

REFERENCE TITLE: aid in dying

State of Arizona
House of Representatives
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Second Regular Session
2006

HB 2313

Introduced by
Representatives Lopez L: Cajero Bedford, Gallardo, Garcia M, Lujan, Meza,
Tom, Senator Rios

AN ACT

AMENDING TITLE 36, ARIZONA REVISED STATUTES, BY ADDING CHAPTER 38; RELATING
TO AID IN DYING.

(TEXT OF BILL BEGINS ON NEXT PAGE)

1 Be it enacted by the Legislature of the State of Arizona:

2 Section 1. Title 36, Arizona Revised Statutes, is amended by adding
3 chapter 38, to read:

4 CHAPTER 38

5 AID IN DYING

6 ARTICLE 1. GENERAL PROVISIONS

7 36-3801. Definitions

8 IN THIS CHAPTER, UNLESS THE CONTEXT OTHERWISE REQUIRES:

9 1. "AID IN DYING" MEANS THE ISSUANCE OF A PRESCRIPTION FOR MEDICATION
10 FOR SELF-ADMINISTRATION THAT WILL TERMINATE THE LIFE OF A QUALIFIED PATIENT
11 IN A PAINLESS, HUMANE AND DIGNIFIED MANNER.

12 2. "CONSULTING PHYSICIAN" MEANS A PHYSICIAN WHO IS QUALIFIED BY
13 SPECIALTY OR EXPERIENCE TO MAKE A PROFESSIONAL DIAGNOSIS AND PROGNOSIS
14 REGARDING A PATIENT'S DISEASE.

15 3. "COUNSELING" MEANS A CONSULTATION BETWEEN A PSYCHIATRIST OR
16 PSYCHOLOGIST LICENSED BY THIS STATE AND A PATIENT FOR THE PURPOSE OF
17 DETERMINING WHETHER THE PATIENT IS SUFFERING FROM A PSYCHIATRIC OR
18 PSYCHOLOGICAL DISORDER OR DEPRESSION CAUSING IMPAIRED JUDGMENT.

19 4. "DEPARTMENT" MEANS THE DEPARTMENT OF HEALTH SERVICES.

20 5. "INFORMED DECISION" MEANS A DECISION BY A QUALIFIED PATIENT TO
21 REQUEST AND OBTAIN A PRESCRIPTION TO END THE PATIENT'S LIFE THAT IS BASED ON
22 AN APPRECIATION OF THE RELEVANT FACTS AND AFTER BEING FULLY INFORMED BY THE
23 ATTENDING PHYSICIAN OF:

24 (a) THE MEDICAL DIAGNOSIS.

25 (b) THE PROGNOSIS.

26 (c) THE POTENTIAL RISKS ASSOCIATED WITH TAKING THE MEDICATION TO BE
27 PRESCRIBED.

28 (d) THE PROBABLE RESULT OF TAKING THE MEDICATION TO BE PRESCRIBED.

29 (e) THE FEASIBLE ALTERNATIVES, INCLUDING COMFORT CARE, HOSPICE CARE
30 AND PAIN CONTROL.

31 6. "MEDICALLY CONFIRMED" MEANS THAT THE MEDICAL OPINION OF THE
32 ATTENDING PHYSICIAN HAS BEEN CONFIRMED BY A CONSULTING PHYSICIAN WHO HAS
33 EXAMINED THE PATIENT AND THE PATIENT'S RELEVANT MEDICAL RECORDS.

34 7. "QUALIFIED PATIENT" MEANS A CAPABLE ADULT WHO HAS RESIDED IN THIS
35 STATE FOR AT LEAST NINETY DAYS AND WHO HAS SATISFIED THE REQUIREMENTS OF THIS
36 ARTICLE IN ORDER TO OBTAIN A PRESCRIPTION TO END THE PATIENT'S LIFE.

37 8. "TERMINAL CONDITION" MEANS A CONDITION THAT RESULTS FROM AN
38 ACCIDENT OR AN INCURABLE AND IRREVERSIBLE DISEASE, THAT HAS BEEN MEDICALLY
39 CONFIRMED AND THAT WILL CAUSE, WITH REASONABLE MEDICAL JUDGMENT, DEATH WITHIN
40 SIX MONTHS.

41 36-3802. Request for medication; requirements; signatures

42 A. A QUALIFIED PATIENT MAY MAKE A WRITTEN REQUEST FOR MEDICATION TO
43 END THE PATIENT'S LIFE AS PRESCRIBED BY THIS ARTICLE.

44 B. A REQUEST FOR MEDICATION UNDER THIS ARTICLE MUST BE IN
45 SUBSTANTIALLY THE FORM DESCRIBED IN SECTION 36-3818, SIGNED AND DATED BY THE

1 PATIENT AND WITNESSED BY AT LEAST TWO PERSONS WHO, IN THE PRESENCE OF THE
2 PATIENT, ATTEST THAT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF THE PATIENT IS
3 COMPETENT, IS ACTING VOLUNTARILY AND IS NOT BEING COERCED TO SIGN THE
4 REQUEST.

5 C. AT LEAST ONE OF THE WITNESSES MUST BE A PERSON WHO IS NOT:
6 1. A RELATIVE OF THE PATIENT BY BLOOD, MARRIAGE OR ADOPTION.
7 2. A PERSON WHO AT THE TIME THE REQUEST IS SIGNED IS ENTITLED TO ANY
8 PORTION OF THE ESTATE OF THE PATIENT ON THE PATIENT'S DEATH UNDER ANY WILL OR
9 BY OPERATION OF LAW.

10 3. AN OWNER, OPERATOR OR EMPLOYEE OF A HEALTH CARE FACILITY WHERE THE
11 PATIENT IS RECEIVING MEDICAL TREATMENT OR IS A RESIDENT.

12 D. THE PATIENT'S ATTENDING PHYSICIAN AT THE TIME THE REQUEST IS SIGNED
13 SHALL NOT BE A WITNESS.

14 E. NOTWITHSTANDING THE REQUIREMENTS OF SUBSECTION B OF THIS SECTION,
15 IF THE PATIENT RESIDES IN A LONG-TERM CARE FACILITY AT THE TIME THE WRITTEN
16 REQUEST IS MADE, ONE OF THE WITNESSES MUST BE A PERSON WHO IS DESIGNATED BY
17 THE FACILITY AND WHO HAS THE QUALIFICATIONS SPECIFIED BY THE DEPARTMENT AS
18 PRESCRIBED BY RULE.

19 F. IF THE PATIENT IS COMPETENT BUT IS UNABLE TO WRITE OR TO SIGN A
20 STATEMENT, THE PATIENT MAY SUBSTITUTE A VIDEO RECORDING, WITNESSED BY TWO
21 QUALIFIED INDIVIDUALS, FOR THE WRITTEN REQUEST.

22 36-3803. Safeguards; attending physician; responsibilities

23 THE ATTENDING PHYSICIAN MUST:

24 1. MAKE THE INITIAL DETERMINATION OF WHETHER A PATIENT HAS A TERMINAL
25 CONDITION, IS COMPETENT AND HAS MADE THE REQUEST VOLUNTARILY.

26 2. INFORM THE PATIENT OF:

27 (a) THE PATIENT'S MEDICAL DIAGNOSIS.

28 (b) THE PATIENT'S PROGNOSIS.

29 (c) THE POTENTIAL RISKS ASSOCIATED WITH TAKING THE MEDICATION TO BE
30 PRESCRIBED.

31 (d) THE PROBABLE RESULT OF TAKING THE MEDICATION TO BE PRESCRIBED.

32 (e) THE FEASIBLE ALTERNATIVES, INCLUDING COMFORT CARE, HOSPICE CARE
33 AND PAIN CONTROL.

34 3. REFER THE PATIENT TO A CONSULTING PHYSICIAN FOR MEDICAL
35 CONFIRMATION OF THE DIAGNOSIS AND FOR A DETERMINATION THAT THE PATIENT IS
36 COMPETENT AND IS ACTING VOLUNTARILY.

37 4. REFER THE PATIENT FOR COUNSELING IF REQUIRED PURSUANT TO SECTION
38 36-3805.

39 5. REQUEST THAT THE PATIENT NOTIFY THE PATIENT'S NEXT OF KIN.

40 6. INFORM THE PATIENT THAT THE PATIENT CAN RESCIND THE REQUEST AT ANY
41 TIME AND IN ANY MANNER AND OFFER THE PATIENT AN OPPORTUNITY TO RESCIND AT THE
42 END OF THE FIFTEEN DAY WAITING PERIOD PRESCRIBED IN SECTION 36-3810.

43 7. VERIFY, IMMEDIATELY BEFORE WRITING THE PRESCRIPTION FOR MEDICATION,
44 THAT THE PATIENT IS MAKING AN INFORMED DECISION.

1 8. FULFILL THE MEDICAL RECORD DOCUMENTATION REQUIREMENT OF SECTION
2 36-3811.

3 9. ENSURE THAT ALL APPROPRIATE STEPS ARE CARRIED OUT IN ACCORDANCE
4 WITH THIS ARTICLE BEFORE WRITING A PRESCRIPTION FOR MEDICATION TO ENABLE THE
5 QUALIFIED PATIENT TO END THE PATIENT'S LIFE IN A HUMANE AND DIGNIFIED MANNER.

6 36-3804. Consulting physician: confirmation of diagnosis

7 A. BEFORE A PATIENT IS QUALIFIED UNDER THIS ARTICLE, A CONSULTING
8 PHYSICIAN MUST EXAMINE THE PATIENT AND THE PATIENT'S RELEVANT MEDICAL
9 RECORDS, MUST CONFIRM, IN WRITING, THE ATTENDING PHYSICIAN'S DIAGNOSIS THAT
10 THE PATIENT IS SUFFERING FROM A TERMINAL CONDITION AND MUST VERIFY THAT THE
11 PATIENT IS COMPETENT, IS ACTING VOLUNTARILY AND HAS MADE AN INFORMED
12 DECISION.

13 B. THE CONSULTING PHYSICIAN MAY NOT BE A PARTNER, SHAREHOLDER OR
14 EMPLOYEE IN THE SAME MEDICAL PRACTICE AS THE ATTENDING PHYSICIAN.

15 36-3805. Counseling referral

16 A. IF, IN THE OPINION OF THE ATTENDING PHYSICIAN OR THE CONSULTING
17 PHYSICIAN, A PATIENT MAY BE SUFFERING FROM A PSYCHIATRIC OR PSYCHOLOGICAL
18 DISORDER OR DEPRESSION CAUSING IMPAIRED JUDGMENT, THE PHYSICIAN MUST REFER
19 THE PATIENT FOR COUNSELING.

20 B. A PHYSICIAN SHALL NOT PRESCRIBE MEDICATION TO END A PATIENT'S LIFE
21 UNTIL THE PERSON PERFORMING THE COUNSELING DETERMINES THAT THE PATIENT IS NOT
22 SUFFERING FROM A PSYCHIATRIC OR PSYCHOLOGICAL DISORDER OR DEPRESSION CAUSING
23 IMPAIRED JUDGMENT.

24 C. A COUNSELING PSYCHIATRIST OR PSYCHOLOGIST SHALL NOT BE A PARTNER,
25 SHAREHOLDER OR EMPLOYEE IN THE SAME PRACTICE AS THE ATTENDING PHYSICIAN.

26 36-3806. Informed decision

27 A PATIENT SHALL NOT RECEIVE A PRESCRIPTION FOR MEDICATION TO END THE
28 PATIENT'S LIFE UNLESS THE PATIENT HAS MADE AN INFORMED DECISION AS PRESCRIBED
29 IN SECTION 36-3803.

30 36-3807. Family notification

31 THE ATTENDING PHYSICIAN MUST ASK THE PATIENT TO NOTIFY THE PATIENT'S
32 NEXT OF KIN OF THE PATIENT'S REQUEST FOR MEDICATION PURSUANT TO THIS ARTICLE.
33 IF A PATIENT DECLINES OR IS UNABLE TO NOTIFY THE PATIENT'S NEXT OF KIN, THE
34 PHYSICIAN SHALL NOT DENY A REQUEST FOR MEDICATION FOR THIS REASON.

35 36-3808. Written and oral requests

36 A. IN ORDER TO RECEIVE A PRESCRIPTION FOR MEDICATION UNDER THIS
37 ARTICLE, A PATIENT MUST MAKE AN ORAL AND A WRITTEN REQUEST AND MUST REITERATE
38 THE ORAL REQUEST TO THE PATIENT'S ATTENDING PHYSICIAN AT LEAST FIFTEEN DAYS
39 AFTER MAKING THE INITIAL ORAL REQUEST.

40 B. AT THE TIME THE QUALIFIED PATIENT MAKES THE SECOND ORAL REQUEST,
41 THE ATTENDING PHYSICIAN MUST OFFER THE PATIENT AN OPPORTUNITY TO RESCIND THE
42 REQUEST.

43 36-3809. Right to rescind request

44 A PATIENT MAY RESCIND A REQUEST AT ANY TIME AND IN ANY MANNER WITHOUT
45 REGARD TO THE PATIENT'S MENTAL STATE. NO PRESCRIPTION FOR MEDICATION UNDER

1 THIS ARTICLE MAY BE WRITTEN WITHOUT THE ATTENDING PHYSICIAN OFFERING THE
2 QUALIFIED PATIENT AN OPPORTUNITY TO RESCIND THE REQUEST. IF A DIRECTIVE OR
3 REQUEST IS RESCINDED, IT MUST BE AS IF THE DIRECTIVE OR REQUEST WERE NEVER
4 MADE.

5 36-3810. Waiting periods

6 A. AT LEAST FIFTEEN DAYS MUST ELAPSE BETWEEN THE PATIENT'S INITIAL
7 ORAL REQUEST AND THE WRITING OF A PRESCRIPTION UNDER THIS ARTICLE. AT LEAST
8 FORTY-EIGHT HOURS MUST ELAPSE BETWEEN THE PATIENT'S WRITTEN REQUEST AND THE
9 WRITING OF A PRESCRIPTION UNDER THIS ARTICLE.

10 B. IF ALL OTHER REQUIREMENTS OF THIS ARTICLE ARE MET, THE WAITING
11 PERIODS PROVIDED IN THIS SECTION MAY BE SHORTENED IF THE PRIMARY PHYSICIAN
12 CERTIFIES IN WRITING THAT THE PATIENT IS IN EXTREME PAIN AND THE IMPOSITION
13 OF A WAITING PERIOD WOULD SERVE ONLY TO EXTEND THE SUFFERING OF THE PATIENT.

14 36-3811. Medical records; documentation; requirements

15 THE FOLLOWING INFORMATION MUST BE DOCUMENTED OR FILED IN THE PATIENT'S
16 MEDICAL RECORD:

17 1. ALL ORAL REQUESTS BY A PATIENT FOR MEDICATION TO END THE PATIENT'S
18 LIFE.

19 2. ALL WRITTEN REQUESTS BY A PATIENT FOR MEDICATION TO END THE
20 PATIENT'S LIFE.

21 3. THE ATTENDING PHYSICIAN'S DIAGNOSIS AND PROGNOSIS AND VERIFICATION
22 THAT THE PATIENT IS COMPETENT, IS ACTING VOLUNTARILY AND HAS MADE AN INFORMED
23 DECISION.

24 4. THE CONSULTING PHYSICIAN'S DIAGNOSIS AND PROGNOSIS AND VERIFICATION
25 THAT THE PATIENT IS COMPETENT, IS ACTING VOLUNTARILY AND HAS MADE AN INFORMED
26 DECISION.

27 5. A REPORT OF THE OUTCOME AND DETERMINATIONS MADE DURING COUNSELING,
28 IF PERFORMED.

29 6. THE ATTENDING PHYSICIAN'S OFFER TO THE PATIENT TO RESCIND THE
30 PATIENT'S REQUEST AT THE TIME OF THE PATIENT'S SECOND ORAL REQUEST PURSUANT
31 TO SECTION 36-3808.

32 7. A NOTE BY THE ATTENDING PHYSICIAN INDICATING THAT ALL REQUIREMENTS
33 UNDER THIS ARTICLE HAVE BEEN MET AND INDICATING THE STEPS TAKEN TO CARRY OUT
34 THE REQUEST, INCLUDING A NOTATION OF THE MEDICATION PRESCRIBED.

35 36-3812. Reporting requirements

36 A. THE DEPARTMENT SHALL ANNUALLY REVIEW A SAMPLE OF RECORDS MAINTAINED
37 PURSUANT TO THIS ARTICLE.

38 B. THE DEPARTMENT SHALL ADOPT RULES TO FACILITATE THE COLLECTION OF
39 INFORMATION REGARDING COMPLIANCE WITH THIS ARTICLE. THE INFORMATION
40 COLLECTED IS NOT A PUBLIC RECORD AND IS NOT AVAILABLE FOR INSPECTION BY THE
41 PUBLIC.

42 C. THE DEPARTMENT SHALL GENERATE AND MAKE AVAILABLE TO THE PUBLIC AN
43 ANNUAL STATISTICAL REPORT OF INFORMATION COLLECTED UNDER THIS ARTICLE.

1 36-3813. Effect on construction of wills and contracts

2 A. A PROVISION IN ANY CONTRACT, WILL OR OTHER AGREEMENT, WHETHER
3 WRITTEN OR ORAL, THAT WOULD AFFECT WHETHER A PERSON MAY MAKE OR RESCIND A
4 REQUEST FOR MEDICATION TO END THE PATIENT'S LIFE IN A HUMANE AND DIGNIFIED
5 MANNER IS NOT VALID.

6 B. AN OBLIGATION OWING UNDER ANY CURRENTLY EXISTING CONTRACT SHALL NOT
7 BE CONDITIONED ON OR AFFECTED BY A PERSON MAKING OR RESCINDING A REQUEST FOR
8 MEDICATION TO END THE PERSON'S LIFE IN A HUMANE AND DIGNIFIED MANNER.

9 36-3814. Insurance or annuity policies

10 A. THE SALE, PROCUREMENT OR ISSUANCE OF ANY LIFE, HEALTH OR ACCIDENT
11 INSURANCE OR ANNUITY POLICY OR THE RATE CHARGED FOR ANY POLICY SHALL NOT BE
12 CONDITIONED ON OR AFFECTED BY A PERSON MAKING OR RESCINDING A REQUEST FOR
13 MEDICATION TO END THE PERSON'S LIFE IN A HUMANE AND DIGNIFIED MANNER.

14 B. AN INSURER SHALL NOT REQUIRE OR REQUEST AN INSURED TO DISCLOSE
15 WHETHER THE INSURED HAS CONSIDERED OR EXECUTED A REQUEST FOR AID IN DYING.

16 C. A QUALIFIED PATIENT'S ACT OF INGESTING MEDICATION TO END THE
17 PATIENT'S LIFE IN A HUMANE AND DIGNIFIED MANNER DOES NOT AFFECT A LIFE,
18 HEALTH OR ACCIDENT INSURANCE OR ANNUITY POLICY.

19 36-3815. Construction

20 THIS ARTICLE DOES NOT AUTHORIZE A PHYSICIAN OR ANY OTHER PERSON TO END
21 A PATIENT'S LIFE BY LETHAL INJECTION, MERCY KILLING OR ACTIVE EUTHANASIA.
22 NOTWITHSTANDING ANY OTHER LAW, ACTIONS TAKEN IN ACCORDANCE WITH THIS ARTICLE
23 DO NOT CONSTITUTE, FOR ANY PURPOSE, SUICIDE, ASSISTED SUICIDE, MERCY KILLING
24 OR HOMICIDE.

25 36-3816. Immunities

26 EXCEPT AS PROVIDED IN SECTION 36-3817:

27 1. A PERSON IS NOT SUBJECT TO CIVIL OR CRIMINAL LIABILITY OR
28 PROFESSIONAL DISCIPLINARY ACTION FOR PARTICIPATING IN GOOD FAITH COMPLIANCE
29 WITH THIS ARTICLE. THIS INCLUDES BEING PRESENT WHEN A QUALIFIED PATIENT
30 TAKES THE PRESCRIBED MEDICATION TO END THE PATIENT'S LIFE IN A HUMANE AND
31 DIGNIFIED MANNER.

32 2. THIS ARTICLE DOES NOT AUTHORIZE ANY PERSON TO ASSIST IN THE
33 ADMINISTRATION OF MEDICATION UNLESS THAT PERSON IS DESIGNATED BY A QUALIFIED
34 PATIENT TO ADMINISTER OR DISPENSE THE MEDICATION BECAUSE OF THE QUALIFIED
35 PATIENT'S PHYSICAL DISABILITY.

36 3. A PROFESSIONAL ORGANIZATION OR ASSOCIATION OR HEALTH CARE PROVIDER
37 SHALL NOT SUBJECT A PERSON TO CENSURE, DISCIPLINE, SUSPENSION, LOSS OF
38 PRIVILEGES, LOSS OF MEMBERSHIP OR ANY OTHER PENALTY FOR PARTICIPATING OR
39 REFUSING TO PARTICIPATE IN GOOD FAITH COMPLIANCE WITH THIS ARTICLE.

40 4. A REQUEST BY A PATIENT FOR OR PROVISION BY AN ATTENDING PHYSICIAN
41 OF MEDICATION IN GOOD FAITH COMPLIANCE WITH THIS ARTICLE DOES NOT CONSTITUTE
42 NEGLIGENCE FOR ANY PURPOSE OF LAW OR PROVIDE THE SOLE BASIS FOR THE APPOINTMENT
43 OF A GUARDIAN OR CONSERVATOR.

1 5. A HEALTH CARE PROVIDER IS NOT UNDER ANY DUTY, WHETHER BY CONTRACT,
2 BY STATUTE OR BY ANY OTHER LEGAL REQUIREMENT, TO PARTICIPATE IN THE PROVISION
3 TO A QUALIFIED PATIENT OF MEDICATION TO END THE PATIENT'S LIFE IN A HUMANE
4 AND DIGNIFIED MANNER. IF A HEALTH CARE PROVIDER IS UNABLE OR UNWILLING TO
5 CARRY OUT A PATIENT'S REQUEST UNDER THIS ARTICLE, THE HEALTH CARE PROVIDER
6 MUST PROMPTLY TRANSFER THE RESPONSIBILITY TO ANOTHER PROVIDER WHO IS WILLING
7 TO ACT IN ACCORDANCE WITH THE QUALIFIED PATIENT'S WISHES. THE HEALTH CARE
8 PROVIDER MUST TRANSFER, ON REQUEST, A COPY OF THE PATIENT'S RELEVANT MEDICAL
9 RECORDS TO THE NEW HEALTH CARE PROVIDER.

10 6. A HEALTH CARE FACILITY THAT REFUSES TO ALLOW AID IN DYING TO BE
11 PRESCRIBED OR ADMINISTERED ON ITS PREMISES SHALL NOT DENY STAFF PRIVILEGES OR
12 EMPLOYMENT TO A PERSON FOR THE SOLE REASON THAT THE PERSON PREVIOUSLY
13 PARTICIPATED IN AID IN DYING.

14 7. A LICENSED PHARMACIST WHO DISPENSES LETHAL MEDICINE BASED ON A
15 VALID PRESCRIPTION BY A PHYSICIAN AIDING A PATIENT TO DIE UNDER THIS ARTICLE
16 IS NOT SUBJECT TO CIVIL, CRIMINAL OR ADMINISTRATIVE LIABILITY FOR DOING SO.

17 36-3817. Violations; classification; liability

18 A. A PERSON WHO WITHOUT AUTHORIZATION OF THE PATIENT WILFULLY ALTERS
19 OR FORGES A REQUEST FOR MEDICATION OR CONCEALS OR DESTROYS A RESCISSION OF
20 THAT REQUEST WITH THE INTENT OR EFFECT OF CAUSING THE PATIENT'S DEATH IS
21 GUILTY OF MANSLAUGHTER.

22 B. A PERSON WHO COERCES OR EXERTS UNDUE INFLUENCE ON A PATIENT TO
23 REQUEST MEDICATION FOR THE PURPOSE OF ENDING THE PATIENT'S LIFE OR TO DESTROY
24 A RESCISSION OF SUCH A REQUEST IS GUILTY OF MANSLAUGHTER.

25 C. THIS ARTICLE DOES NOT LIMIT FURTHER LIABILITY FOR CIVIL DAMAGES
26 RESULTING FROM OTHER NEGLIGENT CONDUCT OR INTENTIONAL MISCONDUCT BY ANY
27 PERSON.

28 D. THE PENALTIES IN THIS ARTICLE DO NOT PRECLUDE CRIMINAL PENALTIES
29 APPLICABLE UNDER ANY OTHER LAW FOR CONDUCT THAT IS INCONSISTENT WITH THIS
30 ARTICLE.

31 36-3818. Sample form

32 A REQUEST FOR A MEDICATION AS AUTHORIZED BY THIS ARTICLE MUST BE IN
33 SUBSTANTIALLY THE FOLLOWING FORM:

34 REQUEST FOR MEDICATION
35 TO END MY LIFE IN A HUMANE AND DIGNIFIED MANNER
36 I, _____, AM AN ADULT OF SOUND MIND.
37 I AM SUFFERING FROM _____, WHICH MY
38 ATTENDING PHYSICIAN HAS DETERMINED IS A TERMINAL DISEASE AND
39 WHICH HAS BEEN MEDICALLY CONFIRMED BY A CONSULTING PHYSICIAN.
40 I HAVE BEEN FULLY INFORMED OF MY DIAGNOSIS, MY PROGNOSIS,
41 THE NATURE OF MEDICATION TO BE PRESCRIBED AND POTENTIAL
42 ASSOCIATED RISKS, THE EXPECTED RESULT AND THE FEASIBLE
43 ALTERNATIVES, INCLUDING COMFORT CARE, HOSPICE CARE AND PAIN
44 CONTROL.

1 I REQUEST THAT MY ATTENDING PHYSICIAN PRESCRIBE MEDICATION
2 THAT WILL END MY LIFE IN A HUMANE AND DIGNIFIED MANNER.

3 INITIAL ONE:

4 _____ I HAVE INFORMED MY FAMILY OF MY DECISION AND HAVE TAKEN
5 THEIR OPINIONS INTO CONSIDERATION.

6 _____ I HAVE DECIDED NOT TO INFORM MY FAMILY OF MY DECISION.

7 _____ I HAVE NO FAMILY TO INFORM OF MY DECISION.

8 I UNDERSTAND THAT I HAVE THE RIGHT TO RESCIND THIS REQUEST
9 AT ANY TIME.

10 I UNDERSTAND THE FULL IMPORT OF THIS REQUEST, AND I EXPECT
11 TO DIE WHEN I TAKE THE MEDICATION TO BE PRESCRIBED.

12 I MAKE THIS REQUEST VOLUNTARILY AND WITHOUT RESERVATION,
13 AND I ACCEPT FULL MORAL RESPONSIBILITY FOR MY ACTIONS.

14 SIGNED: _____

15 DATED: _____

16 DECLARATION OF WITNESSES

17 WE DECLARE THAT THE PERSON SIGNING THIS REQUEST:

18 1. IS PERSONALLY KNOWN TO US OR HAS PROVIDED PROOF OF
19 IDENTITY.

20 2. SIGNED THIS REQUEST IN OUR PRESENCE.

21 3. APPEARS TO BE OF SOUND MIND AND NOT UNDER DURESS,
22 FRAUD OR UNDUE INFLUENCE.

23 4. IS NOT A PATIENT FOR WHOM EITHER OF US IS THE
24 ATTENDING PHYSICIAN.

25 WITNESS 1 _____

26 DATE _____

27 WITNESS 2 _____

28 DATE _____

29 NOTE: ONE WITNESS SHALL NOT BE A RELATIVE (BY BLOOD,
30 MARRIAGE OR ADOPTION) OF THE PERSON SIGNING THIS REQUEST, SHALL
31 NOT BE ENTITLED TO ANY PORTION OF THE PERSON'S ESTATE ON DEATH
32 AND SHALL NOT OWN, OPERATE OR BE EMPLOYED AT A HEALTH CARE
33 FACILITY WHERE THE PERSON IS A PATIENT OR RESIDENT. IF THE
34 PATIENT IS AN INPATIENT AT A HEALTH CARE FACILITY, ONE OF THE
35 OWITNESSES MUST BE AN INDIVIDUAL DESIGNATED BY THE FACILITY.