



DT9242

## OPINION OF SECOND PHYSICIAN CONSULTED REGARDING THE FULFILLMENT OF CRITERIA FOR OBTAINING MEDICAL AID IN DYING

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

1. What is your professional or personal relationship:

  - With the physician who asked you to confirm whether the criteria set out in Section 26 of the *Act Respecting End-of-Life Care* have been met? (Describe ties, if any);
  - With the patient who requested medical aid in dying? (Describe ties, if any).
2. Do you declare that you ensured your professional independence with respect to the physician who consulted you and to the patient who is requesting medical aid in dying, as per Section 63 of the *Québec Code of Ethics of Physicians*<sup>1</sup>?  Yes  No
3. Give the date on which you received the consultation request from the physician in connection with the request for medical aid in dying.

Year | Month | Day
4. Give the date(s) you consulted the medical record of the patient requesting medical aid in dying.

Year | Month | Day      Year | Month | Day      Year | Month | Day
5. Give the date(s) you examined the patient requesting medical aid in dying.

Year | Month | Day      Year | Month | Day      Year | Month | Day
6. Relevant description and remarks, if needed:

<sup>1</sup> By virtue of the *Act Respecting End-of-Life Care*, the second physician consulted must be independent with respect to the person who requests medical aid in dying and of the physician who seeks the opinion. Section 63 of the *Code of Ethics of Physicians* specifies that “a physician must safeguard his professional independence at all times and avoid any situation in which he would be in conflict of interest, in particular when the interests in question are such that he might tend to favor certain of them over those of his patient or where his integrity and loyalty toward the latter might be affected.”

The *Criminal Code* also specifies that before providing medical aid in dying, the physician must be convinced that they and the physician confirming compliance with the criteria are independent. Section 241.2(6) of the *Criminal Code* specifies that to be independent, the physician cannot: “a) be a mentor to the other practitioner or responsible for supervising their work; b) know or believe that they are a beneficiary under the will of the person 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; c) know or believe that they are connected to the other practitioner or to the person making the request in any other way that would affect their objectivity.”

The physician must ensure compliance with both these laws.

Name of patient	Record no.
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7. Do you confirm that the criteria set out in Section 26 of the *Act Concerning End-of-Life Care* have been met?  Yes  No, reason(s) and details:

The patient is not insured within the meaning of the Health Insurance Act

The patient is a minor

The patient is incapable of consenting to care

The patient is not at the end of life

The patient does not suffer from a serious and incurable illness

The patient's situation is not characterized as being in an advanced state of irreversible decline in capability

The patient does not experience constant and unbearable physical or psychological suffering which cannot be relieved in a manner they deem tolerable

The patient did not request medical aid in dying themselves, in a free and informed manner Other(s):

Explanation if the request is not eligible:

Identification of the second physician consulted			
Location	First and last name	Licence no.	
<b>Signature</b>		<b>Date</b>	Year   Month   Day

*This form is filed in the medical record of the patient requesting medical aid in dying.*