
HOUSE BILL 1640

State of Washington 65th Legislature 2017 Regular Session

By Representatives Graves, Jenkins, and Tharinger

Read first time 01/25/17. Referred to Committee on Health Care & Wellness.

1 AN ACT Relating to allowing notaries and proof of identity for
2 advance directives; and amending RCW 70.122.030.

3 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

4 **Sec. 1.** RCW 70.122.030 and 1992 c 98 s 3 are each amended to
5 read as follows:

6 (1) Any adult person may execute a directive directing the
7 withholding or withdrawal of life-sustaining treatment in a terminal
8 condition or permanent unconscious condition. The directive shall be
9 signed by the declarer and acknowledged before a notary public or
10 other individual authorized by law to take acknowledgments or signed
11 by the declarer in the presence of two witnesses not related to the
12 declarer by blood or marriage and who would not be entitled to any
13 portion of the estate of the declarer upon declarer's decease under
14 any will of the declarer or codicil thereto then existing or, at the
15 time of the directive, by operation of law then existing. In
16 addition, a witness to a directive shall not be the attending
17 physician, an employee of the attending physician or a health
18 facility in which the declarer is a patient, or any person who has a
19 claim against any portion of the estate of the declarer upon
20 declarer's decease at the time of the execution of the directive. The
21 directive, or a copy thereof, shall be made part of the patient's

1 medical records retained by the attending physician, a copy of which
2 shall be forwarded by the custodian of the records to the health
3 facility when the withholding or withdrawal of life-support treatment
4 is contemplated. The directive may be in the following form and may
5 include a notarial certificate for an acknowledgment in an individual
6 capacity in short form as permitted by state law, but in addition may
7 include other specific directions:

8 Health Care Directive

9 Directive made this day of (month, year).

10 I, having the capacity to make health care decisions,
11 willfully, and voluntarily make known my desire that my dying shall
12 not be artificially prolonged under the circumstances set forth
13 below, and do hereby declare that:

14 (a) If at any time I should be diagnosed in writing to be in a
15 terminal condition by the attending physician, or in a permanent
16 unconscious condition by two physicians, and where the application of
17 life-sustaining treatment would serve only to artificially prolong
18 the process of my dying, I direct that such treatment be withheld or
19 withdrawn, and that I be permitted to die naturally. I understand by
20 using this form that a terminal condition means an incurable and
21 irreversible condition caused by injury, disease, or illness, that
22 would within reasonable medical judgment cause death within a
23 reasonable period of time in accordance with accepted medical
24 standards, and where the application of life-sustaining treatment
25 would serve only to prolong the process of dying. I further
26 understand in using this form that a permanent unconscious condition
27 means an incurable and irreversible condition in which I am medically
28 assessed within reasonable medical judgment as having no reasonable
29 probability of recovery from an irreversible coma or a persistent
30 vegetative state.

31 (b) In the absence of my ability to give directions regarding the
32 use of such life-sustaining treatment, it is my intention that this
33 directive shall be honored by my family and physician(s) as the final
34 expression of my legal right to refuse medical or surgical treatment
35 and I accept the consequences of such refusal. If another person is
36 appointed to make these decisions for me, whether through a durable
37 power of attorney or otherwise, I request that the person be guided
38 by this directive and any other clear expressions of my desires.

1 (c) If I am diagnosed to be in a terminal condition or in a
2 permanent unconscious condition (check one):

3 I DO want to have artificially provided nutrition and hydration.

4 I DO NOT want to have artificially provided nutrition and
5 hydration.

6 (d) If I have been diagnosed as pregnant and that diagnosis is
7 known to my physician, this directive shall have no force or effect
8 during the course of my pregnancy.

9 (e) I understand the full import of this directive and I am
10 emotionally and mentally capable to make the health care decisions
11 contained in this directive.

12 (f) I understand that before I sign this directive, I can add to
13 or delete from or otherwise change the wording of this directive and
14 that I may add to or delete from this directive at any time and that
15 any changes shall be consistent with Washington state law or federal
16 constitutional law to be legally valid.

17 (g) It is my wish that every part of this directive be fully
18 implemented. If for any reason any part is held invalid it is my wish
19 that the remainder of my directive be implemented.

20 Signed.....

21 City, County, and State of Residence

22 The declarer has been personally known to me or has provided proof of
23 identity and I believe him or her to be capable of making health care
24 decisions.

25 Witness.....

26 Witness.....

27 (2) Prior to withholding or withdrawing life-sustaining
28 treatment, the diagnosis of a terminal condition by the attending
29 physician or the diagnosis of a permanent unconscious state by two
30 physicians shall be entered in writing and made a permanent part of
31 the patient's medical records.

32 (3) A directive executed in another political jurisdiction is
33 valid to the extent permitted by Washington state law and federal
34 constitutional law.

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