

right, we say that individuals can exercise their Cruzan rights by notarized statements. That is in Section 2. Additionally, we say that there is no attempt in the living will bill to cut off any other common law or constitutional rights. So that what is left, then, in the living will is this concept. Whatever the constitutional and common-law right to die is and however broad it may be, and it is broader, believe me, than the terms of the terminal ill act, there is a special body of cases, when you are facing a terminal condition and death is imminent and in the case of the persistent vegetative state, that there is a special way for the individual who might someday run that risk to write out their prior medical directive in this form, and then should those triggering mechanisms occur, attending physicians would be obligated either to carry out the preexisting directive or, if they have a personal objection to following that directive, transferring the patient to a doctor who does not have a personal qualm against carrying out the patient's wishes. There are a series of definitions. Terminal condition means an incurable and irreversible condition that without the administration of life sustaining treatment will, in the opinion of the attending physician, result in death within a relatively short time, or a persistent vegetative state. Those are the two triggers cut of all the potential right to die issues that the living will would address. There is a model declaration form that could be used. It is not required to be used, but it gives an individual the kind of declaration that could be used. Additionally, the durable power of attorney is specifically authorized to be extended to health care and health treatment issues. We have a durable power of attorney on our books but it makes no mention of health issues. This makes clear that that mechanism is available to give to a specific individual the right to consent to medical treatment or to withhold medical treatment. It specifically says in the measure that the rights, this act shall not affect the responsibility of the attending physician or health care provider to provide treatment, including nutrition and hydration, for a patient's comfort care or alleviation of pain. In the event it is a professional obligation of the health care provider or attending physician to provide comfort care, or the alleviation of pain, and in their definition the attending physician treats nutrition and hydration as carrying that out, that professional obligation continues without regard to the terminally ill act. As I said, an attending physician who does not wish to carry out the terms of a living will is not forced to. They are required, however, to transfer the patient to a physician who will carry out the