decision Making Forms

19 The following forms allow you to make some decisions about future health care
20 issues. Form I, called a "Living Will", allows you to make decisions about life-sustaining
21 procedures if, in the future, your death from a terminal condition is imminent despite the
22 application of life-sustaining procedures or you are in a persistent vegetative state. Form
23 II, called an "Advance Directive", allows you to select a health care agent, give health

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1 care instructions, or both. If you use the advance directive, you can make decisions about
2 life-sustaining procedures in the event of terminal condition, persistent vegetative state,
3 or end-stage condition. You can also use the advance directive to make any other health
4 care decisions.

5 These forms are intended to be guides. You can use one form or both, and you may
6 complete all or only part of the forms that you use. Different forms may also be used.

7 Please note: if you decide to select a health care agent that person may not be a
8 witness to your advance directive. Also, at least one of your witnesses may not be a person
9 who may financially benefit by reason of your death.

10 Form I Living Will

11 (Optional Form)

12 If I am not able to make an informed decision regarding my health care, I direct my
13 health care providers to follow my instructions as set forth below. (Initial those
14 statements you wish to be included in the document and cross through those statements
15 which do not apply.)

16 a. If my death from a terminal condition is imminent and even if life-sustaining
17 procedures are used there is no reasonable expectation of my recovery -

18 ___ I direct that my life not be extended by life-sustaining procedures, including
19 the administration of nutrition and hydration artificially.

20 ___ I direct that my life not be extended by life-sustaining procedures, except
21 that, if I am unable to take food by mouth, I wish to receive nutrition and hydration
22 artificially.

23 ___ I direct that, even in a terminal condition, I be given all available medical
24 treatment in accordance with accepted health care standards.

25 ___ I DIRECT THAT IF I AM ~~AT OR NEAR BRAIN DEATH~~ BRAIN DEAD, AN
26 ANATOMICAL GIFT BE OFFERED ON MY BEHALF TO A PATIENT IN NEED OF AN
27 ORGAN OR TISSUE TRANSPLANT. IF A TRANSPLANT OCCURS, I WANT ARTIFICIAL
28 HEART/LUNG SUPPORT DEVICES TO BE CONTINUED ON MY BEHALF ONLY UNTIL
29 ORGAN OR TISSUE SUITABILITY OF THE PATIENT IS CONFIRMED AND ORGAN OR
30 TISSUE RECOVERY HAS TAKEN PLACE.

31 b. If I am in a persistent vegetative state, that is if I am not conscious and am not
32 aware of my environment nor able to interact with others, and there is no reasonable
33 expectation of my recovery within a medically appropriate period -

34 ___ I direct that my life not be extended by life-sustaining procedures, including
35 the administration of nutrition and hydration artificially.

36 ___ I DIRECT THAT IF I AM ~~AT OR NEAR BRAIN DEATH~~ BRAIN DEAD, AN
37 ANATOMICAL GIFT BE OFFERED ON MY BEHALF TO A PATIENT IN NEED OF AN
38 ORGAN OR TISSUE TRANSPLANT. IF A TRANSPLANT OCCURS, I WANT ARTIFICIAL
39 HEART/LUNG SUPPORT DEVICES TO BE CONTINUED ON MY BEHALF ONLY UNTIL
40 ORGAN OR TISSUE SUITABILITY OF THE PATIENT IS CONFIRMED AND ORGAN OR

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1 TISSUE RECOVERY HAS TAKEN PLACE.

2 _____ I direct that my life not be extended by life-sustaining procedures, except that
3 if I am unable to take in food by mouth, I wish to receive nutrition and hydration
4 artificially.

5 _____ I direct that I be given all available medical treatment in accordance with
6 accepted health care standards.

7 c. If I am pregnant my agent shall follow these specific instructions:

8 _____

9 By signing below, I indicate that I am emotionally and mentally competent to make
10 this living will and that I understand its purpose and effect.

11 _____

12 (Date) (Signature of Declarant)

13 The declarant signed or acknowledged signing this living will in my presence and
14 based upon my personal observation the declarant appears to be a competent individual.

15 _____

16 (Witness) (Witness)

17 (Signature of two witnesses)

18 Form II

19 Advance Directive

20 Part A

21 Appointment of Health Care Agent

22 (Optional Form)

23 (Cross through if you do not want to appoint a health care agent to make health care
24 decisions for you. If you do want to appoint an agent, cross through any items in the form
25 that you do not want to apply.)

26 (1) I, _____, residing at _____

27 appoint the following individual as my agent to make health care decisions for me

28 _____

29 (Full Name, Address, and Telephone Number)

30 Optional: If this agent is unavailable or is unable or unwilling to act as my agent, then I

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1 appoint the following person to act in this capacity

2 _____

3 (Full Name, Address, and Telephone Number)

4 (2) My agent has full power and authority to make health care decisions for me, including
5 the power to:

6 a. Request, receive, and review any information, oral or written, regarding my
7 physical or mental health, including, but not limited to, medical and hospital records, and
8 consent to disclosure of this information;

9 b. Employ and discharge my health care providers;

10 c. Authorize my admission to or discharge from (including transfer to another
11 facility) any hospital, hospice, nursing home, adult home, or other medical care facility;
12 and

13 d. Consent to the provision, withholding, or withdrawal of health care, including,
14 in appropriate circumstances, life-sustaining procedures.

15 (3) The authority of my agent is subject to the following provisions and limitations:

16 _____

17 (4) My agent's authority becomes operative (initial the option that applies):

18 _____ When my attending physician and a second physician determine that I am
19 incapable of making an informed decision regarding my health care; or

20 _____ When this document is signed.

21 (5) My agent is to make health care decisions for me based on the health care instructions
22 I give in this document and on my wishes as otherwise known to my agent. If my wishes
23 are unknown or unclear, my agent is to make health care decisions for me in accordance
24 with my best interest, to be determined by my agent after considering the benefits,
25 burdens, and risks that might result from a given treatment or course of treatment, or
26 from the withholding or withdrawal of a treatment or course of treatment.

27 (6) My agent shall not be liable for the costs of care based solely on this authorization.

28 By signing below, I indicate that I am emotionally and mentally competent to make
29 this appointment of a health care agent and that I understand its purpose and effect.

30 _____

31 (Date) (Signature of Declarant)

32 The declarant signed or acknowledged signing this appointment of a health care
33 agent in my presence and based upon my personal observation appears to be a competent
34 individual.

5

1 _____
2 (Witness) (Witness)

3 [TAG center](Signature of two witnesses)

4 Part B
5 Advance Medical Directive
6 Health Care Instructions

7 (Optional Form)

8 (Cross through if you do not want to complete this portion of the form.If you do want to
9 complete this portion of the form, initial those statements you want to be included in the
10 document and cross through those statements that do not apply.)

11 If I am incapable of making an informed decision regarding my health care, I direct my
12 health care providers to follow my instructions as set forth below. (Initial all those that
13 apply.)

14 (1) If my death from a terminal condition is imminent and even if life-sustaining
15 procedures are used there is no reasonable expectation of my recovery -

16 _____ I direct that my life not be extended by life-sustaining procedures, including
17 the administration of nutrition and hydration artificially.

18 _____ I direct that my life not be extended by life-sustaining procedures, except that
19 if I am unable to take food by mouth, I wish to receive nutrition and hydration artificially.

20 _____ I DIRECT THAT IF I AM ~~AT OR NEAR BRAIN DEATH~~ BRAIN DEAD, AN
21 ANATOMICAL GIFT BE OFFERED ON MY BEHALF TO A PATIENT IN NEED OF AN
22 ORGAN OR TISSUE TRANSPLANT. IF A TRANSPLANT OCCURS, I WANT ARTIFICIAL
23 HEART/LUNG SUPPORT DEVICES TO BE CONTINUED ON MY BEHALF ONLY UNTIL
24 ORGAN OR TISSUE SUITABILITY OF THE PATIENT IS CONFIRMED AND ORGAN OR
25 TISSUE RECOVERY HAS TAKEN PLACE.

26 (2) If I am in a persistent vegetative state, that is, if I am not conscious and am not
27 aware of my environment or able to interact with others, and there is no reasonable
28 expectation of my recovery -

29 _____ I direct that my life not be extended by life-sustaining procedures, including
30 the administration of nutrition and hydration artificially.

31 _____ I direct that my life not be extended by life-sustaining procedures, except that
32 if I am unable to take food by mouth, I wish to receive nutrition and hydration artificially.

33 _____ I DIRECT THAT IF I AM ~~AT OR NEAR BRAIN DEATH~~ BRAIN DEAD, AN
34 ANATOMICAL GIFT BE OFFERED ON MY BEHALF TO A PATIENT IN NEED OF AN
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36 HEART/LUNG SUPPORT DEVICES TO BE CONTINUED ON MY BEHALF ONLY UNTIL
37 ORGAN OR TISSUE SUITABILITY OF THE PATIENT IS CONFIRMED AND ORGAN OR

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1 TISSUE RECOVERY HAS TAKEN PLACE.

2 (3) If I have an end-stage condition, that is a condition caused by injury, disease,
3 or illness, as a result of which I have suffered severe and permanent deterioration
4 indicated by incompetency and complete physical dependency and for which, to a
5 reasonable degree of medical certainty, treatment of the irreversible condition would be
6 medically ineffective -

7 _____ I direct that my life not be extended by life-sustaining procedures, including
8 the administration of nutrition and hydration artificially.

9 _____ I direct that my life not be extended by life-sustaining procedures, except that
10 if I am unable to take food by mouth, I wish to receive nutrition and hydration artificially.

11 _____ I DIRECT THAT IF I AM ~~AT OR NEAR BRAIN DEATH~~ BRAIN DEAD, AN
12 ANATOMICAL GIFT BE OFFERED ON MY BEHALF TO A PATIENT IN NEED OF AN
13 ORGAN OR TISSUE TRANSPLANT. IF A TRANSPLANT OCCURS, I WANT ARTIFICIAL
14 HEART/LUNG SUPPORT DEVICES TO BE CONTINUED ON MY BEHALF ONLY UNTIL
15 ORGAN OR TISSUE SUITABILITY OF THE PATIENT IS CONFIRMED AND ORGAN OR
16 TISSUE RECOVERY HAS TAKEN PLACE.

17 _____ I direct that no matter what my condition, medication not be given to me to
18 relieve pain and suffering, if it would shorten my remaining life.

19 _____ I direct that no matter what my condition, I be given all available medical
20 treatment in accordance with accepted health care standards.

21 (4) If I am pregnant, my decision concerning life-sustaining procedures shall be
22 modified as follows:

23 (5) I direct (in the following space, indicate any other instructions regarding
24 receipt or nonreceipt of any health care)

25 By signing below, I indicate that I am emotionally and mentally competent to make this
26 advance directive and that I understand the purpose and effect of this document.

27 _____
28 (Date) (Signature of Declarant)

29 The declarant signed or acknowledged signing this appointment of a health care
30 agent in my presence and based upon my personal observation appears to be a competent
31 individual.

32 _____
33 (Witness) (Witness)

34 [TAG center](Signature of two witnesses)

35 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect
36 October 1, 1996.

