



**House  
Legislative  
Analysis  
Section**

Manufacturer's Bank Building, 12th Floor  
Lansing, Michigan 48909  
Phone: 517/373-6466

DO-NOT-RESUSCITATE ORDERS

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House Bill 5244

Sponsor: Rep. Perry Bullard

Committee: Judiciary

Mich. State Law Library

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A SUMMARY OF HOUSE BILL 5244 AS INTRODUCED 10-30-89

The bill would create the "Michigan Do-Not-Resuscitate Procedure Act" to provide for the execution of a do-not-resuscitate order for patients in a nonhospital setting. A do-not-resuscitate order would bar emergency personnel from attempting to resuscitate when there were no vital signs. To execute an order, a person would have to be at least 18 years old, of sound mind, and diagnosed as terminally ill. An order would have to be on a form prescribed by the bill and distributed by the Department of Public Health, dated, and voluntarily signed by the patient, the attending physician, and two adult witnesses. Neither witness could be a close family member or an employee of a health facility treating the patient or a home for the aged housing the patient. A witness would be forbidden to sign an order unless the patient appeared to be of sound mind and under no duress, fraud, or undue influence. Someone other than the patient could sign the document on the patient's behalf if the signing was done in the presence of the patient at his or her direction; the person signing for the patient would also have to sign his or her own name.

At the time an order was signed and witnessed, the attending physician would put a department-provided identification bracelet on the patient's wrist. The patient would keep the order accessible within his or her place of residence. The physician would immediately make a copy of the order a part of the patient's medical record. The physician would review the conditions of the order with the patient at least every six months, note the date of the review on the order, and initial it.

A person interested in the welfare of the patient could petition the probate court to review the order if the person had reason to believe that an order had been executed contrary to the wishes of the patient.

A patient could revoke the order at any time and in any manner by which he or she was able to communicate that intent. A person who observed an unwritten revocation would describe the circumstances of the revocation in writing and sign it. Upon revocation, the patient or attending physician would destroy the order and remove the identification bracelet. The revocation would be made part of the patient's medical record.

Emergency personnel arriving at a patient's place of residence would have to check for vital signs, and if there were none, check for a do-not-resuscitate identification bracelet. Upon verifying that the name on the order was the same as the name on the bracelet, emergency personnel would not attempt to resuscitate the patient. A person or organization would not be civilly or criminally liable for withholding medical treatment in accordance with the bill.

A person or organization could not require an order as a condition for insurance coverage, admittance to a health care facility, receiving health

care benefits or services, or for any other reason. A life insurer could not use execution or implementation of an order as a reason to refuse coverage, charge a higher premium, offer different policy terms, consider existing terms breached or modified, or invoke any suicide or intentional death exemption.

The provisions of the bill would be cumulative and could not be construed to impair or supersede any legal right that any person might have to consent to or refuse medical intervention. With regard to someone who had executed an order, the bill would not create a presumption regarding the person's intent to consent to or refuse medical treatment in circumstances other than the cessation of both spontaneous circulation and respiration. The bill also would not create any presumption concerning the intention of an individual who had not executed an order to consent to or refuse any type of medical treatment.

The bill would not take effect unless House Bill 4952, which deals with emergency medical services, was enacted.