



DT9235

CONTINUOUS PALLIATIVE SEDATION CONSENT FORM

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

I hereby consent to continuous palliative sedation.

I understand that in doing so, I consent to the administration of medications or substances that will render me unconscious without interruption until death ensues for the purpose of relieving my suffering.

I have obtained satisfactory answers to my questions and have had all the time necessary to make my decision.

I understand that I may verbally withdraw my consent at any time prior to the administration of continuous palliative sedation.

Signature: _____

Date |_____| |_____| |_____|
Year | Month | Day

Authorized third person¹: If the patient giving consent to continuous palliative sedation cannot date and sign the form because he or she cannot write or is physically incapable of doing so, a third person may do so in the patient's presence.

First and last name of the authorized third person: _____

Domiciled at (address): _____

Relation to the patient giving consent to continuous palliative sedation: _____

Signature: _____

Date |_____| |_____| |_____|
Year | Month | Day

Where applicable, the **person legally authorized to give substitute consent** in accordance with the wishes expressed by the patient, in the event the patient becomes **incapable of consenting to care**.

First and last name of the **person authorized to give substitute consent**: _____

Relation to the patient: _____

Signature: _____

Date |_____| |_____| |_____|
Year | Month | Day

Declaration of the physician present at the signing of the consent form

I hereby certify that all the necessary information required for informed consent has been provided to the persons concerned, and that to my knowledge, no external pressure was applied.

Physician's first and last name	Licence No.	Signature
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¹ In accordance with section 25 of the *Act respecting end-of-life care*, the authorized third person may not be a member of the team responsible for caring for the patient, a minor or a person of full age incapable of giving consent.