



## CONTEMPORANEOUS REQUEST FOR MEDICAL AID IN DYING

Last name			
First name			
Date of birth		Year	Month Day
Health insurance number	Expiry	Year	Month
Address			
Postal code	Area code		Telephone no.

### Declaration and consent for the person requesting medical aid in dying (refer to section A on the back of this form)

I am making a free and informed request for medical aid in dying for myself.

I have received all useful information needed to make my request for medical aid in dying, including the criteria set forth in the *Act respecting end-of-life care* and the *Criminal Code* concerning the administration of this aid.

I consent to a health care or social services professional sharing my personal information found in this form with another health care or social services professional when needed to enact my request for medical aid in dying.

I also consent to a copy of my medical aid in dying request being shared with the pharmacist who will supply the competent medical professional any medication required to administer medical aid in dying to me.

I consent to having a competent professional<sup>1</sup> administer medical aid in dying to me, subject to the criteria set forth in the law, including section 29 of the *Act respecting end-of-life care*.

I understand that at any time and by any means, including verbally, I may withdraw my request for medical aid in dying. I also understand that at any time and by any means, including verbally, I may request to postpone the administration of this aid to me.

### Signature of the person requesting medical aid in dying or, if applicable, the authorized third person (refer to section B on the back of this form)

Signature  
of person requesting medical aid in dying: \_\_\_\_\_ Date 

Year	Month	Day
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OR

If the person requesting medical aid in dying cannot or is physically unable to write, they may ask a third person to sign and date the form on their behalf. A third person may only sign and date the form on this person's behalf if all of the criteria set forth by the law are met.

The authorized third person must fill out the section below to sign and date this form.

☐ The person requesting medical aid in dying is incapable of signing and dating this form because they cannot or are physically unable to write.

☐ I meet all criteria set forth by the law to act as an authorized third person.

Full name of authorized third person: \_\_\_\_\_

Signature  
of authorized third person: \_\_\_\_\_ Date 

Year	Month	Day
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<sup>1</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).

**Independent witness present when the person or, if applicable, the authorized third person signed and dated this form  
(refer to section C on the back of this form)**

An independent witness must meet the criteria set forth by the law.

☐ I meet all criteria provided for by the law to act as an independent witness.

Full name of independent witness: \_\_\_\_\_

Signature

of independent witness: \_\_\_\_\_

Date

Year

Month

Day

**Health care or social services professional present when the person or, if applicable, the authorized third person  
signed and dated this form**

Full name of professional: \_\_\_\_\_ Job title: \_\_\_\_\_

Permit to practice #: \_\_\_\_\_

Regarding the competent professional treating the patient requesting medical aid in dying:

☐ I am the competent professional treating the patient.

or

☐ The patient has informed me that they are in touch with and being treated by a competent professional who, according to the patient, may handle their request for medical aid in dying.

List the following information for the competent professional:

Full name of competent professional: \_\_\_\_\_

Job title: \_\_\_\_\_

Permit to practice #: \_\_\_\_\_

or

☐ The patient has informed me that they are in touch with and being treated by a competent professional who, according to the patient, may not handle their request for medical aid in dying.

or

☐ The patient has informed me that they are not in touch with any competent professional for the purposes of being treated.

Signature

of professional: \_\_\_\_\_

Date

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.*

## Annex of the form

**SECTION A:** Section 29 Before administering medical aid in dying following a contemporaneous request, the competent professional must

- (1) be of the opinion that the patient meets all the criteria of section 26, after, among other things,
  - (a) making sure that the request is being made freely, in particular by ascertaining that it is not being made as a result of external pressure;
  - (b) making sure that the request is an informed one, in particular by informing the patient of the prognosis for the illness or of the anticipated clinical course of the physical impairment considering the patient's condition, of the therapeutic possibilities and their consequences or of the appropriate measures for compensating for the patient's disabilities;
  - (c) verifying the persistence of suffering and that the wish to obtain medical aid in dying remains unchanged, by talking with the patient at reasonably spaced intervals given the progress of the patient's condition;
  - (d) discussing the patient's request with any members of the care team who are in regular contact with the patient; and
  - (e) if the patient so wishes, discussing the request with the patient's close relations or with any other person the patient identifies;
- (2) make sure that the patient has had the opportunity to discuss the request with the persons they wished to contact;
  - (2.1) if the patient has a physical impairment, make sure that the patient has evaluated the possibility of obtaining support, advisory or assistance services from, among others, the Office des personnes handicapées du Québec, a community organization or a peer assistant, such as assistance to initiate a service plan process for them; and
- (3) obtain the opinion of a second competent professional confirming that the criteria set out in section 26 have been met.

The professional consulted must be independent of both the patient requesting medical aid in dying and the professional seeking the opinion. The professional consulted must consult the patient's record, examine the patient and provide the opinion in writing.

If an end-of-life patient has become incapable of giving consent to care after making the request, the competent professional may nonetheless administer medical aid in dying to the patient, provided that, at the time the patient was at the end of life and before they became incapable of giving consent to care,

- (1) all the conditions prescribed in the first paragraph had been met; and
- (2) the patient had given consent, in writing by means of the form prescribed by the Minister and in the presence of a competent professional, and within 90 days before the date of administration of the medical aid in dying, to receiving the aid even if they were to become incapable of giving consent to care before the administration of the aid.

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

**SECTION B:** In accordance with section 27 of the *Act respecting end-of-life care* and section 241.2(4) of the *Criminal Code*, the third person must not be a minor, a person of full age incapable of giving consent, or a member of the team responsible for caring for the patient requesting medical aid in dying. The third person must also not know or believe that they are a beneficiary under the will of this patient or a recipient, in any other way, of a financial or other material benefit resulting from the patient's death. This third person must also understand the nature of the request for medical aid in dying.

**SECTION C:** In accordance with section 241.2(5) of the *Criminal Code*, the independent witness must not be a minor, know or believe that they are a beneficiary under the will of the person making the request for medical aid in dying or a recipient, in any other way, of a financial or other material benefit resulting from that person's death, be an owner or operator of any health care facility at which the person making the request is being treated or any facility in which that person resides, be directly involved in providing health care services to the person making the request or directly provide personal care to the person making the request. This witness must also understand the nature of the request for medical aid in dying. Additionally, in accordance with sections 241.2(5.1) and 241.2(6) of the *Criminal Code*, a person who provides health care services or personal care as their primary occupation and who is paid to provide that care to the person requesting medical assistance in dying is permitted to act as an independent witness, except for the medical practitioner or nurse practitioner who will provide medical aid in dying to the person and the medical practitioner or nurse practitioner who provided an opinion under section 241.2(3)(e) or (3.1)(e) of the *Criminal Code*.