

Excerpts from the Humane and Dignified Death Act

California Civil Code, Title 10.5

2525.1. Adult persons have the fundamental right to control the decisions relating to the rendering of their own medical care, including the decisions to have life-sustaining procedures withheld or withdrawn or, if suffering from a terminal condition, to request a physician to administer aid-in-dying.

Modern medical technology has made possible the artificial prolongation of human life beyond natural limits. This prolongation of life for persons with terminal conditions may cause loss of patient dignity and unnecessary pain and suffering, while providing nothing medically necessary or beneficial to the patient.

In recognition of the dignity and privacy which patients have a right to expect, the State of California shall recognize the right of an adult person to make a written directive instructing his or her physician to withhold or withdraw life-sustaining procedures or, if suffering from a terminal condition, to administer aid-in-dying.

2525.2. (g) "Terminal condition" means an incurable condition which would, in the opinion of the two certifying physicians exercising reasonable medical judgment, produce death, and when the application of life-sustaining procedures would serve only to postpone the moment of death of the patient, and in the case of a patient requesting aid-in-dying, in the opinion of such physicians such condition or conditions would produce death within six months.

2525.2. (h) "Aid-in-dying" means any medical procedure that will terminate the life of the qualified patient swiftly, painlessly, and humanely.

2525.3. The directive shall be signed by the declarant in the presence of two witnesses not related to the declarant by blood or marriage and who would not be entitled to any portion of the estate of the declarant upon his or her death. . . . A witness to a directive shall not be the attending physician, an employee of the attending physician or a healthcare facility in which the declarant is a patient, or any person who, at the time of the

execution of the directive, has a claim against any portion of the estate of the declarant upon his or her death.

2525.4. A directive shall have no force or effect if the declarant is a patient in a skilled nursing facility as defined in subdivision (c) of Section 1250 of the Health and Safety Code and intermediate care facilities or community care facilities at the time the directive is executed unless one of the two witnesses to the directive is a patient advocate or ombudsman designated by the Department of Aging for this purpose pursuant to any other applicable provision of law. The patient advocate or ombudsman shall have the same qualifications as a witness under Section 2525.3.

The intent of this section is to recognize that some patients in skilled nursing facilities may be so insulated from a voluntary decision-making role, by virtue of the custodial nature of their care, as to require special assurance that they are capable of willfully and voluntarily executing a directive.

2525.5. (a) A directive may be revoked at any time by the declarant, without regard to his or her mental state or competency.

2525.6. (a) Except as provided in subdivision (b), a directive shall be effective for seven years from the date of execution thereof unless revoked prior to the end of the seven-year time period in the manner prescribed in Section 2525.5.

2525.6. (b) If the declarant becomes comatose or is otherwise rendered incapable of communicating with the attending physician before the end of the seven-year period, the directive shall remain in effect for the duration of the comatose condition or until such time as the declarant's condition renders him or her able to communicate with the attending physician.

2525.7. No physician, or other person acting under the direction of a physician, who acts in accordance with the provisions of this chapter, shall be guilty of any criminal act or of unprofessional conduct because he or she participates

in the withholding or withdrawal of life-sustaining procedures, or because he or she administers aid-in-dying. Fees for administering aid-in-dying shall be fair and reasonable as determined from time to time by the Department of Health Services.

2525.8. Nothing herein requires a physician to administer aid in dying if he or she is morally or ethically opposed.

2525.9. (b) No physician, and no person acting under the direction of a physician, shall be criminally, civilly, or administratively liable for failing to effectuate the directive of the qualified patient, unless he willfully fails to transfer the patient upon request.

2525.10. (a) The decision of an attorney-in-fact to request a physician to administer aid-in-dying shall first be reviewed by a hospital committee of three persons.

2526. (b) The making of a directive pursuant to Section 2525.3 shall not restrict, inhibit, or impair in any manner the sale, procurement, or issuance of any policy of life or health insurance, nor shall it affect in any way the terms of an existing policy of life or health insurance. No policy of life or health insurance shall be legally impaired or invalidated in any manner by the withholding or withdrawal of life-sustaining procedures from, or administering aid-in-dying to, an insured qualified patient, notwithstanding any term of the policy to the contrary.

2526.2 Any person who, except where permitted by law, falsifies or forges the directive of another, or willfully conceals or withholds personal knowledge of a revocation as provided in Section 2526.5, with the intent to cause a withholding or withdrawal of life-sustaining procedures or to induce aid-in-dying procedures contrary to the wishes of the declarant, and thereby, because of any such act, directly causes life-sustaining procedures to be withheld or withdrawn and death thereby to be hastened or aid-in-dying to be administered, shall be subject to prosecution for unlawful homicide as provided in Chapter 1 (commencing with Section 187) of Title 8 of Part 1 of the Penal Code.

2526.6. In no event shall life-sustaining procedures be withheld or withdrawn or shall aid-in-dying be administered to a patient solely because he or she is a burden to anyone or because the patient is incompetent. ●