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# NATIONAL ASSEMBLY OF QUÉBEC

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FIRST SESSION

FORTY-THIRD LEGISLATURE

Bill 11

**An Act to amend the Act respecting  
end-of-life care and other legislative  
provisions**

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**Introduction**

**Introduced by  
Madam Sonia Bélanger  
Minister for Health and for Seniors**

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## **EXPLANATORY NOTES**

*The purpose of this bill is mainly to amend the Act respecting end-of-life care as regards eligibility for medical aid in dying.*

*The bill allows persons suffering from a serious and incurable illness leading to incapacity to give consent to care to make an advance request for medical aid in dying so that they can receive such aid once they have become incapable. The bill prescribes the applicable rules regarding the content and form of such advance requests and establishes the responsibilities of the various resources that participate in making or implementing such requests. Furthermore, it determines the criteria to be complied with in order for medical aid in dying to be administered to a person who has become incapable of giving consent to care, in particular the criteria regarding observation of the suffering the person is experiencing. The Commission sur les soins de fin de vie is also given the function of overseeing the application of the requirements specific to advance requests for medical aid in dying.*

*The bill provides that a mental disorder is not considered to be an illness. In addition, it withdraws the end-of-life criterion from the criteria a person must meet to obtain medical aid in dying.*

*The bill makes other adjustments to the Act respecting end-of-life care. In particular, specialized nurse practitioners may administer continuous palliative sedation and medical aid in dying, and palliative care hospices may not exclude medical aid in dying from the care they offer. The bill also amends the composition and mandate of the Commission sur les soins de fin de vie as well as the rules concerning the information that must be sent to the Commission and how it may use that information.*

*The bill amends the Civil Code and the Public Health Act to allow a nurse who establishes that a death has occurred to draw up an attestation of death and fill out the certificate of death.*

*Lastly, the bill makes consequential amendments to other Acts.*

**LEGISLATION AMENDED BY THIS BILL:**

- Civil Code of Québec;
- Nurses Act (chapter I-8);
- Medical Act (chapter M-9);
- Coroners Act (chapter R-0.2);
- Public Health Act (chapter S-2.2);
- Act respecting end-of-life care (chapter S-32.0001).



# Bill 11

## AN ACT TO AMEND THE ACT RESPECTING END-OF-LIFE CARE AND OTHER LEGISLATIVE PROVISIONS

THE PARLIAMENT OF QUÉBEC ENACTS AS FOLLOWS:

### ACT RESPECTING END-OF-LIFE CARE

**1.** Section 1 of the Act respecting end-of-life care (chapter S-32.0001) is amended

(1) by inserting the following paragraph after the first paragraph:

“In addition, this Act allows the exercise of some of those rights by patients who are not at the end of life so that they receive end-of-life care in cases where their condition requires it.”;

(2) by replacing “In addition, the Act recognizes” in the second paragraph by “Lastly, this Act recognizes”.

**2.** Section 2 of the Act is amended

(1) by striking out “end-of-life” in paragraphs 1 and 2;

(2) by replacing “end-of-life patients” in paragraph 3 by “patients”.

**3.** Section 3 of the Act is amended

(1) by striking out “en fin de vie” in paragraph 2 in the French text;

(2) by replacing “by a physician of medications or substances to an end-of-life patient, at the patient’s request” in paragraph 6 by “of medications or substances to a patient, at the patient’s request”.

**4.** The Act is amended by inserting the following section after section 3:

**“3.1.** For the purposes of this Act, “competent professional” means a physician or a specialized nurse practitioner.”

**5.** Section 5 of the Act is amended by replacing “The physician” in the fourth paragraph by “The competent professional”.

**6.** Section 7 of the Act is amended by inserting “, including by establishing an interdisciplinary group composed of experts whose functions are to support and accompany, on request, the health or social services professionals or the other resources concerned who take part in the end-of-life care provided” at the end of the second paragraph.

**7.** Section 8 of the Act is amended

(1) by replacing “, to the health and social services professionals who practise in the institution, and to end-of-life patients and their close relations” in the first paragraph by “and to the health or social services professionals who practise in the institution. It must also be made known to patients whose condition could require end-of-life care and to their close relations”;

(2) by replacing “a physician as a physician practising in a centre operated by the institution” in the third paragraph by “a competent professional as a physician or a specialized nurse practitioner practising in a centre operated by the institution”.

**8.** Section 10 of the Act is amended by replacing “end-of-life patients” by “patients with respect to end-of-life care”.

**9.** Section 13 of the Act is amended by adding the following sentence at the end of the first paragraph: “However, they may not exclude medical aid in dying from the care they offer.”

**10.** Section 15 of the Act is amended

(1) by replacing “end-of-life patients” in the first paragraph by “patients with respect to end-of-life care”;

(2) by replacing “end-of-life patients and their close relations” in the second paragraph by “patients whose condition could require end-of-life care and their close relations”.

**11.** Section 18 of the Act is amended by replacing “end-of-life patients” in the first paragraph by “patients with respect to such care”.

**12.** Section 24 of the Act is amended by replacing “the physician” in the second paragraph by “the competent professional”.

**13.** The Act is amended by inserting the following before section 26:

“§1.—*Request for medical aid in dying*

“**25.1.** A request for medical aid in dying must be made before such aid can be obtained.

Such a request is called a “contemporaneous request for medical aid in dying” or “contemporaneous request” where it is made with a view to an administration of such aid that is contemporaneous to the request. It is called an “advance request for medical aid in dying” or “advance request” where it is made in anticipation of a person becoming incapable of giving consent to care, with a view to an administration of such aid after the onset of that incapacity.

“§2.—*Special provisions applicable to contemporaneous requests for medical aid in dying*”.

**14.** Section 26 of the Act is amended

(1) by replacing the first paragraph by the following paragraphs:

“In order to obtain medical aid in dying following a contemporaneous request, a patient must, in addition to making a request that complies with this section and, where applicable, section 27, meet the following criteria:

(1) be of full age and capable of giving consent to care, subject to the exception provided for in the third paragraph of section 29 with regard to the patient’s capacity;

(2) be an insured person within the meaning of the Health Insurance Act (chapter A-29);

(3) suffer from a serious and incurable illness or have a serious and incurable neuromotor disability;

(4) be in an advanced state of irreversible decline in capability; and

(5) experience constant and unbearable physical or psychological suffering that cannot be relieved under conditions the patient considers tolerable.

For the purposes of subparagraph 3 of the first paragraph, a mental disorder other than a neurocognitive disorder is not considered to be an illness.”;

(2) by replacing “if the professional is not the attending physician, the signed form is to be given by the professional to the attending physician” in the third paragraph by “the professional who is not the competent professional treating the patient must forward the signed form to the competent professional”.

**15.** Section 27 of the Act is amended by replacing “requesting medical aid in dying” by “making a contemporaneous request”.

**16.** Section 28 of the Act is amended by replacing “request for medical aid in dying” in the first paragraph by “contemporaneous request”.

**17.** Section 29 of the Act is amended

(1) in the first paragraph,

(a) by replacing “, the physician must” in the introductory clause by “following a contemporaneous request, the competent professional must”;

(b) by inserting “or of the anticipated clinical course of the disability considering the patient’s condition” in subparagraph *b* of subparagraph 1 after “illness”;

(c) by replacing “physician confirming” in subparagraph 3 by “competent professional confirming”;

(2) by replacing “The physician consulted” and “the physician seeking the second medical opinion. The physician” in the second paragraph by “The professional consulted” and “the professional seeking the opinion. The professional”, respectively;

(3) in the third paragraph,

(a) by replacing “the physician” in the introductory clause by “the competent professional”;

(b) by replacing “and in the presence of a health professional” in subparagraph 2 by “by means of the form prescribed by the Minister and in the presence of a competent professional”.

**18.** The Act is amended by inserting the following after section 29:

“§3.— *Special provisions applicable to advance requests for medical aid in dying*

“I.— *Criteria for obtaining medical aid in dying*

“**29.1.** In order to obtain medical aid in dying following an advance request, a patient must, in addition to making a request that complies with sections 29.2, 29.3 and 29.7 to 29.10, meet the following criteria:

(1) at the time the patient makes the request:

(a) be of full age and capable of giving consent to care;

(b) be an insured person within the meaning of the Health Insurance Act (chapter A-29); and

(c) suffer from a serious and incurable illness leading to incapacity to give consent to care; and

- (2) at the time medical aid in dying is to be administered:
- (a) be incapable of giving consent to care due to their illness;
  - (b) still meet the criteria set out in subparagraphs *b* and *c* of subparagraph 1;
  - (c) be in an advanced state of irreversible decline in capability; and
  - (d) objectively appear to be experiencing
    - i. due to their illness, the suffering they described in the request, and
    - ii. enduring and unbearable physical or psychological suffering that cannot be relieved under conditions considered tolerable.

For the purposes of subparagraph *c* of subparagraph 1 of the first paragraph, a mental disorder other than a neurocognitive disorder is not considered to be an illness.

“II. — *Criteria and other provisions relating to making an advance request*

“**29.2.** The patient must make the advance request for themselves, in a free and informed manner, and record it on the form prescribed by the Minister. The form must be dated and signed by the patient.

If the patient making the request cannot record it on that form or date and sign the form because they cannot write or are physically incapable of doing so, a third person may do so in the patient’s presence.

The third person may not be a member of the care team responsible for the patient and may not be a minor or a person of full age incapable of giving consent.

“**29.3.** A patient making an advance request must be assisted by a competent professional.

With the assistance of the professional, the patient must describe in detail in the request the physical or psychological suffering that, when they have become incapable of giving consent to care and a competent professional finds that they objectively appear to be experiencing such suffering due to their illness, must be considered to be the expression of their consent to medical aid in dying being administered to them once all the criteria set out in this Act have been met.

The professional must ensure that the suffering described in the request meets the following criteria:

- (1) be medically recognized as being suffering that can result from the illness from which the patient suffers; and

(2) be objectifiable for a competent professional who would have to observe the suffering before administering medical aid in dying.

**“29.4.** The competent professional providing assistance to the patient must

(1) be of the opinion that the patient meets the criteria set out in subparagraph 1 of the first paragraph of section 29.1 and that the request is being made in accordance with section 29.2, after, among other things,

(a) making sure that the request is being made freely, in particular by ascertaining that it is not being made as a result of external pressure;

(b) making sure that the request is an informed one, in particular by ascertaining that the patient has clearly understood the nature of the diagnosis and by informing the patient of the anticipated course of and the prognosis for the illness and of the therapeutic possibilities and their consequences;

(c) discussing the patient’s request with any members of the care team who are in regular contact with the patient; and

(d) discussing the patient’s request with the patient’s close relations, if the patient so wishes; and

(2) make sure that the patient has had the opportunity to discuss the request with the persons the patient wished to contact.

**“29.5.** The competent professional providing assistance to the patient must notify them that the advance request, made in compliance with this Act, will not automatically lead to the administration of medical aid in dying. For that purpose, the competent professional must, in particular, inform the patient of the following:

(1) an eventual finding that they objectively appear to be experiencing the suffering described in the request will not by itself suffice to allow medical aid in dying to be administered;

(2) the aid may be administered to them only if two competent professionals are of the opinion that both of the following criteria have been met:

(a) the patient objectively appears to be experiencing enduring and unbearable physical or psychological suffering that cannot be relieved under conditions considered tolerable; and

(b) the patient meets all the other criteria set out in subparagraph 2 of the first paragraph of section 29.1; and

(3) the possibility of withdrawing or modifying the advance request and the applicable terms and conditions for the withdrawal or modification.

The competent professional must be sure to provide the information required under subparagraphs 1 to 3 of the first paragraph in a manner that is clear and accessible to the patient.

**“29.6.** The patient may designate in the advance request a trusted third person to whom they entrust the following responsibilities:

(1) notify a health or social services professional who provides care to the patient due to their illness where the trusted third person believes the patient is experiencing

(a) the suffering described in the request; or

(b) enduring and unbearable physical or psychological suffering that cannot be relieved under conditions considered tolerable; and

(2) when the patient has become incapable of giving consent to care, notify any health or social services professional who provides care to the patient due to their illness of the existence of the request, or remind such a professional of its existence.

The patient may also designate in the request a second trusted third person who, if the first trusted third person is prevented from acting or refuses or neglects to do so, replaces that third person.

A trusted third person may not be a minor or a person of full age incapable of giving consent.

**“29.7.** After the form has been signed by the person making the advance request or, where applicable, by the third person referred to in the second paragraph of section 29.2, the competent professional providing assistance to the patient dates and countersigns the form to attest compliance with sections 29.3 to 29.5.

A trusted third person who consents to being designated affixes their signature on the form and dates it.

**“29.8.** The advance request must be made by notarial act *en minute* or in the presence of witnesses by means of the form referred to in section 29.2.

If the request is made by notarial act *en minute*, the duly completed form must be annexed to the notarial act.

If the advance request is made in the presence of witnesses, the patient declares, in the presence of two witnesses, that the form contains the patient’s advance request, without having to disclose the contents.

The witnesses date and countersign the form.

No such witness may be a minor or a person of full age incapable of giving consent. Nor may they be designated as a trusted third person in the request or act as a competent professional for the purpose of administering medical aid in dying to the patient.

**“29.9.** All signatories of the advance request form must be in each other’s presence when they affix their signature. A signatory may, however, be present remotely where the technological means used for that purpose allows all signatories to be identified, heard and seen in real time.

**“29.10.** Every advance request must, to be applicable, be recorded in the register established under section 63 by the competent professional who provides assistance to the patient making the request or, where applicable, by the officiating notary.

*“III.—Withdrawal and modification of an advance request*

**“29.11.** A patient who is capable of giving consent to care may, at any time, withdraw their advance request by means of the form prescribed by the Minister. The second and third paragraphs of section 29.2 apply, with the necessary modifications, to the withdrawal form for such a request.

A patient who wishes to withdraw their request must be assisted by a competent professional. After the form has been signed, the competent professional dates and countersigns the form to attest that the patient is capable of giving consent to care. The professional must make sure that the request is removed, as soon as possible, from the register established under section 63.

A patient may modify an advance request only by making a new advance request by one of the methods specified in section 29.8. The new advance request replaces the previous one as soon as it is recorded, in accordance with section 29.10, in the register established under section 63.

*“IV.—Processing of an advance request*

**“29.12.** A health or social services professional who provides care to a patient having obtained a diagnosis for a serious and incurable illness leading to incapacity to give consent to care must, when the professional becomes aware of that incapacity, consult the register established under section 63.

If the register contains an advance request made by the patient, the professional consults the request and files it in the patient’s record, unless the request is already in the record. Furthermore, the professional must ensure that every trusted third person designated in the request has been notified of the onset of the patient’s incapacity.

The professional also informs the health or social services professionals who are members of the care team responsible for the patient of the existence of the request.

**“29.13.** A patient having made an advance request must undergo an examination by a competent professional when the trusted third person notifies a health or social services professional that they believe the patient is experiencing, as applicable,

- (1) the suffering described in the request; or
- (2) enduring and unbearable physical or psychological suffering that cannot be relieved under conditions considered tolerable.

The health or social services professional must inform a competent professional of the reception of a notice from the trusted third person.

The purpose of the examination is to determine whether the patient does indeed objectively appear to be experiencing the suffering referred to in subparagraph 1 or 2 of the first paragraph.

**“29.14.** If every trusted third person designated in an advance request is prevented from acting or refuses or neglects to do so, the patient having made the request must undergo the examination prescribed in the third paragraph of section 29.13 in relation to the suffering the patient appears to be experiencing where a competent professional, as applicable,

- (1) finds, at first glance, that the patient objectively appears to be experiencing
  - (a) the suffering described in the request; or
  - (b) enduring and unbearable physical or psychological suffering that cannot be relieved under conditions considered tolerable; or
- (2) is notified by a person that they believe the patient is experiencing such suffering.

A competent professional must, before carrying out the examination, take reasonable measures to notify every trusted third person designated in the request of the situation.

**“29.15.** The first paragraph of section 29.14 applies, with the necessary modifications, to a patient who did not designate a trusted third person in the advance request.

**“29.16.** If every trusted third person designated in an advance request is prevented from acting or refuses or neglects to do so, or if no trusted third person was designated in such a request, a health or social services professional who is a member of the care team responsible for the patient having made an advance request must notify a competent professional if the health or social services professional believes the patient is experiencing the suffering referred to in subparagraph 1 or 2 of the first paragraph of section 29.14.

**“29.17.** The competent professional must, as part of an examination required by section 29.13, 29.14 or 29.15, have a discussion, where applicable, with the trusted third person and with the members of the care team responsible for the patient.

The professional records in writing the suffering that the professional has observed and the conclusions of the examination.

**“29.18.** After carrying out the examination required by section 29.13, 29.14 or 29.15, the competent professional must inform the patient who made the advance request, the members of the care team responsible for the patient and, where applicable, every trusted third person designated in the request of the professional’s conclusions.

The professional must ensure that the process for administering medical aid in dying continues only where the professional concludes that the patient does indeed objectively appear to be experiencing, due to their illness, the suffering described in the request, as well as enduring and unbearable physical or psychological suffering that cannot be relieved under conditions considered tolerable.

**“29.19.** Before administering medical aid in dying following an advance request, the competent professional must

(1) be of the opinion that the patient meets all the criteria set out in subparagraph 2 of the first paragraph of section 29.1 and the first paragraph of section 29.2; and

(2) obtain the opinion of a second competent professional confirming that the criteria that must be the subject of an opinion under subparagraph 1 have been met.

The second paragraph of section 29 applies to the professional consulted.

Any refusal to receive medical aid in dying expressed by the patient must be respected and it is prohibited to disregard it in any manner.

For the purposes of the third paragraph, a clinical manifestation resulting from the patient’s medical state does not constitute a refusal to receive medical aid in dying.

“§4. — *Administration of medical aid in dying*”.

**19.** Section 30 of the Act is replaced by the following:

**“30.** If a competent professional concludes, subsequent to the application of section 29 or section 29.19, that medical aid in dying may be administered to a patient requesting it, the professional must personally administer it to the patient and take care of and stay with the patient until death ensues.

If the professional concludes, however, that medical aid in dying cannot be administered, the professional must inform the patient requesting it of the reasons for that conclusion.

In the case of an advance request, the professional must also inform any trusted third person designated in the request and any health or social services professional who is a member of the care team responsible for the patient of the conclusion. Where the professional concludes that medical aid in dying may be administered, the professional must inform them before proceeding to administer such aid.

**“30.1.** An advance request does not lapse because a competent professional has concluded that medical aid in dying cannot be administered, unless that conclusion results from the refusal expressed by the patient to receive such aid.

**“30.2.** Where a competent professional concludes that medical assistance in dying cannot be administered to a patient having made an advance request due to the refusal expressed by the patient to receive such aid, the professional must make sure that the request is removed, as soon as possible, from the register established under section 63.

*“§5. — Management of certain refusals and of information or documents related to a request for medical aid in dying”.*

**20.** Section 31 of the Act is amended

(1) by replacing the first paragraph by the following paragraphs:

“Any competent professional practising in a centre operated by an institution must notify the executive director of the institution, or any other person designated by the executive director, and, where applicable, send the executive director or the designated person the medical aid in dying request form in the following cases:

(1) the professional refuses a request for a reason not based on section 29 or section 29.19;

(2) the professional refuses to provide assistance to a patient in making an advance request under section 29.3; or

(3) the professional refuses to carry out the examination required by section 29.13, 29.14 or 29.15.

The executive director of the institution, or the person designated by the executive director, must then take the necessary steps to find, as soon as possible, a competent professional willing to remedy the situation.”;

(2) by replacing “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” and “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” in the second paragraph by “A competent professional practising in a private health facility must instead forward the notice of refusal to the” and “The professional forwards the medical aid in dying request form received, if that is the case, to the executive director or designated person. The steps mentioned in the second paragraph must then be taken”, respectively;

(3) by replacing “in the second paragraph” in the third paragraph by “in the third paragraph”.

**21.** Section 32 of the Act is amended, in the first paragraph,

(1) by replacing “the physician” by “the competent professional”;

(2) by replacing “for the physician’s decision” by “for the competent professional’s decision”;

(3) by replacing “of the physician consulted” by “of the competent professional consulted”.

**22.** The heading of Division III of Chapter IV of Title II of the Act is amended by adding “AND OF THE DIRECTOR OF NURSING CARE” after “PHARMACISTS”.

**23.** Section 34 of the Act is amended

(1) by replacing the first paragraph by the following paragraph:

“A competent professional who provides continuous palliative sedation or medical aid in dying as a physician or a specialized nurse practitioner practising in a centre operated by an institution must, within 10 days following its administration, inform the council of physicians, dentists and pharmacists of which the competent professional is a member or, as applicable, the director of nursing care, whether the sedation or aid is administered in the facilities of an institution, in the premises of a palliative care hospice or at the patient’s home.”;

(2) by replacing “or its competent committee” in the second paragraph by “, its competent committee or the director of nursing care”.

**24.** Section 35 of the Act is replaced by the following section:

**“35.** If no council of physicians, dentists and pharmacists has been established for the institution, the head of medical services or, as applicable, the physician responsible for medical care in the institution assumes the functions assigned to the council by this division.

If no director of nursing care has been appointed by the institution, the nurse in charge of nursing within the institution assumes the functions assigned to the director by this division.

The competent professional must then inform the head of medical services or the physician responsible referred to in the first paragraph or, as applicable, the nurse in charge referred to in the second paragraph in accordance with the first paragraph of section 34.”

**25.** The heading of Division IV of Chapter IV of Title II of the Act is amended by adding “AND OF THE ORDRE DES INFIRMIÈRES ET INFIRMIERS DU QUÉBEC” after “QUÉBEC”.

**26.** Section 36 of the Act is amended

(1) by replacing “Physicians” and “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” in the first paragraph by “Competent professionals” and “inform the Collège des médecins du Québec or, as applicable, the Ordre des infirmières et infirmiers du Québec and send it the information it determines, under the conditions and in the manner it prescribes”, respectively;

(2) by replacing “or its competent committee” in the second paragraph by “or the Ordre, or their respective committee,”.

**27.** Section 37 of the Act is amended

(1) in the first paragraph,

(a) by replacing “must” by “and the Ordre des infirmières et infirmiers du Québec must respectively”;

(b) by inserting “and specialized nurse practitioners” after “provided by physicians”;

(2) by inserting “and specialized nurse practitioners” in the second paragraph after “by such physicians”;

(3) by replacing “The report is to be published on the website of the Collège and” in the third paragraph by “The reports are to be published respectively on the website of the Collège and of the Ordre and”.

**28.** Section 39 of the Act is amended, in the first paragraph,

(1) by replacing “11” in the introductory clause by “13”;

(2) by replacing “five” in the introductory clause of subparagraph 1 by “seven”;

(3) by replacing “two” in subparagraph *a* of subparagraph 1 by “three”;

(4) by replacing “one member appointed” in subparagraph *b* of subparagraph 1 by “two members appointed”.

**29.** Section 41 of the Act is amended by replacing “seven” in the first paragraph by “nine”.

**30.** Section 42 of the Act is amended

(1) by replacing subparagraph 5 of the first paragraph by the following subparagraph:

“(5) conduct required analyses and produce required statistical information in order, in particular, to follow the evolution of end-of-life care, identify end-of-life care needs and determine what may constitute a limit to access to such care.”;

(2) by inserting the following paragraph after the first paragraph:

“The Commission carries out any other end-of-life care-related mandate given to it by the Minister.”

**31.** Section 44 of the Act is amended by adding the following paragraph at the end:

“The Commission may also exercise the powers set out in subparagraphs 1 to 3 of the first paragraph for the purpose of carrying out a mandate given to it by the Minister under the second paragraph of section 42.”

**32.** Section 45 of the Act is amended by inserting “or to carry out a mandate given to it by the Minister under the second paragraph of that section” after “section 42”.

**33.** Section 46 of the Act is amended

(1) by replacing “A physician” in the first paragraph by “A competent professional”;

(2) by replacing “notes that a physician has contravened this section must bring the breach to the attention of the Collège des médecins du Québec” in the second paragraph by “finds that a competent professional has contravened this section must report the failure to the Collège des médecins du Québec or, as applicable, the Ordre des infirmières et infirmiers du Québec”.

**34.** Section 47 of the Act is amended

(1) by replacing “from the physician, the Commission assesses compliance with section 29” in the first paragraph by “from the competent professional, the Commission assesses compliance with section 29 or section 29.19”;

(2) by replacing the second paragraph by the following paragraph:

“On completion of the assessment, if two thirds or more of the members present are of the opinion that section 29 or section 29.19 was not complied with, the Commission sends a summary of its conclusions to the Collège des médecins du Québec or, as applicable, the Ordre des infirmières et infirmiers du Québec so that it can take appropriate measures. If a competent professional provided the medical aid in dying as a physician or a specialized nurse practitioner practising in a centre operated by an institution, the Commission sends the summary to the institution for the same purposes.”

**35.** The Act is amended by inserting the following sections after section 47:

**“47.1.** A competent professional having received a request for medical aid in dying who does not administer such aid to the patient having made the request must notify the Commission within 30 days after any of the following events occurs:

(1) the professional finds that the patient does not meet the criteria set out in section 29 or section 29.19;

(2) the professional finds or is informed that the patient has withdrawn their request;

(3) the professional finds or is informed that the patient has refused to receive medical aid in dying;

(4) the professional has forwarded a notice of refusal under section 31; or

(5) the professional finds or is informed that the patient has died before the administration of medical aid in dying.

When notifying the Commission, the competent professional must also send it, in the manner determined by government regulation, the information prescribed by that regulation. This information is confidential and may not be disclosed to any other person, except to the extent that the information is necessary for the purposes of this section.

**“47.2.** A pharmacist who provides a medication or a substance to a competent professional for the purpose of the administration of medical aid in dying must notify the Commission within 30 days and send it, in the manner determined by government regulation, the information prescribed by that regulation. This information is confidential and may not be disclosed to any other person, except to the extent that the information is necessary for the purposes of this section.

**“47.3.** In exercising its functions under the first paragraph of section 42, the Commission may use any information sent to it under sections 46, 47.1 and 47.2, provided it is not possible to link that information to any specific patient who made a request for medical aid in dying, to a patient to whom such aid was administered or to a health or social services professional, including a pharmacist referred to in section 47.2.

The Commission may also, on the same conditions, use such information for the purpose of carrying out a mandate given to it by the Minister under the second paragraph of section 42.”

**36.** Section 48 of the Act is amended by inserting “or to the syndic of the Ordre des infirmières et infirmiers du Québec” at the end.

**37.** Section 50 of the Act is amended

(1) by replacing “A physician” in the first paragraph by “A competent professional”;

(2) by replacing the second paragraph by the following paragraph:

“Such professionals must nevertheless ensure that continuity of care is provided to the patient, in accordance with their code of ethics and the patient’s wishes.”;

(3) by replacing “the physician” in the third paragraph by “the competent professional”.

**38.** The Act is amended by inserting the following section after section 50:

**“50.1.** The Minister may, by regulation, determine the form and content of any notices required under this Act as well as the conditions relating to their sending.”

**39.** The Act is amended by striking out the following before section 51:

## **“CHAPTER I**

### **“GENERAL PROVISIONS”.**

**40.** Section 52 of the Act is amended by replacing “advance medical directives register established under” in the second paragraph by “register established under”.

**41.** Section 57 of the Act is amended by replacing “advance medical directives register” by “register established under section 63”.

**42.** Section 58 of the Act is amended by replacing “clearly expressed instructions relating to care that are recorded in the advance medical directives register” by “wishes relating to care that are clearly expressed in advance medical directives recorded in the register established under section 63”.

**43.** Chapter II of Title III of the Act is amended by replacing the portion before section 63 by the following:

**“TITLE III.1**

**“REGISTER OF ADVANCE MEDICAL DIRECTIVES AND  
ADVANCE REQUESTS FOR MEDICAL AID IN DYING”.**

**44.** Section 63 of the Act is amended by replacing “an advance medical directives register” in the first paragraph by “a register in which advance medical directives and advance requests for medical aid in dying are recorded”.

**45.** Section 64 of the Act is amended by inserting “or advance requests for medical aid in dying” after “advance medical directives”.

**CIVIL CODE OF QUÉBEC**

**46.** Article 122 of the Civil Code of Québec is amended by inserting “or nurse” after “physician” in the first and second paragraphs.

**47.** Article 123 of the Code is amended

(1) by inserting “or by a nurse” after “death attested by a physician”;

(2) by replacing “the physician” by “the physician and nurse”.

**NURSES ACT**

**48.** Section 36 of the Nurses Act (chapter I-8) is amended by replacing “, providing nursing and medical care and treatment in order to maintain and restore the health of a person in interaction with his environment and prevent illness, and providing palliative care” in the first paragraph by “and providing nursing and medical care and treatment in order to maintain and restore the health of a person in interaction with his environment, prevent illness and provide appropriate symptom relief”.

**49.** Section 36.1 of the Act is amended by adding the following paragraph at the end:

“(9) administering the medication or substance allowing a person to obtain medical aid in dying under the Act respecting end-of-life care (chapter S-32.0001).”

## MEDICAL ACT

**50.** Section 31 of the Medical Act (chapter M-9) is amended by replacing “an end-of-life patient” in subparagraph 12 of the second paragraph by “a person”.

## CORONERS ACT

**51.** Section 34 of the Coroners Act (chapter R-0.2) is replaced by the following section:

**“34.** A physician and a specialized nurse practitioner who certify a death for which they are unable to establish the probable causes or which appears to them to have occurred as a result of negligence or in obscure or violent circumstances shall immediately notify a coroner or a peace officer.

They must do likewise where they are unable to establish the probable causes of a death certified by a nurse other than a specialized nurse practitioner or where such a death appears to them to have occurred as a result of negligence or in obscure or violent circumstances.”

**52.** Section 35 of the Act is amended

(1) by replacing “of the institution or a person under his authority may take measures to have the probable causes of death established by a physician” in the first paragraph by “or the director of nursing care of the institution or a person under their respective authority may take measures to have the probable causes of death established by a physician or a specialized nurse practitioner, as the case may be”;

(2) by replacing “or a person under his authority” in the second paragraph by “or the director of nursing care or a person under their respective authority”.

**53.** Section 36 of the Act is amended by inserting “, a specialized nurse practitioner” after “a physician”.

## PUBLIC HEALTH ACT

**54.** Section 46 of the Public Health Act (chapter S-2.2) is amended

(1) by replacing “to be drawn up by a physician” in the first paragraph by “to be filled out by a physician or a nurse”;

(2) by replacing “who treated the person shall fill out the certificate of death. If the physician is not accessible, the certificate of death may be drawn up by another physician, a nurse” in the second paragraph by “or the last nurse who treated the person shall fill out the certificate of death. If the physician or nurse is not accessible, the certificate of death may be filled out by another physician, another nurse”.

## FINAL PROVISION

**55.** The provisions of this Act come into force on the date or dates to be set by the Government.

