



NATIONAL ASSEMBLY OF QUÉBEC

SECOND SESSION

FORTY-SECOND LEGISLATURE

Bill 38

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

Introduction

**Introduced by
Mr. Christian Dubé
Minister of Health and Social Services**

**Québec Official Publisher
2022**

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 makes eligible for such aid persons suffering from a serious and incurable neuromotor disability who meet the other criteria set out in that Act.

The bill also 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 a serious and incurable 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 acting for a public institution 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, subject to exceptions. 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);
- Act respecting the determination of the causes and circumstances of death (chapter R-0.2);
- Public Health Act (chapter S-2.2);
- Act respecting end-of-life care (chapter S-32.0001).

Bill 38

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, provided the latter is acting as a specialized nurse practitioner practising in a centre operated by a public institution.”

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 unless so authorized by the Minister.”

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. Sections 26 and 27 of the Act are replaced by the following:

“§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*

“26. A patient who meets the following criteria may make a contemporaneous request:

- (1) be of full age and capable of giving consent to care;
- (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 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 which cannot be relieved under conditions that the patient considers tolerable.

For the purposes of subparagraph 3 of the first paragraph, a mental disorder is not considered to be a serious and incurable illness.

“26.1. The patient must make the contemporaneous request for themselves, in a free and informed manner, and record it on the form prescribed by the Minister. The patient must date and sign the form.

“27. If the patient making the contemporaneous request cannot record it on the form referred to in section 26.1 or date and sign the form because the patient cannot write or is 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.

The third person may not be a minor or a person of full age incapable of giving consent and may not have a financial interest in the patrimony of the patient or be likely to find themselves in any other situation where their personal interest is in conflict with that of the patient.

“27.1. The contemporaneous request form must be signed in the presence of a witness and of a health or social services professional.

The witness and the professional must date and countersign the form.

The third paragraph of section 27 applies to the countersigning witness as if that witness was a third person. No such witness may act as a competent professional for the purpose of administering medical aid in dying to the patient.

“27.2. If the countersigning professional is not the competent professional treating the patient, the former must forward the duly completed form to the latter.”

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

15. 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 replacing “of section 26” in subparagraph 1 by “of sections 26 and 26.1”;

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

(d) by replacing “physician confirming that the criteria set out in section 26 have been met” in subparagraph 3 by “competent professional confirming that the criteria set out in sections 26 and 26.1 have been met”;

(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 second medical 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”.

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

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

“**29.1.** A patient may make an advance request if they suffer from a serious and incurable illness leading to incapacity to give consent to care and if they meet the criteria set out in subparagraphs 1 and 2 of the first paragraph of section 26.

The patient must make the request for themselves, in a free and informed manner, and record it on the form prescribed by the Minister. The patient must date and sign the form. Section 27 applies to the making of such a request, with the necessary modifications.

For the purposes of the first paragraph, a mental disorder is not considered to be a serious and incurable illness leading to incapacity to give consent to care.

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

With the assistance of that professional, the patient must describe in detail in the request the constant and unbearable physical or psychological suffering which cannot be relieved under conditions the patient considers tolerable that will determine, when the patient has become incapable and when a competent professional finds that the patient is experiencing such suffering due to their illness, the time from which the patient considers it appropriate to obtain medical aid in dying.

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;

(2) be linked to an advanced state of irreversible decline in capability of a patient suffering from the illness; and

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

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

(1) be of the opinion that the patient meets the criteria set out in section 29.1 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 request with members of the care team who are in regular contact with the patient; and

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

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

(3) inform the patient of the applicable procedure for withdrawing or changing the request.

“29.4. The patient may designate in the advance request a trusted third person, who, when of the opinion that the patient is experiencing the suffering described in the request, must notify a competent professional.

The patient may also designate in the advance request a second trusted third person, who, if the latter has grounds to believe that 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.

The trusted third person must be present when the patient makes the request and must consent to being designated.

“29.5. After the form has been signed by the person making the advance request or, where applicable, by the third person referred to in section 27, the competent professional providing assistance to the patient dates and countersigns the form to attest compliance with sections 29.2 and 29.3.

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

“29.6. 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 the second paragraph of section 29.1.

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

The third paragraph of section 27 applies to countersigning witnesses as if they were third persons. No such witnesses may be designated as trusted third persons in the request. Nor may they act as competent professionals for the purpose of administering medical aid in dying to the patient.

“29.7. All signatories of the advance request form must be in each other’s presence when they affix their signature.

“29.8. Every advance request must 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.

“29.9. 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. Section 27 applies, with the necessary modifications, to the withdrawal of 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 change an advance request only by making a new advance request by one of the methods specified in section 29.6. The new advance request replaces the previous one.

“29.10. A competent professional who has provided assistance to a patient in making an advance request must, as long as the patient is capable of giving consent to care, remind them, at reasonably spaced intervals given the progress of the patient’s condition, that they may withdraw or change their request in accordance with section 29.9.

“29.11. A competent professional who finds that a patient who has obtained a diagnosis for a serious and incurable illness leading to incapacity to give consent to care is incapable of giving consent to care consults the register established under section 63.

If the register contains an advance request made by the patient, the competent professional consults the request and files it in the patient’s record, unless the request is already in the record. Furthermore, the professional notifies every trusted third person designated in the request that the patient has been found to be incapable.

If the patient does not appear to be experiencing the suffering described in the request, but a care team is responsible for the patient, the professional informs the other health professionals who are members of that team of the existence of the request.

“29.12. If a patient who has made an advance request appears to be experiencing the suffering described in the request, the patient must undergo an examination by a competent professional to determine whether the patient is indeed experiencing such suffering.

A health professional who is a member of the care team responsible for the patient and who is informed of the existence of the request must, on finding that the patient appears to be experiencing such suffering, notify a competent professional.

“29.13. The competent professional must, as part of the examination they carry out under section 29.12, have a discussion with, where applicable, the trusted third person, the members of the care team responsible for the patient and the competent professional who countersigned the advance request form.

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

“29.14. A competent professional who, after carrying out the examination prescribed in section 29.12, concludes that the patient is not experiencing the suffering described in the advance request must inform the patient, the members of the care team responsible for the patient and every trusted third person designated in the request.

If, however, the professional concludes that the patient is indeed experiencing the suffering described in the request, the professional must ensure that the process for administering medical aid in dying continues.

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

(1) be of the opinion that the patient meets the following criteria:

(a) be incapable of giving consent to care due to the serious and incurable illness leading to incapacity to give consent to care from which the patient suffers;

(b) still meet the criteria set out in section 29.1, except the criterion related to their capability of giving consent to care;

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

(d) be experiencing the suffering described in the request due to their illness; 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 a patient must be respected and it is prohibited to disregard it in any manner.

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

17. 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 29.15, 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, provided the professional finds that the patient is capable of giving consent to care.

In the case of an advance request, the professional must also inform every trusted third person designated in the request 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*”.

18. 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 29.15;

(2) the professional refuses to provide assistance to a patient in making an advance request under section 29.2; or

(3) the professional refuses to carry out the examination prescribed in section 29.12.

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” 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 and the steps mentioned in the second paragraph”, respectively;

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

19. 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”.

20. 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”.

21. 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”.

22. 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.”

23. 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”.

24. 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.”

25. 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.”

26. 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”.

27. 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”.

28. 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 29.15”;

(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 29.15 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.”

29. 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 29.15;

(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 person 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. Such 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. Such 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 a 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.”

30. 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.

31. 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”.

32. 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.”

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

“CHAPTER I

“GENERAL PROVISIONS”.

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

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

36. 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”.

37. 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”.

38. 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”.

39. 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

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

41. 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

42. 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”.

43. 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

44. 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”.

ACT RESPECTING THE DETERMINATION OF THE CAUSES AND CIRCUMSTANCES OF DEATH

45. Section 34 of the Act respecting the determination of the causes and circumstances of death (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.”

46. Section 35 of the Act is amended by inserting “or by a specialized nurse practitioner” after “a physician” in the first paragraph.

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

PUBLIC HEALTH ACT

48. 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

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