

D R A F T
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Updates to Uniform Determination of Death Act

Uniform Law Commission

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November 30, 2022

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 the individual has sustained either:

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

(2) permanent cessation of spontaneous respiratory functions and [the] permanent loss of [the function of the brain as a whole] [the clinical functions of the brain, including the brain stem].

[Section 2. [Notification]

Before a physician completes the determination of death of an individual under Section 1(1), reasonable efforts shall be made to notify at least one member of the 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(2) until discontinuation of circulatory-respiratory support for the individual.]

[(b) A health-care facility shall adopt a policy to provide reasonable efforts to accommodate religious, moral, or ethical beliefs or principles of the individual regarding a determination of death under Section 1(2) if those beliefs or principles are expressed in the individual's medical records on file with the health-care facility or from information provided by the family to the health-care facility.]

Section 4. [Definitions]

1 In this [act]:

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

8 (2) “Permanent” means a loss of function that will neither restart spontaneously
9 nor be restored as a result of medical intervention.

10 (3) “Spontaneous” means not sustained by technological systems or interventions
11 that maintain an individual’s circulatory, respiratory, or brain functions when those functions are
12 otherwise failing.

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

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

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