



Request for Medication For The Purpose of Hastening My Death

I, _____, am suffering from _____, which my attending/prescribing physician has determined is a terminal disease and which has been medically confirmed by a consulting physician.

I have been fully informed of my diagnosis; prognosis; the range of treatment options; all feasible end-of-life services, including palliative care, comfort care, hospice care, and pain control; the range of possible results, including potential risks associated with taking the medication to be prescribed; and the probable result of taking the medication to be prescribed.

I request that my attending/prescribing physician prescribe medication to be self-administered for the purpose of hastening my death.

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

Signature	Date
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Declaration of Witnesses

By *signing* below, I attest that:

Witness 1

1. I am not an interested person*;
2. I am at least 18 years of age;
3. The above-named person appears to understand the nature of this document and to be free from duress or undue influence at the time this requested was signed.

Print Name Witness 1	Signature	Date
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Witness 2

1. I am not an interested person*;
2. I am at least 18 years of age;
3. The above-named person appears to understand the nature of this document and to be free from duress or undue influence at the time this requested was signed.

Print Name Witness 2	Signature	Date
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* An "Interested person" means: the patient's physician; a person who knows that he or she is a relative of the patient by blood, civil marriage, civil union, or adoption; a person who knows that he or she would be entitled upon the patient's death to any portion of the estate or assets of the patient under any will or trust, by operation of law, or by contract; or an owner, operator, or employee of a health care facility, nursing home, or residential care facility where the patient is receiving medical treatment or is a resident. See 18 V.S.A. § 5281(a)(6).

Please make a copy of this form to keep in your home