

1 in order to obtain a prescription for medication that the qualified
2 patient may self-administer to end his or her life in a humane and
3 dignified manner.

4 (12) "Self-administer" means a qualified patient's act of ingesting
5 medication to end his or her life in a humane and dignified manner.

6 (13) "Terminal disease" means an incurable and irreversible disease
7 that has been medically confirmed and will, within reasonable medical
8 judgment, produce death within six months.

9 **Written Request for Medication to End Life**
10 **in a Humane and Dignified Manner**

11 NEW SECTION. **Sec. 2. WHO MAY INITIATE A WRITTEN REQUEST FOR**
12 **MEDICATION.** (1) An adult who is competent, is a resident of Washington
13 state, and has been determined by the attending physician and
14 consulting physician to be suffering from a terminal disease, and who
15 has voluntarily expressed his or her wish to die, may make a written
16 request for medication that the patient may self-administer to end his
17 or her life in a humane and dignified manner in accordance with this
18 chapter.

19 (2) A person does not qualify under this chapter solely because of
20 age or disability.

21 X NEW SECTION. **Sec. 3. FORM OF THE WRITTEN REQUEST.** (1) A valid
22 request for medication under this chapter shall be in substantially the
23 form described in section 22 of this act, signed and dated by the
24 patient and witnessed by at least two individuals who, in the presence
25 of the patient, attest that to the best of their knowledge and belief
26 the patient is competent, acting voluntarily, and is not being coerced
27 to sign the request.

28 (2) One of the witnesses shall be a person who is not:

29 (a) A relative of the patient by blood, marriage, or adoption;

30 (b) A person who at the time the request is signed would be
31 entitled to any portion of the estate of the qualified patient upon
32 death under any will or by operation of law; or

33 (c) An owner, operator, or employee of a health care facility where
34 the qualified patient is receiving medical treatment or is a resident.

1 of 2 witnesses can be an heir/
will beneficiary.

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Witness 1 Witness 2

Initials Initials

- 1. Is personally known to us or has provided proof of identity;
- 2. Signed this request in our presence on the date of the person's signature;
- 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.

Printed Name of Witness 1:

Signature of Witness 1/Date:

Printed Name of Witness 2:

Signature of 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 upon 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 shall be an individual designated by the facility.

One witness can be an heir/will beneficiary

Sec. 23. RCW 42.56.360 and 2007 c 261 s 4 and 2007 c 259 s 49 are each reenacted and amended to read as follows:

(1) The following health care information is exempt from disclosure under this chapter:

- (a) Information obtained by the board of pharmacy as provided in RCW 69.45.090;
- (b) Information obtained by the board of pharmacy or the department of health and its representatives as provided in RCW 69.41.044, 69.41.280, and 18.64.420;
- (c) Information and documents created specifically for, and collected and maintained by a quality improvement committee under RCW 43.70.510 or 70.41.200, or by a peer review committee under RCW 4.24.250, or by a quality assurance committee pursuant to RCW 74.42.640 or 18.20.390, or by a hospital, as defined in RCW 43.70.056, for reporting of health care-associated infections under RCW 43.70.056, and