

REFERENCE TITLE: end-of-life decisions; terminally ill

State of Arizona
House of Representatives
Fifty-second Legislature
Second Regular Session
2016

HB 2347

Introduced by
Representatives Gonzales, Alston, Andrade, Bolding, Cardenas, Espinoza,
Gabaldón, Hale, Mendez, Rios, Saldate, Velasquez: Benally, Clark,
Fernandez, Friese, Otondo, Plumlee, Wheeler

AN ACT

AMENDING TITLE 36, ARIZONA REVISED STATUTES, BY ADDING CHAPTER 33; RELATING
TO END-OF-LIFE DECISIONS.

(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 33, to read:

4 CHAPTER 33

5 DEATH WITH DIGNITY

6 ARTICLE 1. GENERAL PROVISIONS

7 36-3301. Definitions

8 IN THIS CHAPTER, UNLESS THE CONTEXT OTHERWISE REQUIRES:

9 1. "CONSULTING PHYSICIAN" MEANS A PHYSICIAN WHO IS QUALIFIED BY
10 SPECIALTY OR EXPERIENCE TO MAKE A PROFESSIONAL DIAGNOSIS AND PROGNOSIS
11 REGARDING A PATIENT'S DISEASE.

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

16 3. "DEATH WITH DIGNITY" MEANS THE ISSUANCE OF A PRESCRIPTION FOR
17 MEDICATION FOR SELF-ADMINISTRATION THAT WILL TERMINATE THE LIFE OF A
18 QUALIFIED PATIENT IN A PAINLESS, HUMANE AND DIGNIFIED MANNER.

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 THAT IS MADE AFTER BEING FULLY
23 INFORMED BY THE ATTENDING PHYSICIAN OF:

24 (a) THE PATIENT'S MEDICAL DIAGNOSIS.

25 (b) THE PATIENT'S 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) FEASIBLE ALTERNATIVES TO TAKING THE MEDICATION, INCLUDING COMFORT
30 CARE, HOSPICE CARE 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 DEATH, WITH REASONABLE MEDICAL JUDGMENT, WITHIN
40 SIX MONTHS.

41 36-3302. Request for medication; requirements; witnesses;
42 signatures

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

1 B. A REQUEST FOR MEDICATION UNDER THIS ARTICLE MUST BE IN
2 SUBSTANTIALLY THE FORM DESCRIBED IN SECTION 36-3318, SIGNED AND DATED BY THE
3 PATIENT AND BE WITNESSED BY AT LEAST TWO PERSONS WHO, IN THE PRESENCE OF THE
4 PATIENT, ATTEST THAT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF THE PATIENT IS
5 COMPETENT, IS ACTING VOLUNTARILY AND IS NOT BEING COERCED TO SIGN THE
6 REQUEST.

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

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

14 D. THE PATIENT'S ATTENDING PHYSICIAN AT THE TIME THE REQUEST IS SIGNED
15 MAY NOT BE A WITNESS.

16 E. NOTWITHSTANDING SUBSECTION C, PARAGRAPH 3 OF THIS SECTION, IF THE
17 PATIENT RESIDES IN A LONG-TERM CARE FACILITY AT THE TIME THE WRITTEN REQUEST
18 IS MADE, ONE OF THE WITNESSES MUST BE A PERSON WHO IS DESIGNATED BY THE
19 FACILITY AND WHO HAS THE QUALIFICATIONS SPECIFIED BY THE DEPARTMENT AS
20 PRESCRIBED BY RULE.

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

24 36-3303. Safeguards; attending physician; requirements

25 THE ATTENDING PHYSICIAN MUST:

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

28 2. INFORM THE PATIENT OF:

29 (a) THE PATIENT'S MEDICAL DIAGNOSIS.

30 (b) THE PATIENT'S PROGNOSIS.

31 (c) THE POTENTIAL RISKS ASSOCIATED WITH TAKING THE MEDICATION TO BE
32 PRESCRIBED.

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

34 (e) FEASIBLE ALTERNATIVES TO TAKING THE MEDICATION, INCLUDING COMFORT
35 CARE, HOSPICE CARE AND PAIN CONTROL.

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

39 4. REFER THE PATIENT FOR COUNSELING IF REQUIRED PURSUANT TO SECTION
40 36-3305.

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

42 6. INFORM THE PATIENT THAT THE PATIENT CAN RESCIND THE REQUEST AT ANY
43 TIME AND IN ANY MANNER AND OFFER THE PATIENT AN OPPORTUNITY TO RESCIND AT THE
44 END OF THE FIFTEEN-DAY WAITING PERIOD PRESCRIBED IN SECTION 36-3310.

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

3 8. FULFILL THE MEDICAL RECORD DOCUMENTATION REQUIREMENT OF SECTION
4 36-3311.

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

8 36-3304. Consulting physician; confirmation of diagnosis

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

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

17 36-3305. Counseling referral

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

22 B. A PHYSICIAN MAY NOT PRESCRIBE MEDICATION TO END A PATIENT'S LIFE
23 UNTIL THE COUNSELING PSYCHIATRIST OR PSYCHOLOGIST DETERMINES THAT THE PATIENT
24 IS NOT SUFFERING FROM A PSYCHIATRIC OR PSYCHOLOGICAL DISORDER OR DEPRESSION
25 CAUSING IMPAIRED JUDGMENT.

26 C. A COUNSELING PSYCHIATRIST OR PSYCHOLOGIST MAY NOT BE A PARTNER,
27 SHAREHOLDER OR EMPLOYEE IN THE SAME PRACTICE AS THE ATTENDING PHYSICIAN.

28 36-3306. Informed decision

29 A PATIENT MAY NOT RECEIVE A PRESCRIPTION FOR MEDICATION TO END THE
30 PATIENT'S LIFE UNLESS THE PATIENT HAS MADE AN INFORMED DECISION AS PRESCRIBED
31 IN SECTION 36-3923.

32 36-3307. Family notification

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

37 36-3308. Written and oral requests

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

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

1 36-3309. Right to rescind request
2 A PATIENT MAY RESCIND A REQUEST AT ANY TIME AND IN ANY MANNER WITHOUT
3 REGARD TO THE PATIENT'S MENTAL STATE. A PRESCRIPTION FOR MEDICATION UNDER
4 THIS ARTICLE MAY NOT BE WRITTEN WITHOUT THE ATTENDING PHYSICIAN OFFERING THE
5 QUALIFIED PATIENT AN OPPORTUNITY TO RESCIND THE REQUEST. IF THE PATIENT
6 RESCINDS THE DIRECTIVE OR REQUEST, IT MUST BE AS IF THE DIRECTIVE OR REQUEST
7 WERE NEVER MADE.

8 36-3310. Waiting periods
9 A. AT LEAST FIFTEEN DAYS MUST ELAPSE BETWEEN THE PATIENT'S INITIAL
10 ORAL REQUEST AND THE WRITING OF A PRESCRIPTION UNDER THIS ARTICLE. AT LEAST
11 FORTY-EIGHT HOURS MUST ELAPSE BETWEEN THE PATIENT'S WRITTEN REQUEST AND THE
12 WRITING OF A PRESCRIPTION UNDER THIS ARTICLE.

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

17 36-3311. Medical records; documentation; requirements
18 THE FOLLOWING INFORMATION MUST BE DOCUMENTED OR FILED IN THE PATIENT'S
19 MEDICAL RECORD:

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

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

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

27 4. THE CONSULTING PHYSICIAN'S DIAGNOSIS AND PROGNOSIS AND VERIFICATION
28 THAT THE PATIENT IS COMPETENT, IS ACTING VOLUNTARILY AND HAS MADE AN INFORMED
29 DECISION.

30 5. A REPORT OF THE OUTCOME AND DETERMINATIONS MADE DURING COUNSELING,
31 IF PERFORMED.

32 6. THE ATTENDING PHYSICIAN'S OFFER TO THE PATIENT TO RESCIND THE
33 PATIENT'S REQUEST AT THE TIME OF THE PATIENT'S SECOND ORAL REQUEST PURSUANT
34 TO SECTION 36-3308.

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

38 36-3312. Reporting requirements
39 A. THE DEPARTMENT SHALL ANNUALLY REVIEW A SAMPLE OF RECORDS MAINTAINED
40 PURSUANT TO THIS ARTICLE.

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

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

3 36-3313. Effect on construction of wills and contracts

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

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

11 36-3314. Insurance or annuity policies

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

16 B. AN INSURER MAY NOT REQUIRE OR REQUEST AN INSURED TO DISCLOSE
17 WHETHER THE INSURED HAS CONSIDERED OR EXECUTED A REQUEST FOR DEATH WITH
18 DIGNITY.

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

22 36-3315. Construction of article

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

28 36-3316. Immunities

29 EXCEPT AS PROVIDED IN SECTION 36-3317:

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

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

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

43 4. A REQUEST BY A PATIENT FOR OR PROVISION BY AN ATTENDING PHYSICIAN
44 OF MEDICATION IN GOOD FAITH COMPLIANCE WITH THIS ARTICLE DOES NOT CONSTITUTE

1 NEGLECT FOR ANY PURPOSE OF LAW OR PROVIDE THE SOLE BASIS FOR THE APPOINTMENT
2 OF A GUARDIAN OR CONSERVATOR.

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

12 6. A HEALTH CARE FACILITY THAT REFUSES TO ALLOW DEATH WITH DIGNITY TO
13 BE PRESCRIBED OR ADMINISTERED ON ITS PREMISES MAY NOT DENY STAFF PRIVILEGES
14 OR EMPLOYMENT TO A PERSON FOR THE SOLE REASON THAT THE PERSON PREVIOUSLY
15 PARTICIPATED IN DEATH WITH DIGNITY.

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

19 36-3317. Violations; classification; liability

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

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

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

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

33 36-3318. Sample form

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

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

1 ALTERNATIVES, INCLUDING COMFORT CARE, HOSPICE CARE AND PAIN
2 CONTROL.

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

5 INITIAL ONE:

6 _____ I HAVE INFORMED MY FAMILY MEMBERS OF MY DECISION AND HAVE
7 TAKEN THEIR OPINIONS INTO CONSIDERATION.

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

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

10 I UNDERSTAND THAT I HAVE THE RIGHT TO RESCIND THIS REQUEST
11 AT ANY TIME.

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

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

16 SIGNED: _____

17 DATED: _____

18 DECLARATION OF WITNESSES

19 WE DECLARE THAT THE PERSON SIGNING THIS REQUEST:

20 1. IS PERSONALLY KNOWN TO US OR HAS PROVIDED PROOF OF
21 IDENTITY.

22 2. SIGNED THIS REQUEST IN OUR PRESENCE.

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

25 4. IS NOT A PATIENT FOR WHOM EITHER OF US IS THE
26 ATTENDING PHYSICIAN.

27 WITNESS 1 _____

28 DATE _____

29 WITNESS 2 _____

30 DATE _____

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

38 Sec. 2. Short title

39 This act may be cited as the "Death with Dignity Act of 2016".