Maryland Living Will

Md. HEALTH-GENERAL Code Ann. *§ 5-603*

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.

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

__☐__ 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 in food by mouth, I wish to receive nutrition and hydration artificially.

__☐__ I direct that I be given all available medical treatment in accordance with accepted health care standards.

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

d. Upon my death, I wish to donate:

__☐__ Any needed organs, tissues, or eyes.

__☐__ Only the following organs, tissues, or eyes: _____

I authorize the use of my organs, tissues, or eyes:

__☐__ For transplantation

__☐__ For therapy

__☐__ For research

__☐__ For medical education

__☐__ For any purpose authorized by law.

I understand that before any vital organ, tissue, or eye may be removed for transplantation, I must be pronounced dead. After death, I direct that all support measures be continued to maintain the viability for transplantation of my organs, tissues, and eyes until organ, tissue, and eye recovery has been completed.

I understand that my estate will not be charged for any costs associated with my decision to donate my organs, tissues, or eyes or the actual disposition of my organs, tissues, or eyes.

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

_____ _____

(Date) (Signature of Declarant)

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

_____ _____

(Witness) (Witness)

Maryland Appointment of Healthcare Agent

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

(1) I,_____,
residing at _____
_____,
appoint the following individual as my agent to make healthcare decisions for me:

(full name, address, and telephone number of your agent)

Optional: If this agent is unavailable or is unable or unwilling to act as my agent, then I appoint the following person to act in this capacity:

(full name, address, and telephone number of your alternate agent)

(2) My agent has full power and authority to make healthcare decisions for me, including the power to:
A. Request, receive, and review any information, oral or written, regarding my physical or mental health, including, but not limited to, medical and hospital records, and consent to disclosure of this information;
B. Employ and discharge my healthcare providers;
C. Authorize my admission to or discharge from (including transfer to another facility) any hospital, hospice, nursing home, adult home, or other medical care facility; and
D. Consent to the provision, withholding, or withdrawal of healthcare, including, in appropriate circumstances, life-sustaining procedures.

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

(4) My agent's authority becomes operative (initial the option that applies):
_____ When my attending physician and a second physician determine that I am incapable of making an informed decision regarding my healthcare; or
_____ When this document is signed.

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

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

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

_____
(date)

_____
(signature of declarant)

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

Witness: _____

Witness: _____

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