Facilities. Physicians who care for inpatients or residents at hospitals, long-term care facilities and other medical facilities will need to be aware of and follow the policies and procedures of the facility.

Medical Directives. The aid-in-dying law has no effect on any other medical directives.

Participation. Each physician will need to decide whether to participate in offering aid-in-dying prescriptions. An aid-in-dying prescription can only be offered by an "Attending Physician," the physician with primary responsibility for the care and treatment of the terminally ill individual. If a patient requests a prescription for aid-in-dying medication from a physician other than the Attending Physician, the patient should be referred to his or her Attending Physician. If a physician elects not to offer aid-in-dying prescriptions and his or her patient requests such a prescription, the patient may transfer care to a different physician who offers the service and, upon request, the prior physician must provide copies of all relevant medical records to the Attending Physician.

Criteria. The patient criteria for issuing an aid-in-dying prescription are:

- The Attending Physician has diagnosed the patient with a terminal illness with a prognosis of 6 months or less;
- The patient is 18 years of age or older and a resident of Colorado;
- The Attending Physician has determined the patient has mental capacity;
- The patient voluntarily requests a prescription for medical-aid-in-dying medication;
- The patient is not terminal with a prognosis of 6 months or less solely from age or disability; and
- The patient makes two oral requests at least 15 days apart and signs and submits the written request for a prescription for aid-in-dying medication.

Informed Decision. A form of the written request is attached. Prior to the patient signing and submitting the written request, the Attending Physician must ensure the patient is making an informed decision by discussing with the patient:

- Diagnosis and prognosis of less than six months;
- The nature of the medical aid-in-dying medication to be prescribed and potential associated risks;
- The probable result of taking the medication;
- The feasible alternatives or additional treatment opportunities, including comfort care, palliative care, hospice care, and pain control; and
- The possibility that the patient can obtain the aid-in-dying medication but choose not to use it.

Other Attending Physician Responsibilities. The Attending Physician also must:

- Confirm outside the presence of others that the patient is not feeling coerced or unduly influenced by another person;
- Counsel the patient about the importance of:

    - having another person present when the patient self-administers the aid-in-dying medication;
    - Not taking the medication in a public place;
    - Safe-keeping and proper disposal of unused medication; and
    - Notifying next of kin of the request for aid-in-dying medication;
- Inform the patient that he or she may rescind the request at any time and in any manner;
- Ensure all appropriate steps are completed;
- Either:
    - Dispense aid-in-dying medication to the patient along with any ancillary medications to minimize patient discomfort, if the physician has a DEA certificate and complies with administrative rules; or
    - Deliver a written prescription to a licensed pharmacist; and
- Accept from the patient or the patient's family any returned unused or excess aid-in-dying medication and handle in accordance with state and federal law.

Verify Informed Decision and Right to Rescind. Immediately before writing a prescription for aid-in-dying medication, the Attending Physician must verify that the patient is making an informed decision in accordance with the requirements under "Informed Decision" above. An Attending Physician shall not write a prescription for aid-in-dying medication without offering the patient an opportunity to rescind his or her request.

Mental Capacity. If a physician has uncertainty about the mental capacity of a patient requesting an aid-in-dying prescription to make and communicate an informed decision, the physician can refer the patient to a licensed mental health professional for an assessment and written documentation of the patient's mental capacity and that the patient is making an informed decision.

Right to Rescind. The patient may rescind the request for an aid-in-dying prescription at any time without regard to the patient's mental state.

Proof of Residency. The Attending Physician must request from the patient one of the following as proof of residency:

- A Colorado driver's license or identification card;
- A Colorado voter registration card or other documentation of Colorado voter registration;
- Documentation showing ownership or lease of property in Colorado; or
- A Colorado income tax return from the most recent year.

Consulting Physician. The Attending Physician must refer the patient to a Consulting Physician. The Consulting Physician must:

- Examine the patient and his or her medical records;
- Confirm, in writing, to the Attending Physician
    - That the patient has a terminal illness;
    - The patient has a prognosis of six months or less;
    - That the patient is making an informed decision; and
    - That the patient is mentally capable, or provide documentation that the Consulting Physician has referred the patient to a mental health professional for further evaluation

Death Certificate. Unless otherwise prohibited by law, the death certificate must be signed by the Attending Physician or the hospice medical director. The death certificate shall list the underlying terminal illness as the cause of death for a patient who dies from aid-in-dying medication and does not serve as ground for a post-mortem inquiry.

Medical Records. The Attending Physician must document:

- Dates of all oral requests;
- A valid written request;
- The diagnosis and prognosis, determination of mental capacity, and that the patient is making a voluntary request and an informed decision;
- The Consulting Physician's confirmation of diagnosis and prognosis, determination of mental capacity, and that the patient is making an informed decision;
- If applicable, written confirmation of mental capacity from a mental health provider;
- A notation of notification of right to rescind; and
- A notation that all required steps have been completed, steps taken to complete the request including the medications prescribed and when.

Disclaimer. This summary is not intended as legal advice. As the law is implemented, clarification in some areas is likely. Physicians will need to stay informed about the law and should contact their professional liability insurer with questions about insurance coverage or risk.

REQUEST FOR MEDICATION TO END MY LIFE IN A PEACEFUL MANNER

I, _____, am an adult of sound mind. I am suffering from _____, which my Attending Physician has determined is a terminal illness and which has been medically confirmed. I have been fully informed of my diagnosis and prognosis of six months or less, the nature of the medical aid-in-dying medication to be prescribed and potential associated risks, the expected result, and the feasible alternatives or additional treatment opportunities, including comfort care, palliative care, hospice care, and pain control.

I request that my Attending Physician prescribe medical aid-in-dying medication that will end my life in a peaceful manner if I choose to take it, and I authorize my Attending Physician to contact any pharmacist about my request.

I understand that I have the right to rescind the request at any time.

I understand the seriousness of this request, and I expect to die if I take the aid-in-dying medication prescribed.

I further understand that although most deaths occur within three hours, my death may take longer, and my Attending Physician has counseled my about this possibility. I make this request voluntarily, without reservation, and without being coerced, and I accept full responsibility for my actions.

Signed: _____ Date: _____

DECLARATION OF WITNESSES

We declare that the individual signing this request:

Is personally known to us or has provided proof of identity;

Signed this request in our presence;

Appears to be of sound mind and not under duress, coercion, or undue influence; and

I am not the Attending Physician for the individual.

Signed Witness 1: _____ Date: _____

Signed Witness 2:_____ Date: _____

NOTE: At least one of the two required witnesses must not: (1) Be a relative (by blood, marriage, civil union or adoption) of the individual signing this request; (2) Be entitled to any portion of the individual's estate upon death; or (3) Own, operate, or be employed at a health care facility where the individual is a patient or resident.

Neither the patient's Attending Physician nor a person authorized as the patient's qualified power of attorney or durable medical power of attorney shall serve as a witness to the written request.