MAINE STATE LEGISLATURE

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	FIRST REGULAR SESSION	
ONE F	HUNDRED AND ELEVENTH LEGISLATURE	;
Legislative Docu	ıment	No. 1203
H.P. 924	House of Representatives, N	1arch 15, 1983
Referred to th ordered printed.	ne Committee on Judiciary. Sent up for concur	rence and
	EDWIN H.	PERT, Clerk
Cosponsors: F	resentative Mitchell of Freeport. Representative Soule of Westport, Representation tative Murray of Bangor.	ve Carroll of
	STATE OF MAINE	
NII	IN THE YEAR OF OUR LORD NETEEN HUNDRED AND EIGHTY-THREE	
	AN ACT to Establish the Maine Natural Death Act.	
Be it enacted follows:	d by the People of the State of	Maine as
22 MRSA	c. 710-A is enacted to read:	
	MAINE NATURAL DEATH ACT	
§2921. Short	t title	
This cha	apter may be cited as the "Main	e Natural
§2922. Defin	nitions	
As used otherwise in following mea	ndicates, the following terms	

- 1. Attending physician. "Attending physician" means the physician, selected by or assigned to the patient, who has primary responsibility for the treatment and care of the patient.
- 2. Directive. "Directive" means a written document voluntarily executed by the declarant in accordance with the requirements of section 2923. The directive, or a copy of the directive, shall be made part of the patient's medical records.
- 3. Life-sustaining procedure. "Life-sustaining procedure" means any medical procedure or intervention which utilizes mechanical or other artificial means to sustain, restore or supplant a vital function, which, when applied to a qualified patient, would serve only to artificially prolong the moment of death and when, in the judgment of the attending physician, death is imminent whether or not those procedures are utilized. "Life-sustaining procedure" does not include the administration of medication or the performance of any medical procedure deemed necessary to alleviate pain.
- 4. Physician. "Physician" means a physician and surgeon licensed by the Board of Registration in Medicine or the Board of Osteopathic Examination and Registration.
- 5. Qualified patient. "Qualified patient" means a patient diagnosed and certified in writing to be afflicted with a terminal condition by 2 physicians, one of whom shall be the attending physician, who have personally examined the patient.
- 6. Terminal condition. "Terminal condition" means an incurable condition caused by injury, disease or illness, which, regardless of the application of life-sustaining procedures, would, within reasonable medical judgment, produce death, and where the application of life-sustaining procedures serve only to postpone the moment of death of the patient.
- 38 §2923. Executing a directive

39 Any adult person may execute a directive direct-40 ing the withholding or withdrawal of life-sustaining procedures in a terminal condition. The directive shall be signed by the declarant in the presence of 2 witnesses not related to the declarant by blood or marriage and who would not be entitled to any portion of the estate of the declarant upon his decease under any will of the declarant or codicil thereto then existing or, at the time of the directive, by operation of law then existing. In addition, a witness to a directive shall not be the attending physician, an employee of the attending physician or a health facility in which the declarant is a patient, or any person who has a claim against any portion of the estate of the declarant upon his decease at the time of the execution of the directive. The directive shall be in the following form:

DIRECTIVE TO PHYSICIANS

Directive made this () day of (month, year).

- I (), being of sound mind, willfully and voluntarily make known my desire that my life shall not be artificially prolonged under the circumstances set forth below, do hereby declare:
 - 1. If at any time I should have an incurable injury, disease or illness certified to be a terminal condition by 2 physicians, and when the application of life-sustaining procedures would serve only to artificially prolong the moment of my death and when my physician determines that my death is imminent whether or not life-sustaining procedures are utilized, I direct that such procedures be withheld or withdrawn, and that I be permitted to die naturally.
- 2. In the absence of my ability to give directions regarding the use of such life-sustaining procedures, it is my intention that this directive shall be honored by my family and physician or physicians as the final expression of my legal right to refuse medical or surgical treatment and accept the consequences from such refusal.
 - 3. If I have been diagnosed as pregnant and that diagnosis is known to my physician, this directive shall have no force or effect during the course of my pregnancy.

- 1 4. I have been diagnosed and notified at least 14 days ago as having a terminal condition by 2 (), M.D., whose address is (), and whose 3 telephone number is (). I understand that if I 4 have not filled in the physician's name and address, 5 6 it shall be presumed that I did not have a terminal 7 condition when I made out this directive. 8 5. This directive shall have no force or effect 9 5 years from the date filled in above. 6. I understand the full import of this direc-10 11 tive and I am emotionally and mentally competent to 12 make this directive. 13 Signed () City, County and State of Residence(14 The declarant has been personally known to me and I 15 believe him or her to be of sound mind. 16 17 Witness () 18 Witness () 19 §2924. Restrictions 20 1. Patients in nursing homes. A directive shall 21 have no force or effect if the declarant is a patient in a nursing home, as defined in section 22 23 1812-A, at the time the directive is executed, unless 24 one of the 2 witnesses to the directive is a patient advocate or ombudsman, as may be designated by the 25 department for this purpose. The patient advocate or 26 27 ombudsman shall have the same qualifications as a 28 witness under section 2923. 2. Intent. The intent of this section is to recognize that some patients in skilled nursing 29 30 31 facilities may be so insulated from a voluntary deci-32 sion-making role, by virtue of the custodial nature of their care, as to require special assurance that 33 34 they are capable of willfully and voluntarily execut-35 ing a directive.
 - §2925. Revocation

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- 1 <u>1. Method of revocation. A directive may be</u>
 2 revoked at any time by the declarant, without regard
 3 to his mental state or competency, by any of the following methods:
- A. By being canceled, defaced, obliterated, or burned, torn or otherwise destroyed by the declarant or by some person in his presence and by his direction;
 - B. By a written revocation of the declarant expressing his intent to revoke, signed and dated by the declarant. That revocation shall become effective only upon communication to the attending physician by the declarant or by a person acting on behalf of the declarant. The attending physician shall record in the patient's medical record the time and date when he received notification of the written revocation; or
 - C. By a verbal expression by the declarant of his intent to revoke the directive. That revocation shall become effective only upon communication to the attending physician by the declarant or by a person acting on behalf of the declarant. The attending physician shall record in the patient's medical record the time, date and place of the revocation and the time, date and place, if different, of when he received notification of the revocation.
 - 2. Liability. There shall be no criminal or civil liability on the part of any person for failure to act upon a revocation made pursuant to this section, unless that person has actual knowledge of the revocation.

§2926. Expiration of directive

A directive shall be effective for 5 years from the date of execution thereof, unless sooner revoked in a manner prescribed in section 2925. Nothing in this Act may be construed to prevent a declarant from reexecuting a directive at any time in accordance with the formalities of section 2923, including reexecution subsequent to a diagnosis of a terminal

condition. If the declarant has executed more than one directive, the time shall be determined from the date of execution of the last directive known to the attending physician. If the declarant becomes comatose or is rendered incapable of communicating with the attending physician, the directive shall remain in effect for the duration of the comatose condition or until such time as the declarant's condition renders him or her able to communicate with the attending physician.

§2927. Liability

 No physician or health facility which, acting in accordance with the requirements of this Act, causes the withholding or withdrawal of life-sustaining procedures from a qualified patient, may be subject to civil liability therefrom. No licensed health professional, acting under the direction of a physician, who participates in the withholding or withdrawal of life-sustaining procedures in accordance with the provisions of this Act may be subject to any civil liability. No physician, or licensed health professional acting under the direction of a physician, who participates in the withholding or withdrawal of life-sustaining procedures in accordance with the provisions of this Act may be guilty of any criminal act or of unprofessional conduct.

§2928. Physician restrictions

- 1. Compliance. Prior to effecting a withholding or withdrawal of life-sustaining procedures from a qualified patient pursuant to the directive, the attending physician shall determine that the directive complies with section 2923 and, if the patient is mentally competent, that the directive and all steps proposed by the attending physician to be undertaken are in accord with the desires of the qualified patient.
- 2. Directives by persons who were patients 14 days prior to executing directives. If the declarant was a qualified patient at least 14 days prior to executing or reexecuting the directive, the directive shall be conclusively presumed, unless revoked, to be the directions of the patient regarding the withhold-

- ing or withdrawal of life-sustaining procedures. No physician, and no licensed health professional acting under the direction of a physician, may be criminally or civilly liable for failing to effectuate the directive of the qualified patient pursuant to this subsection. A failure by a physician to effectuate the directive of a qualified patient pursuant to this Act shall constitute unprofessional conduct if the physician refuses to make the necessary arrangements, or fails to take the necessary steps, to effect the transfer of the qualified patient to another physician who will effectuate the directive of the qualified patient.
 - 3. Directives executed prior to persons becoming patients. If the declarant becomes a qualified patient subsequent to executing the directive, and has not subsequently reexecuted the directive, the attending physician may give weight to the directive as evidence of the patient's directions regarding the withholding or withdrawal of life-sustaining procedures and may consider other factors, such as information from the affected family or the nature of the patient's illness, injury or disease, in determining whether the totality of circumstances known to the attending physician justifies effectuating the directive. No physician, and no licensed health professional acting under the direction of a physician, may be criminally or civilly liable for failing to effectuate the directive of the qualified patient pursuant to this subsection.

31 §2929. Insurance

- 32 1. Suicide. The withholding or withdrawal of 33 life-sustaining procedures from a qualified patient, 34 in accordance with the provisions of this Act, shall 35 not, for any purpose, constitute a suicide.
- 2. Impairment of insurance. The making of a directive pursuant to section 2923 shall not restrict, inhibit or impair in any manner the sale, procurement or issuance of any policy of life insurance; nor shall it be deemed to modify the terms of an existing policy of life insurance. No policy of life insurance may be legally impaired or invalidated

- in any manner by the withholding or withdrawal of life-sustaining procedures from an insured qualified patient, notwithstanding any term of the policy to the contrary.
 - 3. Directives as conditions for insurance. No physician, health facility or other health provider, and no health care service plan, insurer issuing disability insurance, self-insured employee welfare benefit plan or nonprofit hospital service plan may require any person to execute a directive as a condition for being insured for or receiving health care services.

§2930. Provisions cumulative

Nothing in this Act may impair or supersede any legal right or legal responsibility which any person may have to effect the withholding or withdrawal of life-sustaining procedures in any lawful manner. In such respect, the provisions of this Act are cumulative.

§2931. Protection of directive

Any person who willfully conceals, cancels, defaces, obliterates or damages the directive of another without the declarant's consent is guilty of a misdemeanor. Any person who, except when justified or excused by law, falsifies or forges the directive of another, or willfully conceals or withholds personal knowledge of a revocation as provided in section 2925, with the intent to cause a withholding or withdrawal of life-sustaining procedures contrary to the wishes of the declarant and, thereby, because of any such act, directly causes life-sustaining procedures to be withheld or withdrawn and death to thereby be hastened, shall be subject to prosecution for unlawful homicide.

§2932. Restrictions

Nothing in this Act may be construed to condone, authorize or approve mercy killing, or to permit any affirmative or deliberate act or omission to end life other than to permit the natural process of dying as provided in this chapter.

STATEMENT OF FACT

The	e pur	pose of	this k	oill is	to	enact	а	natural
death	act	which	would	permit	an	adult	to ex	ecute a
directi	ive p	rovidin	g that	life-s	sust	aining	pro	cedures
should	be	withhe	ld or	withdi	cawn	if	that	person
becomes	s ter	minally	ill a	and the	s e	proce	dures	would
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