

**75-2a-102 Intent statement.**

- (1) The Legislature finds:
  - (a) developments in health care technology make possible many alternatives for treating medical conditions and make possible the unnatural prolongation of life;
  - (b) an adult should have the clear legal choice to:
    - (i) accept or reject health care, even if rejecting health care will result in death sooner than death would be expected to occur if rejected health care were started or continued;
    - (ii) be spared unwanted procedures; and
    - (iii) be permitted to die with a maximum of dignity and function and a minimum of pain;
  - (c) Utah law should:
    - (i) provide an adult with a legal tool to designate a health care agent and express preferences about health care options to go into effect only after the adult loses the ability to make or communicate health care decisions, including decisions about end-of-life care; and
    - (ii) promote an advance health care directive system that can be administered effectively within the health care system;
  - (d) surrogate decisions made on behalf of an adult who previously had capacity to make health care decisions, but who has lost health care decision making capacity should be based on:
    - (i) input from the incapacitated adult, to the extent possible under the circumstances;
    - (ii) specific preferences expressed by the adult prior to the loss of health care decision making capacity;
    - (iii) the surrogate's understanding of the adult's health care preferences; and
    - (iv) the surrogate's understanding of what the adult would have wanted under the circumstances; and
  - (e) surrogate decisions made on behalf of an adult who has never had health care decision making capacity should be made on the basis of the adult's best interest.
- (2) In recognition of the dignity and privacy that each adult is entitled to expect, and to protect the right of an adult to refuse to be treated without the adult's consent, the Legislature declares that this state recognizes the right to make binding advance health care directives directing health care providers to:
  - (a) provide life sustaining medically indicated health care;
  - (b) withhold or withdraw health care; or
  - (c) provide health care only to the extent set forth in an advance health care directive.

Amended by Chapter 107, 2008 General Session