

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

State of Arizona
Senate
Fifty-third Legislature
Second Regular Session
2018

SB 1222

Introduced by
Senators Bradley: Cajero Bedford, Dalessandro, Mendez, Meza, Otondo,
Peshlakai, Quezada

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 ARTICLE, 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 PATIENT AND A
13 PSYCHIATRIST OR PSYCHOLOGIST WHO IS LICENSED BY THIS STATE TO DETERMINE
14 WHETHER THE PATIENT IS SUFFERING FROM A PSYCHIATRIC OR PSYCHOLOGICAL
15 DISORDER OR DEPRESSION CAUSING IMPAIRED JUDGMENT.

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

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
22 ON AN APPRECIATION OF THE RELEVANT FACTS AND THAT IS MADE AFTER BEING
23 FULLY INFORMED BY THE ATTENDING PHYSICIAN OF ALL OF THE FOLLOWING:

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
30 COMFORT 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
35 THIS STATE FOR AT LEAST NINETY DAYS AND WHO HAS SATISFIED THE REQUIREMENTS
36 OF THIS ARTICLE IN ORDER TO OBTAIN A PRESCRIPTION TO END THE PATIENT'S
37 LIFE.

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

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

44 A. A QUALIFIED PATIENT MAY MAKE A WRITTEN REQUEST FOR MEDICATION TO
45 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, BE SIGNED AND DATED
3 BY THE PATIENT AND BE WITNESSED BY AT LEAST TWO PERSONS WHO, IN THE
4 PRESENCE OF THE PATIENT, ATTEST THAT TO THE BEST OF THEIR KNOWLEDGE AND
5 BELIEF THE PATIENT IS COMPETENT, IS ACTING VOLUNTARILY AND IS NOT BEING
6 COERCED TO SIGN THE 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
10 THE ESTATE OF THE PATIENT ON THE PATIENT'S DEATH UNDER ANY WILL OR BY
11 OPERATION OF LAW.

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

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

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

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

28 2. INFORM THE PATIENT OF ALL OF THE FOLLOWING:

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
35 COMFORT 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
43 ANY TIME AND IN ANY MANNER AND OFFER THE PATIENT AN OPPORTUNITY TO RESCIND
44 AT THE END OF THE FIFTEEN-DAY WAITING PERIOD PRESCRIBED IN SECTION
45 36-3310.

1 7. VERIFY, IMMEDIATELY BEFORE WRITING THE PRESCRIPTION FOR
2 MEDICATION, 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
7 THE QUALIFIED PATIENT TO END THE PATIENT'S LIFE IN A HUMANE AND DIGNIFIED
8 MANNER.

9 36-3304. Consulting physician; confirmation of diagnosis

10 A. BEFORE A PATIENT IS DEEMED QUALIFIED UNDER THIS ARTICLE, A
11 CONSULTING PHYSICIAN SHALL DO ALL OF THE FOLLOWING:

12 1. EXAMINE THE PATIENT AND THE PATIENT'S RELEVANT MEDICAL RECORDS.

13 2. CONFIRM, IN WRITING, THE ATTENDING PHYSICIAN'S DIAGNOSIS THAT
14 THE PATIENT IS SUFFERING FROM A TERMINAL CONDITION.

15 3. VERIFY THAT THE PATIENT IS COMPETENT, IS ACTING VOLUNTARILY AND
16 HAS MADE AN INFORMED DECISION.

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

19 36-3305. Counseling referral

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

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

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

30 36-3306. Informed decision

31 A PATIENT MAY NOT RECEIVE A PRESCRIPTION FOR MEDICATION TO END THE
32 PATIENT'S LIFE UNLESS THE PATIENT HAS MADE AN INFORMED DECISION AND
33 COMPLETED THE REQUEST FOR MEDICATION FORM AS PRESCRIBED IN SECTION
34 36-3318.

35 36-3307. Family notification

36 THE ATTENDING PHYSICIAN SHALL ASK THE PATIENT TO NOTIFY THE
37 PATIENT'S NEXT OF KIN OF THE PATIENT'S REQUEST FOR MEDICATION PURSUANT TO
38 THIS ARTICLE. THE PHYSICIAN MAY NOT DENY A REQUEST FOR MEDICATION IF A
39 PATIENT DECLINES OR IS UNABLE TO NOTIFY THE PATIENT'S NEXT OF KIN.

40 36-3308. Written and oral requests

41 A. IN ORDER TO RECEIVE A PRESCRIPTION FOR MEDICATION UNDER THIS
42 ARTICLE, A PATIENT SHALL MAKE BOTH AN ORAL AND A WRITTEN REQUEST AND SHALL
43 REITERATE THE ORAL REQUEST TO THE PATIENT'S ATTENDING PHYSICIAN AT LEAST
44 FIFTEEN DAYS AFTER MAKING THE INITIAL ORAL REQUEST.

1 B. AT THE TIME THE QUALIFIED PATIENT MAKES THE SECOND ORAL REQUEST,
2 THE ATTENDING PHYSICIAN SHALL OFFER THE PATIENT AN OPPORTUNITY TO RESCIND
3 THE REQUEST.

4 36-3309. Right to rescind request; effect

5 A PATIENT MAY RESCIND A REQUEST AT ANY TIME AND IN ANY MANNER
6 WITHOUT REGARD TO THE PATIENT'S MENTAL STATE. A PRESCRIPTION FOR
7 MEDICATION UNDER THIS ARTICLE MAY NOT BE WRITTEN WITHOUT THE ATTENDING
8 PHYSICIAN OFFERING THE QUALIFIED PATIENT AN OPPORTUNITY TO RESCIND THE
9 REQUEST. IF THE PATIENT RESCINDS THE DIRECTIVE OR REQUEST, IT IS AS IF
10 THE DIRECTIVE OR REQUEST WERE NEVER MADE.

11 36-3310. Waiting periods

12 A. AT LEAST FIFTEEN DAYS MUST ELAPSE BETWEEN THE PATIENT'S INITIAL
13 ORAL REQUEST AND THE WRITING OF A PRESCRIPTION UNDER THIS ARTICLE. AT
14 LEAST FORTY-EIGHT HOURS MUST ELAPSE BETWEEN THE PATIENT'S WRITTEN REQUEST
15 AND THE WRITING OF A PRESCRIPTION UNDER THIS ARTICLE.

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

21 36-3311. Medical records; documentation; requirements

22 THE FOLLOWING INFORMATION MUST BE DOCUMENTED OR FILED IN THE
23 PATIENT'S MEDICAL RECORD:

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

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

28 3. THE ATTENDING PHYSICIAN'S DIAGNOSIS AND PROGNOSIS AND
29 VERIFICATION THAT THE PATIENT IS COMPETENT, IS ACTING VOLUNTARILY AND HAS
30 MADE AN INFORMED DECISION.

31 4. THE CONSULTING PHYSICIAN'S DIAGNOSIS AND PROGNOSIS AND
32 VERIFICATION THAT THE PATIENT IS COMPETENT, IS ACTING VOLUNTARILY AND HAS
33 MADE AN INFORMED DECISION.

34 5. A REPORT OF THE OUTCOME OF AND DETERMINATIONS MADE DURING
35 COUNSELING, IF PERFORMED.

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

39 7. THE ATTENDING PHYSICIAN'S CONFIRMATION THAT ALL REQUIREMENTS
40 UNDER THIS ARTICLE HAVE BEEN MET AND A NOTATION OF THE STEPS TAKEN TO
41 CARRY OUT THE REQUEST, INCLUDING THE MEDICATION PRESCRIBED.

42 36-3312. Review; rules; annual report

43 A. THE DEPARTMENT SHALL ANNUALLY REVIEW A SAMPLE OF RECORDS
44 MAINTAINED PURSUANT TO THIS ARTICLE.

1 B. THE DEPARTMENT SHALL ADOPT RULES TO FACILITATE THE COLLECTION OF
2 INFORMATION REGARDING COMPLIANCE WITH THIS ARTICLE. THE INFORMATION
3 COLLECTED IS NOT A PUBLIC RECORD AND IS NOT AVAILABLE FOR INSPECTION BY
4 THE PUBLIC.

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

7 36-3313. Effect on construction of wills and contracts

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

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

16 36-3314. Insurance or annuity policies

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

22 B. AN INSURER MAY NOT REQUIRE OR REQUEST AN INSURED TO DISCLOSE
23 WHETHER THE INSURED HAS CONSIDERED OR EXECUTED A REQUEST FOR DEATH WITH
24 DIGNITY.

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

28 36-3315. Construction of article

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

34 36-3316. Immunities

35 EXCEPT AS PROVIDED IN SECTION 36-3317:

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

41 2. THIS ARTICLE DOES NOT AUTHORIZE ANY PERSON TO ASSIST IN
42 ADMINISTERING MEDICATION UNLESS THAT PERSON IS DESIGNATED BY A QUALIFIED
43 PATIENT TO ADMINISTER OR DISPENSE THE MEDICATION BECAUSE OF THE QUALIFIED
44 PATIENT'S PHYSICAL DISABILITY.

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

5 4. A PATIENT'S REQUEST FOR OR AN ATTENDING PHYSICIAN'S PROVISION OF
6 MEDICATION IN GOOD FAITH COMPLIANCE WITH THIS ARTICLE DOES NOT CONSTITUTE
7 NEGLECT FOR ANY PURPOSE OF LAW OR PROVIDE THE SOLE BASIS FOR THE
8 APPOINTMENT OF A GUARDIAN OR CONSERVATOR.

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

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

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

26 36-3317. Violations; classification; liability

27 A. A PERSON WHO WITHOUT AUTHORIZATION OF THE PATIENT WILFULLY
28 ALTERS OR FORGES A REQUEST FOR MEDICATION OR CONCEALS OR DESTROYS A
29 RESCISSION OF THAT REQUEST WITH THE INTENT OR EFFECT OF CAUSING THE
30 PATIENT'S DEATH IS GUILTY OF MANSLAUGHTER.

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

34 C. THIS ARTICLE DOES NOT LIMIT FURTHER LIABILITY FOR CIVIL DAMAGES
35 RESULTING FROM OTHER NEGLIGENT CONDUCT OR INTENTIONAL MISCONDUCT BY ANY
36 PERSON.

37 D. THE PENALTIES IN THIS ARTICLE DO NOT PRECLUDE CRIMINAL PENALTIES
38 APPLICABLE UNDER ANY OTHER LAW FOR CONDUCT THAT IS INCONSISTENT WITH THIS
39 ARTICLE.

40 36-3318. Request for medication; sample form

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

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REQUEST FOR MEDICATION

TO END MY LIFE IN A HUMANE AND DIGNIFIED MANNER

I, _____, AM AN ADULT OF SOUND MIND.

I AM SUFFERING FROM _____, WHICH MY ATTENDING PHYSICIAN HAS DETERMINED IS A TERMINAL CONDITION AND A CONSULTING PHYSICIAN HAS MEDICALLY CONFIRMED.

I HAVE BEEN FULLY INFORMED OF MY DIAGNOSIS, MY PROGNOSIS, THE NATURE OF MEDICATION TO BE PRESCRIBED AND POTENTIAL ASSOCIATED RISKS, THE EXPECTED RESULT AND THE FEASIBLE ALTERNATIVES, INCLUDING COMFORT CARE, HOSPICE CARE AND PAIN CONTROL.

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

INITIAL ONE:

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

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

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

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

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

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

SIGNED: _____

DATED: _____

DECLARATION OF WITNESSES

WE DECLARE THAT THE PERSON SIGNING THIS REQUEST:

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

2. SIGNED THIS REQUEST IN OUR PRESENCE.

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

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

WITNESS 1 _____

DATE _____

WITNESS 2 _____

DATE _____

1 NOTE: ONE WITNESS CANNOT BE A RELATIVE (BY BLOOD,
2 MARRIAGE OR ADOPTION) OF THE PERSON SIGNING THIS REQUEST,
3 CANNOT BE ENTITLED TO ANY PORTION OF THE PERSON'S ESTATE ON
4 DEATH AND CANNOT OWN, OPERATE OR BE EMPLOYED AT A HEALTH CARE
5 FACILITY WHERE THE PERSON IS A PATIENT OR RESIDENT. IF THE
6 PERSON IS AN INPATIENT AT A HEALTH CARE FACILITY, ONE WITNESS
7 MUST BE AN INDIVIDUAL DESIGNATED BY THE FACILITY.

8 Sec. 2. Short title
9 This act may be cited as the "Death with Dignity Act of 2018".