

## **4. Legal and Ethical Considerations**

### **Introduction**

We do not expect standby and stabilization personnel to have a thorough understanding of all the legal issues raised by cryonics. Still, some grasp of the basic principles is important for three reasons:

1. Personnel should feel secure that human cryonics procedures are ethically and legally legitimate.
2. Personnel should be aware of the ethical and legal limits constraining cryonics organizations and their procedures.
3. Personnel should be sufficiently well informed to question any demand for them to venture into legal or ethical gray areas.

Caveat: The advice which we offer here is based on precedents and prior experience, but we do not have legal qualifications. This text does not claim to offer legal advice. If in doubt, always refer to the administrative staff or directors of the cryonics organization that is managing a case.

This chapter applies only to cases within the United States. Cases that occur outside the United States will be governed by statutes and regulations which are beyond the scope of this book.

An article exploring legal issues similar to those of this chapter was written by Stephen Bridge in 1994 called *The Legal Status of Cryonics Patients* (accessed at <http://www.alcor.org/Library/html/legalstatus.html>).

## **Definition and Pronouncement of Death**

Laws relating to definition and pronouncement of death in the United States are not uniform. The U. S. Constitution has nothing to say about this subject, and under the Constitution, rights not assigned to the federal government are retained by the states by default. Consequently there are no federal statutes, and a cryonics organization must deal with a confusing patchwork of state and county laws. In addition, hospitals may impose their own, narrower guidelines.

### *Definitions*

Many people who have chosen cryopreservation believe either implicitly or explicitly in the information-theoretic definition of death, which holds that death is not necessarily irreversible so long as the human brain contains information from which a person may be revived or reconstituted by future technology. By this standard, we may feel that most patients who have been cryopreserved are not “dead” in the permanent sense of the word.

Needless to say, this view is not widely accepted outside of cryonics and has no legal validity at this time.

Prior to Peter Safar’s popularization of cardiopulmonary resuscitation, death was usually defined very simply as the enduring absence of pulse or respiration. By the 1960s, this definition was in obvious need of an update. A patient who had suffered cardiac arrest might be resuscitated, and in that case, clearly was not “dead.” But a patient with severe head injuries might still retain spontaneous function of heart and lungs, and could be sustained indefinitely, even though the person was not “alive” in the traditional sense.

In August 1968, the Ad Hoc Committee of the Harvard Medical School to Examine the Definition of Brain Death published a report that proposed to define death as a nonreversible absence of brain function.

The next step was to persuade each of the 50 states, and Washington, DC, to add the new definition to their statutes. For this purpose, the National Conference of Commissioners on Uniform State Laws drafted the Uniform Determination of Death Act (UDDA) in 1980. This was approved by the American Medical Association, the American Bar Association, and the

President's Commission on Medical Ethics. These groups recommended that the following wording should be adopted in all jurisdictions in the United States:

An individual who has sustained either (1) irreversible cessation of circulatory and respiratory functions, or (2) irreversible cessation of all functions of the entire brain, including the brain stem, is dead. A determination of death must be made in accordance with accepted medical standards.

By 2011, all states except Arizona had responded by adding at least some provision for brain death. Many used the exact recommended wording, but some decided to make their own modifications. Some samples are shown below. (Information was obtained from Departments of State in 2019.)

**In Alaska, this text is used:**

An individual is considered dead if, in the opinion of a physician licensed or exempt from licensing under AS 08.64 or a registered nurse authorized to pronounce death under AS 08.68.700, based on acceptable medical standards, or in the opinion of a mobile intensive care paramedic, physician assistant, or emergency medical technician authorized to pronounce death based on the medical standards in AS 18.08.089, the individual has sustained irreversible cessation of circulatory and respiratory functions, or irreversible cessation of all functions of the entire brain, including the brain stem. Death may be pronounced in this circumstance before artificial means of maintaining respiratory and cardiac function are terminated.

**In Florida:**

For legal and medical purposes, where respiratory and circulatory functions are maintained by artificial means of support so as to preclude a determination that these functions have ceased, the occurrence of death may be determined where there is the irreversible cessation of the

functioning of the entire brain, including the brain stem, determined in accordance with this section (Fla. Stat. § 382.009[1], [2013]).

**In Virginia:**

In the opinion of a physician, who shall be duly licensed and a specialist in the field of neurology, neurosurgery, electroencephalography, or critical care medicine, when based on the ordinary standards of medical practice, there is the absence of brain stem reflexes, spontaneous brain functions and spontaneous respiratory functions and, in the opinion of such specialist, based on the ordinary standards of medical practice and considering the absence of brain stem reflexes, spontaneous brain functions and spontaneous respiratory functions and the patient's medical record, further attempts at resuscitation or continued supportive maintenance would not be successful in restoring such reflexes or spontaneous functions, and, in such event, death shall be deemed to have occurred at the time when these conditions first coincide. (Va. Code Ann. § 54.1-2972 [2014])

Since the disparity among state regulations seems likely to endure and may even get worse as the issue of death becomes more complex, a cryonics organization cannot make any assumptions about the local definition of legal death when a remote standby is necessary.

*Pronouncement*

The dilemma of a standby team is summarized by two statements:

**Before death has been pronounced, we cannot intervene.**

**Afterward, we should intervene as quickly as possible.**

Unfortunately, regulations about pronouncement vary just as radically as definitions of death. Some states are remarkably permissive: in New York State, for example, according to the Department of Health, "anyone may make the pronouncement of death." This includes medical technicians, police, firefighters, and other emergency personnel. In practice, however, a private

institution may have its own internal regulations. A hospital may limit the power to a doctor or a nurse—or in some cases, two nurses. The ability to pronounce death may also vary depending on whether death appears to be from natural or unnatural causes.

Keeping track of local differences regarding pronouncement would be impractical for a cryonics organization. Therefore, if a remote standby is being planned, the organization or its standby team leader should try to verify local rules about pronouncement from an authoritative source. This should be done before deployment, if possible.

### *Certification*

Pronouncement is often done verbally. It should not be confused with certification—the signing of a death certificate.

In all states and counties, so far as we can determine, a physician has signing authority. In some states, additionally, a nurse practitioner, forensic pathologist, medical examiner, or coroner may sign. In Texas, a Justice of the Peace may sign. Here again, the organization or team leader should try to perform due diligence to discover local regulations.

## **Cardiopulmonary Support Before Pronouncement**

Determination of death is of special importance when emergency responders such as EMTs or paramedics must decide whether to administer chest compressions. State regulations may compel responders to do CPS unless there is very clear evidence that resuscitation is impossible. California has a particularly rigorous set of guidelines.

To provide some flexibility, a state may allow a paramedic or EMT to declare death, after which there is no further obligation to do CPS, and a cryonics standby team may feel confident to begin work. Bear in mind that emergency responders are almost always in radio contact with supervising staff who may make the actual determination.

Prior to death, from the point of view of a standby team, it may be helpful for responders to continue chest compressions. While the team cannot

request this, they may cite appropriate local regulations that mandate continuation of CPS before pronouncement.

Once again we must emphasize that cryonics team members do not have legal standing to intervene in any way before death has been pronounced, and must refrain from doing so.

## **Elective Cryopreservation**

Since the procedure of cryopreservation would be fatal if it was applied to a living patient, it cannot occur until death has occurred from other causes.

In 1990, Alcor member Thomas Donaldson initiated a legal battle to win the right to be cryopreserved without enduring this waiting period. Donaldson had been diagnosed with a brain tumor in 1988, and wanted the option to be cryopreserved if the tumor grew sufficiently to endanger the integrity of his brain. Donaldson's ultimate purpose as a cryonicist was to extend his life, not to end it, and therefore he felt that he should be able to seek "treatment" at a cryonics organization in the same way that he might seek treatment at a hospital. Since cryonics patients are regarded as legally dead, the judicial relief he sought was authorization to commit suicide with no autopsy or other interference by law enforcement officials after his death, and no prosecution of individuals who might assist him.

In September, 1990 attorney Christopher Ashworth presented Donaldson's case before Santa Barbara Superior Court in California. The case ended up before the California Court of Appeals, which denied the appeal in January 1992. Case details can be read at <http://www.alcor.org/Library/html/donaldson.html>.

Therefore, at this time, elective cryopreservation remains out of the question for human patients.

Thomas Donaldson ultimately succumbed to his cancer naturally in 2006, after which he was cryopreserved by Alcor Foundation. His case was confidential at that time, but has subsequently been acknowledged in a public forum.

## **Medication Before and After Death**

While the Donaldson case affirmed that cryopreservation procedures cannot begin until after legal death has been pronounced, we may speculate that some benign conventional medications could be administered while the patient is still alive, in the hope of enhancing brain preservation after pronouncement. An anticoagulant, for example, would reduce the risk of blood clotting after cardiac arrest. In cryonics, the idea of giving medications before legal death is sometimes referred to as “premedication.”

Premedication cannot be carried out or authorized by a cryonics organization, and team members should never be tempted to intervene in this way, for at least four reasons:

1. Cryopreservation is not a medically recognized form of treatment. Therefore, drugs cannot be legally prescribed for that purpose to a living person.
2. Most standby personnel are not legally qualified to administer medications or treatment.
3. Any interference by standby personnel will almost always conflict with the primary care physician or hospice staff, and at the very least, may result in loss of access to the patient.
4. Standby personnel may be viewed as “waiting for the patient to die,” and any medication administered to a patient or offered to a patient by team members may be misconstrued as an attempt to hasten death.

This last factor is of great importance. Hospice nurses, in particular, may assume that team members are impatient to save time and money by ending a deployment as quickly as possible. In reality, our fundamental motive is to preserve and prolong life, not to abbreviate it, and team members should never say or do anything which creates any other impression.

In some cases, it may be possible to encourage a patient’s physician to give medications (such as an anticoagulant) which may be helpful from our

point of view, but any request of this kind must be made only by the team leader if suitably authorized by the cryonics organization.

Team members may legitimately administer medications after death has been pronounced, because from a legal perspective, the patient no longer has status as a living person and has become a cadaver. In fact cryonics organizations may administer proprietary or experimental medications after pronouncement, and may introduce new procedures or equipment, so long as the treatment is consistent with the contractual agreement that was executed with the member, and so long as there is good reason to believe that innovations will result in improved care.

## **Powers of Attorney and Living Wills**

While the power of a cryonics organization to influence care of a patient before legal death is extremely limited, the patient has two options for influencing that care in ways which may help to lead to a favorable outcome. The options are legal instruments known as “durable power of attorney for health care” and a “living will.”

The concept of power of attorney stretches back into the history of common law (i.e. before legislators began to formulate written statutes). It recognizes that a person has the right to assign some or all of his human rights to another person, who can then act on his behalf, signing documents and even making decisions that have life-and-death implications. Naturally a power of attorney should be granted only with great caution, using a written document that clearly defines the limits of the power.

Power of attorney is automatically nullified if the person who grants it becomes incapacitated by physical injury or mental illness, unless the document specifically states that the power shall endure after incapacitation. This is then known as a “durable power of attorney.” However, even this document will still lapse after legal death.

A durable power of attorney may enable functions such as signing contracts or bank documents, but will not assign power over health-care decisions. For this purpose we must have a “durable power of attorney for health care,” also known as a “durable health care power of attorney.” This

specifically empowers someone to make medical decisions up to and including discontinuation of care if the grantor enters a persistent vegetative state.

In theory, all powers of attorney may be assigned verbally. However, health-care facilities will not recognize durable power of attorney for health care unless it is in written form.

A living will is conceptually very different, because it does not assign powers to any other individual. It simply defines a patient's personal medical preferences.

All states now offer boilerplate legal wording which they regard as acceptable for powers of attorney or living wills. Typically the documents can be downloaded free of charge from web sites maintained by the states. While the wording may vary slightly from one state to another, the basic principles remain the same, and a document executed in one state is likely to be honored if the person who signed it moves to another state.

In Arizona, residents are encouraged to file any durable health care power of attorney document and/or living will with a state-run Advance Health Care Directive Registry, which is accessible on a 24-hour basis. Other states may have similar services, and one of the first steps a cryonics organization should take when mounting a standby is to exercise due diligence to determine whether the patient has recorded any specific instructions for health care or has assigned power of attorney for health care. These documents can have a significant positive or negative affect on the ability of the organization to intervene.

Documents may create problems if they give unclear instructions or have been improperly executed. In particular, anyone who executes such documents should beware of conflicts of interest in the people who witness them. A power of attorney can be judged invalid if it has been witnessed by someone who may benefit from it, and similarly, a health directive that defines the circumstances when life support may be withdrawn may not be valid if it has been countersigned by a relative who is a beneficiary named in the patient's will.

Some people fail to understand these conflicts, and may complete legal documents on a do-it-yourself basis, inappropriately or even incompletely. A

cryonics organization should be alert for problems of this kind. Ideally, if a member of the organization has a terminal condition, the organization should inquire very carefully about any relevant documents.

Some special-interest groups offer guidance to help people through the process of granting powers of attorney or establishing a living will. Aging with Dignity, for example, is a nonprofit organization that sells a document titled “Five Wishes,” which includes warnings regarding common errors and suggestions which a person may find helpful when trying to formulate health-care preferences. The boilerplate text in “Five Wishes” is legally acceptable in 34 states, including Florida, Michigan, and Arizona, where cryonics organizations are currently located.

So long as the legally required wording of a living will remains intact, additional instructions can be added and may be legally binding. For example, a cryonics member can leave directions to minimize the time between the diagnosis of brain death and termination of artificial life support. Alternatively or additionally, a member can instruct medical staff to maintain artificial life support until a cryonics standby team has been deployed at the bedside.

Since no one can imagine and guard against every eventuality, a cryonicist may wish to assign durable power of attorney for health care to someone who is a member of a cryonics organization and can be expected to act as an effective advocate for prompt and effective procedures.

Of course, the choice of a medical surrogate is a matter of personal preference., but regardless of what those preferences may be, we can state unequivocally that they should be written down clearly in an appropriate, legally binding document. We know of numerous tragic cases where cryonicists have trustingly assumed that a spouse or other close relative will fight for their choice to be cryopreserved, yet the next-of-kin have become negligent or actively hostile toward cryonics when the patient is no longer able to speak for himself.

The most powerful way to protect one’s preferences from any future challenge is to make a video stating the desire for cryopreservation, mentioning that this is a carefully considered, rational decision that has not been encouraged or coerced by any third party. A copy of this video should then be placed in the member’s file maintained at the cryonics organization.

Now that digital video is relatively common, a copy can even be uploaded to a web site or cloud storage, allowing it to be accessed from almost anywhere. Unfortunately, very few cryonicists take the trouble to establish such a record.

## **Permission to be Present**

In cases where the cryonics organization receives some warning of impending death and can mount a standby, relatives, doctors, hospital administrators, and others may question the right of personnel to be at or near the bedside. Three situations are possible:

1. If the patient is conscious, coherent, and able to make informed decisions, he or she should be able to obtain permission for team members to be present.
2. If the patient is not conscious or competent, any person who has durable power of attorney for health care should be able to legitimize the presence of team members. If a living will exists, it should request the presence of team members.
3. If neither 1 nor 2 applies, the team leader should be able to present a copy of the patient's sign-up documents and request that medical personnel or family members should honor the patient's wishes. Ideally a patient should have explained his desire for cryonics to his primary care physician at some point in the past. The cryonics organization may even have a document signed by the primary care physician pledging to cooperate, although this is rare.

Based on our knowledge of past cryonics cases, we believe that good personal relations may be more important than legalities, and a cooperative and friendly approach will be more successful than a confrontational or litigious approach. Note also that medical personnel will be more willing to honor a patient's wishes if the wishes seem to be rational. Therefore, the team leader should be ready to provide a general rationale for cryonics, and should explain the need for rapid intervention after pronouncement.

If the team leader lacks medical qualifications, he should be ready to establish telephone contact with a physician or medical advisor who is sympathetic toward cryonics. Experience indicates that a patient's primary care physician or nursing staff can become more receptive to a cryonics team if they receive clarification from a fellow medical professional.

After the team has received permission to be present, the team leader should request rapid pronouncement, should seek permission to deploy equipment as close to the patient as possible, and should ask to perform its initial procedures on-site if possible. In a hospital setting, the team has no clear legal rights in any of these areas, and thus a cooperative personal relationship is all the more important.

We know of a case in which the primary care physician and hospital staff were so hostile toward cryonics, they turned all monitoring devices and screens displaying the patient's vital signs to face the wall, so that team members waiting at the bedside could not see them. Deprived of information, the team members were unable to gauge the patient's condition and the likely time remaining before death. Since the team had no legal recourse to compel the hospital to share information, they simply had to wait, in 12-hour shifts, for a period that lasted more than a week.

## **Funding Issues**

Some cryonics organizations are non-profit entities, but none of them functions as a charitable institution. The organizations that currently maintain cryopreserved patients do not have any obligation to provide free or heavily discounted services. Indeed, by doing so, they would degrade their financial integrity, which would place their existing patients at risk.

Therefore, a standby team will not be deployed unless the organization feels confident that acceptable, legally binding arrangements for funding have been made. While team members should not be directly affected by this consideration, they should be aware that a standby will be contingent on funding, and may be terminated if the organization finds that funding does not exist or has been misrepresented.

Life insurance is the preferred method for a member to fund his own cryopreservation, since the death benefit is usually paid promptly and cannot be contested easily. A will, by comparison, is subject to probate and may be held up by litigation from beneficiaries who are hostile or unsympathetic toward cryonics.

Tensions may occur during a standby when relatives feel that the money paying for cryopreservation would otherwise come to them as a bequest. Team members should be aware of this possibility, should avoid any discussion of financial issues, and should simply state that they are doing their best to honor the wishes that the member affirmed by executing contracts for cryopreservation. *A copy of the documents signed by the member should always be brought to a standby.*

## **Natural and Unnatural Death**

Thus far we have assumed that the cryonics organization may receive some warning when one of its members has a high risk of imminent death. This scenario will give the organization an opportunity to deploy a standby team (if it has this capability), and is likely to result in a determination of natural death.

A discussion of the distinctions between natural and unnatural death will be found in Section 5 of this book, dealing specifically with autopsy.

In this section we will assume that an autopsy is not necessary or can be avoided, allowing the cryonics organization to take possession of the patient in a timely fashion. However, there is a gray area that must be discussed here, which is the situation where a person chooses suicide.

## **Suicide**

Contrary to popular belief, suicide and attempted suicide are not against the law in any of the fifty states. However, suicide is a form of unnatural death, and therefore in most cases will be followed by an autopsy.

The major exception to this rule is where death results from a patient's decision to die solely by refusing food and fluids. If this occurs under medical supervision, an autopsy can be avoided. This option has been chosen

successfully in at least three instances by cryonics patients who felt that it was in their best interests to hasten their demise—for example, to limit the damage from a growing brain tumor. However, the process of death by dehydration is slow and painful, and the patient must be highly motivated to follow it through to the end. It will also be distressing for anyone witnessing its progression.

In any such case, the cryonics organization must tread a difficult path between respecting the right of an individual to choose how to live or how or die, while never actively encouraging, or appearing to encourage, anyone to end life prematurely. Aiding and abetting someone in this way could be construed as assisting suicide.

Assisting suicide is a criminal act in 25 states, according to a survey by the Euthanasia Research & Guidance Organization. In some states, such as California, it is regarded as being little different from homicide. In Michigan, Dr. Jack Kevorkian was convicted of second degree homicide in 1999 and sentenced to 10 to 25 years in prison after he assisted the suicide of a terminally ill patient.

Some states have no specific laws on the subject, but an attorney general may still attempt to prosecute under another statute, especially if a cryonics organization appears to have taken advantage of a naive patient, or has seemed to act recklessly. While most cryonics cases are not significantly profitable, many uninformed people still tend to believe that cryonics is some kind of “scam,” and an attorney general may feel that taking a stand against it will result in favorable media exposure.

Two examples illustrate the caution that has been exercised by organizations attempting to avoid legal liability and conflict of interest.

1. Alcor Foundation reported an incident in the 1990s where a prospective member telephoned the organization repeatedly, claiming to have a terminal condition and threatening to take his own life. Alcor personnel warned him of the risk of autopsy and refused to involve themselves in his plans, especially when they determined that he did not in fact have a serious illness. It transpired that the prospective member had a history of clinical depression, and

ultimately killed himself with a shot to the head, much to the dismay of those who had been trying to advise him.

2. In 2009 the Cryonics Institute reported an incident where a married couple (one of whom claimed to have terminal cancer) expressed an urgent desire to become members. Eventually they admitted that they had made a suicide pact, thinking of cryonics as a “safety net” which would enable them literally to die now and live later. When their plans became apparent, the Cryonics Institute refused to accept their case.

We should add that suicide may have financial implications, since life insurance documents typically allow the company to withhold the death benefit if the client commits suicide within two years after acquiring the insurance. (The exact period may vary.) If a cryonics organization has good reason to believe that a death benefit will be withheld for this reason, the organization may refuse to accept the case.

## **Physician-Assisted Suicide**

Oregon was the first state to establish a law requested by referendum, explicitly permitting physicians to prescribe drugs for purposes of euthanasia, under carefully worded restrictions. The Oregon legislature attempted to overturn the law, but a second referendum reaffirmed it. The U. S. Attorney General, acting on behalf of the George W. Bush administration, attempted to block the law by threatening to withdraw the license of any physician who prescribed a federally controlled drug for purposes of assisted suicide. The U. S. Supreme Court ultimately rejected this attempt and affirmed the legality of the Oregon law, noting in passing that since controlled substances are prescribed for purposes of lethal injection to execute prisoners, it would be inconsistent to prohibit their use for assisted suicide.

Approximately 400 terminal patients in Oregon took advantage of the law during the first decade after it was enacted.

Washington state passed a similar law in November, 2008, as a result of a referendum in which 60 percent of voters approved the measure. In Montana

a judge has ruled that physician-assisted suicide is legal, but at the time of writing his decision is under review by the Montana Supreme Court.

Other states do not have laws that allow physicians to assist in suicide at this time.

Since there is much folklore among cryonicists regarding the Oregon statute, and since the Washington law was modeled on it, we will list the conditions which it imposes:

1. The patient must request the medication verbally on two occasions (separated by at least 15 days), and once in writing.
2. At least two people must witness the requests. Neither of them may be the attending physician. One of them must not be a blood relative or a beneficiary of the estate.
3. The patient must not be diagnosed as suffering any psychological disorder that would cause impaired judgment.
4. The patient must have an Oregon driver's license, ownership of Oregon real estate, Oregon voting registration, or similar evidence of Oregon residency.
5. The patient's physician must explain all reasonable alternatives.
6. A second physician must verify that the patient is terminal, but is mentally capable and acting voluntarily.
7. The patient must take the medication without any outside assistance.
8. Someone must witness the patient taking the medication.

The Oregon statute does not include any requirement regarding autopsy, and a special-interest group in Oregon that advises people on their "right to die" has expressed an opinion that an autopsy may be avoided. No cryonics patient has put this opinion to the test, however.

## **Legal Requirements After Death**

After natural death has been pronounced, or after a coroner or medical examiner releases the patient following an autopsy, typically a funeral director arranges for collection of the body. Where a cryonics organization has been able to deploy its standby team prior to pronouncement, the team itself will usually manage the transfer of the patient. Some states require that this transfer should be under the supervision of a funeral director, who should be present. In other states this is unclear. Many funeral directors employ independently owned services to collect deceased people, but in at least one state we were unable to determine whether such services have to be licensed for this purpose. So far as we are aware, no one has ever challenged the right of a cryonics organization to transport a patient to a mortuary from the place of death.

The funeral director will be responsible for obtaining a signed death certificate from the attending physician and filing it with the nearest office of the state health department. In addition, if the body is to be moved to a different state, the funeral director will usually have to execute and file a transit permit.

Unfortunately these procedures vary widely. California, for example, imposes regulations that can and have caused significant delays, especially when public employees are unavailable to process documents on weekends. Florida, on the other hand, allows a body to be moved out of state immediately, without a death certificate, so long as the certificate follows within a week.

In an effort to avoid the waiting period which can occur as a result of California regulations, patients who have chosen neuropreservation have received surgery at a local facility to remove the cephalon, which has been transported as an anatomical donation while the body has remained in-state.

Team members should be aware that the transport of a whole body from a remote location is usually accomplished using a scheduled airline, which accepts the body as cargo and transports it on a regular passenger jet. Regulations imposed by the Transportation Security Administration have made this significantly more difficult than it used to be, and are going to

restrict the procedure still further. Effective July 1st, 2009, all human remains must originate from a “known shipper.” Each airline must verify the validity of any funeral home that is not already recognized, and a site visit will be required.

We believe that most funeral homes may minimize their paperwork by registering only with one or two airlines. This may restrict the number of flights available for immediate transport of a patient, and may impose delays as a result of suboptimal flight connections. At the time of writing, Suspended Animation, Inc, located in Florida, is pursuing the possibility of registering itself as a “known shipper” even though it is not a funeral home.

The regulations are unlikely to apply to privately rented air ambulances, which are usually available on-demand.

## **Nonmembers, Competence, and Consent**

The above discussions have assumed that the organization is dealing with a member who has completed the usual contractual and financial arrangements for cryopreservation. In some cases, however, the organization may receive a request for cryopreservation from a nonmember, or from someone acting on behalf of a nonmember who is terminally ill or has already been pronounced. In these instances, the organization must consider three basic possibilities:

### *1. The prospective member is able to give informed consent.*

“Informed” is the key word here. Since a person with a terminal illness will not be able to obtain life insurance as a means of paying for cryonics procedures, either an existing life-insurance policy must be revised to name the organization as beneficiary, or a large advance cash payment will be involved. If an existing insurance policy is revised, the current beneficiary may object. If a cash payment is made, relatives and future beneficiaries may object. Either way, friends or relatives may claim that the patient was not mentally competent or was not properly informed about the speculative nature of cryopreservation procedures. They may suspect the cryonics organization of offering false hope and trying to exploit people who are in a frail condition and are frightened by the immediate prospect of death. The cryonics

organization may have to obtain an independent evaluation of the patient's competence to protect itself from allegations of conflict of interest.

*2. The prospective member is not competent or conscious .*

While next-of-kin have the right to establish the means of disposal of human remains, this right may be challenged by other relatives. The case of baseball player Ted Williams was a textbook example of the problems that can occur when heirs of the deceased disagree about cryonics. Even if the cryonics organization can demonstrate that it is legally and ethically entitled to proceed with a case, subsequent disputes can incur high legal expenses and adverse publicity. The imperative to achieve good cryopreservation may motivate an organization to proceed as quickly as possible, but still it must make some effort to find out whether some relatives are strongly opposed to the procedure.

*3. The patient has already legally died.*

A cryonics organization usually will refuse the case unless death has occurred very recently with minimal warm ischemia. The organization may have the legal right to receive the deceased person if suitably authorized to do so, but the procedure of cryopreservation should be justifiable by some rational argument that the brain still contains information of future use or value. See *The Ethics of Non-Ideal Cases*, below.

While team members will not be directly involved with decisions of this type, they may be asked to act in cases where such decisions have been involved. They should be cautious in any situation where informed consent seems doubtful, or hostile family members may try to intervene.

The term "last minute case" is often used in cryonics to describe any case involving a patient who has failed to make cryopreservation arrangements in advance. More specifically, a case in which someone other than the person to be cryopreserved signs paperwork arranging for cryopreservation is called a "third party case." The person to be cryopreserved may already be legally deceased at the time the cryonics organization is contacted. No fixed policy exists regarding such cases, and different

organizations have exercised differing degrees of caution at different times. Alcor has imposed a surcharge on some types of last-minute case in recognition that historically, such cases have had a greater risk of resulting in disputes or litigation. Alcor also imposes a waiting period for standby service after completion of signup documents.

Most inquiries made to cryonics organizations about arranging for cryopreservation of third parties never result in cryopreservation. Factors discouraging an organization from accepting third party cases include:

- Not all family members are receptive to cryonics.
- The person to be cryopreserved has not expressed any prior interest in cryonics.
- Required funds are not immediately available.
- Significant amount of time has passed since legal death.
- Inability to provide informed consent.

Decisions to accept cases may be affected by factors such as compassion, prior personal interactions with the prospective member or next-of-kin, public status of the patient, and a basic desire to “save a life.” Unfortunately these factors have led to some cases that resulted in legal complications.

## **The Ethics of Non-Ideal Cases**

At one extreme, we have the hypothetical “ideal” case where pronouncement occurs within seconds after vital signs cease, and the patient is close to the cryonics facility, so that surgery in preparation for cryoprotective perfusion can begin within an hour after pronouncement.

At the other extreme, we have a relative making a distressed phone call in the hope that a cryonics organization will exhume, retrieve, and cryopreserve a loved one who was buried a week previously.

Clearly the first case involves no ethical problems. If treatment is prompt and effective, we have good reasons to hope for a significant chance of future revival.

Equally clearly, the second case provides virtually no hope at all. Since the mission of a cryonics organization is to preserve a human being with as much fidelity as possible, the organization will betray its own principles and may be accused of offering false hope if it accepts money to cryopreserve a patient whose chances are effectively nil.

Since many cases fall midway between these extremes, how should an organization draw a line between those that are consistent with its mission, and those that are not?

Where a member of the organization has died under non-ideal circumstances, the organization must immediately refer to the member's paperwork, which will include guidance regarding various scenarios. Some members express a strong desire to be cryopreserved under any and all circumstances, no matter how discouraging the situation may be. Others may authorize the organization to "give up" in situations where, for instance, a significant part of the brain has been destroyed by an accident or a tumor. Whatever the member's instructions were, the organization acknowledged and accepted them when it signed the contract, and therefore should be bound by them, even if the procedure seems to have little or no chance of success.

In last-minute cases where a person died before executing a cryonics contract, or is in a comatose state from which he is unlikely to recover, the situation is more difficult. Let us suppose that a close relative provides plausible evidence that the person wanted to be cryopreserved, but never got around to dealing with the documents. Suppose, also, the relative guarantees funding. How should the organization proceed?

No single rule can apply, because circumstances vary so widely. A young patient who was receiving blood thinners before he died of pneumonia (leaving the brain unaffected), and was promptly packed in ice after pronouncement, will be a more promising candidate than an elderly person who has some known impairment from Alzheimer's disease in addition to a history of strokes, and has been allowed to remain at a high room temperature for 12 hours or more.

Cryonics administrators must make decisions on a case-by-case basis that cannot be codified uniformly. If an organization chooses to refuse a case, it may refer a client to another organization which may have different criteria.

## **Case History Involving Legal Issues**

Having discussed various guidelines and generalities, we will now offer a case history to illustrate specifically the legal complexities that can occur. This case also demonstrates the importance of personal factors relative to legal considerations.

A cryonics organization was notified that one of its members had been admitted to a large cancer hospital where he appeared to be in a vegetative state as a result of one or more strokes caused by disseminated intravascular coagulation (DIC). This is a pathological condition in which small clots occur throughout the body.

The patient's brother-in-law had durable power of attorney for health care, and also happened to be a doctor with extensive experience in emergency medicine. He understood and respected the patient's desire for cryopreservation, was cooperative with the cryonics organization, but contrary to all evidence, he refused to accept that the patient was terminal.

The hospital requested an MRI to prove irreversible brain damage, but the brother-in-law refused to permit this, since he rightly believed that the hospital would use it as grounds for disconnecting life support. The patient was receiving platelet transfusions on a daily basis at great expense, and the nursing staff had become generally unsympathetic. The brother-in-law was the only person who held out any hope for the patient's recovery.

The patient happened to be an internationally known figure in his field, and although the hospital was protecting his identity, it might still be leaked to the media, which would take a special interest if the cryonics arrangements became known. Consequently, when the standby team arrived, the team leader was surprised to find his presence requested at a meeting of all the department heads of the hospital.

The hospital administrator fully understood the interests of the cryonicists, and proposed to satisfy them by flying the patient in an air

ambulance to another hospital nearer to the cryonics organization, to minimize transport time after pronouncement. The team leader sensed that the administrator wanted to get rid of a potentially difficult problem, and he expressed doubt that the patient would survive the transfer. The administrator argued persuasively that the transfer would be safe, but still the team leader was reluctant to take responsibility, since all the standby equipment had been flown in and was ready for deployment. The equipment would have to be transported back to the other hospital, which would take at least 24 hours, during which time the patient would not receive prompt attention if he died.

The hospital administrator recognized the team leader's polite but firm intransigence, and retreated to Plan B, which had evidently been discussed previously as a fallback option. He acknowledged an obligation to cooperate with the patient's wishes, and agreed to keep the patient and allow access by the standby team. However, he requested that the team should not deploy equipment until the hospital's legal department had reviewed the patient's signup documents. The team leader agreed, on condition that the legal review would be completed within the next 12 hours. He felt that since the patient was in a stable condition, death was extremely unlikely during that period.

After the meeting, a member of the standby team strongly disagreed with this decision and advocated "suing the hospital." The team leader contacted his superior in the cryonics organization for advice, and was told not to pursue any legal action at that time.

Team members were allowed to remain in a waiting area near the patient, which enabled them to establish contact with nursing staff. Quickly it became clear that the nurses were hostile toward the idea of cryonics. The team leader presented them with a printed booklet explaining the rationale for postmortem stabilization, written for medical professionals. Copies of this booklet circulated among all nursing staff on that floor of the hospital during the next few days.

The hospital honored its pledge to get a rapid reading of the patient's signup documents by its legal department, after which the hospital permitted equipment to be deployed in an empty room near to the patient. Team members began waiting in pairs, on a 12-hour shift basis, while monitoring the

patient's condition. Meanwhile the nursing staff made a gradual transition from being actively unhelpful to being cooperative.

The patient's brother-in-law was now the only remaining impediment to cryonics procedures. He still refused to accept that the patient was terminal, and would not permit disconnection of life support. The hospital responded by entering into a legal battle with the brother-in-law, citing a local statute that gave the hospital the right to seek a court order forcing termination of care in cases of this kind. While the hospital expected to win a favorable judgment, the statute mandated an additional three-week waiting period after the judgment was rendered.

The cryonics organization now found itself in a difficult position, since most of its standby personnel could not remain on-site for more than a few days. Other personnel could be rotated in, but the patient's condition was stable, and three sources of medical advice suggested that the condition would probably remain unchanged until such a time as care was discontinued.

After lengthy discussions, the cryonics organization decided to abandon the standby, temporarily at least, while leaving all the equipment on-site. Since the nursing staff were now actively helpful, the organization felt that the equipment would be secure and the staff could be trusted to give a warning if the patient's condition began to deteriorate. This decision turned out to be correct. A little less than three weeks later, the organization received a call from a nurse stating that death seemed likely. Team members flew back to the hospital, arrived in time for pronouncement, and transported the patient back to the cryonics organization. He was cryopreserved less than 24 hours after pronouncement.

This case is important because it illustrates that a standby can often entail a chain of decisions, any one of which can result in an unfavorable outcome. While legal issues play a part, they may not be the most important part.

## **The Right to be Cryopreserved**

Finally we reach the legal issue which is of most fundamental importance to any organization that maintains and protects patients in a state of

cryopreservation. What legal right does the organization have to take custody of these patients after they have been pronounced, and house them for the indefinite future? We shall address this by beginning with the foundations of law in the United States.

The U. S. Constitution is a document established by “We, the people” to assign specific limited powers to the Federal Government. In other words, power originates with the people, who choose how much of it their government should have. Under the Tenth Amendment, “The powers not delegated to the United States by the Constitution, nor prohibited by it to the States, are reserved to the States respectively, or to the people.”

We may conclude tentatively that if something has not been outlawed, prohibited, or regulated, generally speaking it should be retained by the people by default.

Typically a state law will define various acceptable procedures after death. The usual options are cremation, burial in land, and burial at sea. In addition a state may establish regulations specifying the acceptance of organs or cadavers by hospitals, medical schools, and facilities engaged in research.

The cryopreservation of a whole body or a cephalon, in the hope of revival at some time in the future, clearly is not included in the usual list of options. However, on a constitutional basis we may argue that a procedure should be legal by default if legislators have failed to cite it as being illegal. So long as the procedure doesn’t violate any laws, it should be legal until it is criminalized, and should remain unregulated until legislators choose to regulate it.

The question, then, is whether cryonics procedures are sufficiently similar to other procedures that they can be controlled using existing regulations. This issue has been raised in some states.

In Florida, the Board of Funeral Directors and Embalmers issued a preliminary opinion suggesting that it should have regulatory power over cryopreservation procedures. Seeking advice on this issue, one of the coauthors of this book (Platt) consulted a Florida attorney who happened to have had a previous career as a funeral director. He had provided legal representation to other funeral directors, and had argued cases before the state legislature. Therefore he was ideally suited to give a practical evaluation of

the likely response of the legislature if a cryonics organization argued that it should not be regulated as if it were an embalming facility.

After substantial research, the attorney tentatively concluded that cryoprotective perfusion is sufficiently similar to embalming, the Board of Funeral Directors and Embalmers might receive a favorable judgment from the state if it pursued the matter. On the other hand, since cryoprotective perfusion entails some procedures which are significantly different from embalming, a judgment might go the other way. Realistically, it might depend more on politics than on a strict interpretation of the law. Thus, the procedure was likely to remain in a gray area unless one side or the other pressed to clarify it. "This issue will not be settled until it is heard by a judge," was the final legal advice.

Meanwhile, to receive permission to operate a business in the state of Florida, the cryonics organization had to make a presentation before its local county legislature. The legislature had received a briefing from its attorney, who provided a written opinion stating that there was no statutes to prevent the organization's activities, so long as it followed existing laws to obtain a signed death certificate and a transit permit for human remains that were moved out-of-state. With some reluctance, the legislature voted to permit the operation of the cryonics facility, without seeking any specific regulations applying to cryonics.

In 2004, after Alcor Foundation had received a lot of adverse publicity relating to the Ted Williams case, an Arizona state legislator introduced a bill that would have empowered the local Board of Funeral Directors and Embalmers to regulate cryonics. The text of this bill may be found here: <http://www.alcor.org/Library/html/legislation.html>. The law that it created would have been onerous, since it would have required (among other provisions) that only a licensed embalmer could perform procedures to prepare a patient for cryopreservation. Eventually the bill was withdrawn, and Alcor remains unregulated by default. Of course, it must still conform with regulations (such as building and safety codes) that are not specific to cryonics but apply to all businesses in its location, and must still insure that death certificates, transit permits, and other appropriate paperwork are executed for the patients it receives.

In Michigan, the Cryonics Institute is now regulated as a cemetery by the Department of Consumer and Industry Services. Some special provisions were included in an agreement with the regulatory agency, but since it is now classified as a cemetery, CI cannot legally perform any surgical procedures or perfusion on its premises, and must instead use a prep room owned by a local funeral director. Since CI has never maintained its own standby, stabilization, and transport services, these procedures were never a legal issue.

Possibly the most famous and potentially damaging legal problems in the history of cryonics arose in December, 1987, when a coroner became concerned that a patient named Dora Kent had died inside Alcor's facility, which was then located in Riverside, California. Since the patient had made arrangements for neuropreservation only, the body was available for autopsy.

Alcor informed the coroner's office about the medications that had been administered after legal death as a standard part of cryonics procedures. In 1987, those medications included barbiturates which were administered for the dual purpose of lowering metabolic requirements of the brain and avoiding any risk of resumption of consciousness during cardiopulmonary support.

The coroner initially found pneumonia as the cause of death. Unfortunately the coroner came to suspect that barbiturates had been administered to hasten death, and demanded to autopsy Dora Kent's brain. It was not understood by the coroner's office that the application of prolonged cardiopulmonary support after death invalidates forensic tests that would normally determine whether a drug was administered before or after death. Alcor successfully obtained a restraining order to prevent autopsy of the brain of Dora Kent or any other Alcor patients.

Detailed discussion of the case is available and may be found at <http://www.alcor.org/Library/html/DoraKentCase.html>.

Subsequently the California Department of Health Services (DHS) stopped issuing disposition permits for new whole-body cryonics patients in California, saying that cryonics was not listed as an option on the standard disposition permit. Alcor sued the DHS on behalf of a patient seeking a disposition permit, and won a trial court ruling in October, 1990. See <http://www.alcor.org/Library/pdfs/RoeVMitchellOrder25Oct1990.pdf>. The DHS appealed, leading to a California Court of Appeals against the DHS in

June, 1992. The text of this judgment may be found here:

<http://www.alcor.org/Library/html/CaliforniaAppellateCourtDecison.html>.

This of case raised the fundamental issue of whether a list of entities authorized to receive human remains should be regarded as complete and all-inclusive, or should allow the existence of other entities that have not yet been recognized by regulators. Courts chose the latter interpretation, and following this decision, cryonics became a legally sanctioned option for disposition of human remains in California.

We conclude from these cases and opinions that with the exception of the Cryonics Institute in Michigan, the procedures described in this handbook remain unregulated by default, so long as they do not violate existing laws. If cryonics becomes a more popular option in future decades, we may see legislators and regulators taking a greater interest in it. At that time, organizations may need to establish standard operating procedures on a jointly agreed basis, in an effort to receive regulation which is appropriate and not unduly onerous.

## **The Uniform Anatomical Gift Act**

The Uniform Anatomical Gift Act (UAGA) was drafted by the NCCUSL, the same organization that established the Uniform Determination of Death Act. The UAGA was created in 1968, and was quickly enacted by all states. The wording of the act was revised in 1987, but only 26 states formally adopted the revised version, and many states subsequently made their own revisions, so that the UAGA was not actually uniform anymore.

In 2006 the NCCUSL drafted a new UAGA in another attempt to persuade states to cooperate on uniform wording. As of mid-2009 the 2006 version of the law had been enacted or introduced in all states except the following: Nebraska, Louisiana, South Carolina, Maryland, Delaware, Pennsylvania, New York, New Hampshire, Vermont, Massachusetts, and Rhode Island. We conclude that if a team is called to a case in the western half of the nation, its chances of being in an area covered by the current version of the UAGA are excellent. On the East Coast, the situation is less clear.

The original purpose of the UAGA was to create a legal mechanism by which living people could authorize (or prohibit) the donation of their organs after death. Prior to 1968, organ donation was not legally recognized in the United States. (The first successful heart transplant was performed in November, 1967.) The UAGA also forbids the selling of organs and allows them only to be donated as a gift, as its name implies.

Since the human brain is undoubtedly an organ, cryonics organizations view the UAGA as an important legal means to enforce the wishes of a person who has chosen to be cryopreserved. All cryonics organizations ask applicants to execute a UAGA donor form as a condition of membership. All hospitals and hospices are familiar with a UAGA form and are thus motivated to comply with the wishes of the donor, especially since the UAGA provides them with some immunity from liability if they do so.

Under the current version of the act, the following classes of people are empowered to authorize (or prohibit) a donation after death, while the donor is still alive:

1. The donor, if the donor is an adult or is a minor and is a) emancipated or b) old enough to apply for a driver's license in the state of residence.
2. Anyone to whom the donor has granted durable power of attorney for health Care.
3. A parent or guardian, if the donor is an unemancipated minor.

The preference of any member of a class higher up the list will override the preferences of members of classes farther down the list.

The wording here has been simplified. See [www.anatomicalgiftact.org](http://www.anatomicalgiftact.org) for the exact wording.

Under the current version of the act, the following classes of people are empowered to authorize (or prohibit) a donation on behalf of a patient who has already died without making his own donor arrangements:

1. Anyone who would have had this power before the donor's death.
2. The spouse of the donor.

3. Adult children of the donor.
4. Parents of the donor.
5. Adult siblings of the donor.
6. Adult grandchildren of the donor.
7. Grandparents of the decedent;
8. Any adult who “exhibited special care and concern” for the donor.
9. Persons who were guardians of the donor at the time of death.
10. Any other person having the authority to dispose of the donor’s body.

The preference of any member of a class higher up the list will override the preferences of members of classes farther down the list.

If there is more than one person in a class empowered to authorize a donation, and anyone in that class objects, the donation can be made only if a majority of members of the class who are “reasonably available” will authorize it.

The wording here has been simplified. See [www.anatomicalgiftact.org](http://www.anatomicalgiftact.org) for the exact wording.

From this you may infer that the UAGA is heavily biased toward facilitating organ donation, since anyone who has “exhibited special care and concern” can authorize it. However, the same classes of people who can authorize it are also empowered to prohibit it, and if the spouse of someone who has died is opposed to the idea, no other living person can override the spouse’s decision. Clearly it is in the interests of anyone who wishes to be cryopreserved to execute an Anatomical Gift form so that a challenge of this kind becomes impossible.

We conclude that the UAGA can be used as a legal instrument to enforce a person’s desire to donate himself for cryopreservation. But who is empowered to *accept* a donation?

Section 11 of the current version of the act provides this list of persons who can be “named in the document of gift”:

1. A hospital; accredited medical school, dental school, college, or university; organ procurement organization; or other appropriate person, for research or education.
2. A person designated by the donor as a recipient, unless the recipient is unable to receive the donated organ.
3. An eye bank or tissue bank.

The above wording has been simplified. See [www.anatomicalgiftact.org](http://www.anatomicalgiftact.org) for the exact wording.

We believe that the drafters of the UAGA were particularly concerned with eliminating any trade in organs for financial gain. Hence the provision in clause 1, above, that the received organ must be used for “research or education” if the organization is not a hospital, medical or dental school, university, or organ procurement organization.

At the same time, the drafters of the UAGA would not want to eliminate any deserving organization by error, and thus they authorized any “appropriate person” to receive donated organs, so long as the purpose is for research or education.

A cryonics organization is obviously appropriate to receive a donation from a member who has made arrangements for cryopreservation. The only question, then, is whether a cryonics organization can reasonably claim to be engaged in research or education. Since cryonics is a procedure that is still under development, any cryonics case should be considered a form of research, so long as it is pursued in a way which is consistent with research. In other words, data should be collected, and the case should be assessed in an effort to draw conclusions and improve the outcome of future cases. If cryonics cases are performed with reasonable diligence, this is exactly how they should be done.

What about the caregivers who do the hands-on work to make a donation possible? Team members will be reassured to know that the UAGA protects anyone who is acting in accordance with its provisions and with the wishes of a patient who has executed a donor form. The current version of the act states:

- A person that acts in accordance with this [act] or with the applicable anatomical gift law of another state, or attempts in good faith to do so, is not liable for the act in a civil action, criminal prosecution, or administrative proceeding.
- Neither the person making an anatomical gift nor the donor's estate is liable for any injury or damage that results from the making or use of the gift.

The conclusion here is very important. According to our interpretation:

- The UAGA is appropriate for any person who wishes to donate his whole body, or just the head and brain, for cryopreservation after death.
- The UAGA can empower a cryonics organization to receive such a donation.
- The UAGA can protect team members from all forms of liability if they act in good faith to promote the cryopreservation of a patient who has executed a donor form.

We must add as a caveat that to the best of our knowledge, no test case has yet affirmed the applicability of the UAGA to cryonics cases in a court of law. However, when the Arizona legislature was considering a bill to regulate cryonics, one of the provisions of the bill was that cryonics organizations in Arizona would not be eligible for anatomical donations. This strongly suggests that the Arizona senator who introduced the bill recognized the legitimate application of the UAGA to cryonics. If he had not, he would have seen little reason to eliminate it.

## **Custody of Remains**

In addition to the UAGA, state laws typically allow a relative to make a binding decision naming the organization or method which will determine custody of human remains. In California the applicable law states: "The right to control the disposition of the remains of a deceased person, including the

location and conditions of interment, unless other directions have been given by the decedent, vests in . . . the following in the order named.” A hierarchical list of relatives then follows.

Other states have similar laws recognizing the right of a patient or his relatives to make a binding decision on his subsequent fate, whether it is to be burial, cremation, or cryonics.

Note that the statute quoted above does not give any organization the right to own human remains. Likewise, the UAGA does not allow ownership of people who are deceased, or the organs which they contain. This is a very important principle:

Under United States law, human remains shall not have monetary value, and *cannot be owned as property*.

Because cryonics patients cannot be owned, they cannot be defended by laws relating to property. Therefore, relatives of a deceased person may petition a court to have the person returned to them, much as a parent may petition a court to take custody of a child. A relative may claim that the preserved patient “never actually wanted to be frozen” and only ended up in that state because another relative made a plausible claim that it was what he wanted.

One of the many hazards of last-minute cases is that the patient’s wishes may be unrecorded, and relatives will be the only source of information. Under stressful conditions where time is of the essence, an organization may have difficulty polling all interested parties and reaching a clear opinion regarding the wishes of the person who has died.

In a few cases, relatives have proved that a loved one had no interest in cryonics, and a judge has directed that the cryonics organization should surrender the patient. More often, the organization has been able to present plausible proof that the patient did want to be preserved, and relatives have been unsuccessful in their claim.

## **General Issues of Legal Liability**

Having digressed into many different legal aspects of case work and cryopreservation, we will complete this section by offering a summary of

general principles which are most likely to be of direct relevance to personnel engaged in standby, stabilization, and transport duties. The key principle is that of liability.

All of us incur liability if our actions cause harm or financial loss to a person, or to a group of people, or to an organization. If the liability is proved in a civil action, we may have to pay damages as compensation to the injured party.

We also incur liability if we violate the law, in which case we become vulnerable to criminal penalties imposed by a county, state, or federal jurisdiction.

A cryonics organization can protect team members from civil liability, but cannot protect team members from criminal liability.

The civil-law protection that a team member receives will depend on any written agreement that exists between the team member and the organization. Throughout most of the history of cryonics, nonemployee standby team members were volunteers who were uncompensated and unprotected by any written agreement. We find it encouraging that during this time, so far as we are aware, no individual was ever named in a civil suit as a result of actions performed during standby, stabilization, or transport work.

More recently, efforts have been made to establish contracts which protect team members who are not employees. Typically, a cryonics organization will assume responsibility for the actions of its team members so long as they follow instructions, act in good faith, and behave reasonably. The precise rights and liabilities of team members will depend on their status as employees or independent contractors, the exact wording of their agreement with the organization, and local statutes where the organization is based and where duties are performed.

Still, we can offer some guidelines which should be followed in order to minimize the risks of liability. If team members go beyond these guidelines, they may open themselves or their organization to civil liability. In some instances they may also be violating criminal law.

- Do not interfere with medical procedures in any way, prior to pronouncement of legal death.

- Do not touch a living patient or administer any medical intervention or treatment. Technically, even the application of a finger pulse oximeter constitutes a medical procedure.
- If you have no medical qualifications, never impersonate a medically qualified person or allow others to assume that you are qualified. Always be careful to establish your exact status.
- Never make assurances or promises to family members, friends, or others close to the patient.
- Do not make any statements to news media unless you have been authorized to do so.
- Avoid any confrontations or threats of confrontations. Even a joking remark can be interpreted as being confrontational under stressful situations.
- Do not sign any documents relating to the standby or transport of a patient unless you are sure that you have been given authority to do so. In that case, make it clear that you are signing on behalf of the cryonics organization, not on your own behalf.
- If you are in doubt about any action, ask advice first.
- Be especially careful regarding regulations restricting transport of human remains across county or state lines.

In addition to these specific guidelines, we can also suggest some general principles that should help to minimize the risk of errors that create legal liability. In particular, we believe that a team member or team leader engaged in standby, stabilization, and transport work should recognize a chain of command. Typically, such a chain would look like this:

1. Directors of the organization
2. CEO or President of the organization
3. Standby-Transport Administrator (or similar title)

4. Team Leader

5. Team Member

A medical consultant may also have some authority during a case. Whether this exceeds the authority of a Standby-Transport Administrator may vary.

If a team member or team member must exercise initiative in the absence of instructions or guidance, decisions should be made with awareness of these general principles:

1. The first priority should be to avoid doing anything that will endanger a cryonics organization and its ability to protect existing patients who have been cryopreserved. In the future, standby-transport work may be performed more by independent organizations. In this scenario, an error during standby-transport may incur liability only for the local organization. CryoCare Foundation pioneered this model, using BioPreservation, Inc. as its standby-transport service provider. More recently, Suspended Animation, Inc. has provided independently owned service for Alcor and for the Cryonics Institute.
2. The second priority (which should be consistent with the first) is to remain within all known limits of the law. Of course, not all laws are equal; a team member may choose to exceed the speed limit when transporting a patient to the airport, but should never violate regulations regarding death certificates or transit permits.
3. Team members should honor the contractual agreement between the patient and the cryonics organization. Technically the provisions of this agreement are not binding after the death of the person who signed it, but still, they should be recognized.
4. Lastly, the team should avoid any action that might provoke legal conflict with family members, friends of the patient, or entities such as hospitals, hospices, or funeral homes.

## **Addendum: Legal Aspects of Animal Research in Cryonics**

Some observers have questioned whether animal research is legally or ethically justifiable when its objective is to improve procedures for human cryopreservation.

Under the provisions of the Animal Welfare Act and the National Institutes of Health's (NIH) "Guide for the Care and Use of Laboratory Animals" (the Guide), any procedure can be performed on an animal if it can be successfully argued that it is scientifically justified. The process of justification of any particular procedure involves the submission of a protocol outlining the experiment or procedure to the institution's Institutional Animal Care and Use Committee (IACUC), an internal committee composed of a veterinarian, scientist experienced in animal use, and members of the community with particular qualifications. The IACUC must ensure that alternatives to animal use have been considered, that the experiments are not unnecessarily duplicative, and that pain relief is provided unless it would compromise the results of the study.

Regulation of animal use for scientific purposes varies by species and by regulatory agency. The United States Department of Agriculture (USDA) enforces the Animal Welfare Act and regulates the use of all vertebrates except for purpose-bred rodents and birds. However, these animals are equally regulated under Public Health Service (PHS) regulations, which are enforced by the Office of Laboratory Animal Welfare. All animal research programs fall under USDA regulation, while only those receiving federal funds fall under PHS regulation.

Use of animals for cryonics research or stabilization training purposes frequently falls into a "gray area" when viewed from an outside perspective. It is therefore advisable that any research or training program making use of regulated animals meet all applicable regulatory standards and that internal controls be put in place to ensure compliance. This requires the establishment of a functional IACUC to review all protocols and to conduct regular animal care facility inspections. A good working relationship with the USDA inspector should also be nurtured and maintained.

Importantly, it should not be assumed that the use of regulated animals at another institution does not require the same compliance as any project taking place “in-house.” Again, the importance of a working and well-trained IACUC cannot be stressed enough, since they will deal with such matters on a case-by-case basis and determine the best course of action in compliance with the appropriate governing regulations and in collaboration with the appropriate officials.

## **Sample Documents**

Samples of documents relevant to the issues discussed will be found in the remaining pages.

**STATE OF ARIZONA**  
**PREHOSPITAL MEDICAL CARE DIRECTIVE (DO NOT RESUSCITATE)**  
**(IMPORTANT—THIS DOCUMENT MUST BE ON PAPER WITH ORANGE BACKGROUND)**

**GENERAL INFORMATION AND INSTRUCTIONS:** A Prehospital Medical Care Directive is a document signed by you and your doctor that informs emergency medical technicians (EMTs) or hospital emergency personnel not to resuscitate you. Sometimes this is called a DNR – Do Not Resuscitate. If you have this form, EMTs and other emergency personnel will not use equipment, drugs, or devices to restart your heart or breathing, but they will not withhold medical interventions that are necessary to provide comfort care or to alleviate pain. **IMPORTANT:** Under Arizona law a Prehospital Medical Care Directive or DNR must be on letter sized paper or wallet sized paper on an orange background to be valid.

You can either attach a picture to this form, or complete the personal information. You must also complete the form and sign it in front of a witness. Your health care provider and your witness must sign this form.

**1. My Directive and My Signature:**

**In the event of cardiac or respiratory arrest, I refuse any resuscitation measures including cardiac compression, endotracheal intubation and other advanced airway management, artificial ventilation, defibrillation, administration of advanced cardiac life support drugs and related emergency medical procedures.**

Patient (Signature or Mark): \_\_\_\_\_ Date: \_\_\_\_\_

**PROVIDE THE FOLLOWING INFORMATION:**

**OR**

**ATTACH RECENT PHOTOGRAPH HERE:**

My Date of Birth \_\_\_\_\_  
My Sex \_\_\_\_\_  
My Race \_\_\_\_\_  
My Eye Color \_\_\_\_\_  
My Hair Color \_\_\_\_\_

**HERE**

**2. Information About My Doctor and Hospice (if I am in Hospice):**

Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

Hospice Program, if applicable (name): \_\_\_\_\_

**3. Signature of Doctor or Other Health Care Provider:**

I have explained this form and its consequences to the signer and obtained assurance that the signer understands that death may result from any refused care listed above.

Signature of Licensed Health Care Provider: \_\_\_\_\_ Date: \_\_\_\_\_

**4. Signature of Witness to My Directive:**

I was present when this form was signed (or marked). The patient then appeared to be of sound mind and free from duress.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**KEN BENNETT**  
**SECRETARY OF STATE**  
**STATE OF ARIZONA**



Greetings from Secretary Ken Bennett:

The Arizona State Legislature created the Arizona Advance Health Care Directive Registry in May 2004. The Registry is a database for the storage of advance directives and the Arizona Secretary of State oversees its security and operations.

The Arizona Secretary of State's Office is pleased to provide you with this safe and confidential place to store your advance directive (Living Will, Medical Power of Attorney and Mental Power of Attorney).

Less than 25 percent of Americans have expressed their thoughts in writing about how they wish to be cared for at the end of life. Most people avoid the subject. Planning ahead by completing an advance directive helps you make thoughtful choices about your future care and will ease the stress on your family and loved ones. Congratulations on taking the first step by completing an advance directive document.

In order to honor an advance directive, your physician and healthcare institution must be aware of what it says. Arizona's Advance Health Care Directive Registry is a way for your advance directive to be available where and when it is needed. Through your password, you decide who can read your directive that is stored in the Registry.

The most important thing you can do to ensure that the health care decisions you have made in advance are followed is to talk about them. Talk to your family, friends, neighbors, clergy, doctors and other health care providers. Let them know what you do and do not want when you cannot speak for yourself. Store a copy of your advance directive in Arizona's Advance Health Care Directive Registry so it is available in an emergency.

Thank you for your interest in Arizona's Advance Health Care Directive Registry. If you have further questions about filing your directive, please refer my website at [www.azsos.gov](http://www.azsos.gov) under the Advance Directive section or call (602) 542-6187 or toll-free at 1-877-458-5842 at your convenience.

Best Wishes,

A handwritten signature in black ink that reads "Ken Bennett".

Ken Bennett  
Secretary of State



# Your Guide to filing Advance Directives

Secretary  
of State



SERVICES

Our staff is available 8 a.m. to 5 p.m. Monday through Friday except state holidays to answer questions about filing your advance directive with our office. Call (602) 542-6187.

Instructions on how to file and forms are included with this information.

We cannot assist you in the preparation of an advance directive, this can be done on your own by:

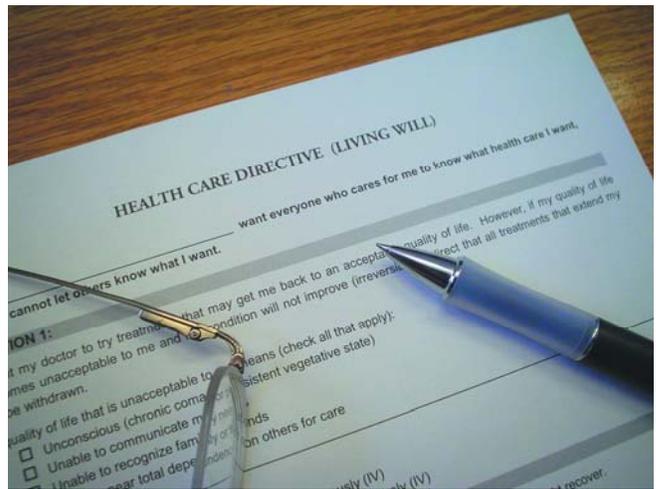
- accessing the samples in Arizona law;
- by contacting organizations that specialize in advance directives; or
- by having an attorney prepare the document for you.

## Arizonans Can File Advance Directives

Arizonans can file their health care directives in a secure and confidential Advance Directive Registry at the Arizona Secretary of State's Office.

In order to file an advance directive you first need to prepare a directive if you haven't already done so.

See page 2 on preparation and filing requirements.



*Prepare an advance directive if you do not have one. Samples are provided in Arizona law, or contact an attorney to help you prepare one.*

## The Advance Directive Registry is Unique

*Anytime, Anyplace, and Always Available*

In order to honor an advance directive, your agent, physician, hospital or nursing home must be aware of it and what it says.

The Arizona Advance Directive Registry is a place to electronically store a copy of your advance directive so it will be available where and when it is needed 24/7. Access to our central database via computer helps expedite patient's health requests.

The Arizona Advance Directive Registry also empowers you and lets you decide who will be able to review your advance directive.

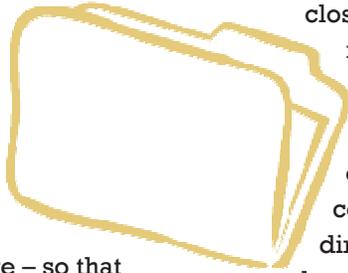
The Secretary of State's Registry is maintained and operated by the Secretary of State's Office under Arizona law.



*Your directive is available day or night — piece of mind for your family, friends and loved ones.*

## About Our Service ★ File Your Directive, Access Your Directive

The Arizona Advance Directive Registry is more than just a place to store your advance directive – it is a virtual file cabinet that holds your advance directive – so that it is available when needed.



close family member or friend, your doctor or clinic.

Anyone in any state or country can have access to your advance directive as long as they have access to a computer.

As long as you can speak for yourself, you are in charge of your decisions.

If you wish to change your advance directive simply complete a new one and make sure it is dated.

The advance directive with the most recent date is the one that will be followed.

### A Free Service at no Cost to You

There is no fee to store an advance directive in the Registry. Once registered you will receive a Registry card with an identification number and a password.

### You Are In Control

The best part about the Registry is that *you* decide who has access to your health care directive.

You can share the password with your health care (medical) power of attorney, designated agent, to a

In the event of an emergency the Registry card can be kept in a wallet to let your wishes be known if you are unable to communicate to a doctor or health care provider.

### Take Charge of Your Decisions

You can always change your mind and change your advance directive at any time.

You just need to tell your doctor or to the medical team taking care of you.



Remember to send the new advance directive to update the Registry as soon as you can, so that it can replace the old one on file. See the

instructions on page 3 on how to re-file with us.

## Get Started ★ Prepare an Advance Directive

### Choose and Prepare an Advance Directive to File

Our office cannot answer legal questions about how to prepare advance directives.

We are merely the filing office for the Registry. Samples of directives are provided in Arizona law

(see gray box to the right).

If you do not feel comfortable in preparing an advance directive by yourself we encourage you to contact an attorney or one of the

many organizations that provide this type of service.

### Types of Directives that Can Be Submitted For Registry Inclusion

The advance directives defined in Arizona law are included in the Registry as they have legal status.

Only directives that concern your future health care and health care choices are included in the Registry.

### Documents Ineligible for Inclusion in the Advance Directive Registry

Financial documents such as Last Will & Testaments, or Living Trusts are ineligible for submission into the Registry.

### Arizona State Law Defines Advance Directives

Directives Include:

- Health Care (Medical) Power of Attorney A.R.S. § 36-3224
- Mental Health Care Power of Attorney A.R.S. § 36-3286
- Living Will A.R.S. § 36-3262

Sample of these directives are in the referenced statutes above and can be found online at [www.azleg.gov](http://www.azleg.gov).

Pre-Hospital Medical Care Directives, also known as the Orange form or Orange card, are also ineligible.



# Get Started ★ File Your Advance Directive in the Registry

## Instructions for the SOS Registration Agreement

Read the instructions on the Registration Agreement included with this guide and fill in all the blank spaces on both sides. Sign and date it.

If you have any questions about registration of your advance directive, call Business Services at (602) 542-6187; or Toll Free at (800) 458-5842.

## Submit the Form and Directive to the Office for Processing



Attach a copy of your advance directive to your completed Registration Agreement.

The copy of your advance directive must be legible and clear. **Do not send your original advance directive forms.**

Submit in person or by mail to:  
 Arizona Advance Directive Registry  
 Arizona Secretary of State  
 1700 W. Washington Street, 7th Fl.

Phoenix, AZ 85007

The office does not accept electronic filings of these documents.

## Our Checks and Balance System

Once your advance directive is processed, you will be asked to verify your file for accuracy.

It only becomes activated upon notification from you that the information filed is accurate.

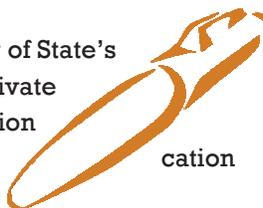
When the printed record of the registration is returned by mail, review it.

Check the appropriate box marking either “no corrections required” or “the information is not correct.”

Sign the form and return it to the Secretary of State’s Office.

## Registration and Activation of Your Directive

The Secretary of State’s Office will activate your registration when a verification



form marked “no corrections required” is returned and signed.

Only then will the Registry wallet card and password be issued to you.

## Receipt of the Registry Wallet Card



Keep the wallet card with your file number and password handy.

As stated on page 2, trust your password only to close family members, friends and physicians.

If you designate someone as your agent in an advance directive on file at the Secretary of State make sure to give them copy of the information provided on your Registry wallet card.

Also provide the information on how to access your directive included below.

## Updating An Advance Directive

The process is the same if you are changing an advance directive already on file.

Simply fill out a new two-page Registration Agreement and send the new directive to us.

## How to Access Your Directive in the Registry

Go to [www.azsos.gov](http://www.azsos.gov)

Click on the “Advance Directives Link”



Click on “View Your Advance Directive”

You will be re-directed to the login page. Use your User ID and Password on your Registry Wallet Card.

A “Welcome” screen appears. On this page you can view your directive and view your contact information. When done, log out.

**How secure is secure?  
 This Web page is encrypted.  
 Information exchanged with  
 any address beginning with  
 https is encrypted using SSL  
 before transmission.**

**For more info  
contact  
ad@azsos.gov**



## **Arizona Advance Directive Registry**

**Enclosed is the information you requested from the  
Arizona Secretary of State's Office about  
The Arizona Advance Directive Registry**



ARIZONA ADVANCE DIRECTIVE REGISTRY

**The Honorable KEN BENNETT**

Secretary of State

1700 W. Washington Street, 7th Floor

Phoenix, AZ 85007

[www.azsos.gov](http://www.azsos.gov)

(602) 542-4285



**Arizona Health Care Directives Registry**  
**ARIZONA SECRETARY OF STATE**

1700 W. Washington Street, 7th Floor, Phoenix, AZ 85007-2888  
(602) 542-6187  
(800) 458-5842 (within Arizona)  
Website: www.azsos.gov

FOR OFFICE USE ONLY

**REGISTRATION AGREEMENT**

**About this agreement:**

This agreement shall be used for the registration of a Health Care Directive in the State of Arizona under the authority of A.R.S. § 36-3291 - 3297

This form/agreement must be written legibly or computer generated. For your convenience, this form has been designed to be filled out and printed online at the website referenced above.

**Fees:** None

**Processing time-frame:** three weeks

**How to complete this form:**

- Read this agreement carefully, and fill in all blank spaces
- Attach a copy of your witnessed or notarized Health Care Directive to this Agreement
- DO NOT send your original Health Care Directive Form
- Sign and date this Agreement
- Return by mail or in person to:  
Arizona Secretary of State Dept A  
1700 W. Washington Street, 7th Fl.  
Phoenix, Arizona 85007  
Walk-in service: 14 N. 18th Ave., Phoenix, Arizona  
Tucson Office: 400 W. Congress, Ste. 252

Last Name		First Name		Middle Name	
Address					
City		State		Zip	
Phone		Birth Date (month/day/year)		Last 4 digits of Social Security Number	
Printed name as you want it listed on your membership card					
Address to return documents and wallet card (IF DIFFERENT FROM ADDRESS ABOVE)					
Name					
Address					
City		State		Zip	
I want to: <input type="checkbox"/> Store a health care directive(s) in the Registry <input type="checkbox"/> Replace a health care directive(s) now in the Registry with a new one <input type="checkbox"/> Add an additional document to my currently stored directive(s) <input type="checkbox"/> Remove my health care directive(s) from the Registry <input type="checkbox"/> Request a replacement wallet card (no change to health care directive(s) in Registry) <input type="checkbox"/> Change Registration Agreement information (such as new a address)					

**You must complete and sign the Agreement on Page 2 of this form.**



AD0001



**Arizona Health Care Directives Registry**  
**ARIZONA SECRETARY OF STATE**

1700 W. Washington Street, 7th Floor, Phoenix, AZ 85007-2888  
(602) 542-6187  
(800) 458-5842 (within Arizona)  
Website: [www.azsos.gov](http://www.azsos.gov)

FOR OFFICE USE ONLY

**REGISTRATION AGREEMENT**

I am providing this personal information, along with a copy of my advance directive, with the understanding that this information will be stored in the Arizona Health Care Directive Registry. I certify that the advance directive that accompanies this Agreement is my currently effective advance directive, and was duly executed, witnessed and acknowledged in accordance with the laws of the State of Arizona.

I understand this authorization is voluntary. This authorization to store my advance directive in the Arizona Health Care Directives Registry will remain in force until revoked by me. I understand that I may revoke this authorization at any time by giving written notice of my revocation to the Contact Office listed below. I understand that revocation of this authorization will NOT affect any action you took in reliance on this authorization before you received my written notice of revocation.

**Contact Office:** Office of the Arizona Secretary of State Dept A  
**Telephone:** 602-542-6187    **E-mail:** [AD@azsos.gov](mailto:AD@azsos.gov)  
**Address:** 1700 W. Washington Street, 7th Floor, Phoenix, AZ, 85007

Your registration form will be processed within three (3) weeks. You will receive further information in the mail. In order to complete the registration of your health care directive(s) you are required to reply to the letter that you will receive.

For further assistance please contact the Arizona Secretary of State at (602) 542-6187 or visit us online at: [www.azsos.gov](http://www.azsos.gov)

Signature of person completing this agreement	Date
Printed Name	



AD0002

## Instructions for Completing the Health Care Directive

1. Print your name on the first blank line. "I, MY NAME, want everyone who cares for me to know what health care I want when I cannot let others know what I want."
2. Think about the statement, "A quality of life that is unacceptable to me means" and check each item from the list below that applies.

This means that if you are in the condition described, you would want your family and doctors to stop or withdraw treatment. You would not want to continue to live in that condition.

You may add any words you want on the blank lines to further describe the conditions when you would not want to continue to receive treatment. You may cross out anything on this form that you do not want or do not agree with.

3. Think about the statement, "There are some procedures that I do not want under any circumstances."

If you have decided that you would never want a treatment listed, check that box. If you have not decided yet, or if you would want your doctor to try these treatments, leave the box blank.

4. Think about the statement, "When I am near death, it is important to me that." You can write anything you like on these lines. Some people say, "I want hospice care.", "I want to die at home.", or "I want my family near me." You may leave these lines blank if you wish.

5. You must sign this form on the reverse side and you must have your signature witnessed.

The witness cannot be related to you by blood, marriage or adoption, cannot be a beneficiary to your estate, and cannot be directly involved in your healthcare.

In Arizona, it is not necessary to have this form notarized, but there is a space for a notary if you desire.

6. Give a copy of your Health Care Directive to your Health Care (Medical) Power of Attorney, to your family and close friends, and to your doctor. Keep a copy to take to the hospital or clinic if you become ill and need treatment.

**Instructions for Completing the Health Care (Medical) Power of Attorney  
with Mental Health Authority**

1. Print your name in the first blank line.

"I, MY NAME, as principal, designate . . ."

2. Print the name of the person you have chosen to be your Health Care (Medical) Power of Attorney on the next blank line.

"OTHER PERSON'S NAME, as my agent for all matters relating to my health care ..."

3. Print the address and phone number of the person you have chosen to be your Health Care (Medical) Power of Attorney on the next blank line.

"Print agent ADDRESS and PHONE"

4. You may name an alternate person to be your Health Care (Medical) Power of Attorney. This second person would take over if the first person you named is not available or is unable to make decisions for you.

"If my agent is unwilling or unable to serve or continue to serve, I hereby appoint SECOND PERSON'S NAME as my agent."

5. If you choose a second person as an alternate, complete the next blank line with the second person's address and phone number. If you do not choose a second person as an alternate, leave this last line blank.

6. You must sign this form in front of a witness.

The witness cannot be related to you by blood, marriage or adoption, cannot be a beneficiary to your estate, and cannot be directly involved in your healthcare.

In Arizona, it is not necessary to have this form notarized, but there is a space for a notary. If you travel out of state with these documents, you may want to have your signature notarized.

7. Give a copy of this form to your Health Care (Medical) Power of Attorney, to your family and close friends, and to your doctor. Keep a copy to take to the hospital or clinic if you become ill and need treatment.

# HEALTH CARE DIRECTIVE (LIVING WILL)

I, \_\_\_\_\_ want everyone who cares for me to know what health care I want, when I cannot let others know what I want.

## SECTION 1:

I want my doctor to try treatments that may get me back to an acceptable quality of life. However, if my quality of life becomes unacceptable to me and my condition will not improve (is irreversible), I direct that all treatments that extend my life be withdrawn.

A quality of life that is unacceptable to me means (check all that apply):

- Unconscious (chronic coma or persistent vegetative state)
- Unable to communicate my needs
- Unable to recognize family or friends
- Total or near total dependence on others for care
- Other: \_\_\_\_\_

Check only one:

- Even if I have the quality of life described above, I still wish to be treated with food and water by tube or intravenously (IV).
- If I have the quality of life described above, I do NOT wish to be treated with food and water by tube or intravenously (IV).

## SECTION 2: (You may leave this section blank.)

Some people do not want certain treatments under any circumstance, even if they might recover.

Check the treatments below that you do not want under any circumstances:

- Cardiopulmonary Resuscitation (CPR)
- Ventilation (breathing machine)
- Feeding tube
- Dialysis
- Other: \_\_\_\_\_

## SECTION 3:

When I am near death, it is important to me that: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Such as hospice care, place of death, funeral arrangements, cremation or burial preferences.)

## BE SURE TO SIGN PAGE TWO OF THIS FORM

- If you only want a Health Care (Medical) Power of Attorney, draw a large X through this page.
- Talk about this form with the person you have chosen to make decisions for you, your doctor(s), your family and friends. Give each of them a copy of this form.
- Take a copy of this with you whenever you go to the hospital or on a trip.
- You should review this form often.
- You can cancel or change this form at any time.

FOR MORE INFORMATION CONTACT HEALTH CARE DECISIONS, (602) 222-2229 OR [WWW.HCDECISIONS.ORG](http://WWW.HCDECISIONS.ORG)

**HEALTH CARE (MEDICAL) POWER OF ATTORNEY  
WITH MENTAL HEALTH AUTHORITY**

It is important to choose someone to make healthcare decisions for you when you cannot. **Tell the person (agent) you choose what you would want.** The person you choose has the right to make any decision to ensure that your wishes are honored. If you **DO NOT** choose someone to make decisions for you, write **NONE** in the line for the agent's name.

I, \_\_\_\_\_, as principal, designate \_\_\_\_\_ as my agent for all matters relating to my health (including mental health) and including, without limitation, full power to give or refuse consent to all medical, surgical, hospital and related health care. This power of attorney is effective on my inability to make or communicate health care decisions. All of my agent's actions under this power during any period when I am unable to make or communicate health care decisions or when there is uncertainty whether I am dead or alive have the same effect on my heirs, devisees and personal representatives as if I were alive, competent and acting for myself.

\_\_\_\_\_ By initialing here, I specifically consent to giving my agent the power to admit me to an inpatient or partial psychiatric hospitalization program if ordered by my physician.

\_\_\_\_\_ By initialing here, this Health Care Directive including Mental Health Care Power of Attorney may not be revoked if I am incapacitated.

Print agent ADDRESS and PHONE:

\_\_\_\_\_

If my agent is unwilling or unable to serve or continue to serve, I hereby appoint: \_\_\_\_\_ as my agent.

Print alternate agent ADDRESS and PHONE:

\_\_\_\_\_

I intend for my agent to be treated as I would regarding the use and disclosure of my individually identifiable health information or other medical records. This release authority applies to any information governed by the Health Insurance Portability and Accountability Act of 1996 (aka HIPAA), 42 USC 1420D and 45 CFR 160-164.

**SIGN HERE for the Health Care (Medical) Power of Attorney and/or the Health Care Directive forms**

Please ask one person to witness your signature who is not related to you or financially connected to you or your estate.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**The above named person is personally known to me, and I believe him/her to be of sound mind and to have completed this document voluntarily. I am at least 18 years old, not related to him/her by blood, marriage or adoption, and not an agent named in this document. I am not to my knowledge a beneficiary of his/her will or any codicil, and I have no claim against his/her estate. I am not directly involved in his/her health care.**

Witness \_\_\_\_\_ Date \_\_\_\_\_

This document may be notarized instead of witnessed.

On this \_\_\_\_\_ day of \_\_\_\_\_, in the year of \_\_\_\_\_, personally appeared before me the person signing, known by me to be the person who completed this document and acknowledged it as his/her free act and deed. IN WITNESS THEREOF, I have set my hand and affixed my official seal in the County of \_\_\_\_\_, State of \_\_\_\_\_, on the date written above.

Notary Public \_\_\_\_\_

**FOR MORE INFORMATION CONTACT HEALTH CARE DECISIONS, (602) 222-2229 OR WWW.HCDECISIONS.ORG**

**STATE OF ARIZONA**  
**LIVING WILL (End of Life Care)**  
Instructions and Form

**GENERAL INSTRUCTIONS:** Use this Living Will form to make decisions now about your medical care if you are ever in a terminal condition, a persistent vegetative state or an irreversible coma. You should talk to your doctor about what these terms mean. The Living Will states what choices you would have made for yourself if you were able to communicate. It is your written directions to your health care representative if you have one, your family, your physician, and any other person who might be in a position to make medical care decisions for you. Talk to your family members, friends, and others you trust about your choices. Also, it is a good idea to talk with professionals such as your doctor, clergy person and a lawyer before you complete and sign this Living Will.

If you decide this is the form you want to use, complete the form. **Do not sign the Living Will until** your witness or a Notary Public is present to watch you sign it. There are further instructions for you about signing on page 2.

**IMPORTANT: If you have a Living Will and a Durable Health Care Power of Attorney, you must attach the Living Will to the Durable Health Care Power of Attorney.**

**1. Information about me:** (I am called the "Principal")

My Name: \_\_\_\_\_ My Age: \_\_\_\_\_  
My Address: \_\_\_\_\_ My Date of Birth: \_\_\_\_\_  
My Telephone: \_\_\_\_\_

**2. My decisions about End of Life Care:**

**NOTE:** Here are some general statements about choices you have as to health care you want at the end of your life. They are listed in the order provided by Arizona law. You can initial any combination of paragraphs A, B, C, and D. **If you initial Paragraph E, do not initial any other paragraphs.** Read all of the statements carefully before initialing to indicate your choice. You can also write your own statement concerning life-sustaining treatments and other matters relating to your health care at Section 3 of this form.

- \_\_\_\_\_ **A. Comfort Care Only:** If I have a terminal condition I do not want my life to be prolonged, and I do not want life-sustaining treatment, beyond comfort care, that would serve only to artificially delay the moment of my death. (NOTE: "Comfort care" means treatment in an attempt to protect and enhance the quality of life without artificially prolonging life.)
- \_\_\_\_\_ **B. Specific Limitations on Medical Treatments I Want:** (NOTE: Initial or mark one or more choices, talk to your doctor about your choices.) If I have a terminal condition, or am in an irreversible coma or a persistent vegetative state that my doctors reasonably believe to be irreversible or incurable, I do want the medical treatment necessary to provide care that would keep me comfortable, but **I do not want the following:**
- \_\_\_\_\_ 1.) Cardiopulmonary resuscitation, for example, the use of drugs, electric shock, and artificial breathing.
- \_\_\_\_\_ 2.) Artificially administered food and fluids.
- \_\_\_\_\_ 3.) To be taken to a hospital if it is at all avoidable.
- \_\_\_\_\_ **C. Pregnancy:** Regardless of any other directions I have given in this Living Will, if I am known to be pregnant I do not want life-sustaining treatment withheld or withdrawn if it is possible that the embryo/fetus will develop to the point of live birth with the continued application of life-sustaining treatment.
- \_\_\_\_\_ **D. Treatment Until My Medical Condition is Reasonably Known:** Regardless of the directions I have made in this Living Will, I do want the use of all medical care necessary to treat my condition until my doctors reasonably conclude that my condition is terminal or is irreversible and incurable, or I am in a persistent vegetative state.
- \_\_\_\_\_ **E. Direction to Prolong My Life:** I want my life to be prolonged to the greatest extent possible.

**STATE OF ARIZONA  
LIVING WILL ("End of Life Care") (Cont'd)**

**3. Other Statements Or Wishes I Want Followed For End of Life Care:**

**NOTE:** You can attach additional provisions or limitations on medical care that have not been included in this Living Will form. Initial or put a check mark by box A or B below. Be sure to include the attachment if you check B.

- \_\_\_\_\_ **A.** I have not attached additional special provisions or limitations about End of Life Care I want.  
\_\_\_\_\_ **B.** I have attached additional special provisions or limitations about End of Life Care I want.

**SIGNATURE OR VERIFICATION**

**A.** I am signing this Living Will as follows:  
My Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**B.** I am physically unable to sign this Living Will, so a witness is verifying my desires as follows:

**Witness Verification:** I believe that this Living Will accurately expresses the wishes communicated to me by the principal of this document. He/she intends to adopt this Living Will at this time. He/she is physically unable to sign or mark this document at this time. I verify that he/she directly indicated to me that the Living Will expresses his/her wishes and that he/she intends to adopt the Living Will at this time.

Witness Name (printed): \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SIGNATURE OF WITNESS OR NOTARY PUBLIC**

**NOTE:** At least one adult witness OR a Notary Public must witness you signing this document and then sign it. The witness or Notary Public CANNOT be anyone who is: (a) under the age of 18; (b) related to you by blood, adoption, or marriage; (c) entitled to any part of your estate; (d) appointed as your representative; or (e) involved in providing your health care at the time this document is signed.

**A. Witness:** I certify that I witnessed the signing of this document by the Principal. The person who signed this Living Will appeared to be of sound mind and under no pressure to make specific choices or sign the document. I understand the requirements of being a witness. I confirm the following:

- ◆ I am not currently designated to make medical decisions for this person.
- ◆ I am not directly involved in administering health care to this person.
- ◆ I am not entitled to any portion of this person's estate upon his or her death under a will or by operation of law.
- ◆ I am not related to this person by blood, marriage, or adoption.

Witness Name (printed): \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_

**B. Notary Public:** (NOTE: a Notary Public is only required if no witness signed above)

STATE OF ARIZONA ) ss  
COUNTY OF \_\_\_\_\_ )

The undersigned, being a Notary Public certified in Arizona, declares that the person making this Living Will has dated and signed or marked it in my presence, and appears to me to be of sound mind and free from duress. I further declare I am not related to the person signing above, by blood, marriage or adoption, or a person designated to make medical decisions on his/her behalf. I am not directly involved in providing health care to the person signing. I am not entitled to any part of his/her estate under a will now existing or by operation of law. In the event the person acknowledging this Living Will is physically unable to sign or mark this document, I verify that he/she directly indicated to me that the Living Will expresses his/her wishes and that he/she intends to adopt the Living Will at this time.

WITNESS MY HAND AND SEAL this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public: \_\_\_\_\_ My commission expires: \_\_\_\_\_

**STATE OF ARIZONA**  
**LETTER TO MY REPRESENTATIVE(S)**  
**About Powers of Attorney Forms and Responsibilities**

**To My Representative:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**To My Alternate Representative:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**A. What I Ask You to Do For Me:** Arizona law allows me to make certain medical and financial decisions as to what I want in the future if I become unable or incapable of making certain decisions for myself. I have completed the following document(s), and I want you to be my representative or alternate representative for the following purposes. (Initial or check one or more of the following):

- \_\_\_\_\_ 1. Durable Health Care Power of Attorney  
\_\_\_\_\_ 2. Durable Mental Health Care Power of Attorney

**B. Why I Named an Alternate Representative:** I chose two representatives in case one of you is unable to act for me when the time arises. I ask that you accept my selection of you as my representative or alternate. If you do not return the Power of Attorney form(s) and this letter to me or inform me differently, I will assume that you have agreed to be my representative.

**C. Your Responsibilities as My Representative:** By selecting you, I am saying that I want you to make some very important decisions for me about my future health care needs if I become unable to make these decisions for myself. I might need you to carry out my medical choices as indicated in the enclosed Powers of Attorney, even if you do not agree with them. Please read the copies of the Powers of Attorney I am giving you. This is a very serious responsibility to accept. You will be my voice and will make medical decisions on my behalf. Other than what I have indicated in the Powers of Attorney as to my specific directions on certain issues, I am trusting your judgment to make decisions that you believe to be in my best interests. If at any time you do not feel that you can undertake this responsibility for any reason, please let me know. If you are unsure about any of my directions, please discuss them with me. If you are not willing to serve as my representative, please tell me so I can choose someone else to help me.

**As to Health Care:** You are not financially responsible for paying my health care costs merely by accepting this responsibility. Under Arizona law, you are not liable for complying with my decisions as stated in the Powers of Attorney or in making other health care decisions for me if you act in good faith.

**D. What Else You Should Do:** Please keep a copy of my Powers of Attorney and other documents in a safe place. Please read these documents carefully and discuss my choices with me at any time. I will give copies of my health care Powers of Attorney to my physician, and I will give copies of any or all of these Powers of Attorney to my family and any other representative I may choose. I authorize you to discuss with them the Powers of Attorney, including, as applicable, my medical situation, or any medical concerns about me. Please work with them and help them to act in accordance with my desires and in my best interests. I appreciate your support, and I thank you for your willingness to help me in this way.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**STATE OF ARIZONA**  
**DURABLE HEALTH CARE POWER OF ATTORNEY**  
**Instructions and Form**

**GENERAL INSTRUCTIONS:** Use this Durable Health Care Power of Attorney form if you want to select a person to make future health care decisions for you so that if you become too ill or cannot make those decisions for yourself the person you choose and trust can make medical decisions for you. Talk to your family, friends, and others you trust about your choices. Also, it is a good idea to talk with professionals such as your doctor, clergyperson and a lawyer before you sign this form.

Be sure you understand the importance of this document. If you decide this is the form you want to use, complete the form. **Do not sign this form until** your witness or a Notary Public is present to witness the signing. There are further instructions for you about signing this form on page three.

**1. Information about me:** (I am called the "Principal")

My Name: \_\_\_\_\_ My Age: \_\_\_\_\_  
My Address: \_\_\_\_\_ My Date of Birth: \_\_\_\_\_  
\_\_\_\_\_ My Telephone: \_\_\_\_\_

**2. Selection of my health care representative and alternate:** (Also called an "agent" or "surrogate")

I choose the following person to act as my representative to make health care decisions for me:

Name: \_\_\_\_\_ Home Telephone: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Work Telephone: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Cell Telephone: \_\_\_\_\_

I choose the following person to act as an alternate representative to make health care decisions for me if my first representative is unavailable, unwilling, or unable to make decisions for me:

Name: \_\_\_\_\_ Home Telephone: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Work Telephone: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Cell Telephone: \_\_\_\_\_

**3. What I AUTHORIZE if I am unable to make medical care decisions for myself:**

I authorize my health care representative to make health care decisions for me when I cannot make or communicate my own health care decisions due to mental or physical illness, injury, disability, or incapacity. I want my representative to make all such decisions for me except those decisions that I have expressly stated in Part 4 below that I do not authorize him/her to make. If I am able to communicate in any manner, my representative should discuss my health care options with me. My representative should explain to me any choices he or she made if I am able to understand. This appointment is effective unless and until it is revoked by me or by an order of a court.

The types of health care decisions I authorize to be made on my behalf include but are not limited to the following:

- To consent or to refuse medical care, including diagnostic, surgical, or therapeutic procedures;
- To authorize the physicians, nurses, therapists, and other health care providers of his/her choice to provide care for me, and to obligate my resources or my estate to pay reasonable compensation for these services;
- To approve or deny my admittance to health care institutions, nursing homes, assisted living facilities, or other facilities or programs. By signing this form I understand that I allow my representative to make decisions about my mental health care except that generally speaking he or she cannot have me admitted to a structured treatment setting with 24-hour-a-day supervision and an intensive treatment program – called a "level one" behavioral health facility – using just this form;

## DURABLE HEALTH CARE POWER OF ATTORNEY (Cont'd)

- To have access to and control over my medical records and to have the authority to discuss those records with health care providers.

### 4. DECISIONS I EXPRESSLY DO NOT AUTHORIZE my Representative to make for me:

I do not want my representative to make the following health care decisions for me (describe or write in "not applicable"):

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### 5. My specific desires about autopsy:

NOTE: Under Arizona law, an autopsy is not required unless the county medical examiner, the county attorney, or a superior court judge orders it to be performed. See the General Information document for more information about this topic. Initial or put a check mark by one of the following choices.

- Upon my death I DO NOT consent to (want) an autopsy.  
 Upon my death I DO consent to (want) an autopsy.  
 My representative may give or refuse consent for an autopsy.

### 6. My specific desires about organ donation: ("anatomical gift")

NOTE: Under Arizona law, you may donate all or part of your body. If you do not make a choice, your representative or family can make the decision when you die. You may indicate which organs or tissues you want to donate and where you want them donated. Initial or put a check mark by A or B below. If you select B, continue with your choices.

- A. I DO NOT WANT** to make an organ or tissue donation, and I do not want this donation authorized on my behalf by my representative or my family.  
 **B. I DO WANT** to make an organ or tissue donation when I die. Here are my directions:

#### 1. What organs/tissues I choose to donate: (Select a or b below)

- a.** Any needed parts or organs.  
 **b.** These parts or organs:  
1.) \_\_\_\_\_  
2.) \_\_\_\_\_  
3.) \_\_\_\_\_

#### 2. What purposes I donate organs/tissues for: (Select a, b, or c below)

- a.** Any legally authorized purpose (transplantation, therapy, medical and dental evaluation and research, and/or advancement of medical and dental science).  
 **b.** Transplant or therapeutic purposes only.  
 **c.** Other: \_\_\_\_\_

#### 3. What organization or person I want my parts or organs to go to:

- a.** I have already signed a written agreement or donor card regarding organ and tissue donation with the following individual or institution: (Name) \_\_\_\_\_  
 **b.** I would like my tissues or organs to go to the following individual or institution: (Name) \_\_\_\_\_  
 **c.** I authorize my representative to make this decision.

**DURABLE HEALTH CARE POWER OF ATTORNEY (Cont'd)**

**7. Funeral and Burial Disposition: (Optional)**

My agent has authority to carry out all matters relating to my funeral and burial disposition wishes in accordance with this power of attorney, which is effective upon my death. My wishes are reflected below:

**Initial or put a check mark by those choices you wish to select.**

- Upon my death, I direct my body to be buried. (As opposed to cremated)
- Upon my death, I direct my body to be buried in \_\_\_\_\_ . (Optional directive)
- Upon my death, I direct my body to be cremated.
- Upon my death, I direct my body to be cremated with my ashes to be \_\_\_\_\_ . (Optional directive)
- My agent will make all funeral and burial disposition decisions. (Optional directive)

**8. About a Living Will:**

NOTE: If you have a Living Will and a Durable Health Care Power of Attorney, **you must attach** the Living Will to this form. A Living Will form is available on the Attorney General (AG) web site. Initial or put a check mark by box A or B.

- A.** I have SIGNED AND ATTACHED a completed Living Will in addition to this Durable Health Care Power of Attorney to state decisions I have made about end of life health care if I am unable to communicate or make my own decisions at that time.
- B.** I have NOT SIGNED a Living Will.

**9. About a Prehospital Medical Care Directive or Do Not Resuscitate Directive:**

NOTE: A form for the Prehospital Medical Care Directive or Do Not Resuscitate Directive is available on the AG Web site. Initial or put a check mark by box A or B.

- A.** I and my doctor or health care provider HAVE SIGNED a Prehospital Medical Care Directive or Do Not Resuscitate Directive on paper with ORANGE background in the event that 911 or Emergency Medical Technicians or hospital emergency personnel are called and my heart or breathing has stopped.
- B.** I have NOT SIGNED a Prehospital Medical Care Directive or Do Not Resuscitate Directive.

**HIPPA WAIVER OF CONFIDENTIALITY FOR MY AGENT/REPRESENTATIVE**

**(Initial)** I intend for my agent to be treated as I would be with respect to my rights regarding the use and disclosure of my individually identifiable health information or other medical records. This release authority applies to any information governed by the Health Insurance Portability and Accountability Act of 1996 (aka HIPAA), 42 USC 1320d and 45 CFR 160-164.

**SIGNATURE OR VERIFICATION**

**A.** I am signing this Durable Health Care Power of Attorney as follows:

My Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**B.** I am physically unable to sign this document, so a witness is verifying my desires as follows:

**Witness Verification:** I believe that this Durable Health Care Power of Attorney accurately expresses the wishes communicated to me by the principal of this document. He/she intends to adopt this Durable Health Care Power of Attorney at this time. He/she is physically unable to sign or mark this document at this time, and I verify that he/she directly indicated to me that the Durable Health Care Power of Attorney expresses his/her wishes and that he/she intends to adopt the Durable Health Care Power of Attorney at this time.

**DURABLE HEALTH CARE POWER OF ATTORNEY (Cont'd)**

Witness Name (printed): \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SIGNATURE OF WITNESS OR NOTARY PUBLIC:**

NOTE: At least one adult witness OR a Notary Public must witness the signing of this document and then sign it. The witness or Notary Public CANNOT be anyone who is: (a) under the age of 18; (b) related to you by blood, adoption, or marriage; (c) entitled to any part of your estate; (d) appointed as your representative; or (e) involved in providing your health care at the time this form is signed.

**A. Witness:** I certify that I witnessed the signing of this document by the Principal. The person who signed this Durable Health Care Power of Attorney appeared to be of sound mind and under no pressure to make specific choices or sign the document. I understand the requirements of being a witness and I confirm the following:

- I am not currently designated to make medical decisions for this person.
- I am not directly involved in administering health care to this person.
- I am not entitled to any portion of this person's estate upon his or her death under a will or by operation of law.
- I am not related to this person by blood, marriage or adoption.

Witness Name (printed): \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_

**Notary Public** (NOTE: If a witness signs your form, you DO NOT need a notary to sign):

STATE OF ARIZONA ) ss  
COUNTY OF \_\_\_\_\_)

The undersigned, being a Notary Public certified in Arizona, declares that the person making this Durable Health Care Power of Attorney has dated and signed or marked it in my presence and appears to me to be of sound mind and free from duress. I further declare I am not related to the person signing above by blood, marriage or adoption, or a person designated to make medical decisions on his/her behalf. I am not directly involved in providing health care to the person signing. I am not entitled to any part of his/her estate under a will now existing or by operation of law. In the event the person acknowledging this Durable Health Care Power of Attorney is physically unable to sign or mark this document, I verify that he/she directly indicated to me that this Durable Health Care Power of Attorney expresses his/her wishes and that he/she intends to adopt the Durable Health Care Power of Attorney at this time.

WITNESS MY HAND AND SEAL this \_\_\_ day of \_\_\_\_\_, 20\_\_.  
Notary Public \_\_\_\_\_ My Commission Expires: \_\_\_\_\_

**OPTIONAL:  
STATEMENT THAT YOU HAVE DISCUSSED  
YOUR HEALTH CARE CHOICES FOR THE FUTURE  
WITH YOUR PHYSICIAN**

NOTE: Before deciding what health care you want for yourself, you may wish to ask your physician questions regarding treatment alternatives. This statement from your physician is not required by Arizona law. If you do speak with your physician, it is a good idea to have him or her complete this section. Ask your doctor to keep a copy of this form with your medical records.

**DURABLE HEALTH CARE POWER OF ATTORNEY (Last Page)**

On this date I reviewed this document with the Principal and discussed any questions regarding the probable medical consequences of the treatment choices provided above. I agree to comply with the provisions of this directive, and I will comply with the health care decisions made by the representative unless a decision violates my conscience. In such case I will promptly disclose my unwillingness to comply and will transfer or try to transfer patient care to another provider who is willing to act in accordance with the representative's direction.

Doctor Name (printed): \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_

**STATE OF ARIZONA  
DURABLE MENTAL HEALTH CARE POWER OF ATTORNEY  
Instructions and Form**

**GENERAL INSTRUCTIONS:** Use this Durable Mental Health Care Power of Attorney form if you want to appoint a person to make future mental health care decisions for you if you become incapable of making those decisions for yourself. The decision about whether you are incapable can only be made by an Arizona licensed psychiatrist or psychologist who will evaluate whether you can give informed consent. Be sure you understand the importance of this document. Talk to your family members, friends, and others you trust about your choices. Also, it is a good idea to talk with professionals such as your doctor, clergyperson, and a lawyer before you sign this form.

If you decide this is the form you want to use, complete the form. **Do not sign this form until** your witness or a Notary Public is present to witness the signing. There are more instructions about signing this form on page 3.

**1. Information about me:** (I am called the "Principal")

My Name: \_\_\_\_\_ My Age: \_\_\_\_\_  
My Address: \_\_\_\_\_ My Date of Birth: \_\_\_\_\_  
\_\_\_\_\_ My Telephone: \_\_\_\_\_

**2. Selection of my health care representative and alternate:** (Also called an "agent" or "surrogate")

I choose the following person to act as my representative to make mental health care decisions for me:

Name: \_\_\_\_\_ Home Telephone: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Work Telephone: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Cell Telephone: \_\_\_\_\_

I choose the following person to act as an alternate representative to make mental health care decisions for me if my first representative is unavailable, unwilling, or unable to make decisions for me:

Name: \_\_\_\_\_ Home Telephone: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Work Telephone: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Cell Telephone: \_\_\_\_\_

**3. Mental health treatments that I AUTHORIZE if I am unable to make decisions for myself:**

Here are the mental health treatments I authorize my mental health care representative to make on my behalf if I become incapable of making my own mental health care decisions due to mental or physical illness, injury, disability, or incapacity. If my wishes are not clear from this Durable Mental Health Care Power of Attorney or are not otherwise known to my representative, my representative will, in good faith, act in accordance with my best interests. This appointment is effective unless and until it is revoked by me or by an order of a court. My representative is authorized to do the following **which I have initialed or marked:**

- \_\_\_\_\_ **A. About my records:** To receive information regarding mental health treatment that is proposed for me and to receive, review, and consent to disclosure of any of my medical records related to that treatment.
- \_\_\_\_\_ **B. About medications:** To consent to the administration of any medications recommended by my treating physician.
- \_\_\_\_\_ **C. About a structured treatment setting:** To admit me to a structured treatment setting with 24hour-a-day supervision and an intensive treatment program licensed by the Department of Health Services, which is called a "level one" behavioral health facility.
- \_\_\_\_\_ **D. Other:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DURABLE MENTAL HEALTH CARE POWER OF ATTORNEY (Cont'd)**

**4. Durable Mental health treatments that I expressly DO NOT AUTHORIZE if I am unable to make decisions for myself:** (Explain or write in "None")

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. Revocability of this Durable Mental Health Care Power of Attorney:** This Durable Mental Health Care Power of Attorney is made under Arizona law and continues in effect for all who rely upon it except those who have received oral or written notice of its revocation. Further, I want to be able to revoke this Durable Mental Health Care Power of Attorney as follows: (Initial or mark A or B.)

- \_\_\_\_\_ **A.** This Durable Mental Health Care Power of Attorney is IRREVOCABLE if I am unable to give informed consent to mental health treatment.
- \_\_\_\_\_ **B.** This Durable Mental Health Care Power of Attorney is REVOCABLE at all times if I do any of the following:
  - 1.) Make a written revocation of the Durable Mental Health Care Power of Attorney or a written statement to disqualify my representative or agent.
  - 2.) Orally notify my representative or agent or a mental health care provider that I am revoking.
  - 3.) Make a new Durable Mental Health Care Power of Attorney.
  - 4.) Any other act that demonstrates my specific intent to revoke a Durable Mental Health Care Power of Attorney or to disqualify my agent.

**6. Additional information** about my mental health care treatment needs (consider including mental or physical health history, dietary requirements, religious concerns, people to notify and any other matters that you feel are important):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HIPPA WAIVER OF CONFIDENTIALITY FOR MY AGENT/REPRESENTATIVE**

\_\_\_\_\_ **(Initial)** I intend for my agent to be treated as I would be with respect to my rights regarding the use and disclosure of my individually identifiable health information or other medical records. This release authority applies to any information governed by the Health Insurance Portability and Accountability Act of 1996 (aka HIPAA), 42 USC 1320d and 45 CFR 160-164.

**SIGNATURE OR VERIFICATION**

**A. I am signing this Durable Mental Health Care Power of Attorney as follows:**

My Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**B. I am physically unable to sign this document, so a witness is verifying my desires as follows:**

**Witness Verification:** I believe that this Durable Mental Health Care Power of Attorney accurately expresses the wishes communicated to me by the Principal of this document. He/she intends to adopt this Durable Mental Health Care Power of Attorney at this time. He/she is physically unable to sign or mark this document at this time. I verify that he/she directly indicated to me that the Durable Mental Health Care Power of Attorney expresses his/her wishes and that he/she intends to adopt the Durable Mental Health Care Power of Attorney at this time.

Witness Name (printed): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DURABLE MENTAL HEALTH CARE POWER OF ATTORNEY (Last Page)**

**SIGNATURE OF WITNESS OR NOTARY PUBLIC**

**NOTE:** At least one adult witness OR a Notary Public must witness the signing of this document and then sign it. The witness or Notary Public CANNOT be anyone who is: (a) under the age of 18; (b) related to you by blood, adoption, or marriage; (c) entitled to any part of your estate; (d) appointed as your representative; or (e) involved in providing your health care at the time this document is signed.

**A. Witness:** I affirm that I personally know the person signing this Durable Mental Health Care Power of Attorney and that I witnessed the person sign or acknowledge the person's signature on this document in my presence. I further affirm that he/she appears to be of sound mind and not under duress, fraud, or undue influence. He/she is not related to me by blood, marriage, or adoption and is not a person for whom I directly provide care in a professional capacity. I have not been appointed as the representative to make medical decisions on his/her behalf.

Witness Name (printed): \_\_\_\_\_  
Signature: \_\_\_\_\_ Date and time: \_\_\_\_\_  
Address: \_\_\_\_\_

**B. Notary Public:** (NOTE: If a witness signs your form, you DO NOT need a notary to sign)

STATE OF ARIZONA ) ss  
COUNTY OF \_\_\_\_\_ )

The undersigned, being a Notary Public certified in Arizona, declares that the person making this Durable Mental Health Care Power of Attorney has dated and signed or marked it in my presence and appears to me to be of sound mind and free from duress. I further declare I am not related to the person signing above, by blood, marriage or adoption, or a person designated to make medical decisions on his/her behalf. I am not directly involved in providing care as a professional to the person signing. I am not entitled to any part of his/her estate under a will now existing or by operation of law. In the event the person acknowledging this Durable Mental Health Care Power of Attorney is physically unable to sign or mark this document, I verify that he/she directly indicated to me that the Durable Mental Health Care Power of Attorney expresses his/her wishes and that he/she intends to adopt the Durable Mental Health Care Power of Attorney at this time.

WITNESS MY HAND AND SEAL this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.  
Notary Public: \_\_\_\_\_ My commission expires: \_\_\_\_\_

**OPTIONAL:  
REPRESENTATIVE'S ACCEPTANCE OF APPOINTMENT**

I accept this appointment and agree to serve as agent to make mental health treatment decisions for the Principal. I understand that I must act consistently with the wishes of the person I represent as expressed in this Durable Mental Health Care Power of Attorney or, if not expressed, as otherwise known by me. If I do not know the Principal's wishes, I have a duty to act in what I, in good faith, believe to be that person's best interests. I understand that this document gives me the authority to make decisions about mental health treatment only while that person has been determined to be incapacitated which means under Arizona law that a licensed psychiatrist or psychologist has the opinion that the Principal is unable to give informed consent.

Representative Name (printed): \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## LAST WILL AND TESTAMENT FOR HUMAN REMAINS AND AUTHORIZATION OF ANATOMICAL DONATION

7895 East Acoma Drive, Suite 110  
Scottsdale, AZ 85260-6916

- 1) I, «FNAME» «MNAME» «LNAME», now residing at «ADDR1», «CITY», «STATE» «ZIP», being of sound mind and memory, and over the age of majority, declare this to be my Last Will and Testament regarding my human remains, which declaration may only be revoked by a subsequent testamentary document making specific reference by document and date revoking this declaration. It is my wish that upon my legal death my human remains be preserved by the cryogenic treatment known as cryopreservation.
  
- 2) For this purpose, and in accordance with the laws governing anatomical donations, I hereby:
  - a) donate my human remains to the Alcor Life Extension Foundation, Inc. ("Alcor"), a California non-profit corporation, registered with the Internal Revenue Service as a tax-exempt scientific and educational organization, having its principal office and place of business at 7895 E. Acoma Dr., #110, Scottsdale, AZ 85260-6916, such donation to take place immediately after my legal death, and
  
  - b) direct that upon my legal death my human remains be delivered to Alcor or to its agents or representatives, at such place as they may direct.
  
- 3) I further direct that, when and where possible, such delivery shall take place immediately after my legal death, without embalming or autopsy.
  
- 4) I further declare that I have not received any remuneration whatsoever in connection with this donation of my human remains, and that I have made this donation for the purpose of furthering cryobiological and cryonic research.
  
- 5) I understand and intend that this Anatomical Donation gives Alcor full and complete custody and control of my human remains.

6) I further intend and direct that such custody and control give Alcor status of "next-of-kin" regarding my human remains, so that Alcor shall have the authority to accomplish any necessary actions in connection with this anatomical donation. As part of granting this status, I specifically authorize Alcor to:

a) direct cremation or other disposition of any non-cryopreserved portion of my human remains.

b) request and receive copies of any and all medical or psychiatric records regarding treatment I may have received at any time during my life.

7) I understand that cryopreservation of my human remains constitutes a research project, and that cryopreservation is not consistent with contemporary medical or mortuary practice. As stated in the other forms I have signed for Alcor, I understand that there are no guarantees or any known probability that the procedure of cryopreservation will be successful.

8) If a legal challenge is raised to this Authorization of Anatomical Donation, I authorize Alcor to take custody of, and have full and complete control over, my human remains by whatever legal means may be available for the purpose of placing them into cryopreservation. If a legal challenge to this procedure is raised by any institution, individual(s), or government agency, I authorize Alcor to use monies from my Cryopreservation Fund to pay for the legal expenses involved in defending its authority and ability to place my human remains into cryopreservation.

9) In witness thereof, I hereby sign, publish, and declare this to be my Last Will and Testament regarding my human remains unless revoked as specifically provided within this agreement, and this document is signed in conjunction with the **Cryopreservation Agreement** and the **Consent for Cryopreservation**, all three of which together constitute my last wish and instruction concerning the disposition of my human remains following my legal death.

\_\_\_\_\_  
Signature of Donor

\_\_\_\_\_\ \ \_\_\_\_\_\ \ 20\_\_\_\_\_  
Month      Day                      Year

\_\_\_\_\_(a.m./p.m.)  
Time

**WITNESSES' SIGNATURES**

***[Two (2) witnesses are required to sign in the presence of each other, the Donor, and a Notary Public. At the time of signing, witnesses must not be relatives of the Donor, health care providers of any kind, or officers, directors, or agents of Alcor. The witnessing Notary Public must then notarize this document on the final page. COMPLETION OF NOTARY FORM IS OPTIONAL IN THE STATE OF CALIFORNIA.]***

We, the undersigned witnesses, sign our names to this instrument, being first duly sworn, and do hereby declare to the undersigned authority that the Donor signs and executes this instrument as his/her Last Will and Testament regarding his/her human remains, and that the Donor signed this document willingly, and that each of us, in the presence and hearing of the Donor hereby signs this Will as Witness to the Donor signing, and that to the best of our knowledge, the Donor is over the age of majority, of sound mind and memory, and under no constraint or undue influence. We further affirm that we are not relatives of the Donor, health care providers of any kind, or officers, directors, or agents of Alcor.

WITNESSED ON (MM\DD\YY) \_\_\_\_\_ \ \_\_\_\_\_ \ 20\_\_\_\_ TIME \_\_\_\_\_ (a.m.\p.m.)

1. Signature \_\_\_\_\_

Printed \_\_\_\_\_

Social Security # (optional) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

2. Signature \_\_\_\_\_

Printed \_\_\_\_\_

Social Security # (optional) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**PLEASE READ ALL INSTRUCTIONS PRIOR TO COMPLETION.**

- 1. All blanks must be correctly completed by a notary public and notarial seal provided before this document can be approved.**
- 2. The notary cannot be a witness.**
- 3. Notarization is optional in the state of California.**

STATE OF \_\_\_\_\_ )  
 ) ss  
County of \_\_\_\_\_ )

My commission expires:

\_\_\_\_\_

SUBSCRIBED, SWORN TO and ACKNOWLEDGED before me by \_\_\_\_\_,  
MEMBER NAME

the Donor/Testator, and subscribed and sworn to before me by \_\_\_\_\_ and  
WITNESS NAME

\_\_\_\_\_, the witnesses, on (MM\DD\YY) \_\_\_\_ \ \_\_\_\_ \ 20\_\_\_\_.  
WITNESS NAME

\_\_\_\_\_  
PRINTED NAME OF NOTARY PUBLIC

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC

\_\_\_\_\_  
SEAL HERE