

Bill 52

An Act respecting end-of-life care

Section 4

AMENDMENT:

Strike out.

Adopted

Bill 52

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Section 5

AMENDMENT:

Add the following sentence at the end of the third paragraph: "It complements the provisions of the Act respecting health services and social services and of the Act respecting health services and social services for Cree Native persons that relate to the rights of users and beneficiaries."

Adoptée

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Section 5

AMENDMENT:

Replace “may be provided” in the second paragraph by “is provided”.

Adopted

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Section 6

AMENDMENT:

Replace by:

6. Except as otherwise provided by law, a person of full age who is capable of consenting to care may, at any time, refuse to receive a life-sustaining treatment or procedure or withdraw consent to such a treatment or procedure.

To the extent provided by the Civil Code, a minor of 14 years of age or over, and in the case of a minor or a person of full age who is incapable of giving consent, the person who may give consent to care on their behalf may also make such a decision.

The refusal of, or withdrawal of consent to, a treatment or procedure may be expressed by any means.

The physician must make sure that such a decision is made freely and provide the person with all information needed to make an informed decision, in particular information about other therapeutic possibilities, including palliative care.

Adopte as

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Section 8

AMENDMENT:

Replace “to promote multidisciplinary cooperation among the different health or social services professionals practising within the institution” in the second paragraph by “to promote a multiple-discipline approach by health and social services professionals and the collaboration of the various other resources concerned who provide services to its users”.

Adopté

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Section 10

AMENDMENT:

Strike out.

Adopted

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Section 11

AMENDMENT:

Replace by:

11. The code of ethics adopted by an institution under section 233 of the Act respecting health services and social services must have due regard for the rights of end-of-life patients.

*Adopte
ce*

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Section 9

AMENDMENT:

1. Replace the second sentence by the following sentence:

In the case of an institution that operates a local community service centre, the plan must also include the provision of end-of-life care at the patient's home.

2. Add the following paragraphs at the end:

The organization plan must be consistent with ministerial policy directions.

The clinical program for end-of-life care is to be sent to the Commission sur les soins de fin de vie.

Adopté

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Section 14

AMENDMENT:

Replace the first paragraph by:

14. Palliative care hospices determine the end-of-life care provided in their premises.

Adopte' au

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Section 13

AMENDMENT:

Replace by:

13. An institution must offer every patient receiving end-of-life care a private room for the final days preceding the patient's death.

Adopted

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Section 17

AMENDMENT:

Replace by:

17. End-of-life care may be provided at the patient's home by physicians practising in a private health facility within the meaning of section 95 of the Act respecting health services and social services and, within their scope of practice, by nurses practising in such a facility.

Adopte

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Section 18

AMENDMENT:

Replace by:

18. Every health and social services agency must, after consultation with the institutions and palliative care hospices in its territory, determine the general rules governing access to the end-of-life care provided by those institutions and hospices.

Adopté

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Section 21

AMENDMENT:

1. Insert “, palliative care hospices” after “institutions”.
2. Replace “for the performance of the Minister’s functions” by “for the performance of the functions vested in the Minister under this Act”.
3. Add “or to any specific health or social services professional having provided the care” at the end and after “end-of-life care”.

Adopted

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Section 22

AMENDMENT:

1. Insert “with due respect for the specific character of the premises and the needs of the persons receiving end-of-life care,” after “at any reasonable time,” in the first paragraph.
2. Replace “un inspecteur dans l’exercice de ses fonctions” in the fifth paragraph in the French text by “une personne qui procède à une inspection”.
3. Replace “qu’il a le droit” in the French text by “qu’elle a le droit”.

Adopté

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Title II, Chapter IV, Division I, heading

AMENDMENT:

Replace by:

DIVISION I
CONTINUOUS PALLIATIVE SEDATION

Adopted

Bill 52

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Section 25

AMENDMENT:

1. Replace “a patient who wishes to receive such sedation” in the first paragraph by “an end-of-life patient”.
2. Replace “the individual authorized to consent to care on behalf of the patient” in the first paragraph by “the person who may give consent to care on behalf of the patient”.
3. Strike out “and terminal” in the first paragraph.
4. Replace “terminal palliative sedation” in the first and second paragraphs by “continuous palliative sedation”.
5. Insert after the first paragraph:

In addition, the physician must make sure that the request is being made freely and without any external pressure.
6. Replace “in writing and” in the second paragraph by “given in writing on the form prescribed by the Minister and be”.

Adopté

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Section 23

AMENDMENT:

Add the following paragraph at the end:

The agency informs the Minister of the designation of an inspector and of the results of the inspection.

Adopté

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Section 25

AMENDMENT:

Insert "for the illness" after "prognosis" in the first paragraph.

Adopté en

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Section 26

AMENDMENT:

Replace by:

26. Only a patient who meets all of the following criteria may obtain medical aid in dying:

- (1) be an insured person within the meaning of the Health Insurance Act (chapter A-29);
- (2) be of full age and capable of giving consent to care;
- (3) be at the end of life;
- (4) suffer from a serious and incurable illness;
- (5) be in an advanced state of irreversible decline in capability; and
- (6) experience constant and unbearable physical or psychological pain which cannot be relieved in a manner the patient deems tolerable.

The patient must request medical aid in dying themselves, in a free and informed manner, by means of the form prescribed by the Minister. The form must be dated and signed by the patient.

The form must be signed in the presence of and countersigned by a health or social services professional; if the professional is not the attending physician, the signed form is to be given by the professional to the attending physician.

Adopted

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Section 26.1

AMENDMENT:

Insert after section 26:

26.1. If the patient requesting medical aid in dying is physically incapable of dating and signing the form referred to in section 26, a third person may do so in the presence of the patient. The third person may not be a member of the team responsible for caring for the patient, a minor or a person incapable of giving consent.

Adopté au

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Section 27

AMENDMENT:

Add the following paragraph at the end:

A patient may also, at any time and by any means, request that the administration of medical aid in dying be put off.

Adopted

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Section 25.1

AMENDMENT:

Insert after section 25:

25.1. If the patient giving consent to continuous palliative sedation is physically incapable of dating and signing the form referred to in section 25, a third person may do so in the presence of the patient. The third person may not be a member of the team responsible for caring for the patient, a minor or a person incapable of giving consent.

Adopted

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Section 28

AMENDMENT:

1. Replace “meets the criteria” in paragraph 1 of the first paragraph by “meets all the criteria”.
2. Replace “prognostic” in subparagraph *b* of paragraph 1 by “prognosis for the illness”.
3. Replace the last two sentences of the second paragraph in the French text by: “Il doit prendre connaissance du dossier de la personne et examiner celle-ci. Il doit rendre son avis par écrit.”

Adopté

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Section 29

AMENDMENT:

Replace “and take care of the patient until their death” in the first paragraph by “and take care of and stay with the patient until death ensues”.

Adopted

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Section 31

AMENDMENT:

Add the following paragraph at the end:

A decision to withdraw a request for medical aid in dying or to put off the administration of such aid must also be recorded in the patient's record.

Adopted

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Section 32

AMENDMENT:

Replace by:

32. The council of physicians, dentists and pharmacists established for an institution must, in collaboration with the council of nurses of the institution, adopt clinical protocols for continuous palliative sedation and medical aid in dying. The protocols must comply with the clinical standards developed by the professional orders concerned.

Adoptée

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Section 33

AMENDMENT:

1. Replace “terminal palliative sedation” in the first paragraph by “continuous palliative sedation”.
2. Insert “as a physician practising in a centre operated by an institution” after “medical aid in dying” in the first paragraph.
3. Replace “once it is administered, give notice to” in the first paragraph by “within ten days following its administration, inform”.
4. Strike out “; if the physician practises in a private health facility, the notice is to be given to the council of physicians, dentists and pharmacists established for the local authority with which the physician is associated” in the first paragraph.

Adopté

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Section 30

AMENDMENT:

1. Replace “the director of professional services or any other person designated by the executive director of the institution and forward the request form given to the physician, if such is the case, to the director of professional services” in the first paragraph by “the executive director of the institution or any other person designated by the executive director and forward the request form given to the physician, if that is the case, to the executive director”;
2. Replace “The director of professional services or designated person” in the first paragraph by “The executive director of the institution or designated person”.
3. Insert “, as soon as possible,” after “find” in the first paragraph.
4. Replace the second paragraph by:

If the physician who receives the request practises in a private health facility and does not provide medical aid in dying, the physician must as soon as possible notify the executive director of the local authority referred to in section 99.4 of the Act respecting health services and social services that serves the territory in which the patient making the request resides, or notify the person designated by the executive director. The physician forwards the request form received, if that is the case, to the executive director or designated person and the steps mentioned in the first paragraph must be taken.

If no local authority serves the territory in which the patient resides, the notice referred to in the second paragraph is forwarded to the executive director of the institution operating a local community service centre in the territory or the person designated by the executive director.

Adopté au

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Section 34

AMENDMENT:

Replace “the notice provided for in the first paragraph of section 33 is sent to that person” by “the physician informs that person in accordance with the first paragraph of section 33”.

Adoptée

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Section 36

AMENDMENT:

Replace the first paragraph by the following paragraphs:

36. The Commission is composed of 11 members, appointed by the Government as follows:

(1) five members are to be health or social services professionals, including

(a) two members appointed after consultation with the Collège des médecins du Québec;

(b) one member appointed after consultation with the Ordre des infirmières et infirmiers du Québec;

(c) one member appointed after consultation with the Ordre des pharmaciens du Québec; and

(d) one member appointed after consultation with the Ordre professionnel des travailleurs sociaux et des thérapeutes conjugaux et familiaux du Québec;

(2) two members are to be jurists, appointed after consultation with the Barreau du Québec and the Chambre des notaires du Québec;

(3) two members are to be users of institutions, appointed after consultation with bodies representing the users' committees of institutions;

(4) one member is to be from the ethics community, appointed after consultation with university-level teaching institutions; and

(5) one member is to be appointed after consultation with bodies representing institutions.

The Government must ensure that at least one member appointed under subparagraph 1 of the first paragraph is from the palliative care community.

Adopted

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Section 38

AMENDMENT:

Replace “five members” in the first paragraph by “seven members”.

Adoptée

Bill 52

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Section 39

AMENDMENT:

Replace the last paragraph by:

The Commission is to submit an annual activity report, not later than 30 September each year, to the Minister.

Adoptée

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Section 39.1

AMENDMENT:

Insert after section 39:

39.1. The Minister tables the reports produced by the Commission in the National Assembly within 30 days of receiving them or, if the Assembly is not sitting, within 30 days of resumption. The competent committee of the National Assembly examines the reports.

Adopté

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Section 40

AMENDMENT:

Insert “, as an exception,” after “the Commission may”.

Adopté

Bill 52

An Act respecting end-of-life care

Section 40.1

AMENDMENT:

Insert after section 40:

40.1. The Commission may require of institutions, palliative care hospices, physicians practising in a private health facility and agencies that they supply, in the manner and within the time specified, the statements, statistical data, reports and other information it needs for the performance of its functions under the first paragraph of section 39, provided it is not possible to link that information to any specific patient having received end-of-life care or to any specific health or social services professional having provided the care.

Adopted

Bill 52

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Title II, Chapter IV, Division IV
Sections 34.1 and 34.2

AMENDMENT:

Insert after section 34:

DIVISION IV

SPECIAL FUNCTIONS OF THE COLLÈGE DES MÉDECINS DU QUÉBEC

34.1. Physicians practising in a private health facility that provides continuous palliative sedation or medical aid in dying at the patient's home or in a palliative care hospice must, within 10 days following its administration, inform the Collège des médecins du Québec and send to it, under the conditions and in the manner prescribed by the Collège, the information it determines.

The Collège or its competent committee assesses the quality of the care provided, particularly with regard to applicable clinical standards.

34.2. The Collège des médecins du Québec must prepare a yearly report on the end-of-life care provided by physicians practising in private health facilities.

The report must state the number of times continuous palliative sedation and medical aid in dying were administered by such physicians at the patient's home or in a palliative care hospice. The information must be grouped by local health and social services network territory and health and social services agency territory.

The report is to be published on the website of the Collège and sent, not later than 30 June each year, to the Commission sur les soins de fin de vie.

Adopté

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Section 8.1

AMENDMENT:

Insert after section 8:

8.1. Every institution must adopt a policy with respect to end-of-life care. The policy must be consistent with ministerial policy directions and be made known to the personnel of the institution, to the health and social services professionals who practise in the institution, and to end-of-life patients and their close relations.

The executive director of the institution must report annually to the board of directors on the implementation of the policy. The report must state the number of end-of-life patients who received palliative care, the number of times continuous palliative sedation was administered, the number of requests for medical aid in dying, the number of times such aid was administered as well as the number of times medical aid in dying was not administered, including the reasons it was not administered.

The report must also state, where applicable, the number of times continuous palliative sedation was administered at the patient's home or in a palliative care hospice by a physician as a physician practising in a centre operated by the institution.

The report is to be published on the website of the institution and sent, not later than 30 June each year, to the Commission sur les soins de fin de vie established under Chapter V of Title II. The institution must include a summary of the report in a separate section of its annual management report.

Adopté

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Section 43

AMENDMENT:

1. Replace “A person’s decision to refuse to receive a treatment or procedure, to withdraw consent to a life-sustaining treatment or procedure” by “The decision of a patient or, where applicable, of the person authorized to consent to care on the patient’s behalf to refuse a life-sustaining treatment or procedure or to withdraw consent to such a treatment or procedure”;
2. Replace “terminal palliative sedation” by “continuous palliative sedation”.

Adopted

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Section 41

AMENDMENT:

Replace the second paragraph by:

Any person who notes that a physician has contravened this section must bring the breach to the attention of the Collège des médecins du Québec so that it can take appropriate measures.

Adpté

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Section 42

AMENDMENT:

Replace “to the physician, to the institution concerned, to the Collège des médecins du Québec and to any other authority concerned” in the second paragraph by “to the Collège des médecins du Québec and, when the physician provided the medical aid in dying as a physician practising in a centre operated by an institution, to the institution concerned so that they can take appropriate measures”.

Adopté

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Section 42.1

AMENDMENT:

Insert before section 43:

42.1. Complaints regarding end-of-life care made by any person to a local or regional service quality complaints commissioner, in accordance with the rules prescribed in Divisions I to III of Chapter III of Title II of the Act respecting health services and social services, must be given priority treatment. The same applies to complaints regarding end-of-life care made to the syndic of the Collège des médecins du Québec.

Adopté

Bill 52

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Section 45

AMENDMENT:

Replace by:

45. A person of full age who is capable of giving consent to care may, by means of advance medical directives, specify whether or not they consent to care that may be required by their state of health, in the event they become incapable of giving consent. However, in such directives the person may not request medical aid in dying.

Adopted

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Section 47

AMENDMENT:

Replace by:

47. When advance medical directives are given in the presence of witnesses, the form must be completed by the person concerned.

The person then declares, in the presence of two witnesses, that the form contains the person's advance medical directives, without having to disclose the contents. The person dates and signs the form or, if this is already done, recognizes the signature as their own. The form is then signed by the witnesses in the person's presence.

If the person is physically incapacitated, the form may be completed by a third person in accordance with the person's instructions. The third person signs and dates the form in the person's presence.

Persons incapable of giving consent and minors cannot act as a third person or a witness for the purposes of this section.

Adopté en

Bill 52

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Section 48

AMENDMENT:

1. Replace the first paragraph by:

48. Advance medical directives may be revoked at any time by the person concerned by means of the form prescribed by the Minister.
2. Add the following paragraph at the end:

Despite the preceding paragraphs, in emergency cases, if a person capable of giving consent verbally expresses wishes different from those in their advance medical directives, this entails the revocation of the directives.

Adoptée

Bill 52

An Act respecting end-of-life care

Section 49

AMENDMENT:

1. Replace “records them in the advance medical directives register established under section 57 and files them in the record of the person concerned” by “files them in the record of the person concerned if this has not yet been done”.
2. Replace “son auteur” in the French text by “leur auteur”.

Adopté

Bill 52

An Act respecting end-of-life care

Section 50

AMENDMENT:

Replace "condition" by "state of health".

Adopted as

Bill 52

An Act respecting end-of-life care

Section 55

AMENDMENT:

Add “, a physician or an institution” after “such a person” in the second paragraph.

Adoptée

Bill 52

An Act respecting end-of-life care

Section 58

AMENDMENT:

Strike out “, in addition to what is provided in section 49,”.

Adopted

Bill 52

An Act respecting end-of-life care

Section 46

AMENDMENT:

Add the following paragraph at the end:

At the request of their author, advance medical directives are to be recorded in the advance medical directives register established under section 57.

Adoptée

Bill 52

An Act respecting end-of-life care

Section 63.1

AMENDMENT:

Insert before section 64:

PHARMACY ACT

63.1. Section 17 of the Pharmacy Act (chapter P-10), amended by section 2 of chapter 37 of the statutes of 2011, is again amended by replacing “in order to maintain or restore health” in the first paragraph by “in order to maintain or restore health or to provide appropriate symptom relief”.

Adopté

Bill 52

An Act respecting end-of-life care

Section 64

AMENDMENT:

Strike out “in a case where the information is communicated” in the proposed paragraph.

Adopted

Bill 52

An Act respecting end-of-life care

Section 67.1

AMENDMENT:

Insert after section 67:

67.1. Despite subparagraph 4 of the first paragraph of section 39, the Commission sur les soins de fin de vie must submit its first report on the status of end-of-life care on or before *(insert the date occurring three years after the date of coming into force of section 39)*.

Adopté

Bill 52

An Act respecting end-of-life care

Section 66

AMENDMENT:

Replace by:

66. Until (*insert the date occurring two years after the date of coming into force of section 8.1*), executive directors of institutions must report every six months to their board of directors as described in the second paragraph of section 8.1. The institutions are to forward the report to the Commission sur les soins de fin de vie as soon as possible and publish it on their website.

Until that date, the Collège des médecins du Québec are also to send the Commission the report required under section 34.2 every six months.

Adopté

Bill 52

An Act respecting end-of-life care

Section 68

AMENDMENT:

Replace the first paragraph by:

68. The Minister must, not later than *(insert the date occurring four years after the date of coming into force of this section)* report to the Government on the implementation of this Act, and subsequently every five years, report to the Government on the carrying out of this Act.

Adopted

Bill 52

An Act respecting end-of-life care

Section 70

AMENDMENT:

Replace by:

70. Except for the second paragraph of section 46, section 51, section 52 to the extent it concerns the advance medical directives register and sections 57 and 58, which come into force on the date or dates to be set by the Government, the provisions of this Act come into force on *(insert the date occurring eighteen months after the date of assent to this Act)*, or any earlier date set by the Government.

Adopted
ee

Bill 52

An Act respecting end-of-life care

Section 44

AMENDMENT:

Replace by:

44. A physician may refuse to administer medical aid in dying for reasons of conscience and a health professional may refuse to take part in administering it for the same reason.

In such a case, the physician or health professional must nevertheless ensure that continuity of care is provided to the patient, in accordance with their code of ethics and the patient's wishes.

In addition, the physician must comply with the procedure established in section 30.

Apple

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Section 3

AMENDMENT:

Replace by:

3. For the purposes of this Act,

(1) “institution” means any institution governed by the Act respecting health services and social services (chapter S-4.2) that operates a local community service centre, a hospital centre or a residential and long-term care centre, as well as the Cree Board of Health and Social Services of James Bay established under the Act respecting health services and social services for Cree Native persons (chapter S-5);

(2) “palliative care hospice” means a community organization that holds an accreditation granted by the Minister under the second paragraph of section 457 of the Act respecting health services and social services and has entered into an agreement with an institution under section 108.3 of that Act in order to secure all or some of the care required by its users;

(3) “end-of-life care” means palliative care provided to end-of-life patients and medical aid in dying;

(4) “palliative care” means the active total care delivered by an interdisciplinary team to patients suffering from a disease with reserved prognosis, in order to relieve their suffering, without delaying or hastening death, maintain the best quality of life possible and provide them and their close relations the support they need;

(5) “continuous palliative sedation” means care of a palliative nature consisting in administering medications or substances to an end-of-life patient to relieve their suffering by rendering them unconscious without interruption until death ensues; and

(6) “medical aid in dying” means care consisting in the administration by a physician of medications or substances to an end-of-life patient, at their request, in order to relieve their suffering by hastening death.

Sam 1

Adopte, amendé

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An Act respecting end-of-life care

Section 3

SUBAMENDMENT:

Replace paragraph 6 of section 3, as amended, by:

(6) “medical aid in dying” means care consisting in the administration by a physician of medications or substances to an end-of-life patient, at the patient’s request, in order to relieve the patient’s suffering by hastening death.

Adopte