



DT9597

CONTEMPORANEOUS REQUEST FOR MEDICAL AID IN DYING

**END-OF-LIFE PATIENT'S CONSENT TO RECEIVE MEDICAL AID
IN DYING IF THEY BECOME INCAPABLE OF CONSENTING TO
CARE BEFORE MEDICAL AID IN DYING IS ADMINISTERED**

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

Declaration and consent for the person consenting to receive medical aid in dying, even if they become incapable of consenting to care before it is administered

I consent to receive medical aid in dying, even if I become incapable of consenting to care before it is administered, subject to the criteria herein.

I have received all useful information needed to give my consent, including the criteria set forth in the *Act respecting end-of-life care* and the *Criminal Code* for the purposes of receiving medical aid in dying, even if I become incapable of consenting to care before it is administered.

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 and to take into consideration my consent to receive medical aid in dying, even if I become incapable of consenting to care before it is administered.

I also consent to a copy of my consent to receive medical aid in dying, even if I become incapable of consenting to care before it is administered, being shared with the pharmacist who will supply the competent medical professional¹ any medication required to administer medical aid in dying to me.

I consent to having the competent professional who signed and dated this form administer medical aid in dying to me, even if I become incapable of consenting to care before it is administered, subject to the criteria herein and set forth in the law, including the criteria in the third paragraph of section 29 of the *Act respecting end-of-life care*.

Determination of a date on which medical aid in dying can be administered to the person consenting to receive it, even if they become incapable of consenting to care before it is administered

The patient consenting to receive medical aid in dying, even if they become incapable of consenting to care before it is administered, must agree with the competent professional on a chosen date on which medical aid in dying will be administered either no later than 90 days after signing this form.

Chosen date:

Year	Month	Day

Once the date is chosen, the patient consenting to receive medical aid in dying, even if they become incapable of consenting to care before it is administered, must specify the extent of their consent based on the "chosen date," checking off the statement below that represents their intentions:

☐ I consent to receive medical aid in dying solely on the chosen date if I become incapable of consenting to care before it is administered.

or

☐ I consent to receive medical aid in dying on the chosen date or at an earlier date if I become incapable of consenting to care before it is administered.

¹ "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).

Signature of the person consenting to receive medical aid in dying, even if they become incapable of consenting to care before it is administered, or, if applicable, the authorized third person

☐ I am the person requesting medical aid in dying, as identified on the previous page of this form.

Signature

of person giving their consent: _____

Date

Year

Month

Day

OR

If the person consenting to receive medical aid in dying, even if they become incapable of consenting to care before it is administered, 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.²

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

Competent professional present when the form is signed and dated by the person consenting to receive medical aid in dying, even if they become incapable of consenting to care before it is administered, or, if applicable, by the authorized third person

Full name of competent professional: _____

Job title: _____

Permit to practice #: _____

a) Regarding the competent professional:

☐ I am the competent professional who has agreed to administer medical aid in dying to the patient who, by filling out this form, has given their consent to receive medical aid in dying, even if they become incapable of consenting to care before it is administered.

b) Signature

of competent 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.

² 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.

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 criteria 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.