



DT9235

CONSENT TO CONTINUOUS PALLIATIVE SEDATION

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

Declaration of the person consenting to continuous palliative sedation

I give my free and informed consent to receiving continuous palliative sedation.

I understand that my consent authorizes a competent professional to administer medications or substances to me in order to ease my pain by keeping me unconscious until my passing.

I have received all useful information needed to give my consent to continuous palliative care, including the prognosis for my illness, the irreversible nature of the sedation and the anticipated duration of the sedation.

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 act upon my consent to continuous palliative sedation.

I also consent to a copy of my consent to continuous palliative sedation being shared with the pharmacist who will supply the competent medical professional any medication required to administer this sedation to me.

I consent to being administered continuous palliative sedation by the competent professional¹ who agrees to comply with my wishes for sedation, in accordance with the criteria set forth by the law, including the criteria in section 24 of the *Act respecting end-of-life care*².

I understand that at any time and by any means, including verbally, I may withdraw my consent to continuous palliative sedation.

Signature of the person consenting to continuous palliative care or, if applicable, the person entitled to give substitute consent or an authorized third person

Signature of the person

consenting to continuous palliative care: _____

Date

Year Month Day

OR

If the person consenting to continuous palliative sedation 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.³

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

☐ The person consenting to continuous palliative sedation 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

OR

Signature of the person entitled to give substitute consent to continuous palliative care:⁴

Full name of the entitled person: _____

Signature

of the entitled person: _____

Date

Year Month Day

Signature of the competent professional present when the person or, if applicable, the authorized third person or the person entitled to give substitute consent signed and dated this form

Full name of competent professional: _____

Job title: _____

Permit to practice #: _____

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 consenting to continuous palliative sedation.

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).

² Section 24: Before giving consent to continuous palliative sedation, an end-of-life patient or, where applicable, the person who may give consent to care on behalf of the patient must among other things be informed of the prognosis for the illness, the irreversible nature of the sedation and the anticipated duration of the sedation. In addition, the competent professional must make sure that the request is being made freely, in particular by ascertaining that it is not being made as a result of external pressure. Consent to continuous palliative sedation must be given in writing on the form prescribed by the Minister and be filed in the patient's record.

Section 25: If the patient giving consent to continuous palliative sedation cannot date and sign the form referred to in section 24 because the patient cannot write or is 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 team responsible for caring for the patient, a minor or a person of full age incapable of giving consent.

³ In accordance with section 25 of the *Act respecting end-of-life care*, the third person may not be a minor, a person of full age incapable of giving consent, or a member of the team responsible for caring for the person consenting to continuous palliative sedation.

⁴ Section 15 of the *Civil Code* provides that where it is ascertained that a person of full age is incapable of giving consent to care, consent is given by their mandatary or tutor. If the person of full age is not so represented, consent is given by their married, civil union or de facto spouse or, if the person has no spouse or their spouse is prevented from giving consent, it is given by a close relative or a person who shows a special interest in the person of full age. The person having parental authority or tutor may give consent for minors 14 years of age or under and minors 14 years of age or over who are incapable of consenting to continuous palliative care, in accordance with section 14 of the *Civil Code*.