

(2) Irreversible cessation of all functions of the entire brain, including the brain stem.

(b) (1) This subsection does not apply to the removal of a vital organ while the individual is alive, if the individual gives informed consent to the removal.

(2) A pronouncement of death under this section shall be made before any vital organ is removed for transplantation.

5-603.

Health Care Decision Making Forms

The following forms allow you to make some decisions about future health care issues. Form I, called a "Living Will", allows you to make decisions about life-sustaining procedures if, in the future, your death from a terminal condition is imminent despite the application of life-sustaining procedures or you are in a persistent vegetative state. Form II, called an "Advance Directive", allows you to select a health care agent, give health care instructions, or both. If you use the advance directive, you can make decisions about life-sustaining procedures in the event of terminal condition, persistent vegetative state, or end-stage condition. You can also use the advance directive to make any other health care decisions.

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

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

Form I Living Will

(Optional Form)

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

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

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

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

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