



DT9641

## ADVANCE REQUEST FOR MEDICAL AID IN DYING

### OPINION OF SECOND COMPETENT PROFESSIONAL ON FULFILLMENT OF CRITERIA FOR AN ADVANCE REQUEST FOR MEDICAL AID IN DYING

Last name			
First name			
Date of birth		Year	Month Day
Health Insurance No.		Expiration	Year Month
Address		Postal code	
Phone No.		Area code	

#### 1. Criteria for an advance request for medical aid in dying (MAID)

The patient made a free and informed advance request for MAID.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The patient or an authorized third person signed and dated the advance request for MAID form.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

#### 2. Criteria for patient examination and records consultation

I examined the patient for the purposes of this opinion.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I verified that the advance request for MAID was recorded in the appropriate registry.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I consulted the patient's records for the purposes of this opinion.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

*Please list any and all dates you examined the patient and/or consulted their records.*

Date	Year	Month	Day	Date	Year	Month	Day	Date	Year	Month	Day
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#### 3. Criteria for patient's capability

The patient is incapable of giving consent to care.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The patient's inability to consent to care is due to their illness.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

#### 4. Criteria for the patient

The patient is an insured person within the meaning of the Health Insurance Act. <sup>1</sup>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The patient suffers from a serious and incurable illness leading to incapacity to give consent to care. <sup>2</sup>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The patient exhibits, on a recurring basis, the clinical manifestations related to their illness that they described in the request.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The patient is in a medical state of advanced, irreversible decline in capability.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The patient is in a medical state that gives a competent professional <sup>3</sup> cause to believe, based on the information at their disposal and according to their clinical judgment, that the patient is experiencing enduring and unbearable physical or psychological suffering that cannot be relieved under conditions considered tolerable.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Specify if necessary:

#### 5. Criteria for the independence of the competent professional providing the opinion

I affirm that, as the competent professional consulted for the purposes of providing this opinion, I am independent of the patient making an advance request for medical aid in dying, in accordance with the law. <sup>4</sup>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I affirm that, as the competent professional consulted for the purposes of providing this opinion, I am independent of the professional seeking the opinion, in accordance with the law. <sup>5</sup>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Please include the following information regarding the competent professional seeking the opinion**

Full name:	Title	Permit to practice No.
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#### Conclusion and signature of the competent professional providing the opinion

Have you concluded that the patient in question meets the criteria for medical aid in dying, as submitted in this opinion form?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Full name:	Title	Permit to practice No.
Email:	Area Code	Phone No.
<b>Signature of competent professional</b>	<b>Date</b>	Year Month Day

**Once this form is signed and dated, it must be filed in the medical records of the person requesting medical aid in dying.**

<sup>1</sup> A person with respect to whom the cost of the insured health services they receive or may receive is assumed otherwise than under the Health Insurance Act due to their detention in Québec or due to the fact that they are resident in Québec and in active service in the Canadian Armed Forces is considered an insured person within the meaning of that Act. (s. 29.1, para. 2 of the Act respecting end-of-life care).

<sup>2</sup> A mental disorder other than a neurocognitive disorder cannot be an illness for which a person may make an advance request for MAID (s. 29.1, para. 3 of the Act respecting end-of-life care).

<sup>3</sup> "Competent professional" means a physician or a specialized nurse practitioner, in accordance with section 3.1 of the Act respecting end-of-life care (chapter S-32.0001).

<sup>4</sup> The purpose of this statement is to ensure compliance with the requirement established in paragraph 2 of section 29.19 of the Act respecting end-of-life care, which refers to the second paragraph of section 29 of that Act. The competent professional providing the opinion is considered to be independent of the patient requesting MAID if the professional does not know or believe that they are a beneficiary under the will of the patient making the request or a recipient, in any other way, of a financial or other material benefit resulting from that person's death, other than standard compensation for their services relating to the request, and that they do not know or believe that they are connected to the patient making the request in any other way that would affect their objectivity.

<sup>5</sup> The purpose of this statement is to ensure compliance with the requirement established in paragraph 2 of section 29.19 of the Act respecting end-of-life care, which refers to the second paragraph of section 29 of that Act. The competent professional providing the opinion is considered to be independent of the competent professional administering MAID to the patient requesting it if neither professional is a mentor to the other or responsible for supervising their work, and neither professional knows or believes that they are connected to the other professional in any other way that would affect their objectivity.

**Criteria for the administration of medical aid in dying, as set forth in section 29 of the Act respecting end-of-life care**

**29.1.** In order to obtain medical aid in dying following an advance request, a patient must, in addition to making a request that complies with sections 29.2, 29.3 and 29.7 to 29.10, meet the following criteria:

- (1) at the time the patient makes the request:
  - (a) be of full age and capable of giving consent to care;
  - (b) be an insured person within the meaning of the Health Insurance Act (chapter A-29); and
  - (c) suffer from a serious and incurable illness leading to incapacity to give consent to care; and
- (2) at the time medical aid in dying is to be administered:
  - (a) be incapable of giving consent to care due to their illness;
  - (b) still meet the criteria set out in subparagraphs *b* and *c* of subparagraph 1;
  - (c) be exhibiting, on a recurring basis, the clinical manifestations related to their illness that they described in the request; and
  - (d) be in a medical state
    - i. of advanced, irreversible decline in capability, and
    - ii. that gives a competent professional cause to believe, based on the information at their disposal and according to their clinical judgment, that the patient is experiencing enduring and unbearable physical or psychological suffering that cannot be relieved under conditions considered tolerable.

For the purposes of subparagraph *b* of subparagraph 1 of the first paragraph, a person with respect to whom the cost of the insured health services they receive or may receive is assumed otherwise than under the Health Insurance Act due to their detention in Québec or due to the fact that they are resident in Québec and in active service in the Canadian Armed Forces is considered an insured person within the meaning of that Act.

For the purposes of subparagraph *c* of subparagraph 1 of the first paragraph, a mental disorder other than a neurocognitive disorder cannot be an illness for which a person may make a request.

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**29.2.** The patient must make the advance request for themselves, in a free and informed manner, and record it on the form prescribed by the Minister. The form must be dated and signed by the patient.

If the patient making the request cannot record it on that form or date and sign the form because they cannot write or are physically incapable of doing so, a third person may do so in the patient's presence.

The third person may not be a member of the care team responsible for the patient and may not be a minor or a person of full age incapable of giving consent.

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**29.19.** Before administering medical aid in dying following an advance request, the competent professional must:

- (1) be of the opinion that the patient meets all the criteria set out in subparagraph 2 of the first paragraph of section 29.1 and the first paragraph of section 29.2; and
- (2) obtain the opinion of a second competent professional confirming that the criteria that must be the subject of an opinion under subparagraph 1 have been met.

The second paragraph of section 29 applies to the professional consulted.

Any refusal to receive medical aid in dying expressed by the patient must be respected and it is prohibited to disregard it in any manner.

If the patient is exhibiting behavioural symptoms resulting from their medical state, such as resistance to care, the competent professional must, based on the information at their disposal and according to their clinical judgment, rule out the possibility that the patient is refusing to receive medical aid in dying. The professional must record in writing the symptoms that the professional has observed and the conclusions of the assessment.