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Santé et Services sociaux Québec

DT9235

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

CONTINUOUS PALLIATIVE SEDATION CONSENT FORM

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 person[1]: If the patient giving consent to continuous palliative sedation is unable to 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

[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.