

SELECT COMMITTEE

Dying With Dignity

RECOMMENDATIONS

MARCH 2012



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RECOMMENDATIONS

RECOMMENDATION N° 1

The Committee recommends that the ministère de la Santé et des Services sociaux obtain an assessment of the palliative care situation in Québec. This assessment should:

- Report on the existing resources across Québec;
- Report on the needs and the resources required to meet them;
- Report on the state of palliative care in each region;
- Be regularly updated.

RECOMMENDATION N° 2

The Committee recommends that the ministère de la Santé et des Services sociaux give priority to the development of in-home palliative care.

RECOMMENDATION N° 3

The Committee recommends that the ministère de la Santé et des Services sociaux ensure that all healthcare professionals receive adequate training in palliative care.

RECOMMENDATION N° 4

The Committee recommends that the ministère de la Santé et des Services sociaux create an administrative unit devoted to palliative care that would, among other things, ensure swift and full implementation of the *End-of-Life Palliative Care Policy*, more specifically:

- Providing earlier access to palliative care, as soon as required given the patient's clinical course;
- Providing access to palliative care for patients suffering from incurable diseases other than cancer;
- Keeping people suffering from incurable diseases in their home environment;
- Providing access to a private room;
- Sharing clinical information essential to a patient's medical treatment and setting up stable multidisciplinary teams.

RECOMMENDATION N° 5

The Committee recommends that the ministère de la Santé et des Services sociaux send to the appropriate National Assembly committee, for its consideration, a report on the implementation of the *End-of-Life Palliative Care Policy* one year after publication of the report of the Select Committee on Dying with Dignity. The ministère's report should contain an assessment of palliative care in Québec.

RECOMMENDATION N° 6

The Committee recommends that the *Act respecting health services and social services* be amended:

- To recognize the right of any individual to receive palliative care when warranted by his or her medical condition;
- To ensure that all healthcare establishments providing in-home or in-hospital end-of-life care include palliative care in their service offer.

RECOMMENDATION N° 7

The Committee recommends that the Collège des médecins du Québec develop a practice and ethical standards guide for palliative sedation.

RECOMMENDATION N° 8

The Committee recommends that relevant legislation be amended to recognize advance medical directives, and that they:

- Be legally binding;
- Take the form of a notarized act or a mandatory form signed before a witness;
- Be permitted to mention the name of one or more trusted persons who would ensure the advance medical directives are known and applied.

RECOMMENDATION N° 9

The Committee recommends that the ministère de la Santé et des Services sociaux:

- Take the necessary measures to ensure advance medical directives appear in patients' medical files and are recorded in a register;
- Ensure that physicians check for the existence of such directives.

RECOMMENDATION N° 10

The Committee recommends that the ministère de la Santé et des Services sociaux put in place a mechanism encouraging citizens to periodically update their advance medical directives.

RECOMMENDATION N° 11

The Committee recommends that methods of communication on end-of-life care planning be developed to educate the public and those working in health and social services on end-of-life issues.

RECOMMENDATION N° 12

The Committee recommends that persons diagnosed with an incurable disease be given an information guide on their rights and the available services and resources.

RECOMMENDATION N° 13

The Committee recommends that relevant legislation be amended to recognize medical assistance in dying as appropriate end-of-life care if the request made by the person meets the following criteria, as assessed by the physician:

- The person is a Québec resident according to the *Health Insurance Act*;
- The person is an adult able to consent to treatment under the law;
- The person himself or herself requests medical aid in dying after making a free and informed decision;
- The person is suffering from a serious, incurable disease;
- The person is in an advanced state of weakening capacities, with no chance of improvement;
- The person has constant and unbearable physical or psychological suffering that cannot be eased under conditions he or she deems tolerable.

RECOMMENDATION N° 14

The Committee recommends that relevant legislation be amended to include the following guidelines:

- All requests for medical aid in dying must be made in writing by way of a signed form;
- The request must be repeated within a reasonable period of time, depending on the type of disease;
- The attending physician must consult with another physician on whether the request meets the eligibility criteria;
- The physician consulted must be independent of the patient and the attending physician, and be competent with respect to the disease in question;
- The attending physician must complete a formal declaration of medical aid in dying.

RECOMMENDATION N° 15

The Committee recommends that a body be created to control and evaluate medical aid in dying and whose responsibilities would be to:

- Verify whether acts of medical aid in dying were carried out according to the conditions provided by law;
- Publish an annual report, including statistics, on acts of medical aid in dying;
- Publish, every five years, a report on the implementation of medical aid in dying provisions.

RECOMMENDATION N° 16

The Committee recommends that the appropriate National Assembly committee examine the five-year report of the control and evaluation body.

RECOMMENDATION N° 17

The Committee recommends that relevant legislation be amended to recognize that an adult with the capacity to consent is entitled to give an advance directive for medical aid in dying in the event he or she becomes irreversibly unconscious, based on scientific knowledge. This advance directive for medical aid in dying:

- Must be given in a free and informed manner;

Is legally binding;

- Must take the form of a notarized act or an instrument signed by two witnesses, including a commissioner of oaths;
- May mention the name of one or more trusted persons who will ensure the directive is known.

RECOMMENDATION N° 18

The Committee recommends that relevant legislation be amended to include the following guidelines:

- The attending physician must consult another physician to confirm the irreversible nature of the unconsciousness;
- The physician consulted must be independent of the patient and the attending physician.

RECOMMENDATION N° 19

The Committee recommends that the ministère de la Santé et des Services sociaux:

- Take the necessary measures to ensure the advance directive for medical aid in dying appears in a person's medical file and is recorded in a register;
- Ensure that physicians check for the existence of such a directive in patient medical files or in the register;
- Ensure that each establishment's service quality and complaints commissioner periodically verifies compliance with advance directives for medical aid in dying.

RECOMMENDATION N° 20

The Committee recommends that the Attorney General of Québec issue directives (in the form of "guidelines and measures") to the Director of Criminal and Penal Prosecutions to ensure that a physician who provides medical aid in dying in accordance with the criteria provided by law cannot be prosecuted.

RECOMMENDATION N° 21

The Committee recommends that the Collège des médecins du Québec amend its Code of Ethics so that physicians may provide medical aid in dying in accordance with the criteria provided by law while confirming their right to conscientious objection and their obligation, in such a case, to refer their patient to another physician.

RECOMMENDATION N° 22

The Committee recommends that the Ordre des infirmières et infirmiers du Québec amend its Code of Ethics to allow its members to help provide medical aid in dying in accordance with the criteria provided by law while, however, confirming their right to conscientious objection.

RECOMMENDATION N° 23

The Committee recommends that, based on the recommendations set out in the report of the Select Committee on Dying with Dignity, a bill be tabled in the National Assembly no later than June 2013.

RECOMMENDATION N° 24

The Committee recommends that a multidisciplinary committee of experts be created under the auspices of the Collège des médecins du Québec to determine whether it is possible for a person suffering from dementia caused by a degenerative brain disease to give an advance directive for medical aid in dying.