

**MICHIGAN DIGNIFIED DEATH ACT  
AMENDMENTS**

**House Bill 5257**

**Sponsor: Rep. Paula K. Zelenko**

**House Bill 5258**

**Sponsor: Rep. Gene DeRossett**

**Committee: Health Policy**

**Complete to 10-17-01**

**A SUMMARY OF HOUSE BILLS 5257 AND 5258 AS INTRODUCED 10-17-01**

The Michigan Dignified Death Act, which is Part 56a of the Public Health Code, contains various references to “terminal illness” and “terminally ill patients.” House Bills 5257 and 5258 would both amend the Michigan Dignified Death Act to change references to “terminally ill” patients to patients who “have a reduced life expectancy due to an advanced illness.” House Bill 5258 would also revise certain provisions that specify what information physicians must provide to such patients. House Bill 5257 would revise a requirement that the Department of Community Health develop and publish a standardized, written summary containing information specified in a provision that would be amended by House Bill 5258. The bills are tie-barred. A detailed account of changes that the bills would make is provided below.

House Bill 5258 would eliminate the definition of “terminal illness” from the Michigan Dignified Death Act. The act contains a statement of the legislature’s findings with respect to terminally ill patients, and the bill would revise several of these findings so that they referred to “patients having a reduced life expectancy due to an advanced illness” rather than to “terminally ill patients.” The bill would also add the legislature’s finding that health care providers should be encouraged to discuss medical directives during initial consultations, annual examinations, and hospitalizations, as well as when a patient is diagnosed with a chronic illness and when a patient transfers from one health care setting to another. One finding that would retain a reference to “terminal illness” currently acknowledges that patients face a unique set of circumstances and decisions once they have been diagnosed as having a terminal illness. The bill would, however, revise this finding to state that patients who had been diagnosed as having a terminal *or advanced* illness face a unique set of circumstances and decisions.

Requirements that physicians orally inform patients of certain options. Currently the act requires a physician who recommends medical treatment for terminal illness to a patient whom he or she has diagnosed with such an illness to inform the patient of his or her options. (The act also allows the physician to inform the patient’s surrogate or the patient’s designated advocate, in the event that the patient is unable to participate in medical treatment decisions, of the patient’s options.) Specifically, the act requires the physician to orally inform the patient (or other representative) about the *recommended medical* treatment for the illness and about alternatives to the *recommended medical* treatment. The physician must also orally inform the patient about the advantages, disadvantages, and risks of the recommended medical treatment and each alternative medical treatment. House Bill 5258 would make two changes to these

requirements. First, the bill would refer instead to a physician who had diagnosed a patient as having a reduced life expectancy due to an advanced illness and was recommending medical treatment for the patient. Second, the bill would require the physician to orally inform a patient (or representative) about medical treatment for the illness and about *alternatives to medical treatment* for the illness. The bill would, however, continue to require the physician to orally inform the patient about the advantages, disadvantages, and risks of the medical treatment and of each *alternative medical treatment*. (The bill would not explicitly require a physician to inform the patient about the advantages, disadvantages, and risks of *alternatives to medical treatment*.)

Requirements that physicians inform patients of certain options both orally and in writing. The act specifies further information that a physician must provide to a patient (or representative) whom the physician has diagnosed as having a terminal illness and for whom the physician is recommending medical treatment. This further information must be provided to the patient both orally and in writing. House Bill 5258 would revise references to terminally ill patients as previously described. The bill would add a requirement that a physician inform such a patient orally and in writing that he or she may choose adequate and appropriate pain and symptom management as a basic and essential element of medical treatment.

House Bill 5257. The Michigan Dignified Death Act required the Department of Community of Health to develop and publish a standardized, written summary containing the *written information* that a physician must provide to a patient (or representative) when recommending medical treatment for a patient whom he or she has diagnosed as having a terminal illness. The report had to be developed and published by the end of May 1997, i.e., within 60 days of the effective date of the act that added the requirement. Under circumstances described in the act, a physician can provide a copy of the summary to a patient instead of notifying the patient of his or her options, both orally and in writing, as described above. House Bill 5257 would add a new report requirement that would have to conform substantially to the requirements for the earlier report. Specifically, the department would have to develop and publish a new summary containing the written information that a physician would have to provide to a patient when recommending medical treatment for a patient whom the physician had diagnosed as having a reduced life expectancy due to an advanced illness (including that the patient could choose adequate and appropriate pain and symptom management as an element of treatment.) The report would have to be developed and published by January 1, 2002. The bill would continue to allow a physician to give a patient a copy of the department's summary instead of notifying the patient of his or her options orally and in writing, as described above.

House Bill 5257 would also revise various references to "terminally ill" patients to patients "having a reduced life expectancy due to an advanced illness."

Effective dates. Changes to certain provisions of the act would take effect on March 1, 2002. These changes include those made by House Bill 5257 to a physician's requirements to inform patients of their options and the provisions that permit a physician to provide a copy of the department's written summary to a patient instead of informing the patient of his or her options. All other changes to the act would take effect on the bill's effective date.

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