ORIGINAL TEXT

PHILIP VI

KING OF SPAIN

To all who present it they see and understand.

Know: That the General Courts have approved and I come to sanction the following organic law:

Preamble

I

This Law aims to give a legal, systematic, balanced and guaranteeing response to a sustained demand from today's society such as euthanasia.

Euthanasia etymologically means "good death" and can be defined as the deliberate act of ending a person's life, produced by the express will of the person himself and in order to avoid suffering. In our bioethical and criminal doctrines there is now broad agreement to limit the use of the term "euthanasia" to that which occurs actively and directly, so that the omission actions that were designated as passive euthanasia (not adoption of treatments aimed at prolonging the life and disruption of those already urged according to *lex artis),*or those that could be considered as indirect active euthanasia (use of drugs or therapeutic means that alleviate physical or psychic suffering even if they accelerate the patient's death – palliative care – have been excluded from the bioethical and legal-criminal concept of euthanasia.

The debate on euthanasia, both from the point of view of bioethics and law, has made its way in our country and in the countries around us over the last few decades, not only in the academic spheres but also in society, a debate that is regularly stoked by personal cases that move the public. A debate in which different causes converge, such as the increasing prolongation of life expectancy, with the consequent delay in the age of death, in conditions not infrequecally of significant physical and psychic deterioration; increasing the technical means capable of sustaining people's lives for a long time, without achieving healing or a significant improvement in quality of life; the secularization of life and social awareness and people's values; recognition of a person's autonomy also in the health field, among other factors. And it is precisely the legislator's obligation to meet the demands and values of society, preserving and respecting its rights and adapting for this purpose the rules that order and organize our coexistence.

The legalization and regulation of euthanasia are based on the compatibility of essential principles that are based on the rights of

individuals, and which are thus enshrined in the Spanish Constitution. On the one hand, they are the fundamental rights to life and physical and moral integrity, and on the other hand, constitutionally protected goods such as dignity, freedom or autonomy of the will.

Making these constitutional rights and principles compatible is necessary and possible, requiring legislation that respects all of them. It is not enough simply to decriminalize behaviors that involve some form of help to another person's death, even if it occurs out of person's express desire. Such a legal amendment would leave people unprotected from their right to life that our constitutional framework demands to protect. On the other hand, it is sought to legislate to respect the autonomy and willingness to end the life of those who are in a situation of serious, chronic and impossible suffering or serious and incurable disease, suffering unbearable suffering that cannot be alleviated under conditions that he considers acceptable, which we call a Euthanic context. To this end, this Law regulates and decriminalizes euthanasia in certain cases, clearly defined, and subject to sufficient guarantees that safeguard the absolute freedom of the decision, ruling out external pressure of any kind.

In the landscape of the countries around us, two models of regulatory treatment of euthanasia can be recognized.

On the one hand, countries that decriminalize euthanetic behaviour when it is considered that the person who performs it does not have selfish conduct, and therefore has a compassionate reason, leading to the generate of indeterminate legal spaces that do not offer the necessary guarantees.

On the other hand, countries that have regulated cases where euthanasia is a legally acceptable practice, provided that specific requirements and guarantees are observed.

In the analysis of these two legal alternatives, it is relevant to the doctrine of the European Court of Human Rights which, in its judgment of 14 May 2013 (Gross vs. Switzerland case), considered that it is not acceptable for a country that has decriminalized euthanesic conduct not to have a specific legal regime developed and enacted, specifying the modalities for the practice of such euthanasian conduct. This Law is intended to be included in the second model of legislation, providing systematic and orderly regulation to cases in which euthanasia should not be criminally reprehensed. Thus, the Law distinguishes between two different euthanesic behaviors, active euthanasia and that in which the patient himself is the person who ends his life, for which he needs the collaboration of a healthcare professional who intentionally and knowingly facilitates the necessary means, including advice on the necessary substance and dose of medicines , your prescription or even your supply in order for the patient to administer it to you. For its part, active euthanasia is the action by which a healthcare professional deliberately and at his request, ends the life of a patient, when it occurs within a Euthanic context

due to severe, chronic and impossible suffering or serious and incurable disease, causing intolerable suffering.

The Euthanic context, in which it is legally accepted to provide aid to the death of another person, must be defined according to certain conditions affecting the physical situation of the person with the consequent physical or mental suffering in which he finds himself, the possibilities of intervention to alleviate his suffering, and the moral convictions of the person about the preservation of his life under conditions that he considers incompatible with his personal dignity. Likewise, guarantees must be made so that the decision to end life must take place with absolute freedom, autonomy and knowledge, therefore protected from pressures of all kinds that may come from unfavourable social, economic or family environments, or even from hasty decisions. This Euthanic context, thus defined, requires a qualified and external assessment of the applicant and executors, prior to and after the Euthanic act. At the same time, through the possibility of conscientious objection, legal certainty and respect for the freedom of conscience of health workers called to collaborate in the act of medical aid to die are guaranteed, understanding the medical term implicit in the Act when talking about aid to die, and understood in a generic sense comprising all the benefits and aid provided by health workers , within the scope of their competence, patients who seek the necessary help to die.

In short, this Law introduces into our legal system a new individual right such as euthanasia. This means the action that results in the death of a person directly and intentionally through a unique and immediate cause-and-effect relationship, at the request informed, express and repeated over time by that person, and which is carried out in a context of suffering due to an incurable illness or condition that the person experiences as unacceptable and which has not been mitigated by other means. Thus defined, euthanasia connects with a fundamental right of the constitutionally protected person such as life, but which must also be co-honed with other rights and goods, equally constitutionally protected, such as the physical and moral integrity of the person (art. 15 EC), human dignity (art. 10 EC), the higher value of freedom (art. 1.1 EC), ideological and conscientious freedom (art. 16 EC) or the right to privacy (art. 18.1 EC). When a fully capable and free person faces a vital situation which he believes violates his dignity, intimacy and integrity, such as that defined by the Euthanic context described above, the good of life may decay in favour of the other goods and rights with which he must be weighed, since there is no constitutional duty to impose or protect life at all costs and against the will of the holder of the right to life. For the same reason, the State is obliged to provide a legal regime establishing the necessary guarantees and legal certainty.

II

This Law consists of five chapters, seven additional provisions, a transitional provision, a repeal provision and four final provisions.

Chapter I is intended to define its object and scope, as well as to establish the necessary fundamental definitions of the normative text.

Chapter II lays down the requirements for individuals to apply for aid to die and the conditions for their exercise. Any person of legal age and in full capacity to act and decide may apply for and receive such assistance, provided that he does so autonomously, consciously and informedly, and who is in cases of serious, chronic and impossible suffering or serious and incurable illness causing intolerable physical or mental suffering. It is also articulated the possibility of requesting this assistance through the document of previous or equivalent instructions, legally recognized, that already exists in our legal order.

El capítulo III va dirigido a regular el procedimiento que se debe seguir para la realización de la prestación de ayuda para morir y las garantías que han de observarse en la aplicación de dicha prestación. En este ámbito cabe destacar la creación de Comisiones de Garantía y Evaluación que han de verificar de forma previa y controlar a posteriori el respeto a la Ley y los procedimientos que establece.

El capítulo IV establece los elementos que permiten garantizar a toda la ciudadanía el acceso en condiciones de igualdad a la prestación de ayuda para morir, incluyéndola en la cartera común de servicios del Sistema Nacional de Salud y garantizando así su financiación pública, pero garantizando también su prestación en centros privados o, incluso, en el domicilio. Hay que destacar que se garantiza dicha prestación sin perjuicio de la posibilidad de objeción de conciencia del personal sanitario.

Finally, Chapter V regulates the Guarantee and Evaluation Commissions to be created in all Autonomous Communities and in the Cities of Ceuta and Melilla for the purposes of this Law.

The additional provisions, for their part, are aimed at ensuring that those applying for aid to die under this Act shall be deemed to die by natural death, to ensure resources and means of support for persons with disabilities, to establish mechanisms to make this Law the maximum dissemination among health professionals and citizenship and the offer of specific continuing training on aid to die, as well as a sanctioning regime. In its final provisions, it is therefore appropriate under the new legal order introduced by this Law, to amend Organic Law 10/1995, of 23 November, of the Penal Code, with the purpose of decriminalizing all those euthanic conduct in the cases and conditions established by this Law.

CHAPTER I

General provisions

Article 1. Object.

The purpose of this Law is to regulate the right of any person who fulfils the conditions required to apply for and receive the necessary assistance to die, the procedure to be followed and the guarantees to be observed.

It also determines the duties of health workers who care for such persons, defining their framework of action, and regulates the obligations of the administrations and institutions concerned to ensure the proper exercise of the right recognized in this Law.

Article 2. Scope of application.

This Law shall apply to all natural or legal persons, public or private, acting or in Spanish territory. For this purpose, a legal person shall be deemed to be in Spanish territory where he has a registered office, place of effective management, branch, delegation or establishment of any kind in Spanish territory.

Article 3. Definitions.

For the purposes of this Act:

(a) 'Informed consent' means the free, voluntary and conscious conformity of the patient, expressed in full use of his powers after receiving the appropriate information, so that, at his request, one of the actions described in point (g) takes place.

(b) 'Serious, chronic and impossible condition' means a situation which refers to limitations which have a direct impact on the physical autonomy and activities of daily life, so that it does not allow to fend for itself, as well as on the capacity for expression and relationship, and which have associated constant and intolerable physical or psychic suffering for those who suffer from it, there is a certain or high probability that such limitations will persist over time without the possibility of healing or improvement Appreciable. Sometimes it can be an absolute dependence on technological support.

(c) 'Serious and incurable disease' means disease which by its nature causes constant and unbearable physical or psychic suffering without the possibility of relief which the person considers tolerable, with a limited life prognosis, in a context of progressive fragility.

(d) 'Responsible physician' means a physician responsible for coordinating all patient information and healthcare, as the primary interlocutor of the patient in all things relating to his care and information during the care process, and without prejudice to the obligations of other professionals involved in the care proceedings.

(e) 'Consultant physician' means a doctor with training in the field of pathologies suffered by the patient and not belonging to the same team of the responsible physician.

(f) 'Objection of health awareness' means the individual right of health professionals not to meet those demands for health action under this Law which are incompatible with their own convictions.

(g) 'Provision of aid to die' means an action arising from providing the necessary means to a person who meets the requirements of this Law and who has expressed his desire to die. Such a benefit can be produced in two modes:

1(a) Direct administration to the patient of a substance by the competent healthcare professional.

2.a) The prescription or supply to the patient by the healthcare professional of a substance, so that it can be self-administered, to cause his own death.

(h) 'Situation of incapacity in fact' means a situation in which the patient lacks sufficient understanding and will to govern himself autonomously, fully and effectively, irrespective of whether support measures exist or have been taken for the exercise of his legal capacity.

CHAPTER II

Right of individuals to apply for aid to die and requirements for their exercise

Article 4. Right to apply for aid to die.

1. The right of any person who meets the requirements of this Law to apply for and receive the provision of aid to die is recognized.

2. The decision to apply for aid to die must be an autonomous decision, understood as being one that is based on knowledge of its medical process, after having been adequately informed by the responsible health team. In the medical history it should be recorded that the information has been received and understood by the patient.

3. The procedures covered by this Act shall ensure the means and resources of support, material and human, including universal accessibility and design measures and reasonable adjustments that are necessary for persons requesting the provision of aid to die to receive the information, form and express their will, give their consent and communicate and interact with the environment , freely, so that your decision is individual, mature and genuine, without intrusion, interference or undue influence.

In particular, appropriate measures shall be taken to provide access to the support they may need for persons with disabilities in the exercise of the rights they have recognized in the legal system.

Article 5. Requirements for receiving the help to die.

1. In order to receive the aid to die, the person must meet all of the following requirements:

a) Have Spanish nationality or legal residence in Spain or certificate of alogging that proves a period of stay in Spanish territory longer than twelve months, be of legal age and be able and conscious at the time of application.

b) To have in writing the information that exists about its medical process, the different alternatives and possibilities for action, including access to comprehensive palliative care within the common portfolio of services and the services that it is entitled to in accordance with the rules of care for dependency.

(c) Having made two applications voluntarily and in writing, or by another means to be recorded, and other than the result of any external pressure, leaving a separation of at least fifteen calendar days between the two.

If the responsible physician considers that the loss of the applicant's ability to grant informed consent is imminent, he may accept any minor period he deems appropriate depending on the concurrent clinical circumstances, which he or she must record in the medical history.

d) Suffer a serious and incurable illness or a serious, chronic and impossible condition under the terms set out in this Law, certified by the responsible physician.

e) Give informed consent prior to receiving the provision of aid to die. Such consent shall be incorporated into the patient's medical history.

2. The provisions of point (b), (c) and (e) of the previous subparagraph shall not apply in cases where the responsible physician certifies that the patient is not in full use of his powers and cannot lend his free, voluntary and conscious conformity to make the requests, complies with paragraph 1(d) , and has previously signed a document of prior instructions, living will, advance wills or legally recognised equivalent documents, in which case aid may be provided to die in accordance with the provisions of that document. If you have appointed a representative in that document, you will be the valid interlocutor for the responsible physician.

The assessment of the situation of incapacity in fact by the responsible physician shall be made in accordance with the protocols of action determined by the Interterritorial Council of the National Health System.

Article 6. Requirements for requesting help to die.

1. The application for the provision of aid to die referred to in Article 5(1.c) shall be made in writing, and the document dated and signed by the requesting patient, or by any other means to record the unequivocal will of the applicant, as well as the time at which it is requested.

In the event that due to your personal situation or health condition it is not possible for you to date and sign the document, you may make use of other means that allow you to record, or another person of legal age and fully capable may date and sign it in your presence. That person must mention the fact that the person applying for aid to die is not in a position to sign the document and indicate the reasons.

2. The document shall be signed in the presence of a health professional who shall rub it. If you are not the doctor responsible, you will deliver it to this doctor. The letter should be incorporated into the patient's medical history.

3. The applicant for the aid to die may revoke his application at any time, incorporating his decision into his medical history. You may also ask for the deferment of the administration of aid to die.

4. In the cases provided for in Article 5.2, the application for the provision of aid to die may be submitted to the doctor responsible for another person of legal age and fully capable, accompanying him from the prior instruction document, living will, advance wills or legally recognized equivalent documents, previously signed by the patient. If there is no person who can apply on behalf of the patient, the treating physician may submit the application for euthanasia. In such a case, that doctor who treats you will be entitled to request and obtain access to the prior instruction document, advance wills or equivalent documents through persons designated by the health authority of the relevant Autonomous Community or by the Ministry of Health, in accordance with point 1(d) of Article 4 of Royal Decree 124/2007 of 2 February regulating the National Register of Prior Instructions and the corresponding automated file of personal data.

Article 7. Denial of the provision of help to die.

1. Refusals to provide aid to die shall always be carried out in writing and in a manner motivated by the responsible doctor.

2. Against such refusal, to be made within a maximum period of ten calendar days from the first application, the person who submitted the refusal may submit a complaint to the competent Guarantee and Evaluation Commission within a maximum period of fifteen calendar days. The responsible physician who denies the request is obliged to inform you of this possibility.

3. The responsible doctor who refuses to apply for the aid to die, irrespective of whether or not a complaint has been made to the competent Evaluation and Guarantee Committee, shall forward, within five days of being notified of the refusal to the patient, the two documents specified in Article 12 , adapting the second document to include clinical data relevant to the assessment of the case and in writing the reason for the refusal.

CHAPTER III

Procedure for making aid to die

Article 8. Procedure to be followed by the responsible doctor when there is a request for help to die.

1. Upon receipt of the first application for death aid referred to in Article 5(1.c), the responsible physician shall, within a maximum period of two calendar days, once verified that the requirements laid out in Article 5(1)(a), (c) and (d) are met, shall carry out a deliberative process with the requesting patient on his diagnosis , therapeutic possibilities and expected results, as well as possible palliative care, making sure that you understand the information provided to you. Without prejudice to the information being explained by the doctor responsible directly to the patient, it must also be provided in writing, within a maximum period of five calendar days.

After the period provided for in Article 5(1.c), and once the second request has been received, the responsible physician shall, within two calendar days, resume with the requesting patient the deliberative process in order to attend, within a maximum period of five calendar days, any doubt or need for an extension of information that has been submitted to the patient following the information provided after the submission of the first request , in accordance with the preceding paragraph.

2. Twenty-four hours after the completion of the deliberative process referred to in the previous paragraph, the responsible physician shall seek from the requesting patient his decision to continue or withdraw from the request for aid to die. In the event that the patient expresses a desire to continue the procedure, the responsible physician shall communicate this circumstance to the care team, especially nursing professionals, as well as, if requested by the patient, to the relatives or relatives indicated. Likewise, you must obtain from the patient the signature of the informed consent document.

In the event that the patient decides to withdraw from his request, the responsible physician will also bring this fact to the knowledge of the care team.

3. The responsible physician shall consult a consultant physician, who, after studying the medical history and examining the patient, shall corroborate compliance with the conditions laid down in Article 5.1, or

where appropriate in 5.2, within a maximum period of ten calendar days from the date of the second request, for which purpose he shall draw up a report which shall become part of the patient's medical history. The conclusions of that report shall be communicated to the requesting patient within a maximum period of twenty-four hours.

4. In the event of an unfavourable report by the consultant physician on compliance with the conditions laid down in Article 5.1, the patient may use the Guarantee and Evaluation Committee in the terms provided for in Article 7.2.

5. Once the above paragraphs have been complied with, the doctor responsible, prior to the provision of aid to die, shall inform the Chairman of the Guarantee and Evaluation Commission, within a maximum period of three working days, for the purpose of carrying out the prior control provided for in Article 10.

Article 9. Procedure to follow when it is appreciated that there is a situation of incapacity in fact.

In the cases provided for in Article 5.2 the responsible physician is obliged to apply the provisions of the previous instructions or equivalent document.

Article 10. Prior verification by the Guarantee and Evaluation Commission.

1. Upon receipt of the medical communication referred to in Article 8.5, the Chairman of the Guarantee and Evaluation Committee shall designate, within a maximum period of two days, two members of the Committee, a medical professional and a lawyer, to verify whether, in his view, the requirements and conditions laid down for the proper exercise of the right to apply for and receive the provision of aid to die are met.

2. For the proper exercise of their duties, the two members referred to in the previous paragraph shall have access to the documentation in the medical history and may be interviewed with the medical professional and the team, as well as with the applicant.

3. Within a maximum period of seven calendar days, they shall issue a report with the requirements referred to in the document referred to in Article 12(b). If the decision is favourable, the report issued shall serve as a resolution for the purposes of the performance of the service. If the decision is unfavourable to the request made, the possibility of claiming under Article 18(a) shall be open. Where there is no agreement between the two members referred to in paragraph 1 of this Article, verification shall be submitted to the plenary of the Guarantee and Evaluation Committee, which shall decide definitively.

4. The final decision shall be made known to the President in order, in turn, to transfer it to the responsible doctor who made the communication in order, where appropriate, to provide aid to die; all this must be done within a maximum period of two calendar days.

5. Commission decisions which adversely inform the request for the provision of aid to die may be appealed to the administrative jurisdiction.

Article 11. Performing the provision of help to die.

1. Once the positive resolution has been received, the provision of aid to die should be done with the utmost care and professionalism by healthcare professionals, with the application of the corresponding protocols, which will also contain criteria as to the form and time of performance of the service.

In the event that the patient is conscious, the patient must inform the responsible doctor of the modality in which he/she wants to receive the provision of help to die.

2. Where the provision of aid to die is in accordance with the manner described in Article 3(g.1)(a) the responsible physician, as well as the other healthcare professionals, shall assist the patient until the time of his death.

3. In the case referred to in Article 3(g.2)(a) the responsible physician, as well as the other healthcare professionals, after prescribing the substance to be self-administered by the patient himself, shall maintain the proper task of observation and support to the patient until the time of his death.

Article 12. Communication to the Committee on Guarantee and Evaluation after the provision of aid to die.

Once the aid is provided to die, and within a maximum period of five working days after the death period, the responsible physician must forward to the Guarantee and Evaluation Commission of his Autonomous Community or Autonomous City the following two separate documents and identified with a registration number:

(a) The first document, stamped by the responsible doctor, referred to as a 'first document', shall contain the following information:

1.o) Full name and address of the person requesting the aid to die and, where appropriate, of the authorised person who assisted him.

2. Full name, address and professional identification number (school number or equivalent) of the responsible physician.

3.o) Full name, address and professional identification number of the consultant physician whose opinion has been sought.

4.o) If the applicant had a prior instruction document or equivalent document and it indicated a representative, full name of the same. Otherwise, the full name of the person who filed the application on behalf of the incapacity in fact.

(b) The second document, referred to as the 'second document', shall contain the following information:

1st) Sex and age of the person requesting help to die.

2nd) Date and place of death.

3rd) Time elapsed from the first and last request until the death of the person.

4.o) Description of the pathology suffered by the applicant (severe and incurable illness or serious, chronic and impossible condition).

5th) Nature of the continuous and unbearable suffering suffered and reasons why it is considered that it had no prospect of improvement.

6th) Information on the willfulness, reflection and reiteration of the request, as well as on the absence of external pressure.

7.o) If there was a prior instruction document or equivalent document, a copy thereof.

8th) Procedure followed by the responsible physician and the rest of the team of healthcare professionals to perform the help to die.

9th) Training of physician consultants and dates of consultations.

CHAPTER IV

Guarantee of access to aid to die

Article 13. Guarantee of access to the provision of help to die.

1. The provision of aid to die shall be included in the common portfolio of services of the National Health System and shall be of public funding.

2. Public health services, within the scope of their respective competences, shall apply the necessary measures to ensure the right to provide aid to die in cases and with the requirements laid down in this Law.

Article 14. Providing help to die for health services.

The provision of aid to die shall be provided in public health facilities, private or concerted, and at home, without the access and quality of care of the benefit being impaired by the exercise of the health awareness

objection or by the place where it is performed. Those who engage in conflict of interest and those who benefit from the practice of euthanasia may not intervene in any of the professional teams.

Article 15. Protection of privacy and confidentiality.

1. Health facilities providing aid to die shall take the necessary measures to ensure the privacy of the persons requesting the benefit and confidentiality in the processing of their personal data.

2. In addition, such centres shall have systems of active custody of patients' medical records and implement in the processing of data the high-level security measures provided for in the current legislation on the protection of personal data, taking into account that the processing affects special categories of data provided for in Article 9 of Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016.

Article 16. Conscientious objection of healthcare professionals.

1. Health professionals directly involved in the provision of aid to die may exercise their right to conscientious objection.

The refusal or refusal to make such a benefit on grounds of conscience is an individual decision of the healthcare professional directly involved in its implementation, which must be expressed in advance and in writing.

2. Health administrations shall create a register of health professionals who are conscientious objectors to carry out aid to die, which shall record declarations of conscientious objection for the implementation of the death aid and which shall be intended to provide the necessary information to the health administration so that the health administration can ensure adequate management of the provision of aid to die. Registration shall be subject to the principle of strict confidentiality and the regulations for the protection of personal data.

CHAPTER V

Warranty and Evaluation Commissions

Article 17. Creation and composition.

1. There shall be a Guarantee and Evaluation Commission in each of the Autonomous Communities, as well as in the Cities of Ceuta and Melilla. The composition of each of them shall be multidisciplinary in nature and shall have a minimum number of seven members including medical, nursing and legal personnel.

2. In the case of the Autonomous Communities, such commissions, which shall be of the nature of an administrative body, shall be set up by the respective regional governments, who shall determine their legal regime. In the case of the Cities of Ceuta and Melilla, it will be the Ministry of Health that creates the commissions for each of the cities and determines their legal regimes.

3. Each Guarantee and Evaluation Committee shall be established and constituted within three months of the entry into force of this Article.

4. Each Guarantee and Evaluation Committee shall have an internal regulation, which shall be drawn up by that Commission and authorised by the competent body of the autonomic administration. In the case of the Cities of Ceuta and Melilla, that authorisation shall be the responsibility of the Ministry of Health.

5. The Ministry of Health and the Chairs of the Guarantee and Evaluation Groups of the Autonomous Communities shall meet annually, under the coordination of the Ministry, to homogenize criteria and exchange good practices in the development of euthanasia delivery in the National Health System.

Article 18. Functions.

The following functions are the functions of the Guarantee and Evaluation Commission:

(a) Resolve within a maximum period of twenty calendar days the claims made by persons to which the responsible doctor has refused his application for aid to die, as well as to resolve any conflicts of interest that may arise as provided for in Article 14.

It shall also resolve within twenty calendar days the claims referred to in Article 10(3) without the two members initially appointed to verify compliance with the requirements of the application being able to participate in the resolution of the claims.

It shall also resolve within the same period on pending and plenary-high applications for disparities in criteria between designated members which prevent the formulation of a favourable or unfavourable report.

In the event that the decision is in favour of the request for the provision of aid to die, the competent Guarantee and Evaluation Commission shall require the management of the centre to provide within a maximum period of seven calendar days the requested benefit through another doctor at the centre or an external team of health professionals.

The course of the period of twenty calendar days without a decision shall entitle applicants to understand their application for aid to die denied, with

the possibility of appeal being open to contentious-administrative jurisdiction.

b) Check within a maximum period of two months whether the provision of aid to die has been made in accordance with the procedures provided for by law.

Such verification shall be carried out in general on the basis of the data contained in the second document. However, in case of doubt, the Commission may decide by a simple majority to lift anonymity and to go to the reading of the document first. If, after the lifting of anonymity, the impartiality of any member of the Guarantee and Evaluation Commission is deemed to be affected, the Member may voluntarily withdraw or be challenged.

In addition, in order to carry out that verification, the Commission may decide by a simple majority to request from the responsible doctor the information contained in the patient's medical history which relates to the provision of aid to die.

c) Detect possible problems in the fulfilment of the obligations provided for in this Law, proposing, where appropriate, concrete improvements to be incorporated into the manuals of good practices and protocols.

d) Resolve doubts or issues that may arise during the implementation of the Law, serving as an advisory body in its specific territorial area.

(e) Prepare and make public an annual evaluation report on the implementation of the Law in its specific territorial area. That report shall be forwarded to the competent body on health.

(f) Those that can be attributed to them by the regional governments, as well as, in the case of the Cities of Ceuta and Melilla, the Ministry of Health.

Article 19. Duty of secrecy.

Members of the Guarantee and Evaluation Committees shall be obliged to keep secret the content of their deliberations and to protect the confidentiality of personal data which, on healthcare professionals, patients, family members and those close to them, they have been able to know as members of the Commission.

Additional arrangement first. On the legal consideration of death.

Death as a result of the provision of aid to die will have the legal consideration of natural death for all purposes, regardless of the coding carried out therein.

Additional provision second. Sanctioning regime.

Violations of the provisions of this Law are subject to the sanctioning regime provided for in Chapter VI of Title I of Law 14/1986, General on Health, without prejudice to any civil, criminal and professional or statutory responsibilities that may correspond.

Additional provision third. Annual report.

The Autonomous Communities shall forward to the Ministry of Health the report referred to in Article 18(e). For the Cities of Ceuta and Melilla, the Ministry of Health will collect this report through the National Institute of Health Management. The joint data of Autonomous Communities and Cities will be made public and presented by the Ministry of Health.

Additional provision fourth. People with disabilities.

Deaf, hearing impaired and deaf-blind persons shall be guaranteed the rights, resources and means of support established in Law 27/2007 of 23 October recognizing the languages of Spanish signs and regulating the means of support for oral communication of deaf, hearing impaired and deaf-blind people.

Additional provision fifth. Judicial appeal.

The remedies referred to in Articles 10.5 and 18(a) shall be dealt with by the procedure provided for the protection of the fundamental rights of the person in Law 29/1998 of 13 July, regulator of the Administrative Jurisdiction.

Additional provision sixth. Measures to ensure the provision of aid to die for health services.

In order to ensure the equality and quality of care of the provision of aid to die, the Interterritorial Council of the National Health System shall draw up within three months of the entry into force of the Law a manual of good practice to guide the correct implementation of this Law.

It shall also develop the protocols referred to in Article 5.2 within the same period.

Additional provision seventh. Training.

Competent health administrations shall enable appropriate mechanisms to give maximum dissemination to this Law between health professionals and citizens in general, as well as to promote among them the completion of the prior instruction document.

They shall also disseminate among health workers the cases contemplated therein for the purposes of their correct and general knowledge and to facilitate, where appropriate, the exercise by professionals of the right to conscientious objection.

The Commission on Continuous Training of Health Professions, attached to the Human Resources Commission of the National Health System, will address, within one year of the entry into force of this Law, the coordination of the specific continuing training offer on aid to die, which should consider both technical and legal aspects, training on difficult communication and emotional support.

Single transitional arrangement. Legal regime of the Guarantee and Evaluation Commissions.

As long as they do not have their own rules of internal order, the functioning of the Guarantee and Evaluation Commissions shall comply with the rules set out in Section 3 of Chapter II of the Preliminary Title of Law 40/2015 of 1 October on the Public Sector Legal Regime.

Unique repeal provision. Regulatory repeal.

All provisions of equal or lower rank that contradict or oppose the provisions of this Act are repealed.

First final arrangement. Amendment of Organic Law 10/1995, of 23 November, of the Penal Code.

Paragraph 4 is amended and paragraph 5 is added to Article 143 of Organic Law 10/1995 of 23 November of the Penal Code, as follows:

> "4. Anyone who actively causes or cooperates with acts necessary and direct to the death of a person who suffers from a serious, chronic and impossible condition or a serious and incurable illness, with constant and unbearable physical or mental suffering, by the express, serious and unequivocal request of the person concerned, shall be punished with the penalty lower by one or two degrees than those 2 and 3.
>
> 5. By way of derogation from the foregoing paragraph, no criminal liability shall be incurred by anyone who actively causes or cooperates upon the death of another person in compliance with the provisions of the organic law regulating euthanasia.'

Second final arrangement. Competitive title.

This Law is issued under article 149.1.1a and 16a of the Spanish Constitution, which confer on the State the competence for the regulation

of the basic conditions that guarantee the equality of all Spaniards in the exercise of rights and in the fulfillment of constitutional duties, and on the general basis and coordination of health, respectively , except for the first final provision without jurisdiction cons confiding in Article 149.1.6a to the State on criminal law.

Final provision third. Ordinary nature of certain provisions.

This Law is an organic law with the exception of Articles 12, 16.1, 17 and 18, the additional provisions first, second, third, fourth, fifth, sixth and seventh, and the single transitional provision, which are of the nature of ordinary law.

Fourth final arrangement. Entry into force.

This Law shall enter into force three months after its publication in the 'Official Gazette of the State', with the exception of Article 17, which shall enter into force on the day following its publication in the 'Official Gazette of the State'.

Therefore,

I command all Spaniards, individuals and authorities, to keep and keep this organic law.

Madrid, 24 March 2021.

FELIPE R.

The President of the Government,
PEDRO SÁNCHEZ PÉREZ-CASTEJÓN