Organic Law 24th March, Regulating Euthanasia.

Preface.

I

This law aims to give an answer that is sistematic, balanced, legal and based on human rights to a modern day demand; euthanasia.

Euthanasia means “good death”and can be defined as the deliberate act to end the life of an individual at their own request with the aim of ending suffering. Our doctrines, both medical and legal, largly agree to limit the use of the term euthanasia to direct and active acts; therefore acts of omission (passive euthanasia: refusing life prolonging treatments or interrupting those already being administered) or those that could be classified as active indirect euthanasia (using medication or therapy that alevieates physical or mental suffering, even if these accelerate the patient’s death: Palliative care) have been excluded from the medical and legal concept of euthaniasia.

There has been an active debate about euthanasia, from a medical and legal viewpoint, in our country and those surrounding us for some decades now. Those involved are not just academics, but society in general. The debate gains strength occasionally when individual cases crop up that stir public opinion. It is a debate affected by many different issues, such as increased life expectancy, often despite conditions of significant physical and mental deterioration; the increase of technology capable of sustaining life for a prolonged period, without actually healing the patient or improving their quality of life; the secularization of life and social conscience and people’s values, or the acceptance of an individual’s autonomy when it comes to their health, as well as many other factors. Therefore the legislator has the obligation of meeting the demands of society and respecting their values while protecting their rights, adapting legislation that regulates and organises our coexistence.

The legalization and regulation of euthanasia must be based on essential, compatible principles that are the bedrock of all individual rights that are gathered in the Spanish constittition. On one hand we have the fundamental rights to life, physical and moral integrity, and on the other hand we have assets that are constitutionally protected such as dignity, freedom and freewill.

It is necessary, and possible, for these constitutional rights to be compatible, therefore we need legislation that respects them all. It is not enough to decriminalise any conduct that involves helping another person to die, even when this happens at the express will of that individual. Such a modification would leave people unprotected regarding the right to life that our constitution demands be protected. Rather, the aim is to create a legislation that respects the autonomy and will of a person who is suffering from a serious, cronic and

debilitating ailment or a serious incurable illness - and is experiencing unbearable pain that cannot be alivieated to the extent they consider acceptable - to end their life; this would be considered a context for euthanasia. With this aim, the present law regulates and decrimniailises euthanasia in specific, clearly defined cases where total freedom of decision can be guaranteed, and no kind external pressure is present.

In the countries surrounding us there are basically two ways of regulating euthanasia.
On one hand, some countries decriminalize euthanasia when it is considered that the person carrying it out has compassionate reasons, not selfish ones, but this approach allows for grey legal areas that do not offer the guarantees needed.

On the other hand, some countries have legalized euthanasia as an acceptable practice, as long as certain requirements and guarantees are followed.

In analysing these two legal options, the doctrine of the European Court of Human rights is relevant, in its sentence on the 14th of May 2013 (Gross v Suitzerland) it considered that it is not acceptable for a country to decriminalize euthanasia and not produce and enact a specific law, regulating the practice of euthanasia. This law aims to be included in the second kind of regulation, providing a systematic and ordered regulation of cases where euthanasia should not be an object of criminal reproach. So, the law distinguishes betwen two different kinds of euthanasia, active euthanasia and euthanasia where the patient ends their own life, when they need the cooperation of a medical professional who intentionally and knowingly provides the necessary means, including advice on the substance and needed dosis, the prescription or even providing the medication itself for the patient to self-administer. Active euthanasia is the action in which a medical professional ends the life of a patient deliberately at request of the patient, because of a serious chronic and debilitating ailment or a serious incurable disease that causes intolerable suffering.

Euthanasia, when it is legally acceptable to help another person die, must be limited in accordance to certain conditions that affect the person’s physical state with the consequent physical or mental suffering; any possible interventions that would reduce their suffering; and the person’s moral convictions regarding the preservation of life in conditions that they deem incompatible with their personal dignity. In addition, there must be guarantees that the decision to end their life is produced in total freedom, autonomy and full knowledge, protected therefore from any kind of pressures from their social and economic situation, unfavourable relatives, or even hasty decisions. Euthanasia with theese boundaries, requires a qualified and external assesment of both the applicant and executor, before and after the act of euthanasia. At the same time it must allow for conscientious objection, the conscience of medical staff asked to perform the medical act to bring on death is respected and protected. The medical term implicit in the law when discussing assisted death is understood, as is the generic sense that includes the set of medical services and aids that the health care providers must administer, within the realm of their abilities, to patients that request an assisted death.

In conclusion, this law introduces in our legal system, a new personal right, that of euthanasia. This is understood to be the act that produces the death of a person in a direct, intentional way through a cause-effect relation that is unique and immediate, at the informed, express and repeated request of the individual and that is carried out because of their

suffering due to an incurable illness or ailment that the patient considers to be unbearable and can not be mitigated by other means. Defined this way, euthaniasia connects with a fundamental right of the individual that is protected by the constitution, that of life, but that must also be balanced with other rights and assets that are also protected by the constitution such as the physical and moral integrity of the individual (art 15CE), human dignity (art 10CR), the superior value of freedom (art 1.1CE), freedom of ideology and conscience (art 16CE), and the right to intimacy (art 18.1 CE). When a person with their full abilities is faced with a vital situation that in their judgment infringes their dignity, intimacy and integrity, such as defined in the euthanisia context previously described, life can lose value in favor of the other assets and rights that need to be considered. There is no constitutional obligation to impose or protect life at all costs and against the will of the holder of the right to life. For this reason, the State is obliged to provide a legal regime that establishes the necessary guarantees and a legal certainty.

II

This law has five chapters, six additional provisions, one transitory provision, one derogatory provision and four final provisions.

Chapter I is aimed at defining the purpose of this law and the scope of its application, as well as establishing the necessary fundamental definitions of the regulatory text.

Chapter II sets out the requirements for people to request an assisted death and how it should be performed. All adults with full ability to choose and act can request this assistance, as long as they do so independently, consciously and are fully informed. They must be suffering from a serious, chronic and debilitating ailment or a serious incurable illness that causes intolerable physical or mental pain. It also clearly states the possibility of requesting this assistance through an Advance Medical Directive or similar document, already legally recognised by our legislation.

Chapter III addresses the regulation of the process that must be followed to provide the assisted death and the guarantees that must be observed. In this field it is important to highlight the creation of the *Comisiones de Garantía y Evaluación*[1], that must previously verify and afterwards ensure that Law and established procedures are respected.

Chapter IV establishes the elements that guarantee all citizens equal conditions to receive an assisted death, including it in the common portfolio of services of the National Health System and therefore guaranteeing public funding, the guarantee extends to private centres and the person's home. We must highlight that this service is guaranteed notwithstanding the possible conscientious objection of medical staff.

Finally, chapter V regulates the Comisiones de Garantía y Evaluación, that must be created in all Autonomous Communities and the Cities of Ceuta and Melilla for the purpose of this law.

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[1] Committees for Assessment and Guarantee

The additional dispositions, for their part, are aimed at guaranteeing that those who request an assisted death under this law, are to be considered to have died a natural death; to ensure resources and support for people with disabilities; to establish mechanisms that will give this law maximum distribution among medical health professionals and citizens; and the offer of specific continual training regarding assisted death, as well as a penalizing regime. In the final provisions, as a consequence of the new legislations introduced with this law, Organic Law 10/1995 of the 23rd of November, Criminal Code is modified, with the aim of decriminalising all euthanasia in the cases and conditions set by this law.

Chapter I

General provisions.

Article 1. Purpose

The purpose of this Law is to regulate the right of all individuals that meet the requirements to request and receive the assistance needed to die, the process that must be followed and guarantees that must be in place.

It also determines the duties of healthcare assistants caring for the individual, defining their role and regulating the obligations of the administrations and institutions involved to ensure that the right recognised by this law is exercised correctly.

Article 2. Scope

This law will apply to all individuals or legal persons, public or private, that act or reside in Spanish territory. To these effects, it is understood that a legal person resides in Spanish territory when they have a social address, headquarters, branch, delegation or establishment in said territory.

Article 3. Definitions.

To the effects of this law, we understand:

a) Informed consent: free, voluntary and conscious agreement of the patient, expressed with the full use of their faculties, after having received the appropriate information, so that at their request, the actions described in section g) can be carried out.
b) Serious, chronic and debilitating ailment: refers to limitations that have a direct impact on physical autonomy and daily functioning, meaning the individual cannot

manage on their own - as well as the ability to express and relate to others - associated with constant unbearable physical or mental suffering, when there is a certainty or great probability that said limitations will persist in time without any chance of being healed or any noticeable improvements. In some cases it may involve absolute dependence on mechanical support.

c) Serious incurable disease: diseases that cause constant, unbearable physical or mental suffering that cannot be alleviated in a way the individual can tolerate, with a life limiting prognostic, involving progressive fragility.
d) Doctor in charge: Doctor in charge of coordinating information and the patient's medical assistance, the main spokesperson of the patient as regards their care and information during the process, notwithstanding the responsibilities of other professionals taking part in the patient's care.
e) Consulting doctor: doctor with training in the area of the pathology that the patient is suffering from, who does not belong to the same medical team as the doctor in charge.
f) Medical conscientious objection: individual right of the medical staff to not take part in the response to requests regulated by this Law when they are incompatible with their own convictions.
g) Assisted death: action derived from providing the necessary means for a person who meets the requirements foreseen in this law and who has expressed their desire to die. This provision can be given two ways.
    i) A competent healthcare professional directly administers a substance to the patient
    ii) The healthcare professional prescribes or supplies the patient with a substance, so that they can self administer it and cause their own death.
h) Situation of incapacity. When a patient lacks the proper understanding and will to govern themselves autonomously, fully and effectively, whether or not there are existing support measures or these have been adopted for them to exercise their legal abilities.

Chapter II

An individual's right to request an assisted death and requirements to exercise this right.

Article 4. Right to request an assisted death.

1. The right of every person that meets the requirements in this law to request and receive assistance to die is recognised.

2. The decision to request an assisted death must be an autonomous decision, based on the individual's full knowledge of their medical condition, having received all the appropriate information from the medical team in charge. A record must be made in their medical file they have received and understood this information.
3. In procedures that are regulated by this law, human, material and support methods and resources will be guaranteed, including measures for universal accessibility and design and any reasonable adjustments needed so that the applicant of the assisted death receives all the information they need, to form and express their will, give their consent and communicate and interact with those around them freely, ensuring that their decision is individual, mature and genuine, with no intromissions, interference, or undue influence.
   In particular, appropriate measures will be taken to provide disabled people access to the support they may need to exercise their legally recognised rights.

Article 5. Requirements to receive assistance to die.

1. To receive assistance to die, the individual must meet the following requirements
   a. Be a Spanish national or a legal resident in Spain (or hold a certificado de empadronamiento[2] that proves a stay of 12 months or more in Spanish territory) be of legal age, competent and conscious at the time of submitting the application.
   b. Have received information about their medical progress in writing, explaining the different alternatives and possibilities, including access to full palliative care included in the common services that they have a right to, in accord with the regulations for adult dependants care.
   c. Have voluntarily submitted two requests, in writing (or in any other way allowing a record to be made), that are not the result of any kind of external pressure; there must be at least fifteen natural days between the requests. If the Doctor in charge considers that the applicant could soon lose the ability to make the request, a shorter gap that he considers appropriate may be accepted, depending on the convergent clinical circumstances, these must be recorded in the medical history.
   d. Suffer a serious and incurable illness or a serious chronic debilitating ailment as established by this law and certified by the Doctor in charge.
   e. Give informed consent prior to receiving the assistance to die. This consent will be included in the patient's clinical history.
2. Letters b), c) and e) of the previous section will not apply in cases where the Doctor in charge certifies that the patient is not in full control of their abilities and cannot give free, voluntary and conscious consent to submit the application (in accordance with what is stated in section 1 d)) but has previously registered an advance medical directive, a living will, or an equivalent legally recognised document, in which case the assistance to die can be provided in accord with what is stated in said document. If a representative has been named in this document, he will be the spokesperson for the Doctor in charge.
   The assessment of the incapacity by the Doctor in charge will be carried out in

[2] Certificate of registration from the Town Hall where the individual resides.

accordance with the protocols that are determined by the Consejo Interterritorial of the Sistema Nacional de Salud[3].

Article 6. Requirements for requesting an assisted death.

1. The request for an assisted death, that is referred to in article 5.1.c) must be in writing. The document must show the date and the patient's signature, or any other method proving the unequivocal will of the applicant and the moment it was requested.
   If, because of their personal situation or health condition, they cannot date and sign the document, they may use other methods that allow them to record it. Or another person who is of legal age and has full abilities can date and sign it in their presence. Said individual must mention the fact that the person requesting the assisted death is not able to sign the document themselves and explain why.
2. The document must be signed in the presence of a healthcare professional who will also sign it. If this professional is not the Doctor in charge it will be handed to said doctor. The document must be added to the patient's medical file.
3. The applicant for the assisted death may revoke the request at any time, the decisions will be added to their medical file. They may also request for it to be postponed.
4. In cases foreseen in article 5.2, the request for the assisted death may be presented to the Doctor in charge by another person, of legal age and with full abilities, along with an advance medical directive, a living will, or other equal legal document written beforehand by the patient. In case there is no one who can present the document in name of the patient, the doctor treating them may request the euthanasia. In this case, the doctor treating them is legally allowed to request and obtain access to the advance medical directive or living will through the body appointed by the health authority of the corresponding Autonomous Community or the Ministry of Health, in accord with Letter d) of point 1 of article 4 of Royal Decree 124/2007, of the 2nd of February, that regulates the National Register of Advance Medical Directives and the corresponding automatic file of personal data.

Article 7. Denial of assisted death.

1. Rejections of requests for assisted death must always be submitted in writing and be well reasoned out by the Doctor in charge.
2. The rejection must be presented within 10 natural days of the first request, the applicant then has 15 natural days to appeal the decision with the competent Comisión de Garantía y Evaluación. The doctor rejecting the request is obliged to inform the patient of this possibility.

[3] Interterritorial Council of the National Health System

3. The Doctor in charge who refused the request an assisted death, whether there is an appeal to the Comisión de Garantía y Evaluación or not, must within 5 days, counting from when the patient is notified of the rejection, send the two documents specified in article 12 of this document, adapting the second document to include the relevant clinical data to assess the case and the reason for denying the request.

Chapter III

Assisted death procedure

Article 8. Procedure the Doctor in charge must follow when an assisted death is requested.

1. Once the first request for assisted death has been submitted (referred to in article 5.1 c)) the Doctor in charge must verify that the requirements foreseen in article 5.1a) ,c) and d), are met, and within two natural days of receiving the request go through a deliberative process with the patient regarding their diagnosis, therapeutic possibilities and the expected results, as well as the possible palliative care available to them. The Doctor in charge must ensure that the patient fully understands the information provided. The information must then also be submitted to the patient in writing within five natural days of receiving the request.
   Once the deadline foreseen in article 5.1c) expires and the second request is submitted, the Doctor in charge, within two natural days, will once again go through the deliberative process with the patient, and within five natural days must answer any query or request for further information that the patient may have after considering the information provided as a response to the initial respect, as explained in the previous paragraph.
2. 24 hours after the end of the deliberation process, referred to in the previous point, the Doctor in charge will obtain from the applicant their decision to continue or desist with the request for an assisted death. If the patient manifests their desire to continue with the procedure, the Doctor in charge will inform the health care team, especially the nursing staff, as well as any family members and friends that the patient asks to be informed. They will also obtain the patient's signature on the informed consent form.
   If the patient decides to desist with the request, the Doctor in charge will also inform the healthcare team.
3. The Doctor in charge must then meet with the consulting doctor who, after studying the clinical history and examining the patient, must corroborate compliance with the terms set out in articles 5.1 or 5.2. They will present a report that will be included in the patient's medical file, within 10 days of receiving the second request. The patient must be informed of the conclusions of said report within 24 hours.

4. If the report of the consulting doctor claims that the conditions in article 5.1 are not met, the patient may appeal to the Comisión de Garantía and Evaluación as explained in article 7.2.
5. Once the above has been compiled with, the Doctor in charge, before performing the assisted death, will inform the President of the Comisión de Garantía and Evaluación, within a maximum of three working days, to make sure that the prior control check foreseen in article 10 is carried out.

Article 9. Procedure to follow when a case of incapacity is detected.

In cases foreseen in article 5.2 the Doctor in charge is obliged to apply what is stated in the Advance Medical Directive or similar document.

Article 10. Prior verification by the Comisión de Garantía y Evaluación.

1. Once they receive the medical report referred to in article 8.5, the President of the Comisión de Garantía y Evaluación has two days to appoint two members of the committee - a medical professional and a jurist - to verify if, in their view, the requirements and terms to correctly exercise the right to request and receive an assisted death have been met.
2. To fulfill their task satisfactorily, both members mentioned in the previous point will have access to the documents in the medical file, and they may interview the medical team as well as the applicant.
3. Within seven natural days they will issue a report with the requirements referred to in section b) of article 12. If the decision is favorable, the report will be viewed as the final decision to perform the assisted death. If the decision is unfavourable, it will be open to appeal as is foreseen in letter a) of article 18. In cases where an agreement is not reached between the two members mentioned in part a) of this section, it will be sent to by verified at the plenary session of the Comisión de Garantía y Evaluación, where the final decision will be made.
4. The President will be informed of the final decision, if favourable, they will then inform the Doctor in charge who submitted the request for the assisted death, all this within two natural days.
5. Any unfavourable decisions by the Comisión de Garantía y Evaluación can be appealed in the contentious administrative court.

Article 11. Performing an assisted death.

1. Once a favourable decision has been received, the assisted death must be carried out with maximum care and professionalism by the medical staff, applying all proper protocols that will also include criteria on the way and time to perform the assisted death.

If the patient is conscious, they must inform the Doctor in charge how they want the assisted death to be performed.

2. In cases where what is described in article 3 g)1 applies, the Doctor in charge and the rest of the medical team, will assist the patient until the moment of their death.
3. In cases where what is described in article 3 g)2 applies, the Doctor in charge, as well as the rest of the medical staff - after prescribing the substance that the patient will self administer - will continue to observe and support the patient until the moment of their death.

Article 12. Information sent to the Comisión de Garantía y Evaluación after the assisted death has been performed.

Within five working days of the assisted death, the Doctor in charge must send the following two documents to the Comisión de Garantía y Evaluación of their Autonomous Community or City. They must be sent separately and with their own registration numbers:

1. The first document, stamped by the Doctor in charge, referred to as “First Document” must contain the following details:
    a. Full name and address of the person requesting the assisted death and of the person authorised to assist them (if there was one).
    b. Full name, address and professional ID number of the Doctor in charge.
    c. Full name, address and professional ID number of the consulting doctor involved.
    d. If the applicant had a living will or equivalent document that assigned a representative, full name of said representative. If not, full name of the person who presented the application in behalf of the incapacitated patient.
2. The second document, referred to as “Second document”, must have the following details:
    a. Gender and age of the person requesting the assisted death.
    b. Date and place of death.
    c. Time elapsed since the first and last request until the death of the person.
    d. Description of the applicant's condition (serious and incurable disease or serious, chronic and debilitating condition).
    e. Nature of the continued, unbearable suffering and reasons why it was considered there were no chances of improvement.
    f. Information regarding the voluntary reflection and repetition of the request as well as the absence of external pressure.
    g. A copy of the Advance Medical Directive or similar document if it existed.
    h. Procedure followed by the Doctor in charge and the rest of the medical team to carry out the assisted death.
    i. Consulting doctor’s training and dates of the consultations.

Chapter IV

Guarantee to access an assisted death.

Article 13. Guarantee to access an assisted death.

1. Assisted death will be included in the common services offered by the National Health system and will be publicly financed.
2. Public health services, within their respective powers, will apply the measures needed to guarantee the right to an assisted death when the requirements established in this law are met.

Article 14. Assisted death by the health services.

Assisted deaths will be carried out in public, private and government funded hospitals, as well as in private homes. Access and quality of care should not be affected by the exercise of conscientious objection of the medical team or the place where it takes place. No one who has a conflict of interests or who would benefit from the euthanasia may form part of any of the professional teams.

Article 15. Protection of intimacy and confidentiality

1. Health centers that offer assisted deaths will adopt the measures needed to insure the intimacy of those requesting this assistance and their confidentiality when processing personal data.
2. Said centers must also have active systems in place to protect patient's medical files, and set up high level security measures when processing data, in accordance with those foreseen in the current regulations as regards data protection, bearing in mind that the processing deals with special categories of data as foreseen in article 9 of EU Regulation 2016/679 of the European Parliament and Council, of the 27th of April 2016.

Article 16. Conscientious objection of medical staff.

1. Medical staff directly involved in an assisted death may exercise their right to conscientious objection. The refusal to perform the assistance for conscientious reasons is the personal decision of any health worker directly taking part in the procedure and must be submitted beforehand, in writing.
2. Medical administrations will create a register of medical workers who are conscientious objectors of assisted deaths, where the statements of conscientious

objectors will be registered. This will provide the health administration with the necessary information for it to guarantee a correct administration of assisted deaths. The register will maintain strict confidentiality in accordance with data protection regulations.

Chapter V

Comisiones de Garantía y Evaluación

Article 17. Creation and composition.

1. There will be a Comisión de Garantía y Evaluación in each of the Autonomous Communities, as well as in the Cities of Ceuta and Melilla. They will be made up by a multidisciplinary team and must have at least seven members that will include doctors, nurses and jurists.
2. In the case of the Autonomous Communities, the commissions will be administrative bodies, created by the respective autonomic governments who will determine their legal regime. In the case of the cities of Ceuta and Melilla, it will be the Ministry of Health that creates the commision for each of the cities and determines their legal regime.
3. Each Commission will be created and constituted within three months of this article coming into force
4. Each Commission will have an internal regulation, that they will produce themselves, and will be authorised by the proper authorities of the autonomic administration. In the cases of the Cities of Ceuta and Melilla, the authorisation will be granted by the Ministry of Health.
5. The Ministry of Health and the Presidents of the Comissions of the Autonomous Communities will meet annually, under the coordination of the Ministry to standardise criteria and exchange good practices in the development of the euthanasia assistance in the National Health system.

Article 18. Roles

The Comisión de Garantía y Evaluacion has the following roles:

a) Resolve within 20 natural days the claims made by individuals whose requests for an assisted death have been denied by the Doctor in charge, as well as resolve any conflicts of interest that may arise as foreseen in article 14.
They will also resolve within 20 natural days any claims covered in section 3 of article 10, the two members initially assigned to verify the applications compliance with regulations may not take part in this decision.

They will also resolve in the same time frame any applications pending verification and those elevated to the plenary session due to a disparity of criteria of the members assigned that prevents a favourable or unfavorable report.
If a favourable decision is passed in an application for an assisted death the competent Comisión will request the management of the center to offer said assistance within 7 natural days, by a doctor in the hospital or an outside medical team.
If a patient does not receive a decision within 20 days they can view their request for an assisted death has been denied and can then proceed to appeal this decision in the contentious administrative court.

b) Verify within 2 months if the assisted death has been carried out according to legal procedures.
Said verification is carried out generally using the data gathered in the second document. However, if there is any doubt, the Comisión can make a simple majority decision to lift the anonymity and access the first document. If, after lifting the anonymity, the impartiality of any member of the Comisión is affected, they can voluntarily retire or be recused.
To carry out this verification the Commisión may decide by simple majority to request the Doctor in charge for the information in the patient's medical history that is related to the assisted death.
c) Detect possible problems in compliance with the obligations in this law, proposing if needed, specific improvements to be incorporated to the manuals of good practices and protocols.
d) Resolve doubts and questions that may arise in applying this law, they are to be the consulting body in their territory.
e) Prepare and publish a yearly report assessing the application of the law in their territory. This report must be sent to the competent health body.
f) Any others that could be assigned to them by the autonomic governments, as well as, in the case of the Cities of Ceuta and Melilla, the Ministry of Health.

Article 19. Secrecy

The members of the Commisión will be obliged to keep all the content of their deliberations secret and protect the confidentiality of personal data of healthcare professionals, patients, relatives and friends that they may come to know off in their role as committee member.

First additional provision. Regarding the legal consideration of death.

An assisted death will legally be considered as a natural death to all affect and purposes, regardless of the coding carried out.

Second additional provision. Penalisation regime.

Infractions against what is laid out in this law will be submitted to the penalisation regime foreseen in chapter VI of title I of Law 14/1986, General Health, notwithstanding other civil, criminal, professional or statutory responsibilities involved.

Third additional provision. Yearly report

The Autonomous Communities will submit the report referred to in letter e) of article 18 to the Ministry of Health. For the cities of Ceuta and Mililla the Ministry of Health will obtain the report through the National Institute of Health. The combined data of the Autonomous Communities and Cities will be made public and presented by the Ministry of Health.

Fourth additional provision. People with disabilities.

Deaf people, those with auditory disabilities and deathblind people's rights are guaranteed as well as the resources and support measures established in Law 27/2007, 23rd of October, that recognises Spanish sign language and regulates support measures for oral communication with deaf people, those with auditory disabilities and those who are deafblind.

Fifth additional provision. Jurisdiction of appeals.

The appeals referred to in articles 10.5 and 18 a) will be processed by the procedure foreseen to protect an individual's fundamental rights in Law 29/1998 13th of July that regulates the Contentious-Administrative Jurisdiction.

Sixth Additional Provision. Measures to guarantee assisted death by the health services.

With the aim of ensuring equality and assistential quality of assisted death, the Consejo Interterritorial of the National Health System will within three months of this law coming into force produce a manual of good practices that will guide the correct application of this Law. The protocols referred to in section 5.2 of this law will be produced within the same timeframe.

Seventh additional provision. Training.

The competent health care authorities will enable the opportune mechanism to give this Law maximum diffusion among the professional health workers and citizens in general, as well as encouraging citizens to record an Advance Medical Directive.

They will also make known the matters contemplated in this law among health professionals so that it is well known and, if needed, enable said professionals to exercise their right to conscientious objection.

The ongoing committee for training healthcare professionals, subscribed to the Commission of Human resources of the National Health Care System, will address, within a year from this law coming into force, the coordination of the specific ongoing training on offer regarding

assisted death, that must consider technical and legal aspects, difficult communications and emotional support.

Sole transitory provision. Legal regime of the Comisiones de Garantía y Evaluación

While they do not have their own internal regulation, the committees will adapt to the rules set out in section 3 of chapter II of the preliminary title of Law 40/2015, of the 1st of October, about the Legal Regime of the Public Sector.

Sole derogatory provision. Regulatory derogation.

All provisions of equal or inferior rank that contradict or go against what is established in this Law are repealed.

First final provision. Modification of Organic Law 10/1995 of the 23rd of November, of the criminal code.

Section 4 is modified and a 5th section is added to article 143 of Organic Law 10/1995, of the 23rd of November, of the criminal code as follows.

4. The one who causes or actively cooperates with the acts needed and directly involved in the death of a person who suffers a serious, cronic, debilitating ailment or a serious incurable disease with constant unbearable physical or mental suffering, at the express, earnest and unequivocal request of this person will be punished with a sentence lower by one or two grades of those highlighted in sections 2 and 3.
5. Notwithstanding the above, no criminal responsability will be awarded to the one causing or actively cooperating in the death of another person when complying with what is established in the organic law regulating euthanasia.

Second final provision. Competence title

This law is passed under articles 149.1.1 and 16 of the Spanish Constitution, that award the State the competence to regulate basic conditions that guarantee equality of all Spanish citizens in exercising their rights and and in fulfilling constitutional duties, and on the basis and general coordination of health respectively, apart from the final first provision that is covered by article 149,6, criminal legislation is awarded to the State.

Third final disposition. Ordinary nature of certain provisions.

This law is classed as an organic law apart from articles 12, 16.1, 17 and 18 of the first, second, third, fourth, fifth, sixth and seventh and the sole transitory provision that have a classification of ordinary.

Fourth final provision. Entry into force.

This law will come into force three months after being published in the Official State Bulletin, apart from article 17 that will enter into force the day after it is published in the Official State Bulletin.

Therefore,

I command all Spanish people, individuals and authorities to abide by this organic law.