



DT9597

MEDICAL ASSISTANCE IN DYING AT END OF LIFE CONSENT IN THE EVENT OF INCAPACITY

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

This form is for a person who is at the end of their life to consent to medical assistance in dying if they lose the capacity to consent. It meets the requirements of both the Act respecting end-of-life care (ARELC) and the Criminal Code.

Under ARELC¹, a person who meets all the conditions for receiving medical assistance in dying can do so even if they become incapable of consent, provided they give their consent in writing in the presence of healthcare professional a maximum of 90 days before medical assistance in dying is administered.

The Criminal Code² allows a person whose natural death is reasonably foreseeable, who meets all the criteria for medical assistance in dying, and who has had the benefit of all the necessary safeguards to enter into an arrangement in writing that the medical practitioner will administer a substance to cause their death on the specified day or earlier if they should lose the capacity to consent prior to the day specified for administration.

The following form also allows you to consent to medical assistance in dying only on the specified day and not before. If you choose that option, the medical practitioner will administer it on the specified date only. **Check one box only.**

SPECIFIED DATE FOR ADMINISTRATION OF MEDICAL ASSISTANCE IN DYING:		Year	Month	Day
CHECK ONE OF THE TWO OPTIONS:				
<input type="checkbox"/> If I lose the capacity to consent to care, I CONSENT to receiving medical assistance in dying from the medical practitioner on the specified day; OR <input type="checkbox"/> If I lose the capacity to consent to care, I CONSENT to receiving medical assistance in dying from the medical practitioner on or before the specified day.				
Signature (PERSON):		Year	Month	Day
Authorized third person ³ : If the patient requesting medical assistance in dying is unable to date and sign the form because they cannot write or are physically incapable of doing so, a third person may do so in the person's presence and under the person's express direction.				
First and last name of authorized third person:		Residing at (address):		
Relationship with the person requesting medical assistance in dying:	Signature (Authorized third person):		Year	Month
			Day	

MEDICAL PRACTITIONER WHO WILL ADMINISTER MEDICAL ASSISTANCE IN DYING AND IS PRESENT WHEN THE PERSON CONSENTS IN WRITING	
First and Last name:	Licence No.
Medical practitioner's signature	Year
	Month
	Day

The original of this form must be added to the medical record of the person requesting medical assistance in dying, as per section 32 of the Act respecting end-of-life care.

¹ Section 29 of the Act respecting end-of-life care, (CQLR, chapter S-32.0001)

² Section 241.2 (3.2) of the Criminal Code (RSC 1985, c C-46)

³ In accordance with section 27 of the Act respecting end-of-life care and section 241.2(4) of the Criminal Code, 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, and may not 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. They must also understand the nature of the request for medical assistance in dying.