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HOUSE BILL 1455

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State of Washington                      54th Legislature                      1995 Regular Session

By Representatives Sommers, Regala, Huff and Cooke

Read first time 01/26/95. Referred to Committee on Health Care.

1            AN ACT Relating to directive for anatomical gifts upon death; and  
2 amending RCW 70.122.030.

3 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

4            **Sec. 1.** RCW 70.122.030 and 1992 c 98 s 3 are each amended to read  
5 as follows:

6            (1) Any adult person may execute a directive directing the  
7 withholding or withdrawal of life-sustaining treatment in a terminal  
8 condition or permanent unconscious condition. The directive shall be  
9 signed by the declarer in the presence of two witnesses not related to  
10 the declarer by blood or marriage and who would not be entitled to any  
11 portion of the estate of the declarer upon declarer's decease under any  
12 will of the declarer or codicil thereto then existing or, at the time  
13 of the directive, by operation of law then existing. In addition, a  
14 witness to a directive shall not be the attending physician, an  
15 employee of the attending physician or a health facility in which the  
16 declarer is a patient, or any person who has a claim against any  
17 portion of the estate of the declarer upon declarer's decease at the  
18 time of the execution of the directive. The directive, or a copy  
19 thereof, shall be made part of the patient's medical records retained

1 by the attending physician, a copy of which shall be forwarded by the  
2 custodian of the records to the health facility when the withholding or  
3 withdrawal of life-support treatment is contemplated. The directive  
4 may be in the following form, but in addition may include other  
5 specific directions:

6 Health Care Directive

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

8 I . . . . ., having the capacity to make health care decisions,  
9 willfully, and voluntarily make known my desire that my dying shall not  
10 be artificially prolonged under the circumstances set forth below, and  
11 do hereby declare that:

12 (a) If at any time I should be diagnosed in writing to be in a  
13 terminal condition by the attending physician, or in a permanent  
14 unconscious condition by two physicians, and where the application of  
15 life-sustaining treatment would serve only to artificially prolong the  
16 process of my dying, I direct that such treatment be withheld or  
17 withdrawn, and that I be permitted to die naturally. I understand by  
18 using this form that a terminal condition means an incurable and  
19 irreversible condition caused by injury, disease, or illness, that  
20 would within reasonable medical judgment cause death within a  
21 reasonable period of time in accordance with accepted medical  
22 standards, and where the application of life-sustaining treatment would  
23 serve only to prolong the process of dying. I further understand in  
24 using this form that a permanent unconscious condition means an  
25 incurable and irreversible condition in which I am medically assessed  
26 within reasonable medical judgment as having no reasonable probability  
27 of recovery from an irreversible coma or a persistent vegetative state.

28 (b) In the absence of my ability to give directions regarding the  
29 use of such life-sustaining treatment, it is my intention that this  
30 directive shall be honored by my family and physician(s) as the final  
31 expression of my legal right to refuse medical or surgical treatment  
32 and I accept the consequences of such refusal. If another person is  
33 appointed to make these decisions for me, whether through a durable  
34 power of attorney or otherwise, I request that the person be guided by  
35 this directive and any other clear expressions of my desires.

36 (c) If I am diagnosed to be in a terminal condition or in a  
37 permanent unconscious condition (check one):

38 I DO want to have artificially provided nutrition and hydration.

1 I DO NOT want to have artificially provided nutrition and  
2 hydration.

3 (d) If I have been diagnosed as pregnant and that diagnosis is  
4 known to my physician, this directive shall have no force or effect  
5 during the course of my pregnancy.

6 (e) I choose to make the following anatomical gifts upon my death:

7     / / any needed organs or tissues;

8     / / only the following organs or tissues:

9     . . . . .

10 Appropriate family members shall be informed of, and requested to  
11 honor, my desire to help others through this act.

12 (f) I understand the full import of this directive and I am  
13 emotionally and mentally capable to make the health care decisions  
14 contained in this directive.

15 ((f)) (g) I understand that before I sign this directive, I can  
16 add to or delete from or otherwise change the wording of this directive  
17 and that I may add to or delete from this directive at any time and  
18 that any changes shall be consistent with Washington state law or  
19 federal constitutional law to be legally valid.

20 ((g)) (h) It is my wish that every part of this directive be  
21 fully implemented. If for any reason any part is held invalid it is my  
22 wish that the remainder of my directive be implemented.

23 Signed . . . . .

24 City, County, and State of Residence

25 The declarer has been personally known to me and I believe him or her  
26 to be capable of making health care decisions.

27 Witness . . . . .

28 Witness . . . . .

29 (2) Prior to withholding or withdrawing life-sustaining treatment,  
30 the diagnosis of a terminal condition by the attending physician or the  
31 diagnosis of a permanent unconscious state by two physicians shall be  
32 entered in writing and made a permanent part of the patient's medical  
33 records.

1           (3) A directive executed in another political jurisdiction is valid  
2 to the extent permitted by Washington state law and federal  
3 constitutional law.

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