

MARYLAND
Advance Directive
Planning for Important Healthcare Decisions

Caring Connections
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Caring Connections, a program of the National Hospice and Palliative Care Organization (NHPCO), is a national consumer engagement initiative to improve care at the end of life.

Caring Connections tracks and monitors all state and federal legislation and significant court cases related to end-of-life care to ensure that our advance directives are up to date.

It's About How You LIVE

It's About How You LIVE is a national community engagement campaign encouraging individuals to make informed decisions about end-of-life care and services. The campaign encourages people to:

- L**earn about options for end-of-life services and care
- I**mplement plans to ensure wishes are honored
- V**oice decisions to family, friends and healthcare providers
- E**ngage in personal or community efforts to improve end-of-life care

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Using these Materials

BEFORE YOU BEGIN

1. Check to be sure that you have the materials for each state in which you may receive healthcare.
2. These materials include:
 - Instructions for preparing your advance directive, please read all the instructions.
 - Your state-specific advance directive forms, which are the pages with the gray instruction bar on the left side.

ACTION STEPS

3. You may want to photocopy these forms before you start so you will have a clean copy if you need to start over.
4. When you begin to fill out the forms, refer to the gray instruction bars - they will guide you through the process.
5. Talk with your family, friends, and physicians about your advance directive. Be sure the person you appoint to make decisions on your behalf understands your wishes.
6. Once the form is completed and signed, photocopy the form and give it to the person you have appointed to make decisions on your behalf, your family, friends, healthcare providers and/or faith leaders so that the form is available in the event of an emergency.

INTRODUCTION TO YOUR MARYLAND ADVANCE DIRECTIVE

This packet contains a legal document, the Maryland Advance Directive that protects your right to refuse medical treatment you do not want or to request treatment you do want in the event you lose the ability to make decisions yourself. The document is divided into two parts:

1. Part A is the **Appointment of Health Care Agent**. It lets you name someone to make decisions about your medical care—including decisions about life support—if you can no longer speak for yourself. The Appointment of Health Care Agent is especially useful because it appoints someone to speak for you any time you are unable to make your own medical decisions, not only at the end of life.

2. Part B is the **Advance Medical Directive Health Care Instructions**, which functions as your state's living will. It lets you state your wishes about medical care in the event that you can no longer make your own medical decisions. If you wish to refuse life-sustaining treatment, it may be withheld or withdrawn only after it is certified that you are in a terminal condition, have an end-stage condition, or are in a persistent vegetative state.

Both Part A and Part B of your Maryland Advance Directive become effective when your doctor and a second doctor certify in writing that you are incapable of making an informed decision. If your doctor concludes that you are incapable of making an informed decision **and** that you are unconscious or unable to communicate by any means, then certification is not needed from a second doctor.

Note: This document will be legally binding only if the person completing it is either: (1) 18 years of age or older, or (2) if under the age of 18, is married or is the parent of a child.

INSTRUCTIONS COMPLETING PART A: APPOINTMENT OF HEALTH CARE AGENT

Whom should I appoint as my agent?

Your agent is the person you appoint to make decisions about your medical care if you become unable to make those decisions yourself. Your agent may be a family member or a close friend whom you trust to make serious decisions. The person you name as your agent should clearly understand your wishes and be willing to accept the responsibility of making medical decisions for you. (An agent may also be called an "attorney-in-fact" or "proxy.")

You can appoint a second person as your alternate agent. The alternate will step in if the first person you name as your agent is unable, unwilling or unavailable to act for you.

Who cannot be your agent

- An owner, operator or employee of your treating health care facility
- The spouse, parent, child, or sibling of any of the above health care facility-affiliated individuals
- The exception to the two above prohibitions is if such person is your guardian, spouse, domestic partner, adult child, parent, sibling, or other close relative or close friend.

How do I make my Appointment of Health Care Agent legal?

Part A of your Advance Directive may be written or electronic. The law requires that you sign Part A of your Advance Directive in the presence of two witnesses. Your signature may be manual or electronic, but an electronic signature must comply with specific standards to ensure its authenticity. The person you name as your agent cannot serve as a witness. At least one of your witnesses must be a person who is not entitled to any portion of your estate, and who is not entitled to any financial benefit by reason of your death.

Note: You do not need to notarize your Maryland Advance Directive.

Should I add personal instructions to my Appointment of Health Care Agent?

One of the strongest reasons for naming an agent is to have someone who can respond flexibly as your medical situation changes and deal with situations that you did not foresee. If you add instructions here, you might unintentionally restrict your agent's power to act in your best interest. Talk with your agent about your future medical care and describe what you consider to be an acceptable "quality of life." If you want to record your wishes about specific treatments or conditions, you should use Part B of your Maryland Advance Directive.

**INSTRUCTIONS COMPLETING PART A: APPOINTMENT OF HEALTH CARE AGENT
(CONTINUED)**

What if I change my mind?

If you decide to cancel your Maryland Advance Directive, you may do so at any time by either:

- issuing a signed and dated written or electronic revocation,
- destroying or defacing your document,
- orally informing your doctor of your revocation, or
- executing another Maryland Advance Directive.

You should notify anyone who has a photocopy of your original Maryland Advance Directive that you have revoked it.

INSTRUCTIONS FOR COMPLETING PART B: ADVANCE MEDICAL DIRECTIVE HEALTH CARE INSTRUCTIONS

How do I make my Advance Medical Directive Health Care Instructions legal?

Part B of your Advance Directive may be written or electronic. The law requires that you sign Part B of your Advance Directive in the presence of two witnesses. Your signature may be manual or electronic, but an electronic signature must comply with specific standards that ensure its authenticity. The person you name as your agent cannot serve as a witness. At least one of your witnesses must be a person who is not entitled to any portion of your estate, and who is not entitled to any financial benefit by reason of your death.

Note: You do not need to notarize your Advance Directive.

Can I add personal instructions to my Advance Medical Directive?

Yes. You can add personal instructions in section 8 of Part B.

You should initial section 5 of Part B if you wish to have your life prolonged by life-sustaining procedures regardless of your medical condition.

If you have appointed an agent under Part A and you want to add personal instructions to Part B of your document, it is a good idea to write a statement such as "Any questions about how to interpret or when to apply my instructions are to be decided by my agent."

What if I change my mind?

If you decide to cancel your Maryland Advance Directive, you may do so at any time by either:

- issuing a signed and dated written or electronic revocation,
- destroying or defacing your document,
- orally informing your doctor of your revocation, or
- executing another Maryland Advance Directive.

What other important facts should I know?

Section 6 of Part B allows you to have specific instructions apply in the event that you are pregnant when your advance directive becomes effective.

Section 7 of Part B allows you to make an anatomical gift of your organs for transplantation, therapy, medical research or education. If you do not provide instructions regarding the disposition of your organs after your death, by either making a gift or explicitly refusing to make a gift, your family will have the authority to do so on your behalf. The person you appoint as your healthcare agent will not have the authority to make an anatomical gift on your behalf.

INSTRUCTIONS

CROSS THROUGH ANY STATEMENTS THAT DO NOT REFLECT YOUR WISHES

PRINT YOUR NAME AND ADDRESS

PRINT THE NAME, ADDRESS, AND TELEPHONE NUMBER OF YOUR AGENT

PRINT THE NAME, ADDRESS, AND TELEPHONE NUMBER OF YOUR ALTERNATE AGENT

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Part A: Appointment of Health Care Agent (Optional Form)

(Cross through if you do not want to appoint a health care agent to make health care 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 health care 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) In accordance with the Health Insurance Portability and Accountability Act, a health care agent is a personal representative and is entitled to request and receive protected health information.

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

- A. In accordance with the Health Insurance Portability and Accountability Act and as my personal representative, 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 other protected health information, and consent to disclosure of this information;
- B. Employ and discharge my health care 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 health care, including, in appropriate circumstances, life-sustaining procedures.

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

(5) 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 health care, provided, however, when this document is signed, each individual identified in paragraph (1) is, in accordance with the Health Insurance Portability and Accountability Act, my personal representative for all purposes related to any assessment of my capacity to make informed decisions regarding my health care; or

_____ When this document is signed.

LIST RESTRICTIONS
TO YOUR AGENT'S
POWER
(IF ANY)

INITIAL THE
OPTION THAT
REFLECTS YOUR
WISHES

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(6) My agent is to make health care decisions for me based on the health care 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 health care 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.

(7) 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 health care agent and that I understand its purpose and effect.

SIGN AND DATE
THE DOCUMENT
HERE

(date)

(signature of declarant)

WITNESSING
PROCEDURE

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

SIGNATURE OF
WITNESS #1

Witness: _____

SIGNATURE OF
WITNESS #2

Witness: _____

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IN EACH
PARAGRAPH,
INITIAL THE
OPTION THAT
REFLECTS YOUR
WISHES

Part B: Advance Medical Directive Health Care Instructions
(Optional Form)

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

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

TERMINAL
CONDITION

(1) 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.

PERSISTENT
VEGETATIVE
STATE

(2) If I am in a persistent vegetative state, that is, if I am not conscious and am not aware of my environment or able to interact with others, and 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.

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END-STAGE
CONDITION

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

_____ 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.

PAIN
MEDICATION

(4) _____ I direct that no matter what my condition, medication be given to me to relieve pain and suffering, even if it would shorten my remaining life.

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

OR ALL AVAILABLE
TREATMENT

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

ADD
MODIFICATIONS
TO APPLY DURING
PREGNANCY
(OPTIONAL)

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

ORGAN
DONATION

(7) 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 do not wish to donate my organs upon my death.

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I understand that no vital organ, tissue, or eye may be removed for transplantation until after I have been pronounced dead under legal standards. This document is not intended to change anything about my health care while I am still alive. After death, I authorize any appropriate support measures 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 related to this donation.

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

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

_____ (date) _____ (signature of declarant)

The declarant signed or acknowledged signing the foregoing advance directive in my presence and based upon my personal observation appears to be a competent individual.

Witness: _____

Witness: _____

*Courtesy of Caring Connections
1731 King St, Suite 100, Alexandria, VA 22314
www.caringinfo.org, 800/658-8898*

ADD FURTHER
PERSONAL
INSTRUCTIONS
(IF ANY)

DATE AND SIGN
THE DOCUMENT

WITNESSING
PROCEDURE

SIGNATURE OF
WITNESS #1

SIGNATURE OF
WITNESS #2

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You Have Filled Out Your Advance Directive, Now What?

1. Your Maryland Advance Directive is an important legal document. Keep the original signed document in a secure but accessible place. Do not put the original document in a safe deposit box or any other security box that would keep others from having access to it.
2. Give photocopies of the signed original to your agent and alternate agent, doctor(s), family, close friends, clergy and anyone else who might become involved in your healthcare. If you enter a nursing home or hospital, have photocopies of your document placed in your medical records.
3. Be sure to talk to your agent and alternate, doctor(s), clergy, and family and friends about your wishes concerning medical treatment. Discuss your wishes with them often, particularly if your medical condition changes.
4. If you want to make changes to your document after it has been signed and witnessed, you must complete a new document.
5. Remember, you can always revoke your Maryland Advance Directive if you change your mind.
6. Be aware that your Maryland document will not be effective in the event of a medical emergency. Ambulance personnel are required to provide cardiopulmonary resuscitation (CPR) unless they are given a separate order that states otherwise. These orders, commonly called "non-hospital do-not-resuscitate orders," are designed for people whose poor health gives them little chance of benefiting from CPR. These orders must be signed by your physician and instruct ambulance personnel not to attempt CPR if your heart or breathing should stop.

Currently not all states have laws authorizing non-hospital do-not-resuscitate orders. We suggest you speak to your physician for more information. **Caring Connections does not distribute these forms.**