**MUJI 1st to MUJI 2d Correlation Table**

The MUJI 2d instructions are intended to entirely replace MUJI 1st; therefore, MUJI 1st should not be used. JIFU (1957) should also not be used. Any instruction that appeared in MUJI 1st but is not in MUJI 2d was intentionally omitted by the MUJI Committee.

| **MUJI 1st** | **Title** | **MUJI 2d** |
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| 6.1 | Duty to Comply With Standard of Care | CV301B. |
| 6.2 | Expert Testimony Required | CV326. |
| 6.3 | Duty to Refer | CV305. |
| 6.4 | Duty to Disclose Material Medical Information | CV304. |
| 6.5 | Duty to Obtain Informed Consent | CV310. |
| 6.6 | Substantial and Significant Risk Defined | CV312. |
| 6.7 | Elements of Informed Consent | CV311. |
| 6.8 | Standard for Judging Patient’s Consent | CV313. |
| 6.9 | Persons Authorized to Give Consent | Deleted. Identifies the persons statutorily empowered to give actual consent to treatment, and the committee determined that this would rarely be a jury issue. |
| 6.10 | Oral Consent | CV314. |
| 6.11 | Implied Consent | CV315. |
| 6.12 | “Minor Risk” Defense | Deleted as simply restating the need to prove that the risk was “substantial and significant.” Use CV 312 and 311. |
| 6.13 | “Common Knowledge” Defense | CV316. |
| 6.14 | “Oral Consent” Defense | CV317. |
| 6.15 | “Reasonable Disclosure” Defense | CV318. |
| 6.16 | “Written Consent” Defense | CV319. |
| 6.17 | Duty to Warn of Injury Avoidance | CV306. |
| 6.18 | Duty of Specialist | Deleted. Use CV301B. The Committee determined that an historical instruction solely devoted to “specialists” is unnecessary in this age of board certification and the decline of the “general practitioner.” |
| 6.19 | Standard of Nationally-Trained Specialist | Deleted. Use CV301B, and see preceding note. |
| 6.20 | Duty of Hospital Toward Patient | CV307. |
| 6.21 | Duty Owed By Nurse to Patient | CV302. |
| 6.22 | Care Owed By Nurse Under Varying Circumstances | CV303. |
| 6.23 | Negligence of Patient- Failure to Follow Practitioner’s Instructions | CV321. |
| 6.24 | Patient May Rely on Physician Advice | CV329. |
| 6.25 | Patient Negligence- Medical History | CV322. |
| 6.26 | Duty to Volunteer Medical Information | Deleted. Use CV322. |
| 6.27 | Physician Not Guarantor of Results | Deleted. See, Green v. Louder, 2001 UT 62, 29 P.3d 638 (“The mere fact that an accident or injury occurred does not support a conclusion that the defendant or any other party was at fault or negligent” was an inappropriate instruction) and Randle v. Allen, 863 P.2d 1329 (“Even if such an accident could have been avoided by the exercise of exceptional foresight, skill or caution, still no one may be held liable for injuries resulting from it” also inappropriate.) Randle noted that these types of instructions divert the jury from the primary issue of negligence and create the impression of "extra hurdles" to be overcome in order to prevail. It also noted that such instructions reemphasize a defendant's theory of the case and may constitute improper judicial comment on the evidence. 862 P.2d 1335-6. |
| 6.28 | Physician May Assume Hospital Compliance with Orders | CV308. |
| 6.29 | Use of Alternative Treatment Methods | CV324. |
| 6.30 | Out of State/Town Experts | Deleted. Use CV135. |
| 6.31 | Conflict Between Medical Experts | Deleted. Use CV136. |
| 6.32 | Res Ipsa Loquitor | CV327. |
| 6.33 | Common Knowledge Eliminates Need for Expert Testimony | CV328. |
| 6.34 | Proof of Medical Causation Required | Deleted. Use CV309. |
| 6.35 | Proof Required for Proximate Cause | Deleted. Use CV309. |
| 6.36 | No Recovery for Oral Promises | CV330. |
| 6.37 | Discovery of an Injury | CV325. |