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REFERENCE TITLE: aid in dying

State of Arizona  
House of Representatives  
Forty-seventh Legislature  
First Regular Session  
2005

## **HB 2313**

Introduced by  
Representatives Lopez L, Burton Cahill, Lopes: Alvarez, Bradley, Cajero  
Bedford, Downing, Gallardo, Garcia M, Landrum Taylor, Lujan, Miranda B,  
Sinema, Tom, Senators Giffords, Miranda, Soltero

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 THE 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  
46 PATIENT AND WITNESSED BY AT LEAST TWO PERSONS WHO, IN THE PRESENCE OF THE

1 PATIENT, ATTEST THAT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF THE PATIENT IS  
2 COMPETENT, IS ACTING VOLUNTARILY AND IS NOT BEING COERCED TO SIGN THE  
3 REQUEST.

4 C. AT LEAST ONE OF THE WITNESSES MUST BE A PERSON WHO IS NOT:

5 1. A RELATIVE OF THE PATIENT BY BLOOD, MARRIAGE OR ADOPTION.

6 2. A PERSON WHO AT THE TIME THE REQUEST IS SIGNED IS ENTITLED TO ANY  
7 PORTION OF THE ESTATE OF THE PATIENT ON THE PATIENT'S DEATH UNDER ANY WILL OR  
8 BY OPERATION OF LAW.

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

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

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

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

21 36-3803. Safeguards; attending physician; responsibilities

22 THE ATTENDING PHYSICIAN MUST:

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

25 2. INFORM THE PATIENT OF:

26 (a) THE PATIENT'S MEDICAL DIAGNOSIS.

27 (b) THE PATIENT'S PROGNOSIS.

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

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

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

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

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

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

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

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

44 8. FULFILL THE MEDICAL RECORD DOCUMENTATION REQUIREMENT OF SECTION  
45 36-3811.

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

4           36-3804. Consulting physician; confirmation of diagnosis

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

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

13           36-3805. Counseling referral

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

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

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

24           36-3806. Informed decision

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

28           36-3807. Family notification

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

33           36-3808. Written and oral requests

34           A. IN ORDER TO RECEIVE A PRESCRIPTION FOR MEDICATION UNDER THIS  
35 ARTICLE, A PATIENT MUST MAKE AN ORAL AND A WRITTEN REQUEST AND MUST REITERATE  
36 THE ORAL REQUEST TO THE PATIENT'S ATTENDING PHYSICIAN NOT LESS THAN FIFTEEN  
37 DAYS AFTER MAKING THE INITIAL ORAL REQUEST.

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

41           36-3809. Right to rescind request

42           A PATIENT MAY RESCIND A REQUEST AT ANY TIME AND IN ANY MANNER WITHOUT  
43 REGARD TO THE PATIENT'S MENTAL STATE. NO PRESCRIPTION FOR MEDICATION UNDER  
44 THIS ARTICLE MAY BE WRITTEN WITHOUT THE ATTENDING PHYSICIAN OFFERING THE  
45 QUALIFIED PATIENT AN OPPORTUNITY TO RESCIND THE REQUEST. IF A DIRECTIVE OR

1 REQUEST IS RESCINDED, IT MUST BE AS IF THE DIRECTIVE OR REQUEST WERE NEVER  
2 MADE.

3 36-3810. Waiting periods

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

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

12 36-3811. Medical records; documentation; requirements

13 THE FOLLOWING INFORMATION MUST BE DOCUMENTED OR FILED IN THE PATIENT'S  
14 MEDICAL RECORD:

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

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

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

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

25 5. A REPORT OF THE OUTCOME AND DETERMINATIONS MADE DURING COUNSELING,  
26 IF PERFORMED.

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

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

33 36-3812. Reporting requirements

34 A. THE DEPARTMENT SHALL ANNUALLY REVIEW A SAMPLE OF RECORDS MAINTAINED  
35 PURSUANT TO THIS ARTICLE.

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

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

42 36-3813. Effect on construction of wills and contracts

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

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

4 36-3814. Insurance or annuity policies

5 A. THE SALE, PROCUREMENT OR ISSUANCE OF ANY LIFE, HEALTH OR ACCIDENT  
6 INSURANCE OR ANNUITY POLICY OR THE RATE CHARGED FOR ANY POLICY SHALL NOT BE  
7 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 B. AN INSURER SHALL NOT REQUIRE OR REQUEST AN INSURED TO DISCLOSE IF  
10 THE INSURED HAS CONSIDERED OR EXECUTED A REQUEST FOR AID IN DYING.

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

14 36-3815. Construction

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

20 36-3816. Immunities

21 EXCEPT AS PROVIDED IN SECTION 36-3817:

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

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

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

35 4. A REQUEST BY A PATIENT FOR OR PROVISION BY AN ATTENDING PHYSICIAN  
36 OF MEDICATION IN GOOD FAITH COMPLIANCE WITH THIS ARTICLE DOES NOT CONSTITUTE  
37 NEGLECT FOR ANY PURPOSE OF LAW OR PROVIDE THE SOLE BASIS FOR THE APPOINTMENT  
38 OF A GUARDIAN OR CONSERVATOR.

39 5. A HEALTH CARE PROVIDER IS NOT UNDER ANY DUTY, WHETHER BY CONTRACT,  
40 BY STATUTE OR BY ANY OTHER LEGAL REQUIREMENT, TO PARTICIPATE IN THE PROVISION  
41 TO A QUALIFIED PATIENT OF MEDICATION TO END THE PATIENT'S LIFE IN A HUMANE  
42 AND DIGNIFIED MANNER. IF A HEALTH CARE PROVIDER IS UNABLE OR UNWILLING TO  
43 CARRY OUT A PATIENT'S REQUEST UNDER THIS ARTICLE, THE HEALTH CARE PROVIDER  
44 MUST PROMPTLY TRANSFER THE RESPONSIBILITY TO ANOTHER PROVIDER WHO IS WILLING  
45 TO ACT IN ACCORDANCE WITH THE QUALIFIED PATIENT'S WISHES. THE HEALTH CARE

1 PROVIDER MUST TRANSFER, ON REQUEST, A COPY OF THE PATIENT'S RELEVANT MEDICAL  
2 RECORDS TO THE NEW HEALTH CARE PROVIDER.

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

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

10 36-3817. Liability

11 A. A PERSON WHO WITHOUT AUTHORIZATION OF THE PATIENT WILFULLY ALTERS  
12 OR FORGES A REQUEST FOR MEDICATION OR CONCEALS OR DESTROYS A RESCISSION OF  
13 THAT REQUEST WITH THE INTENT OR EFFECT OF CAUSING THE PATIENT'S DEATH IS  
14 GUILTY OF MANSLAUGHTER.

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

18 C. THIS ARTICLE DOES NOT LIMIT FURTHER LIABILITY FOR CIVIL DAMAGES  
19 RESULTING FROM OTHER NEGLIGENT CONDUCT OR INTENTIONAL MISCONDUCT BY ANY  
20 PERSON.

21 D. THE PENALTIES IN THIS ARTICLE DO NOT PRECLUDE CRIMINAL PENALTIES  
22 APPLICABLE UNDER ANY OTHER LAW FOR CONDUCT THAT IS INCONSISTENT WITH THIS  
23 ARTICLE.

24 36-3818. Sample form

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

27 REQUEST FOR MEDICATION

28 TO END MY LIFE IN A HUMANE AND DIGNIFIED MANNER

29 I, \_\_\_\_\_, AM AN ADULT OF SOUND MIND.

30 I AM SUFFERING FROM \_\_\_\_\_, WHICH MY

31 ATTENDING PHYSICIAN HAS DETERMINED IS A TERMINAL DISEASE AND

32 WHICH HAS BEEN MEDICALLY CONFIRMED BY A CONSULTING PHYSICIAN.

33 I HAVE BEEN FULLY INFORMED OF MY DIAGNOSIS, MY PROGNOSIS,

34 THE NATURE OF MEDICATION TO BE PRESCRIBED AND POTENTIAL

35 ASSOCIATED RISKS, THE EXPECTED RESULT AND THE FEASIBLE

36 ALTERNATIVES, INCLUDING COMFORT CARE, HOSPICE CARE AND PAIN

37 CONTROL.

38 I REQUEST THAT MY ATTENDING PHYSICIAN PRESCRIBE MEDICATION

39 THAT WILL END MY LIFE IN A HUMANE AND DIGNIFIED MANNER.

40 INITIAL ONE:

41 \_\_\_\_\_ I HAVE INFORMED MY FAMILY OF MY DECISION AND HAVE TAKEN

42 THEIR OPINIONS INTO CONSIDERATION.

43 \_\_\_\_\_ I HAVE DECIDED NOT TO INFORM MY FAMILY OF MY DECISION.

44 \_\_\_\_\_ I HAVE NO FAMILY TO INFORM OF MY DECISION.

45 I UNDERSTAND THAT I HAVE THE RIGHT TO RESCIND THIS REQUEST

46 AT ANY TIME.

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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 NOT 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

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