

PROCEDURES PERTAINING TO DEATH: Planning One's Own Death & Ministering to Others in Time of Need

A Practical Guide
for Members and Attenders

**Prepared by:
The Committee on Ministry and Counsel
Sandy Spring Monthly Meeting
of the
Religious Society of Friends
(Quakers)**

Graham Johnson, Sr. Editor

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Useful Contacts/Reference Information

Contact the Clerk of the Meeting regarding deaths of members or attenders. (Contact information on the current clerk can be found at www.sandyspring.org or email clerk@sandyspring.org, office@sandyspring.org or call (301) 774-9792.)

A copy of your completed "Statement of Information," "Personal Information for Death Certificate," Living Will or Advance Directive (all found in appendices to this brochure) should be given to the Clerk of the Meeting for safekeeping.

Useful contacts in time of death:

Location of Home Copy of the "Statement of Information" (Appendix F):

Additional copies of this brochure can be obtained from the Clerks of the Meeting or Ministry & Counsel, or from the Sandy Spring Monthly Meeting Web site: www.sandyspring.org.

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1. Introduction

The truest end of life is to know the Life that never ends.
 He that makes this his Care will find it his Crown at last.
 And he that lives to live ever, never fears dying:
 nor can the means be terrible to him
 that heartily believes the end. (*William Penn 1693*)

Facing death is one of the great challenges we encounter; it brings us to more serious questioning and affirmation of our religious faith. Although death asks of us the most difficult questions, it may be the occasion of our greatest insights into the meaning of life and our relationship with God.

This subject receives little attention in our Friends disciplines, whether it is preparing for our own death or providing ministry to others dealing with death. Death too often seems the incontrovertible end to all we know; it is the next step, a fulfillment of living, a transition into a spiritual state we can only anticipate but never truly know until it happens. Death may find us unprepared, for our death-denying culture with its emphasis on youth and energy makes it easy to avoid the thought. Friends have chosen to commemorate the passing of loved ones with the same dignity and simplicity which is used in worship and other aspects of our community life.

Few of us expect our own death, and too often it finds us unprepared to deal with our own situation and to support others. Taking responsibility for our own death, as we customarily take for our own life, can help us face death with less anxiety for ourselves and ultimately for others. Our loved ones will need a great deal of information at the time of our death. Each of us can be extraordinarily helpful to them by ensuring that needed information is readily available to them when they become emotionally distraught with our death.

Similarly we can take responsibility for providing support to others in time of need by taking charge of necessary matters and supporting the bereaved.

With the death of a loved one, part of us goes too. From this time on we realize how much of us is on the other side. "They live in one another still," wrote William Penn. Throughout our lives the realization of how much of the loved one still lives with us is great and is a consolation. It brings understanding of the meaning of the eternal. We and those we have lost participate in something other than the dimension of time. Penn reminds us that "They that love beyond the world cannot be separated by it. Death cannot kill what never dies."

This booklet has been prepared to help members and attenders of Sandy Spring Friends Meeting think about the proper preparations and make necessary decisions pertaining to their own death as well as to be supportive upon the death of another.

As a result of its concern with the spiritual challenges of preparing for death and recovering from the death of another, Langley Hill Monthly Meeting developed “Queries of Preparing for Death,” which are provided, with only minor changes, at Appendix D. These queries may be particularly helpful to a Clearness Committee established to help a person prepare for death or recover from another’s death.

A limited annotated bibliography, to include Internet web sites, is provided in Appendix E for those wishing a more comprehensive pursuit of issues pertaining to death.

Section 2.5 encourages Friends to fill out a “Statement of Information and My Wishes at the Time of Death” and “Personal Information for Death Certificate” and to provide copies to the Clerk of the Meeting in order to make our wishes known at the time of our death so as not to place an extra burden of responsibility on those we love.

As the details in this booklet may change without notice, you may wish to contact a member of the Ministry and Counsel Committee if you have any questions about the details.

2. Preparation for Death by the Individual

Following are matters that require forethought and responsible preparation while health and strength are firm.

2.1 The disposition of one's possessions

Friends are encouraged to prepare a will to make disposition of their possessions. Lack of a will often leads to confusion and controversy and is likely to cause unnecessary trouble for your survivors. A will is the basic way to assure that those you wish to be beneficiaries of whatever you leave behind in fact receive the shares of your estate that you intend. A will can also be used to designate whom you would want to be the guardians of any minor children in the event that you and your spouse are no longer available. To provide the greatest level of assurance that the will is legally acceptable, it should be drawn with the

assistance and approval of an attorney, and signed under the auspices of the attorney in the presence of witnesses in the manner and form as required by state law.

Friends who have felt themselves a vital part of the Meeting, or who have supported worthwhile causes as an expression of Quaker concern, may be moved to donate or bequeath money or property to the Meeting or other Friends organizations. Friends so moved are urged to review Appendix I, “Policies and Advices Regarding Estates and Bequests,” of *Faith and Practice of Baltimore Yearly Meeting of the Religious Society of Friends* (1988).

2.2 The disposition of one's body after death

2.2.1 Burial

In preparing for one's eventual death, arrangements for the place of interment should be made well in advance of actual need. If one wishes to be buried in the Sandy Spring Monthly Meeting Graveyard, eligibility guidelines are found in Appendix A. A comprehensive discussion of burial issues is provided at items 4 and 8 of the Annotated Bibliography.

2.2.2 Cremation

Arrangements for the final disposal of remains should be made. If one wishes ashes interred in the Sandy Spring Monthly Meeting Graveyard or scattered in the Memorial Grove, the guidelines are found in Appendix A. Special restrictions may apply to the scattering of ashes in some areas of public domain, including the Chesapeake Bay; please check with a local funeral director or funeral consumer alliance (formerly memorial society), for the current regulations.

2.2.3 Donation

If one wishes to donate organs or one's body, the intention to do so should be made known to members of the family at the time the decision is reached, and they should be advised at that time of the steps to be taken after death, since immediate action is necessary when death occurs. A generic organ and tissue donation form is provided in the addendum to Appendix G.

For Medical Research

One's body may be donated to the Maryland State Anatomy Board to be used for medical purposes. Upon death, immediate notice is given the Board which claims the body as soon as the death certificate is signed. When the use of the body is completed, the remains are disposed of by the State without charge to the survivors. The ashes may be claimed by the survivors for a small sum if previous notice has been made in writing.

Body donation forms may be obtained by contacting the State Anatomy Board, 655 West Baltimore Street, Room B-026, Baltimore, MD 21201, at (410) 547-1222 or (800) 879-2728. The Maryland Motor Vehicle Administration should be contacted for specifics on using one's driver's license as a donor form.

If donation is to be made outside the state of Maryland, the National Anatomical Service (NAS) may be called 24 hours a day at (800) 727-0700; NAS is in the business of procuring and transporting cadavers for various medical schools and is aware of the schools with the greatest need.

For Transplant

Organ donation for transplantation at the time of death is a gift of life or sight, although circumstances surrounding death may limit such choices. Eye donation forms may be obtained from the nearest Lion's Club.

2.3 Variations of the memorial Meeting for Worship

- 2.3.1. A memorial Meeting for Worship held in the Meeting House with no casket present; private burial at the family's convenience.
- 2.3.2. A memorial Meeting for Worship held in a private place.
- 2.3.3. A memorial Meeting for Worship in the Meeting House, the body having been cremated earlier.
- 2.3.4. A memorial Meeting for Worship (funeral) in the Meeting House with the casket closed.

Procedures for a memorial Meeting for Worship in the Meeting House are in Appendix B.

2.4 Services of a Mortuary

There are certain advantages in using a mortuary. The funeral director fills out necessary legal forms, obtains the burial permit, places death notices in newspapers, makes phone calls, makes arrangements to transport the body, fills out Social Security forms and performs other similar services. Costs may vary widely among the various choices; thus Friends are encouraged to examine their options carefully. A funeral consumers alliance may be of assistance in evaluating options (See Appendix C for a description of funeral consumers alliances). Maryland does not require the use of a funeral director.

2.5 Preparatory Information for the Meeting and Your Family

The Meeting community will want to be helpful to your family at their time of crisis and loss without being intrusive. It will greatly facilitate matters for you to have provided in advance essential information that will be needed by the Meeting and your family at the time of your death.

The “Statement of Information and My Wishes at the Time of Death” form allows you to list information helpful to the survivors. Although filling out the form is voluntary, you are encouraged to fill out as many parts of the form as possible. After filling out the form in duplicate, one copy should be provided to the Clerk of the Meeting (in whose files it will remain confidential) and the other copy placed where it will be readily accessible to the next of kin. The Clerk of the Meeting is normally the first person to be contacted when a member or attender of the Meeting dies and the existence of the filled-out form will greatly facilitate the Meeting in being responsive to the deceased’s own intentions. It should be brought up-to-date at least every five years. The form should include the names and phone numbers of the following where applicable: physician, next of kin, funeral director, attorney, employer, business associate(s), pall bearers and any others to be notified of the death or service.

The “Personal Information for Death Certificate” form when completed provides the information needed by the doctor or funeral director to fill out the death certificate.

Both of the above referenced forms may be found in Appendix F or the rear of the Meeting House, obtained from a member of the Ministry and Counsel

Committee or the Clerk of the Meeting, or downloaded electronically from the Meeting's Web site, www.sandyspring.org.

In addition you may wish to put in one place the pertinent facts that you would want to have included in your obituary. This could include information from the two above referenced forms. Pertinent facts for an obituary might include age, place of birth, occupation(s), details of career, place(s) of residence, educational degree(s) earned and from where, membership(s) held, immediate family members indicating their relationship and place of residence, number of grandchildren and great-grandchildren.

3. Advance Directives

A person has a right to make health care decisions in advance, through instructions called "advance directives." An advance directive can be used to name a health care agent to make health care decisions for you as well as to say what your treatment preferences are, especially about procedures that might be used to sustain your life. Advance directives are covered in a pamphlet published by the State of Maryland included as Appendix G and more fully described at item 7 in the Annotated Bibliography. The pamphlet includes information and forms for documenting your Living Will, Appointment of Health Care Agent, Health Care Instructions, and Organ and Tissue Donation. Item 2 in the Annotated Bibliography provides practical guidance on preparing advance directives.

Should you wish information about Emergency Medical Services (EMS) Palliative Care/Do Not Resuscitate (DNR) Orders, you may wish to contact your physician or the Maryland Institute for Emergency Medical Services Systems at (410) 706-4367. An EMS/DNR Order is a physician's instruction to emergency medical personnel (911 responders) to provide comfort care instead of resuscitation.

4. When Death Occurs, The Survivor's Role

The hours and days immediately following a death can be a time of confusion, as well as sorrow, a time when the family welcomes the presence of a close friend or a member of the Meeting as a consultant, or as one who will take charge of necessary matters, delegating some responsibilities, insofar as possible, while coordinating efforts to avoid duplication or omissions. The list given below can be most helpful (similar lists can be found in item 8 of the Annotated Bibliography):

- 4.1 Call a doctor if none is in attendance at the moment of death. The doctor will make out a death certificate showing the cause of death. If the cause is uncertain, an autopsy may be required. At least ten certified copies of the death certificate will probably be needed and there will be a charge for each certified copy.)
- 4.2 If a copy of the deceased's wishes and instructions is at hand, consult it to learn whether the body or any part of it has been willed to science; or if burial or cremation is preferred. Notify the proper authorities at once. (The deceased's instructions may be in a designated place at home, and/or with the Clerk of the Meeting, or with a designated mortuary. Ideally, the deceased member/attender has filed a copy of their "Statement of Information and My Wishes at the Time of My Death" with the Clerk and filed another copy at home.)
- 4.3 Notify the Clerk of the Meeting who will notify the Ministry and Counsel Committee, arrange for the use of the Meeting House (and Community House if a reception is included), and assist the family in whatever way possible. If the Clerk of the Meeting is not available, contact the Clerk of the Ministry and Counsel Committee. Procedures for a memorial Meeting for Worship in the Meeting House are provided in Appendix B.
- 4.4 Make a list of the immediate family, close friends, and employer or business associates, and notify each by phone or arrange to have some of them call others. Refer to the "Statement of Information and My Wishes at the Time of My Death," if available.
- 4.5 Decide whether to designate an appropriate memorial to which gifts may be made.
- 4.6 Request publication of an obituary in newspapers. Provide the following to each newspaper: age, place of birth, medical cause of death, occupation(s), educational degrees earned and from where, details of the

person's career, place of residence, memberships held, list of survivors in the immediate family indicating their relationship and place of residence, and number of grandchildren and great-grandchildren.

- 4.7 Prepare a death notice and provide to newspapers by telephone or FAX. A death notice should provide time and place of the memorial Meeting for Worship, and note whether flowers or a memorial contribution is preferred. A photo may accompany the death notice. There may be a charge for this.
- 4.8 Notify the lawyer and the personal representative.
- 4.9 Arrange for family members or close friends to take turns answering the door and telephone, keeping a careful record of calls.
- 4.10 Arrange for appropriate child care, and other special needs of the household, such as cleaning, which might be done by friends.
- 4.11 Coordinate arrangements for supplying food and/or meals for the next few days.
- 4.12 Select and notify pallbearers, if required (See "Statement of Information and My Wishes at the Time of My Death").
- 4.13 Arrange for disposition of flowers after the memorial Meeting for Worship.
- 4.14 Notify insurance companies. Check all life and casualty insurance and death benefits, including Social Security, credit union, trade union, fraternal, etc. Check on income for survivors from these sources.
- 4.15 Prepare a list of distant persons to be notified by letter or printed notice. Prepare copy and mail as appropriate.
- 4.16 Prepare list of persons to receive acknowledgements of flowers, calls, food or other services. Send appropriate acknowledgements.
- 4.17 Check promptly on all debts and installment payments. Some may carry insurance clauses that cancel them. If there is to be a delay in meeting payments, consult with creditors and ask for more time before payments are due.

- 4.18 If deceased was living alone, notify the landlord and the utilities, and tell post office where to forward mail. Take precautions against thieves, especially if the home will be vacant and the time of the memorial Meeting for Worship has been publicized.
- 4.19 The death should be recorded and other Meeting records updated. A memorial minute may be prepared. Part III.B.7 of Item 4 in the Annotated Bibliography provides guidance.
- 4.20 Death away from home can be difficult and costly. The information in the “Statement of Information and My Wishes at the Time of My Death” should facilitate this process.

Death is not an end, but a beginning.
 It is but an incident in the ‘life of ages’,
 which is God’s gift to us now.
 It is the escape of the spirit from its old limitations and
 its freeing for a larger and more glorious career.
(William Littleboy 1917)

5. Support for the Bereaved

We do not necessarily deal well with our own or other people's emotional pain. We tend to bear the burden of great loss alone, not wishing to lay its weight on others or even admit that it has taken hold of us. We learn to cope in expectation that our strength will get us through. We tend to assume that the passage of time will heal us. Thus we do not give ourselves permission to experience grief fully or allow it to run its course. Several of the items in the Annotated Bibliography provide useful information for dealing with grief.

In the same vein, we tend to be impatient with other people's pain. We are likely to give it sympathetic, yet passing acknowledgment, in the assumption that it will go away soon. Somewhere in our understanding, however, we know better.

- 5.1 It is common, after great loss, to avoid seeking assistance with grief. You are encouraged not to allow this to happen and to find F(f)riends who will help you, who will listen to you, and who will assist you in working your way through your bereavement. You are encouraged to seek out people who will hear you with loving patience and without judgment.

- 5.2 When your friend grieves, offer assistance. If it is rejected, try again. Be less concerned with giving comfort than offering time and a listening ear. Learn to ask questions which keep grief flowing rather than offering suggestions which turn it off. Focus on hearing your friend's pain without taking it on as your own. Remember, it is your friend's grief with which you are dealing.
- 5.3 Members of the Monthly Meeting and the Yearly Meeting have committed themselves to assisting bereaved Friends. These professionals view this commitment as a gift of ministry. They understand that grief should be allowed to run its course in order to run itself out. The Clerk of the Meeting or a member of the Ministry and Counsel Committee can direct you to this assistance.

When you pass through deep waters, I am with you,
When you pass through rivers,
They will not sweep you away;
Walk through fire and you will not be scorched,
Through flames and they will not burn you.
(*Isaiah 43:2*)

If you would behold the spirit of death,
Open your heart wide unto the body of life.
For life and death are one,
Even as the river and the sea are one.
(*Kahlil Gibran, The Prophet, 20th Century*)

Appendix A – Guidelines for the Graveyard

The primary purpose of the Sandy Spring Monthly Meeting Graveyard is to provide a final resting place for the disposition of human remains. The Meeting, in addition, recognizes other important values served by the Graveyard as a place for peaceful contemplation and as an historic resource. Title to the real property occupied by assigned gravesites is not privately owned by any individual or family, but is owned communally by the Meeting.

In years past, the Meeting provided family plots. Due to limited remaining space, the Meeting has discontinued this practice although it continues to honor previously assigned family plots.

Gravesites are 48" by 96", and may accommodate one casket (single depth) or two caskets (double depth). Plots for cremation only are 42" by 48", and are large enough for four urns with markers. The use of cremation plots is encouraged to conserve graveyard space, but urns containing cremated remains may also be interred in regular gravesites. Examples include the burial of cremation urns in a family plot, or overlying a family member's casket. All cremation urns must be interred at least 18" underground.

The following guidelines shall be used in considering requests for gravesites:

1. Members of the Sandy Spring Monthly Meeting and their immediate family members.
2. Regular attenders who have been active in the life of this Meeting.
3. Friends who are members of other Meetings, including sojourners, if a relationship has existed with the Sandy Spring Monthly Meeting community.
4. Non-Friends are generally ineligible. Exceptional cases will be decided at the discretion of the Graveyard and Grounds Committee.

The definition of "immediate family" is spouse, committed life partner, and dependent children.

The Graveyard and Grounds Committee maintains a record of assigned and unassigned gravesites. Applications for gravesites must be made in writing to the Committee, which will make its decisions in accordance with these Guidelines. Appeals to the Committee's decisions must be submitted in writing to the Clerk of the Meeting, for consideration at the next Monthly Meeting for Business.

Gravesites are positioned with the burial openings located to the east of the headstones. Headstone size is restricted to a maximum height of 24 inches and a maximum width of 36 inches, and in appearance they should be consistent with Friends' practice of simplicity. Flat stones or bronze markers may be placed over cremation urns, but must be flush with the ground to facilitate mowing. Footstones may not be used. There should be no live plantings on gravesites. Cut flowers and seasonal decorations may be placed on gravesites, but should be removed after an appropriate interval (usually within two weeks).

The costs of digging a grave, installing a concrete liner or reinforced vault, and erecting a headstone are the responsibility of the family. Although not required, the use of a concrete liner or vault is encouraged to minimize sinking and facilitate maintenance of the graveyard. A member of the Committee will be designated to discuss burial arrangements with the family, funeral home, and grave digger; and to be present at the interment. No charge is made for the use, care and maintenance of the graveyard, but a suitable donation to the Graveyard Endowment Fund is customary.

Memorial Grove

In addition to the Graveyard, a Memorial Grove has been established in the wooded area behind the Meeting House for scattering cremation ashes. Eligibility guidelines for the Memorial Grove are generally consistent with those for the Graveyard, although they can be somewhat relaxed because space limitations are less critical. The burial of cremation urns within the Memorial Grove is not permitted.

The Memorial Grove contains a bronze tablet listing by year the names of deceased persons whose ashes have been scattered therein. The Graveyard and Grounds Committee will order and attach bronze nameplates to the tablet, but the cost of the nameplate is the responsibility of the family. Those wishing to spread ashes in the Memorial Grove should inform the Committee by a written application. A member of the Committee should be present when ashes are scattered in the Memorial Grove. Metal or plastic identity tags, and other cremation records placed with the ashes, should be removed before the ashes are spread. A suitable donation to the Graveyard Endowment Fund is customary.

For further information, to make application for a gravesite in the Graveyard, or to scatter ashes in the Memorial Grove, please address all communications to:

Graveyard and Grounds Committee
Sandy Spring Monthly Meeting
17715 Meetinghouse Road
Sandy Spring, MD 20860

Death is not extinguishing the Light.
It is putting out the Lamp because the Dawn has come.
(*Rabendranath Tagore, 20th Century*)

Appendix B – Procedures for a memorial Meeting for Worship in the Meeting House

A funeral or memorial service is a Meeting for Worship. The Clerk of the Meeting is responsible for scheduling a memorial Meeting for Worship in the Meeting House and overseeing its smooth functioning. The Clerk makes sure the building is available on the day and at the hour desired. The Clerk of the Ministry and Counsel Committee will be notified of the death and of the request for a memorial service in the Meeting House.

The Clerk of the Ministry and Counsel Committee contacts two Committee members to coordinate the memorial Meeting for Worship, unless the family of the deceased requests individuals they are familiar with to be the coordinators. The coordinators will meet with the family and assist in planning the memorial service.

- ✍ What are the wishes of the family regarding the memorial service?
- ✍ Who will make the introductory welcome by explaining the manner in which the memorial service will be conducted and invite anyone so moved to speak?
- ✍ How many front benches will the family wish to have marked and reserved for the family members?
- ✍ Who are the Friends that will be seated on the facing bench to indicate the opening and closing of the memorial Meeting for Worship? Often the family will want certain friends and family to speak and these friends may also be seated on the facing bench.
- ✍ Does the family wish a reception following the memorial Meeting for Worship? If the deceased was a member or regular attender of the Meeting, a reception may be held in the Community House, with or without food and beverage. The Hospitality Committee will assist family members in making reception arrangements. Reservations for the use of the Community House must be made with the individual responsible for keeping the calendar of the Community House.
- ✍ What plans are there for the burial or scattering of cremation ashes? Contact the Graveyard and Grounds Committee if burial in the Graveyard or scattering in the Memorial Grove is requested. (See Appendix A for eligibility requirements.)

- ✍ Who will provide the flowers? Will the flowers be left for the next day's Meeting for Worship in the event the memorial service is on a Saturday? A lavish display of flowers is not in keeping with the simplicity of a Friends' memorial Meeting for Worship.
- ✍ What are the special requests of the family? Will there be music and when?
- ✍ Will the family wish to have a memorial minute read or distributed during the memorial service? Who will read the memorial minute and when?
- ✍ Will there be a guest book and, if so, where should it be located?
- ✍ Will there be photographs to be displayed? Should a written explanation of the memorial service be distributed?
- ✍ If attendance at the memorial Meeting for Worship is expected to be large, who will oversee the parking of cars and serve as ushers?

The memorial Meeting for Worship begins with a period of silence. Designated speakers may rise to read, speak or offer music. A brief period of silence occurs between each offering. When it appears that all who wish to have spoken, and after a final period of silence, the memorial Meeting for Worship is brought to a close by the two Friends on the facing bench who turn to shake hands with one another.

If a casket is present, the members of the family are the first to follow it to the grave site. Often a chosen friend reads an appropriate selection; or when a family has other religious affiliations, their clergy may offer some part of their accustomed burial service, a prayer, or a benediction.

Appendix C - Funeral Consumers Alliances

A funeral consumers alliance, formerly referred to as a memorial society, is generally a non-profit consumer information organization dedicated to simplicity, dignity, and affordability in funeral and memorial arrangements. A funeral consumers alliance serves its members by providing current consumer information and assistance with respect to locally available funeral services. Funeral consumers alliances promote the opportunity for each person to determine the method of disposition of remains and the type of funeral or memorial service which that person desires. Funeral consumers alliances believe that planning ahead will allow a person's own wishes to be carried out without placing an undue burden on the survivors.

A funeral consumers alliance:

- ✍ Provides current information to assist members in planning and communicating their desires.
- ✍ Surveys funeral homes to gather current information about funeral related costs.
- ✍ Provides pertinent publications to members at low or no cost.
- ✍ Provides consultation to members.
- ✍ Cooperates with organizations (e.g., hospices) on matters of mutual interest.
- ✍ Generally does not arrange or pay for funerals, or choose a funeral director for you.

If you have further questions or wish to locate a funeral consumers alliance, you may write FAMSA – Funeral Consumers Alliance, P.O. Box 10, Hinesburg, VT 05461 or call (800) 458-5563, or access their Web site at www.funerals.org Alternatively, you may write Funeral Consumers Alliance of Maryland and Environs, 9601 Cedar Lane, Bethesda, MD 20814, call (800) 564-0017.

Appendix D - Queries of Preparing for Death

As a result of its concerns with the spiritual challenges of preparing for death and recovery from the death of another, Langley Hill Monthly Meeting developed these queries. Only minor editorial changes have been made to the queries as published by Langley Hill Monthly Meeting.

Preparing for My Death

Do I need help now in preparing for loss?

- ✍ Death often comes by surprise, interrupting lives in the midst of life's progress. What if I should die before I wake? If I knew my death was imminent, how would I devote my remaining time? Should I do any of that activity now, or on a daily basis?
- ✍ Am I prepared to die? What do I need to do or feel now in order to be ready for death? Can I accept that I did all that I did, and can't undo it?
- ✍ In the event of death, how would I prefer to face it? As something to ignore until it happens? As a wholly negative phenomenon? As a personal transition to an after life? As an adventure?
- ✍ Is there someone, or are there others, from whom I would like to seek help in preparing for loss? Do I want to approach them to seek that help? If so, how?
- ✍ Do I give myself and others enough space and opportunity for forgiveness to take place genuinely?
- ✍ Are there things I can do now that would ease the experience for those who would suffer or be burdened in the event of my sudden death? Are there words of comfort or pieces of information that I can prepare in advance, to help those people with their grief or their new responsibilities?
- ✍ Are there matters that I want to communicate with others before I die?
- ✍ In what kind of relationship do I want to be with others before I die? Are there conflicts that I want to resolve, or people I want to forgive or be forgiven by?
- ✍ Can I be with them on the same human(e) level in this relationship?

- ✍ Do I want my nearest and dearest to minister to my needs if I have a long final illness? Do I want to be with one of these people as I die? Do I hope to be able to say goodbye?
- ✍ How would I like to be remembered? What can I do or feel now to create that memory?
- ✍ Are there other jobs I need to do before I die? What are the most important loose ends that should be tied up before I die? How important are they? What can I let go of?
- ✍ Do I feel burdened with my material possessions and their disposition upon my death? Have I communicated effectively how they are to be distributed and used? Would parting with some of them before my death be helpful?
- ✍ How can I develop a sense of completion about my accomplishments? Can I let go of the uncompleted parts of my life? What can I do now that will make letting go easier or better?
- ✍ In what contingencies would the quality of living become more important to me than the quantity of life?
- ✍ Are there circumstances in which I would consider using a nursing home? What would these circumstances be, and how would I want a nursing home to meet my emotional and physical needs?
- ✍ What forms of life-preserving care would I be willing to accept? Would I want to be able to control my pain in my last illness? Are there circumstances in which I would not want to have pain-killers administered to me? If I needed pain-killers that deprived me of consciousness, would I want to have an opportunity for trials of withdrawal and painful consciousness?
- ✍ If faced with an incurable terminal illness, would I want to be treated for treatable secondary conditions that could kill me if left untreated?
- ✍ What frame of mind would I want to be in as I die? Surrendering? Giving up the ghost? Looking forward to an adventure?

- ✍ How can I let go of fear of death, in myself and about the deaths of those I love?
- ✍ How can I accept death and living as they coexist in me?
- ✍ Do I want to have special elements in the ceremonies following my death?
- ✍ How else do I want to prepare for what follows my death? For me? For others?

Helping Another Prepare for Death, and Recovering from Another's Death

- ✍ How shall I honor the life of someone I love? How can I live best with the consequences of the rough edges of my relationship with the person who died? How am I going to remember him or her? What will I cherish about the spirit of that person? Can I picture the essential goodness of the person? Can I accept the features of that life with which I disagreed?
- ✍ How can I help a dying person who denies any negative feelings about weakness or his or her own impending losses, come to terms with the inevitability and impendingness of his or her death?
- ✍ How shall I help myself and others live with the loss of someone very close?
- ✍ Anyone who depended emotionally on someone who died will grieve. Grief can take months or years to subside, and it may last longer if suppressed. Can I allow myself to vent my grief? How, and with whom? Whom shall I call upon to help me to survive and emerge from the depressing times ahead? How can I help others who are going through this same process with me? Is professional counseling needed? (The Baltimore Yearly Meeting's Counseling Service can be reached through the Yearly Meeting office, at (301) 774-7663.)
- ✍ Whom can I ask to help fill the gaps left by the loss? In practical matters? In spiritual guidance? In being with me and others affected by the loss? What can I take on myself?
- ✍ Whom shall I ask to help with the consequences of the last illness, if any, and the memorials and other formalities to mark the passing? Who should be notified of the death?

- ✍ How can I arrange my life to give myself timely opportunities to work through my grief? How do I accept that others may need a different amount of time, or different conditions to work through their grief? How can I get my grieving needs to be understood by others, and how can I learn to understand theirs? How can I make asking for help more comfortable, after others appear to have resumed their normal lives?
- ✍ Is my support for someone who grieves confined to conventional comforting? How can I persist in my support for someone who is grieving for an extended period of time, or whose grief returns? How can I communicate a real willingness to be available for help?

Appendix E-Annotated Bibliography

1. American Association of Retired Persons

The American Association of Retired Persons (AARP) provides information on advance directives, health care planning, and financial planning that can be downloaded from www.aarp.org. AARP members can also order publications that provide more in- depth practical guidance on personal planning, health planning, social planning, housing planning, income planning, investment planning, personal financial planning, and legal and estate planning.

2. American Association of Retired Persons, American Bar Association, and American Medical Association, *Shape Your Health Care Future with Health Care Advance Directives*.

This booklet can be downloaded from www.abanet.org/ftp/pub/elderly/ad-ftp.wpd. Other information about advance directives can be downloaded from www.aarp.org/ontheissues/issueadvdir.html

3. Baltimore Yearly Meeting, 1988, *Faith and Practice of Baltimore Yearly Meeting of the Religious Society of Friends*, Sandy Spring, MD, 102 pp.

Part III.B.7 provides guidance on the role of the Monthly Meeting in helping Friends facing death, and their families, to prepare for life's "final mystery." Appendix J provides guidance on planning a memorial Meeting for Worship. Appendix I provides advices to individual Friends and Monthly Meetings on estates and bequests as well as Yearly Meeting policy on these matters. This publication is available through the Yearly Meeting by calling (301) 774-7663 or going to their Web site at www.bym-rsf.org/faith.html

4. Carlson, Lisa, 1998, *Caring for the Dead: Your Final Act of Love*, Hinesburg, VT: Upper Access, 640 pp.

Provides a comprehensive compassionate coverage on funeral law for the consumer, state-by-state – discusses how well, or not, prepaid funeral money is protected, ethical standards, and serves as a manual for families who wish to handle a death without the use of an undertaker. Lists crematories; also medical schools and the requirements for body donation. The book may be acquired through Funeral Consumers Alliance by calling (800) 458-5563 or going to their Web site at www.funerals.org. The book is also available in the Montgomery County Public Library.

5. James, John W. and Frank Cherry, 1988, *The Grief Recovery Handbook: A Step-by-step Program for Moving Beyond Loss*, New York, Harper and Row, 175pp.

Written by the founders of the Grief Recovery Institute, this manual emphasizes honest, preparation, and emotional sensitivity. "Grieving is a growth process." They give specific steps to be explored with a partner, to get beyond debilitating grief. The book is available in the Montgomery County Public Library.

6. Lyman, Mary Ely, 1960, *Death and the Christian Answer*, Wallingford, PA: Pendle Hill Pamphlet No. 107, 16 pp.

In the face of our society's general denial about death, hers is an appreciation of mortality, an explanation of Christ's holistic life-giving assurances based on faith and God's love. "... the Christian view of the human spirit makes growth in love the central and crucial principle of its life." This book is available in the Sandy Spring Friends Meeting Library.

7. Maryland Office of the Attorney General, 1998, "Advance Directives, A Guide to Maryland Law on Health Care Decisions," Baltimore, MD. 16 pp.

This pamphlet includes information and forms for documenting your Living Will, Appointment of Health Care Agent, Health Care Instructions, and Organ Donation. It may be obtained by downloading it electronically from the Maryland Attorney General's Office, www.oag.state.md.us/Healthpol/index.htm or the Meeting's Web site, www.sandyspring.org, or by requesting that the pamphlet be mailed by calling the Maryland Attorney General's Office at (410) 576-7000 and leaving name and address. The downloaded version of the pamphlet is provided in Attachment G.

8. Morgan, Ernest, 2000, *Dealing Creatively with Death: A Manual of Death Education and Simple Burial*, Hinesburg, VT: Upper Access, 14th edition, 160 pp.

Provides a concise and readable guide on simplicity in funeral arrangements, cremation, body and organ donation, advice on procedures at the time of death, suggestions for memorial services, and directions for building a simple plywood casket. The book may be acquired through Funeral Consumers Alliance by calling (800) 458-5563 or going to their Web site at www.funerals.org. Earlier editions of this book are available in the Sandy Spring Friends Meeting Library. The book is revised every few years.

9. Parkes, Colin Murray and Robert S. Weiss, 1983, *Recovery from Bereavement*, New York, NY: Basic Books, Inc., 329 pp.

A psychiatrist and a sociologist address what widows and widowers experience with respect to loss and bereavement. They explore why some recover from the death of a spouse relatively easily while others never seem to come to terms with their loss. They link bereavement reactions to attachment-and-loss theory. This book is available in the Montgomery County Public Library.

10. Rando, Therese A., 1988, *Grieving: How to Go On Living When Someone You Love Dies*, Lexington, MA: Lexington Books, 330 pp.

A compassionate roadmap to grieving. The author is recognized as a national expert and writes well. This book is available in the Montgomery County Public Library.

11. Samuel, Dorothy T., 1987, *Grieving: An Inward Journey*, St. Cloud, MN: North Star Press, 95 pp.

The author, a Quaker, shares her journey to ease the pain caused by the death of a loved one. She finds healing through an inward journey. Through time, she countered the pain of loss and loneliness, of despair and depression, with the comfort and knowledge of God's love. This book is available in the Sandy Spring Friends Meeting Library.

12. Van Praagh, James, 2000, *Healing Grief: Reclaiming Life After Any Loss*, New York, NY: Dutton (a member of Penguin Putnam), 286 pp.

The author warns against conforming our grief to what is expected as the "norm" and encourages each of us to grieve in our own way and in our own time, offering constructive guidance through each step in the grieving process. This book is available in the Montgomery County Public Library.

☐ I have authorized donating my body/organs/tissues ☐ Copy Attached ☐ Original located at _____

	<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE</u>
Next of Kin	_____	_____	(__) _____
Physician	_____	_____	(__) _____
Attorney	_____	_____	(__) _____
Executor	_____	_____	(__) _____
Funeral Director	_____	_____	(__) _____
Employer/Associate	_____	_____	(__) _____
Memorial Society	_____	_____	(__) _____
Other(s)	_____	_____	(__) _____
Other(s)	_____	_____	(__) _____

Life Insurance _____

Burial Insurance _____

Will/Living Trust _____

Safe Deposit Box _____

Page 1 of 2

FINAL INSTRUCTIONS

I WISH TO HAVE MY REMAINS DISPOSED OF IN THE FOLLOWING WAY:

☐ Burial ☐ Cremation ☐ Given for medical research with cremation later

MY CEMETARY/BURIAL PREFERENCE IS (Check all appropriate boxes):

☐ Graveyard at Sandy Spring ☐ Memorial Grove at Sandy Spring
☐ Cremation Grave ☐ Grave/Full Vault ☐ Grave/Concrete Liner
☐ Single Marker ☐ Double Marker Grave Depth: ☐ Single ☐ Double
☐ Scattering of Ashes at _____ ☐ Arrangements by Funeral Director
☐ Other (Specify)

I WISH TO HAVE A MEMORIAL MEETING FOR WORSHIP:

☐ Sandy Spring Meeting House ☐ Miller Center at Friends House
☐ Patapsco Preparative Meeting ☐ Seneca Valley Preparative Meeting
☐ Elsewhere (Specify)

PLEASE MAKE MEMORIAL CONTRIBUTIONS TO: _____

IMMEDIATE FAMILY (Attach another sheet if necessary)

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>PHONE</u>
_____	_____	() _____
_____	_____	() _____
_____	_____	() _____
_____	_____	() _____
_____	_____	() _____

SPECIAL INSTRUCTIONS IF DEATH SHOULD OCCUR AWAY FROM HOME

Date on which prepared _____ Signature _____

Please keep one copy of this statement and send the original to:

*Clerk, Sandy Spring Monthly Meeting of Friends
 17715 Meeting House Road, Sandy Spring, MD 20860*

You may wish to attach other pertinent information, such as biographical facts for an obituary, names of persons desired as pallbearers, selected verses and readings for memorial Meeting for Worship, persons to be invited, information for memorial minute, whether cremation ashes should be scattered in Memorial Grove, preferred style of headstone, headstone inscription, etc.

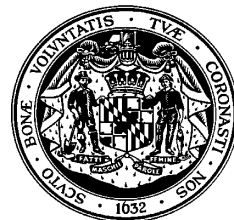
**MARYLAND ADVANCE DIRECTIVE:
PLANNING FOR FUTURE HEALTH CARE DECISIONS**



**A Guide to
Maryland Law on
Health Care Decisions
(Forms Included)**

**STATE OF MARYLAND
OFFICE OF THE ATTORNEY GENERAL**

*Douglas F. Gansler
Attorney General*



March 2007

Dear Fellow Marylander:

I am pleased to send you an advance directive form that you can use to plan for future health care decisions. The form is *optional*; you can use it if you want or use others, which are just as valid legally. If you have any legal questions about your personal situation, you should consult your own lawyer. If you decide to make an advance directive, be sure to talk about it with those close to you. The conversation is just as important as the document. Give copies to family members or friends and your doctor. Also make sure that, if you go into a hospital, you bring a copy. Please *do not* return completed forms to this office.

Life-threatening illness is a difficult subject to deal with. If you plan now, however, your choices can be respected and you can relieve at least some of the burden from your loved ones in the future. You may also use another enclosed form to make an organ donation or plan for arrangements after death.

Here is some related, important information:

- If you want information about Emergency Medical Services (EMS) Palliative Care/Do Not Resuscitate (DNR) Orders, please contact the Maryland Institute for Emergency Medical Services Systems directly at (410) 706-4367. An EMS/DNR Order is a *physician's* instruction to emergency medical personnel (911 responders) to provide comfort care instead of resuscitation. The EMS/DNR Order can be found on the Internet at: <http://www.miemss.org>. From that page, click on "EMS Forms."
- The Maryland Department of Health and Mental Hygiene makes available an advance directive focused on preferences about mental health treatment. This can be found on the Internet at: <http://www.dhmf.state.md.us/mha>. From that page, click on "MHA Forms."

I hope that this information is helpful to you. **I regret that overwhelming demand limits us to supplying one set of forms to each requester.** But please feel free to make as many copies as you wish. Additional information about advance directives can be found on the Internet at: <http://www.oag.state.md.us/healthpol/advancedirectives.htm>.

Douglas F. Gansler
Attorney General

**HEALTH CARE PLANNING
USING ADVANCE DIRECTIVES**
Optional Form Included

Your Right To Decide

Adults can decide for themselves whether they want medical treatment. This right to decide — to say yes or no to proposed treatment — applies to treatments that extend life, like a breathing machine or a feeding tube. Tragically, accident or illness can take away a person's ability to make health care decisions. But decisions still have to be made. If you cannot do so, someone else will. These decisions should reflect your own values and priorities.

A Maryland law called the Health Care Decisions Act says that you can do health care planning through “advance directives.” An advance directive can be used to name a health care agent. This is someone you trust to make health care decisions for you. An advance directive can also be used to say what your preferences are about treatments that might be used to sustain your life.

The State offers a form to do this planning, included with this pamphlet. The form as a whole is called “Maryland Advance Directive: Planning for Future Health Care Decisions.” It has three parts to it: Part I, Selection of Health Care Agent; Part II, Treatment Preferences (“Living Will”); and Part III, Signature and Witnesses. This pamphlet will explain each part.

The advance directive is meant to reflect your preferences. You may complete all of it, or only part, and you may change the wording. You are *not* required by law to use these forms. Different forms, written the way you want, may also be used. For example, one widely praised form, called *Five Wishes*, is available (for a small fee) from the nonprofit organization Aging With Dignity. You can get information

about that document from the Internet at www.agingwithdignity.org or write to: Aging with Dignity, P.O. Box 1661, Tallahassee, FL 32302.

This optional form can be filled out without going to a lawyer. But if there is anything you do not understand about the law or your rights, you might want to talk with a lawyer. You can also ask your doctor to explain the medical issues, including the potential benefits or risks to you of various options. You should tell your doctor that you made an advance directive and give your doctor a copy, along with others who could be involved in making these decisions for you in the future.

In Part III of the form, you need two witnesses to your signature. Nearly any adult can be a witness. If you name a health care agent, though, that person may not be a witness. Also, one of the witnesses must be a person who would not financially benefit by your death or handle your estate. You do not need to have the form notarized.

This pamphlet also contains a separate form called “After My Death.” Like the advance directive, using it is optional. This form has four parts to it: Part I, Organ Donation; Part II, Donation of Body; Part III, Disposition of Body and Funeral Arrangements; and Part IV, Signature and Witnesses.

Once you make an advance directive, it remains in effect unless you revoke it. It does not expire, and neither your family nor anyone except you can change it. You should review what you've done once in a while. Things might change in your life, or your attitudes might change. You are free

to amend or revoke an advance directive at any time, as long as you still have decision-making capacity. Tell your doctor and anyone else who has a copy of your advance directive if you amend it or revoke it.

If you already have a prior Maryland advance directive, living will, or a durable power of attorney for health care, that document is *still valid*. Also, if you made an advance directive in another state, it is valid in Maryland. You might want to review these documents to see if you prefer to make a new advance directive instead.

Part I of the Advance Directive: Selection of Health Care Agent

You can name anyone you want (except, in general, someone who works for a health care facility where you are receiving care) to be your health care agent. **To name a health care agent, use Part I of the advance directive form.** (Some people refer to this kind of advance directive as a “durable power of attorney for health care.”) Your agent will speak for you and make decisions based on what you would want done or your best interests. You decide how much power your agent will have to make health care decisions. You can also decide when you want your agent to have this power – right away, or only after a doctor says that you are not able to decide for yourself.

You can pick a family member as a health care agent, but you don't have to. Remember, your agent will have the power to make important treatment decisions, even if other people close to you might urge a different decision. Choose the person best qualified to be your health care agent. Also, consider picking one or two back-up agents, in case your first choice isn't available when needed. Be sure to inform your chosen person and make sure that he or she understands what's most important to you. When the time comes for decisions,

your health care agent should follow your written directions.

We have a helpful booklet that you can give to your health care agent. It is called “*Making Medical Decisions for Someone Else: A Maryland Handbook*.” You or your agent can get a copy on the Internet by visiting to the Attorney General's home page at: <http://www.oag.state.md.us>, then clicking on “Guidance for Health Care Proxies.” You can also request a copy by calling 410-576-7000.

The form included with this pamphlet does *not* give anyone power to handle your money. We do not have a standard form to send. Talk to your lawyer about planning for financial issues in case of incapacity.

Part II of the Advance Directive: Treatment Preferences ("Living Will")

You have the right to use an advance directive to say what you want about future life-sustaining treatment issues. You can do this in Part II of the form. If you both name a health care agent and make decisions about treatment in an advance directive, it's important that you say (in Part II, paragraph G) whether you want your agent to be strictly bound by whatever treatment decisions you make.

Part II is a living will. It lets you decide about life-sustaining procedures in three situations: when death from a terminal condition is imminent despite the application of life-sustaining procedures; a condition of permanent unconsciousness called a persistent vegetative state; and end-stage condition, which is an advanced, progressive, and incurable condition resulting in complete physical dependency. One example of end-stage condition could be advanced Alzheimer's disease.

FREQUENTLY ASKED QUESTIONS ABOUT ADVANCE DIRECTIVES IN MARYLAND

1. *Must I use any particular form?*

No. An optional form is provided, but you may change it or use a different form altogether. Of course, no health care provider may deny you care simply because you decided not to fill out a form.

2. *Who can be picked as a health care agent?*

Anyone who is 18 or older except, in general, an owner, operator, or employee of a health care facility where a patient is receiving care.

3. *Who can witness an advance directive?*

Two witnesses are needed. Generally, any competent adult can be a witness, including your doctor or other health care provider (but be aware that some facilities have a policy against their employees serving as witnesses). If you name a health care agent, that person cannot be a witness for your advance directive. Also, **one** of the two witnesses must be someone who (i) will not receive money or property from your estate and (ii) is not the one you have named to handle your estate after your death.

4. *Do the forms have to be notarized?*

No, but if you travel frequently to another state, check with a knowledgeable lawyer to see if that state requires notarization.

5. *Do any of these documents deal with financial matters?*

No. If you want to plan for how financial matters can be handled if you lose capacity, talk with your lawyer.

6. *When using these forms to make a decision, how do I show the choices that I have made?*

Write your **initials** next to the statement that says what you want. **Don't** use checkmarks or X's. If you want, you can also draw lines all the way through other statements that do not say what you want.

7. *Should I fill out both Parts I and II of the advance directive form?*

It depends on what you want to do. If all you want to do is name a health care agent, just fill out Parts I and III, and talk to the person about how they should decide issues for you. If all you want to do is give treatment instructions, fill out Parts II and III. If you want to do both, fill out all three parts.

8. *Are these forms valid in another state?*

It depends on the law of the other state. Most state laws recognize advance directives made somewhere else.

9. *How can I get advance directive forms for another state?*

Contact Caring Connections (NHPCO) at 1-800-658-8898 or on the Internet at: <http://www.caringinfo.org>.

10. *To whom should I give copies of my advance directive?*

Give copies to your doctor, your health care agent and backup agent(s), hospital or nursing home if you will be staying there, and family members or friends who should know of your wishes. Consider carrying a card in your wallet saying you have an advance directive and who to contact.

11. *Does the federal law on medical records privacy (HIPAA) require special language about my health care agent?*

Special language is not required, but it is prudent. Language about HIPAA has been incorporated into the form.

12. *Can my health care agent or my family decide treatment issues differently from what I wrote?*

It depends on how much flexibility you want to give. Some people want to give family members or others flexibility in applying the living will.

Other people want it followed very strictly. Say what you want in Part II, Paragraph G.

13. *Is an advance directive the same as a "Patient's Plan of Care" or "Instructions on Current Life-Sustaining Treatment Options" form?*

No. These are forms used in nursing homes and some other health care facilities to document discussions about current life-sustaining treatment issues. These forms are not meant for use as anyone's advance directive. Instead, they are medical records, to be done only when a doctor or other health care professional presents and discusses the issues.

14. *Can my doctor override my living will?*

Usually, no. However, a doctor is not required to provide a "medically ineffective" treatment even if a living will asks for it.

15. *If I have an advance directive, do I also need an Emergency Medical Services Palliative Care/Do Not Resuscitate Order?*

Yes. If you **don't** want ambulance personnel to try to resuscitate you in the event of cardiac or respiratory arrest, you must have an EMS Palliative Care/DNR Order signed by your doctor.

16. *Does the EMS Palliative Care/DNR Order have to be in a particular form?*

Yes. Ambulance personnel have very little time to evaluate the situation and act appropriately. So, it is not practical to ask them to interpret documents that may vary in form and content. Instead, a standardized order form has been developed. Have your doctor or health care facility contact the Maryland Institute for Emergency Medical Services System at (410) 706-4367 to obtain information on EMS Palliative Care/DNR Orders.

17. *Can I fill out a form to become an organ donor?*

Yes. Use Part I of the "After My Death" form.

18. *What about donating my body for medical education or research?*

Part II of the "After My Death" form is a general statement of these wishes. The State Anatomy Board has a specific donation program, with a pre-registration form available. Call the Anatomy Board at 1-877-463-3464 for that form and additional information.

19. *If I appoint a health care agent and the health care agent and any back-up agent die or otherwise becomes unavailable, a surrogate decision maker may need to be consulted to make the same treatment decisions that my health care agent would have made. Is the surrogate decision maker required to follow my instructions given in the advance directive?*

Yes, the surrogate decision maker is required to make treatment decisions based on your known wishes. An advance directive that contains clear and unambiguous instructions regarding treatment options is the best evidence of your known wishes and therefore must be honored by the surrogate decision maker.

Part II, paragraph G enables you to choose one of two options with regard to the degree of flexibility you wish to grant the person who will ultimately make treatment decisions for you, whether that person is a health care agent or a surrogate decision maker. Under the first option you would instruct the decision maker that your stated preferences are meant to guide the decision maker but may be departed from if the decision maker believes that doing so would be in your best interests. The second option requires the decision maker to follow your stated preferences strictly, even if the decision maker thinks some alternative would be better.

REVISED APRIL 2009

IF YOU HAVE OTHER QUESTIONS, PLEASE TALK TO YOUR DOCTOR OR YOUR LAWYER. OR, IF YOU HAVE A QUESTION ABOUT THE FORMS THAT IS NOT ANSWERED IN THIS PAMPHLET, YOU CAN CALL THE HEALTH POLICY DIVISION OF THE ATTORNEY GENERAL'S OFFICE AT (410) 576-6327 OR E-MAIL US AT ADFORMS@OAG.STATE.MD.US.

MORE INFORMATION ABOUT ADVANCE DIRECTIVES CAN BE OBTAINED FROM OUR WEBSITE AT:

<http://www.oag.state.md.us/Healthpol/AdvanceDirectives.htm>

**MARYLAND ADVANCE DIRECTIVE:
PLANNING FOR FUTURE HEALTH CARE DECISIONS**

By: _____ Date of Birth: _____
(Print Name) (Month/Day/Year)

Using this advance directive form to do health care planning is completely optional. Other forms are also valid in Maryland. No matter what form you use, talk to your family and others close to you about your wishes.

This form has two parts to state your wishes, and a third part for needed signatures. Part I of this form lets you answer this question: If you cannot (or do not want to) make your own health care decisions, who do you want to make them for you? The person you pick is called your health care agent. **Make sure you talk to your health care agent (and any back-up agents) about this important role.** Part II lets you write your preferences about efforts to extend your life in three situations: terminal condition, persistent vegetative state, and end-stage condition. In addition to your health care planning decisions, you can choose to become an organ donor after your death by filling out the form for that too.

→ You can fill out Parts I and II of this form, or only Part I, or only Part II. Use the form to reflect your wishes, then sign in front of two witnesses (Part III). If your wishes change, make a new advance directive. ←

Make sure you give a copy of the completed form to your health care agent, your doctor, and others who might need it. Keep a copy at home in a place where someone can get it if needed. Review what you have written periodically.

PART I: SELECTION OF HEALTH CARE AGENT

A. Selection of Primary Agent

I select the following individual as my agent to make health care decisions for me:

Name: _____

Address: _____

Telephone Numbers: _____
(home and cell)

B. Selection of Back-up Agents

(Optional; form valid if left blank)

1. If my primary agent cannot be contacted in time or for any reason is unavailable or unable or unwilling to act as my agent, then I select the following person to act in this capacity:

Name: _____

Address: _____

Telephone Numbers: _____

(home and cell)

2. If my primary agent and my first back-up agent cannot be contacted in time or for any reason are unavailable or unable or unwilling to act as my agent, then I select the following person to act in this capacity:

Name: _____

Address: _____

Telephone Numbers: _____

(home and cell)

C. Powers and Rights of Health Care Agent

I want my agent to have full power to make health care decisions for me, including the power to:

1. Consent or not to medical procedures and treatments which my doctors offer, including things that are intended to keep me alive, like ventilators and feeding tubes;
2. Decide who my doctor and other health care providers should be; and
3. Decide where I should be treated, including whether I should be in a hospital, nursing home, other medical care facility, or hospice program.
4. I also want my agent to:
 - a. Ride with me in an ambulance if ever I need to be rushed to the hospital; and
 - b. Be able to visit me if I am in a hospital or any other health care facility.

*THIS ADVANCE DIRECTIVE DOES NOT MAKE MY AGENT
RESPONSIBLE FOR ANY OF THE COSTS OF MY CARE.*

This power is subject to the following conditions or limitations:
(Optional; form valid if left blank)

D. How my Agent is to Decide Specific Issues

I trust my agent’s judgment. My agent should look first to see if there is anything in Part II of this advance directive that helps decide the issue. Then, my agent should think about the conversations we have had, my religious and other beliefs and values, my personality, and how I handled medical and other important issues in the past. If what I would decide is still unclear, then my agent is to make decisions for me that my agent believes are in my best interest. In doing so, my agent should consider the benefits, burdens, and risks of the choices presented by my doctors.

E. People My Agent Should Consult
(Optional; form valid if left blank)

In making important decisions on my behalf, I encourage my agent to consult with the following people. By filling this in, I do not intend to limit the number of people with whom my agent might want to consult or my agent’s power to make decisions.

Name(s)

Telephone Number(s):

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

F. In Case of Pregnancy
(Optional, for women of child-bearing years only; form valid if left blank)

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

G. Access to my Health Information – Federal Privacy Law (HIPAA) Authorization

1. If, prior to the time the person selected as my agent has power to act under this document, my doctor wants to discuss with that person my capacity to make my own health care decisions, I authorize my doctor to disclose protected health information which relates to that issue.
2. Once my agent has full power to act under this document, my agent may 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.
3. For all purposes related to this document, my agent is my personal representative under the Health Insurance Portability and Accountability Act (HIPAA). My agent may sign, as my personal representative, any release forms or other HIPAA-related materials.

H. Effectiveness of this Part

(Read both of these statements carefully. Then, initial one only.)

My agent's power is in effect:

1. Immediately after I sign this document, subject to my right to make any decision about my health care if I want and am able to.

 _____

>>OR<<

2. Whenever I am not able to make informed decisions about my health care, either because the doctor in charge of my care (attending physician) decides that I have lost this ability **temporarily**, or my attending physician and a consulting doctor agree that I have lost this ability **permanently**.

 _____

If the only thing you want to do is select a health care agent, skip Part II. Go to Part III to sign and have the advance directive witnessed. If you also want to write your treatment preferences, go to Part II. Also consider becoming an organ donor, using the separate form for that.

PART II: TREATMENT PREFERENCES ("LIVING WILL")

A. Statement of Goals and Values

(Optional: Form valid if left blank)

I want to say something about my goals and values, and especially what's most important to me during the last part of my life:

B. Preference in Case of Terminal Condition

(If you want to state what your preference is, initial **one** only. If you do not want to state a preference here, cross through the whole section.)

If my doctors certify that my death from a terminal condition is imminent, even if life-sustaining procedures are used:

1. Keep me comfortable and allow natural death to occur. I do not want any medical interventions used to try to extend my life. I do not want to receive nutrition and fluids by tube or other medical means.

>>OR<<

 _____

2. Keep me comfortable and allow natural death to occur. I do not want medical interventions used to try to extend my life. If I am unable to take enough nourishment by mouth, however, I want to receive nutrition and fluids by tube or other medical means.

>>OR<<

 _____

3. Try to extend my life for as long as possible, using all available interventions that in reasonable medical judgment would prevent or delay my death. If I am unable to take enough nourishment by mouth, I want to receive nutrition and fluids by tube or other medical means.

 _____

C. Preference in Case of Persistent Vegetative State

(If you want to state what your preference is, initial one only. If you do not want to state a preference here, cross through the whole section.)

If my doctors certify that I am in a persistent vegetative state, that is, if I am not conscious and am not aware of myself or my environment or able to interact with others, and there is no reasonable expectation that I will ever regain consciousness:

1. Keep me comfortable and allow natural death to occur. I do not want any medical interventions used to try to extend my life. I do not want to receive nutrition and fluids by tube or other medical means.

 _____

>>OR<<

2. Keep me comfortable and allow natural death to occur. I do not want medical interventions used to try to extend my life. If I am unable to take enough nourishment by mouth, however, I want to receive nutrition and fluids by tube or other medical means.

 _____

>>OR<<

3. Try to extend my life for as long as possible, using all available interventions that in reasonable medical judgment would prevent or delay my death. If I am unable to take enough nourishment by mouth, I want to receive nutrition and fluids by tube or other medical means.

 _____

D. Preference in Case of End-Stage Condition

(If you want to state what your preference is, initial one only. If you do not want to state a preference here, cross through the whole section.)

If my doctors certify that I am in an end-state condition, that is, an incurable condition that will continue in its course until death and that has already resulted in loss of capacity and complete physical dependency:

1. Keep me comfortable and allow natural death to occur. I do not want any medical interventions used to try to extend my life. I do not want to receive nutrition and fluids by tube or other medical means.

 _____

>>OR<<

2. Keep me comfortable and allow natural death to occur. I do not want medical interventions used to try to extend my life. If I am unable to take enough nourishment by mouth, however, I want to receive nutrition and fluids by tube or other medical means.

 _____

>>OR<<

3. Try to extend my life for as long as possible, using all available interventions that in reasonable medical judgment would prevent or delay my death. If I am unable to take enough nourishment by mouth, I want to receive nutrition and fluids by tube or other medical means.

 _____

E. Pain Relief

No matter what my condition, give me the medicine or other treatment I need to relieve pain.

F. In Case of Pregnancy

(Optional, for women of child-bearing years only; form valid if left blank)

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

G. Effect of Stated Preferences

(Read both of these statements carefully. Then, initial one only.)

1. I realize I cannot foresee everything that might happen after I can no longer decide for myself. My stated preferences are meant to guide whoever is making decisions on my behalf and my health care providers, but I authorize them to be flexible in applying these statements if they feel that doing so would be in my best interest.

>>OR <<

 _____

2. I realize I cannot foresee everything that might happen after I can no longer decide for myself. Still, I want whoever is making decisions on my behalf and my health care providers to follow my stated preferences exactly as written, even if they think that some alternative is better.

 _____

PART III: SIGNATURE AND WITNESSES

By signing below as the Declarant, I indicate that I am emotionally and mentally competent to make this advance directive and that I understand its purpose and effect. I also understand that this document replaces any similar advance directive I may have completed before this date.

(Signature of Declarant)

(Date)

The Declarant signed or acknowledged signing this document in my presence and, based upon personal observation, appears to be emotionally and mentally competent to make this advance directive.

(Signature of Witness)

(Date)

Telephone Number(s):

(Signature of Witness)

(Date)

Telephone Number(s):

(**Note:** Anyone selected as a health care agent in Part I may not be a witness. Also, at least one of the witnesses must be someone who will not knowingly inherit anything from the Declarant or otherwise knowingly gain a financial benefit from the Declarant's death. Maryland law does **not** require this document to be notarized.)

AFTER MY DEATH

(This document is optional. Do only what reflects your wishes.)

By: _____ Date of Birth: _____
(Print Name) (Month/Day/Year)



PART I: ORGAN DONATION

(Initial the ones that you want. Cross through any that you do not want.)

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 no vital organ, tissue, or eye may be removed for transplantation until after I have been pronounced dead. *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.

PART II: DONATION OF BODY


After any organ donation indicated in Part I, I wish my body to be donated for use in a medical study program.

 _____

PART III: DISPOSITION OF BODY AND FUNERAL ARRANGEMENTS

I want the following person to make decisions about the disposition of my body and my funeral arrangements: (Either initial the first or fill in the second.)

The health care agent who I named in my advance directive.

 _____

>>OR<<

This person:

Name: _____

Address: _____

Telephone Number(s): _____
(Home and Cell)

If I have written my wishes below, they should be followed. If not, the person I have named should decide based on conversations we have had, my religious or other beliefs and values, my personality, and how I reacted to other peoples' funeral arrangements. My wishes about the disposition of my body and my funeral arrangements are:

PART IV: SIGNATURE AND WITNESSES

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

(Signature of Donor)

(Date)

The Donor signed or acknowledged signing the foregoing document in my presence and, based upon personal observation, appears to be emotionally and mentally competent to make this donation.

(Signature of Witness)

(Date)

Telephone No: _____

(Signature of Witness)

(Date)

Telephone No: _____

Did You Remember To ...

- ☐ Fill out Part I if you want to name a health care agent?
- ☐ Name one or two back-up agents in case your first choice as health care agent is not available when needed?
- ☐ Talk to your agents and back-up agent about your values and priorities, and decide whether that's enough guidance or whether you also want to make specific health care decisions in the advance directive?
- ☐ If you want to make specific decisions, fill out Part II, choosing carefully among alternatives?
- ☐ Sign and date the advance directive in Part III, in front of two witnesses who also need to sign?
- ☐ Look over the "After My Death" form to see if you want to fill out any part of it?
- ☐ Make sure your health care agent (if you named one), your family, and your doctor know about your advance care planning?
- ☐ Give a copy of your advance directive to your health care agent, family members, doctor, and hospital or nursing home if you are a patient there?