

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 878 Session of  
1995

INTRODUCED BY STEIL, CARONE, MUNDY, RUBLEY, L. I. COHEN,  
JOSEPHS, CURRY, YOUNGBLOOD, B. SMITH, MICHLOVIC, RICHARDSON,  
STURLA, STEELMAN AND MERRY, FEBRUARY 27, 1995

REFERRED TO COMMITTEE ON JUDICIARY, FEBRUARY 27, 1995

AN ACT

1 Amending Title 20 (Decedents, Estates and Fiduciaries) of the  
2 Pennsylvania Consolidated Statutes, further providing for  
3 advance directives for health care.

4 The General Assembly of the Commonwealth of Pennsylvania  
5 hereby enacts as follows:

6 Section 1. Section 5404(b) of Title 20 of the Pennsylvania  
7 Consolidated Statutes, amended December 1, 1994 (P.L.655,  
8 No.102), is amended to read:

9 § 5404. Declaration.

10 \* \* \*

11 (b) Form.--A declaration may but need not be in the  
12 following form and may include other specific directions,  
13 including, but not limited to, designation of another person to  
14 make the treatment decision for the declarant if the declarant  
15 is incompetent and is determined to be in a terminal condition  
16 or to be permanently unconscious.

17 DECLARATION

18 I, , being of sound mind, willfully and

1 voluntarily make this declaration to be followed if I become  
2 incompetent. This declaration reflects my firm and settled  
3 commitment to refuse life-sustaining treatment under the  
4 circumstances indicated below.

5 I direct my attending physician to withhold or withdraw  
6 life-sustaining treatment that serves only to prolong the  
7 process of my dying, if I should be in a terminal condition  
8 or in a state of permanent unconsciousness.

9 I direct that treatment be limited to measures to keep me  
10 comfortable and to relieve pain, including any pain that  
11 might occur by withholding or withdrawing life-sustaining  
12 treatment.

13 In addition, if I am in the condition described above, I  
14 feel especially strong about the following forms of  
15 treatment:

16 I ( ) do ( ) do not want cardiac resuscitation.

17 I ( ) do ( ) do not want mechanical respiration.

18 I ( ) do ( ) do not want tube feeding or any other  
19 artificial or invasive form of nutrition (food) or hydration  
20 (water).

21 I ( ) do ( ) do not want blood or blood products.

22 I ( ) do ( ) do not want any form of surgery or invasive  
23 diagnostic tests.

24 I ( ) do ( ) do not want kidney dialysis.

25 I ( ) do ( ) do not want antibiotics.

26 I realize that if I do not specifically indicate my  
27 preference regarding any of the forms of treatment listed  
28 above, I may receive that form of treatment.

29 If my attending physician knows or determines that I am  
30 pregnant:

1            ( ) I do want life-sustaining treatment, nutrition and  
2            hydration to be provided:

3            ( ) At all stages of the pregnancy term.

4            ( ) Only if the fetus is viable.

5            ( ) If treatment will permit the continued normal  
6            development and live birth of the unborn child.

7            ( ) If treatment is not physically harmful to  
8            myself.

9            ( ) If treatment can be provided without causing  
10           pain to myself.

11           ( ) I do not want any life-sustaining treatment,  
12           nutrition or hydration.

13           ( ) I want the person designated below as my surrogate  
14           to make any life-sustaining treatment decisions for me if I  
15           am pregnant at the time I become incompetent and cannot make  
16           such decisions for myself.

17           Other instructions:

18           I ( ) do ( ) do not want to designate another person as  
19           my surrogate to make medical treatment decisions for me if I  
20           should be incompetent and in a terminal condition or in a  
21           state of permanent unconsciousness. Name and address of  
22           surrogate (if applicable):

23           Name and address of substitute surrogate (if surrogate  
24           designated above is unable to serve):

25           I ( ) do ( ) do not want to make an anatomical gift of  
26           all or part of my body, subject to the following limitations,  
27           if any:

28           I made this declaration on the           day of (month,  
29           year).

30           Declarant's signature:

1           Declarant's address:

2           The declarant or the person on behalf of and at the  
3           direction of the declarant knowingly and voluntarily signed  
4           this writing by signature or mark in my presence.

5           Witness's signature:

6           Witness's address:

7           Witness's signature:

8           Witness's address:

9           \* \* \*

10          Section 2.   Section 5414 of Title 20 is repealed.

11          Section 3.   This act shall take effect immediately.