



DT9242

CONTEMPORANEOUS REQUEST FOR MEDICAL AID IN DYING

OPINION OF SECOND COMPETENT PROFESSIONAL ON FULFILLMENT OF CRITERIA 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 a medical aid in dying (MAID) request

| | | |
|---|------------------------------|--|
| The patient made a free and informed request for MAID. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| The patient used the form prescribed by the Minister to make their request for MAID. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| The patient or an authorized third person signed and dated the MAID request form. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| The authorized third person is not a minor, a person of full age incapable of giving consent or a member of the team responsible for caring for the patient. ¹ | <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| A health care or social services professional signed the MAID request 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 consulted the patient's records for the purposes of this opinion. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I was treating this patient prior to their request for medical aid in dying. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

| | | |
|---|---|---|
| Date <input type="text"/> Year <input type="text"/> Month <input type="text"/> Day <input type="text"/> | Date <input type="text"/> Year <input type="text"/> Month <input type="text"/> Day <input type="text"/> | Date <input type="text"/> Year <input type="text"/> Month <input type="text"/> Day <input type="text"/> |
|---|---|---|

3. Criteria for patient's capability to give consent to care

| | | |
|---|------------------------------|-----------------------------|
| The patient is capable of giving consent to care. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|------------------------------|-----------------------------|

4. Criteria for the patient

| | | |
|---|------------------------------|-----------------------------|
| The patient is of full age. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| The patient is an insured person within the meaning of the <i>Health Insurance Act</i> . ² | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| The patient is in one of the following situations: <ul style="list-style-type: none"> They suffer from a serious and incurable illness and are in a medical state of advanced, irreversible decline in capability.³ They have a serious physical impairment causing significant and enduring disabilities. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| The patient experiences enduring and unbearable physical or psychological suffering that cannot be relieved under conditions the patient considers 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 a request for medical aid in dying, in accordance with the law. ⁴ | <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. ⁵ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Please include the following information regarding the competent professional seeking the opinion: Full name of competent professional: _____ Job title: _____ Permit to practice #: _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

6. 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 of competent professional: _____ Job title: _____ | | |
| Permit to practice #: _____ Phone: _____ Email: _____ | | |
| Signature of competent professional: _____ Date <input type="text"/> Year <input type="text"/> Month <input type="text"/> Day <input type="text"/> | | |

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

¹ 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.

² 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. 26, para. 2 of the Act respecting end-of-life care).

³ A mental disorder other than a neurocognitive disorder cannot be an illness, disease or disability for which a person may make a contemporaneous request (s. 26, para. 3 of the Act respecting end-of-life care; s. 241.2(2.1) of the Criminal Code).

⁴ The purpose of this statement is to ensure compliance with the requirement established in paragraph 2 of section 29 of the Act respecting end-of-life care and section 241.2(3)(f) or 241.2(3.1)(f) of the Criminal Code. 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 (s. 241.2(6)(b) and (c) of the Criminal Code).

⁵ The purpose of this statement is to ensure compliance with the requirement established in paragraph 2 of section 29 of the Act respecting end-of-life care and section 241.2(3)(f) or 241.2(3.1)(f) of the Criminal Code. 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 (s. 241.2(6)(a) and (c) of the Criminal Code).

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

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.