

D R A F T
FOR DISCUSSION ONLY

Updates to Uniform Determination of Death Act

Uniform Law Commission

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Updates to Uniform Determination of Death Act

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Updates to Uniform Determination of Death Act

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Updates to Uniform Determination of Death Act

Section 1. [Determination of Death]

A determination of death for an individual shall be made in accordance with currently accepted national medical standards by establishing either:

(a) the permanent cessation of circulatory and respiratory functions, or;

(b) the permanent cessation of spontaneous respiratory functions and [the] permanent loss of [the clinical functions of the brain necessary for] consciousness.

[Note: should this reference coma in lieu of consciousness?]

[Section 2. [Notification]

Before a physician completes the determination of death of an individual under Section 1(b), reasonable efforts shall be made to notify an individual's family that such a determination has begun but is not yet complete.]

[Section 3. [Accommodations]

(a) A health-care facility shall adopt a policy for providing the individual's family with a reasonably brief period of accommodation from the time that an individual is determined to be dead under Section 1(b) until discontinuation of circulatory-respiratory support for the individual.]

[(b) If before the determination of death under Section 1(b) has begun but is not yet complete, information in the individual's medical records on file with the health-care facility or information provided by the family to the health-care facility states that such a determination would violate the religious, moral, or ethical principles of the individual or the individual's family, the health-care facility shall adopt a policy that defines the reasonable efforts it will make to accommodate those concerns.]

1 **Section 4. [Definitions]**

2 In this [act]:

3 (a) “Currently accepted national medical standards” means standards issued by a
4 nationally recognized source of medical practice guidelines, including, but not limited to those in
5 effect on the effective date of this [act], or as later modified by, the American Academy of
6 Neurology, the Society of Critical Care Medicine, the American Academy of Pediatrics and
7 Child Neurology Society, and the International Guidelines on Circulatory Death/Panel
8 Viewpoint and/or those recognized by the [Board of Medicine] of this State.

9 [**Note:** Under current nationally accepted national medical standards, brainstem areflexia is
10 required to establish 1(b). Should this be stated in the commentary?]
11

12 (b) “Permanent” means a loss of function that will neither restart spontaneously nor be
13 restored as a result of medical intervention.

14 (c) “Spontaneous” means not sustained by technological systems or interventions that
15 maintain an individual’s circulatory and respiratory functions when those functions are otherwise
16 failing.

17 [(d) “Health-Care Facility” means a hospital, medical-care facility or any other facility
18 licensed as a health-care facility under the law of this State or operated by the United States, this
19 State, or a subdivision of this State.

20 (e) “Family” means the spouse, adult child, parent, adult sibling, adult grandchildren,
21 grandparent, or guardian of the individual, or any other person authorized to make medical
22 decisions for the individual under the law of this State.

23 [(f) “Reasonably Brief Period of Accommodation” means an amount of time afforded to
24 gather at the individual’s bedside.]]