Any governmental entity that incurs costs resulting from a person terminating his or her life under this chapter in a public place has a claim against the estate of the person to recover such costs and reasonable attorneys' fees related to enforcing the claim.

Section 21. Form of the request. [SEE NEXT PAGE FOR WITNESS LANGUAGE]

A request for a medication as authorized by this chapter shall be in substantially the following form:

REQUEST FOR MEDICATION TO END MY LIFE IN A
HUMANE AND DIGNIFIED MANNER

I,. . . . . , am an adult of sound mind and a resident of the Commonwealth of Massachusetts.

I am suffering from . . . . . , which my attending 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 nature of medication to be prescribed and potential associated risks, the expected result, and the feasible alternatives, including comfort care, hospice care, and pain control.

I request that my attending physician prescribe medication that I may self-administer to end my life in a humane and dignified manner and to contact any pharmacist to fill the prescription.

INITIAL ONE:

. . . . . I have informed my family of my decision and taken their opinions into consideration.

. . . . . I have decided not to inform my family of my decision.

. . . . . I have no family to inform of my decision.

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

I understand the full import of this request and I expect to die if and when I take the medication to be prescribed. I further understand that although most deaths occur within three hours, my death may take longer and my physician has counseled me about this possibility.

I make this request voluntarily and without reservation, and I accept full moral responsibility for my actions.

Signed:. . . . . .

Dated:. . . . . .

DECLARATION OF WITNESSES

By initialing and signing below on or after the date the person named above signs, we declare that the person making and signing the above request:

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; and
. . . . .	. . . . .	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: . . . . . .

See yellow highlight below: One of the two witnesses cannot be an heir; the other witness can therefore be an heir who will benefit financially from the death.

NOTE: At least 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.

Section 22. Title.

This chapter may be known and cited as the Massachusetts death with dignity act.

Section 23. Severability.

If any provision of this act or its application to any person or circumstance is held invalid, the remainder of the act or the application of the provision to other persons or circumstances is not affected.

[End of proposed law. Signatures of subscribing petitioners appear on the following page.]

Pursuant to Article 48 of the articles of amendment of the Constitution of the Commonwealth of Massachusetts, as amended by Article 74 of said articles of amendment, the undersigned qualified voters of the Commonwealth of Massachusetts hereby submit the foregoing measure for approval by the people.

Marcia Angell
13 Ellery Sq., Cambridge MA

John W. Roberts
321 Huron Ave., Cambridge MA

Norma L. Shapiro
269 Laws Brook Rd., Concord MA

Dan W. Brock
180 Washington St., Newton MA